

IMPROVING LIVES SELECT COMMISSION

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

Date: Tuesday, 12th September, 2017

Time: 5.30 p.m.

A G E N D A

There will be a pre-briefing for all members of the Improving Lives Select Commission between 4.00 p.m. - 5.30 pm.

1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.
2. To determine any item(s) the Chairperson is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence.
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Communications.
7. Minutes of the previous meeting held on 25th July 2017 (Pages 1 - 8)
8. Scrutiny Review - Alternative Management Arrangements for Children's Service in Rotherham (Pages 9 - 176)
9. Special Educational Needs and Disability (SEND) Sufficiency Strategy Update (Pages 177 - 211)
Paula Williams, Head of Inclusion, CYPS
10. Children and Young People's Services 2017/2018 Quarter One Performance (Pages 212 - 274)
Sue Wilson, Head of Service, Performance and Planning, CYPS

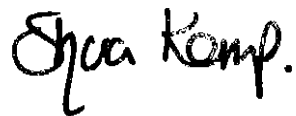
11. Liquid Logic Presentation
Neil Armstrong and Helen Slater, Safeguarding Children and Families, CYPS
12. Date and time of the next meetings: -
Tuesday, 31st October, 2017 commencing at 5.30 p.m.
12th December
23rd January, 2018
13th March
1st May

Improving Lives Select Commission membership:-

Chair – Councillor Clark
Vice-Chair – Councillor Cusworth

Councillors Allcock, Beaumont, Brookes, Cooksey, Elliot, Fenwick-Green, Hague, Jarvis, Khan, Marles Marriott, Napper, Pitchley, Sansome, Senior and Short (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
25th July, 2017**

Present:- Councillor Clark (in the Chair); Councillors Beaumont, Brookes, Cooksey, Cusworth, Elliot, Jarvis, Khan, Marles, Pitchley and Julie Turner.

Apologies for absence were received from Councillors Allcock, Hague, Marriott, Sansome, Senior and Short.

68. DECLARATIONS OF INTEREST

Councillor Jarvis declared a personal interest in Minute No. 16 (Domestic Abuse Update) as she was an unpaid trustee for Rotherham Rise.

69. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

70. COMMUNICATIONS

Corporate Parenting Panel

Councillor Cusworth provided Members of the Select Commission with a written summary of the last meeting of the CPP which was circulated by email. Councillor Cusworth also commented on how productive the meeting was and thanked the Head of Service for his work in developing the work programme.

71. MINUTES OF THE PREVIOUS MEETING HELD ON 4TH JULY, 2017

Resolved:- That the minutes of the previous meeting of the Improving Lives Select Commission, held on 4th July, 2017, be approved as a correct record for signature by the Chair, subject to the following corrections:

Present: Councillors Brookes, Khan, Marles and Sansome.
Apologies for absence: Councillors Cooksey and Elliot.

Minute No. 7 (Evaluation of Barnardo's Reachout Service) - KPMG's contribution to the project was £1,229k.

**72. MEMBERSHIP OF THE HEALTH, WELFARE AND SAFETY PANEL
2017/2018**

No nominations were received. The Chair asked the Senior Adviser (Scrutiny and Member Development) to circulate details to Members of this Select Commission and seek expressions of interest.

73. DOMESTIC ABUSE UPDATE

Councillor Hoddinott gave a brief introduction to the report and introduced the following officers in attendance for this item:-

Ms. K. Hanson – Assistant Director, Regeneration and Environment
Mr. S. Barstow - Head of Service, Community Safety, Resilience and Emergency Planning
Mr. S. Parry - Neighbourhood Crime and Anti-Social Behaviour Manager
Ms. M. Raven - Domestic Abuse Co-ordinator

The incidents of domestic abuse had risen in Rotherham, which followed a national trend. Following the discussions at Improving Lives Select Commission in December 2016 and the scrutiny review of 2013, Councillor Hoddinott outlined progress and areas for further development; with all actions from the 2013 scrutiny review listed.

These actions include:

- The Independent Domestic Violence Advocates (IDVA) Service was now permanently funded;
- The Council had prioritised the elements of the Supporting People budget related to domestic abuse;
- Since December 2016, an audit and ‘top level review’ of Safer Rotherham Partnership (SRP) had taken place which had reported positively on the direction of travel and a further Peer Review had been scheduled later in year;
- The Domestic Abuse Strategy was not yet in place but was being submitted to the SRP Board in August 2016. Although the Strategy had been delayed, an action plan had been developed (attached as Appendix A);
- The Domestic Abuse Priority Group (DAPG) had been re-established to lead on this work;
- More work was required to tackle the issue of perpetrators and support to victims at a multi-agency level involving the Council and the Police;
- Further oversight of what provision and how agencies were working together, including voluntary sector provision was required;
- Ensuring that governance and quality assurance were robust.

Attention was drawn to the issues highlighted by Councillor Hoddinott to assure Members that the issues highlighted would be addressed in the Strategy and were due to be discussed at DAPG, with a final draft submitted to the SRP Board in August.

Discussion ensued on the report with the following issues raised/clarified:-

Was there an understanding of why there was an increase in incidents? – Rotherham was not unique in terms of a rise in incidents although there had also been a historic underreporting of incidents; the Council Plan had a priority action to tackle domestic abuse and, rather than monitor levels of reporting, the Strategy would now monitor outcomes for victims.

Why had the commissioning of the independent peer review been delayed? - An initial overarching review of community safety was undertaken by Blackburn with Darwen Council as a priority. It covered all aspects of the Partnership including leadership and governance. A secondary review would now be undertaken by Salford Council in light of their experience of the Ofsted framework and child-centred focus.

What findings emerged from the “deep dives”? – The exercise was undertaken by Commissioner Ney and Councillor Hoddinott. It was a discussion with partners to examine processes; risk assessments; support for victims and how perpetrators were dealt with. It also examined how the recommendations from the PEEL report were being addressed, particularly in relation to appropriate referrals to other agencies. The “deep dive” established that there were good services in place but were operating in silos rather than holistically. This has been picked up in the Strategy to address how partners worked together and ensure that the work was quality assured and oversight was in place.

What work was being done to work with individuals at risk of becoming perpetrators? – Examples of work were outlined which included the Youth Offending Service; Rotherham Rise, Housing and Education. The value of promoting healthy relationship as part of the school curriculum was reiterated.

Clarification was sought on the status of the Pause Project – The Strategic Director of Children’s Services confirmed that a feasibility study for the Pause Project had been undertaken but no decision had been taken at this point about further engagement in the project. The outcomes from the study would be presented to a future meeting of the Select Commission.

Further detail was requested on the action plan, particularly in relation to what milestones were in place – It was agreed that a synopsis of this information would be circulated. Assurance was given that the action plan was comprehensive and included all related actions arising from peer reviews, audits and “deep dives”, each with specific performance measures. The action plan was to be discussed at the DAPG.

Given domestic abuse had been identified as a high priority, could an explanation be given about why progress was slow? – There had been progress in some areas but this had been unco-ordinated and not guided by strategic aims. The Strategy would focus action collectively across partners.

What outcomes had there been from the inclusion of domestic abuse in the Joint Strategic Needs Assessment? – A written response would be provided.

The Community Safety funding had not been utilised for the purposes outlined, had this funding been lost? – Whilst the funding had not been used for the peer review in 2016, it had been reallocated to partners to address a backlog in domestic abuse referrals.

An explanation was requested in respect of how the collective response to the perpetrator programme could be improved; in particular further details were asked of the approaches taken with male and female perpetrators - There was a separate programme run by the Probation Service for perpetrators who had been through the criminal justice process. In respect of pre-criminal justice process, it had been identified as an area for increased support in order to reduce demand in the longer term. An example was given of a project which was working with both victims and perpetrators with complex support needs. The Police and Crime Commissioner had prioritised domestic abuse and county-wide network was looking to commission a programme through funding made available through the PCC's office to assist a large number of male and female perpetrators.

Further clarification was requested in respect of the county-wide perpetrator programme and RMBC's pro-rata contribution - Discussions were underway to ensure that value for money was achieved and resources were allocated fairly across each of the participating districts. A specification for the programme had been drawn up and invitation for tender would be sought shortly.

Assurances were sought that there was sufficient capacity across partner agencies to respond to domestic abuse – Capacity to respond was kept under review and each of the respective agencies were able to 'flag up' specific issues at the DAPG. There were broader concerns which had been identified in the "deep dives" around backlogs and risks which would be addressed in the Strategy and action plans. It was acknowledged that there were funding pressures; nationally Domestic Abuse Services had been cut with several refuges closing as a result. In Rotherham funding to Domestic Abuse Services had been maintained. Examples were also given where council services had brought in additional resources and voluntary sector partners had successfully bid for external funding.

How was the voice of victim reflected in the Strategy, including those from the Asian and Roma communities? A commitment was given to ensuring that the voice of victim would be included in the Strategy, however, it was acknowledged that further development was required in this area to build on the work already underway with voluntary sector partners.

In response to a question about poor mental health, it was acknowledged that this was a significant factor in domestic abuse, with many cases presenting with substance misuse. Examples were given of how this was being tackled.

Clarification was requested in respect of the “One Front Door” – This was a recommendation of the 2013 scrutiny review; a task and finish group had been set up to explore the feasibility of this option. It was anticipated that this would provide a consistent service and pathways, minimise duplication and lead to fewer people ‘slipping through the net’.

How do victims access service? - The majority of cases go through the Police, and the increase in referrals reflected better recording. In addition, Rotherham Rise took self-referrals which did not require Police or other agency involvement. It was suggested that guidance was re-issued for Members and officers about how referrals could be made.

What work was taking place with older people? – The age profile of victims and perpetrators was reviewed to ensure that resources were allocated appropriately. Adult Safeguarding reviewed the complexity of referrals and the IDVAs were located in Adult Services, which facilitated closer working. Examples were also given about work with carers.

Clarification was sought about the status of the Multi-Agency Safeguarding Hub (MASH) as a single point of access for domestic abuse and whether this would apply only to victims with children or extended to victims where no children were involved? A further question was asked whether the MASH had the capacity to address this general cohort? – It was explained that the MASH would address safeguarding issues involving children and young people rather than a generic approach. However, work was taking place to ensure that pathways were consistent.

Were frontline officers trained to spot the signs of the domestic abuse? - An e-learning package had been developed for all staff, with more in-depth training developed for frontline staff from both RMBC and partner agencies.

In summing up, the Chair welcomed that domestic abuse had been identified as a clear priority however expressed disappointment about the apparent lack of progress in implementing the recommendations from the 2013 scrutiny review.

Resolved:- (1) That an update be provided to the Select Commission in 6 months to include:-

- Information about how the voice of the victim was captured in the Strategy;
- Outcomes of the peer review;
- Details of the perpetrator programme.

(2) That further consideration be given to investment in women's empowerment and preventative work in school as part of the Strategy's development.

(3) That an update be provided outlining progress in addressing the recommendations of the PEEL review in relation to South Yorkshire Police's response to domestic abuse.

(4) That the Strategy be circulated on completion to the Select Commission prior to the six month's update.

(5) That information be provided on the level of incidents/reports over Christmas period.

74. CHILDREN & YOUNG PEOPLE'S SERVICES (CYPS) 2016/2017 YEAR END PERFORMANCE REPORT

The Strategic Director of Children and Young People's Service, with Ms. R. Wall, Head of Service Safeguarding and Quality Assurance, and Mrs. S. Wilson, Head of Service Performance & Planning, gave a presentation which covered the 2016/17 year-end performance in relation to Early Help and Family Engagement, Children's Social Care and Education and Skills:

What is working well

- Early Help received 3,914 contacts during the last 12 months evidencing the improvements made in embedding Early Help
- Timeliness of engagement with families in Early Help improved from 18.4% to 53.7%
- 98% people who completed the Early Help exit survey rated the Service as good or excellent
- The number of re-referrals into Social Care had decreased evidencing a more robust approach (30.7% to 27.6%)
- Following an increase in demand for assessments to be undertaken, a new team was established and as a result timescales within 45 days improved from 85.9% in February to 92.9% in March 2017
- The number of children in need (CIN) with an up-to-date plan continued to perform well during the year - 93.8% in March 2017 (82.7% overall during the year)
- Completion of Initial Child Protection Conferences in 15 day timescale remained above national average at 91% and reviews were maintained at 100% for 8 months of the year (98.6% for the year overall)
- 86.4% of Looked After Children (LAC) visits (local standard of 4 weeks) improved from 80.2% in 2015/16
- SYP made 17 convictions for Child Sexual Exploitation during the year and 327 referrals were made to post abuse support services
- Early Years Found Stage, Key Stage 2 and Key Stage 4 (progress 8) were all above national average

What are we worried about

- Only 6.5% of Early Help assessments were completed by partners (75 out of 1,150)
- 39.4% of Early Help Assessments completed in 35 working days
- 29% of the targeted range of families for change achieved the Payment By Result outcome
- Section 47 rates are significantly higher than statistical neighbours despite an in year reduction - 251.8/10k pop
- There had been increase of those children on a Child Protection Plan (CPP) who had been made subject to a plan for a second or subsequent time (4.7% to 8.4%)
- A reduction on the number of children on a CPP who had had a visit from 99% to 88.4% during the year
- A reduction in the number of children who were ceasing to be Looked After due to permanence from 40.1% to 28.3%
- Only 68.2% of LAC had an up-to-date Personal Education Plan (PEP)
- A reduction in the number of children who had 3 or more placements, however, this continued to be high (11.3%). There has been a reduction in the number of children who had had a stable placement for over two years (67.6%)

What do we need to do next

- Ensure that the right service at the right time was in place including work across CYPS and partners at all stages of the process particularly around thresholds
- Quality remained a priority and this was a balance with compliance
- Increased level of LAC - It was important to progress the implementation of the sufficiency strategy and other transformational and investment programmes
- Continue to ensure that LAC were placed in family settings (even if this meant a move)

Discussion ensued on the report with the following issues raised/clarified:-

- The reasons behind the dip in performance in the Families for Change programme and what were the achievements of the programme had been so far.
- Levels of engagement with schools, particularly in relation to reducing poor attendance.
- Clarification as to why there were higher than average Section 47 referrals in Rotherham?
- Concerns about re-referrals and quality of decision making and practice in relation to 'stepping down' intervention.
- Improvements in quality of practice as a result of the roll out of 'Signs of Safety'
- The implementation of the Liquid Logic case management system and confidence in accuracy of data.
- Checks and balances in place to ensure that health and dental checks for Looked After children took place on a timely basis.
- Engagement with the Early Help offer in relation to Children's Centres.

- Levels of referrals with domestic abuse as a presenting factor.
- Areas of improvement from April 2017.

The Chair thanked Officers for the report.

Resolved:- That the report be noted.

75. DATE AND TIME OF THE NEXT MEETING

Resolved:- That the next schedule meeting be held on Tuesday, 12th September, 2017 at 5.30 p.m.

Council Report

Improving Lives Select Commission – Tuesday 12th September 2017

Title

Scrutiny Review – Alternative Management Arrangements for Children's Service in Rotherham

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

No

Director Approving Submission of the Report

Chief Executive

Report author(s):

Caroline Webb, Senior Scrutiny Advisor (Scrutiny and Member Development)
01709 822765

Ward(s) Affected

All

Executive Summary

The scrutiny report (attached as Appendix 1) presents the latest analysis and current thinking of the Improving Lives Select Commission's cross-party review group on the range of Alternative Management Arrangements (AMAs) for children's services. It evaluates the relative strengths and challenges of the primary options available to the Council. The paper then provides initial recommendations for future management arrangements.

Recommendations

- 1) That Improving Lives Select Commission approve the report and recommendations as outlined in Section 11 of Appendix 1;
- 2) That Improving Lives Select Commission forward the scrutiny review to Cabinet and Commissioners for their consideration;
- 3) That the response of Cabinet and Commissioners be fed back to this Committee.

List of Appendices Included

Appendix 1 – Scrutiny Review - Alternative Management Arrangements for Children's Service in Rotherham

Annex 1 – Full Option Appraisal

Annex 2 – Terms of Reference and background information

Annex 3 – Isos Partnership: 2nd Workshop Summary

Annex 4 – Letters from Partners

Annex 5 – Children and Young People's Plan

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Cabinet/Commissioner's Meeting 16th October 2017

Council Approval Required

No

Exempt from the Press and Public

No

Scrutiny Review – Alternative Management Arrangements for Children’s Service in Rotherham

1 Recommendations

- 1) That Improving Lives Select Commission approve the report and recommendations as outlined in Section 11, Appendix 1;
- 2) That Improving Lives Select Commission forward the scrutiny review to Cabinet and Commissioners for their consideration;
- 3) That the response of Cabinet and Commissioners be fed back to this Committee.

2 Background

- 2.1 The scrutiny review underpinning this report has been undertaken by cross-party members of the Improving Lives Select Commission. In October 2016, (former) Lead Commissioner Sir Derek Myers wrote to the Leader of the Council, Cllr Chris Read, and the Chief Executive, Sharon Kemp, commending the Government’s policy paper “Putting Children First” (Department for Education, 2016). The publication sets out a challenge to all councils to think about how they can make and sustain improvements across children’s services, including considering alternative delivery models or management arrangements.

3 Key Issues

- 3.1 This report presents the latest analysis and current thinking of the Improving Lives Select Commission on the range of Alternative Management Arrangements (AMAs)¹ for children’s services which might secure the long-term success of Rotherham’s Children and Young People’s Services. It evaluates the relative strengths and challenges of the primary options available to the Council and provides initial recommendations for future management arrangements.
- 3.2 The review concluded that a Practice Partner model would secure the most rapid and sustainable improvements in the short term (two years) and present the lowest risk to the Improvement journey. In particular, its evidence suggested that the Practice Partner model will:
- Establish the right balance of political ownership, oversight and accountability for CYPS at the same time as rigorous external challenge;
 - Enable the good progress being made on the improvement programme to continue at an accelerated pace with minimal disruption to partners, wider council priorities or management focus; and
 - Avoid high transition and operating costs associated with each of the AMAs and enable spend to be focused on front line delivery.
- 3.3 It is acknowledged that the peer practice partner model is by definition temporary. Once there is consistent good quality front-line practice, the Council will actively consider other options to work with others through integration, collaboration or further commissioning if this would secure more rapid and sustainable improvement.

¹ The review defined alternative management arrangements as the delivery of children’s services other than through traditional in-house local authority services. For example creating a new entity (i.e. trust) that will take operational responsibility for delivering children’s services or whereby some or all of children’s service(s) are provided by an existing entity or entities.

4 Options considered and recommended proposal

- 4.1 An option appraisal was undertaken to provide an objective analysis of the range of alternative management arrangements available to the Council. It evaluates the relative strengths and challenges of these options. This is detailed in Section 8 of the report, with the full option appraisal attached as Annex 1.
- 4.2 The options appraisal recommended that a Practice Partner model would secure the most rapid and sustainable improvements (as outlined in para 3.2).

5 Consultation

- 5.1 The views of Improvement Board partners and the Police and Crime Commissioner (PCC) were sought on this preferred option. Each partner supported the continuation of the Practice Partner model and agreed that it was likely to secure better and sustainable outcomes for children and young people in Rotherham.

6 Timetable and Accountability for Implementing this Decision

- 6.1 For ongoing discussion with the Commissioner for Children's Services.

7 Financial and Procurement Implications

- 7.1 The following criteria were considered as part of the option appraisal:
- Provide a sustainable, long term platform for high quality children's services in Rotherham;
 - Avoid significant and avoidable detrimental costs, for example, the treatment of VAT; and
 - Avoid protracted and complex negotiations that may be a distraction from the improvement journey (e.g. treatment of overhead/recharge).
- 7.2 Whilst there would be significant financial and procurement implications that would require careful consideration should there be a future decision on the adoption of alternative management arrangements, these are difficult to quantify at this time. However the preferred option would secure the most rapid and sustainable improvements in the short term (two years) and would avoid high transition and operating costs associated with each of the other options and enable spend to be focused on front line delivery.

8 Legal Implications

- 8.1 There are no direct legal implications from the recommendations contained in this report. There would be significant legal implications that would require careful consideration should there be a future decision on the adoption of alternative management arrangements.

9 Human Resources Implications

- 9.1 The following criteria were considered as part of the option appraisal and the preferred option scored most highly in this area:
- Builds on the progress made in recruitment and retention;
 - Ensure that quality staff are attracted to and stay in Rotherham;

- Facilitate ongoing investment in the development of CYPS staff;
- Engage staff throughout the improvement journey.

10 Implications for Children and Young People and Vulnerable Adults

10.1 The review considered which model would secure the most rapid and sustainable improvements in the short term (two years) and present the lowest risk to the Improvement journey of CYPS. The specific considerations for Rotherham in any AMA are:

- Recognising the additional effort required to ensuring continued organisational ownership of a whole family approach;.
- Clarifying additional pathways and relationships that maybe required to retain connections between critical services such as Adult Services;
- Consideration to budget/demand challenge and mechanisms to ensure continued prioritisation/flexibility.

11 Equalities and Human Rights Implications

11.1 The preferred option would not require any additional equality impact assessment.

12 Implications for Partners and Other Directorates

12.1 See 5.1.

13 Risks and Mitigation

13.1 See option appraisal (Section 8 of the report, with the full option appraisal attached as Annex 1)

14 Accountable Officer(s)

14.1 Sharon Kemp, Chief Executive

Approvals Obtained from:

Assitant Director of Finance and Customer Services: Graham Saxton

Service Manager - Litigation and Social Care: Neil Concannon

Head of Procurement (if appropriate): N/A

Name and Job Title. Caroline Webb Senior Adviser (Scrutiny and Member Development)

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

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

Improving Lives
Scrutiny Select Commission

Review of Alternative
Management Arrangements
for Children's Service in
Rotherham

April 2017

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Annex 2 – Terms of Reference and background information

Annex 3 – Isos Partnership: 2nd Workshop Summary

Annex 4 – Letters from Partners

Annex 5 – Children and Young People's Plan

1 Executive Summary

- 1.1 This report presents the latest analysis and current thinking of the Improving Lives Select Commission on the range of Alternative Management Arrangements (AMAs) for children's services. It evaluates the relative strengths and challenges of the primary options available to the Council. The paper then provides initial recommendations for future management arrangements.
- 1.2 It is recognised that the different delivery models and management arrangements across the country are in various stages of development. The Council will continue to receive further evidence both now and in the future regarding models and ways of working that have the greatest impact on keeping children safe from harm.
- 1.3 The scrutiny review underpinning this report has been undertaken by members of the Improving Lives Select Commission. In October 2016, Lead Commissioner Sir Derek Myers¹ wrote to the Leader of the Council, Cllr Chris Read, and the Chief Executive, Sharon Kemp, commending the Government's policy paper "*Putting Children First*" (Department for Education, 2016). The publication sets out a challenge to all councils to think about how they can make and sustain improvements across children's services, including considering alternative delivery models or management arrangements.
- 1.4 For the purposes of this review, the definition of alternative management arrangements is the delivery of children's services other than through traditional in-house local authority services. For example creating a new entity (i.e. trust) that will take operational responsibility for delivering children's services or whereby some or all of children's service(s) are provided by an existing entity or entities.
- 1.5 The review was asked to consider the lessons learnt from other trust models and also look objectively at other AMAs which might secure the long-term success of Rotherham's Children and Young People's Services.
- 1.6 The supporting evidence underpinning this report was gathered through visits/conversations with other areas to identify the impact their delivery arrangements had on improvements. In addition, Isos Partnership (with the support of the Local Government Association) used an independent research methodology to enable an objective assessment of the model/s most likely to secure sustainable improvements in Children and Young People's Services (CYPS).
- 1.7 In considering whether Rotherham had the innate ability to make sustained

¹ Commissioner Sir Derek Myers stood down from his role as Lead Commissioner on 31 March, 2017. The Lead Commissioner is now Commissioner Mary Ney.

improvement, the review looked at the following factors:

- Capacity to self-assess accurately;
- Capacity to develop strategic priorities that will address weaknesses; and
- Capacity to implement these strategic priorities swiftly and effectively.

Using the Isos framework, it judged Rotherham's position to be in the **"fair to good"** category. This category is the second stage of the improvement journey which focuses on embedding improvements; having been able to demonstrate that children's services leadership are 'getting the basics' rights; that systems and controls are in place, practice is consistent and caseloads are manageable (LGA/Isos (a), 2016, pp. 13-21).

1.8 Alongside this self-assessment, external peer reviews, practice partner feedback, Commissioner's reports, and Ofsted monitoring visits were also used to assess progress and improvements that have been made in Rotherham's Children and Young People's Services. The review undertaken has been a rigorous, member-led process. (The review methodology is detailed in Section 4 of the report.)

1.9 Using this evidence, an option appraisal was undertaken to provide an objective analysis of the range of alternative management arrangements available to the Council. It evaluates the relative strengths and challenges of these primary options. This is detailed in Section 8 of the report, with the full option appraisal attached as Annex 1.

1.10 Across each of the options, particular strengths and challenges identified within the evaluation include the following:

- The importance of ongoing external scrutiny, support and challenge in delivering improved children's outcomes in Rotherham;
- The progress achieved to date and the plans to achieve 'Good' and Outstanding' status for CYPS;
- The operational and financial risks of establishing new organisational entities, particularly those involving multiple stakeholders;
- The risk of disruption to the progress achieved and slowing the pace of progress during transition;
- The use of alternative models to stimulate change when there is not the recognition or the capability to effect change;
- The cost of transition to AMAs, both transaction costs (be that commissioning, set up, tax) as well as management time and focus at the same time as continuing to drive the Improvement programme;
- The complex set of inter-relationships between CYPS and other Council services

and other partners in the borough which require careful management with the introduction of new AMA options; and

- The emerging evidence base for the majority of the alternative models within the children's social care landscape.

1.11 A summary of the option appraisal is outlined in the table below:

Summary Alternative Management Arrangements Options Appraisal

| AMA Option | Strengths | Weaknesses | Score |
|---------------------------------|---|---|-------|
| 1. Peer Practice Partner | <ul style="list-style-type: none"> • Build on peer model in place – knowledge transfer, critical appraisal, challenge and support • Build on partnership and integration work • Ensures ownership and political oversight • Lower cost / risk of transition | <ul style="list-style-type: none"> • Ability to continue to deliver the pace of improvement required internally • Positioning of children's services in the eyes of the public and other stakeholders – sufficiently strong demonstration of progress | 33/40 |
| 2. Commission by Contract | <ul style="list-style-type: none"> • Ability to commission new interventions / services to meet needs • Greater freedom/flexibilities, building on capabilities of providers and the voluntary sector • Risk transfer and outcome based commissioning | <ul style="list-style-type: none"> • Fragmentation of services and providers, hindering the whole system approach to improvement • Cost and complexity of commissioning multiple providers / programmes > investment in commissioning capacity • Control and oversight of quality / performance | 22/40 |
| 3. Wholly Owned Company – Trust | <ul style="list-style-type: none"> • Freedom and flexibility to drive pace of improvement but within local authority control • Emerging practice from other localities • Social work centred organisation – core focus. | <ul style="list-style-type: none"> • Cost, complexity and risk of transition (what's in scope) • Impact on partnerships, integration and whole system approach • Limited evidence base and financial risks (e.g. tax) | 25/40 |
| 4. Community Interest Company | <ul style="list-style-type: none"> • As per Trust arrangements but additional community benefit and positioning in the eyes of stakeholders | <ul style="list-style-type: none"> • As per Trust arrangements. | 26/40 |
| 5. Mutual | <ul style="list-style-type: none"> • Employee engagement and ownership for Improvement • Innovation, customer service and cost control | <ul style="list-style-type: none"> • Lack of control, political oversight • Complexity and cost of transition • Untested model at the scale of children's services • Pace of decision making (one member one vote) | 16/40 |
| 6. Managing Agent | <ul style="list-style-type: none"> • Capacity, capability and resources of external partner – e.g. commissioning; commercial • Performance management / monitoring | <ul style="list-style-type: none"> • Complexity and confusion – roles and responsibilities • Additional cost layer, particularly management costs • Fragmentation – whole system approach | 18/40 |
| 7. Joint Venture | <ul style="list-style-type: none"> • Leverage partner capacity / capability • Knowledge transfer – new approaches • Share risk and reward | <ul style="list-style-type: none"> • Identification of the right partner with the right culture • Cost, complexity of transition • Alignment of priorities • Control and influence | 15/40 |
| 8. Shared Service | <ul style="list-style-type: none"> • Best practice and innovations, knowledge transfer • Speed and simplicity of contracting arrangements • Efficiency / cost savings | <ul style="list-style-type: none"> • Practical local availability of high quality children's services • Learning whilst establishing shared services arrangements • Management focus and commissioning capacity/capability | 24/40 |

1.12 Taken together, both the options appraisal and the independent assessment model (ISOS) suggest that a Practice Partner model would secure the most rapid and sustainable improvements in the short term (two years) and present the lowest risk to the Improvement journey. In particular, the action research and evaluation suggests that the Practice Partner model will:

- Establish the right balance of political ownership, oversight and accountability for CYPS at the same time as rigorous external challenge;
- Enable the good progress being made on the improvement programme to continue at an accelerated pace with minimal disruption to partners, wider council priorities or management focus; and
- Avoid high transition and operating costs associated with each of the AMAs and enable spend to be focused on front line delivery.

1.13 The views of Improvement Board partners and the Police and Crime Commissioner (PCC) were sought on this preferred option. Each partner supported the continuation of the Practice Partner model and agreed that it was likely to secure better and sustainable outcomes for children and young people in Rotherham. The majority of respondents commented on the progress that had been made over the previous two years and how external challenge and peer reviews had made an impact on the quality of service. Partners also highlighted opportunities for further collaboration and development which, in their view, would be best fostered in the current arrangements.

1.14 The Council will continue to work effectively with our Peer Practice Partner, and once assessed as “Requiring Improvement”, we would want to continue with Lincolnshire as a partner in practice given their knowledge and understanding of Rotherham. However, it is acknowledged that the peer practice partner model aids the improvement journey and is by definition temporary. Once there is consistent front- line practice, the Council will actively consider other options to work with others knowing that integration, collaboration or further commissioning will be underpinned by strong and robust operational activity and management oversight.

1.15 It is the Council’s stated ambition to become a “Good” and then “Outstanding” Children’s Service. There is an ongoing commitment, irrespective of rating, to a rigorous and ongoing peer review model through the regional and national Association of Directors of Children’s Services and the ongoing relationship with the Department for Education. To underpin this activity, there would an appropriate amount of funding be set aside to enable external support from the sector to be drawn in either to undertake

reviews or for support. This would be done with the oversight of the Partner in Practice to continue to demonstrate the transparent way the Council now operates.

- 1.16 Whilst continuing with the Council's delivery of Children's Services with a peer practice partner model in the short term is the preferred option based on the information, evidence and research available today, this is not a closed decision. The Council remains open to other Alternative Management Arrangements such as establishing a Trust/CIC, including the potential to integrate with another Children's Trust who is rated as "Good", if there was evidence in the future that this would secure more rapid and sustainable improvement.

2 Introduction

- 2.1 This scrutiny review has been undertaken by members of the Improving Lives Select Committee. In October 2016, Lead Commissioner Sir Derek Myers wrote to the Leader of the Council, Cllr Chris Read, and the Chief Executive, Sharon Kemp, commending the Government's policy paper "*Putting Children First*" (Department for Education, 2016). The publication sets out a challenge to all councils to think about how they can make and sustain improvements across children's services, including considering alternative delivery models.
- 2.2 The Commissioner advised that the Council considers the lessons learnt from other Trust models and also look objectively at alternative management arrangements which might secure the long-term success of Rotherham's Children and Young People's Services, including but not limited to:
- A shared service with a neighbouring authority;
 - An agency arrangement whereby another authority is invited to run Children's Services on behalf of Rotherham;
 - Spinning out some services to staff-led entities;
 - Setting up local voluntary organisations or inviting local voluntary organisations to take a greater part in running some services;
 - Inviting the children's trust in Doncaster to play some part in Rotherham's provision; or
 - Setting up a Trust for Rotherham's Children's Services but making careful decisions about whether the Council retains some functions.
- 2.3 The Leader and Chief Executive committed to a transparent and evidence based review of alternative management arrangements and asked Cllr Clark, the Chair of Improving Lives, to lead a cross party member working group to undertake this work.
- The review was supported by Sharon Kemp, Chief Executive and Ian Thomas, Strategic Director of Children and Young People's Services. Scrutiny support was provided by Caroline Webb.
- 2.4 This review has been undertaken with the support of the LGA. It is hoped that the outcomes and recommendations can be used by the LGA to contribute to the national evidence base in the consideration of future management arrangements to drive and sustain improvements in children's services.
- 2.5 For the purposes of this review, the definition of alternative management arrangements is the delivery of children's services other than through traditional in-house local

authority services. For example creating a new entity (i.e. trust) that will take operational responsibility for delivering children's services or whereby some or all of children's service(s) are provided by an existing entity or entities.

3 Rotherham Context

- 3.1 The recent history of Rotherham Council and its children's services is well documented. The Corporate Governance Inspection (CGI) of the Council, led by Dame Louise Casey CB, was instigated in September 2014 as a result of the report of Professor Alexis Jay into the serious, longstanding failings in children's social care in Rotherham findings were reinforced by the Ofsted inspection report in November 2014 which assessed the Council's children's social care services as "inadequate". The CGI set out a succession of serious, corporate failings across the organisation as well as its wider partnership relations. In response to these failings, in February 2015, the Government appointed five commissioners² to take on all Executive responsibilities at the Council and drive the improvements necessary to return decision-making to democratic structures.
- 3.2 Substantial changes have been made to the political and strategic leadership of the Council since that point. A headline achievement has been the appointment of a new senior leadership team, which has been in place in full since summer 2016, which has heralded a change in organisational behaviours and values. There has also been a significant change in the Council membership with over 60% being elected since 2015³, and a new Cabinet appointed in February 2015.
- 3.3 Key elements of the shift that has taken place were captured in an LGA peer review in October 2016. In it, the new Cabinet, Overview and Scrutiny and Audit Chairs, and the Senior Leadership Team were described as "*able, confident and well-focussed, both as individuals and as groups.*" Arrangements for opposition members to gain access to information, and to officer support when they wished to explore specific issues were "*healthy and effective*". The new Leader of the Council and the new Chief Executive (are) "*...highly capable, principled, and intelligent individuals... and share high levels of integrity and parallel commitments to ensure open and transparent governance and decision-making.*" (LGA, 2016). Developments in scrutiny are captured in Commissioner Bradwell's submission to the Secretary of State for Education, which comments on the evidence of greater political ownership and effective challenge from the Improving Lives Scrutiny Select Commission (RMBC (a), 2017, p. 17).

² The Commissioner for Children's Social Care Services has been in place since October 2014 having been appointed by the Secretary of State for Education at that time.

³ 38 out of 63 councillors

- 3.4 It should be acknowledged that the Council is now in a very different position to that of two years ago. Under this new leadership, there has been a steady return of decision making powers and the majority of services are now under council control, signalling Government confidence in the achievements to date. The recent Ofsted monitoring letter stated “*The local authority is making continuous progress in improving services for children in need of help and protection*” (Ofsted (b), 2017).

4 Methodology

- 4.1 The review commenced in November 2016 and concluded in April 2017, with its findings reported to Improving Lives Select Commission in September 2017. The review consisted of four stages: self-assessment, evidence gathering, options appraisal and recommendations. These are detailed below:

Stage 1 – Self-Assessment

- 4.2 Isos Partnership (with the support of the Local Government Association) facilitated a self-assessment workshop for members of Improving Lives Select Commission, senior RMBC leaders and officers, and partners including the Children’s Social Care Commissioner and Peer Practice Partner. This workshop mapped Rotherham’s improvement journey using an independent methodology. The findings of this workshop are outlined from Section 6. The full report from the workshop is attached as Annex 3.
- 4.3 Alongside this self-assessment, is a précis of external peer reviews, practice partner feedback, Commissioner reports, and Ofsted monitoring visits to provide independent information on the progress and improvements that have been made in Rotherham’s children’s services. These are detailed in Section 5 of the report.

Stage 2 – Evidence Gathering

- 4.4 The review identified the strengths and weaknesses of different delivery models that are currently being used by councils in delivering children’s services, highlighting in particular what has driven and sustained service improvement in different areas.

It reviewed existing documentation and reports and included visits to and conversations with a number of councils and the LGA Children’s Improvement Board to establish:

- the impact of different delivery models of children’s services;
- the pros and cons attached to each approach; and
- common themes from evidence underpinning improvements.

- 4.5 Published information about improvements across children’s services was reviewed

where available⁴. However, there is little research evidence or externally validated evaluation that focuses specifically on the relative strengths of alternative models of improvement support and the circumstances in which these are likely to be effective (LGA/Isos (b), 2017, p. 11). The recent National Audit Report highlights that arrangements for developing, identifying and sharing good practice are “*piecemeal*”, with social workers having difficulty finding out what works, and only a small pool of ‘good’ or ‘outstanding’ authorities available to support those judged ‘inadequate’ (NAO, 2016, p. 8).

Stage 3: Option Appraisal

- 4.6 An option appraisal was undertaken to provide an objective analysis of the range of alternative management arrangements available to the Council. It evaluates the relative strengths and challenges of the primary options available to the Council and provides initial recommendations for future management arrangements. This is detailed in Section 8 of the report and Annex 1.
- 4.7 The review sought the views of key partners on the preferred option and a summary of their feedback is outlined in Section 10. The responses are attached in full in Annex 4.

Stage 4 – Recommendations

- 4.8 On the basis of this evidence and options appraisal, the review recommends an approach and rationale for the future management arrangements based on Rotherham’s current and future ambitions for children’s social care services.

5 Rotherham’s Improvement Journey

- 5.1 Since the appointment of a Children’s Social Care Commissioner in October 2014, there has been evidence of ongoing improvement. The last report of Commissioner Bradwell to the Secretary of State states “*There is a clear vision, purpose and direction for the service, evidence of more stable leadership and good oversight of the improvement journey.*” (RMBC (a), 2017, p. 17)
- 5.2 CYPS has encouraged external scrutiny which has included a regional Association of Directors of Children’s Services (ADCS) Sector-Led Peer Review, which focused on Looked after Children (LAC) and care leavers (October 2016). This followed a similar review on Leadership, Management and Governance (LMG) undertaken in June 2016 (RMBC (b), 2016). Additional peer reviews led by practice partners Lincolnshire, around

⁴ For example the report published by the (LGA (a), 2014) LGA: *Self, sector or centre?* An extended case study has also been published on the establishment of “Achieving for Children” (Spring Consortium, 2016), however the report has not been subject to external verification or financial analysis.

Special Educational Needs and Disabilities (SEND) and social care 'front door' and child sexual exploitation (CSE), took place in November 2016. Practice partners have also reviewed the Medium-Term Financial Strategy and commissioning arrangements.

Evidence of progress

5.3 In November 2014 the regulator published its report following the LA's inspection under the Single Inspection Framework. The inspection focuses on five domains:

- Leadership, Management and Governance
- Early Help and Protection
- Experience of Looked After Children

The above are 'limiting judgements' in that a rating of inadequate in any single domain renders the overall outcome in terms of overall effectiveness to be inadequate. There are two sub judgements pertaining to Looked After Children, viz:

- Adoption
- Care Leavers

When the LA was last inspected all of the above were rated 'Inadequate' with the exception of Adoption, which was deemed to 'Require Improvement'.

5.4 As can be seen below, since the inspection the council has secured significant progress against most domains and is clear on the actions required to continue drive progress across them.

Leadership, Management and Governance

5.5 A new DCS was appointed in January 2015 who immediately set to work on the development of an Improvement Plan. This was submitted to Ofsted on 25 February 2015. A new structure was introduced to address capacity deficits at all levels and a vision to develop outstanding services was consulted on and adopted. Weekly performance meetings were introduced and a number of Boards were established to oversee progress. These included: Children's Improvement Board; CSE Board; Progress Board and Post Abuse Support Board. A programme of coaching was made available for senior leaders and expectations around compliance with statutory child protection procedures, and adherence with statutory guidance, Working Together (WT) 2013 (subsequently replaced by WT15) were introduced as 'non-negotiable' requirements. A new 'front door' went live on 1 April 2015 in the form of a Multi-Agency Safeguarding Hub' and the existing CSE Team was decommissioned and rebuilt, with new operating guidance agreed with South Yorkshire Police.

5.6 The leadership throughout the service is now stable with 57 of circa 60 posts filled on a

permanent basis with competent staff. In a recent Ofsted monitoring letter the regulator reported that they found, *'A stable senior management team, led by the director of children's services (DCS), demonstrates determined, effective, strategic leadership with clear priorities and aspirations, and a sustained focus on improving outcomes for children'* (21 November 2016) (Ofsted (a), 2016). Areas for continued action as detailed and monitored through the Improvement Plan include improving effectiveness at team management level so that the quality of practice improves continuously.

Early Help and Protection

5.7 In late 2014 early help was fragmented, with low numbers of Common Assessment Framework (CAF) plans in place to support families with emerging vulnerabilities, although there were some positive outcomes being secured for 'Troubled Families' by the authority's Families for Change Team.

5.8 Since inspection and the launch of the new integrated Early Help Offer in January 2016, the numbers of early help assessments have increased five-fold to around 1,400. The 'Beyond Auditing Programme' has revealed that quality is mainly within the 'requires improvement' range with some good work emerging. Notably 98% of families in receipt of Early Help rate the service as good or better. In March 2017 Ofsted reported,

'The implementation of multi-disciplinary locality teams is leading to improved quality and coordination of early help support to families. Early help assessments (EHAs) are being undertaken more efficiently, and these are leading to a direct offer of help for individual children and their families. There is much evidence of children's circumstances improving as a result of the early help being provided' (Ofsted (b), 2017)

However, there is work to do to ensure partners lead on more early help assessments to ensure that the right professionals are engaged with families in a timely way, which will result in better outcomes.

5.9 In terms of child protection there have been noteworthy improvements. MASH performance indicators are strong with 90% of referrals responded to effectively within 24 hours. An increasing number of referrals are leading to assessments, which are undertaken in timely manner and re-referral rates are on a (positive) downward trajectory. The majority of Initial Child Protection Conferences are convened within statutory timescales and the 'Strengthening Families' approach is leading to better quality of plans. Most children who are assessed as 'child in need' and are subject to 'child protection plan' have up to date plans and are seen by Social Workers regularly.

5.10 The 'EVOLVE' multiagency CSE has been remodelled and is delivering good work to

protect children and young people who are vulnerable to abuse. This extends to excellent partnership work with South Yorkshire Police to pursue perpetrators, which has resulted in the conviction of 26 criminals over the last year who are now serving a total of circa 350 years in prison. There has been productive work with the PCC to ensure that partners are geared up to dealing with increasing demands over the next few years as a result of National Crime Agency investigations into historical cases of CSE.

- 5.11 Following significant investment and more effective triaging in consultation with Early Help colleagues in the MASH, caseloads are manageable at an average of 16 per social worker. Whilst some of these improvements were reported within the recently published monitoring letter, work continues on robust risk assessment and the quality of work, to move from the 'requires improvement' range, to at least 'good'.

Looked After Children (including adoption and care leavers)

- 5.12 Whilst improvement is evident, the trajectory reflects a mixed picture. This is due to a challenging cohort of children, who have experienced poor case management in the past and a lack of management stability when compared to other areas in social care.
- 5.13 There is evidence of good early permanence work following a service restructure. Whilst numbers of adoptions have decreased in line with national trends the timeliness of the adoption process is generally good. The fostering response is an emerging strength and the LA is delivering on its strategy to recruit more foster carers, with 21 approved in 2016/17 compared with 13 the previous year. As a result of better utilisation of the foster carer community, there has been a sharp increase in family based placements from 220 to 260. Placement stability is improving with fewer breakdowns and as Ofsted reported in November 2016, children feel safe in their placement which is reflected in a dramatically reducing profile of missing children/episodes. Although there has been incremental improvement in practice quality, there are still too many cases judged to be inadequate. This is a key area of focus and work is underway to address this, spearheaded by a new permanent leadership team. This includes Social Workers assessment, coaching with the support from practice partners Lincolnshire, and significant investment made to introduce the 'Signs of Safety' operating model and Restorative Practice approaches.
- 5.14 The Council's self-assessment of the Care Leaving service is 'requires improvement' with some good features. 98% of care leavers are in suitable accommodation with 91% in touch regularly with their Personal Advisor. 70% are in employment, education and

training against a national average of 48%. 9% of the qualifying cohort of young people are at university, compared with 6% nationally. Areas for development include consistency of supervision and improving the quality of pathway plans so they are consistently good.

5.15 The performance in children's social care and early help are captured in Table 1 (below)

Table 1: KPI's - Children's Social Care (CSC) and Early Help (EH)

| Service | Measure | As at 30/11/2014 | As at 31/03/2017 | Difference | Stat Neighbour March 2016 | Yorkshire & Humber March 2016 | England March 2016 |
|---------|--|--|-----------------------|------------|---------------------------|-------------------------------|--------------------|
| CSC | Children In Need | 1825 | 1617 | -208 | | | |
| CSC | Children In Need per 10k | 323.58 | 286.70 | -36.88 | 372.68 | 332.8 | 337.7 |
| CSC | % Contacts with decision within 1 working day | 59 | 86 | +27 | | | |
| CSC | % of referrals going onto assessment | 77.8 | 95.8 | +18 | | | |
| CSC | % of CIN (open at least 45 days) with an up to date plan | 43.8 | 82.7 | +38.9 | | | |
| CSC | % of CPP with visits in the last 2 weeks | 39.8 | 88.4 | +48.6 | | | |
| CSC | % of completed LAC visits which were completed within timescale - National Minimum standard | 37.7 | 94.5 | +56.8 | | | |
| EH | % 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) | Early Help offer implemented in January 2016 | 98.6% - 31 March 2017 | N/A | N/A | N/A | N/A |

| Service | Measure | As at 30/11/2014 | As at 31/03/2017 | Difference | Stat Neighbour March 2016 | Yorkshire & Humber March 2016 | England March 2016 |
|---------|--|--|---|---|--------------------------------|--------------------------------|-------------------------------|
| EH | No of Early Help Assessment's (EHA's) completed since the Early Help offer was launched in January 2016 | 815 CAF's completed over the previous 3.5 year period (average number of CAFS 19 per month) | 1430 EHA's completed – 18 January 2016 - 31 March 2017 (average number of EHAs 102 per month) | +615 | N/A | N/A | N/A |
| EH | Young people aged 16-17 (academic age) who are NEET Annual Outturn taken as an average for Nov, Dec, Jan returns) | 5.9% against a target of 6%. Based upon Academic Age 16-18 and with a NEET adjustment in place. (DfE counting rules changed in September 2016) | 3.1% against a target of 3.1%. Based upon Academic Age 16-17 only and without a NEET adjustment. (DfE counting rules changed in September 2016) | N/A due to changes in Academic Age and DfE counting rules | 3.8% (published Feb 16) | 3.1% (published Feb 16) | 2.7% (published Feb16) |
| EH | Customer Satisfaction | Exit Survey implemented in May 2016. | 98% people who completed an exit survey rated the support they received as either 'Good' or 'Excellent'. (May 2016-March 2017) | N/A | N/A | N/A | N/A |

Partnerships

- 5.16 The Local Safeguarding Children's Board; Children and Young People's Partnership and Health and Wellbeing Boards are maturing and operating effectively, with links to Community Safety and Adult Safeguarding Boards developing. Children and Young people are actively involved in service development within the Youth Cabinet and Looked After Children's Council; and young people are involved in the recruitment of all senior managers.
- 5.17 In June 2016 the council set out its ambition to become a Child Centred Borough. A group chaired by an elected member and supported by the Assistant Chief Executive has been established to ensure that the borough develops into a place where young people can thrive. The ambition starts by declaring that Rotherham wants every child to have a positive start in life and a good childhood so they can grow into well adjusted, emotionally resilient individuals who will enjoy healthy and mutually respectful relationships in adulthood, become responsible citizens and be able to be good parents to their own children when the time comes.
- 5.18 Joint commissioning of services, particularly in the field of Special Educational Needs and Disability is embedding. The Parents' Partnership Forum works well and provides a voice for parents of children with SEND and is seen as a national exemplar. Further work has also taken place with health partners to develop mental health services – including specialist interventions for looked after children. The Joint Management Arrangements with the Clinical Commissioning Group means that CYPS is in a better place to use resources more effectively to meet need.
- 5.19 The recent Ofsted review highlighted some areas for continued improvement. More Early Health Assessments need to be completed by partners. Some immediate action is being taken with school nurses and health visitors to improve this, but it is recognised that further work needs to be done to support partners. There is a need to ensure social workers are present at all ABE (Achieving Best Evidence interviews) with police colleagues; and action is being taken with police partners to rectify this. The feedback from Ofsted has been accepted and plans developed with partners to address the specific issues identified.
- 5.20 Rotherham's recently commissioned Youth Justice Board Peer Review of the YOT Board's Leadership and Governance highlighted some good examples of a strong and supportive partnership.

The peer reviewers' final report stated;

"Rotherham YOT is performing well in relation to reducing reoffending and the use of custody and based on what partners told us it is well regarded and not seen as a service requiring significant remedial attention. Given the serious challenges facing the Council and its partners there was a risk that youth justice would not attract sufficient attention and be left to its own devices. However, we did not find that to be the case and were impressed with the focus that partners in Rotherham had placed on the service and the local youth justice system despite other very pressing priorities."

Priorities for improving children's outcomes have now been agreed with all partners and are included in a new Children and Young People's Plan (Annex 5).

Medium Term Financial Strategy

- 5.21 As part of Rotherham's ambition to be a Child-Centred Borough, sustained investments have been made to secure a vibrant, healthy and productive future for Rotherham people for generations to come. A robust financial plan with strong governance is inextricably linked with an effective sustainable Children and Young People's Service.
- 5.22 The robustness of the budget proposals within the Strategy have been subject to comprehensive review completed by the Practice Partner for Children's Improvement (Lincolnshire County Council). The proposals seek to address the growing numbers of Looked after Children and the change in the proportion of placement settings in favour of in-house foster care. The investments focus on key areas of practice which will manage social care demand in the longer term. There is also additional investment in staff to ensure that assessments are timely and caseloads remain at a manageable level as well as a focus on workforce development and practice improvement.
- 5.23 The Council has increased its investment in CYPS by £21.9m over the last three years. The budget for 2017/18 now agreed by Council reflects this level of investment and sets the level of funding support for children's services in line with the CYPS Sustainability Strategy.
- 5.24 The CYPS Sustainability Strategy was presented to Cabinet on 14th November 2016, and ratified at Council on 7th December. It seeks to address the budget gap over a five year period to 2020/21 through a mixture of immediate funding support and investment linked to medium and longer term sustainable savings. The budget proposals for CYPS will start to deliver savings in 2017/18 and, over the medium term, will reduce expenditure whilst continuing to protect the most vulnerable in society.

Implications of the Improvement Journey for Alternative Management Arrangements

- 5.25 The council is on an ambitious journey of improvement which is underpinned by a transformation strategy. All areas for improvement above are captured within the dynamic children improvement plan, which is overseen by the Children Improvement Board, chaired by the Practice Partner. Ofsted's recent findings that, "*Workforce planning is highly effective. Recruitment and retention rates are better than the national average. Due to a positive organisational culture staff are highly committed and motivated and they report feeling valued*" means that the conditions are now in place to secure continuous improvement.
- 5.26 A non-negotiable for the Council is to disrupt or negatively impact on the progress of the Improvement journey. The preferred AMA must build on the progress made to date; increase the pace of improvement in areas requiring additional focus, particularly social work practice within LAC.

6 Isos Workshops - improvements in children's services

- 6.1 As part of the review, the Isos Partnership (Isos), working with the Local Government Association (LGA), was invited to provide independent support by drawing on their recent LGA-commissioned research. The research focuses on the enablers and barriers of improvement in local children's services, and on models of external improvement support. Isos facilitated two workshops for members of the Improving Lives Select Commission, senior RMBC leaders and officers, Children's Social Care Commissioner, Peer Practice Partner and partners in Rotherham's improvement journey.

Workshop 1

- 6.2 The first workshop focused on sharing and exploring the findings from the research conducted by Isos in order to inform members' evidence-gathering work from other local areas. It explored the in-depth action research which was conducted across a sample of authorities and stakeholders (with a range of different delivery models and Ofsted ratings). The research describes the kind of improvement activities required to progress from "poor" to "great"⁵ (LGA/Isos (a), 2016, pp. 13-21).
- 6.3 The research from Isos broadly reflected the initial stages of the improvement journey undertaken by Rotherham since intervention in September 2014. The first stage of the improvement process from "poor to fair" focused on 'getting the basics' rights; that

⁵ The research purposely avoided the Ofsted categorisation scale of inadequate to outstanding, instead describing the elements of improvement from poor to fair, to good and to great.

systems and controls are in place, practice is consistent and caseloads are manageable. The second stage of the improvement journey focuses on embedding improvements. The third stage of the journey from “good to great”, reflects further consolidation of culture, practice and management of risk, signalling a shift from improvements being seen as discrete to these activities being seen as the norm.

6.4 The research explored with Councils the key factors underpinning their improvements (what are described as “enablers”). These were used in workshop 2 as a basis for the self-assessment. The enablers were as follows:

- Strategic approach;
- Leadership and governance;
- Engaging and supporting the workforce;
- Engaging partners;
- Building the support apparatus;
- Fostering innovation; and
- Judicious use of resources.

To summarise, the first four enablers focus on the importance of ensuring that key people and organisations were ‘bought’ into the improvement strategy; and this support was reflected in the organisational culture and behaviours of the workforce, partners and political and managerial leadership. Once this has been established, there can be a greater emphasis on high quality social care; further workforce development and maintaining focus on process, quality and outcomes; whilst ensuring that resources and innovations are used to enhance and sustain improvements (LGA/Isos (a), 2016, pp. 8-9).

Workshop 2

6.5 The second workshop focused on drawing together the evidence from Rotherham around two key questions:

- **Where is Rotherham currently on its improvement journey?** What has been achieved, what is the evidence?
- **What are the priorities for the next stage of Rotherham’s improvement journey?** Are conditions in place for further, sustained improvement? What support is needed?

6.6 The workshop drew upon the LGA action research and background evidence to build a shared picture of Rotherham’s improvement journey and establish which model would secure the quickest and most sustainable improvement. Participants were asked to

provide evidence and score where they placed Rotherham's current position on its improvement journey against the seven key enablers. A small group of Councillors from the review group, officers with Commissioner Bradwell and practice partner lead Debbie Barnes took part in the workshop, bringing a range of views from different professional and lay perspectives.

- 6.7 Using the “enablers” outlined in paragraph 6.4, workshop participants were asked to ‘plot’ where they judged Rotherham to be on its current improvement journey. As can be seen by Figure 1 (below), the majority of participants judged Rotherham's position to be in the “**fair to good**” category.

Figure 1: Rotherham's improvement journey: self-assessment exercise, using the framework from LGA action research



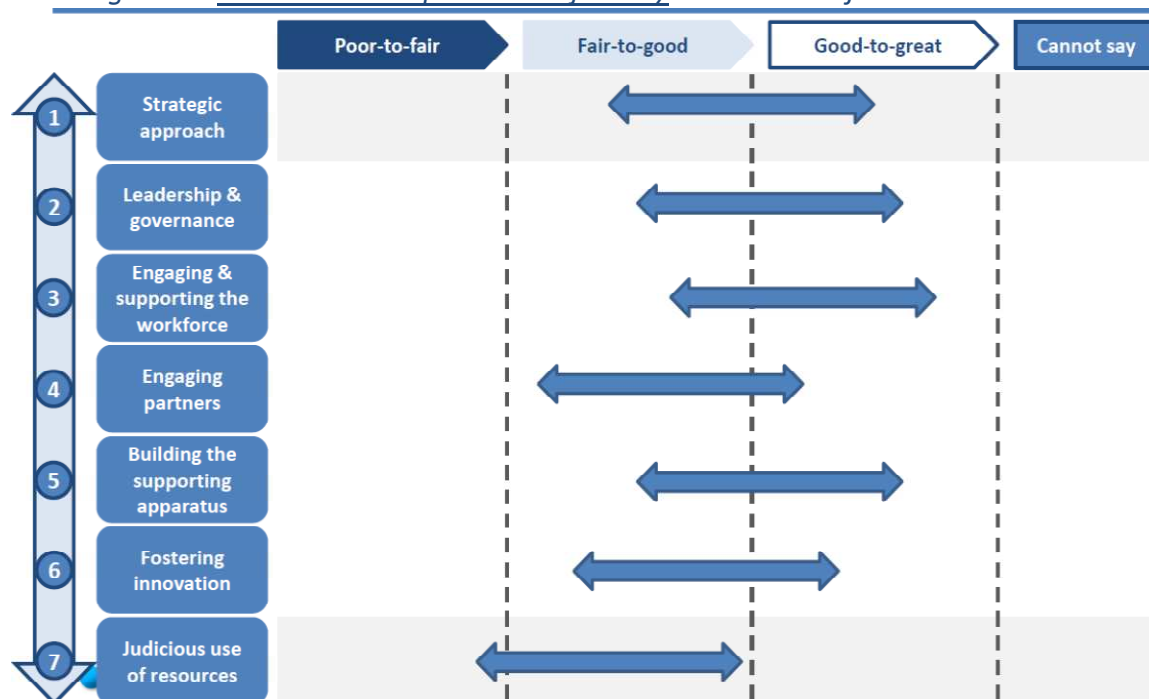
- 6.8 The evidence underpinning the assertion of “**fair to good**” is based on the outcomes from the workshop **and** an overview of external reports and feedback. Together these have been used to validate and provide assurance of the progress and improvements that have been made in Rotherham's children's services.

CYPS Directorate Management Team Self-Assessment

- 6.9 This exercise was also undertaken by CYPS' Directorate Leadership Team (DLT) – see Figure 2 (below). Using independent evidence sources, the professional practitioners based their assessment on in-depth and specific information from monitoring visits, peer reviews, reports to the Improvement Board and current performance data sets. These data sources have been subject to external validation.
- 6.10 There is a good level of correlation of evidence between the Workshop and DLT's self-assessment to support the view of Rotherham improvement journey. These triangulate

with the findings from Ofsted visits and peer reviews as detailed Section 5, which highlight strength and areas for further improvement.

Figure 2⁶: *Rotherham's improvement journey: CYPS DLT self-assessment exercise*



6.11 DLT's self-assessment against the 'key enablers' is summarised in Table 2 (below) and is set out next to the commentary from Workshop 2.

Table 2: *Isos framework – self-assessment of evidence against “enablers” of improvement*

| | Comments from Isos Workshop 2 | Comments from DLT |
|----------------------------------|--|--|
| Strategic approach | There is a clear, strategic plan for improvement and clarity about “what good looks like”. The data shows a pattern of improvement and compliance with key performance measures. Core “mission-critical” services are now safe. This picture is supported by Ofsted monitoring reports and feedback from external practice partners. The focus now is on increasing the quality of practice, and ensuring members are kept aware of improvements | Performance Management highly effective, HMI/Peer Reviews highlight effectiveness. Senior leader and team demonstrate high expectations and are focused on strategic development of the service. Cycle of improvement in place with developing trends of consistency across all areas of service. Improvement – Embed across the service |
| Leadership and governance | There is now strong, experienced, credible and stable leadership, both corporately and within children's services. Heads of Service report feeling empowered and comment positively on the difference over the last twelve months. There is not yet a full | Robust and challenging governance in place. Evidence in internal and external judgements / practice. Middle leaders well engaged with improvement developing. Improvement – Embed across the |

⁶ Rather than a series of dots, the responses are represented by an arrow across the range of views.

| | Comments from Isos Workshop 2 | Comments from DLT |
|--|--|---|
| | <p>complement of team managers in place.</p> <p>Members are rightly challenging for evidence of improvement, and are keen to triangulate this through more regular frontline visits.</p> | service |
| Engaging and supporting the workforce | <p>The workforce is increasingly stable, as shown by benchmarking data and supported by the findings from Ofsted monitoring visits and peer review. A unifying model of social work practice and new practical tools have been rolled out, and staff say (including to Ofsted) that they understand this has been done to support their work. Positive feedback from new recruits suggests Rotherham is increasingly seen as an employer of choice.</p> | <p>Stable workforce across the directorate – continues to be evident. Ofsted/Peer outcomes demonstrate improvements, national interest in the practice being developed and embedded in Rotherham. Staff surveys are positive regarding support, induction and development. Evidence of Rotherham as an employer of choice.</p> <p>Improvement – Embed across the service and further develop the Workforce programme for the service</p> |
| Engaging partners | <p>Stronger partnerships at a strategic level, but not always matched at an operational level. Multi-agency audits are taking place, but a more systematic and embedded approach is needed. There have been successes in building better partnerships with schools around SEND, and with the VCS. Would welcome greater challenge from partners, but requires trust and confidence to be built. There is recognition this is an incremental process.</p> | <p>Key partner agencies involved in CYP Partnership with a new plan. Steering groups across CYPS areas well established, good support from key agencies. Evidence of key agencies held to account and also key agencies holding CYPS to account. Evidence in the work of the improvement board.</p> <p>Improvement – information sharing, developing, consistency of practice and further engagement with partners</p> |
| Building the support apparatus | <p>There is pride in an effective management information and data system, which produces accessible dashboards of benchmarked performance data. These are being used with team managers, with support to help them use data to inform decision-making. Data are being used to inform conversations about children and outcomes, not just numbers. There is further to go, however, to see the impact on outcomes and embed the voice of the child</p> | <p>Management information used effectively. Evidence from Ofsted/HMI/Peer challenge, internal, monitoring. Data used well across CYPS with middle managers and external bodies. Data used in planning.</p> <p>Improvement – Embed across the service</p> |
| Fostering innovation | <p>Innovation, in the sense of being open to new approaches and seeking to embed effective ideas in practice, is championed by children's services leadership and supported by the Council (e.g. investment in new initiatives, participating in the Pause pilot, new approaches around recruitment). In time, the aim is for practitioners to be more</p> | <p>Service open to innovation outward looking and using best practices to inform development i.e. signs of safety. Innovation being integrated into the day to day practice across the service. Evidenced by peer challenge/HMI. Innovation projects moving beyond CYPS, e.g. recruitment and retention activity.</p> |

| | Comments from Isos Workshop 2 | Comments from DLT |
|-----------------------------------|--|--|
| | innovative, but this comes with a level of risk and will need to be managed carefully. | Improvement – Embed across the service and continue to identify good and outstanding practice |
| Judicious use of resources | There has been considerable investment in supporting children's services improvement. There is now a realistic base budget, which has been used to set robust financial plans for next three years. This provides security for children's services improvement, but will also allow political and corporate leaders to track and monitor the impact and progress of these investments. Members are rightly keen to hold officers to these plans. | Evidence for resourcing being based on effective planning and benchmarking. Investments and research being made to improve long term development of service. Good practice and expertise increasingly used across CYPS. Improvement – Embed good plan across all areas |

Conclusions from the workshop:

6.12 On the basis of the discussions, and evidence from other visits, the review concluded that regardless of how Rotherham's children's services are configured; the principles underpinning its model of delivery should be as follows:

- **Be in the best interests of children in Rotherham**—the right future arrangements must be those that provide the best platform for sustaining improvement services that support children and keep them safe
- **Work *with* people, rather than doing *to* them**—particularly by engaging RMBC staff and key strategic partner agencies
- **Maintain strong oversight of children's services by elected members**— that all Councillors, including the Lead Member, continue to exercise their corporate parenting and scrutiny roles (and in case of lead member statutory responsibilities) to secure the best outcomes for children and young people in Rotherham
- **Maintain links with other local services and strategies that contribute to young people's development and long-term outcomes** —particularly the links with housing, economic growth and jobs and skills
- **Be sustainable** —the right future arrangements must be those that offer a sustainable long-term basis for delivering high-quality children's services
- **Involve robust external scrutiny**— this will remain an important part of Rotherham's ongoing improvement journey, and should be embraced as an opportunity to track progress and address barriers
- **Maintain the integration of services**— avoid creating barriers at key service

interfaces, such as between early help and social care, or with education services.

6.13 These principles have been used to inform the options appraisals outlined in Section 8 (and attached in Annex 1).

6.14 The workshop set out priorities (improving the quality of practice, strengthening partnerships), seven core principles (see paragraph 6.12), and specific actions around strengthening self-assessment and challenge (the voice of the child, enabling members to triangulate evidence through thematic frontline visits) to inform the review's considerations.

6.15 One of the key messages emphasised in the workshop was that two years into the children's services improvement journey, whatever options are considered in the future must not destabilise what has been put in place over the past two years. Although it is accepted that once consistent front-line practice is in place, different options, collaboration or commissioning models will be actively considered, underpinned by strong managerial oversight.

6.16 Having visited other councils, the numbers of alternative delivery models are small, many are in their early stages, and therefore there is not a firm and broad evidence-base regarding their progress. A key finding from the Isos research is that alternative management models *can* play a role in helping to overcome persistent and systemic barriers and to create the conditions for sustained improvement to take place. However, these benefits are not exclusive to alternative delivery models – rather, in certain circumstances, they have helped to overcome barriers that the local area had not been able to previously.

6.17 In considering whether Rotherham had the innate ability to make sustained improvement, we looked at the following factors:

- Capacity to self-assess accurately;
- Capacity to develop strategic priorities that will address weaknesses; and
- Capacity to implement these strategic priorities swiftly and effectively.

The evidence to support these factors are summarised as follows:

- **Routine self-assessments are embedded** – growing culture of reflection and challenge, is now systematic.
- **There is a high level of congruence between internal self-assessment and external feedback** – peer reviews, practice partner reviews, Commissioner reports, Ofsted monitoring visits. Clarity about what is being invested in

improvements, and how this is working.

- **Members are asking probing questions of children's services** – this is positive and important. Equally important is the willingness of members to triangulate with feedback gathered from thematic frontline visits.
- **Continued outward-facing engagements** – Rotherham has not “hunkered down”, but has remained open to others.
- **Significant (“heroic”) investments for a council of its size** – long-term financial plans, but also monitoring arrangements to take account of changing circumstances.
- **Strong alignment of Council and children's services priorities** – the Council has embraced the “seven tests”, and there is clarity about how Council plans, financial plans and children's services plans fit together in the long term.

6.18 The independent methodology developed by Isos sets out a framework which considers the three forms of improvement support which is outlined in Figure 3 below:

Figure 3: A framework for considering the three forms of children's services improvement support (LGA/Isos (b), 2017, p. 6)

| A framework for considering the three forms of children's services improvement support | | | |
|--|--|---|--|
| Type of support | Potential benefits | Key success factors | Circumstances when it is likely to be effective |
| Sector-led improvement | <p>Can build capacity – working alongside those who have done the job.</p> <p>Both rigorous and developmental – challenging, but can create space to improvement, less public, high-stakes.</p> <p>Can help to avoid insularity – avoid the risk of “believing your own narrative”.</p> | <p>Rigour – whether formal (rigorous challenge) or informal (project focus).</p> <p>Quality and credibility – must bring practical expertise, gain trust.</p> <p>Flexible and tailored – must be grounded in context of that local area, at the right time and with right people.</p> | <p>Start of an improvement journey – to give (new) leaders a baseline.</p> <p>During the journey (perhaps between inspections) – to test, are we on track?</p> <p>To draw on additional expertise or capacity – in a specific area of practice.</p> |
| External scrutiny & formal intervention | <p>Can create robust governance – brings focus, shape improvement journey.</p> <p>Can bring partners together – creates impetus and can facilitate partnership.</p> <p>Can mediate between key players – “honest broker” between national and local partners.</p> | <p>Independence – of the person / body providing external scrutiny.</p> <p>Strategic focus – if not, can become bogged down, critical and defensive.</p> <p>Triangulation – able to triangulate reports with evidence from frontline.</p> <p>... and the basics of good governance.</p> | <p>Where there is the right children's services leadership capacity, but one of two things may be missing:</p> <ol style="list-style-type: none"> 1. “grip” on one key area of practice – “taken their eye off the ball”; or 2. effective governance – political, corporate and/or partnership. |
| Alternative delivery models | <p>Fresh start, re-focus improvement journey – getting to good, not running away from inadequate. Able to stabilise leadership, workforce.</p> <p>Speed and focus – of decision-making, sole focus on creating environment conducive to strong children's services.</p> | <p>Informed design – clear aims re: how will support improvement journey.</p> <p>Clarity relationship with council and partners – governance, other services.</p> <p>All other enablers of improvement – an alternative model can enable, but will not on its own drive, improvement.</p> | <p>Where issues are systemic, deep-rooted and/or persistent ...</p> <p>... and where leadership “grip” is lacking in three areas – capacity to:</p> <ol style="list-style-type: none"> 1. diagnose weaknesses accurately; 2. develop strategy to address them; & 3. implement the strategy effectively. |

6.19 It sets out the circumstances in which each type of support would be most effective. Using this model, recognising the distance travelled by CYPS whilst acknowledging the there is still much to be done on its improvement journey, the review concluded that “external scrutiny and formal intervention” would provide the platform for further improvement. Its rationale for this is that CYPS has the stable leadership which can identify, initiate and embed an effective approach to improvement. For this reason, at

this stage based on the independent research and evaluation, the review felt that continued support from the Commissioner and Practice Partner would provide the most effective arrangements to secure sustainable improvements in children's services although once consistent practice is established, it is open to considering other options including collaboration or further commissioning opportunities.

7 Themes emerging from visits

7.1 A series of fact-findings visits and conversations were organised by members in early 2017. This built on a number of visits organised by the Chief Executive in the summer of 2016. The findings from their enquiries are themed as follows:

- Impact on improving social care;
- Accountability and Corporate Governance;
- Economies of Scale;
- Finances and Budget;
- Speed of improvement.

Each visit/discussion took place with the respective Chief Executive or Director of Children's Service (DCS) (plus other relevant senior officers) and when available, Lead Member (or Leader). The programme of visits is outlined in Annex 2.

Impact on improving social care

- 7.2 Particular structures or delivery models – whether in-house or externally provided – do not alone drive improvement within children's social care services. What is fundamental to improvement and recovery from failure is strong, focused leadership and management that can: first, get to grips with performance and associated quantitative data to demonstrate the "health" of the service overall; and, second, when this "quantitative grip" on performance is in place, focus on the quality of service responses, more effective demand management, and move towards a culture of continuous improvement that embraces service transformation.
- 7.3 A further critical component to successful improvement, across all discussions held, was the need for stability in management, vision and commitment. Fluctuations and uncertainty around any new delivery model was seen to put the service and outcomes at risk. There is evidence that adopting new structures can cause instability in staffing arrangements; which in turn can adversely affect performance.
- 7.4 Alternative delivery models – such as Children's Trusts, external Community Interest Companies, or shared service approaches with other boroughs - can, however, inspire a positive, fresh start for councils in their drive for improvement following service failure.

Specifically, they can instigate a critical change in senior leadership, where this has previously been lacking, which can positively drive-up standards by inspirational leadership, focusing on ‘what good looks like’, driving-out poorly performing managers and bad professional practice. By the same token, some authorities that had retained their children’s services (with external support such as Improvement Boards), had been able to take decisive action to change leadership and improve practice without a radical change of structure.

- 7.5 Some saw alternative models as providing greater opportunities for innovation and organisational agility – however, evidence of innovatory practice, collaboration and agile working were also seen in local authority controlled children’s services where there was the will and flexibility to make this happen.
- 7.6 In general, there were greater risks perceived to achieving sustainable service improvement and better outcomes for children a result of “imposed” new delivery models. Where local areas work collaboratively with the DfE, practice partners or other support, greater control and focus can be sustained on the needs of the services and the needs of young people.

Accountability and Corporate Governance

- 7.7 Political leaders have a *“crucial role in catalysing a speedy and effective response to serious weaknesses and have a vital role in driving and sustaining improvement”* (LGA/Isos (a), 2016, p. 6). This was evident in a number of the visits where the Leader and Lead Member took an active role in overseeing improvement and transformation. It was acknowledged that in alternative models, the relationship between the lead member; overview and scrutiny and the governance arm of the delivery model, was often more complex.
- 7.8 Externalised models of delivery can create inevitable tensions between the corporate role of a DCS in the organisation– i.e. contributing to all council priorities (particularly in the RMBC context of its “Child Centred Borough” ambitions) - and the need to demonstrate appropriate levels of independence from the Council. There is a risk that in alternative models Children’s Social Care can become more entrenched, not engaging with wider priorities and links between children’s services and the wider corporate, political and partnership landscape and the needs of the borough. This can impact on service issues ranging from transition from Children’s to Adult Social Care; to the need for education and skills considerations being linked to wider economic growth policy (e.g. birth to adulthood strategies). In particular, a strategic disconnect between

children and young people-focused services in a borough can undermine early intervention and preventative approaches, which are critical to long term service efficient and transformation in local government and the wider public sector.

- 7.9 The complex nature of children's services means that local authorities cannot deliver high quality services without input from other agencies and partners. Without exception each of the areas cited the importance of working with partners, although each recognised the difficulties of building and maintaining good relationships. However, without the apparatus of local strategic partnerships (and all key partners attending), the ability to 'unblock' difficult issues may be impeded.

Economies of Scale

- 7.10 A clear driver for some voluntary alternative models has been to generate economies of scale, and reduce costs. For this to work well there is a view that there is a need for a high-performing partner to be part of the arrangements – i.e. pairing together two struggling or failing authorities, solely in the interests of economies of scale, would not be a recommended strategy. To do this effectively, the view is also that sharing needs to be with near neighbours and in areas of common/compatible cultural identity. Shared approaches across wider, unconnected geographical areas are not regarded as viable prospects.
- 7.11 On a positive front, where sharing and collaboration is seen as a viable prospect, there is a view that joining forces can improve the desirability of social work roles, providing social workers more varied and exciting experiences, across different boroughs and contexts, which supports job satisfaction, worker retention and morale.

Finances and Budget

- 7.12 In all cases, it is clear that responding to service failure requires significant investment – the Rotherham situation is repeated elsewhere in this regard, particularly where there have been many years of inadequate practice and the *inadequate* judgement is deep-seated.
- 7.13 Councils need to move rapidly on to focusing on demand management as soon as they have their 'house in order' – again, instability in structures can impact on this. A decision to externalise the delivery model for children's social care can in some instances provide a crucial catalyst towards generating a more modern, renewed focus on service transformation and demand management, away from more traditional, local authority models.

Speed of improvement

- 7.14 Regardless of the model, improvement took time to embed. Broadly speaking, it was estimated that initial improvements to establish a baseline of the organisation's capacity and competency and stabilise the service and practice may take up to a year. Following this, it was reported that it had taken between a further two and six years to embed quality, consistency; provide systems wide leadership (these improvements are not 'linear' and progress may be stalled and reassessed). This echoes the findings of the Isos research which charted the improvement from "poor to fair" to "good to great" and the time taken to sustain improvements (LGA/Isos (a), 2016, p. 19).

Specific Issues for Rotherham arising from visits

- 7.15 Addressing corporate, organisation-wide failure has been a key priority of the Council for over two years. The findings from the Corporate Governance Inspection by Dame Louise Casey were accepted and the Council has demonstrated significant improvement with only six services remaining under the decision making control of Commissioners.
- 7.16 A complete and stabilised senior management cohort has been established within CYPS and is now bedding in. There are, therefore, risks posed by further change in this as a result of a new model. Furthermore, the future council-wide improvement at the council is being embedded by a new Strategic Leadership Team, fully in place since August 2016. Again, new instability as a result of a new model for children's social care could pose particular risks in the Rotherham context.
- 7.17 There is also the critical role of the Lead Member in the Rotherham context, who is also the Council's Deputy Leader. The Deputy Leader and DCS are demonstrating effective leadership which is subject to review by the Children's Social Care Commissioner. Alternative models could, potentially, create additional issues between these key relationships and would need to be given particular attention.
- 7.18 Inevitably, externalised models of delivery can create tensions between the corporate role in the organisation of a DCS – i.e. contributing to all council priorities (particularly in the RMBC context of its "Child Centred Borough" ambitions) - and the need to demonstrate appropriate levels of independence from the Council.

Scrutiny work programme

- 7.19 There are a number of issues arising from visits/conversations that will be included in the scrutiny work programme for 2017/18, demonstrating the value of this work and the commitment of members to Rotherham's improvement journey. In particular, the review

group were keen to explore how corporate parenting responsibilities could be strengthened further for elected members and across the wider council and this will be the focus on an in-depth review in the forthcoming municipal year. Regular visits to frontline staff, voluntary sector providers and service users will be scheduled throughout the year in order for members to validate evidence of performance and improvement.

8 Alternative Management Arrangements: Summary Options Appraisal

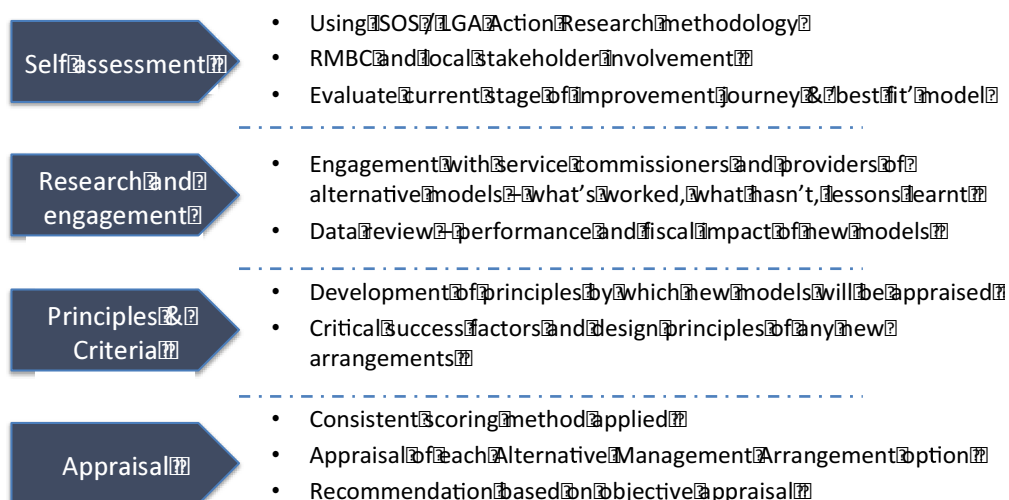
Introduction

- 8.1 This options appraisal presents the latest analysis and current thinking on the range of Alternative Management Arrangements for CYPS. It evaluates the relative strengths and challenges of the primary options available to the Council. The paper then provides initial recommendations for future management arrangements.
- 8.2 It is recognised that the different delivery models and management arrangements across the country are in various stages of development and the Council will continue to receive further evidence both now and in the future regarding models and ways of working that have the greatest impact on keeping children safe from harm.

Methodology

- 8.3 The Council has adopted a structured approach to appraising the range of children's services management arrangements available. The Council's approach has been designed to ensure that a wide range of potentially appropriate options have been considered; that research and evidence from other localities in different stages of the improvement journey have been included; and that a range of stakeholder perspectives (providers, strategic partners and staff) have been factored into the options appraisal process.
- 8.4 The Council has undertaken the following structured process:

Options Appraisal Process



Evaluation criteria

- 8.5 The evaluation criteria used to appraise each option has been developed in Rotherham by Members, staff and local stakeholders. The criteria, which reflect the key operating and design principles that should underpin any new model, have been categorised into eight themes, described below.

Table 3: Evaluation Criteria for Options Appraisal

| Criteria | Description – What should the Option offer? |
|------------------------|--|
| 1. Child Focused | <ul style="list-style-type: none"> Be in the best interests of children in Rotherham Provide the best platform for sustaining improvement in services that support children and keep them safe Enable robust and accountable leadership and management whilst ensuring flexibility and agility to achieve the best outcomes for children Provide leadership and management autonomy for decision making and accountability for the outcomes of children in Rotherham |
| 2. Partnerships | <ul style="list-style-type: none"> Facilitates strong partnership working with local partners and stakeholders, particularly South Yorkshire Police and PCC, schools and health services Avoid, as far as is possible, disruption to partnership arrangements that have been strengthened as part of the improvement journey |
| 3. Commissioning | <ul style="list-style-type: none"> Ensure the right intervention is available at the right time (and right cost) to meet the needs of Rotherham's children Secure the best available provision in the market Adopt a collaborative model that is provider neutral, capturing the best of the public, private and voluntary sector provision Promote local voluntary sector and SME engagement |
| 4. Political oversight | <ul style="list-style-type: none"> All Councillors, Including the Lead Member, continue to exercise their corporate parenting and scrutiny roles |

| | |
|---|---|
| and governance arrangements | <ul style="list-style-type: none"> • Maximise transparency and accountability • Retain responsibility for securing the best outcomes for children and the performance of children's services in Rotherham • Maintain appropriate external scrutiny, tracking progress, addressing challenges, shared problem solving |
| 5. Financial viability and sustainability | <ul style="list-style-type: none"> • Provide a sustainable, long term platform for high quality children's services in Rotherham • Avoid significant and avoidable detrimental costs, for example, the treatment of VAT • Avoid protracted and complex negotiations that may be a distraction from the improvement journey (e.g. treatment of overhead/recharge) |
| 6. Workforce | <ul style="list-style-type: none"> • Builds on the progress made in recruitment and retention • Ensure that quality staff are attracted to and stay in Rotherham • Facilitate ongoing investment in the development of CYPS staff • Engage staff throughout the improvement journey |
| 7. Integration | <ul style="list-style-type: none"> • Avoid creating barriers at key service interfaces e.g. early help and social care • Ensure education and social care are integrated and seamless • Ensure that CYPS play a part in the wider goals of the Council - economic growth, affordable housing, promoting jobs and skills |
| 8. Risk | <ul style="list-style-type: none"> • Be deliverable and within reasonable timescales • Avoid high costs of transition – both fiscal and management attention that may distract from the improvement journey • Avoid introducing additional significant risk to the delivery of the improvement journey • Be evidence based – a tried and tested model. |

Specific considerations

8.6 There are a number of areas that whilst included within the Criteria and explored within the Options Appraisal are worthy of some further exploration here namely:

- a) how the Council continues to discharge its statutory responsibilities particularly line of sight on performance and quality;
- b) the operational impact of a separation between services;
- c) the role a good corporate Council contributes to a Children's Services and how this would need to be maintained.

Statutory responsibilities, performance and quality.

8.7 In **any** new model, the Council would retain its role in discharging its statutory duties⁷ and these would need to be clearly articulated within a Memorandum of Understanding

⁷ The Director and Lead Members of Children's Services are appointed for the purposes of discharging the education and children's social services functions of the local authority. The functions for which they are responsible are set out in section 18(2) of the Children Act 2004. This includes (but is not limited to) responsibility for children and young people receiving education or children's social care services in their area and all children looked after by the local authority or in custody (regardless of where they are placed).

(MoU) and Service Contract with the DfE and the Trust. From the site visits, Doncaster, has agreed that whilst the Trust is accountable to the Secretary of State via its Trust Board Chair, the Council acts as the local commissioner with the responsibility for the contract management. This has recognised that the Trust and the Council have a wider relationship as providers of services within a whole system partnership and that the statutory functions of the Director of Children's Services (DCS) and Lead Member are required to be retained within the Council. DMBC remains ultimately accountable for the children's social care functions that have been assigned to the Trust through a Statutory Direction from the Secretary of State.

8.8 This model has been replicated in Slough. Under Direction from the Secretary of State, Slough Borough Council contracts with the Trust to deliver agreed services on its behalf. The Services Contract will stay in place for the duration of the Statutory Direction. The Council will remain statutorily responsible and accountable for the exercise of its children's social care functions under section 497A(4) of the Education Act 1996. This model suggests:

- Monitoring, evaluation and reporting requirements between the Council and any AMA model would need be set out within a Service Contract to ensure line of sight on performance and quality and this would need to be subject to formal agreement between the parties and the DfE.
- In Doncaster for example, the contract between the Council and the Trust sets out arrangements for quarterly performance monitoring (QPM) meetings which are supported by a suite of performance indicators, and an annual review meeting. In addition, the DCS is required to report six-monthly to the Scrutiny Committee on the performance of the Trust.
- A series of informal meetings underpin these arrangements, for example monthly 'finance to finance' meetings, meetings between the Chief Executive and the DCS, Trust Directors and Assistant Directors in the Council and meetings with the Lead Member. The Trust Chair meets regularly with the Chief Executive of the Council, and these meetings also involve the DCS and the Trust Chief Executive.

8.9 The specific considerations for Rotherham in any AMA are:

- To recognise the importance of clarity within the MoU and Service Contract, articulating the specific roles and responsibilities of each party in terms of statutory duties;
- To retain corporate statutory roles (e.g. a DCS) within the Council, alongside

commissioning and contract management/performance monitoring arrangements, with the cost and complexity this may create;

- The development and agreement of a performance management/monitoring framework and sufficient resource/capability to interrogate and act on the analysis
- Clarity on the role of the Council's Scrutiny function and the particular requirements on the AMA to report regularly in an open and transparent manner;
- The strength and robustness of performance monitoring system(s) to produce timely management information or the set up costs of establishing these.

The operational impact of the separation of services

8.10 There are risks in separating children's social work and other services (both in children's services and wider council services) hence the criteria regarding integration. Evidence from Doncaster suggests that this is a real risk to be assessed and managed in the set-up of any arrangements.

8.11 The Slough Children's Services Trust model is attempting to address this by moving a greater proportion of children's services into the Trust, including the following:

- Early Help, Assessment and Children in Need
- Child Protection and Looked After Children
- Placement and Resources
- Safeguarding and Quality Assurance

8.12 The specific considerations for Rotherham in any AMA are:

- The diligent review of the scope of any AMA in terms of services included and the application of the learning from the current models;
- The consideration of the maturity of the early help offer and in particular the roles of partners (i.e. how resilient would early help be to a change in operating structures);
- Retaining a stable workforce and connections across wider services that contribute to outcomes for children and young people.

The contribution of a good corporate council to Children's Services

8.13 The Council has clearly stated its ambition to be a Child-Centred Borough and has embraced the 7 tests from the Children Services Commissioner which clearly set out the contribution that a 'good' Council contributes to safeguarding children as well as creating the conditions for their future success. This relates to but is not exclusive to corporate parenting, community safety, education, dealing effectively with domestic

abuse, drug/alcohol abuse and mental health.

8.14 The Options Appraisals has a key principle of 'child focused' and any new AMA would need to demonstrate the ability to continue the progress that has been made in developing organisational ownership of a whole family approach to issues that impact upon children and young people.

A particular area of acute focus is the connection between children's and adults services. Learning from the importance of this has been taken from Doncaster's experience.

8.15 The research into other AMAs highlighted the budget and demand challenge in a number of localities that have moved to a different Trust type model. Participants in the research suggested that moving to an AMA does not take away the budget/demand challenge and instead makes it more difficult to respond flexibly, using wider council resources, to meet those challenges.

8.16 The specific considerations for Rotherham in any AMA are:

- Recognising the additional effort required to ensuring continued organisational ownership of a whole family approach.
- Clarifying additional pathways and relationships that maybe required to retain connections between critical services such as Adult Services.
- Consideration to budget/demand challenge and mechanisms to ensure continued prioritisation/flexibility.

Overview of Alternative Management Arrangements options

8.17 Stage one and two of this option appraisal process (self-assessment, research and engagement) has highlighted that there are a wide range of potential Alternative Management Arrangements. Using the learning, evidence and research from these stages we have aggregated the various options in to eight AMAs, categorised under 'Collaborative in house'; 'External vehicle'; and 'Strategic partner' options. It is not an exhaustive list, rather, we have selected AMAs which may offer a realistic prospect of future management arrangements for CYPS in Rotherham.

8.18 In developing this shortlist of AMA options, it should be noted that stakeholders and research targets highlighted the following key themes:

- AMAs are not a silver bullet and a change of structure and/or ownership does not in itself deliver improvements to children's services.

- There is limited but emerging evidence base for a number of AMAs in the children's services context.
- The timing of the adoption of an AMA has in the most part been when the service(s) have experienced Inadequate Ofsted inspection results and are perceived as broken and require a dramatic, catalytic change – to both reform the service, children's outcomes and re-position the service in the eyes of local stakeholders, building public trust.

8.19 The table below provides a summary overview of each option appraised within this paper:

Table 4: Summary Overview of Options

| Strategic Option | AMA Option | Description |
|---|--|---|
| ‘Collaborative In House’ services – the Council retains control, working with external partners to deliver Children’s Services. | 1. Appointment of a Peer Practice Partner | Structured external advice and continuous improvement from sector leading experts and local authority peers working in partnership with DfE. Formal and informal arrangements e.g. data sharing, training etc with the Practice Partner, which has been recognised by the DfE for its innovation, quality of practice and children’s outcomes. RMBC commissions / delivers all elements of children’s services. |
| | 2. Commission by contract | Commissioning parts or the whole service to another entity or entities by contract. The Council would commission services/operations currently provided in house to an external provider. |
| External Vehicle – creation of a new entity to deliver Children’s Services. | 3. Wholly owned council limited company – ‘Trust’ arrangements | A company registered with Companies House, wholly owned by the Council. Children’s services that are agreed to be in scope (covering operations, assets and staff) are transferred into the company. Some or all of current CYPS would be transferred into the new entity. |
| | 4. Community Interest Company | Traditional social enterprise model that locks assets and defines a social purpose within the Companies Act 2004. As per 3, services, staff, operations and assets in scope are transferred into the CIC. |
| | 5. Employee owned mutual | An independent business established by a mutual community who have a common interest in the services provided by the mutual. |

| | | |
|---|----------------------|--|
| | | As per 3, services, staff, operations and assets in scope are transferred into the mutual. |
| Strategic Partner – Some or all CYP Service(s) are provided by an existing entity or entities. | 6. Managing Agent | A third party selected to manage the services in scope on behalf of the Council, which may include commissioning in house services and external services. |
| | 7. Joint Venture | A Joint Venture (JV) (registered with Companies House and subject to legislation) wholly owned by the Council with one or more parties from the public, private or not for profit sectors. As per 3, services, staff, operations and assets in scope are transferred into the JV. |
| | 8. Shared Service | One or more elements of CYP Services are delivered by another Authority through an SLA, contract or in certain circumstances a JV. This may include a Trust or similar wholly owned local authority vehicle. |

Options Appraisal

8.20 The detailed options appraisal, exploring each option against each of the evaluation criteria, is included as Annex 1 to this report.

Each option was appraised against each criteria out of a score of 5:

0 = unsatisfactory, does not meet any of the requirements of the criteria

3 = meets some aspects of the criteria but with risks and concerns

5 = fully meets the requirements of the criteria, no material risks or concerns

Each option is then given a total score and summary appraisal, with a relative ranking provided within the conclusion.

8.21 A summary of the relative strengths / weaknesses of each option and the evaluation score is provided in the table on the following page.

Table 5: Summary Alternative Management Arrangements Options Appraisal

| AMA Option | Strengths | Weaknesses | Score |
|---------------------------------|---|---|-------|
| 1. Peer Practice Partner | <ul style="list-style-type: none"> • Build on peer model in place – knowledge transfer, critical appraisal, challenge and support • Build on partnership and integration work • Ensures ownership and political oversight • Lower cost / risk of transition | <ul style="list-style-type: none"> • Ability to continue to deliver the pace of improvement required internally • Positioning of children's services in the eyes of the public and other stakeholders – sufficiently strong demonstration of progress | 33/40 |
| 2. Commission by Contract | <ul style="list-style-type: none"> • Ability to commission new interventions / services to meet needs • Greater freedom/flexibilities, building on capabilities of providers and the voluntary sector • Risk transfer and outcome based commissioning | <ul style="list-style-type: none"> • Fragmentation of services and providers, hindering the whole system approach to improvement • Cost and complexity of commissioning multiple providers / programmes > investment in commissioning capacity • Control and oversight of quality / performance | 22/40 |
| 3. Wholly Owned Company – Trust | <ul style="list-style-type: none"> • Freedom and flexibility to drive pace of improvement but within local authority control • Emerging practice from other localities • Social work centred organisation – core focus. | <ul style="list-style-type: none"> • Cost, complexity and risk of transition (what's in scope) • Impact on partnerships, integration and whole system approach • Limited evidence base and financial risks (e.g. tax) | 25/40 |
| 4. Community Interest Company | <ul style="list-style-type: none"> • As per Trust arrangements but additional community benefit and positioning in the eyes of stakeholders | <ul style="list-style-type: none"> • As per Trust arrangements. | 26/40 |
| 5. Mutual | <ul style="list-style-type: none"> • Employee engagement and ownership for improvement • Innovation, customer service and cost control | <ul style="list-style-type: none"> • Lack of control, political oversight • Complexity and cost of transition • Untested model at the scale of children's services • Pace of decision making (one member one vote) | 16/40 |
| 6. Managing Agent | <ul style="list-style-type: none"> • Capacity, capability and resources of external partner – e.g. commissioning; commercial • Performance management / monitoring | <ul style="list-style-type: none"> • Complexity and confusion – roles and responsibilities • Additional cost layer, particularly management costs • Fragmentation – whole system approach | 18/40 |
| 7. Joint Venture | <ul style="list-style-type: none"> • Leverage partner capacity / capability • Knowledge transfer – new approaches • Share risk and reward | <ul style="list-style-type: none"> • Identification of the right partner with the right culture • Cost, complexity of transition • Alignment of priorities • Control and influence | 15/40 |
| 8. Shared Service | <ul style="list-style-type: none"> • Best practice and innovations, knowledge transfer • Speed and simplicity of contracting arrangements • Efficiency / cost savings | <ul style="list-style-type: none"> • Practical local availability of high quality children's services • Learning whilst establishing shared services arrangements • Management focus and commissioning capacity/capability | 24/40 |

Ongoing performance monitoring and continuous improvement

- 8.22 A consistent theme from local authorities and other stakeholders involved in the research of AMAs was that a change in structure or ownership is not an end in itself in driving improvements in children's services. In particular, the need to establish a wider culture of continuous improvement; openness and candour; constructive challenge; staff ownership for seeking solutions and problem solving; constructive working relationships between members and staff; and seeking external insight and peer review/challenge were all critical in establishing a culture that enabled children's services to be good or outstanding over the long term.
- 8.23 Alongside the cultural aspects of sustained improvement, supporting systems and processes should include robust performance monitoring; peer reviews; transparent performance management; engaged member oversight and effective scrutiny; rigorous inspection and audit arrangements etc – all approaches that are model neutral.
- 8.24 Ensuring that Rotherham has a continued rigorous performance and improvement culture and system is a key part of the improvement plan and is becoming embedded. This will remain of critical importance irrespective of any future ratings (or model). This is particularly relevant given the recent incidences of Council's who were good or outstanding receiving OFSTED judgements of inadequate.

9 Conclusions

- 9.1 These conclusions set out the relative scores, ranking and implications of the options appraisal; the high level themes and considerations emerging; and the recommendations in taking forward the preferred option(s).
- 9.2 The table below ranks each option by the total appraisal score from Table 4 (Summary Alternative Management Arrangements Options Appraisal)

Table 6: Appraisal score

| AMA Option | Total Score |
|-------------------------------|-------------|
| 1. Practice Partner | 33/40 |
| 4. Community Interest Company | 26/40 |
| 3. Wholly owned company | 25/40 |
| 8. Shared Services | 24/40 |
| 2. Commission by contract | 22/40 |
| 6. Managing Agent | 18/40 |
| 5. Mutual | 16/40 |
| 7. Joint Venture | 15/40 |

- 9.3 Across each of the options, particular strengths and challenges identified within the evaluation include the following:
- The importance of ongoing external scrutiny, support and challenge in delivering improved children's outcomes in Rotherham.
 - The operational and financial risks of establishing new organisation entities, particularly those involving multiple stakeholders.
 - The risk of disruption to the progress achieved and slowing the pace of progress during transition.
 - The use of alternative models to stimulate change when there is not the recognition or the capability to effect change.
 - The high cost of transition to AMAs, both transaction costs (be that commissioning, set up, tax) as well as management time and focus at the same time as continuing to drive the Improvement programme.
 - The complex set of inter-relationships between CYPS and other Council services and other partners in the borough (particularly the police, PCC, health, schools etc) which could be destabilised by new AMA options.

- The emerging evidence base for the majority of the alternative models within the children's social care landscape.

9.4 The scores and analysis suggests there are three clusters of options. Firstly, there is clear water between the Peer Practice Partner Model and the other options within the options appraisal. The Peer Practice Partner model offered high scores in each response (4 or above) apart from Financial Viability and Sustainability, scoring a 3. The Peer Practice Partner model evaluation highlighted the benefits to the continuation of the Improvement journey; the lower risk in destabilising partner relationships and cross council working; the ability to drive integration of CYPS alongside other Council services and priorities; ongoing and strengthened external appraisal and challenge to CYPS; and the reduction in the costs. Secondly, the Community Interest Company, Shared Services, Wholly Owned Company and Commission by Contract options are clustered with scores from 22-26 out of 40. As the CIC can be established at the same time as the Wholly Owned Company we would treat this as one option (with marginally stronger benefits within the Child Focus score as a result of a stronger community purpose under the CIC option). Within this cluster our analysis suggests there **are two key considerations**.

9.5 The first consideration is A) the cost/benefit of establishing a Trust/CIC:

- Performance would need to be identified as sufficiently poor, and unlikely to improve, to justify the level of identified risks and lack of evidence in the trust model.
- The trust model would need to deliver substantial improvements over and above the Practice Partner Model to justify the disruption to the improvement journey.
- The move to a Trust model could reduce the political ownership and oversight of children's services (and the ownership of a child centred borough). Given the significant improvement in member oversight and scrutiny, any reduction would be a backward step in the improvements achieved so far.

The evaluation suggests, on the current evidence of the improvement programme and evidence from localities that have moved to a trust model that the Peer Practice Partner model presents the right balance of risk/reward, but this is subject to ongoing performance improvements and the strengthening of the evidence base of trust models elsewhere.

9.6 The second consideration, B) is the extent to which the insight, innovation and best practice from third party organisations (be they commissioned or shared) can be

leveraged within the Practice Partner or Trust/CIC arrangements. The evaluation highlighted both the opportunities and challenges of greater third party involvement. The evaluation suggested that a wholesale shift from one model to an externalised model presented too great a risk to progress, whilst acknowledging that these models can deliver innovation/insight. The recently undertaken LGA Peer Review of commissioning capacity/capability in the Council highlighted both the strengths (e.g. Leadership within CYPS) and the challenges in increasing the role of external parties in delivery, particularly the practical commissioning resources needed to increase the pace/scale of commissioned services.

- 9.7 The final cluster of options which scored the lowest (Joint Venture, Mutual, Managing Agent) within the evaluation offered higher levels of risk over the other options. Whilst the potential benefit of external partners and insight was welcomed, the organization forms presented both high set up costs; commissioning complexity; risk in terms of competing priorities with third parties; availability of good organisations to partner with, potential damage to partner relationships in the borough and the lack of any evidence base for children's social care.
- 9.8 The evaluation across the options suggests that a number of key themes within the options are not mutually exclusive. In particular, in selecting a Practice Partner model or Trust/CIC arrangements, the Council should continue to:
- Strengthen its commissioning capacity/capability
 - Look outwards and capture innovation and best practice from the public, private and not for profit sectors
 - Seek independent advice and critical appraisal as part of a cycle of continuous improvement
 - Establish shared services arrangements, further integration or collaborations where it makes sense to do so with other partners in Rotherham and neighbouring local authorities
 - Strengthen the relationship with, and the role of, the voluntary sector within CYPS.

10 Feedback from Partners

- 10.1 The views of Improvement Board partners and the Police and Crime Commissioner were sought on this preferred option. Each partner supported the continuation of the Practice Partner model and agreed that it likely to secure better and sustainable outcomes for children and young people in Rotherham in the short term.
- 10.2 The majority of respondents commented on the “*considerable*” progress that had been made and the positive changes underway, “*Rotherham is a different town to the one it was two years ago*”. There was an acknowledgment of the positive change in culture, confidence and direction, and how this had been driven by the leadership.
- 10.3 Specific comments from school partners highlighted the improvement in practice, particularly in response to referrals and in the development of the multi-agency safeguarding hub, locality working and Early Help. The partners expressed a view that external challenge from the Practice Partner and peer reviews had made a positive impact and it provided an opportunity to reflect upon and develop practice accordingly.
- 10.4 A detailed response was received from the Chair of the Local Children’s Safeguarding Board. She cites the improvements that have taken place in corporate services (HR and Legal) to support the drives in improvement and how this reflects well on the aspiration to become a Child Centred Borough. She also outlines the improvements in information and how this drives performance, which is moving from compliance to improving quality of delivery.
- 10.5 A school partner acknowledged that there were still areas for development in children’s services, but was reassured that partners were sighted on these areas and robust plans were in place to address them. These arrangements were described as “*heartening*”. Although partnership relationships were viewed positively, it was suggested that there is still progress to be made in developing challenge, trust and consistency at all levels.
- 10.6 The consensus emerging from partners is that the improvement journey requires stability and they were keen that any future model could develop and sustain progress in partnership working across all relevant agencies from early help to child protection. To this end, opportunities for further collaboration or integration, including an exploration of alternative arrangements, could be considered at a future point. However, at the current time it was agreed that a change in delivery model at this stage, may undo some of the improvements that have been achieved, undermine momentum and act as a distraction.

11 Recommendations

11.1 Taken together, both the options appraisal and the independent assessment model (ISOS) suggest that a Practice Partner model would secure the most rapid and sustainable improvements in the short term (two years) and present the lowest risk to the Improvement journey. In particular, the action research and evaluation suggests that the Practice Partner model will:

- Establish the right balance of political ownership, oversight and accountability for CYPS at the same time as rigorous external challenge;
- Enable the good progress being made on the Improvement programme to continue at an accelerated pace with minimal disruption to partners, wider council priorities or management focus; and
- Avoid high transition and operating costs associated with each of the AMAs.

11.2 The Council will continue to work effectively with our Peer Practice Partner, and once assessed as “Requiring Improvement”, we would want to continue with Lincolnshire as a partner in practice given their knowledge and understanding of Rotherham.

11.3 It is the Council’s stated ambition to become a “Good” and then “Outstanding” Children’s Service. There is an ongoing commitment, irrespective of rating, to a rigorous and ongoing peer review model through the regional and national Association of Directors of Children’s Services and the ongoing relationship with the Department for Education. To underpin this activity, there would an appropriate amount of funding be set aside to enable external support from the sector to be drawn in either to undertake reviews or for support. This would be done with the oversight of the Partner in Practice to continue to demonstrate the transparent way the Council now operates

11.4 However, it is acknowledged that the peer practice partner model aids the improvement journey and is by definition temporary. Once there is consistent front line practice, the Council will actively consider other options to work with others knowing that integration, collaboration or further commissioning will be underpinned by strong and robust operational activity and management oversight.

11.5 Whilst continuing with the Practice Partner is the preferred option based on the information, evidence and research available today, this is not a closed decision. The Council remains open to other Alternative Management Arrangements such as establishing a Trust/CIC, including the potential to integrate with another Children’s Trust who is rated as “Good”, if there is evidence in the future that this would secure more rapid and sustainable improvement. .

12 Thanks

Cllr Clark extends her thanks to the following for their generosity in supporting the review:

- Clive Harris, Senior Adviser – Children and Young People, Local Government Association
- Ben Bryant, Isos Partnership
- LGA Children's Improvement Board
- Jo Miller, Chief Executive and Damian Allen, Director of Learning Opportunities and Skills, Doncaster Borough Council and colleagues
- Paul Moffatt, Chief Executive, Doncaster Children's Services Trust and colleagues
- Cllr Brigid Jones, Lead Member for Children's Services, Birmingham City Council and colleagues
- Cllr Judith Blake, Leader of Leeds City Council and Cllr Lisa Mulherin, Lead Member
- Tom Riordan, Chief Executive, and Steve Walker, DCS, Leeds City Council and colleagues
- Trevor Doughty, DCS, Cornwall Council
- Ade Adetesoye, Deputy Chief Executive, London Borough of Bromley
- Dr Alan Billings, Police and Crime Commissioner, South Yorkshire
- Christine Cassell, Independent Chair of Rotherham Local Children's Safeguarding Board
- Chief Supt Robert Odell South Yorkshire Police
- Donna Humphries, Head teacher, Aston Hall Junior and Infant School
- Pepe Di'lasio, Head teacher, Wales High School
- Chris Edwards, Chief Officer, Rotherham Clinical Commissioning Group
- Louise Barnett, Chief Executive, the Rotherham NHS Foundation Trust
- Kathryn Singh, Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust
- Janet Wheatley, Chief Executive, Voluntary Action Rotherham
- Andy Bowie, 50 Degrees Ltd
- Justin Homer, Former Head of Policy, Improvement & Partnerships, RMBC

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Improving Lives
Scrutiny Select Commission

Review of Alternative Management Arrangements
for Children's Service in Rotherham

April 2017

Table of Annexes

Annex 1 – Full Option Appraisal

Annex 2 – Terms of Reference and background information

Annex 3 – Isos Partnership: 2nd Workshop Summary

Annex 4 – Letters from Partners

Annex 5 – Rotherham's Children and Young People's Plan (2016-2019)

ANNEX ONE – DETAILED OPTIONS APPRAISAL

Option 1 – Appointment of a Peer Practice Partner

Practice Partners have been selected by the DfE to understand how local authorities get to good and what it takes to move from good to excellent; to interrogate the most important practice questions facing children's social care; and to drive sector-led peer-to-peer improvement. The Partners in Practice are all demonstrating excellent practice and are committed to innovation and continuous improvement. They have all delivered successful Innovation Programme projects and continue to gather and disseminate learning through the Innovation Programme learning network. They are all also actively driving sector-led improvement, particularly in authorities working to get to good.

The Practice Partners include a number of authorities that the Council has engaged as part of its research for this options appraisal (including Achieving for Children; Leeds City Council) and the Council's ongoing work with Lincolnshire County Council as part of its Improvement programme. This option would involve formally appointing a Practice Partner to support Rotherham continue to deliver its Improvement programme, sharing innovation; insight; best practice; critical appraisal; and practical support on key functional areas to improve Children's Services.

| Criteria | Evaluation | Score |
|------------------|---|-------|
| 1. Child Focused | <ul style="list-style-type: none"> + Selection of advisers and experts who can support the council to focus on Children's outcomes, operating at a strategic level to support and challenge RMBC's improvement journey. + Ability to leverage practice specific advice, best practice and innovation from partner authorities / experts to improve the pace of improvement. + Build on the progress made towards improving Children's outcomes (as evidenced by Ofsted monitoring visits letters; peer reviews (ADCS) and the Commissioner's reports to Secretary of State). + Strategies have been established, together with partners, to improve Children's outcomes and make Rotherham a child friendly borough. For example, Rotherham's Children and Young People's Plan 2016-2019. By retaining control of Children's Services, the Council would ensure that all services are focused on Rotherham being a child centred borough, not only the remit of Children's Services. + Maintains corporate parenting role and ensures Member and senior officer ownership and accountability for children's outcomes in the borough. + Facilitates an integrated approach across education, early help and social care services to improve children's outcomes (see Integration below). • Contingent on ongoing improvement against agreed milestones and improved practice particularly within the quality of social work in the LAC service and strengthened management stability. | 4 |

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| 2. Partnerships | <ul style="list-style-type: none"> + The Practice Partner model will build on the good progress made in engaging partners in the Improvement journey, with a lack of disruption in terms of new organisation identify / structures, particularly recognising the increasing engagement required of partners to play their part in the delivery of the Improvement Plan. + External advisers will bring external challenge to ensure partners are playing their part in the Improvement journey – sharing lessons and insight from other localities and best practice models + Partner engagement and involvement has been a particular focus of the Improvement programme, particularly schools, health services and the Police. Feedback has highlighted the importance of sustained engagement at a strategic and operational level to maintain improvement. • Contingent on ongoing leadership from Children's Services management team to prioritise local partnership work alongside internal service improvements. | 5 |
| 3. Commissioning | <ul style="list-style-type: none"> + The Practice Partner model will provide ongoing support and challenge to ensure that Children's Services are leveraging the best available provision, interventions and services available in the market. + The Council has proactively commissioned a peer review on its commissioning approach and identified ways in which it can improve its commissioning capacity and capability, including Children's Services (see option 2). + The Council would not need to invest in additional commissioning or procurement costs to deliver this option, but strengthen its commissioning capacity/capability to drive the quality and performance of services commissioned. | 4 |
| 4. Political oversight and governance arrangements | <ul style="list-style-type: none"> + Rotherham has invested heavily in engaging new Members and involving Members in Children's Services, the Council's corporate parenting role and alternative management arrangements. + The peer practice partner model will mean that political ownership and oversight is retained by Members, the Lead Member and Leader, alongside additional external peer challenge. + The Council's strengthened internal governance arrangements, including partner involvement in the Improvement process, would remain – strong governance is a pre-requisite of the Practice Partner model to succeed. + The peer practice partner model creates additional independent scrutiny and challenge, alongside playing an honest broker role between the Council, local stakeholders and other parties (e.g. DfE) + The peer practice partner model means that the Council retains control of Children's Services and means that a Council wide approach to children (a child friendly borough) is retained – a one Council approach. – In establishing the model, the Council would need and want to ensure that the governance arrangements, scope and remit of the external advisers have sufficient teeth to escalate and challenge the Council. | 4 |

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| 5. Financial viability and sustainability | <ul style="list-style-type: none"> + There is a low cost of transition to the peer practice model, other than the continued funding for the peer practice partner and administration costs of hosting and facilitating Practice Partner board meetings, visits, etc. + The Council has made significant investment in Children's Service (£20m over the last two years) and has an agreed funding plan for social care over the next 3 years. + By retaining control and ownership, the Council is able to – if it chooses – to invest additional funds in Children's Services and is not locked into a long term commercial deal with a provider. + Additional demand risks to Children's Services remain with the Council, directly impacting on the Council's budget. + The Peer Practice Partner model supplemented by other peer reviews means that alternative approaches to demand management; cost reduction; funding models etc can be captured and shared at a strategic level. – The Council faces significant budget pressures over the next three years (c£42m savings required) at the same time as demand pressures within Children's and Adults Services. The Practice Partner model does not change the budget position. | 3 |
| 6. Workforce | <ul style="list-style-type: none"> + Staff would be retained by the Council and there would be no changes to T&Cs as a result of this option. This means limited impact on staff or management distraction focusing on structures rather than performance. + As part of its Improvement programme, the Council has implemented a number of workforce reforms and more flexible models to improve recruitment, retention and reduced agency usage. + The Improvement programme has evidenced the strong leadership in place (referenced by Ofsted) and the series of measures undertaken to attract staff; retain staff; improve quality and practice have resulted in significant improvements in permanent recruitment and lower than national average agency rates. + Significant investment has been to implement the Signs of Safety Model from April 2017 to improve the quality of social work within LAC to ensure all children/families receive a high quality, responsive service. + The Practice Partner model is designed to build capacity through close collaboration from professional peers. This should happen at both a strategic level and also operational (facilitated best practice, job shadowing, rotation etc). – Whilst this option creates significantly less upheaval compared to a number of the other AMAs, . The model is contingent on the strong leadership, focus and capability of not just the senior management team but social work managers driving performance and quality. – Whilst progress has been made there is work to do to continue to reduce agency staff and turnover. | 4 |
| 7. Integration | <ul style="list-style-type: none"> + The Peer Practice Partner model facilitates strong integration between Council services as there will be senior leadership team driving the best outcomes for children across all Council service . Similarly, | 5 |

| | | |
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| | integration with other services, including health, housing, education, criminal justice is enhanced by adopting a 'one council' model. | |
| 8. Risk | <ul style="list-style-type: none"> + The peer practice partner model presents the lowest risk and cost of transition of the AMAs. However, the risk lies in the ability of the Council to continue to deliver improvements and drive the pace of change alongside its wider priorities and budget challenges. + There is good evidence from other localities that the structured involvement of peers model (in different forms and structures) delivers sustained results in the quality of Children's Services and children's outcomes (including Leeds and Cornwall from our research visits), which in part has led to the development of the Practice Partner model. – Realism is required on the pace of change, with each of the local authorities visited as part of the research process articulating a five year journey from Inadequate to Good. – The model is contingent on sourcing, securing and retaining suitable individuals with the time, skills and aptitude to fulfil the wider peer reviews to full effect. Demand challenges will continue to present a challenge to the sustainability of the Children's Services model. | 4 |
| | TOTAL SCORE | 33 / 40 |

Option 2 – Commission by Contract

This option would involve the Council commissioning Children's Services to external providers. Whilst the Council already commissions a number of providers (e.g. LAC accommodation), this option would see a greater degree of commissioning and in particular those areas traditionally seen as 'in-house' services. Clearly the extent of commissioning would be a Council-led decision.

| Criteria | Evaluation | Score |
|------------------|--|-------|
| 1. Child Focused | <ul style="list-style-type: none"> + As the Council would retain control of Children's Services, the Council would be able to build on the progress made towards improving Children's outcomes (as evidenced by Ofsted monitoring visits letters; peer reviews (ADCS) and the Commissioner's reports to Secretary of State). + Commissioning activity would be directed at those services, functions or interventions that are under-performing or failing to improve fast enough to meet children's needs in Rotherham. This may increase the pace of change, if the right external provider(s) are identified. + Commissioning activity would be within the context of existing strategies established to meet children's needs in Rotherham. For example, Rotherham's Children and Young People's Plan 2016-2019. By retaining control of Children's Services, + By retaining control of Children's Services, the Council would ensure that commissioning activity is aligned to the Council's wider priorities e.g. being a child friendly borough. + Commissioning services may enable the Council to secure more innovation and best practice in the delivery of Children's Services, selecting providers that have a proven track record of meeting children's needs in other localities. + The Council would maintain its corporate parenting role and ensures Member and senior officer ownership for children's outcomes in the borough. However, the extent of commissioned activity may impact on this. – The greater the extent of commissioned activity, the greater the chance of fragmentation and disconnects between different commissioned services, particularly in relation to partnership working, early help and wider council services. | 4 |
| 2. Partnerships | <ul style="list-style-type: none"> + Again the potential impact on partnerships is contingent on the scope of commissioned activity; the procurement process and timetable for delivery. The greater the extent of commissioned activity, particularly if broken down into separate lots/contract packages, the greater the complexity, confusion and risk - who does what where – for partners. – Effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. Moving to a predominantly commissioned model brings uncertainty, potential changes to staff roles, terms and | 2 |

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|--|---|--|---|---|
| | <p>conditions and processes and accountabilities.</p> <ul style="list-style-type: none">– The transition process may result in greater internal focus rather than external collaborative working, particularly if core functions are transferred to a new provider(s)– The move to a predominantly commissioned model may result in additional complexity of partnership working in terms of the role of the Council, commissioned providers, and partners, linked to the scope of the contract. | | | |
| 3. Commissioning | <p>The Council has undertaken a Commissioning Peer Review via the LGA to assess the quality and structures of commissioning across the Council (with partners) to deliver good outcomes. It identified the following strengths and areas for consideration:</p> <table><tr><td><ul style="list-style-type: none">• Strengths• Strong leadership from Director of Children’s Services and senior team inspiring confidence• Clear mission• Driving change• Can evidence progress• Good transferable commissioning models• Addressing the issues e.g. sufficiency, mental health, etc.</td><td><ul style="list-style-type: none">• Areas for consideration• Opportunities to influence Rotherham Clinical Commissioning Group• Building commissioning capability• Balancing Ofsted expectations and need for development• Whole family approach to commissioning• Senior commissioning succession planning• 0-25 agenda</td></tr></table> <ul style="list-style-type: none">– In moving to a predominantly commissioned model, the implications are three-fold. Firstly, a significant investment in commissioning capacity/capability (under the existing leadership) to effectively manage a large scale and complex commissioning process. Secondly, integrated commissioning as far as is practical and possible with health/other partners to deliver shared outcomes. Thirdly, the ability to adopt alternative commissioning models (e.g. outcome based commissioning, PBR pay mechanisms) to transfer risk and align providers to shared outcomes.– The scale and complexity of commissioning activity would strongly suggest a long lead time in terms of market engagement, development, procurement, negotiation and contracting, particularly if multiple providers are selected over multiple lots. This activity could be phased, but would bring more uncertainty for staff and partners. | <ul style="list-style-type: none">• Strengths• Strong leadership from Director of Children’s Services and senior team inspiring confidence• Clear mission• Driving change• Can evidence progress• Good transferable commissioning models• Addressing the issues e.g. sufficiency, mental health, etc. | <ul style="list-style-type: none">• Areas for consideration• Opportunities to influence Rotherham Clinical Commissioning Group• Building commissioning capability• Balancing Ofsted expectations and need for development• Whole family approach to commissioning• Senior commissioning succession planning• 0-25 agenda | 3 |
| <ul style="list-style-type: none">• Strengths• Strong leadership from Director of Children’s Services and senior team inspiring confidence• Clear mission• Driving change• Can evidence progress• Good transferable commissioning models• Addressing the issues e.g. sufficiency, mental health, etc. | <ul style="list-style-type: none">• Areas for consideration• Opportunities to influence Rotherham Clinical Commissioning Group• Building commissioning capability• Balancing Ofsted expectations and need for development• Whole family approach to commissioning• Senior commissioning succession planning• 0-25 agenda | | | |
| 4. Political oversight and governance arrangements | <ul style="list-style-type: none">+ The Council would retain ownership and oversight of Children’s Services. The model will mean that political ownership and oversight is retained by Members, the Lead Member and the Leader.– The strength of the commissioning function (under the right leadership) and the commissioning/contracting model selected would dictate the extent to which provider(s) have autonomy to make changes to deliver in the best interests of children. In selecting this option there is a balance to be struck between getting the benefits of commissioning (freedom, flexibility, greater ability to invest, respond to changes) vs retaining control and oversight of the providers and outcomes specified. | 3 | | |

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| | <ul style="list-style-type: none"> – In commissioning services there is a higher degree of risk in services not being aligned to wider Council services that support achieving the best outcomes for children (e.g. providers operating in isolation; lack of flexibility or insufficient change control processes in place to respond to changing commissioner needs). This may create inevitable tension between the Council's commitment to make safeguarding everyone's responsibility and being a child friendly borough and the selected providers. – The executive structure and extent to which there are any dual roles between the commissioning function and key provider(s) would be subject to negotiation and contract scope. – The role of the Lead Member and Scrutiny Committee would continue to be critical in providing political oversight of Children's Services, however, the extent of influence of contracted providers maybe more limited (e.g. requests for service changes that are out of scope of the agreed contract) or more costly. – The wider corporate parenting responsibilities of the Council would be at greater risk the greater the levels of commissioning due to the greater separation. | |
| 5. Financial viability and sustainability | <ul style="list-style-type: none"> + Selecting providers with the right commercial and financial standing may incentivise better cost control and enable the Council to more quickly achieve efficiency gains or better outcomes for lower cost. + The Council could elect risk share or outcome based commissioning payment mechanisms to drive efficiencies through the contract(s) and incentivise performance linked to children's outcomes. – Because of the demand risks to the Children's Budget the extent to which the Council would need to carry an element of demand risk along with the provider(s) would be subject to negotiation – it is unlikely that providers would accept the demand risk without a risk premium. – The scope of the commissioned service may impact on areas that have hindered Trust arrangements (see option 3) such as the treatment of overhead and back office services. – The Council's budget challenge requires a whole council approach – recognising the inter-relationship between children's and adult services budgets in relation to transitions. – The cost of large scale commissioning activity would be significant. Not only in terms of the procurement process but also the design phase (understanding the true cost of current delivery including overhead contribution); legal costs; performance monitoring regime (e.g. IT investment to monitor a more complex set of providers / outcomes) – Alongside the cost of set up, there maybe additional costs to the Council, including for example the treatment of buildings that are co-located between services; the separation of services; establishing new processes to manage the inter-relationship with provider(s). | 3 |
| 6. Workforce | <ul style="list-style-type: none"> + Staff would transfer (under TUPE) to selected provider(s). This brings both benefits (ability to use the experience of existing staff) but is also a complex, and time consuming process and transfers the cost of local government terms and conditions to provider(s). This may reduce the attractiveness of the contracts to the market and not realise significant savings in the short term. + The extent to which the Children's Services leadership team would transfer to the providers would be | 2 |

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| | <p>subject to the scope of commissioning activity. If the leadership team remains in house, this would provide stability and ensure the Improvement journey ethos continues within the new entity.</p> <ul style="list-style-type: none"> + The transfer to new providers may facilitate and be a stimulus for practice improvement – with new provider(s) bringing different ways of working, new interventions or services. – The transfer process, however well managed, introduces uncertainty to staff and may result in internal focus rather than the improvement journey and collaborative work with partners. – The benefits of existing investments in the workforce and improvements made in terms of recruiting permanent staff, reduction in agency staff etc would accrue to new providers and there could be fragmentation of the Signs of Safety model across different providers. However, new provider(s) maybe able to more quickly deliver the workforce reforms required to improve children's outcomes | |
| 7. Integration | <ul style="list-style-type: none"> – Commissioning activity may impact on the extent of integration. There may be a direct impact on children's outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. Particularly if multiple providers are engaged at different stages of the social work journey. – The focus of commissioning and design activity would need to focus on the 'grey areas' where commissioned services, the Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. | 2 |
| 8. Risk | <ul style="list-style-type: none"> + The selection of the right providers could facilitate increased flexibility to respond to changes in demand / requirements, greater innovation and ability to invest in Children's Services specific requirements. – The extent of commissioning would dictate the level of risk (and potential reward) to the Council. Commissioning within Children's Services is business as usual within Rotherham and most local authorities. However, the contracting out of in-house services (e.g. assessment function, fostering and adoption teams) on a large scale is relatively un-tested. – The risks to the Council reflect the wider risks of commissioning, including: <ul style="list-style-type: none"> o Political – lack of control on provider behaviour / performance o Commissioning capacity / capability – only by investing in additional resource could the Council effectively commission a wider range of services on a larger scale o Financial – difficulty in forecasting medium term budgets and demand risk to contracts would increase the risk premium (i.e. cost) o Sharing of information – Commissioning services across different providers increases the challenge of effective information sharing. o Quality / performance – lack of control on the quality of delivery or performance of providers, particularly if insufficient investment is made in commissioning capacity – The risk of fragmentation (different providers with different priorities) presents a real risk to the Improvement journey. Particularly so when the potential impact on partnership working is factored in. | 3 |

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| | – As well as the specific costs of transition and commissioning costs, there would be considerable effort required (Senior Leadership Team/ Children’s Services Management Team) to design and implement the model at the same time as the ongoing need to drive the Improvement journey. | |
| | TOTAL SCORE | 22 / 40 |

Option 3 – Wholly owned company – establishing a “Trust”

This option would result in the Council establishing a new wholly owned company. The company would be a Teckal company and not subject to competition regulations (i.e. limited legal barriers to set up). The Trust would commission and deliver services deemed to be in-scope.

The majority of Trusts established so far have been predominantly social work focused Trusts – not education or wider Children’s Services. The notable exception to this model is Achieving for Children, which priorities integrated education and social work at a local school cluster level.

The independent evidence from the LGA commissioned research identifies Trusts as the model where disruptive change is required to fix fundamentally broken systems. Rotherham is two years into its improvement journey with evidence from Peer Reviews, the Peer Practice Partner and Ofsted that significant progress has been made with clear plans, robust performance data and the leadership and management both politically and managerially to continue the improvements.

| Criteria | Evaluation | Score |
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| 1. Child Focused | <ul style="list-style-type: none"> + The establishment of a Trust focused on children’s social work could bring a strong, clear voice to the council, partners and to Rotherham. + Trust arrangements would facilitate greater autonomy and control to implement reforms in the best interest of the trust’s commissioned outcomes (i.e. children’s outcomes) – The sole focus on Children’s Services will mean that wider Council issues/challenges (e.g. the budget challenge to 2020 or demand challenges on adult services) would not be a distraction. However, Council wide priorities, e.g. a child friendly borough and the significant contribution other Council Services play in safeguarding (such as regulatory enforcement, housing, adult social care) could be lost as children’s services become the responsibility of the provider (the trust) rather than the Council as a whole. – There is a risk that in moving to a Trust that the good work over the last two years is undermined unnecessarily. – The scope of the Trust (in terms of the breadth/depth of children’s services) may impact on the delivery of children’s outcomes. Too narrow in its focus (i.e. a social work focused trust) would result in fragmentation and a loss of the systemic reforms underway. A wider scope to include services such as early help and SEND may impact on demand (i.e. budget risk) and the outcomes for children not in social work or SEND . – The scale of disruption would be significant in terms of management focus, cost of transition and staff transfers to the new organisation entity. This may unavoidably impact on children’s | 4 |

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| | outcomes as staff/managers focus internally rather than on the Improvement journey. | |
| 2. Partnerships | <ul style="list-style-type: none"> – There is a significant risk to the strength of partnership working in Rotherham in moving to a Trust model. Evidence from research areas highlighted the detrimental impact on partner relationships and clarity on roles and responsibilities. – Effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. Moving to a Trust model brings uncertainty, potential changes to staff roles and processes and accountabilities. – The transition process may result in greater internal focus rather than external collaborative working – The move to a Trust model may result in additional complexity of partnership working in terms of the role of the Council, the new Trust, and partners, linked to the scope of the contract. | 2 |
| 3. Commissioning | <ul style="list-style-type: none"> + The Trust will have the autonomy to commission new / different interventions and services to meet the needs of children in Rotherham, with potentially greater freedom and flexibility to de-commission and re-commission services at pace. + The Trust model avoids EU procurement legislation via establishing the Trust as wholly owned company in procurement terms a 'Teckal company' which satisfies Reg 12 of the Public Contracts Regulations 2015. – The Trust would likely require investment in commercial capability within the new entity, alongside additional commissioning capacity. – The Council would also required additional commercial/commissioning capacity / capability to manage the contract with the Trust. – There is an ongoing risk of commissioner/provider relationship management. Given the critical interplay between Children's Services and the wider Council, mature, open and transparent working would be required. | 4 |
| 4. Political oversight and governance arrangements | <ul style="list-style-type: none"> + The Trust would remain within Council ownership. However, the Trust would have leadership and management autonomy to make changes (strategic/operational) to deliver in the best interests of children in Rotherham. + The executive structure and extent to which there are any dual roles (Council SLT and Trust Executive for example) would be subject to negotiation and contract scope. For example, the role of the Lead Member and DCS will likely retain statutory responsibilities but have to navigate the relationship with the Trust Board and the wider Council. – The role of the Lead Member and Scrutiny Committee in areas with alternative management arrangements is more diffuse – reducing (in the eyes of local research contributors) the political | 3 |

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| | <p>oversight of Children's Services.</p> <ul style="list-style-type: none"> – The Trust would require a new governance structure between the Council and the Trust that establishes collaborative partner and inter-council relationships – a complex and time consuming process to set up and run effectively. – Establishing a Trust presents the substantial risk of reducing political engagement, ownership and oversight of Children's Services in the Borough – a key area of progress in the last two years. This is as a result of Children's Services being 'the Trust's problem/remit'. – The wider corporate parenting responsibilities of the Council maybe at risk, with officers deferring to the Trust for all children related matters. | |
| 5. Financial viability and sustainability | <ul style="list-style-type: none"> + Establishing the Trust may incentivise better cost control and surplus/profit generation – Existing Trusts that have been established are experiencing financial difficulties. One Children's Trust is 8% over its revenue budget with the local Council being its only customer. – It is likely that a fixed budget over the medium term is required to facilitate planning. However, the impact of rising demand for Children's Services would directly impact on the base budget. – The treatment of overhead and back office services have proven problematic in previous Trust arrangements, both in terms of the cost and lack of flexibility of Council support services, and the disruption in appointing new providers. – The Council's budget challenge requires a whole council approach – recognising the inter-relationship between children's and adult services. Moving to a Trust arrangement would not take away the budget challenge or the contribution that the Trust would need to make. – The transition costs in moving to a Trust are significant. Research in other localities suggest set up costs of £3-5m – costs which the Council could not carry within its existing revenue budgets. – Trust arrangements bring additional tax and VAT implications, particularly the treatment of irrecoverable VAT which add a 20% cost to services in scope. – Alongside the cost of set up, there are additional costs to the Council, including for example the treatment of buildings that are co-located between services; the separation of services; establishing new processes to manage the inter-relationship with the Trust. | 2 |
| 6. Workforce | <ul style="list-style-type: none"> + The Trust would introduce greater freedoms and flexibilities to recruit, develop and performance manage staff, with more flexible packages of employment benefits. However the Council has already implemented a comprehensive offer that is being seen as positive practice and is demonstrating significant impact on increasing permanent recruitment and reducing agency usage. + The transfer to a new organisation may facilitate and be a stimulus for practice improvement – establishing a new culture via symbolic changes to a new organisation identity | 5 |

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| | <ul style="list-style-type: none"> + Staff would transfer (under TUPE) to the new entity. This brings both benefits (ability to use the experience of existing staff) but is also a complex, and time consuming process and transfers the cost of local government terms and conditions to the Trust. + Some of the Children's Services leadership team would likely transfer to the new entity, providing some stability and ensuring the Improvement journey ethos continues within the new entity. – The transfer process, however well managed, introduces uncertainty to staff and may result in internal focus rather than the improvement journey, collaborative work with partners and see a reduction in permanent recruitment and an increase in agency usage and turnover. – The benefits of existing investments in the workforce and improvements made in terms of recruiting permanent staff, reduction in agency staff etc would accrue to the new Trust entity. | |
| 7. Integration | <ul style="list-style-type: none"> – Moving to a Trust model presents a significant threat that Children's Services becomes a more entrenched silo, not engaging with wider priorities that safeguard and provide better life chances for children. This can impact on service issues ranging from transition from Children's to Adult Social Care; to the need for education and skills considerations being linked to wider economic growth policy (e.g. birth to adulthood strategies). – There may also be a direct impact on children's outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. – Research from other localities has highlighted the crucial role of the scope of any Trust services, particularly the 'grey areas' where Trust, Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. | 2 |
| 8. Risk | <ul style="list-style-type: none"> + A move to a Trust model should facilitate increased flexibility to respond to changes in demand / requirements. – The move to a Trust model clearly introduces more risks (financial, transition, partners, integration as highlighted above). There is a poor evidence base to support the move to a Trust model. Existing trusts are in different development stages but as a whole are in there infancy as a proven AMA. Feedback from localities has consistently highlighted that a change in structure or ownership does not de facto deliver performance or practice improvement. – As well as the specific costs of transition, considerable effort is required (SLT/ Children's Services SMT) to design and implement the model at the same time as the ongoing need to drive the Improvement journey. – The cost and complexity of support services and disentangling Children's Services from wider Council Services are significant. – If the leadership, management and staffing are transferred to a new entity, the question remains to what extent is the new entity able to realise significant change if the staffing resource remains the same? | 3 |

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| | – The timetable for implementation, delivery and transformation has been highlighted by research as a three to five year journey to move from the As Is model to sustained improvements in outcomes (good/outstanding). | |
| | TOTAL SCORE | 25 |

Option 4 – Community Interest Company

In establishing a wholly owned company, the Council may also chose to incorporate the Trust as a Community Interest Company (often described by the generic term social enterprise). The features of a Community Interest Company are:

- *A CIC can reassure the public as the community purpose of the organisation is regulated*
- *There is an asset lock in place – with any assets transferred to another asset locked body should the company be wound up.*
- *Surpluses are re-invested in the company or in the local community (cannot be returned to the Council)*
- *The asset lock means that the assets can only be used for the good of the community, in this case Rotherham's children and young people*
- *A CIC is required to report annually on how it achieves its community interest – bringing greater transparency.*

Because the arrangements would be the same as a Wholly Owned Company (Option 3), rather than repeating the evaluation content we have identified where there maybe any material benefits/disadvantages in selecting a CIC over and above a wholly owned company.

| Criteria | Evaluation | Score |
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| 1. Child Focused | <ul style="list-style-type: none"> + The asset lock and community purpose (in particular the re-investment of surplus into the community / young people or children in Rotherham may re-assure local stakeholders + The CIC may help to position the Trust as more separate and distinct from the Council (if this was desired) | 5 |
| 2. Partnerships | <ul style="list-style-type: none"> • No change to Option 3. | 2 |
| 3. Commissioning | <ul style="list-style-type: none"> • No change to Option 3 as the Trust would be established as both a Wholly Owned Company <i>and</i> CIC (avoiding procurement regulation issues). | 4 |
| 4. Political oversight and governance arrangements | <ul style="list-style-type: none"> • No change to Option 3 other than the increased transparency as a result of publishing the community benefit of the CIC on an annual basis. | 3 |
| 5. Financial viability and sustainability | <ul style="list-style-type: none"> + Establishing the CIC alongside the wholly owned company would be relatively straightforward and quick, easy to establish. It is a tried and tested model. – Importantly the CIC does not have charitable status and is unable to access the full range of tax advantages of charitable entities. | 2 |
| 6. Workforce | <ul style="list-style-type: none"> • No change to Option 3. | 5 |

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| 7. Integration | <ul style="list-style-type: none"> No change to Option 3. | 2 |
| 8. Risk | <p>+ There is existing precedent for establishing a wholly owned company and CIC through 'Achieving for Children', which is a wholly owned company limited by guarantee and registered as CIC. Please note that the scope of the Achieving for Children model is wider than social care and delivers all education support, childrens services and integrated health for children with disabilities.</p> <ul style="list-style-type: none"> No other changes to Option 3. | 3 |
| | TOTAL SCORE | 26 |

Option 5 – Employee owned Mutual

In establishing a Trust, the Council could elect to chose a ‘mutual’ (a co-operative society) organisation structure, with the Council retaining a stake and potentially other third parties. The mutual would be a separate organisation. This is a separate option from the wholly owned company / CIC described above.

| Criteria | Evaluation | Score |
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| 1. Child Focused | <ul style="list-style-type: none"> + Outside of the Children’s Services context, there is reasonable evidence that employee owned enterprises (Mutuals) incentivises increased innovation, customer service and ownership. + The move to an employee owned Mutual would establish strong operational independence from the Council and may facilitate additional focus on the child as its core business. The establishment of the mutual with this sole purpose could bring a strong, clear voice to the council, partners and to Rotherham. + A Mutual would facilitate greater autonomy and control to implement reforms in the best interest of the Mutual’s commissioned outcomes (i.e. children’s outcomes). – However, Council wide priorities, e.g. a child friendly borough, could be lost as children’s services become the responsibility of the provider (the Mutual) rather than the Council as a whole. . – The scope of the Mutual agreement (in terms of the breadth/depth of children’s services) may impact on the delivery of children’s outcomes. Too narrow in its focus (i.e. a social work focused Mutual) would result in fragmentation and a loss of the systemic reforms underway. This includes the integration with education, early help, skills and employment. This may impact on demand (i.e. budget risk) and the outcomes of children not in social work. – The scale of disruption would be significant in terms of management focus, cost of transition and staff transfers to the new organisation entity. This may unavoidably impact on children’s outcomes as staff/managers focus internally / on new structures rather than on the Improvement journey. | 4 |
| 2. Partnerships | <ul style="list-style-type: none"> – There is a significant risk to the strength of partnership working in Rotherham in moving to a new entity model such as a Mutual. Evidence from research areas highlighted the detrimental impact on partner relationships and clarity on roles and responsibilities. – Effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. Moving to a Mutual model brings uncertainty, potential changes to staff roles and processes and accountabilities. – The transition process may result in greater internal focus rather than external collaborative | 2 |

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| | working. | |
| 3. Commissioning | <ul style="list-style-type: none"> + A Mutual will have the autonomy to commission new / different interventions and services to meet the needs of children in Rotherham, with potentially greater freedom and flexibility to de-commission and re-commission services at pace. – The Mutual maybe required to compete for the Service Contract under regulation 77 PCR 2015 (unlike a wholly owned company which is not subject to procurement under the Public Contracts Regulations 2015) – making an illegal direct award if no open and competitive procurement process takes place. – The maximum length of term for a Mutual (spun out of public sector control) contract is 3 years. Research from other localities has highlighted the length of time required to manage the transition to a new entity, to embed the systems, controls and focus on quality as 3-5 years. – The Mutual – as per Trust arrangements - would likely require investment in commercial capability within the new entity, alongside additional commissioning capacity. Similarly, the Council would also required additional commercial/commissioning capacity / capability to manage the contract with the Mutual. | 1 |
| 4. Political oversight and governance arrangements | <ul style="list-style-type: none"> – A Mutual introduces greater independence over and above a Trust (wholly owned company). Under normal Mutual governance arrangements for example, the Mutual has the ability to remove Directors at a General Meeting. It will be more difficult for the Council to step in and instigate changes where performance / quality is not meeting the Council's expectations. – Outside of the Council's ownership, the Mutual would have leadership and management autonomy to make changes (strategic/operational) to deliver in the best interests of children in Rotherham. This maybe counter to wider Council strategic priorities. This creates inevitable tension between the Council's purpose, priorities, budget and the Mutual's. – The executive structure and extent to which there are any dual roles (Council SLT and Mutual Executive for example) would be subject to negotiation and contract scope. For example, the role of the Lead Member and DCS will likely retain statutory responsibilities but have to navigate the relationship with the Mutual Board and the wider Council. – The role of the Lead Member and Scrutiny Committee in areas with alternative management arrangements is more diffuse – reducing (in the eyes of local research contributors) the political oversight of Children's Services. – The Mutual would require a new governance structure between the Council and the Trust that establishes collaborative partner and inter-council relationships – a complex and time consuming process to set up and run effectively. – Establishing a Mutual presents the substantial risk of losing political engagement, ownership and oversight of Children's Services in the Borough – a key area of progress in the last two years. | 1 |

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| | <p>This is as a result of Children's Services being 'the Mutual's problem/remit'.</p> <ul style="list-style-type: none"> – The wider corporate parenting responsibilities of the Council maybe at risk, with officers (perhaps sub-consciously) deferring to the Mutual for children related services/decisions. | |
| 5. Financial viability and sustainability | <ul style="list-style-type: none"> + There is some evidence in Mutuals (outside of the Children's Services context) that Mutuals can incentivise greater innovation, cost reduction and efficiency as the budget becomes part of everyone's role. – Mutuals – in general – have limited access to external capital and investors during the start up and initial trading years. This may negate any potential ability to invest in drivers for improvement (e.g. technology). – The complexity of establishing a Mutual would be proportionately higher than establishing a Trust. – As per establishing a Trust, the following financial challenges apply: <ul style="list-style-type: none"> ○ It is likely that a fixed budget over the medium term is required to facilitate planning. However, the impact of rising demand for Children's Services would directly impact on the base budget. ○ The treatment of overhead and back office services (transfer from the Council? Establish new providers?) have proven problematic in previous Trust/new entity arrangements, both in terms of the cost and lack of flexibility of Council support services, and the disruption in appointing new providers. ○ The Council's budget challenge requires a whole council approach – recognising the inter-relationship between children's and adult services. Moving to a Mutual arrangement would not take away the budget challenge or the contribution that the Mutual would need to make. ○ The transition costs in moving to a Mutual are significant. Research in other localities suggest set up costs of £3-5m – costs which the Council could not carry within its existing revenue budgets. ○ Mutual arrangements bring additional tax and VAT implications, particularly the treatment of irrecoverable VAT which add a 20% cost to services in scope. ○ Alongside the cost of set up, there are additional costs to the Council, including for example the treatment of buildings that are co-located between services; the separation of services; establishing new processes to manage the inter-relationship with the Mutual | 1 |
| 6. Workforce | <ul style="list-style-type: none"> + There is some evidence of lower absenteeism and higher employee engagement in Mutuals within the public sector landscape. + Establishing a mutual would enable the Mutual members to protect staff terms and conditions, increasing employee engagement. | 3 |

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| | <ul style="list-style-type: none"> + The transfer to a new organisation may facilitate and be a stimulus for practice improvement – establishing a new culture via symbolic changes to a new organisation identity. + TUPE would apply to staff transfers with the benefits/costs associated as described above. – The Council is investing heavily in the Signs of Safety model to improve the quality of social work practice, without evidence of outstanding practice transferring to an employee led mutual would not be a rationale option. – The practical realities of a large membership organisation would mean that staff would be distanced from decision making. The 'one member one vote' model would not support day to day operating decisions within the Children's Services context. – The Mutual would require additional investment in commercial capability to facilitate the Mutual operating on an independent, financially sound basis. + The transfer process, however well managed, introduces uncertainty to staff and may result in internal focus rather than the improvement journey and collaborative work with partners. | |
| 7. Integration | <ul style="list-style-type: none"> – Moving to a Mutual model presents a significant threat that Children's Services becomes a more entrenched silo, not engaging with wider priorities and the needs of the borough. This can impact on service issues ranging from transition from Children's to Adult Social Care; to the need for education and skills considerations being linked to wider economic growth policy (e.g. birth to adulthood strategies). – There may also be a direct impact on children's outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. – Research from other localities has highlighted the crucial role of the scope of any new entity's services, particularly the 'grey areas' where a Mutual, Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. | 2 |
| 8. Risk | <ul style="list-style-type: none"> + Employee ownership would undoubtedly increase employee engagement, and therefore the ownership for the Improvement challenge may increase, as well as the focus on children and innovation / problem solving. – There are no social care mutuals operating in the Children's Services landscape of this size and complexity. – Moving to a Mutual would be an untested model. – The decision making processes within a Mutual (one member one vote) may not introduce the freedoms and flexibilities that the Council would want in establishing a new organisational entity freed from local government control. – A mutual presents more complex set up and legal processes, particularly if there are additional stakeholders (e.g. the Council retains a share, staff ownership and another provider) | 2 |

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| | <ul style="list-style-type: none"> – As well as the specific costs of transition, considerable effort is required (SLT/ Children's Services SMT) to design and implement the model at the same time as the ongoing need to drive the Improvement journey. – The cost and complexity of support services and disentangling Children's Services from wider Council Services are significant. – If the leadership, management and staffing are transferred to a new entity, the question remains to what extent is the new entity able to realise significant change if the staffing resource remains the same? – The timetable for implementation, delivery and transformation has been highlighted by research as a three to five year journey to move from the As Is model to sustained improvements in outcomes (good/outstanding). | |
| Summary | TOTAL SCORE | 16 |

Option 6 – Managing Agent

A Managing Agent can be appointed by the Council to provide an independent management function, working to an appropriate governance framework. The Managing Agent would be responsible for commissioning services, developing business cases for change, and driving the performance of Children's Services. The Managing Agent maybe responsible for delivering some aspects of the service.

| Criteria | Evaluation | Score |
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| 1. Child Focused | <ul style="list-style-type: none"> + A Managing Agent, subject to the scope of the contract, would bring independent challenge and ownership for driving the performance and quality of Children's Services in Rotherham. + A Managing Agent could bring additional capabilities to facilitate a stronger focus on children's services. This could include technology, performance management and monitoring, best practice interventions, commissioning capacity/capability – to improve services for children in Rotherham. + The Council would retain control of Children's Services, but the ability to influence and impact on the Managing Agent would be contingent on the quality of the procurement process (e.g. contract terms, change control) and contract management/monitoring. Given the Council would retain control, it should be able to ensure that the Managing Agent continues to build on the progress made towards improving Children's outcomes (as evidenced by Ofsted monitoring visits letters; peer reviews (ADCS) and the Commissioner's reports to the Secretary of State). + The Managing Agent would be directed to target services, functions or interventions that are under-performing or failing to improve fast enough to meet children's needs in Rotherham. This may increase the pace of change. The Managing Agent may be able to more quickly commission new services or de-commission functions/interventions that are not improving at the scale required. + By retaining control of Children's Services, the Council would ensure that the Managing Agent's activities are aligned to the Council's wider priorities e.g. being a child friendly borough. + Commissioning a Managing Agent may enable the Council to secure more innovation and best practice in the delivery of Children's Services. The Agent would be able to select providers that have a proven track record of meeting children's needs in other localities. – The Council would maintain its corporate parenting role and ensures Member and senior officer ownership for children's outcomes in the borough. However, the role of the Managing Agent maybe confusing (both internally and externally) and hinder the Improvement journey. | 3 |
| 2. Partnerships | <ul style="list-style-type: none"> – The impact on partnership working would be impacted by the scope of the Managing Agent arrangement. It is likely that the Managing Agent would have some negative implications for partnership working if there is a lack of clarity between the roles of the Managing Agent and | 2 |

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| | <p>Children's Services staff; the specific remit of the Managing Agent and remaining Council services.</p> <ul style="list-style-type: none"> – Effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. The Council may lose some control over the extent of commissioned services, bringing uncertainty, potential changes to staff roles and processes and accountabilities. – The transition process may result in greater internal focus rather than external collaborative working, particularly if core functions are transferred to a new provider(s). – The move to a Managing Agent model may result in additional complexity of partnership working in terms of the role of the Council, the Managing Agent, commissioned providers, and partners, linked to the scope of the contract. | |
| 3. Commissioning | <ul style="list-style-type: none"> + It is likely that the Managing Agent would be given autonomy to commission / de-commission services to drive service improvements, subject to agreed governance / sign off processes with the Council. + The Managing Agent would bring additional commissioning capacity/capability, and potentially stronger business processes (business case, data/analytics) to strengthen the commissioning of children's services. – The Council would also be required to invest in additional commercial and commissioning capacity / capability to procure and then manage the contract with the Managing Agent. – There is an ongoing risk of commissioner/provider relationship management. Given the critical interplay between Children's Services and the wider Council, mature, open and transparent working would be required with the Managing Agent. | 2 |
| 4. Political oversight and governance arrangements | <ul style="list-style-type: none"> + The Council would retain political oversight and corporate responsibility for Children's Services. However, the extent of the role of the Managing Agent may impact on the extent of 'ownership' for Children's Services. – New governance arrangements would need to be established to provide effective management of the Managing Agent and establishes collaborative partner and inter-council relationships – a complex and time consuming process to set up and run effectively. – The executive structure and extent to which there are any dual roles would be subject to negotiation and contract scope. For example, the role of the Lead Member and DCS will likely retain statutory responsibilities but be required to navigate the roles/services provided by the Managing Agent. – The Managing Agent presents the risk of losing political engagement, ownership and oversight of Children's Services in the Borough – a key area of progress in the last two years. This is as a result of Children's Services being 'the Managing Agent's problem/remit'. | 2 |

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| | <ul style="list-style-type: none"> – The wider corporate parenting responsibilities of the Council maybe at risk, with officers (perhaps sub-consciously) deferring to the Managing Agent for children related services/decisions. – The risk of a ‘blame game’ between the remaining Council services and the Managing Agent exists. | |
| 5. Financial viability and sustainability | <ul style="list-style-type: none"> + The Council could elect risk share or outcome based commissioning payment mechanisms to drive efficiencies through the contract(s) and incentivise the performance of the Managing Agent linked to children’s outcomes. – Appointing a Managing Agent would bring additional management costs to the delivery of Children’s Services. The cost/benefit could only be justified if the Managing Agent delivers improved children’s outcomes and financial savings over and above the baseline projections. – Because of the demand risks to the Children’s Budget the extent to which the Council would need to carry an element of demand risk along with the Managing Agent would be subject to negotiation. – The scope of the Managing Agent role may impact on areas that have hindered Trust arrangements (see option 3) such as the treatment of overhead and back office services. – The Council’s budget challenge requires a whole council approach – recognising the inter-relationship between children’s and adult services. The Managing Agent role would not take away the budget challenge or the contribution that Children’s Services would need to make. – The cost of appointing a Managing Agent would be significant in terms of the complexity of the procurement process, set up and mobilisation, and the wider potential areas of contract scope for example the treatment of buildings that are co-located between services; the separation of services; establishing new processes to manage the inter-relationship with existing commercial providers. | 3 |
| 6. Workforce | <ul style="list-style-type: none"> + The impact on the workforce would be contingent on the scope of the contract. However, it is likely that both management and delivery staff would transfer to the Managing Agent, alongside the Agent’s existing resource. Staff transfers would be subject to TUPE and the costs/benefits this brings (see option 3). + The Managing Agent would partly be appointed on the basis of its ability to drive the quality of practice and performance of staff. – The extent to which the Children’s Services leadership team would transfer to the Managing Agent would be subject to the scope of the Managing Agent contract. If the leadership team remains in house, this would provide stability and ensure the Improvement journey ethos continues within the new entity. – The transfer process, however well managed, introduces uncertainty to staff and may result in | 2 |

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| | internal focus rather than the improvement journey and collaborative work with partners. | |
| 7. Integration | <ul style="list-style-type: none"> – Contingent on the scope of the services agreed, there may be a direct impact on children's outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. – Alongside the integration of the Managing Agent with partner services (Schools, Health etc) the issues would remain regarding the 'grey areas' where the Managing Agent, the Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. | 2 |
| 8. Risk | <ul style="list-style-type: none"> + The Managing Agent model could potentially increase the pace of the Improvement journey, but only following a time-consuming procurement process and subsequent mobilisation and stabilisation phase. – There is limited evidence of a Managing Agent model operating effectively within the Children's Services landscape. – The risk of appointing a Managing Agent, with the disruption and cost that it entails, could only be justified by significant confidence levels in the step change in performance of Children's Services. – The Council's budget challenge will remain a challenge for Children's Services alongside the Improvement programme within this model. Additional pressure may be exerted to deliver savings through to 2020 if other parts of the Council do not deliver their savings. – Demand challenges will continue to present a challenge to the sustainability of the Children's Services model. | 2 |
| | TOTAL SCORE | 18 |

Option 7 – Joint Venture

The Council may chose to enter into a Joint Venture with one or more organisations (from the public, private or not for profit sectors). The Joint Venture would be a separate, incorporated company, running Children's Services via a contract with the Council.

| Criteria | Evaluation | Score |
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| 1. Child Focused | <ul style="list-style-type: none"> + The Joint Venture (JV) model would predominantly, subject to the scope of the contract between the Council and the JV, be focused on children's social work services. The establishment of a JV with this sole purpose could bring a strong, clear voice to the council, partners and to Rotherham. + The sole focus on Children's Services will mean that wider Council issues/challenges (e.g. the budget challenge to 2020 or demand challenges on adult services) would not be a distraction. + Establishing the Joint Venture could be a dramatic stimulus for change within the Directorate, potentially increasing the pace of change and re-positioning Children's Services in the eyes of children and young people in the borough. + A JV would facilitate greater autonomy and control to implement reforms in the best interest of the commissioned outcomes (i.e. children's outcomes). + Identifying the right JV partner(s) could bring additional specialisms, expertise and innovation to meet children's needs (including learning from other areas that may have been through an Improvement journey) if a partner could be found . The partner maybe from the public, private or not for profit sectors. + Alongside the specific contracted services with the JV, there maybe more informal peer to peer learning and sharing of best practice to enhance children's outcomes from the third party(s). – Council wide priorities, e.g. a child friendly borough, could be lost as Children's Services become the responsibility of the JV rather than the Council as a whole. – There is a risk that in moving to a JV that the good work over the last two years is undermined unnecessarily and evidence shows that moving to such a model is best undertaken where disruptive change is required and this is not the case in Rotherham 2 years into the improvement journey with significant progress made. – The scope of the JV (in terms of the breadth/depth of children's services) may impact on the delivery of children's outcomes. Too narrow in its focus (i.e. a social work focused JV) would result in fragmentation and a loss of the systemic reforms underway. This includes the integration with education, early help, skills and employment. This may impact on demand (i.e. budget risk) and the outcomes of children not in social work. – The scale of disruption would be significant in terms of management focus, cost of transition and staff transfers to the new organisation entity. This may unavoidably impact on children's | 3 |

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| | outcomes as staff/managers focus internally rather than on the Improvement journey. | |
| 2. Partnerships | <ul style="list-style-type: none"> – There is a significant risk to the strength of partnership working in Rotherham in moving to a JV model. The role of the Council within the JV may mitigate the risk, but effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. Moving to a JV model brings uncertainty, potential changes to staff roles and processes and accountabilities. – The transition process may result in greater internal focus rather than external collaborative working with partners. – The move to a JV model may result in additional complexity of partnership working in terms of the role of the Council, the JV partner, and partners, linked to the scope of the contract. | 2 |
| 3. Commissioning | <ul style="list-style-type: none"> + The JV will have the autonomy to commission new / different interventions and services to meet the needs of children in Rotherham, with potentially greater freedom and flexibility to de-commission and re-commission services at pace. + Subject to the Council's role, the JV model may avoid EU procurement legislation via establishing the JV in procurement terms a 'Teckal company' which satisfies Reg 12 of the Public Contracts Regulations 2015. – The JV would likely require investment in commercial capability within the new entity, alongside additional commissioning capacity. Similarly, the Council would also required additional commercial/commissioning capacity / capability to manage the contract with the JV. – There is an ongoing risk of commissioner/provider relationship management. Given the critical interplay between Children's Services and the wider Council, mature, open and transparent working would be required. – Establishing the JV may impact on existing commercial arrangements with commissioned providers. | 2 |
| 4. Political oversight and governance arrangements | <ul style="list-style-type: none"> – The JV would be subject to the other party(s) strategic priorities. The extent of control by the Council would therefore be contingent on the Council's shareholding within the JV (e.g. a controlling stake). – The JV would have leadership and management autonomy to make changes (strategic/operational) to deliver in the best interests of children in Rotherham. This maybe counter to wider Council strategic priorities. This creates inevitable tension between the Council's purpose, priorities, budget and the JV. – The executive structure and extent to which there are any dual roles (Council SLT and JV Executive for example) would be subject to negotiation and contract scope. For example, the role of the Lead Member and DCS will likely retain statutory responsibilities but have to navigate the | 1 |

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| | <p>relationship with the JV Board and the wider Council.</p> <ul style="list-style-type: none"> – A JV would require a new governance structure between the Council and the JV that establishes collaborative partner and inter-council relationships – a complex and time consuming process to set up and run effectively, more complex than a Trust given the role of other parties within the JV. – Establishing a JV also presents the substantial risk of losing political engagement, ownership and oversight of Children's Services in the Borough – a key area of progress in the last two years. This is as a result of Children's Services being 'the JV's problem/remit'. – The wider corporate parenting responsibilities of the Council maybe at risk, with officers (perhaps sub-consciously) deferring to the JV for children's decisions/ services. – The risk of a 'blame game' between the Council, the JV or parties within the JV, particularly if performance drops or there are budget pressures, exists. | |
| 5. Financial viability and sustainability | <ul style="list-style-type: none"> + There may be opportunities for economies of scale and cost savings through pooled resources; streamlined procurement; more innovation as a result of selecting the right JV parties. + There would be opportunities to identify shared risk / reward options with the JV parties to incentivise cost reduction and performance linked to children's outcomes. – The financial strength of the third parties may impact on the longevity and sustainability of the JV arrangement. – The treatment of overhead and back office services (transfer from the Council? Establish new providers?) have proven problematic in previous JV arrangements, both in terms of the cost and lack of flexibility of Council support services, and the disruption in appointing new providers. – The transition costs in moving to a JV would be significant, as per Trust arrangements but with potentially additional complexity. Research in other localities suggest set up costs of £3-5m – costs which the Council could not carry within its existing revenue budgets. – It is likely that JV arrangements bring additional tax and VAT implications, particularly the treatment of irrecoverable VAT which add a 20% cost to services in scope. – Alongside the cost of set up, there are additional costs to the Council, including for example the treatment of buildings that are co-located between services; the separation of services; establishing new processes to manage the inter-relationship with the JV. | 2 |
| 6. Workforce | <ul style="list-style-type: none"> + The JV would introduce greater freedoms and flexibilities to recruit, develop and performance manage staff, with more flexible packages of employment benefits. + Staff would transfer (under TUPE) to the new entity. This brings both benefits (ability to use the experience of existing staff) but is also a complex, and time consuming process, particularly given the multi-party dimension of a JV structure. + Some the Children's Services leadership team would transfer to the new entity, providing stability | 2 |

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| | <p>and ensuring the Improvement journey ethos continues within the new entity.</p> <ul style="list-style-type: none"> + The transfer to a new organisation may facilitate and be a stimulus for practice improvement – establishing a new culture via symbolic changes to a new organisation identity. – If RMBC did not have a controlling stake in the JV (less than 50%) then the JV would be able to lawfully change the T&Cs of employees compared to RMBC. The cost benefits of this (and the increased flexibility to recruit staff with alternative benefits packages) may be negated by the lack of control the Council would have. – The transfer process, however well managed, introduces uncertainty to staff and may result in internal focus rather than the improvement journey and collaborative work with partners. – Collaboration with the third party on areas such as recruitment, retention may deliver cost improvements and reduce agency staff use, and improve social worker retention. | |
| 7. Integration | <ul style="list-style-type: none"> – Moving to a JV model presents a significant threat that Children's Services becomes a more entrenched silo, not engaging with wider priorities and the needs of the borough. This can impact on service issues ranging from transition from Children's to Adult Social Care; to the need for education and skills considerations being linked to wider economic growth policy (e.g. birth to adulthood strategies). – There may also be a direct impact on children's outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. – Research from other localities has highlighted the crucial role of the scope of any new entity services, particularly the 'grey areas' where a JV, Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. | 1 |
| 8. Risk | <ul style="list-style-type: none"> + The right JV partner may, subject to effective contracting, cultural fit etc, help improve the pace of the Improvement journey, through increased innovation, best practice etc. – The JV model presents a very practical problem of identifying the right JV partner, that brings both the right technical, managerial and sector/practice specific capabilities, alongside a good cultural fit with the Council and its staff. – The JV presents additional complexity over and above Trust arrangements. This may increase the cost of set up, extend the contracting and mobilisation process. – The JV presents additional governance and alignment risks over Trust arrangements, given the role of third parties, potential conflicting priorities, and risks to the integration of provision. – There is limited evidence of large scale JV activity within children's social care. There are smaller scale examples of partnership / commissioning activity in particular services, but not on the size, scope or complexity of Children's Services in Rotherham. – There are risks involved in identifying and contracting with parties with the right values, financial | 2 |

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| | <p>strength and relevant skills/experience to add real value to the JV.</p> <ul style="list-style-type: none"> – The Council's budget challenge will remain a challenge for Children's Services alongside the Improvement programme within this model. – Demand challenges will continue to present a challenge to the sustainability of the Children's Services model within a JV. | |
| | TOTAL SCORE | 15 |

Option 8 – Shared Service

The Council may chose to establish a Shared Services agreement with another local authority (or wholly owned company) which would provide services as agreed within a contract or SLA. The scope of the service would determine the level of risk and transition costs to the Council.

| Criteria | Evaluation | Score |
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| 1. Child Focused | <ul style="list-style-type: none"> + Within a Shared Service arrangement, the Council would retain control of Children's Services commissioning / delivery but collaborates on certain aspects or services where: there is good quality provision provided by another authority; the authority has an evidenced track record of providing those services; the relationship brings additional innovation / interventions to drive Children's Outcomes in Rotherham. + Because the extent of Shared Services would be at the discretion of the Council, a starting point would be that the Council would only select services that would demonstrably improve children's outcomes in the borough. + Identifying the right Shared Services provider would bring additional specialisms, expertise and innovation to meet children's needs (including learning from other areas that may have been through an Improvement journey) + If the Shared Service provider is co-terminus with Rotherham there may be a positive geographic impact in terms of cross border working around school clusters, or out of borough LAC placements + Alongside the specific contracted / SLA services provided by the other party(s), there maybe more informal peer to peer learning and sharing of best practice to enhance children's outcomes + As per in-house options, by retaining control of Children's Services, the Council would ensure that all services are focused on Rotherham being a child centred borough, not only the remit of Children's Services. + The Council would maintain its corporate parenting role and ensures Member and senior officer ownership for children's outcomes in the borough. – The scope of the Shared Services (in terms of the breadth/depth of children's services) may impact on the delivery of children's outcomes. The handoffs / referrals between each party may result in fragmentation and a loss of the systemic reforms underway. This includes the integration with education, early help, skills and employment. – The scale of disruption could be significant in terms of management focus, cost of transition and staff transfers to elements of Children's Services delivered by the third party. This may unavoidably impact on children's outcomes as staff/managers focus internally rather than on the | 4 |

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| | Improvement journey. | |
| 2. Partnerships | <ul style="list-style-type: none"> + The Council has direct experience of collaborating with other local authorities in South Yorkshire and the region, including collaborative working in Children's Services such as the Regional Agency Protocol to drive down costs of Social Workers and the development of Regional Adoption Agency proposals – The scope of Shared Services would determine the impact on existing partnership arrangements. If significant elements of Children's Services are transferred this would have a corresponding impact on partnership working arrangements. – Effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. If parts of the service are transferred to a new provider this may bring uncertainty, potential changes to staff roles and processes and accountabilities. – The strength of partnership working under Shared Services arrangements would be contingent on ongoing leadership from Children's Services management team to prioritise local partnership work alongside internal service improvements and contract management of shared services. | 3 |
| 3. Commissioning | <ul style="list-style-type: none"> + The Shared Service could operate at the commissioning or provider level (or both). The benefits of integrated commissioning may include economies of scale; reduced unit costs; stronger relationship management with key suppliers. – The scope of the shared services agreement would impact on the complexity and timetable of any commissioning activity to appoint the Shared Service provider. The more complex and larger in scope the arrangement, the increased investment required by the Council to commission / negotiate the contract/SLA. – The Council would also required additional commercial/commissioning capacity / capability to manage the ongoing performance and outcomes of the service. – There is an ongoing risk of commissioner/provider relationship management. Given the critical interplay between Children's Services and the wider Council, mature, open and transparent working would be required. | 3 |
| 4. Political oversight and governance arrangements | <ul style="list-style-type: none"> + The Council would retain political oversight and corporate responsibility for Children's Services. However, the extent of the services provided by another Authority may impact on the extent of 'ownership' for Children's Services. – The relationship, contingent on the scope of the services, have the risk of being more transactional rather than strategic, focusing on service delivery rather than external support and challenge at a strategic level to the Council. – New governance arrangements would need to be established to provide effective management of | 3 |

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| | <p>the Shared Services and establishes collaborative partner and inter-council relationships – a complex and time consuming process to set up and run effectively.</p> <ul style="list-style-type: none"> – The executive structure and extent to which there are any dual roles would be subject to negotiation and contract scope. For example, the role of the Lead Member and DCS will likely retain statutory responsibilities but be required to navigate the roles/services provided by another Authority – Establishing Shared Services arrangements presents the risk of losing political engagement, ownership and oversight of Children's Services in the Borough – a key area of progress in the last two years. This is as a result of Children's Services being 'the Shared Service provider's problem/remit'. – The wider corporate parenting responsibilities of the Council maybe at risk, with officers (perhaps sub-consciously) deferring to Shared Services provider children's related decisions. – The risk of a 'blame game' between the remaining Council services and the Shared Service provider exists. | |
| 5. Financial viability and sustainability | <ul style="list-style-type: none"> + There may be opportunities for economies of scale and cost savings through pooled resources; streamlined procurement; more innovation as a result of selecting the right shared services provider. + There would be opportunities to identify shared risk / reward options with the provider to incentivise cost reduction and performance linked to children's outcomes. + Compared to a Trust model there is a comparatively low cost of transition to the Shared Service model, contingent on the scope of the arrangement. The Council would be contracting with an existing entity. – The Council would have less flexibility to invest additional funds in Children's Services to meet demand if elements of the service are the responsibility of a third party. – Additional demand risks to Children's Services may remain with the Council, directly impacting on the Council's budget. – The financial strength of the third party may impact on the longevity and sustainability of the Shared Service arrangement. The party may chose for financial (or other reasons e.g. political) to disengage from the shared service arrangement. | 3 |
| 6. Workforce | <ul style="list-style-type: none"> + Collaboration with the third party on areas such as recruitment, retention may deliver cost improvements and reduce agency staff use, and improve social worker retention. + Where staff are in scope of transfer, this may facilitate and be a stimulus for practice improvement – establishing a new culture via symbolic changes within a new organisation. It may also 'raise the game' of the services that remain within Council control/delivery. – Contingent on the nature of the Shared Service arrangement, TUPE may apply, resulting in staff | 3 |

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| | <p>transfer and the relative benefits/disadvantages as laid out under the 'new entity' models described above i.e. uncertainty; distraction; lack of change as a result of the same management/staff delivering the service.</p> <ul style="list-style-type: none"> – With another local authority providing the Shared Service, there may not be the improvements in flexibility / freedoms to recruit new staff and offer alternative benefit packages. – Contingent on the scope of the Shared Services, the transition process may result in internal focus rather than the improvement journey and collaborative work with partners | |
| 7. Integration | <ul style="list-style-type: none"> – Contingent on the scope of the services agreed, there may be a direct impact on children's outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. – Alongside the integration of Shared Services provision with partner services (Schools, Health etc) the issues would remain regarding the 'grey areas' where the Shared Services provider, the Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. | 3 |
| 8. Risk | <ul style="list-style-type: none"> – There is a lack of robust evidence to demonstrate that Shared Services, at a large scale, within Children's Services will deliver sustained improvements. – Where shared services have been established for Children's Services, they have been developed on the back of a long history of collaborative working. In South Yorkshire there is a lack of history of shared services in social care. The adoption of a Shared Services model would be a learning curve for the authorities involved at the same time as focusing on delivering the Improvement programme. – There is also a practical risk in so far as the self assessment and Ofsted ratings of neighbouring authorities in South Yorkshire are not strong – certainly each authority (and the Doncaster Children's Trust as referenced in the Trust section above) would require detailed due diligence as part of the commissioning process to establish the quality and performance impact over and above the Rotherham baseline. – Realism would continue to be required on the pace of change – both in terms of the time to deliver the Shared Services agreement (12 months) and then sustain the improvement journey over the next three years. – The Council's budget challenge will remain a challenge for Children's Services alongside the Improvement programme within this model. Additional pressure may be exerted to deliver savings through to 2020 if other parts of the Council do not deliver their savings. – Demand challenges will continue to present a challenge to the sustainability of the Children's Services model. | 4 |

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| | TOTAL SCORE | 24 |
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Annex 2.

1 Terms of Reference

1.1 The following terms of reference were agreed by the review group:

- To identify the strengths and weaknesses of alternative management arrangements (AMA) that are currently being used by councils in delivering children's services, highlighting in particular what has driven and sustained service improvement in different areas.
- On the basis of this evidence, to make recommendations on the most appropriate model of governance and delivery based on Rotherham's current and future ambitions for children's social care services.

1.2 The review compared and contrasted AMAs of social care and how this impacts on accountability, improvement, wider corporate working and the delivery of the authority's statutory social care duties. In considering AMAs, specifically those outlined by Commissioner Myers, the review explored the potential impact that these could have on the achievement of outcomes for children and young people; financial sustainability; and how AMAs support innovation and transformation within Children and Young People's Services. Also central to members' consideration was how alternative models could support the Council's strategic response to the seven tests for RMBC children's social care set out to the Department for Education (detailed below).

1.3 The following cross-party group of members of the Improving Lives Select Commissions undertook the review:

- Cllr Leon Allcock
- Cllr Maggi Clark (Chair)
- Cllr Victoria Cusworth
- Cllr Jayne Senior
- Cllr Peter Short

2 Seven tests Children and Young People's services (as set out by Commissioner Newsam)

- 2.1 **Well-functioning corporate services** which prioritises children's social care and deliver effective financial, human resources and infrastructure support. It is critical that the corporate leadership is well engaged with the issues within children's services and provides effective support and challenge. I have outlined the risk that energy and resources will lean towards services already handed back at the expense of the prioritisation on children's social care services but it is clear to me that improvement will not be sustainable without high quality human resources, financial, legal and infrastructure support
- 2.2 **Stable and capable leadership** at both a Member and officer level. There are all out elections in May, and the Labour Group has indicated that if it returns to administration the cabinet will remain largely as is, allowing the continued development of the existing members. If that is not the case then there is the wider consideration of developing the necessary skills and experience of the new councillors. Cabinet meetings are now being held in public so over the next few months it will be a measure of readiness to see how well portfolio holders manage their new responsibilities. A permanent senior management team in the Council has been appointed and the Children's Directorate now has the benefit of a permanent departmental leadership down to heads of service. By September I would expect to see much less reliance on temporary managers at that level.
- 2.3 **Continued improvement in the quality and effectiveness of practice**, including progress against the actions in the improvement plan and evidence that recommendations from quality assurance, audits and Ofsted improvement visits have been dealt with promptly and effective. The Strategic Director has set out a vision for the delivery of outstanding child-centred services through a major transformation programme. I would expect this to be widely understood and embedded by September and progress robustly programme managed.
- 2.4 **Strong and supportive partnerships**. My progress report signals a step change in the partnership through better leadership, increased collaboration and improved working practices. Although there is much improvement, to date, partnerships have not been well supported by transparent and rigorous governance and going forward there is a need to be clear about shared priorities and how they are resourced. The new Children and Young People's Partnership (Children's Trust Board Arrangements) was re-launched in February 2016 with excellent representation

across the system, including young people, and three task and finish groups were established to lead on: development of a Children and Young People's Plan; Embedding Early Help and the development of a well-performing workforce across the partnership. Over the next six months, it should be delivering against this plan and harnessing resources around a shared agenda. Overall, by September, I would want the LSCB and the Strategic Partnership to be making good progress and this partnership commitment to be evidenced through improved outcomes.

- 2.5 **Robust financial management.** As I have indicated, the budget set for 2016/17 is unlikely to meet the forecast demands. The Strategic Director has led on the production of a medium term financial strategy which will both drive more cost effective practices through service transformation and deliver savings over the lifetime of the plan. To support him and his management team he will need the senior financial capacity with the right skills and experience to undertake the necessary financial modelling. While this has been agreed in principle, it will take some time before the benefits of better resource management and more effective commissioning begin to be evidenced in the bottom line.
- 2.6 **A compelling strategy for the workforce** which has delivered a settled structure for children's social care, more permanent social care staff in post, nearing national averages, and a return to only using interim staff as a means of upskilling or supplementing, when necessary, the permanent staffing establishment. I would expect to see in place comprehensive professional development for staff at all levels supporting effective practice and staff retention.
- 2.7 **Effective performance information and quality assurance** which is being used to measure outcomes for children and improve practice. Data has been used very effectively to monitor and drive better performance but to improve practice further there needs to be a greater emphasis on the outcomes being achieved and a clearer understanding of the quality of practice with children and young people. Performance information needs to demonstrate stable and sustained delivery of services, milestones set out in the improvement plan need to be met or on course for delivery, the budget agreed and the transformation programme for children's social care services understood and delivering.

3 The schedule of meetings

3.1 The schedule of meetings and the subject matter discussed at each is set out below:

14th November 2016

- to discuss scope of the review;
- outline of policy context - “Putting Children First”;
- recap on previous visits/telephone conversations undertaken by CX/DCS

18th November

- agree terms of reference
- consider available literature (detailed in Section 13**Error! Reference source not found.**)

30th November

- Isos Workshop (1) – to consider key enablers and timescales for improvement from LGA action research

13th December

- To agree lines of enquiry (in light of Isos workshop)
- Agree visits

23rd January – 28th February 2017

- Visits /telephone conversations with Local Authorities (detailed in Section 7)

17th February

- Isos Workshop (2) – where is Rotherham on its improvement journey and what are the priorities for the next stage?

13th March

- Review of evidence to date
- Consideration of improvement evidence (CYPS)

15th March

- Children’s Improvement Board – high level sector led challenge of approach adopted and initial findings

10th April

- Agree final report
- Agree recommendations

4 Schedule of visits

4.1 Outline of visits/discussion programme:

| | |
|--|--|
| London Borough of Richmond upon Thames <i>Community Interest Company with neighbouring authority</i> | Tuesday 19th April 2016 |
| Royal Borough of Windsor and Maidenhead <i>Transferring to Community Interest Company with neighbouring authorities</i> | Tuesday 3rd May 2016 |
| Slough Borough Council <i>DfE Trust</i> | Tuesday 3rd May 2016 |
| Hampshire County Council <i>Agency Arrangement</i> | Wednesday 1st June (tele-conference) 2016 |
| London Borough of Kingston upon Thames <i>Community Interest Company with neighbouring authority</i> | Wednesday 15th June (tele-conference) 2016 |
| Doncaster Council and Doncaster Children's Trust <i>Neighbouring Authority – DfE trust</i> | Monday 23rd January 2017 |
| Cornwall Council <i>Sector Led Improvement</i> | Monday 6th February (tele-conference) 2017 |
| Birmingham City Council <i>Wholly owned company (shadow arrangements)</i> | Wednesday 9th February 2017 |
| Leeds City Council <i>Sector Led Improvement</i> | Thursday 23rd February 2017 |
| London Borough of Bromley <i>Intervention (Commissioner)</i> | Tuesday 7th March (tele-conference) 2017 |

Rotherham Metropolitan Borough Council Improvement in local children's services

Members' Overview & Scrutiny Committee review
Second workshop: Summary

Isos Partnership

February 2017



Introduction

Context: Children's Services Overview & Scrutiny Committee review

- In 2016, members of Rotherham Metropolitan Borough Council's (RMBC) Children's Services Overview & Scrutiny Committee initiated a review of the options for sustaining rapid and long-term improvement in children's services.
- The purpose of the review was to gather a wide range of evidence from within Rotherham's children's services, from across the Council as a whole, from partners supporting Rotherham's improvement journey, and from other local areas about what they had done and what supported had helped them on their improvement journey.
- As part of this process, Isos Partnership, working with the Local Government Association (LGA), was invited to support this review by drawing on the recent LGA-commissioned research we have carried out. This focuses on the enablers and barriers of improvement in local children's services, and on models of external improvement support.

The workshops: Isos' support for this review

- Isos was invited by RMBC and the LGA to facilitate two workshops for members of Children's Services Overview & Scrutiny Committee, senior RMBC leaders and officers, and partners in Rotherham's improvement journey. The first workshop took place on 30 November 2016, and focused on sharing and exploring the findings from our research in order to inform Children's Services Overview & Scrutiny members' evidence-gathering work in other local areas.
- The second workshop took place on 17 February 2017, and focused on drawing together the evidence around two key questions.
 1. **Where is Rotherham currently on its improvement journey?** What has been achieved, what is the evidence?
 2. **What are the priorities for the next stage of Rotherham's improvement journey?** Are conditions in place for further, sustained improvement? What support is needed?
- This document summarises the discussions at the second workshop. A small group of Councillors, officers, Commissioner Bradwell and practice partners lead Debbie Barnes took part in the workshop, bringing a range of views from different professional and lay perspectives.



1

Rotherham's improvement journey: We started with a self-assessment exercise, using the framework from our LGA action research.



Rotherham's improvement journey: This page summarises the evidence that you described to support your view of Rotherham improvement journey.

The evidence and rationale you gave for your for self-assessment scores

1

Strategic approach

There is a clear, strategic plan for improvement and clarity about “what good looks like”. The data shows a pattern of improvement and compliance with key performance measures. Core “mission-critical” services are now safe. This picture is supported by Ofsted monitoring reports and feedback from external practice partners. The focus now is on increasing the quality of practice, and ensuring members are kept aware of improvements.

2

Leadership & governance

There is now strong, experienced, credible and stable leadership, both corporately and within children's services. Heads of Service report feeling empowered and comment positively on the difference over the last twelve months. There is not yet a full complement of team managers in place. Members are rightly challenging for evidence of improvement, and are keen to triangulate this through more regular frontline visits.

3

Engaging & supporting the workforce

The workforce is increasingly stable, as shown by benchmarking data and supported by the findings from Ofsted monitoring visits and peer review. A unifying model of social work practice and new practical tools have been rolled out, and staff say (including to Ofsted) that they understand this has been done to support their work. Positive feedback from new recruits suggests Rotherham is increasingly seen as an employer of choice.

4

Engaging partners

Stronger partnerships at a strategic level, but not always matched at an operational level. Multi-agency audits are taking place, but a more systematic and embedded approach is needed. There have been successes in building better partnerships with schools around SEND, and with the VCS. Would welcome greater challenge from partners, but requires trust and confidence to be built. There is recognition this is an incremental process.

5

Building the supporting apparatus

There is pride in an effective management information and data system, which produces accessible dashboards of benchmarked performance data. These are being used with team managers, with support to help them use data to inform decision-making. Data are being used to inform conversations about children and outcomes, not just numbers. There is further to go, however, to see the impact on outcomes and embed the voice of the child.

6

Fostering innovation

Innovation, in the sense of being open to new approaches and seeking to embed effective ideas in practice, is championed by children's services leadership and supported by the Council (e.g. investment in new initiatives, participating in the Pause pilot, new approaches around recruitment). In time, the aim is for practitioners to be more innovative, but this comes with a level of risk and will need to be managed carefully.

7

Judicious use of resources

There has been considerable investment in supporting children's services improvement. There is now a realistic base budget, which has been used to set robust financial plans for next three years. This provides security for children's services improvement, but will also allow political and corporate leaders to track and monitor the impact and progress of these investments. Members are rightly keen to hold officers to these plans.

Priorities for the future: You highlighted three priorities that should be at the heart of the next stage of Rotherham's children's services improvement journey.

You identified three priorities for the next stage of Rotherham's improvement journey.

Overall, your aspiration is to foster a sense of confidence and pride in Rotherham's children's services, with a culture that is forward-facing and outward-looking, learning from others and generously sharing your experience. Informed by your self-assessment, you identified three key priorities for sustaining improvements.

- 1. Ensuring consistently high-quality practice** – there was strong consensus that the next stage of Rotherham's improvement journey should be focused on the transition from a safe, compliant, core service to a consistently high-quality one. Embedding *signs of safety*, strengthening audits and routines to drive practice improvement, strengthening the voice of the child, and securing improvements in LAC services were highlighted as key areas of focus.
- 2. Strengthening your engagement with key partners** – you want to build strong relationships with partners so that they are working alongside the Council in planning, developing and delivering services, and are providing healthy, mutual challenge about children's services improvement. In particular, you wanted to strengthen partnership working (a) to tackle the impact of domestic abuse, and (b) with key health services – starting by maximising the value of RMBC-controlled services such as school nurses and health visitors, then seeking to influence improvements in CAMHS services, and then developing approaches with other therapeutic support services.
- 3. Maintaining a sustainable budget** – implementing effectively and closely monitoring your three-year financial plans, and ensuring investments in frontline practice support early help and help to reduce demands on statutory services.

You highlighted two areas where you would welcome further support on the next stage of your improvement journey.

- 1. Practice-focused support** – you saw an important and ongoing role for external scrutiny, but also that this needed to be balanced with practice-orientated support from other local areas and practitioners in order to support ongoing work to improve the consistency and quality of practice – e.g. around support for LAC, the voice of the child.
- 2. Partnership working** – part of the role of external scrutiny in the future may also be to act as the “honest broker” to strengthen relationships, and to build trust, confidence and mutual challenge among strategic partners.

Priorities for the future: We used our LGA research to consider the evidence of whether the conditions are in place for sustained improvement in Rotherham.

| Condition | Descriptor | Evidence |
|--|---|---|
| Capacity to self-assess accurately | Able to identify strengths and weaknesses, accepts external feedback, and uses external support effectively. | <p>Routine self-assessments are embedded – growing culture of reflection and challenge, now systematic.</p> <p>There is a high level of congruence between internal self-assessment and external feedback – peer reviews, practice partner reviews, Commissioner reports, Ofsted monitoring visits. Clarity about what is being invested in improvements, and how this is working.</p> <p>Members are asking probing questions of children's services – this is positive and important. Equally important is the willingness of members to triangulate with feedback gathered from thematic frontline visits.</p> <p>Continued outward-facing engagements – Rotherham has not “hunkered down”, but has remained open to others.</p> <p>Significant (“heroic”) investments for a council of its size – long-term financial plans, but also monitoring arrangements to take account of changing circumstances.</p> <p>Strong alignment of Council and children's services priorities – the Council has embraced the “seven tests”, and there is clarity about how Council plans, financial plans and children's services plans fit together in the long term.</p> |
| Capacity to develop strategic priorities that will address weaknesses | Understands what works to drive improvement, and able to develop strategies and actions to deliver improvement. | |
| Capacity to implement these strategic priorities swiftly and effectively | Able to put in place right resources, workforce capacity, and corporate, political and partner support for improvement. | |

2 Priorities for the future: In considering options for the next stage of Rotherham's improvement journey, you highlighted seven key principles.

You argued that however Rotherham's children's services are arranged in the future, the approach agreed upon must ...

- 1 **Be in the best interests of children in Rotherham** – the right future arrangements must be those that provide the best platform for sustaining improvement services that support children and keep them safe
- 2 **Be sustainable** – the right future arrangements must be those that offer a sustainable long-term basis for delivering high-quality children's services
- 3 **Work *with* people, rather than doing *to* them** – particularly by engaging RMBC staff and key strategic partner agencies
- 4 **Involve robust external scrutiny** – you recognise this will remain an important part of Rotherham's ongoing improvement journey, and should be embraced as an opportunity to track progress and address barriers
- 5 **Maintain strong elected member oversight of children's services** – all Councillors, including the Lead Member, continue to exercise corporate parenting and scrutiny roles (and, in case of the Lead Member, statutory responsibilities) to secure the best outcomes for young people in Rotherham regardless of which model is adopted
- 6 **Maintain the integration of services** – you are keen to avoid creating barriers at key service interfaces, such as between early help and social care, or with education services
- 7 **Maintain links with other local services and strategies that contribute to young people's development and long-term outcomes** – particularly the links with housing, economic growth and jobs and skills

Priorities for the future: The next stage of Rotherham's children's services improvement journey – final points from the workshop discussion.

- **Through the Overview & Scrutiny Committee review and your discussions with national decision-makers, you are keen to have a principled, evidence-informed discussion about how best to sustain improvements in Rotherham's children's services.** You have set out priorities (improving the quality of practice, strengthening partnerships), seven core principles, and specific actions around strengthening self-assessment and challenge (the voice of the child, enabling members to triangulate evidence through thematic frontline visits) that can inform your considerations.
- **One of the key messages you emphasised in the workshop was that you are now two years into your children's services improvement journey** and, furthermore, that whatever options are considered in the future must not destabilise what has been put in place over the past two years.
- **The Overview & Scrutiny Committee review has visited local areas that have established or are establishing alternative delivery models.** You are aware that the numbers of alternative delivery models are small, that many are in their early stages, and therefore that there is not a firm and broad evidence-base about their progress. In our LGA research, we explore two types of alternative delivery models – executive leadership models and new organisations – and discuss some of the potential benefits local areas that have developed these models have achieved. A key finding from our research is that alternative delivery models can play a role in helping to overcome persistent and systemic barriers and to create the conditions for sustained improvement to take place. (Another key finding, however, is that these benefits are not exclusive to alternative delivery models – rather, in certain circumstances, they have helped to overcome barriers that the local area had not been able to previously.)
- **As we discussed in our workshop, you are confident that you will be able to draw on evidence to show that improvements are taking place in Rotherham's children's services.** You agreed that a key action was to marshal the evidence from external peer reviews, practice partner feedback, Commissioner reports, and Ofsted monitoring visits in order to validate and provide assurance of the progress and improvements that have been made in Rotherham.
- **Equally, however, you were not complacent and recognised that the way in which children's services may be delivered in the future would need to evolve and change according to the demands on the service,** and that there may be benefits in exploring new ways of commissioning local services to meet local needs more effectively.

Annex 4:

Aston Hall J& I School
Church Lane
Aston
Sheffield
S26 2AX
Tel: 0114 2879811

27th March 2017

Councillor Maggi Clark

Dear Councillor Clark,

Many thanks for the opportunity afforded to me to share my views regarding the future direction of children's services in Rotherham. As a serving head teacher with the Local Authority for the past fifteen years I have been witness to many changes, both inside and outside education, and supported many of the most vulnerable children and families through particularly challenging and potentially life-changing circumstances. School leaders are also familiar with the improvement cycle of peer review, partner feedback, Ofsted Inspections and action planning to address priority development areas. As part of the CYPS Strategic Improvement Board I have seen at first hand the journey Rotherham has been on from the inception of the Board until now.

It would be accurate to say that Rotherham is a very different town to the one it was two years ago. The depth and breadth of improved practise within Rotherham is demonstrable in many areas such as improved workforce capacity, improved response times to referrals, updated and more responsive systems such as multi-agency safeguarding hub, locality teams and Early Help. It is heartening to see partners from Health, Social Care, Police, Education and the Borough sit around a table and talk knowledgeably about what is making a real difference to the lives of children and families in the town and also recognise what more can be done.

The changes and systems now in place are starting to make things better for our most vulnerable residents and stabilise lives that were once out of control. it would be fair to reflect that whilst some exemplary practice is evident and improved outcomes are being reported daily, there are still some are pockets of weakness and areas to be further developed but all partners are well-sighted on these and have robust plans in place to swiftly address them.

It would seem sensible therefore to endorse therefore the preferred option of continuing to work with the current model of peer practice partnership, which provides the opportunity to put up that reflective lens to all development areas. This methodology also provides opportunities for Rotherham to continue to learn from good and outstanding partners and adopt and amend and improve their systems and practices whilst creating some of our own. The change to an alternative delivery model would not be without risk and may actually undo some of the improvements now in place. I am reassured that external peer review, partnership feedback, monitoring visits and commitment high quality partnership working is the correct model and that we will continue to see impact and further improvement.

Yours sincerely,

Donna Humphries
Executive Headteacher

From: ROBERT ODELL [<mailto:Rob.Odell@southyorks.pnn.police.uk>]
Sent: 28 March 2017 13:15
To: Hatton, Lesley
Subject: RE: Letter from the Chief Executive

Lesley

Thank you for the letter

For the sake of completeness and having discussed it this end we concur that the current arrangements are the best option going forward....

Regards

Rob

From: Pepe Di'Iasio [<mailto:pd@waleshigh.com>]

Sent: 03 April 2017 17:42

To: Hatton, Lesley

Subject: Re: FAO Chief Executive, RMBC

Good afternoon Sharon,

Thank you for the opportunity to contribute to this important discussion.

I have been both proud and privileged to work alongside such dedicated professionals over the last two years as part of the 'Improvement Board' and feel I can take some (small) credit from the considerable steps that we have seen taken to improve the quality of provision and service to the young people and families of Rotherham.

I would certainly want to see a continuation in the existing arrangements whereby the LA is supported through a variety of peer to peer reviews and external challenge from identified providers of outstanding practice from across the country. I believe that it is fair to say that this has demonstrated high quality impact and is starting to 'bare real fruit'. I would be seriously concerned to see this progress jeopardised from a potential change in momentum or direction at this stage.

I remain convinced that young people, schools and families from across Rotherham remain best served by their local communities and through a local model within the Local Authority and would wish to see this remain

Pepe Di'Iasio
Headteacher
Wales High School

From: Janet Wheatley [mailto:Janet.Wheatley@varotherham.org.uk]

Sent: 27 April 2017 12:11

To: Webb, Caroline

Cc: Hatton, Lesley

Subject: RE: Request for assistance: Scrutiny review of Alternative Management Arrangement for Children's Services

Hi Caroline

Thank you for offering VAR the opportunity to express our views about the management arrangements for Children's Services going forward. The views below represent our views and input from the Children Young People and Families VCS Consortia

Our view is that with the current refreshed leadership and the changes instigated, Children's Services needs a period of stability. There also needs to be on the part of stakeholders, a realistic timeframe to embed the change management and the associated culture and relationships that have and are continuing to develop

Our experience has been the Children's Services have worked positively in partnership with the voluntary and community sector (VCS) and continues to do so. Some of the examples of this are:

1) VCS Input and direct involvement in the Peer Challenge review meetings / process

2) VCS direct input, consultation, representation and involvement in a number of both strategic and operational boards, to ensure best outcomes for CYP. Some examples of these boards / groups includes:

- | | |
|-------------------|--------------------------------------|
| Partnership | i) The Children & Young People's |
| Board | ii) The Local Children Safeguarding |
| sub group | iii) Performance & Quality Assurance |
| group | iv) Learning and Improvement sub |
| | v) CSE & Missing sub group |
| | vi) Child Centred Borough and YP |
| Voice & Influence | vii) Sexual Health Strategy Group |
| | viii) Youth Offending Board |

3) VCS direct input, consultation and involvement in the development of various pieces of work and initiatives, for e.g:

- i) Development of the Children's Plan
- ii) Development of the Early Help strategy
- iii) Development of the SEND offer

4) Partnership and voluntary community sector (VCS) input into the recruitment and selection of key personnel in Children Services, for e.g:

- i) Deputy Director Children Services
- ii) Assistant Directors
- iii) Senior commissioning roles
- iv) Heads of Localities & Early Help

5) Recognition of the value of the VCS, by direct support of the VCS infrastructure that supports the development and contribution / co-ordination of VCS into and alongside the CYP agenda and service areas; by part funding the Children, Young People & Families Consortium, without which there would not be the level of VCS engagement with CYP Services.

Rotherham Borough Council, along with a number of other statutory partners have supported the refresh of the local COMPACT with voluntary and community organisations and the reviewed version has now been adopted in Rotherham. The agreed COMPACT will provide all partners with a framework to continue to work even better together for the benefit of Rotherham communities.

We cannot say we have any experience or expertise re the merits and disadvantages of particular / alternative management arrangements for Children's Services and nor have we assessed any evidence of alternative arrangements working better elsewhere. The VCS does constructively challenge and raise issues as required and our view is that we are actively talking with Children's Services about co-production of services and there is a greater than ever recognition of the importance of prevention and early intervention; and the particular role of the VCS.

In light of all the above we agree with the preferred option of Rotherham Metropolitan Borough Council's Improving Lives Select Commission scrutiny review to continue with the preferred option of continuing with the current model of peer practice partner approach. We also believe that this will secure the most rapid and sustainable improvements for children and young people's services in the short term. I would be grateful if you could pass our views onto Cllr Maggi Clark

If you have any queries or need anything further please do not hesitate to contact us.

Best Wishes

Janet

Janet Wheatley
Chief Executive

Voluntary Action Rotherham
The Spectrum
Coke Hill
Rotherham S60 2HX

Tel: 01709 829821
Fax: 01709 829822
Email: janet.wheatley@varotherham.org.uk
Web: <http://www.varotherham.org.uk>

Registered Charity Number: 1075995
Registered Company Number: 2222190

The Rotherham



NHS Foundation Trust

Our reference

LB/CH/smj/125

Your reference

Date

6th April 2017

Rotherham Hospital

Moorgate Road

Oakwood

Rotherham

S60 2UD

Telephone 01709 820000

www.therotherhamft.nhs.uk

Sharon Kemp
Chief Executive
Rotherham Metropolitan Borough Council

Dear Sharon,

I am writing in response to Scrutiny Commission's review of children's services in Rotherham set out in your letter of 23rd March 2017.

I can confirm that The Rotherham NHS Foundation Trust (TRFT) supports the preferred option, to continue with a peer practice partnership approach. We agree that this is likely to secure better and sustainable outcomes for Children and Young People.

It is clear from TRFT's perspective, that Rotherham MBC has made significant progress over the last two years and that continuing with the current approach will provide the greatest opportunity to see these changes continue and become embedded. Thus, changing the delivery model at this stage could add significant risk.

I am pleased that the review has not ruled out the adoption of other approaches in the future and we are very interested in exploring further integration opportunities between our organisations moving forward, similar to those that are evolving for adult services. This will allow the exploration of alternative delivery models and on the basis that we are committed to maintaining this dialogue, TRFT is supportive of the proposed approach taken by RMBC.

Yours sincerely

Louise Barnett
Chief Executive

Louise Barnett
Chief Executive, The Rotherham NHS Foundation Trust

Direct Line 01709 424576

Executive Assistant: Sharree Johnstone

Direct Line 01709 424001 Fax 01709 304200 Email sharree.johnstone@rothgen.nhs.uk



Direct Dial: 01709 302009
Our ref: CE/WAC
E-mail: chris.edwards@rotherhamccg.nhs.uk
Date: 30 March 2017

Oak House
Moorhead Way
Bramley
Rotherham
S66 1YY

Sharon Kemp
Chief Executive
RMBC
Riverside House
Main Street
Rotherham
S60 1AE

Dear Sharon,

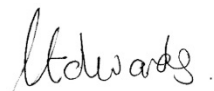
Thanks you for your letter dated 23rd March 2017.

As a key stakeholder we appreciate that you are seeking our views on the direction of travel.

I can confirm that NHS Rotherham CCG supports your preferred option of continuing with the peer practice partner approach.

We look forward to continue working closely with you to continue to improve services in the future.

Yours sincerely



Chris Edwards
Chief Officer



Chief Executive Office

Woodfield House,
Tickhill Road Site, Tickhill Road,
Balby, DONCASTER,
DN4 8QN
Tel: (01302) 796400

Email: kathryn.singh@rdash.nhs.uk
Text only phone for deaf/hard of hearing: 07771 933869

Our ref KS/dj

18 April 2017

Sharon Kemp
Chief Executive
Rotherham MBC
Riverside House
Main Street
ROTHERHAM
S60 1AE

Dear Sharon

Further to your letter of 23 March 2017 in respect of seeking our views on a preferred option for Rotherham MBC's Children's Services I am now able to provide you with a response.

Firstly, please accept my apologies for our delayed reply, however thank you for the opportunity to comment.

Having considered the options that Sir Derek has set out, we would concur that the most sensible option to support is indeed the preferred option of the continuation of the current model.

I hope this response is helpful

Yours sincerely

A handwritten signature in black ink, appearing to read 'K Singh'.

**KATHRYN SINGH
CHIEF EXECUTIVE**

Rotherham Local Safeguarding Children Board

1st Floor, Wing A, Riverside House, Main Street,
Rotherham, S60 1AE
Tel: (01709) 254925 Fax: (01709) 373336



3rd April 2017

Councillor Maggi Clark
Chair, Improving Lives Select Commission
Rotherham Metropolitan Borough Council

Dear Cllr Clark,

I am writing in response to your request of my observations concerning your review on the potential future arrangements for the delivery of children's services. My comments are based on observations made in my role as independent chair and on the evidence from the work of the LSCB since I came to Rotherham 17 months ago. I have used the action research into improvement in children's services commissioned by the Local Government Association to inform my response to you.

The appointment of permanent staff to leadership positions in the council has strengthened the co-ordinated sense of purpose for children's services. The council has embraced its responsibility for children's services as part of its overall functions. It has recognised the need to focus HR and legal services support to drive the necessary children's services improvements and taken action to ensure that its wider functions safeguard children. The plans to realise the ambition for Rotherham to be a child centred borough are as yet at an early stage but they have the potential to provide a powerful context within which children's services can understand the needs of the population of children it serves and be sensitive to their views.

Detailed performance information on children's services is now scrutinised by leaders and councillors, and is increasingly open to partners. There is a shared understanding of the improvements made in complying with statutory requirements and the need now to move to improvements in the quality of the services delivered. Children's services have also welcomed and made good use of external scrutiny and peer review as part of its improvement journey.

There are clear thresholds in place across the safeguarding system, from early help to child protection, and plans that will develop common language and understanding about levels of need across partners.

Relationships with partner agencies are developing but there is still significant progress to be made towards the degree of trust, transparency and challenge at all levels, from strategic to front-line, that drives good children's services. There are pockets of good partnership working but that is not yet consistent at all levels.

Progress since early 2016 has been rapid, with the pace maintained by determined leadership from the senior leaders appointed. The greatest change I have perceived since

coming to Rotherham has been in the culture of the organisation. Staff from across the council, as well as in children's services, display an increased sense of confidence and direction. Senior leaders in children's services make a point of regularly acknowledging the good practice of individuals, contributing to the development of confident professional decision-making and understanding of 'what good looks like'.

The progress I have observed in children's services is at a critical stage with crucial shifts taking place, for example, from compliance to quality in practice, from willingness to listen to children to a comprehensive engagement with children at strategic through to front line level and from openness to partnership working to a strong cohesive approach. All of these shifts require consistency and determination and anything that may cause distraction or diversion of energy should be avoided at this stage. I therefore support the conclusion of the ILSC review that the current peer practice partner model should be maintained at present.

The progress of children's services must and will of course be kept under review, both internally and by the inspectorate, and I agree that alternative future delivery models cannot be ruled out where there is evidence that these will better deliver the necessary outcomes. As LSCB chair I would want to be assured that any future proposed model could develop and sustain progress in partnership working across agencies and in particular with schools, which are crucial organisations in the safeguarding system, from early help through to child protection.

The further development of partnership working across the safeguarding system will be the focus for further improvement both through the current LSCB and its replacement as defined by the Children and Social Work Bill. The LSCB has an important role to play in securing improvements in children's services and the wider safeguarding system in Rotherham and I look forward to continuing engagement in gathering evidence on what is working and what requires further improvement.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Christine Cassell', enclosed in a thin black rectangular border.

Christine Cassell
Independent Chair to the RLSCB

C.C. Sharon Kemp, Chief Executive, RMBC

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





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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

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.

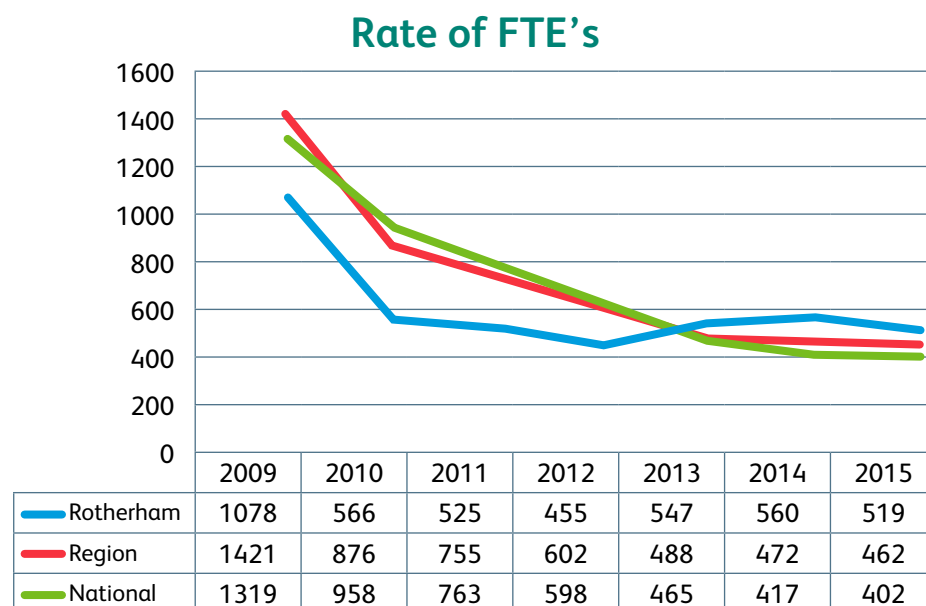
In addition to the Act's requirements the YOT is also compliant with the 190 National Standards required by the Ministry of Justice and Youth Justice Board and the Home Office Code of Practice for Victims of Crime. Compliance in respect of these two areas is audited yearly and the results fed back to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



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 Wellbeing 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 Health 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. There 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 (SYPTEx) 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 aim 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 drunk alcohol, have tried it before age of 12
- Large proportion of young people who said they have drunk 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. They hold 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 | <p>Injuries are a leading cause of hospitalisation and a source of long-term health issues.</p> <p>This is a key indicator for cross-sectoral and partnership working to reduce injuries, including child safeguarding. (Source – Public Health England)”</p> <p>*Data Source: Hospital Episode Statistics (HES). Copyright 2016. Re-used with the permission of the Health and Social Care Information Centre. All rights reserved</p> |
| | 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. |
| | 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 | 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)” |
| | 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 | 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. |

| 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. |

CONTACT DETAILS

Clare Burton

E-mail: clare.burton@rotherham.gov.uk

Telephone: (01709) 254835

Visit: Riverside House
Main Street
Rotherham
S60 1AE

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If you or someone you know needs help to understand or read this document, please contact us:

☎ (01709) 254835

💻 clare.burton@rotherham.gov.uk

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 دەناسی پێویستی بەیارمەتی ھەبێت بۆ ئەوەی لەم بەلگەنامە یە تیئگات یان بیخوینیتەو، تەکایە پەيوەندیمان پێو بەکە لەسەر ئەو ژمارەییە سەرەویدا یان بەو ئیمەیلە.

إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة 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 پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

اگر جناب عالی یا شخص دیگر کی کہ شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید۔

| |
|---|
| BRIEFING PAPER FOR IMPROVING LIVES SELECT COMMISSION |
|---|

| | | |
|----|-------------------------|--|
| 1. | Date of meeting: | 12th September 2017 |
| 2. | Title: | Special Educational Needs and Disability (SEND) Sufficiency Strategy update |
| 3. | Directorate: | Children and Young People's Services |

4. Introduction

- 4.1 The Primary mainstream school population has increased by 15% and the Secondary mainstream school population has increased by 1% since 2010 as confirmed by the latest Department for Education (DfE) School Capacity and Planning (SCAP) scorecard for Rotherham. There is a projected further 5% increase in the school aged pupil population from 44,627 to 46,858 by 2021, further increasing the need for additional SEND places to be created in the Local Authority area.
- 4.2 The annual Department for Education (DfE) verified increase in pupil numbers and future projections for Rotherham has led to a programme of school expansions across the borough to increase the number of primary school places available between 2012 and 2018 by 1,500 and, the Local Authority has subsequently commenced a programme of secondary school expansions following approval of the expansion strategy by Cabinet on 11th July 2016 to accommodate the expected rising cohort numbers in future years.
- 4.3 It should be noted that the secondary phase increase of 1% only at present is due to places being allocated in the normal admissions round for entry in to secondary education to extra district pupils in the distance category up to the schools Published Admission Number (PAN), meaning that schools on the border with neighbouring Local Authorities have consistently remained full or oversubscribed even when pupil numbers at secondary level have been reducing.
- 4.4 As the primary pupil population has increased in recent years, there has been additional demand placed on the Special Educational Needs and Disability (SEND) provision currently available within the Borough.
- 4.5 Since 2012, there has been an increase in SEND provision of 20 places across the Borough at a cost of £190k. All current special education provision in Rotherham is full. This lack of SEND provision growth has been constrained as the annual basic need funding allocation from the DfE has been focussed on the need to increase mainstream education place numbers to meet the demographic growth profile.
- 4.6 Following completion of the SEND sufficiency analysis (see Appendix 1), an additional 125 SEND places will be needed across the Authority to meet current

and expected future demand up to 2021. 75 places are required to reduce out of authority placements by half and 50 places to add additional capacity and provision within the Borough to support future increase in demand from population increase.

- 4.7 The Local Authority are investigating options around the creation of a Special Free School in the future with the Nexus Academy Trust to meet additional demand from 2020 onwards.

5. Key Issues

- 5.1 The implications of not having enough SEND provision in the Local Authority area are that there are rising numbers of Rotherham children with Special Educational Needs having their needs met in provisions outside Rotherham. This means some of our most vulnerable children have to travel the furthest distance to school. The number placed outside the Local Authority is continuing to rise and stands at 177 at the time of writing this report, an increase of 24 since December 2016.
- 5.2 The Dedicated Schools Grant (High Needs Budget) is overspent. Indications are that there will continue to be significant increases in out of authority placements, leading to further demand on high needs funding allocation. 'Out of authority' placements are significantly more expensive than 'in authority' placements.
- 5.3 The increase in SEND provision within the Authority is necessary due to the increased pupil population since 2010 as outlined in section 2.1 of this report and projected future growth, linked to a rising demographic profile and new housing developments in the local plan.
- 5.4 The creation of additional in borough provision will lead to a longer term saving on high needs funding as in borough placements cost on average £17.5k per annum as opposed to an out of authority placement which costs £ 35K on average but can rise significantly up to £60k and beyond per annum dependant on the type of provision required.

6. Key actions and relevant timelines

- 6.1 A paper has been prepared for cabinet which details a plan of works to address SEND provision across the range of presenting need and age for Rotherham. This will be delivered through a programme of additions and extensions to our current provisions already judged as good or better, increasing by 125 places (please see Appendix 2).
- 6.2 Funding for the projects will come from:
- A new funding allocation of £500k has been allocated to the Local Authority from the DfE in 3 equal instalments for, the 2018/19, 2019/20 and 2020/21 financial years to support the development of SEND strategies and

provision, subject to meeting the requirements to consult on and publish proposals as outlined above.

- £240k which is the remainder of a £1m (2 x £500k) capital allocation from school capital for special educational needs as approved at Cabinet / Commissioners decision making meeting on 13th March 2017 (item number 186) and 11th April 2016 (item number 66).
- The estimated total cost of the projects is £1.2m leaving a shortfall of £490k; it is proposed to submit a strategic outline business case to the Asset Management Board as a long term invest to save business case.

6.3 The SEND Sufficiency paper will go to October Cabinet and Commissioners' Decision Making meeting in order to gain approval to consult on the planned programme. Should approval be gained the consultation timeline is detailed below in order to meet the deadlines to release funding from the Department of Education.

| Date by | Consult with |
|-------------------------------------|--|
| 1st December 2017 | SEND specialists: Autism Communication Team, Inclusion Support Services, Educational Psychology Service, Special School leadership, Mental Health Services, Children's Disability Team |
| 1st December 2017 | Focus / parent groups, specialist groups, Parents and Carers: Rotherham Parents Forum, SEND Information and Advice Support Service, Rotherham PVI Consortium Young Person's Consultation Forum, Autism Stakeholders Group |
| 1st December 2017 | Elected Members, MP's, Parish Councils |
| 1st December 2017 | Schools All / FE Colleges / Private providers |
| 1st December 2017 | Neighbouring Local Authorities |
| 1st December 2017 | Other interested parties and stakeholders |

| | |
|----------------------|---|
| | |
| February 2018 | Report to Cabinet and Commissioners on the outcome of consultation and seek approval of proposals |

6.4 Timeline for implementation (as set by a DfE letter from Edward Timpson)

| | |
|-----------------------------------|--|
| By Wednesday 14 March 2018 | Local authorities must publish the short plan on their local offer page (template provided) |
| Summer 2018 | local authorities that have published the plan and consulted with parents, carers and young people will receive the first tranche of funding |
| March 2019 | local authorities should update and republish their plan to show what they have spent on so far |
| Summer 2019 | local authorities will receive the second tranche of funding |
| March 2020 | local authorities should update and republish their plan again |
| Summer 2020 | local authorities will receive the second tranche of funding |
| March 2021 | local authorities should update and republish their plan a final time, to show how all money was eventually spent |

7. Recommendations to Improving Lives Select Commission

- 7.1 That the Improving Lives Select Commission receive and note the information in this briefing and the progress made towards a completion of a SEND Sufficiency Strategy.
- 7.2 That the Improving Lives Select Commission seek a further update on the progress being made on the SEND Sufficiency Strategy, should authorisation be given by Cabinet and Commissioners to develop the strategy, and when consultation has taken place.

8. Name and contact details

Strategic Director Approving Submission of the Briefing Report
Ian Thomas, Director of Children and Young People's Services

Report Author(s)
Paula Williams, Head of Inclusion
Education and Skills
Children and Young People's Services
01709 334167
paula-inclusion.williams@rotherham.gov.uk

Appendix 1

Sufficiency assessment

Specialist Provision in Rotherham to 2021

A projection of future requirements for Rotherham Borough
Council
March 2017



It is envisaged that this report will be used by strategic leadership and providers to inform future planning of commissioned places for Rotherham's Children and Young People with additional needs who require special provision beyond that available within usual mainstream settings.

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Specialist Provision to 2021

A projection of future requirements for
Rotherham Borough Council

1. Introduction

Rotherham Metropolitan Borough Council commissioned an independent organisation, SEND4CHANGE, to undertake a sufficiency exercise concerned with specialist provision for pupils with special educational needs and/or disability (SEND). Data was gathered by SEND4CHANGE in close collaboration with key officers of the Council from the Inclusion, Pupil Place Planning and School High Needs Finance teams. The main focus of the project has been to assist with projecting future demand for SEND educational provision in the Borough of Rotherham from 2017 to 2021.

The Sufficiency Exercise sits within the overall context of the overarching Sufficiency Strategy, 2017-2021, for all children and young people in Rotherham who require care and support which was approved by the Council in February 2017.

2. Context

Rotherham Borough Council has a statutory duty under The Education Act 1996 Section 14(1) to ensure that it provides sufficient school places for all pupils who are resident within the Borough. It has specific duties to ensure that there is sufficient provision for pupils with SEND where an Education Health and Care (EHC) plan has determined that the provision should be met in designated specialist provision.

Plans are already underway in Rotherham to meet future increased demand for mainstream school places. This report sets out the parallel process which will enable the Local Authority to plan and ensure the sufficiency of specialist school placements.

There are a number of indicators published by the Office for National Statistics which suggest that the population in Rotherham is experiencing growth. As the general population of the Borough increases, there will be a demand for an increase in mainstream school places and there will also be a corresponding increase in demand for specialist placements. This sufficiency exercise explores the scale of growth in demand for specialist provision. In addition, it will be necessary to take into account the perceived shortfall in current provision which may relate to the increased dependency on external independent non-maintained placements. There is evidence of a significant increase in the number and cost of this type of placement made by Rotherham.

Currently, specialist placements in Rotherham consist of four main types of provision:

1. Enhanced resource provision located on mainstream school sites
2. Academies and maintained special school provision located in Rotherham

3. Academies and maintained special school provision located in other local authorities.
4. Special schools in the independent non-maintained sector.

This report forecasts the scale of growth required to meet increased demand. It considers the number and type of setting required if the current ratio between enhanced, local special school and independent non-maintained provision were projected into the future in line with the anticipated growth in placements. The current provision will need to be varied in order to match future demand. Commissioners will also need to lead the strategic approach to the management of the external and independent non-maintained placements market.

3. The Sufficiency Process

A sufficiency exercise was undertaken from October to December 2016. The process followed a number of stages which collated and examined key strategies, documents, data sets and opinions.

The 6 stages of the process are described below and have involved an examination of:

- a) Current Strategies, policies and plans that may impact on demand (such as the Borough's Housing strategy, Joint SEND Commissioning Strategy and Inclusion/SEND action plans)
- b) Demographics, which help to predict changes and trends in population growth
- c) The categories of special educational needs and size of SEND population
- d) The current numbers of specialist placements and the designation of provision
- e) The current cost of specialist provision
- f) The potential gap in future provision in terms of numbers, type of need and the revenue cost of growth in provision

4. Current Strategies and Policies

There are a number of key Strategies and plans in Rotherham which interface with the impact and outcome of this sufficiency assessment. These Strategies include:

- The Joint Commissioning Strategy for Children and Young People
- The Joint SEND Commissioning Strategy
- The SEND Joint Action Plan & Peer Review
- The Joint Strategic Needs Assessment
- The Sufficiency Strategy 2017-2021
- The Housing Strategy

Additionally, this report takes into account school place planning information for mainstream school places.

The following is a summary of the headlines from relevant sections of these strategic documents and is representative of the position at a particular point in time.

4.1 Headlines from Other Strategic Work that has taken place

- Rotherham's ambition for inclusion is that children and young people with SEND and their families have the opportunity to be included in everything in their local community.
- The Joint SEND Commissioning Strategy has been refreshed and approved by the Health and Wellbeing Board. The Strategy will address a number of key areas including;
 - Co-located development of a SEND Hub of services to support children and families in one place
 - A streamlined Education, Health and Care planning and commissioning process.
 - Greater involvement of young people in the consideration of provision
 - An improved health offer to support children and young people with Social Emotional and Mental Health needs (SEMH)
 - Development of transition to adulthood
 - The development of a new transport offer for young people with SEND
 - Increased Personalisation including use of personal budgets
 - Development of the wider workforce to address and support SEND needs
- A recent Peer Review of SEND developments has resulted in an overarching Joint SEND Action Plan which collates all target areas from the Joint SEND Commissioning Strategy above and other Inclusion strategic work including;
 - Improved clarity and development of the graduated response to need in mainstream schools
 - An improved graduated response offer within the school system to support children and young people with Social Emotional and Mental Health needs (SEMH)
 - Reduction in the need for exclusion
 - Development of the SEND Local Offer
 - An All Age Autism Strategy in Partnership with Adult services
 - Consistent and transparent funding models for provision which are effectively moderated at a local level
 - Development and transparency of local SEND policy.
- A recent review of arrangements for young people with SEMH resulted in the production of a new strategic approach called '5 Steps to Collective Responsibility'. It is anticipated that the impact of this new approach, which has been developed in partnership with schools, will increasingly result in children with SEMH needs being able to access appropriate alternative provision in the local community.
 Since the implementation of this Strategy in September 2016 the number of permanent and fixed term exclusions have reduced significantly. The number of locally established alternative provision managed by schools has increased.

4.2 Headlines from Rotherham's Housing Strategy

- Rotherham has approximately 108,300 households of which 20,763 are council homes
- 65.5% of properties are owner occupied, 21.5% are social housing and 12% are private rented
- There are around 4,700 eligible applicants on the Housing Register
- By 2019 Rotherham intends to increase the number of homes being built each year towards a target of 900
- The number of Council homes sold via the Right to Buy scheme has increased dramatically from only 17 in 2011/12 to 140 projected for 2015/6
- There is low housing demand in some areas and an increasing housing affordability gap between the most and least deprived areas
- In Rotherham the average house price is £138,255 (July 2015), significantly below the national average of £282,000
- The average weekly rent in the private sector is £103 per week. The average weekly rent for social housing is £65 per week
- In 2013, 9% of Rotherham's households were living in fuel poverty, and figures are highest within the private rented sector.

NB A further review report of SEND provision within Early Years has also been completed alongside this report and will be used to inform next steps.

4.3 Headlines from Joint Strategic Needs Assessment (JSNA) Refresh 2014/15

- Rotherham was ranked 53rd most deprived district in England in the 2010 index. The key drivers of deprivation in Rotherham remain Education and Skills, Health and Disability and Employment.
- The health of people in Rotherham is generally poorer than the English average which is influenced by people's lifestyles and a number of other wider factors such as deprivation and industrial legacy.

Implications for Rotherham of current strategic findings

1. *It is expected that 900 new homes will be built each year in Rotherham.*
2. *Rotherham is ranked 53rd most deprived district in England.*
3. *Rotherham has a graduated range of provision for pupils with SEND, from mainstream, enhanced resources to special school provision. Future provision needs to be in line with the Borough's strategic approach.*
4. *Rotherham's Inclusion/SEND Strategy, currently under development is based on the notion of improving the offer for children and young people with a more strategic approach which includes both increased specialist provision within the borough and a better graduated response made by schools, partners and specialist providers. The current educational strategy for pupils with SEMH needs is beginning to reduce the number of pupils who are permanently excluded from school.*

5. Demographics

In order to predict future school place requirements, an analysis of population growth has been carried out which considers the:

- overall population and the trend in the birth rate
- school age population and predicted growth
- growth in numbers of pupils with SEND
- trends to predict future growth requirements.

5.1 Rotherham's demographics

- Rotherham is a metropolitan borough within South Yorkshire, covering 110 square miles and has a mix of urban areas and villages – about 70% of the borough is rural.
- The town has a proud, rich industrial heritage and over recent years has attracted investment in new areas such as information technology, light engineering and advanced manufacturing.
- The Borough is divided into 21 wards which are grouped into seven Area Assemblies
- Rotherham is ranked 53rd most deprived district in England according to the Index of Multiple Deprivation 2015, within the 16% most deprived. 20% of people live in the top 10% deprived areas in England
- 8.1% of Rotherham's population belong to ethnic groups other than White British (6.4% are from non-white groups), well below the English average of 20.2%. It follows that 91.9% of Rotherham residents are White British.
- 38% of Rotherham's working population travel outside the borough for work, with 20% of Rotherham's working population traveling to Sheffield
- 55% of people working in Rotherham live outside of the borough
- 68% of Rotherham's working age population are in work, and 12.4% are claiming out-of-work benefits, well above the national rate of 9.1%
- Rotherham's unemployment rate fell from 11.3% in 2011/12 to 8.5% in 2014/15 but remains above the national average
- Income levels are below national averages. The average weekly earnings in Rotherham in 2014 were £456.30 per week; below both the regional average of £479 and the national average of £520.80
- Educational attainment in Rotherham at both secondary and primary level has improved greatly over recent years but participation in further and higher education continues to remain below the national average.

The School Population

Table 1 below shows the projected growth in population in Rotherham based on data provided by the Office for National Statistics as at May 2016.

Table 1: Rotherham's population and school population projections

| | 2016 | 2021 | Growth |
|--|-----------------|-----------------|---------------|
| Overall population of Rotherham | 261,400 | 265,800 | 4,400 1.7% |
| Total school aged pupils (aged 3 to 19) Pupils as a % of overall population | 44,627 17.1% | 46,858 17.6% | 2,231 5.0% |
| Total schools aged pupils with SEN % of pupils with SEN | 7,253 16.3% | 7,616 16.3% | 363 5.0% |

Source:

1. Office for National Statistics Population Estimates, May 2016
2. Pupil data for 2016 is taken from the May Summer School Census provided by RMBC.

Note: Pupil population projection for 2021 is based on a 1% growth yield per annum in the overall school population. This methodology is consistent with that used by RMBC's School Planning, Admissions and Appeals Team.

The projected growth in school population and pupils with SEND is based on the overall percentage increase in the total population for Rotherham (1.7%). However, in line with the methodology applied by Rotherham's School Planning, Admissions and Appeals Team, for the purpose of this sufficiency exercise, the school pupil population projection for 2021 is based on a 1% growth yield per annum in the overall school population. This relates to the hypothesis that although the overall population increase is predicted to be 1.7%, there is evidence that there is likely to be a greater increase in the proportion of young people. This is due to families with a higher ratio of children. Hence an overall increase of 5% from the period 2016 to 2021 has been applied to the forecasts for this exercise which is in line with the predicted growth for all pupils used by the Borough Council's planning teams.

The implications of demographic predictions in Rotherham

1. Evidence suggests that the population of Rotherham will increase by 1.7 % from 2016 to 2021 from 261,400 to 265,800. A growth of 4,400 people.
2. We can assume that although the overall population is growing at 1.7% the adult population is producing a higher ratio of children.
3. There is a greater predicted increase in pupils aged 3-19. If realised, there will be a corresponding increase in the number of school age pupils from 44,626 to 46,858, a growth of 2,231(an increase of 5%).
4. It is predicted that the number of pupils with SEND will increase from 7,253 (2016) to 7616 by 2021 which is an increase of 363 pupils (5%). This represents the total increase in SEND and includes pupils with EHC plans and those pupils receiving SEN Support in mainstream schools. In order to plan for the rising number of children and young people that will need support for Special Educational Needs in Rotherham by 2021, current need, provision and cost must be reviewed.

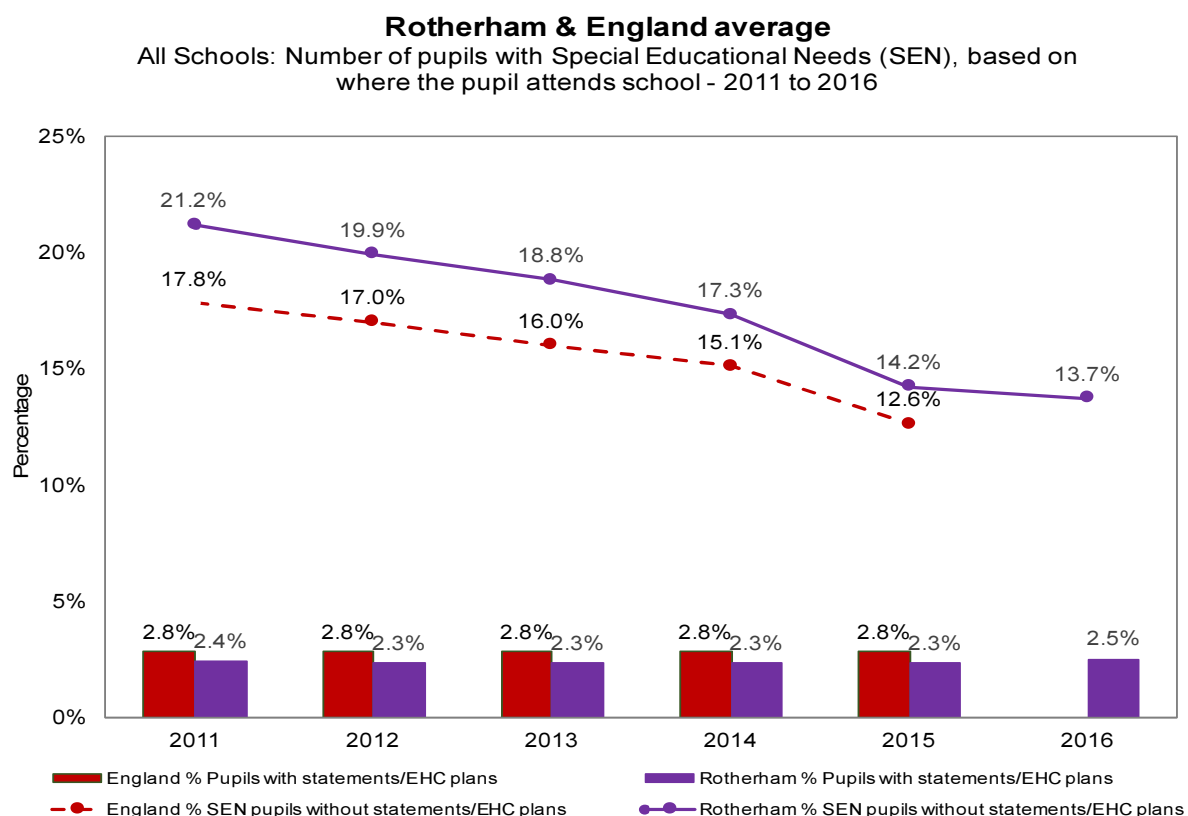
6. Needs Analysis

The review considered a range of pupil led SEND information including:

- pupils accessing Special Educational Needs (SEN) support in mainstream settings
- the number of pupils with an Education Health and Care Plan
- an analysis of the needs of SEN pupils accessing mainstream and specialist provision

Table 2 shows the number of pupils in Rotherham with an EHC plan and those with SEN support in mainstream school compared to the national average.

Table 2:



This data shows that:

- the number of pupils in Rotherham with a Statement/EHC plan (2.5%) is below the national average (2.8%)
- this has increased slightly since 2015 (from 2.3% to 2.5%)
- The number of pupils at SEN Support is higher than the national average.

Table 3 shows the number of pupils in Rotherham with an EHC plan and those with SEN support compared to the statistical neighbours

Table 3:

Rotherham and Statistical Neighbours: Number of pupils with Special Educational Needs based on where the pupil attends school (January 2015)

| Local Authority | Total Pupils | Pupils with statements or EHC plans | | Pupils with SEN support | | Total pupils with SEN | |
|------------------------------------|---------------|-------------------------------------|-------------|-------------------------|--------------|-----------------------|--------------|
| | | Number | % | Number | % | Number | % |
| England | 8,438,145 | 236,165 | 2.8% | 1,065,280 | 12.6% | 1,301,445 | 15.4% |
| Barnsley | 32,907 | 1,259 | 3.8% | 4,028 | 12.2% | 5,287 | 16.1% |
| Doncaster | 48,364 | 1,259 | 2.6% | 5,127 | 10.6% | 6,386 | 13.2% |
| Dudley | 47,217 | 1,378 | 2.9% | 6,694 | 14.2% | 8,072 | 17.1% |
| Hartlepool | 15,095 | 339 | 2.2% | 1,760 | 11.7% | 2,099 | 13.9% |
| North East Lincolnshire | 23,923 | 493 | 2.1% | 2,488 | 10.4% | 2,981 | 12.5% |
| North Lincolnshire | 23,842 | 793 | 3.3% | 3,290 | 13.8% | 4,083 | 17.1% |
| Redcar and Cleveland | 21,568 | 699 | 3.2% | 3,627 | 16.8% | 4,326 | 20.1% |
| Rotherham | 44,030 | 1,031 | 2.3% | 6,234 | 14.2% | 7,265 | 16.5% |
| St Helen's | 26,365 | 577 | 2.2% | 4,519 | 17.1% | 5,096 | 19.3% |
| Tameside | 35,420 | 610 | 1.7% | 4,425 | 12.5% | 5,035 | 14.2% |
| Telford and Wrekin | 28,310 | 1,001 | 3.5% | 4,307 | 15.2% | 5,308 | 18.7% |
| Wakefield | 54,669 | 1,469 | 2.7% | 6,671 | 12.2% | 8,140 | 14.9% |
| Wigan | 45,926 | 1,205 | 2.6% | 6,007 | 13.1% | 7,212 | 15.7% |
| Rotherham (Aug Census 2016) | 44,627 | 1,126 | 2.5% | 6,127 | 13.7% | 7,253 | 16.3% |

- (1) Source: DfE Statistical First Release January 2015 - <https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2015>
- (2) Includes all primary academies, including free schools.
- (3) Includes pupils who are sole or dual main registrations.
- (4) Education, Health and Care (EHC) plans were introduced from September 2014 as part of a range of SEND reforms. From 2015 SEN Support replaces School Action and School Action Plus but some pupils remain with these provision types in first year of transition.
- (5) Expressed as a percentage of the total number of pupils in all schools.

(6) National and regional totals and total SEN across Local Authorities have been rounded to the nearest 5. There may be discrepancies between totals and the sum of constituent parts.

(7) Comparator group taken from Local Authority Interactive Tool (LAIT) for Children's Services and School Capacity and Planning (SCAP).

Table 4 shows the number of children and young people with Statements and EHC plans in Rotherham compared to statistical neighbours (as at January 2016).

Table 4:

Number of children and young people with a statement or EHC plan maintained by each local authority (1)

January: 2010 - 2016

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | | 2015 | 2016 |
|-------------------------|--------------|--------------|------------|------------|--------------|------------------------|------------------------|--|--------------|---------------|
| | Statements | Statements | Statements | Statements | Statements | Statements or EHC plan | Statements or EHC plan | | Statements | EHC Plans |
| | | | | | | | | | Statements | EHC plans (2) |
| Barnsley | 1,070 | 1,125 | 1,165 | 1,210 | 1,270 | 1,315 | 1,375 | | 1,310 | 5 |
| Doncaster | 1,225 | 1,250 | 1,235 | 1,275 | 1,280 | 1,255 | 1,305 | | 1,250 | 5 |
| Dudley | 1,350 | 1,320 | 1,315 | 1,290 | 1,280 | 1,430 | 1,560 | | 1,430 | 0 |
| Hartlepool | 330 | 300 | 325 | 350 | 360 | 385 | 440 | | 285 | 100 |
| North East Lincolnshire | 785 | 740 | 680 | 610 | 545 | 535 | 565 | | 530 | 5 |
| North Lincolnshire | 905 | 875 | 835 | 815 | 805 | 760 | 815 | | 740 | 20 |
| Redcar and Cleveland | 680 | 675 | 665 | 685 | 720 | 730 | 850 | | 730 | 0 |
| Rotherham | 1,080 | 1,025 | 995 | 985 | 1,000 | 1,060 | 1,235 | | 1,060 | 0 |
| St. Helens | 485 | 460 | 445 | 440 | 465 | 490 | 555 | | 485 | 5 |
| Tameside | 705 | 690 | 680 | 700 | 695 | 665 | 700 | | 655 | 5 |
| Telford and Wrekin | 1,415 | 1,355 | 1,340 | 1,355 | 1,340 | 1,350 | 1,500 | | 1,350 | 0 |
| Wakefield | 2,145 | 2,130 | 2,085 | 2,055 | 2,080 | 2,070 | 2,205 | | 2,070 | 0 |
| Wigan | 1,365 | 1,280 | 1,280 | 1,275 | 1,275 | 1,260 | 1,370 | | 1,225 | 35 |

Source: SEN2 2010 - 20

(1) Only statutory EHC plans are recorded in collections from 2015 onwards. Non-statutory EHC plans issued by pathfinder local authorities are not included in the 2015 and 2016 SEN2 collection.

(2) Total number of EHC plans in place at 2016 is known to include a small number of young people attending general further education college, sixth form college or specialist post-16 institutions with statements not yet transferred to an EHC plan.

Table 5a shows a breakdown of the **primary need** of pupils who attend Rotherham mainstream primary and secondary schools.

Table 5a

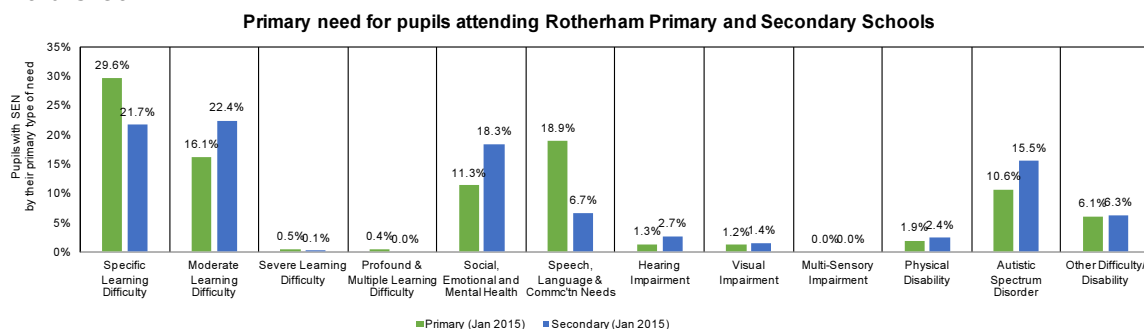


Table 5a shows us that in Rotherham *mainstream primary and secondary schools* the **predominant primary needs** relate to pupils with:

- Specific Learning Difficulty such as Dyslexia (SpLD)
- Moderate learning Difficulties (MLD)
- Social Emotional and Mental Health Needs (SEMH)
- Speech Language and Communication Needs (SLC)
- Autism (ASC/ASD)

There is some variance in the identification of need between primary and secondary schools. Particularly around their children with Specific and Moderate Learning Difficulty.

Table 5b shows the primary need of pupils attending Rotherham special schools

Table 5b:

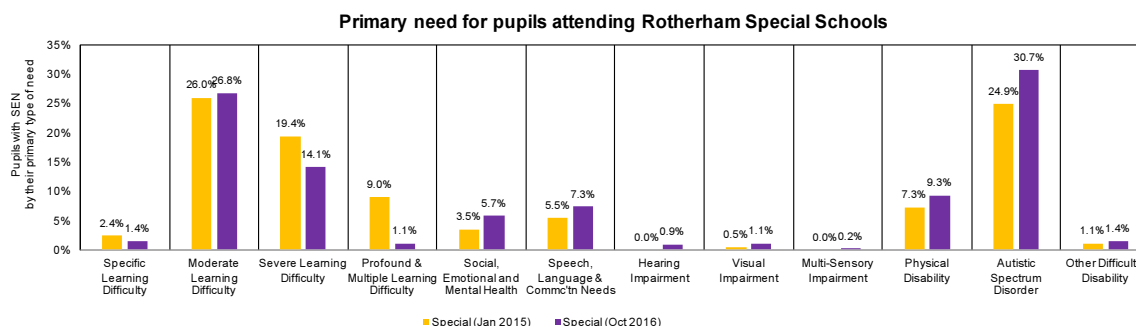


Table 5b shows us that in Rotherham *special schools*, the **predominant primary needs** are:

- Autism (ASC/ASD)
- Moderate Learning Difficulty (MLD)
- Severe Learning Difficulty (SLD)
- Physical Difficulty (PD)
- Profound and Multiple Learning Difficulty (PMLD)
- Speech Language and Communication (SLC)
- Social Emotional and Mental Health Needs (SEMH)

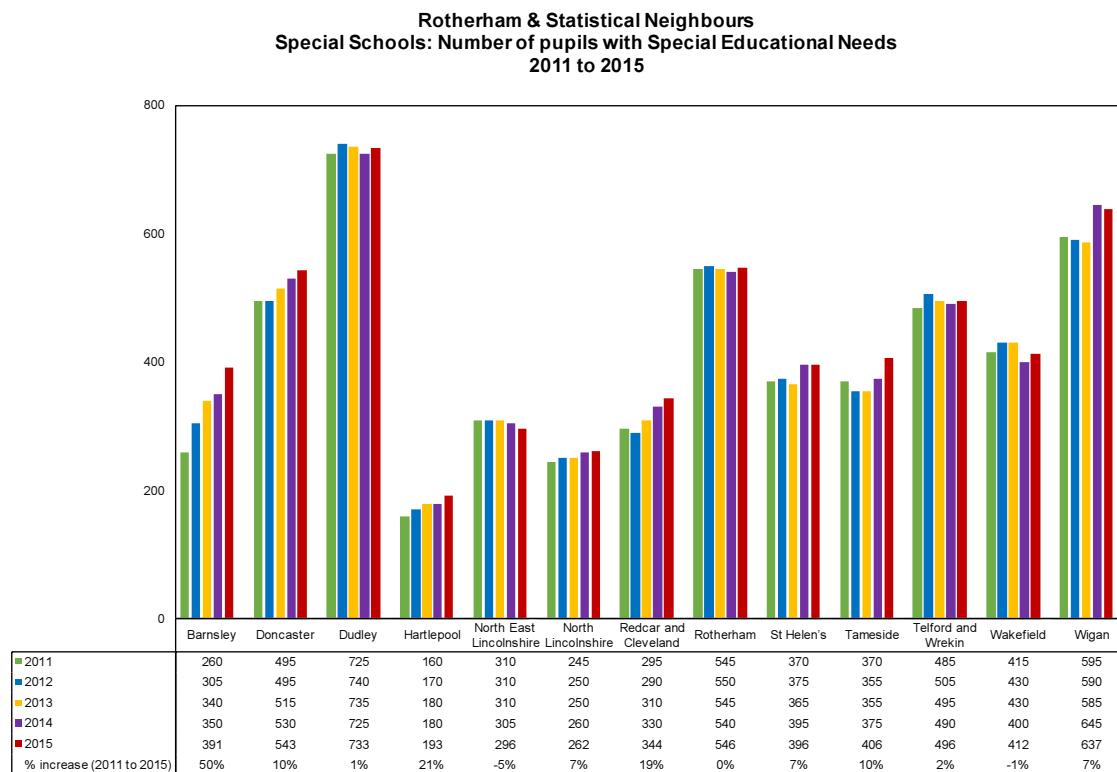
Summary of Implications of the Summary of Needs Analysis data for Rotherham:

Tables 3, 4, 5 and 6 show a changing picture for Rotherham in terms of requests for formal assessment of Special Educational Need via an Education Health and Care Plan.

1. Rotherham has a slightly higher percentage of children and young people with Special Educational Needs than the national average (16.5% compared to the national figure of 15.4%).
2. Rotherham schools leaders are experienced and skilled at meeting the majority of need within the school system at the graduated response level called SEN Support.
3. The percentage of children and young people requiring assessment of need and additional support has risen since the reforms began in 2014 and Education Health and Care Plans were introduced (2.3% to 2.5%)
4. After 5 years of relative stability the number of Statements of Special educational Need/Education Health and Care Plans required has risen dramatically between 2015 (1,060) and 2016 (1,235) indicating rising needs and requirement for additional resources.
5. Rotherham Mainstream schools are supporting high numbers of children and young people at graduated response with specific and moderate learning difficulty. The next predominant needs in mainstream schools are in the areas of Social Emotional and Mental Health and Speech, Language and Communication (often Autism).
6. Rotherham Special schools are supporting a higher proportion of children and young people with Autism, Moderate or Severe Learning Difficulty as a presenting need.

7. Current Special School and Mainstream Resource Provision in Rotherham for Special Educational Needs

Table 6: shows the numbers of pupils attending special schools across Rotherham and comparator authorities



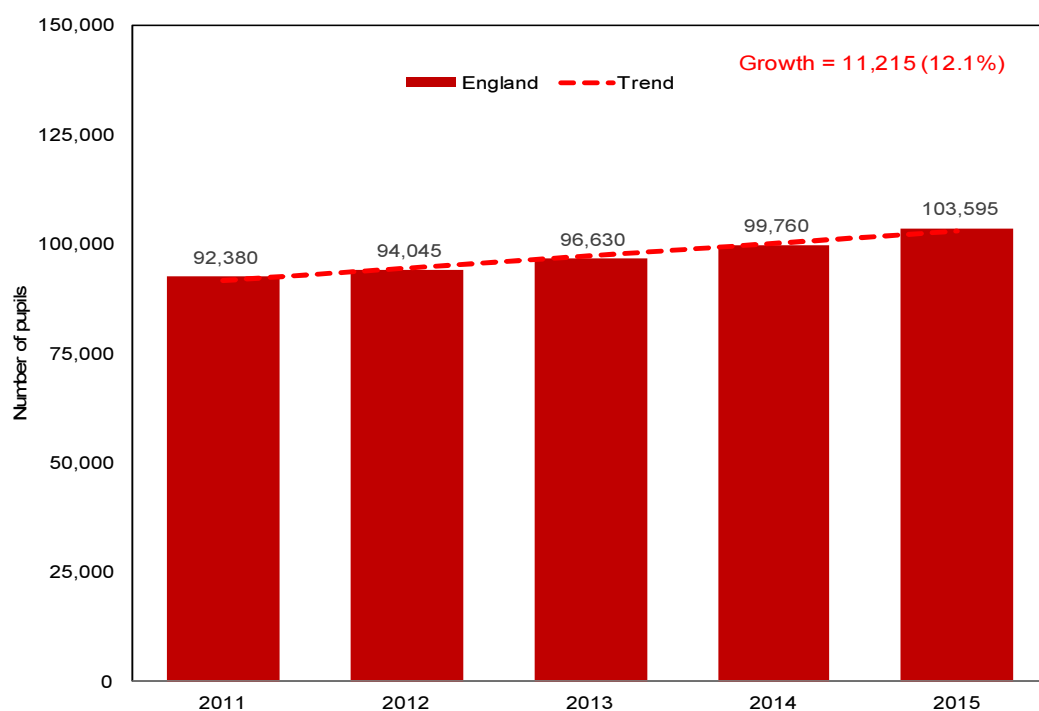
Source: DfE Statistical First Release 2011-2015
<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

The table shows that the number of places at special schools in Rotherham has remained static compared to statistical neighbours who have increased the number of special school places over a five year period. In Rotherham, in 2011 there were 545 special school places available, and in 2015 there were 546 special school places which in effect is a 0% increase.

Table 7: shows the growth of specialist provision nationally over the last 5 years of which equates to an increase of 12.1%. During this time there has no growth in the special school places within Rotherham.

Table 7:

All England
Special Schools: Number of pupils with Special Educational Needs
2011 to 2015



Source: DfE Statistical First Release 2011-2015
<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

Rotherham's special schools have been supporting the growth of need wherever possible and are now regularly full or taking additional children to provide an appropriate education for children and young people. Despite this pressure, they remain centres of success and have all been judged good or outstanding by OFSTED inspection. (see table 8 below)

Table 8:

| Analysis of Ofsted inspection reports | | | | | | | | | | | | | |
|---------------------------------------|----------------|-----------------------|---------------|------------------------|---------------------|------------------------------|-------------------------|-----------------------|----------------------|--|--|--|---------------------|
| School | Date inspected | Overall effectiveness | | Achievements of pupils | Quality of teaching | Behaviour & safety of pupils | Leadership & management | Early Years provision | Sixth form provision | Effectiveness of leadership & management | Quality of teaching learning & assessments | Personal development behaviour & welfare | Outcomes for Pupils |
| | | Current | Previous | | | | | | | | | | |
| Special School | | | | | | | | | | | | | |
| Abbey | 24.06.16 | Good | Inadequate | - | - | - | - | - | - | Good | Good | Good | Good |
| Hilltop | 09.01.13 | Good 2 | Outstanding 1 | Good 2 | Good 2 | Good 2 | Good 2 | - | - | - | - | - | - |
| Kelford | 03.12.14 | Good 2 | Good 2 | Good 2 | Good 2 | Good 2 | Good 2 | Good 2 | Good 2 | - | - | - | - |
| Milton | 15.02.11 | Outstanding 1 | - | - | - | - | - | - | - | - | - | - | - |
| Newman | 14.01.14 | Good 2 | Outstanding 1 | Good 2 | Good 2 | Outstanding 1 | Good 2 | - | - | - | - | - | - |
| The Willows | 12.02.13 | Good 2 | Outstanding 1 | Good 2 | Good 2 | Outstanding 1 | Good 2 | - | - | - | - | - | - |
| Enhanced Resource Provision | | | | | | | | | | | | | |
| Bramley Grange | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Wickersley School and Sports College | 18.09.13 | Outstanding 1 | Outstanding 1 | Outstanding 1 | Outstanding 1 | Outstanding 1 | Outstanding 1 | - | - | - | - | - | - |
| Anston Hillcrest | 04.12.13 | Outstanding 1 | Outstanding 1 | Outstanding 1 | Outstanding 1 | Outstanding 1 | Outstanding 1 | - | - | - | - | - | - |
| Swinton Academy | - | - | - | - | - | - | - | - | - | - | - | - | - |

Special Resource Provision in Rotherham's mainstream schools

Enhanced Resource Provision

| Enhanced Resource Placements | | | | | | | |
|--------------------------------------|--------------|--------------------------------------|--------------------------------|------------------------|-----------------------------|----------------|-----|
| Special School | Age range | Type of provision | Capacity (Places available) | Commissioned places | On roll as at 08/11/2016 | Spare capacity | |
| | | | | | | Places | % |
| Bramley Grange Primary | Age 3 to 11 | Hearing Impaired Resources | 11 | 11 | 9 | 2 | 18% |
| Wickersley School and Sports College | Age 5 to 16 | Hearing Impaired Resources | 11 | 11 | 10 | 1 | 9% |
| Anston Hillcrest Primary | Age 5 to 11 | Primary Speech and Language Resource | 15 | 15 | 13 | 2 | 13% |
| Swinton Academy | Age 11 to 16 | Secondary Autism Resource | 20 | 20 | 18 | 2 | 10% |
| Overall | | | 57 | 57 | 50 | 7 | 12% |

Source: RMBC's Inclusion Team

The table above shows the physical capacity of the enhanced resource provision, the number of places commissioned, and the actual use of commissioned places.

There is some potential additional capacity in these resource bases but other than a small number of spaces to support Autism, this is not in the areas of predicted future demand.

There is no current provision available to support mainstream ability pupils of primary age who have additional needs associated with autism. There is also no current provision for any age pupil at the highest level of need with regard to Social Emotional and Mental Health Needs.

Summary of implications for Rotherham from the Needs and current Rotherham Special school Places Analysis

1. *Rotherham has a slightly higher percentage of children and young people with Special Educational Needs than the national average (16.5% compared to the national figure of 15.4%).*
2. *Rotherham schools leaders are experienced and skilled at meeting the majority of need within the school system at the graduated response level called SEN Support.*
3. *The percentage of children and young people requiring assessment of need and additional support has risen since the reforms began in 2014 and Education Health and Care Plans were introduced (2.3% to 2.5%)*
4. *After 5 years of relative stability the number of Statements of Special Educational Need/Education Health and Care Plans required has risen dramatically between 2015 (1,060) and 2016 (1,235) indicating rising needs and requirement for additional resources.*
5. *Rotherham mainstream schools are supporting high numbers of children and young people at graduated response with specific and moderate learning difficulty. The next predominant needs in mainstream schools are in the areas of Social Emotional and Mental Health and Speech, Language and Communication (often Autism).*
6. *Rotherham Special schools are supporting a higher proportion of children and young people with Autism, Moderate or Severe Learning Difficulty as a presenting need.*
7. *There has been a growth in special school placements nationally from 2011 to 2015 of 12.1%.*
8. *Rotherham's own special school or additional resource capacity has not increased in line with national figures and statistical neighbours. The number of Rotherham's own special school places has remained static although the provision is judged as good or outstanding.*

8. Provision Demands

This review has explored the type and range of specialist provision currently being utilised for Rotherham's children and Young People, including:

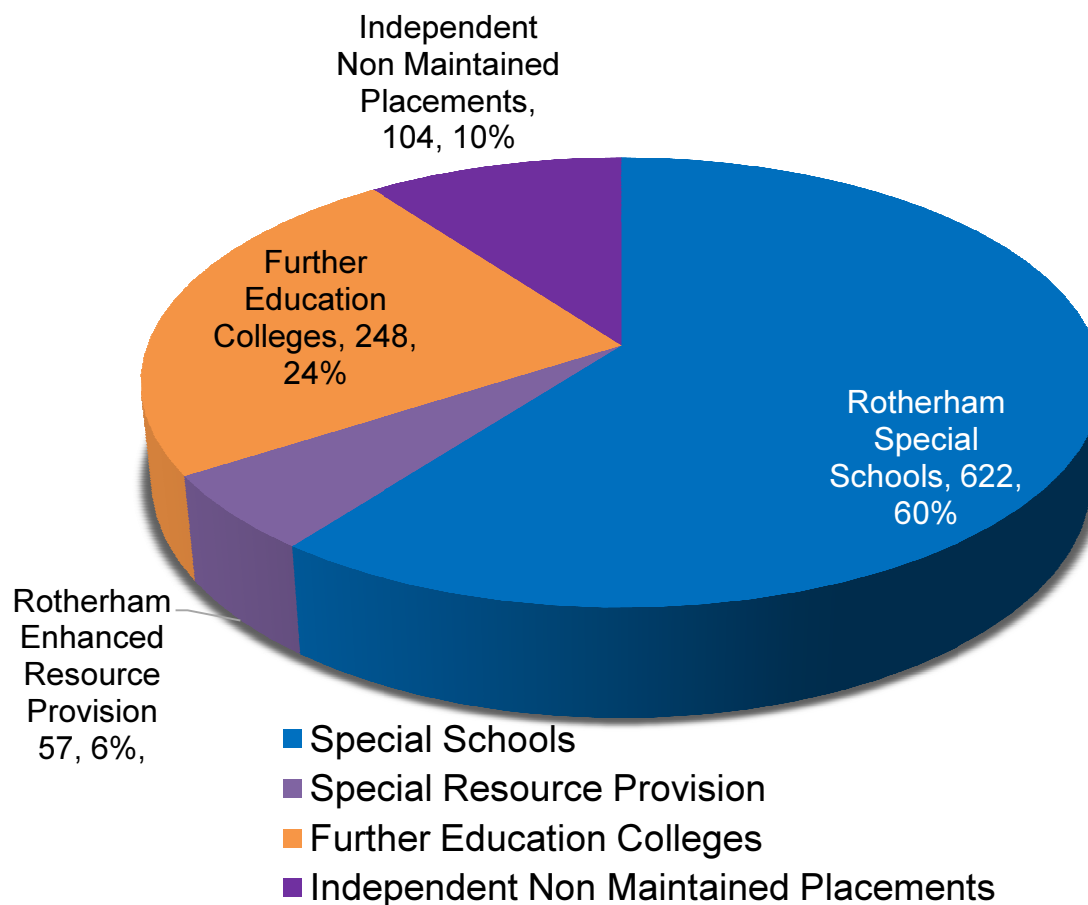
- Special schools within Rotherham
- Enhanced mainstream provision within Rotherham
- Independent non-LA maintained special schools
- Schools or Academies located in other Boroughs
- Further Education Colleges.

The Specialist Provision commissioned within Rotherham is provided by a number of different types of providers i.e. special schools and enhanced resourced provision located on primary and secondary mainstream school sites. However, there are no designated specialist Private, Voluntary and Independent nursery and childcare settings within Rotherham, therefore, Early Years provision has not been included in this sufficiency assessment.

Figure 9 shows the breakdown of the type of places commissioned by the LA for the academic year 2016/17

Figure 9:

Commissioned Places for 2016/17



This chart illustrates that the majority of Rotherham's school aged children and young people with additional needs are receiving education within Rotherham but there is a worrying percentage travelling outside the borough (10%) for their education due to a lack of provision.

Where are these children and what are their needs?

Table 10 below shows the number of commissioned places and numbers on roll at each Rotherham Special School in December 2016, only one term into the year. Education Health and Care Plans are finalised throughout the year meaning that children are newly included on the roll of a Special School throughout the year. The table below demonstrates that across all schools there is very little spare capacity to help to meet both current and future demand.

The numbers at Independent Non LA Maintained Special Schools outside Rotherham in December 2016 can be seen in Table 11 following:

Table 10: Rotherham Special School Placements

| Special School | Age range | Type of provision | Capacity (Places available) | Commissioned places | On roll as at 08/11/2016 | Spare capacity | |
|--------------------------------------|-------------|----------------------------------|-----------------------------|---------------------|--------------------------|----------------|-------|
| | | | | | | Places | % |
| Abbey | Age 7 to 16 | MLD/ASC | 80 | 80 | 80 | 0 | 0.0% |
| Hilltop Redwood Early Years Resource | Age 2 to 19 | SLD/PMLD | 102 | 102 | 97 | 5 | 4.9% |
| Kelford | Age 2 to 19 | SLD/PMLD | 100 | 100 | 103 | -3 | -3.0% |
| Milton Canal side | Age 5 to 16 | Autism and Complex Needs | 120 | 120 | 117 | 3 | 2.5% |
| Newman | Age 2 to 19 | Medical/ Physical/ Complex Needs | 100 | 100 | 94 | 6 | 6.0% |
| Newman NAR | Age 2 to 19 | Complex Needs and Autism | 20 | 20 | 20 | 0 | 0.0% |
| The Willows | Age 7 to 16 | MLD/ASC | 100 | 100 | 107 | -7 | -7.0% |
| Overall | | | 622 | 622 | 618 | 4 | 0.64% |

Table 11: Independent non-maintained Placements as at December 2016 by Primary Need (residential and day placements).

| PRIMARY NEED | Total Number Of Pupils | PRIMARY | SECONDARY |
|---|------------------------|-----------|------------|
| Social Emotional and Mental Health Needs (SEMH) | 69 | 15 | 54 |
| Autism (ASC/ASD) | 46 | 10 | 36 |
| Severe Learning Difficulty (SLD) | 11 | 2 | 9 |
| Moderate Learning Difficulty (MLD) | 6 | 1 | 5 |
| Physical Disability (PD) | 4 | 2 | 2 |
| Speech Language or Communication Difficulty (S&L) | 3 | 1 | 2 |
| Hearing Impairment (HI) | 1 | 1 | 0 |
| Profound and Multiple Learning Difficulty (PMLD) | 1 | 0 | 1 |
| Specific Learning Difficulty (SpLD) | 1 | 1 | 0 |
| Visual Impairment (VI) | 1 | 0 | 1 |
| TOTAL | 143 | 33 | 110 |

The above table shows that:

143 of Rotherham pupils are placed in Independent Non LA Maintained settings

110 are of secondary age

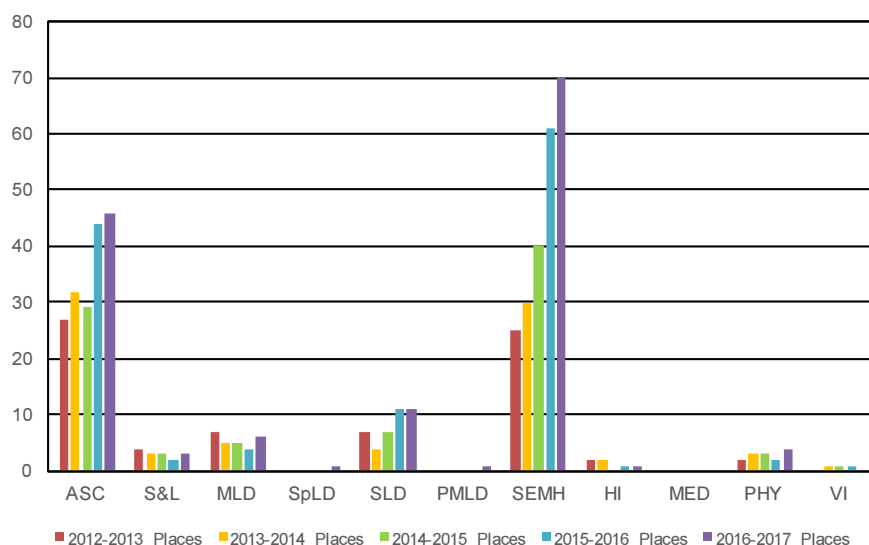
33 are of primary age.

69 of these pupils have a primary need of **Social Emotional and/or Mental Health** (54 secondary, 15 primary)

46 of these pupils have a primary needs of **Autism** (36 secondary, 10 primary)..

Table 12:

Out of authority placements by need: Five year view



Source: RMBC's Inclusion Team

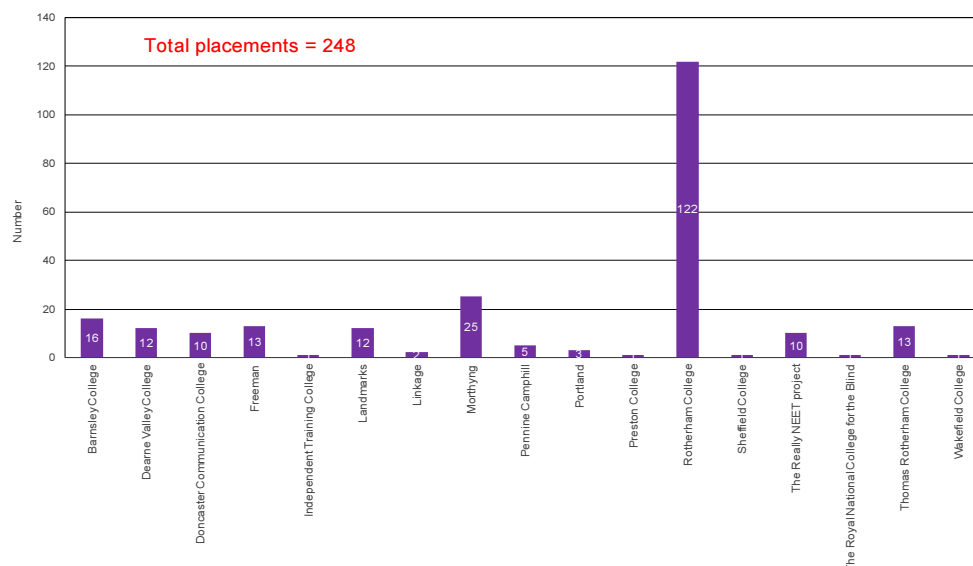
Table 12 shows that in 2016/17 there were a total of 143 Rotherham placements made in the independent non-maintained sector. This is an increasing trend year on year due to no growth in provision within the borough. The predominant needs of this group of young people relate to pupils with Social Emotional and/or Mental Health Needs or Autism needs.

Post 16 Specialist Support

Table 13:

Local Further Education College Provision

2016/17 Post 16 placements



Source: RMBC's Inclusion Team

Since 2014 an Education Health and Care Plan can be sought or GIVEN for young people from 19-25. Table 13 shows that in addition to the Post 16 provision offered by Rotherham's Special Schools, provision is made by a number of FE providers both in and out of the Borough. The majority of FE provision is currently commissioned at Rotherham College.

There must be an assumption that with the extension of age group to Education Health and Care Plans, the educational provision Post 16 within Rotherham will need to develop to become more flexible in meeting more complexity of need for young people aged 19-25.

Summary of implications from the Analysis of Provision

1. There are a broad range of providers of special education commissioned by the Rotherham Borough Council. The Borough's special schools make 60% of the provision.
2. Rotherham commissions an increased number of places in the independent non LA maintained sector. The predominant needs of pupils placed in this sector relate to Social Emotional and Mental Health needs or Autism.
3. Rotherham Special Schools do not appear to have sufficient additional capacity to meet the current and future increase in demand for places.
4. Current enhanced resource provisions in mainstream have **very little** potential capacity to be able to respond to future demand for additional need for specialist but this is not in the areas of need required.

9. Analysis of the High Needs Funding Block and costs of provision

The sufficiency exercise has analysed the cost of commissioned specialist placements in Rotherham. This analysis includes:

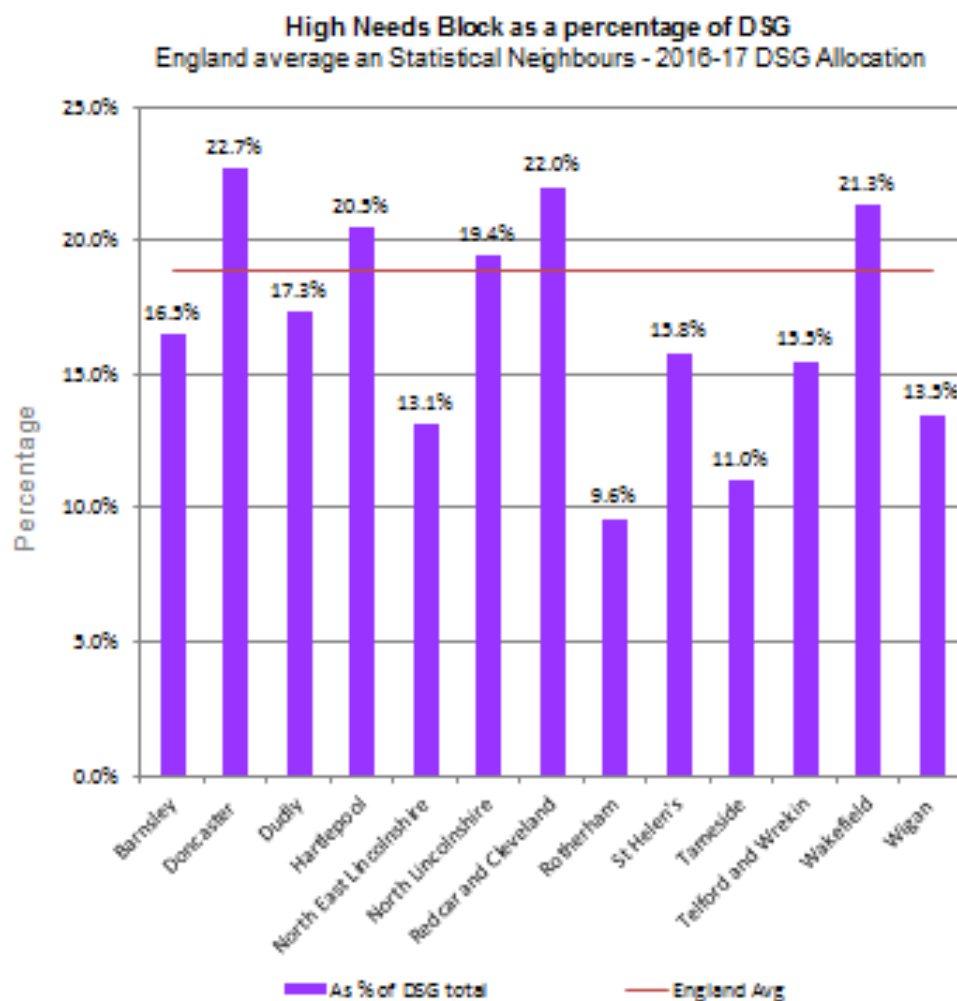
- the proportion of the Dedicated Schools Grant (DSG) spent on the High Needs Block
- the proportion of the High needs Block spent on specialist provision
- comparisons on spend associated with specialist provision with statistical neighbours
- the unit costs of Rotherham's specialist provision.

In 2016/17 Rotherham's High Needs Block totalled £21.22 million (9.6% of the Dedicated Schools Grant). Tables 14 and 15 below show an analysis for the comparator group, and highlights that Rotherham's allocated percentage was lower than for all other statistical neighbours and significantly lower than the national average allocation for England of 18.9% (approximately half).

Table 14: Comparison of High Needs allocation with Statistical Neighbours

| Comparative data for 2016-17 Financial Year Allocations | | | |
|---|---------------|-----------------------------|---------------------------|
| Local Authority | As % of total | High Needs Block (millions) | DSG allocation (millions) |
| England | 18.9% | £5,229.87 | £28,032.38 |
| Barnsley | 16.5% | £18.87 | £114.05 |
| Doncaster | 22.7% | £28.05 | £123.58 |
| Dudly | 17.3% | £31.47 | £182.43 |
| Hartlepool | 20.5% | £10.62 | £51.76 |
| North East Lincolnshire | 13.1% | £16.27 | £123.86 |
| North Lincolnshire | 19.4% | £14.89 | £76.74 |
| Redcar and Cleveland | 22.0% | £15.02 | £68.34 |
| Rotherham | 9.6% | £21.22 | £221.55 |
| St Helen's | 15.8% | £18.35 | £115.99 |
| Tameside | 11.0% | £14.98 | £136.73 |
| Telford and Wrekin | 15.5% | £16.45 | £106.21 |
| Wakefield | 21.3% | £24.38 | £114.33 |
| Wigan | 13.5% | £26.47 | £196.17 |

Table 15:



The High Needs budget is currently under considerable pressure.

The 2016 /17 budget received an additional allocation of £3 million from the schools block moved by the local authority which adjusted the budget total to £24.2 million. This is currently anticipated to overspend by a further £5 million bringing the total high needs spend to circa £30 million.

There appears to be a direct relationship between the budget pressures and the increasing cost of special provision placements, particularly those to address Social Emotional and Mental Health Needs and those in other local authority special schools or placed in the independent sector.

Table 16

The current components of the High Needs budget are:

| Resource / Provision | Expenditure £000 |
|---|------------------|
| Statutory and Mainstream Support Services | 5.04 |
| Specialist Provision beyond mainstream | 23.66 |
| Mainstream and Special in year top up funding | 1.45 |

In 2016, the budget for specialist provision is set at £23.66 million as follows:

- £12.178 million on Special Schools
- £1.011 million on Primary Enhanced Resource Provision
- £385,000 on Secondary Enhanced Resource Provision
- £3.011 million on Alternative Provision
- £1.912 million on Post 16 SEND Provision
- £1.541 million on Complex Needs Out of Authority (OOA)
- £505,000 on Social Care LAC placements (education element)
- £2.622 million on Education Only Placements at Independent Schools
- £494,000 Education Only OOA LA placements

This budget has experienced significant pressure and is currently estimated to overspend by approximately £5 million in 2016/17.

Table 17 shows the average cost of a place in Rotherham's specialist provision ranging from approximately £11,500 to £47,000. This will be useful when calculating the cost of any additional places to be commissioned in the future.

Table 17: Average cost of a Rotherham place: Special School/Resource

| School | Core £ | Base | Base post16 | Enhanced | Enhanced post 16 | Intensive | Post 16 intensive | Bespoke average | Range |
|--------------------------|---------|---------|-------------|----------|------------------|-----------|-------------------|-----------------|-----------------|
| Abbey | £10,000 | £5,576 | / | £12,503 | / | £20,584 | / | / | £15,576-£30,584 |
| Hilltop | £10,000 | £11,973 | £13,950 | £18,900 | £20,876 | £26,981 | £28,858 | £32,447 | £21,973-£38,858 |
| Kelford | £10,000 | £11,524 | £13,501 | £18,421 | £20,427 | £26,532 | £28,509 | £46,871 | £21,524-£46,871 |
| Milton | £10,000 | £4,669 | / | £11,596 | / | £19,677 | / | £8,478 | £14,669-£29,677 |
| Newman | £10,000 | £7,152 | £9,129 | £14,079 | £16,055 | £22,160 | £24,137 | £22,160 | £17,152-£34,137 |
| Newman NAR | £10,000 | £15,000 | £16,977 | £21,927 | £23,903 | £30,008 | £31,985 | £24,000 | £25,000-£41,985 |
| The Willows | £10,000 | £4,698 | / | £11,625 | / | £19,706 | / | / | £14,698-£29,706 |
| Enhanced Resource | | | | | | | | | |
| Swinton | £10,000 | £3,902 | / | £10,829 | £6,926 | £18,910 | £1,977 | / | £13,902-£28,910 |
| Hillcrest | £10,000 | £1,332 | / | £8,259 | / | £16,340 | / | / | £11,332-£26,340 |

The costs of placements in the independent non LA maintained sector outside Rotherham vary enormously (see Table 18). Some placements are day others are residential. Some are weekly residential placements others are for 52 weeks per year. The cost of a place in a non LA maintained school ranges from £11,000 to £355,000 per year. However, the average cost is significantly higher than the average cost within a Rotherham School. A small number of the placement costs

currently are shared between health, education and social care depending on placement decisions.

Table 18:

Average cost of a place: Independent/Non Maintained Special Schools

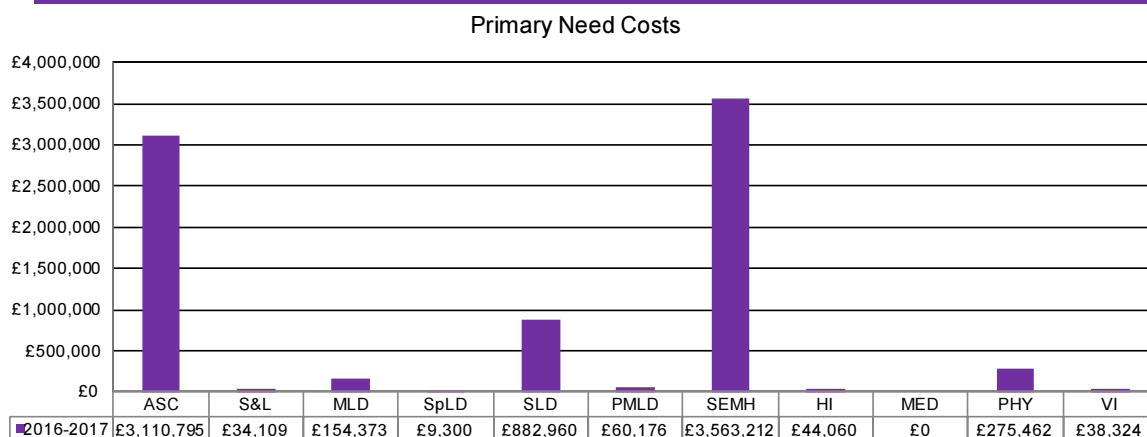
| Placement | Day | Residential |
|---|------------------------------------|-----------------------------------|
| Alderwasley Hall | £58,619 | |
| Appletree | | £157,581 plus £18,900 for first 2 |
| Brantwood | £60,040 (terms) | |
| Chiltern Tutorial School | £9,300 | |
| Dawn House | £18,894 (Pre 16) £23,576 (Post 16) | |
| Denby Grange | £32,697 | |
| Doncaster School for the Deaf | £44,060 | |
| Eastwood Grange | £62,597 | £197,870 |
| Fullerton House | | £239,200 |
| Hall Cliffe | £60,391 | |
| Haybrook | | £265,200 |
| High Grange | | £355,350 |
| Kismul | | £235,236 |
| Meadowcroft | £54,416 | |
| Meadowview | £63,435 | £181,225 |
| New College Worcester | | £40,055 |
| Paces | £10,981 | |
| The Grange | £32,697 | |
| The Robert Ogden School | £52,843 | |
| The Royal National College for the Blind - Hereford | | £38,324 |
| The William Henry Smith | £70,505 | |
| Wilsic Hall | £59,399 | £239,200 |

As can be seen below (Table 19) the provision made in Independent Non LA Maintained settings outside Rotherham is predominately for pupils with Social Emotional and Mental Health(SEMH) or Autism(ASC) needs.

£3.56 million is spent on **SEMh** provision.

£3.1 million is spent on **ASC** provision.

Table 19: Cost of out of authority placements for 2016/17



Summary of implications for Rotherham from the Analysis of the High Needs Block and costs of provision

1. *Special School placements in Rotherham cost between £14,600 to £40,000.*
2. *Specialist Enhanced Resource Provision placements in Rotherham cost between circa £11,300 and £28,000.*
3. *The cost of a place in an Independent Non Maintained School outside Rotherham ranges from £11,000 to £355,000*
4. £6.66 million is spent on Independent provision outside Rotherham
£3.56 million is spent on Social Emotional and Mental Health needs
£3.1 million is spent on Autism needs
5. It is anticipated that the high needs block will overspend by approximately £5 million in 2016/17.

10. Projected Shortfall in Rotherham's provision for Children and Young People with Special Educational Needs

There are two factors to consider when calculating the potential shortfall in specialist provision in Rotherham, which will arise by 2021.

Factor 1: the current levels of **under provision** as evidenced by an over reliance on external independent non-maintained provision.

In calculating the projected shortfall for **Factor 1**, **the lack of provision within Rotherham**, it needs to be acknowledged that there will always be a need for a small number of placements with external providers which are made for a number of different reasons. These might relate to:

- A young person's safety and the need to be cared for away from Rotherham
- A young person's needs are so complex that it is not reasonable or cost effective to expect the needs to be met by local special schools

By reducing out of borough placements by 50% approximately 75 places will need to be created locally for Social Emotional and Mental Health or Autism needs

Factor 2: the projected growth in Rotherham's overall population which will result in a corresponding proportionate increase in demand for specialist placements.

In calculating the projected shortfall for **Factor 2**, it is possible to predict a potential increase in demand for special school places.

There is a predicted increase in growth in the overall population in Rotherham from 261,400 (2016) to 265,800 (2021). This equates to an additional 4,400 residents (1.7% increase).

A projected growth of pupil population of 2,231 by 2021 has been estimated, from 44,627 (2016) to 46,858 (2021)

Of these 2,231 pupils, a proportion will have **Special Educational Needs**. This has been calculated as 363 pupils. There is an expectation that the majority of these pupils will be educated well in Rotherham's mainstream schools.

A corresponding proportionate increase in the demand for specialist provision has been calculated. The outcomes in the data collection and analysis during this review have helped to identify the number of required places and these are described below.

Taking account of the two factors, it is possible to estimate a current and future shortfall of **specialist provision** that needs to be addressed

Excluding Early Years provision, **there will be a gap of 51 places in specialist provision.**

Of the additional number of specialist placements required, it is anticipated a growth in demand for specialist provision relating to specific areas of need. Using the 2016 census returns, it has been possible to estimate the number of places required to meet priority areas of need as follows:

- Autism provision of 16 places (based on Jan 2016 needs analysis showing autism as 30.7% of Rotherham's special school population)
- Severe Learning Difficulties 7 places (14%)
- Physical Difficulties provision of 5 places (10%)
- Social Emotional and Mental Health needs provision 3 places (6%)
- Moderate Learning Difficulties provision 14 places (27%)
- Other (12.3%)

Combining factors 1 and 2 equates to a shortfall by 2021 of approximately 126 new places for special educational needs

In the light of this, there will need to be consideration of the required changes to the special school and enhanced resource estate to meet the projected shortfall. Rotherham could continue to use its existing stock of good quality special school and enhanced provision. Evidence suggests that there is currently insufficient capacity within these provisions to meet future demand.

The local authority will be able to incrementally commission the new number of places required from existing providers on an annual basis until 2021.

Options for consideration:

- Incrementally expand current special school provision
- Incrementally expand enhanced resource provision

- Incrementally enhance a combination of enhanced and special school provision
- Incrementally develop ASC and SEMH specialist provision to meet the increasing demand for ASC provision and reintegrate pupils currently placed in expensive out of borough independent non maintained schools.

Those young people who cannot be placed locally due to capacity issues should be the focus of this Rotherham's sufficiency work and future planning. There are a number of considerations why Rotherham needs to plan strategically for this group;

- ***Too many of Rotherham's learners are travelling daily, outside the borough, to school***
- ***Too many of Rotherham's vulnerable learners are losing vital attachments and links with their own localities because they have to travel outside Rotherham to receive their education.***
- ***Rotherham's specialist providers are judged to be good and better in providing education***
- ***Rotherham's mainstream schools are well supported by specialist services and maintain an appropriate proportion of children and young people with additional needs within their settings***
- ***Rotherham Schools and the Local Authority have a proved track record of working together to support children with additional needs.***
- ***Of the growth required, there is little spare capacity to meet this locally. Any spare capacity in existing enhanced resources does not appear to meet the needs of the predicted priority areas.***
- ***It is likely to be more cost effective to improve local capacity to meet needs.***
- ***It is possible to identify the predominant type of needs of this group of learners as Social Emotional and Mental Health needs or Autism.***
- ***Rotherham's population is continuing to grow, supported by an ambitious housing strategy which will result in higher numbers of children with additional needs.***

11. Main Summary and Conclusions

- Rotherham's children and Young People with Special Educational Needs are currently being poorly served by a lack of local provision which results in a disproportionate number having to travel outside the borough to receive appropriate education.
- There has been a rise in the numbers of children and young people who require additional support through an Education Health and care Plan, bringing Rotherham in line with national averages.
- There is a predicted growth in Rotherham's population, leading to a 5% rise in the numbers of school age children and a corresponding rise in the numbers of children and young people with special educational needs that cannot be met within the mainstream sector.
- There have traditionally been low levels of funding to this area from the Dedicated Schools Grant resulting in a lack of planning and preparation for the increase in numbers requiring provision.

- National growth in SEN provision has been approximately 12% since 2011, with Rotherham's growth in SEN provision standing at 0%
- Rotherham is placing over 140 children outside the borough at a substantial cost to the High Needs Budget which is significantly overspent.
- The presenting need for the majority of placements outside Rotherham are within the area of Social Emotional and Mental Health or Autism.
- Rotherham's special provisions are full with very little physical capacity to increase numbers currently.
- The need for a total of at least 126 new SEN places is predicted by 2021.

It is envisaged the findings of this report will contribute to a 3 year SEND sufficiency plan, alongside a 3 year High Needs Recovery Plan. The purpose of which will be to improve the offer available to the children and young people of Rotherham with additional educational needs which can be delivered in a personalised and efficient way to give them greater choices on their journey to reaching their full potential.

Appendix 2 Proposed Plans for Increasing SEND Provision

The Table below outlines the proposed projects required to create the additional 12 places needed to accommodate the current and future demand for SEND places and reduce the financial burden on the high needs funding allocation in future years.

Key to acronyms:

| | |
|------|-------------------------------------|
| ASC | Autism Spectrum Condition |
| EY | Early Years |
| CLD | Complex Learning Difficulties |
| SEMH | Social, Emotional and Mental Health |
| SLD | Severe Learning Difficulties |

| Type of provision required and number of places | Possible Location | Dependent Agreements | Priority and Timeline | Capital Project | Indicative cost Indicative savings from HNB |
|---|--|---|--------------------------|--|---|
| 10 primary ASC places | Waverley new Primary school | Agreed as part of sponsor appointment process. | | Already planned and Included within the Waverley new school build | Cost: Part of build cost Approximate projected saving: £500,000 Per annum |
| 10 SLD places | Within Nexus Trust provision (TBC) (Can provide up to 20 places if needed at a later date) | site to be agreed with Nexus for school 6 th form (daytime) and short breaks (evenings/weekends) | High priority Sept 2017 | Refurbishing of Cherry Tree and Orchard Centre | Cost: Approx £87k Approximate projected saving: £380,000 Per annum |
| 10 primary ASC places (replacement for Flanderwell) | Rowan Centre | Portage moving to SEND hub (August 17) | High Priority Nov 2017 | Refurbishing of Portage building | Cost: Approx £50k Approximate projected saving: £500,000 Per annum |
| 20 complex needs primary / secondary places | Rotherham Special School (TBC) | None | High Priority Dec 2017 | X 2 classrooms | Cost: £400k (approx) Approximate projected saving: £200,000 Per annum |
| 15 High level SEMH therapeutic places (Primary and Secondary) | Within Rotherham Pupil Referral Units (location TBC after consultation) | | High Priority Jan 2018 | Refurbishment to nursery, bungalow (therapeutic suite and carpark) | Cost: Approx £50k Approximate projected saving: £600,000 Per annum |
| 15 High Level SEMH therapeutic places (Primary and Secondary) | Within Rotherham Pupil Referral Units (location TBC after consultation) | Aspire reconfiguration under new leadership | Medium Priority Apr 2018 | Refurbishment of setting | Cost: Approx £50k Approximate projected saving: £600,000 Per annum |
| 10 secondary ASC places | Secondary setting (TBC) | Alongside current building plans | Medium Priority Jan 2018 | X 1 classroom | Cost: £200k (approx) Approximate projected saving: £450,000 Per annum |
| 10 EY transition places | (TBC) Possible sites in discussion | Early Help work in Early Years settings | Medium Priority Apr 2018 | Refurbishment of Early Years setting | Cost: TBC Gap in provision to |

| | | | | | |
|---|---------------------------------|--|---------------------------|---------------|---|
| | with Early Help | | | | reduce exclusions in Early Years |
| 10 Complex Needs primary / secondary places | Specialist School setting (TBC) | None | Medium Priority Sept 2018 | X1 classroom | Cost: £200k (approx) Approximate projected saving: £100,000 Per annum |
| 10 Complex LD/ASC places | Specialist School Setting (TBC) | None | Medium Priority Sept 2018 | X 1 classroom | Cost: £200k (approx) Approximate projected saving: £100,000 Per annum |
| 5 commissioned places for highest level of SEMH provision | (TBC) Private provider | Encouragement to set up premises within Rotherham as part of the commissioning process | Medium Priority Sept 2018 | None | Cost: None Saving: TBC |
| Post 16 provision | TBC | To encourage growth of the Post 16 offer | Medium Priority Sept 2018 | TBC | TBC |
| Total potential/indicative savings | | | | | £3,430,000 |

Summary Sheet

Committee Name and Date of Committee Meeting

Improving Lives Select Commission – 12th September 2017

Report Title

Children and Young People's Services (CYPS) 2017/2018 Quarter One Performance

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

No

Strategic Director Approving Submission of the Report

Ian Thomas, Children and Young People's Services

Report Author(s)

Anne Hawke (Performance Assurance Manager – Early Help)

Deborah Johnson (Performance Assurance Manager – Social Care)

Sue Wilson (Head of Service, Performance and Planning)

Ward(s) Affected

All

Executive Summary

This report is the first quarterly report of 2017/18 being presented to Improving Lives Select Commission. It provides a summary of performance under key themes for Children and Young People's Services at the end of the quarter one. It should be read in conjunction with the accompanying performance data reports (Appendix A) which provide trend data, graphical analysis and benchmarking data against national and statistical neighbour averages.

Recommendations

1. Members are asked to receive the report and accompanying dataset (Appendix A) and consider issues arising.

List of Appendices Included

Appendix A:

Early Help Monthly Performance Report – June 2017

Safeguarding Children & Families Monthly Performance Report – June 2017

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Children and Young People's Services (CYPS) 2017/2018 Quarter One Performance

1 Recommendations

- 1.1 Members are asked to receive the report and accompanying dataset (Appendix A) 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 & Young Peoples Services at the end of the first quarter in 2017/18 reporting year and also represents the monthly report for June 2017. It should be read in conjunction with the accompanying performance data reports which provides trend data, graphical analysis and benchmarking data against national and statistical neighbour averages.

3 Key Issues

3.1 Good and improved performance in the last quarter

- Timeliness performance for Initial Contacts in Early Help has continued to increase reaching 63.6% engagement within three working days compared to 54.1% at the beginning of quarter 1.
- 41 out of 104 Early Help Assessments were completed within the target timeframe of 35 days which equates to 39.4%, a 4% improvement from May (35.4%).
- June saw 39.4% (41 of 104 EHA's) of Early Help Assessments (EHA's) being completed within 35 working days which equates to a 4% improvement in performance.
- During June the service received 18 voluntary exit surveys from families following case closure, with 97% rating their overall experience of the help and support they received from the worker(s) within the Early Help Team as good or excellent service.
- Performance against the annual target for young people not in Education, Employment or Training (NEET's) was 4.1% against a local target of 4.2%.
- During June 56 families were identified that meet the troubled families' criteria and have now been added to the cohort for support. This is an increase of 3 from the previous month.
- The proportion of contacts progression rate continues to improve with 34.3% approved for referral compared to 25.3% in May and 23.9% in April. Similarly the proportion of referrals progressing to an assessment remains high at 96%.

- At 15.1% the in-month re-referral rate is at its lowest and therefore best performance since monitoring was introduced in 2015. This represents a 10% decrease on the previous rate which has been relatively stable at circa 25% for the last 3 months.
- Although not as large a reduction, the related measure which reviews re-referrals for a full 12 months' has also improved to 25.7% from a static position of 27-28%. These are early indications that children's needs are being met in a more sustainable way. We still need to improve if we are to meet and maintain the local corporate plan target of 23% which has been set in line with the statistical neighbour average.
- Initial Child Protection Conferences completed within 15 working days is good and improved on last month to 96.3%. The year to date performance for the first three months of the year is similar at 96.0% and compares well with the 2016/17 position of 91%.
- We continue to have no children subject to a child protection plan for two years or more.
- Use of agency social workers continues to fall. There were 71 across the service at the end of June compared to 72 at the end of May and 78 in April.

3.2 Areas for further improvement

- There were 288 contacts screened in June 2017 by the Early Help Triage Team which shows a decrease of 53 when compared with the previous month (341 recorded in May).
- Uptake of Early Help Assessment by partners dropped during June with 9 out of a possible 97 (9.3%) being completed.
- By the end of Quarter One data shows that 25% of children aged 0-5 across Rotherham had engaged with activities in a children's centre (the annual target is 66%). Work will continue during the year to engage with as many children as possible, ensuring that activities are focused and targeted accordingly.
- Following low performance in May contact decision making within 1 working day of 78%, June has seen a further decline to 59.1%. This is the lowest single month's performance since the inspection of 2014. A service led review of the data has identified linkages to the recent system downtime due to necessary upgrade procedures. The Assistant Director has requested evidence to demonstrate this correlation and reassurance of future service resilience.
- Although the number of new S47s started in June has decreased in previous months our rate per 10,000 population for the last 12 months has increased and at 297.4 is significantly above the statistical neighbour average of 178.7. Which is reflected in a similarly high rate of ICPCs 103.7 per 10,000 compared to the statistical neighbour average of 75.6.

- However the outcomes for the completed section 47s demonstrates that in the large majority (89.2%) the concerns are substantiated so therefore the decision to undertake the investigation is correct. Only 56.8% however are proven to be at risk of continuing harm and therefore progressing to child protection procedures. Performance is expected to improve with the improved approach to reducing risk through the implementation of the new operating methodology.
- Compliance in terms of CP plans remains low when compared to previous performance levels. 87.6% of children have up-to-date plans compared to 96.2% at the end of 2016/17 and 100% at the end of 2015/16.
- Looked after Children (LAC) numbers continue to rise. At the end of June there were 522 LAC compared to 488 at the end of 2016/17 (7% increase in 3 months) and 432 at the end of 2015/16 (21% increase in 15 months).
- Of the LAC Reviews completed in June 89.1% were completed within timescale an improvement on May's position of 85.7% but below 2016/17 performance of 91.3%. However a number of longstanding overdue LAC reviews which have been highlighted for action to the relevant Heads of Service, these will have a detrimental impact on future performance.
- The proportion of long term LAC who experience a stable placement for over two years continues to see a declining trend, 62.1% in June compared to 63.3% in April and 66.3% at the end of 2016/17. This translates to 90 children out of a long-term cohort of 145 and places Rotherham below statistical neighbours and the national average which are both at 68%.
- At the end of June 63 of the 522 LAC have had 3 or more placements within the last 12 months and increase on the 58 at the end of 2016/17. This equates to 12.1% of the cohort which is higher than statistical benchmarking data and local target of 10%.
- 5 adoptions have been completed in the first quarter of 2017/18. Projecting forward we are unlikely to achieve the 31 made in 2016/17.

3.3 Early Help & Family Engagement

- 3.3.1 Operational performance meetings continued during June with some focussed sessions on wider performance areas across the service, i.e. Children's Centres with a dedicated session around Families for Change booked for early July. This forum is proving successful and is having a marked impact on performance and issues related to recording that have affected performance. The forums have enabled operational managers to look at live data and communicate back with staff on recording issues and/or drift. As a result there is enhanced operational grip on performance (see below) which is a positive achievement.
- 3.3.2 The Early Help & Family Engagement Service is working on Phase Two of the Early Help Strategy, which involves a whole service review to further develop integrated, locality working. New structures and job roles will be subject to a

90 day consultation from September 2017 with a planned implementation date for the 1st April 2018.

3.4 Initial Contacts

- 3.4.1 Performance continued to be positive in relation to Initial Contacts during June with the number of contacts made rising again by 1.9% from the previous month. Of those in scope (110), 63.6% (70) were contacted within three working days, with a further 21.8% (24) being made after the third day. Overall, 85.4% of families were successfully engaged during the month which is highly positive and evidences that we are engaging early with families when needs are identified.
- 3.4.2 Although the timeliness of contacts being triaged decreased during June to 71.1% (189) within three working days, there were a further 20.3% (45) contacts triaged within six working days which was only just outside the timeframe bringing the overall total to 91.4%. There has been an increase in sickness absence in the team during the month which has impacted on performance. The situation is being monitored on a daily basis with additional support being identified where possible.

3.5 Early Help Assessments

- 3.5.1 The number of Early Help Assessments (EHA's) in scope for completion during June reduced from 130 the previous month to 104. Of these, 39.4% (41) were completed within the target timeframe of 35 days which equates to a 4% improvement in performance. A further 10.6% (11) of assessments were completed outside of the 35 day time frame which results in an overall completion rate of 50.00% (52) for the month.
- 3.5.2 Timeliness measures continue to be discussed at each Operational Performance Meeting to ensure that locality managers remain focussed on key performance targets and that any delays are identified and addressed.
- 3.5.3 The overall number of Early Help Assessments (EHA) completed by partners to date is at 11.3%. This shows real progress for our baseline of zero. The revised EHA has been coproduced with partners and is currently out for consultation. We are anticipating that the revised format (which incorporates Signs of Safety methodology) will stimulate and increase in partner engagement as the length of the previous assessment has been sighted as a reason for low assessment numbers.

3.6 Children's Centres

- 3.6.1 Centres Quarter One data for registration rates is now available and shows that 85% of all Children aged 0-5 living in Rotherham have been registered with a Children's Centre. In the 30% Lower Super Output Areas (LSOA's) 89% of children are registered, with South performance at 95%, North at 91% and Central currently at 83%. The funding allocated for 2017/2018 has been distributed using a revised formula to focus on need which will benefit those areas with higher numbers of children residing in 30% LSOA's.

- 3.6.2 Quarter One data shows that 25% of children aged 0-5 had engaged with activities in a children's centre against an annual target of 66%. However, of those living in the 30% LSOA's, 30% have already engaged, with Central localities engaging with 33%, North 28% and South 27% so far during 2017/2018.

3.7 Step Downs

- 3.7.1 During June, 22 families with 47 children were stepped down to Early Help. As previously reported, all steps downs moving to localities are agreed through dialogue between Children's Social Care and Early Help. The new process will continued to be monitored and reviewed and reported to DLT to ensure that it becomes seamless and also enables the critical 'step up / step down dialogue to take place.

3.8 Families for Change

- 3.8.1 The Families for Change (FFC) programme has a target to engage 633 during 2017/2018. An average identification target across the year dictates 53 families each month and during June we identified 56 families that meet the troubled families' criteria and have now been added to the cohort for support.
- 3.8.2 The Families for Change Payment by Results claim window is now open and a claim will be submitted before the end of October 17. A deep dive review took place at the end of 27 July when the Directorate Leadership Team (DLT) challenged and supported the development of a solution focused action plan which will address and improve performance in this area.

3.9 Persistent Absence

- 3.9.1 Both primary and secondary schools made an improvement in this period with primary schools performing at 9.8% (nat ave 8.2%) compared with 10.3% at the end of 2016/17 and secondary schools at 14.1% (nat ave 13.1%) compared with 14.8% at the end of 2016/17.

3.10 NEET's

- 3.10.1 The position at the end of June reports a NEET figure of 4.1% (against a local target of 4.2%) and a Not Known figure of 2.9% (against a local target of 3.0%). Data sharing exercises, and follow up will continue, as will work to re-engage the NEET cohort, in particular our most vulnerable groups of young people, LAC, young parents etc.

3.11 Youth Offending

- 3.11.1 Based on the latest released YJB data (Mar 2017) which covers period January 2016 to December 2016, First Time Entrants into the youth Justice System in Rotherham has shown a decrease of 35.1% from the same period last year, whilst national figures also stand lower at 327 (decrease of 12.2% on same time last year). The actual decrease in numbers for Rotherham relates to 43 young people. This continues the downward trend from the previous quarter and is now lower than National and Regional trends. The

decrease is attributable to work undertaken with the police for the YOT to assess and intervene with young people prior to charge, should this trend continue it is likely to have a perverse impact on reoffending rates.

3.12 Customer feedback

3.12.1 During June the service received 18 voluntary exit surveys from families following case closure. The service is currently developing the reporting function to ensure that records are kept when families have been asked to complete a survey at case closure. It is the expectation that this is asked in 100% of closed cases where it is deemed appropriate. However, as the surveys are anonymous and voluntary it is important to note that a 100% success rate would be highly unlikely.

3.13 Children's Social Care - Contact and Referral

3.13.1 Contact timeliness fell to 59.1% as a result of Liquid Logic downtime. A focussed piece of work has been taking place to regain previous levels of timeliness. Performance has been steadily increasing; with July's performance being in line with more usual timeliness out-turns.

3.13.2 Month on month social care referral numbers continue to be consistent with June having 470 referrals, a progression rate of 34.3% of all contacts.

3.13.3 The rate of re-referrals within 12 months of last referral has seen further incremental month on month improvements from the 2016/17 position of 27.5% to 25.7% at the end of June. However this still remains high when compared to the national average of 24%. As improvement strategies are implemented and embed, a further continued downward trend is expected

3.13.4 The percentage of referrals moving on to an assessment has increased to 96% compared to 90% at the end of 2016/17. This indicator is now placed above the statistical (85.9%) and national averages (87.1%). This could be reflective of the impact of the improved screening work which is now undertaken at 'contact' stage rather than referral.

3.14 Assessments

3.14.1 The number of assessments started in June increased to 762 compared to a 2016/17 average of 515. Assessment outcomes are being monitored to ensure assessments are not being undertaken unnecessarily. June data suggests a small increase in the number of assessments resulting in 'Ongoing Involvement' but a small decrease in 'Step down to Early Help'. Overall, assessments resulting in no further service is at 37.6%

3.14.2 The percentage of assessments completed in 45 workings days remained consistent at 85.5%. However this needs to improve if we are to meet the 90% deadline.

3.14.3 Although the above performance information is important, an emphasis on quality in Children and Young People's Services remains a priority and this

will continue to be monitored and tested to ensure that the drive to improve timeliness is not at the cost of achieving best practice.

3.15 Plans

3.15.1 At the end of June there were 91.6% of eligible Children in Need (CIN) with an up to date plan. This continues the downward direction of travel from 93.9% at the end of 2016/17. Similarly the percentage of LAC with an up-to-date plan has also declined to 73.8% from 79.1% (2016/17). This continues the overall downward direction of travel. At the end of 2015/16 all were above 98%.

3.15.2 In relation to Care plans for looked after children there is a clear senior management agreement that in order for a review to progress there has to be an updated care plan and pre-meeting report. This has impacted on the completion of some plans and on isolated occasions a LAC review being completed in timescale. Work has taken place across the IRO and CIC service with managers and IRO's to support workers and Team manager awareness of this policy. This is starting to improve through better more timely communication.

3.15.3 It is well understood that the quality of plans is crucial in terms of securing good outcomes for children and this will continue to be the focus of the 'Beyond Auditing' work that is underway across the localities.

3.16 Visits

3.16.1 At the end of June 2017, 91.1% of children subject to a CPP had been seen within timescale, compared to 99% at the end of March 2016. The regular performance meetings continue to review progress in this area to ensure where visits are late the reasons are fully understood and that clear measures are in place to ensure that each child is seen in an appropriate timescale and that they are safe.

3.16.2 In relation to children in care, performance in LAC visits within the national minimum standard has decreased slightly to 94% from the 2016/17 outturn of 94.9%. Rotherham have set a higher standard for children to be seen within the first week of placement then four weekly thereafter until the child has been permanently matched to the placement. This has been relatively stable during quarter 1 with performance being 89.8% at the end of June compared to a 2016/17 outturn of 88.5%.

3.17 Section 47 (S47)

3.17.1 As previously reported, Section 47 investigation numbers are very high. A total of 1706 S47's were started in June alone compared to 1457 at the end of March 17. This equates to a rate of 302.5 per 10,000 population which is significantly higher than the statistical neighbour average of 178.73.

3.17.2 Of all Initial Child Protection Conferences (ICPCs) carried out in 2017/18 to the end of June, 92.5% were carried out within 15 days which is an improvement on the 2016/17 year end position 91% and better than the latest statistical neighbour and national averages (82.8% and 76.7% respectively).

Monthly data demonstrates that current performance is now regularly higher than 90%.

3.18 Children in Need (CiN)

3.18.1 The CiN number for June (1744) show a significant increase in the number of children (157) when combined with those subject to child protection plans (CPP) this equates to a rate of 384.4 per 10k population which puts performance above the statistical neighbour average (372.6), and national average (337.7). This is likely to be related to levels of deprivation and therefore the stat neighbour average is the most reliable comparator.

3.18.2 This increase is being explored jointly by the Head of Service for first response and locality social work service to ascertain whether it is a genuine increase in referrals or an inability to close cases/step down to early help. This has led to;

- Identification of potential points in the service that can lead to progression of work at a child in need threshold as opposed to an early help threshold
- Work with service managers to increase oversight over transfer process
- Discussions with managers and social workers in respect of developing a clearer understanding of the importance of parental consent to work within a child in need context

3.19 Children on Child Protection Plans (CPP)

3.19.1 At the end of June there were 424 children subject to a CPP, which is a significant increase on March 2016 when there were 370. The rate per 10,000 population of 75.2 demonstrates that this is still high when compared to statistical neighbours and the national average of 51.7 and 43.1 respectively.

3.19.2 The number of children becoming subject to a Child Protection Plan (CPP) in the last 12 months has increased from 445 in 2016/17 to 533 in June. The proportion of these children who are subject to their second or subsequent plan within 24 months has also increased month on month from 9.2% 2016/17 to 11.4% at the end of June.

3.19.3 Of the children subject to a CPP plan 100% of their reviews were completed in time during June. Year to date 99.2% of all reviews have been within timescale.

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

3.20.1 At the end of June there were 522 children in care which is an increase of 34 on March 2017 and equates to 92.6 per 10,000 population. This places Rotherham above statistical neighbours (75.8) and national average (60.0). In the last eight months we have seen a significant rise of children, with the number of children leaving care being lower than those being admitted to care.

3.20.2 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. More recently the initiating of a large complex abuse investigation will be impacting on the number of children subject to care proceedings that will ensure their safety from the impact of accumulative neglect.

3.20.3 93% of completed LAC reviews in March 2017 were completed in time which fell to 87.4% in April. This has since been increasing steadily to 89.1% in June. The reasons for any late reviews are fed back to managers and action taken to address any practice issues.

3.21 Looked After Children – Placements

3.21.1 The June performance for children who have had three or more placement moves is stable at, 12.1%, which continues to be higher than all other benchmarks. Our target of reducing to less than 10% remains and is still achievable in the current financial year.

3.21.2 The number of children who experience a stable placement for over two years 62.1% is just below that of our statistical neighbours (68.2%) and the national average (68%). These two statistics could suggest that we need to improve our preventative work to reduce initial placement disruption.

3.21.3 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 new Fostering Allowance and Support Scheme have increased the growth of in-house foster carers. This in turn will support placement stability.

3.21.4 The number of children in a family based setting remains stable at 82% against a larger number of children in care this demonstrates that the increase in foster carers are managing to care for our new entrants well.

3.22 Looked After Children – Health & Dental

3.22.1 Performance in relation to health and dental assessments has fallen from 89.5.8% (2016/17) to 70.7% (June 17) for Health Assessments and from 57.3% (2016/17) to 55% (June 17) for Dental Assessments.

3.22.2 The overall number of health assessments completed remains at a good level and there has been a rise in the number of initial health assessments. This is due to the access health services have to the new case management system that has improved the administration of the process.

3.22.3 Of the LAC initial health assessments completed in in 2017/18 (YTD) 29.2% were within 20 working days of entering care. This is low performance but it's an improvement on year end 2016/17 (18.2) and 2015/16 (8.4%). In-month performance shows a recent improvement of 50% in June 2017 but this is still not good enough. Performance will continue to be very closely monitored.

Joint intervention between Health and the LAC Head of Service will support locality teams to better perform in respect of Initial Health Assessments.

3.23 Looked After Children – Personal Education Plans (PEP)

- 3.23.1 Performance regarding PEPs had been consistent throughout the year however this fell in June with 91.6% of children having a PEP in place and only 57.4% of children with an up-to-date PEP which remains too low.
- 3.23.2 Validation work by the Virtual School has identified a number of PEPs which have not been input into the Liquid Logic system this is contributing to performance being lower than expected. Once remedial work is completed performance is expected to be much higher.

3.24 Care Leavers

- 3.24.1 The number of care leavers increased to 223 young people at the end of 2016/17 which has since dropped to 215 at the end of June.
- 3.24.2 A total of 94.4% of these young people are in suitable accommodation, which is above the statistical neighbour (88.2%) and national averages (83%).
- 3.24.3 65.3% of the young people are also shown as being in education, employment or training, which again is above the statistical neighbour (55.6%) and national average (49%). This equates to 74 care leavers not being in education, employment or training (NEET).

3.25 Adoptions

- 3.25.1 As at the end of June, 5 children had been adopted with 4 adoption hearings set in July and August. In addition there are a further 11 potential matches awaiting adoption panel and approval which means that we are already likely to have at least 20 planned adoptions completed over the course of the financial year.
- 3.25.2 Year to date 2017/18, 40% of adoptions were made within 12 months of the decision that the child 'Should Be Placed for Adoption' (SHOPBA) which is currently higher than the 2016/17 year end position 38.7%.
- 3.25.3 In respect of 'Average number of days between child becoming LAC and having an adoption placement (A1)' Rotherham is performing well with a reduction from an average of 404 days in 2016/17 to 323 in June. Similarly for 'Average number of days between placement order and being matched with adoptive family (A2)' it has reduced from an average of 232.9 days in 2016/17 to 131 in June.
- 3.25.4 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 2016 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.

3.26 Child Sexual Exploitation (CSE)

3.26.1 There have been 45 new referrals in quarter 1 2017/18 where CSE is the presenting issue which has seen a decrease from 52 in the same period 2016/17.

3.26.2 In early 2017 the operating guidance for the Evolve Team, (the Rotherham CSE specialist team), was further developed and amended. These amendments mean that the team no longer 'key work' cases but co-work cases alongside the child's main key worker providing specific support and guidance in reducing risk to CSE and engaging and supporting the child through any prosecution processes where appropriate.

3.26.3 A multi-agency Governance Group is now in place and is establishing the means to collectively oversee the quality, nature and impact of the work of the team. A work plan is emerging which will drive forward further developments.

3.27 Caseloads

3.27.1 The average number of cases across the key safeguarding teams continues to be consistent and remain below the target of 22, ranging from 10.7 to 19.2 across the teams in June. Average number of cases held by LAC social workers was 10.7. Ensuring that social workers have manageable caseloads was a key priority for Rotherham and the current performance is testimony to what has been achieved in this regard.

3.27.2 The average caseload of key safeguarding teams continues to be monitored for every social worker in detail. All those over 22 are examined and the reasons explained. For example, some senior social workers have students allocated to them and the student caseload shows under the supervisor's name.

4 Options considered and recommended proposal

4.1 The full service performance reports attached at Appendix A represents a summary of performance across a range of key national and local indicators with detailed commentary provided by the service. Elected 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 implications to this report. The relevant Service Director and Budget Holder will identify any implications arising from associated improvement actions and Members and Commissioners will be consulted where appropriate.

8 Legal Implications

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

9 Human Resources Implications

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

10 Implications for Children and Young People and Vulnerable Adults

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

11 Equalities and Human Rights Implications

- 11.1 There are no direct implications within this report.

12 Implications for Partners and Other Directorates

- 12.1 Partners and other directorates are engaged in improving the performance and quality of services to children, young people and their families via the Rotherham Local Children's Safeguarding Board (RLSCB), the CYPS Improvement Board, the CYPS Performance Board, the Corporate Parenting Panel and the Early Help Review Board. All the Boards receive performance reports 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 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

Karen Borthwick,

Assistant Director, Education & Skills

Karen.borthwick@rotherham.gov.uk

Mark Chambers,

Joint Assistant Director Commissioning, Performance and Quality (CYPS)

Mark.chambers@rotherham.gov.uk

Approvals Obtained from:-

| | Named Officer | Date |
|---|----------------------|-------------|
| Strategic Director of Finance & Customer Services | Mick Wildman | 21/8/17 |
| Assistant Director of Legal Services | N/A | |
| Head of Procurement (if appropriate) | N/A | |
| Head of Human Resources (if appropriate) | | |

Report Authors:

Anne Hawke

Performance Assurance Manager – Early Help

Deborah Johnson

Performance Assurance Manager – Social Care

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Children & Young People Services



Early Help and Family Engagement Monthly Performance Report

As at Month End: June 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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Created by: Performance and Quality Team - Early Help

Contact: Ext. 23246 / anne.hawke@rotherham.gov.uk

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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) | 2016/17 | | 2017/18 | | | | DOT (Month on Month) | RAG (in month) | Target and Tolerances | | | YR ON YR TREND | | LATEST BENCHMARKING - 2014/15 | | | | | |
|---------------------------|-----|--|----------------------|------------------------|------------------------------------|--------|---------|--------|--------|-------------------------|-----------------------------|-----------------------------|-----------------------------|-----|---------------|-----------------|---------|-------------------------------|-------------------|-----------------------------|-----------------------------|-----------------------------|--|
| | | | | | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Year To Date 2017/18 | | | DATA NOTE | Red | Amber | Target Green | 2015/16 | 2016/17 | STAT NEIGH AVE | BEST STAT NEIGH | NAT AVE | NAT TOP QTILE THRESHOLD | |
| TRIAGE | 1.1 | *Early Help Contacts during the reporting month (including Step downs) See Note 1 on EH Contacts tab | Info | Number | 407 | 392 | 271 | 341 | 288 | 900 | Financial Year | ↓ | | | | | 3914 | | | | | | |
| | 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 | 344 | 340 | 223 | 272 | 189 | 684 | Financial Year (Cumulative) | ↓ | | | | | 3337 | | | | | | |
| INITIAL CONTACTS | 2.1 | *Number of Initial Contact cases that reached timeliness scope within the reporting month. See note 3 on EH Assessment Tab | High | % | 98.3% | 98.6% | 99.1% | 93.8% | 71.1% | 88.0% | Financial Year (Cumulative) | ↓ | R | | >90% <100% | 100% | 85.3% | | | | | | |
| | 2.2 | *Number and % of Initial Contacts made within Three working days of allocation | Info | Number | 66 | 136 | 98 | 103 | 110 | 311 | Financial Year (Cumulative) | ↑ | | | | | 501 | | | | | | |
| EARLY HELP ASSESSMENTS | | | Info | Number | 26 | 73 | 53 | 64 | 70 | 187 | Financial Year (Cumulative) | ↑ | | | | | 616 | | | | | | |
| | | | High | % | 39.4% | 53.0% | 54.1% | 62.1% | 63.6% | 60.1% | Financial Year (Cumulative) | ↑ | R | | >65% <75% | 75% | | | | | | | |
| | 3.1 | *Number of Early Help Assessments that reached timeliness scope within the reporting month. See note 4 on EH Assessment Tab | Info | Number | 115 | 127 | 89 | 130 | 104 | 323 | Financial Year (Cumulative) | ↓ | | | | | 556 | | | | | | |
| | 3.2 | *Number and % of Early Help assessments completed within 35 working days. NB Timeliness is defined as Early Help Assessment being completed in 38 days from Triage Decision date (3 days IC plus 35 days for EHA) | Info | Number | 40 | 50 | 44 | 46 | 41 | 131 | Financial Year (Cumulative) | ↓ | | | | | 481 | | | | | | |
| | 3.3 | Number and % of Early Help Assessments made by Partners (as a proportion of the total number of EHA's in the reporting month) | High | % | 34.8% | 39.4% | 49.4% | 35.4% | 39.4% | 40.6% | Financial Year (Cumulative) | ↑ | R | | >90% <100% | 100% | | | | | | | |
| | | | Info | Number | 6 | 7 | 8 | 16 | 9 | 33 | Financial Year (Cumulative) | ↓ | | | | | 75 | | | | | | |
| CASELOAD | | | High | % | 5.4% | 5.3% | 7.8% | 17.2% | 9.3% | 11.3% | Financial Year (Cumulative) | ↓ | | | | | 6.5% | | | | | | |
| | 4.1 | Number of Open cases at the end of the reporting period | Info | Number | 1399 | 1424 | 1506 | 1438 | 1559 | 1438 | Month end position | ↑ | | | | | 1424 | | | | | | |
| | 4.2 | Number of Closed cases in the reporting period | Info | Number | 212 | 222 | 226 | 178 | 157 | 404 | Financial Year (Cumulative) | ↓ | | | | | 1679 | | | | | | |
| | 4.3 | Number of re-referrals where original referral was Early Help | from Step Down Panel | Data In Development | | | | | | | | | | | | | | | | | | | |
| | | From MASH | | | | | | | | | | | | | | | | | | | | | |
| STEP DOWNS | 5.1 | Number of cases (Families) submitted to Step Down Panel. - Old Indicator | | Info | Number | 66 | 50 | 37 | | | 37 | Financial Year (Cumulative) | | | | | | 559 | | | | | |
| | 5.2 | Number and % of Families where Step Down Allocation was agreed during the reporting period - Old Indicator | | Info | Number | 55 | 39 | 34 | | | 34 | Financial Year (Cumulative) | | | | | | 445 | | | | | |
| | | | | Info | % | 83.3% | 78.0% | 91.9% | | | 91.9% | Financial Year (Cumulative) | | | | | 79.6% | | | | | | |
| | 5.3 | Number of Step Downs agreed in Locality | | Families | Info | Number | | | | 45 | 22 | 101 (5.2+5.3) | Financial Year (Cumulative) | ↓ | | | | | | | | | |
| Children | | | | Info | Number | | | | 95 | 47 | 196 | 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) | | 94% | | | | Q1 to be reported July 2017 | Financial Year | Q1 to be reported July 2017 | | | | 95% | 91% | 94% | | | | |
| | 6.2 | % of children aged 0-5 living in the Rotherham area who have accessed Children's Centre activities | | High | % (Quarterly) | | 52% | | | | | Financial Year | | | | | 66% | 54% | 52% | | | | |
| EDUCATION WELFARE | 7.1 | % of Persistently Absent (PA) Children and Young People | | Low | Primary % (Termly) | 10.3% | | 9.8% | | | 9.8% (Half term 1-4) | Academic Year | ↑ | A | | | 8.4% | 10.3% (Autumn/Spring 15/16) | 10.3% | 9.2% (Autumn/Spring 15/16) | 7.4% (Autumn/Spring 15/16) | 8.8% (Autumn/Spring 15/16) | |
| | | | | Low | Secondary % (Termly) | 14.8% | | 14.1% | | | 14.1% (Half term 1-4) | Academic Year | ↑ | A | | | 13.8% | 14.4% (Autumn/Spring 15/16) | 14.8% | 13.8% (Autumn/Spring 15/16) | 10.9% (Autumn/Spring 15/16) | 12.3% (Autumn/Spring 15/16) | |
| | 7.2 | % of children attending School | | High | Primary % (One month in arrears) | 95.5% | 96.1% | 95.8% | 95.5% | | 95.7% | Academic Year | ↓ | A | | | 96.0% | 95.9% (Autumn/Spring 15/16) | 95.7% | 96% (Autumn/Spring 15/16) | 96.3% (Autumn/Spring 15/16) | 96.1% (Autumn/Spring 15/16) | |
| | | | | High | Secondary % (One month in arrears) | 93.8% | 94.6% | 94.1% | 93.9% | | 94.2% | Academic Year | ↓ | A | | | 94.7% | 94.5% (Autumn/Spring 15/16) | 94.3% | 94.7% (Autumn/Spring 15/16) | 95.2% (Autumn/Spring 15/16) | 95% (Autumn/Spring 15/16) | |

“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)

- 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) | 2016/17 | | 2017/18 | | | | DOT (Month on Month) | RAG (in month) | Target and Tolerances | | | YR ON YR TREND | | LATEST BENCHMARKING - 2014/15 | | | | |
|------------------------------|--|--|-----------------|--------------------------------------|---------|--------|---------|--------|--------|-----------------------------|--|-------------------|-----------------------|-----|-------|---|-------------------------------------|-------------------------------|-------------------|--------------------|---------|----------------------------|
| | | | | | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Year To Date 2017/18 | | | DATA NOTE | Red | Amber | Target Green | 2015/16 | 2016/17 | STAT NEIGH AVE | BEST STAT NEIGH | NAT AVE | NAT TOP QTILE THRESHOLD |
| FAMILIES FOR CHANGE | 8.1 | Number and % of families engaged as a percentage of annual target Families For Change (FFC) Year 3 | High | Number | 105 | 97 | 60 | 53 | 56 | 169 | Financial Year (Cumulative) | ↑ | G | | | 633 Families | 371 | 882 | | | | |
| | | | High | Cumulative % | 89% | 100% | 9% | 18% | 27% | 27% | Financial Year (Cumulative) | ↑ | G | | | 100% | 100% | 100% | | | | |
| | 8.2 | Number of FFC PbR outcomes claimed (evidence of employment outcome) | High | Number | 27 | 37 | 0 | 0 | 0 | 0 | Claims subject to confirmation of claim windows by TFU | → | R | | | Between the range of 280-350 | 5 | 37 | | | | |
| | 8.3 | Number of FFC PbR outcomes claimed (evidence of significant & sustained progress) | High | Number | 28 | 43 | 0 | 0 | 0 | 0 | | → | R | | | | 0 | 43 | | | | |
| NEETS | 9.1 | Young people aged 16-17 (academic age) whose current activity is not known | Low | % | | | | | | | Annual (Nov, Dec Jan Average) | | G | | | 2.8% | N/A | 2.8% | | | | |
| | | | | | 2.4% | 2.8% | 3.3% | 3.1% | 2.9% | | Monthly | ↑ | G | | | 3.0% | | | | | | |
| | 9.2 | Young people aged 16-17 (academic age) who are NEET | Low | % | | | | | | | Annual (Nov, Dec Jan Average) | | G | | | 3.1% | N/A | 3.1% | | | | |
| | | | | | 3.2% | 3.5% | 3.5% | 3.9% | 4.1% | | Monthly | ↓ | G | | | 4.2% | | | | | | |
| | 9.3 | % of Academic Age 16,17,18 Corporate Responsibility LAC/CL EET | High | % | 71.5% | 68.5% | 68.7% | 68.6% | 70.6% | | Quarterly | ↑ | R | | | 80.0% | 74.7% (Nov, Dec, Jan ave) | 71.2% (Nov, Dec, Jan ave) | | | | |
| | 9.4 | % of Academic Age 16,17,18 Corporate Responsibility LAC/CL NEET | Low | % | 27.8% | 30.1% | 29.2% | 27.5% | 24.8% | | Quarterly | ↑ | R | | | 20.0% | 22.3% (Nov, Dec, Jan ave) | 27.8% (Nov, Dec, Jan ave) | | | | |
| | 9.5 | Young people aged 16-17 (academic age) meeting the duty to participate | Info | % | 92.6% | 92.2% | 92.1% | 91.6% | 91.4% | | Monthly | ↓ | | | | | 91.9% (Nov, Dec, Jan ave) | 92.5% (Nov, Dec, Jan ave) | | | | |
| 9.6 | No of Youth sessions undertaken in the reporting month | Centre Based | Info | Number | 92 | 86 | 49 | 87 | 71 | 136 | Annual | ↓ | | | | | | 1434 | | | | |
| | | Non-centre based | Info | Number | 36 | 39 | 17 | 37 | 33 | 54 | Annual | ↓ | | | | | | 450 | | | | |
| YOT | 10.1 | Numbers of young people first time entrants (FTE) into the criminal justice system | Low | Rate per 100,000 of 10-17 population | | 319 | | | | 319 (period Jan16 - Dec16) | Annual | | | | | Lower than same quarter previous year and comparable with national trends | 519 (Period April 14 to March 15) | 414 (period Oct15 - Sep16) | 439.76 | | 409.1 | |
| | 10.2 | Use of Custody | Low | Rate per 100 of 10-17 population | | 0.29 | | | | 0.29 (period Apr16 - Mar17) | Annual | | | | | | 0.24 | 0.41 (period Jan 16 - Dec 16) | | | | |
| | 10.3 | Rate of re-offending by young offenders | Low | Binary Rate | | 31.8% | | | | 31.8% (Jul 14 - Jun 15) | Annual | | | | | | Data not available until early 2017 | 29.9% (Apr 14 - Mar 15) | 36.28 | | 37.95 | |
| | 10.4 | Frequency of re-offending by young offenders | Low | Frequency Rate | | 0.9 | | | | 0.9 (Jul14 - Jun15) | Annual | | | | | | | 0.68 (Apr 14 - Mar 15) | | | | |
| CUSTOMER FEEDBACK | 11.1 | No of Exit Surveys returned | Info | Number | 14 | 27 | 27 | 21 | 18 | 66 | Monthly | ↓ | | | | | | 222 | | | | |
| | 11.2 | Number of formal complaints received during the reporting month | Info | Number | 0 | 0 | 0 | 0 | 0 | 0 | Monthly | → | | | | | | 4 | | | | |
| | 11.3 | Number of formal complaints upheld in the reporting month | Info | Number | 0 | 0 | 0 | 0 | 0 | 0 | Monthly | → | | | | | | 2 | | | | |
| | 11.4 | Number of formal complaints closed during the month which were dealt with ir timescales | High | Number | 0 | 0 | 0 | 0 | 0 | 0 | Monthly | → | | | | 100% | | 2 | | | | |
| | 11.5 | Number of compliments received during the reporting month | Info | Number | 1 | 0 | 0 | 2 | 1 | 3 | Monthly | ↓ | | | | | | 9 | | | | |
| QUALITY ASSURANCE | 12.1 | Number of Team Manager Audits completed in the reporting month | Info | Number | 14 | 15 | 13 | 10 | 3 | 26 | Monthly | ↓ | | | | | | 151 | | | | |
| ESTABLISHMENT INFORMATION | 13.1 | Number of staff | Contract Count | Number | 328 | 328 | 329 | 327 | 331 | | Monthly | ↑ | | | | | | | | | | |
| | | | FTE | Number | 238.0 | 239.4 | 240.9 | 240.3 | 241.9 | | | ↑ | | | | | | | | | | |
| | 13.2 | Number of starters | Info | Number | 2 | 2 | 3 | 0 | 3 | 6 | | ↑ | | | | | | 11 | | | | |
| | 13.3 | Number of leavers | Info | Number | 0 | 1 | 3 | 3 | 0 | 6 | | ↓ | | | | | | 34 | | | | |
| | 13.4 | Staff Vacancies | Info | Number | 33 | 30 | 32 | 37 | 33 | | | ↓ | | | | | | | | | | |
| | 13.5 | Percentage of PDR's completed | High | % | | | 3.4% | 21.0% | 89.2% | 89.2% | Annual | ↑ | A | | | 98% | 98% | 100% | | | | |
| | 13.6 | Number of Formal Capability processes in progress | Info | Number | 1 | 1 | 0 | 0 | 0 | 0 | Monthly | → | | | | | | 1 | | | | |
| 13.7 | Sickness | Annual FTE sick days | Low | Cumulative No. | 10.91 | 11.2 | 10.73 | 10.76 | 10.6 | Annual | ↑ | A | | | 9.52 | 10.46 | 11.2 | | | | | |

Quarterly Scorecard

As at Quarter 4: Jan - Mar 2017

*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)
- 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



- no movement but within limits of target
- no movement, not on target

| | NO. | INDICATORS - EARLY HELP BOROUGH WIDE PERFORMANCE | | Data Source | Frequency | GOOD PERF IS | DATA NOTE (Monthly) | 2017/18 | | | | YTD | Direction of Travel | Sparkline |
|-------------------------|-----|--|---|-----------------------------------|------------------|--------------|---------------------|-----------------------------|---------------------------------|-----------------------------------|--------------------------------|-------|-----------------------------|-------------|
| | | | | | | | | Quarter 1 April - June 2017 | Quarter 2 July - September 2017 | Quarter 3 October - December 2017 | Quarter 4 January - March 2018 | | | |
| PRE BIRTH | 1.1 | Number of Teenage mothers who have received support through the programme | No of open cases at the last day of the quarter | Family Nurse Partnership | Quarterly | Info | Number | To be reported in Quarter 2 | | | | - | To be reported in Quarter 2 | |
| | 1.2 | Number of Teenage mothers who have received support through the programme and were breastfeeding at: | Initiation | | | Info | Number | | | | | - | | |
| | 1.3 | | 6-8 Weeks | | | Info | Number | | | | | - | | |
| EARLY YEARS DEVELOPMENT | 2.1 | Percentage of mothers initiating breastfeeding | | Family Nurse Partnership | Quarterly | High | % | To be reported in Quarter 2 | | | | - | To be reported in Quarter 2 | |
| | 2.2 | Percentage of mothers continuing to breastfeed at 6 - 8 weeks | | | | High | Number | | | | | - | | |
| | 3 | Percentage of births that receive a face to face new birth visit within 14 days by a Health Visitor | | Family Nurse Partnership | Quarterly | High | % | To be reported in Quarter 2 | | | | - | To be reported in Quarter 2 | |
| | 4.1 | Immunisation of 1 year olds - Diphtheria, Tetanus and Whooping Cough - DTaP | | Family Nurse Partnership | Quarterly | High | % | To be reported in Quarter 2 | | | | - | To be reported in Quarter 2 | |
| | 4.2 | Immunisation of 2 year olds - Measles Mumps and Rubella - MMR | | | | High | % | | | | | - | | |
| | 4.3 | Percentage of children who received a 2 - 2.5 year review | | | | High | % | | | | | - | | |
| | 5 | Number and Percentage of Eligible 2 years olds accessing their Early Years take-up | | RMBC Early Years | Termly | High | % | 78% | | | | 78.0% | | <div></div> |
| EDUCATION | 6.1 | Number of Fixed Term Exclusions | Primary | RMBC Inclusion Department | Available Termly | Low | Number | 101 | | | | 101 | | <div></div> |
| | | | Secondary | | | Low | Number | 732 | | | | 732 | | <div></div> |
| | 6.2 | Number of Permanent Exclusions | Primary | | | Low | Number | 3 | | | | 3 | | <div></div> |
| | | | Secondary | | | Low | Number | 8 | | | | 8 | | <div></div> |
| SOCIAL CARE | 7.1 | Number of Children on a CIN Plan | | RMBC Performance and Quality Team | Quarterly | Info | Number | 1744 | | | | | | <div></div> |
| | 7.2 | Number of Children who are on a child protection plan (CPP) | | | | Info | Number | 424 | | | | | | <div></div> |
| | 7.3 | Number of Children who are Looked after (LAC) | | | | Info | Number | 522 | | | | | | <div></div> |

CONTACTS

| DEFINITION | Early Help Contacts | Owner | Susan Claydon |
|----------------------|--|-------|---------------|
| Performance Analysis | <p>There were 288 contacts triaged within the reporting period of June which is a decline on the previous month of 53 cases. The north of the borough received 35 Early Help Assessment Recommendations and 9 Co-working Recommendations (with Children's Social Care). The south of the borough received 66 Early Help Assessment Recommendations and 6 Co-working Recommendations and the central area of the borough received 41 Early Help Assessment Recommendations and 17 Co-working Recommendations with Children's Social Care. In June, 15 cases (5%) that presented at the 'front door' were already open to a Lead Professional and the new concern was shared with the Lead Professional. This highlights the importance of the central visibility of the Early Help Assessment and evidences the swift sharing of new intelligence and information to ensure joined up support for children and families. 9% of cases in June were outcomed as universal which means that there was not evidence of additional need following the screening of the concerns within the triage function of the service. 24 cases (8% of contacts) resulted in an Early Help Assessment Recommendation to Partners in June and 4 cases (1.3%) were referred to the Barnardo's Reach Out Service.</p> | | |

Note 1:

All Contacts/Recommendations for May 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.

| June 2017 EARLY HELP CONTACTS WITH RECOMMENDATIONS BY AREA 1.1 | ROTHERHAM | | | | | | | | | | | | | | | | |
|---|--------------------------------------|---|--------------------------------------|---------------------------------|---|---|-------------------------------------|---|-----------|------------------|----------------------------------|-----------------------------|--------------------------|--------------------------------------|----------------------------|-----------------|--|
| | Early Help Assessment Recommendation | EH Co working Agreement with Children's Social Care | Escalation to Children's Social Care | Open EH Assessment Notification | EH Assessment Recommendation to Partner | Early Help Assessment Recommendation to Partner with Co-Working/Support from Early Help | referral to External Partner/Agency | Recommendation for Barnardo's Reach out Service | Step Down | Step Down to YOT | Step Down to Early Help Partners | Evidence Based Intervention | Universal Recommendation | Universal recommendation with Action | Still undergoing screening | ROTHERHAM TOTAL | |
| MASH transfer to EH Triage | 46 | 0 | 0 | 6 | 2 | 1 | 15 | 4 | 0 | 0 | 0 | 8 | 22 | 3 | 0 | 107 | |
| Request for Co Working | 0 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32 | |
| Request For Support | 74 | 0 | 0 | 9 | 0 | 21 | 2 | 0 | 0 | 0 | 0 | 17 | 4 | 0 | 0 | 127 | |
| Step Down Request | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22 | |
| Grand Total | 142 | 32 | 0 | 15 | 2 | 22 | 17 | 4 | 0 | 0 | 0 | 25 | 26 | 3 | 0 | 288 | |

| June 2017 EARLY HELP CONTACTS WITH RECOMMENDATIONS BY AREA 1.1 | NORTH | | | | | | | | | | | | | | | | |
|---|--------------------------------------|---|--------------------------------------|---------------------------------|---|---|-------------------------------------|---|-----------|------------------|----------------------------------|-----------------------------|--------------------------|--------------------------------------|----------------------------|-------------|--|
| | Early Help Assessment Recommendation | EH Co working Agreement with Children's Social Care | Escalation to Children's Social Care | Open EH Assessment Notification | EH Assessment Recommendation to Partner | Early Help Assessment Recommendation to Partner with Co-Working/Support from Early Help | referral to External Partner/Agency | Recommendation for Barnardo's Reach out Service | Step Down | Step Down to YOT | Step Down to Early Help Partners | Evidence Based Intervention | Universal Recommendation | Universal recommendation with Action | Still undergoing screening | NORTH TOTAL | |
| MASH transfer to EH Triage | 13 | | | | 2 | | 7 | 2 | | | | 2 | 6 | 1 | | 33 | |
| Request for Co Working | | 9 | | | | | | | | | | | | | | 9 | |
| Request For Support | 18 | | | 4 | | 8 | | | | | | 5 | | | | 35 | |
| Step Down Request | 4 | | | | | | | | | | | | | | | 4 | |
| Grand Total | 35 | 9 | 0 | 4 | 2 | 8 | 7 | 2 | 0 | 0 | 0 | 7 | 6 | 1 | 0 | 81 | |

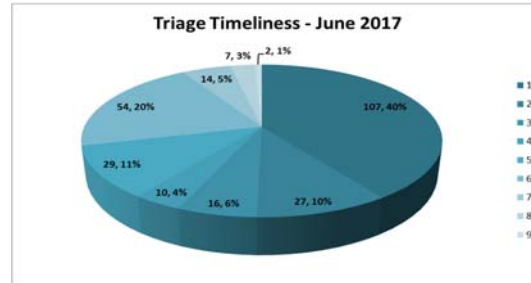
| | SOUTH | | | | | | | | | | | | | | | | |
|----------------------------|--------------------------------------|---|--------------------------------------|---------------------------------|---|---|-------------------------------------|---|-----------|------------------|----------------------------------|-----------------------------|--------------------------|--------------------------------------|----------------------------|-------------|--|
| | Early Help Assessment Recommendation | EH Co working Agreement with Children's Social Care | Escalation to Children's Social Care | Open EH Assessment Notification | EH Assessment Recommendation to Partner | Early Help Assessment Recommendation to Partner with Co-Working/Support from Early Help | referral to External Partner/Agency | Recommendation for Barnardo's Reach out Service | Step Down | Step Down to YOT | Step Down to Early Help Partners | Evidence Based Intervention | Universal Recommendation | Universal recommendation with Action | Still undergoing screening | SOUTH TOTAL | |
| MASH transfer to EH Triage | 19 | | | | | | 2 | 1 | | | | 5 | 8 | 2 | | 38 | |
| Request for Co Working | | 6 | | | | | | | | | | | | | | 6 | |
| Request For Support | 33 | | 1 | | | 7 | 2 | | | | | 5 | 2 | | | 50 | |
| Step Down Request | 4 | 14 | | | | | | | | | | | | | | 14 | |
| Grand Total | 66 | 6 | 0 | 2 | 0 | 7 | 4 | 1 | 0 | 0 | 0 | 10 | 10 | 2 | 0 | 108 | |

| | CENTRAL | | | | | | | | | | | | | | | | |
|----------------------------|--------------------------------------|---|--------------------------------------|---------------------------------|---|---|-------------------------------------|---|-----------|------------------|----------------------------------|-----------------------------|--------------------------|--------------------------------------|----------------------------|---------------|--|
| | Early Help Assessment Recommendation | EH Co working Agreement with Children's Social Care | Escalation to Children's Social Care | Open EH Assessment Notification | EH Assessment Recommendation to Partner | Early Help Assessment Recommendation to Partner with Co-Working/Support from Early Help | referral to External Partner/Agency | Recommendation for Barnardo's Reach out Service | Step Down | Step Down to YOT | Step Down to Early Help Partners | Evidence Based Intervention | Universal Recommendation | Universal recommendation with Action | Still undergoing screening | CENTRAL TOTAL | |
| MASH transfer to EH Triage | 14 | | | | | | 6 | 1 | | | | 1 | 8 | | | 36 | |
| Request for Co Working | | 17 | | | | | | | | | | | | | | 17 | |
| Request For Support | 23 | | 4 | | | 6 | | | | | | 7 | 2 | | | 42 | |
| Step Down Request | 4 | | | | | | | | | | | | | | | 4 | |
| Grand Total | 41 | 17 | 0 | 9 | 0 | 7 | 6 | 1 | 0 | 0 | 0 | 8 | 10 | 0 | 0 | 99 | |

TRIAGE

| DEFINITION | Timeliness of Triage | Owner | Susan Claydon |
|----------------------|--|-------|---------------|
| Performance Analysis | Performance related to the timeliness of cases being triaged within the expected 5 day timeframe has declined in June by 22.7% with 71.1% of cases triaged within the expected time frame. A further 45 cases (20.3%) were triaged within 6 days which is just outside of expectations. Several members of the team are off sick or taking planned annual leave and this has impacted considerably on performance in the reporting period. Discussions relating to capacity are taking place within the service. However, the sickness absence is the explanation for the dip in performance as the team were depleted. The situation is being assessed daily and additional support being drafted in where possible until the team are back to full compliment. | | |

| | | | |
|----------------------------|-----------------|------------------------------------|--------|
| Jun-17 | 1.1 | | |
| | ROTHERHAM | | |
| | ROTHERHAM TOTAL | Contacts Triaged in 5 working days | |
| | | % | Number |
| Number of Contacts Triaged | 266 | 71.1% | 189 |



| Past Performance 2016/17 | Out turn 2016/17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
|--|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of Contacts Triaged within 5 days | 3337 | 223 | 272 | 189 | | | | | | | | | |
| Percentage | 85.3% | 99.1% | 93.8% | 71.1% | | | | | | | | | |

Note 2:
For June 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 |
|------------|--------------------------------|-------|---------------|
|------------|--------------------------------|-------|---------------|

Performance Analysis

Of the Early Help cases that required contact in June 2017, 85.4% were successfully engaged within the month which represents an increase of 1.9% on last month's performance and highlights a steady increase over the year. Of those successfully engaged, 63.6% of engagement was made within 3 days and a further 21.8% were engaged after the three day target. This is positive progress and highlights the performance culture that is becoming embedded in localities around the importance of swift, early engagement with families when needs present.

| Jun-17 | 2.1.and 2.2 | | | | | | | |
|--|-------------|-------|--------|-------|--------|-------|---------|-------|
| | ROTHERHAM | | NORTH | | SOUTH | | CENTRAL | |
| | Number | % | Number | % | Number | % | Number | % |
| Number of cases reaching scope in month | 110 | | 25 | | 49 | | 36 | |
| ICs completed in time (meeting 3 days) | 70 | 63.6% | 16 | 64.0% | 25 | 51.0% | 29 | 80.6% |
| ICs completed in month outside 3 days timeliness | 24 | 21.8% | 6 | 24.0% | 15 | 30.6% | 3 | 8.3% |
| ICs in scope but not completed | 16 | 14.5% | 3 | 12.0% | 9 | 18.4% | 4 | 11.1% |
| Cases open at month end where no IC recorded | 27 | | 9 | | 12 | | 6 | |

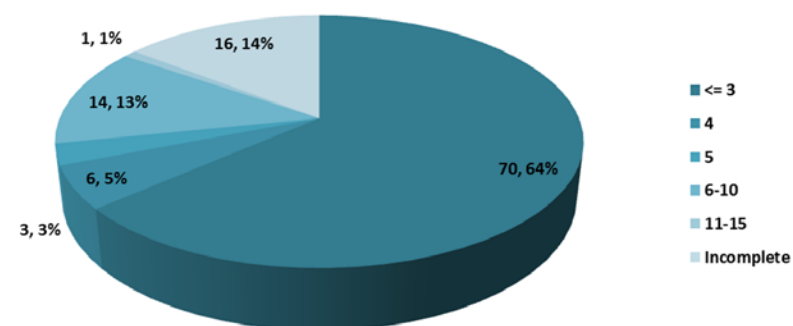
Note 3:
For June Initial Contact timeliness has been calculated using information from EHM. The measure is taken on any contacts with a recommendation of Early Help Assessment and is based on:

- 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

| Past Performance of Initial Contacts made within 3 working days 2017/18 | | Rotherham | North | South | Central |
|---|---------------|-----------|-------|-------|---------|
| Apr-17 | 53 out of 98 | 54.1% | 66.7% | 50.0% | 44.0% |
| May-17 | 64 out of 103 | 62.1% | 54.5% | 65.9% | 65.5% |
| Jun-17 | 70 out of 110 | 63.6% | 64.0% | 51.0% | 80.6% |
| Jul-17 | | | | | |
| Aug-17 | | | | | |
| Sep-17 | | | | | |
| Oct-17 | | | | | |
| Nov-17 | | | | | |
| Dec-17 | | | | | |
| Jan-18 | | | | | |
| Feb-18 | | | | | |
| Mar-18 | | | | | |

Initial Contact Timeliness - June 2017



EARLY HELP ASSESSMENT

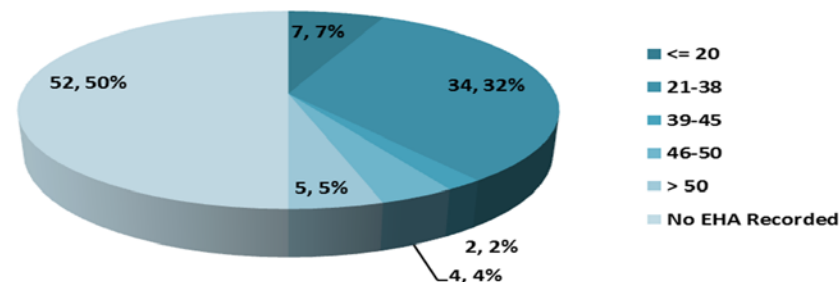
| DEFINITION | Early Help Assessments | Owner | Susan Claydon |
|----------------------|---|-------|---------------|
| Performance Analysis | Of the 104 Early Help Assessments that required completion in June 39.4% were completed within the standard timeframe of 35 days and a further 10.6% were completed after that timeframe had expired. The reasons for delay 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 this has a knock on effect with regard to the assessment completion. Timeliness measures are important to ensure that children and families receive support at the right time and the increase in volume has impacted upon the service this month. Work is ongoing to increase the uptake of partner generation of Early Help Assessments so that the responsibility is shared across the wider children's workforce. In addition, a regular performance meeting has been developed with performance colleagues and locality managers to address performance issues as they emerge. Improving performance in this area will be a key focus of the next operational performance group. | | |

| Jun-17 | 3.1 and 3.2 | | | | | | | |
|---|-------------|-------|--------|-------|--------|-------|---------|-------|
| | ROTHERHAM | | NORTH | | SOUTH | | CENTRAL | |
| | Number | % | Number | % | Number | % | Number | % |
| Number of cases reaching scope in month | 104 | | 38 | | 41 | | 25 | |
| Early Help Assessments completed in time | 41 | 39.4% | 23 | 60.5% | 9 | 22.0% | 9 | 36.0% |
| Early Help Assessments completed in month outside timeliness | 11 | 10.6% | 3 | 7.9% | 5 | 12.2% | 3 | 12.0% |
| Early Help Assessments in scope but not completed | 52 | 50.0% | 12 | 31.6% | 27 | 65.9% | 13 | 52.0% |
| Cases open at month end where no Early Help Assessment recorded | 126 | | 30 | | 62 | | 34 | |

Note 4:
For June 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 Early Help Assessment being made in 38 days from Triage Decision date

| Past Performance of Early Help Assessments completed in 35 working days 2017/18 | | Rotherham | North | South | Central |
|---|---------------|-----------|-------|-------|---------|
| Apr-17 | 44 out of 89 | 49.4% | 77.3% | 26.7% | 51.4% |
| May-17 | 46 out of 130 | 35.4% | 43.9% | 22.6% | 44.4% |
| Jun-17 | 41 out of 104 | 39.4% | 60.5% | 22.0% | 36.0% |
| Jul-17 | | | | | |
| Aug-17 | | | | | |
| Sep-17 | | | | | |
| Oct-17 | | | | | |
| Nov-17 | | | | | |
| Dec-17 | | | | | |
| Jan-18 | | | | | |
| Feb-18 | | | | | |
| Mar-18 | | | | | |

Early Help Assessment Timeliness - June 2017



EARLY HELP ASSESSMENT - COMPLETED BY PARTNERS

| DEFINITION | Early Help Assessments - Completed by Partners | Owner | Susan Claydon |
|----------------------|--|-------|---------------|
| Performance Analysis | Partners were responsible for 9.3% of the total Early Help Assessment rate in the borough during June 2017 which is an increase on April at the start of the financial year and a decrease on May. A new, simpler Early Help Assessment tool has been coproduced that is expected to be launched in August. It is anticipated that this new tool will support the work to increase uptake of Early Help Assessments by partners across the borough, however health update remains low and work continues to support better engagement in the process by health partners. | | |

| Jun-17 | 3.3 | | | | | | | | | | | | |
|--|------|-------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total to Date |
| Nursery Provision | | | | | | | | | | | | | 0 |
| Primary School | 3 | 11 | 3 | | | | | | | | | | 17 |
| Secondary School | | 2 | | | | | | | | | | | 2 |
| PRU | | | | | | | | | | | | | 0 |
| Rotherham Drug and Alcohol/RDaSH | | | | | | | | | | | | | 0 |
| Health | | | | | | | | | | | | | 0 |
| Work Based Learning Provider | | | | | | | | | | | | | 0 |
| YWCA | 5 | 3 | 6 | | | | | | | | | | 14 |
| GROW | | | | | | | | | | | | | 0 |
| Other LA | | | | | | | | | | | | | 0 |
| Total Partner Early Help Assessments | 8 | 16 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 33 |
| Total Early Help Assessments completed | 102 | 93 | 97 | | | | | | | | | | 292 |
| Partner completion % against all completed EHA's | 7.8% | 17.2% | 9.3% | | | | | | | | | | 11.3% |

OPEN CASES

| | | | |
|----------------------|--|-------|---------------|
| 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 | The number of open cases in the Early Help Service has increased by 121 families when compared with last month. Cases are counted by families and so this represents a significant number of children and families receiving support. In addition, fewer cases were closed this month than previous month and this has contributed to an increased open case rate and will have impacted on capacity to complete Early Help Assessments on time. 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. | | |

| June-17 Open Cases | 4.1 | | | | | | | | | | | | |
|----------------------------|------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------------------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total (As at current month end) |
| North | 403 | 389 | 423 | | | | | | | | | | 423 |
| South | 544 | 515 | 531 | | | | | | | | | | 531 |
| Central | 559 | 534 | 605 | | | | | | | | | | 605 |
| Total number of Open cases | 1506 | 1438 | 1559 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1559 |

| June - 17 Closed Cases | 4.2 | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total to Date |
| North | 41 | 33 | 31 | | | | | | | | | | 105 |
| South | 99 | 97 | 82 | | | | | | | | | | 278 |
| Central | 86 | 48 | 44 | | | | | | | | | | 178 |
| Number of Cases Closed during the reporting month | 226 | 178 | 157 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 561 |

CHILDREN'S CENTRES

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

Performance Analysis

The data for Quarter One will be available in July and therefore a full narrative will be included in the July Performance Scorecard which will be published during August.

Latest data and info below relates to Quarter 4 from 2016/2017.

In **Quarter Four** registration rates were 1% below the target of 95% with North and South localities now above target; with Central remaining slightly below. All Centres have been focussing on targeted work and 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 92% last quarter to 93% this quarter, demonstrating that those families living in the areas with the highest needs have been a priority and a key focus which is positive. The funding allocated for 2017/2018 has been distributed using a revised formula to focus on need which will benefit those areas with higher numbers of children residing in 30% LSOA's.

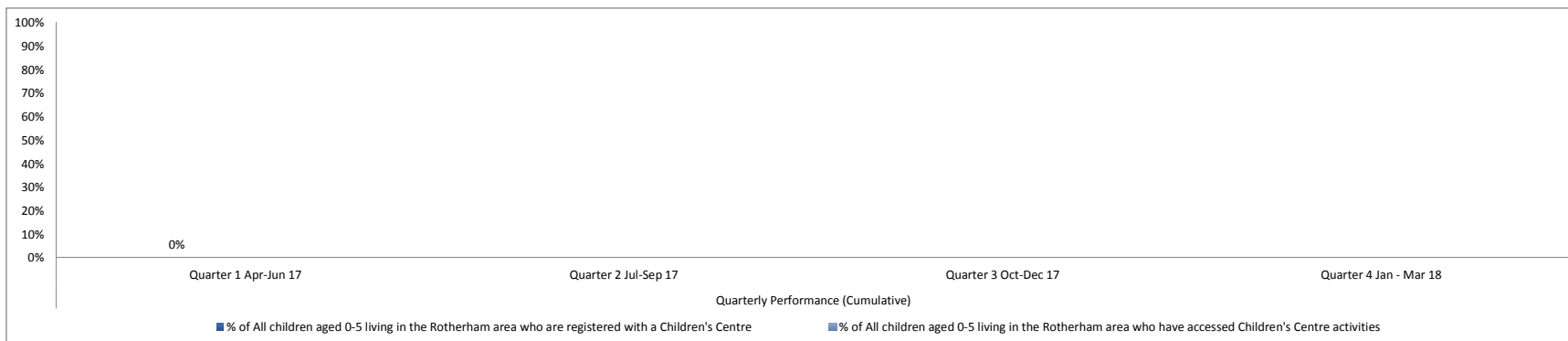
The engagement figures are cumulative with an end of year target of 66%. Continued positive progress has been made across the borough, with significant increases when compared with Quarter 3; however the target has not been achieved overall with the 30% LSOA areas falling short by 3% (this equates to approx. 274 children). All Centres will continue to focus on the 30% LSOA's and following additional data analysis any performance issues will be addressed through the scheduled Annual Challenge Conversations and performance meetings.

Staffing resources will be addressed as part of the wider wholesale review of Early Help; however as required, interim arrangements are being explored and utilised at a centre level through management discussions. Some staff are now working across centres and additional hours to mitigate effects of the vacancy freeze.

TRFT have agreed and recognised the current data sharing agreement that is in place is current, valid and in line with existing national statutory and good practice guidance; they Trust are still experiencing capacity issues and RMBC officers have agreed to take data and complete some of the cleansing. The 0 -19 PNHS performance management framework has been agreed with KPI's that clearly articulates the need for TRFT to complete and lead on early help assessments.

| Scorecard Measure | 6.1 | | | | 6.2 | | | |
|------------------------|---|-------|-------|---------|--|-------|-------|---------|
| | % of All children aged 0-5 living in the Rotherham area who are registered with a Children's Centre | | | | % 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 17 | Due in July's Scorecard | | | | | | | |
| Quarter 2 Jul-Sep 17 | | | | | | | | |
| Quarter 3 Oct-Dec 17 | | | | | | | | |
| Quarter 4 Jan - Mar 18 | | | | | | | | |

| Quarterly Performance (Cumulative) | | % 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 17 | | Due in July's Scorecard | | | | | | | |
| Quarter 2 Jul-Sep 17 | | | | | | | | | |
| Quarter 3 Oct-Dec 17 | | | | | | | | | |
| Quarter 4 Jan - Mar 18 | | | | | | | | | |



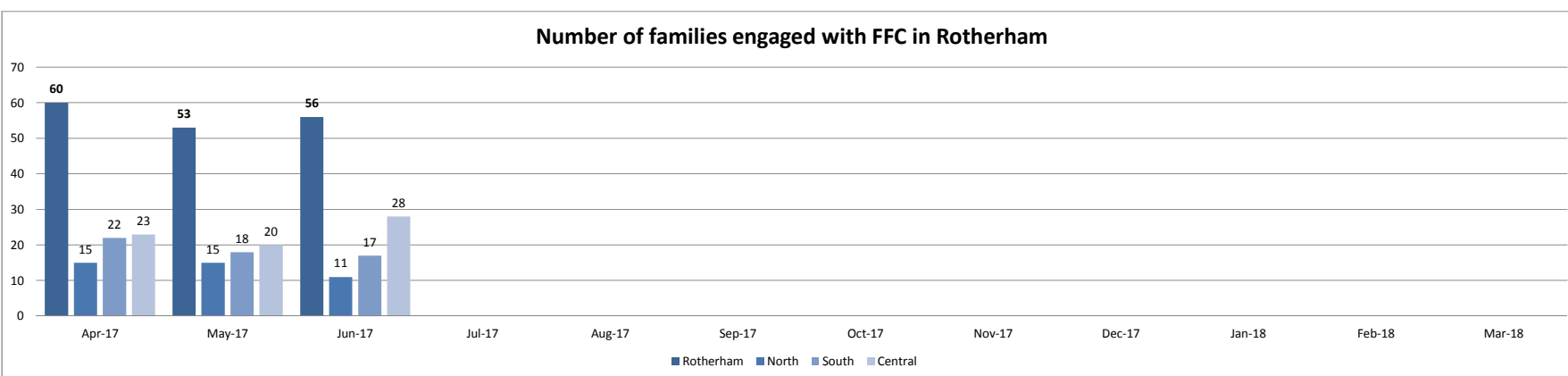
FAMILIES FOR CHANGE

| DEFINITION | Families For Change | Owner | Jenny Lingrell |
|----------------------|---|-------|----------------|
| Performance Analysis | <p>The target for 2017-18 is 633. If families are identified evenly across the year our target is to identify 53 families each month and the target has been exceeded this month. This is positive because it provides a larger number of families who may be eligible for payment by results claims due to positive outcomes.</p> <p>The Troubled Families Unit will visit Rotherham on 25th July 2017 to complete a spot-check of the payment by results claims that we have submitted to date. Preparations for this visit are robust, including documentary evidence and opportunities to talk to front-line staff.</p> <p>The payment by results claim window is now open again and we will be submitting a further claim by October. The work to prepare this will begin following a deep dive performance review into Rotherham's payment by results claim on 27th July 2017. The deep dive review was requested following a national report published in March 2017 which identified Rotherham as a low performer when compared to local authorities across the country. Our figure of 3.4% against the 5 year target lags behind Doncaster (5.4%) who also entered the expanded programme in Wave 3.</p> | | |

| Scorecard Measure | 8.1 | | | |
|-------------------|--|--|--|--|
| | Number of families engaged in Rotherham against a monthly target of 53 | Number of families engaged in <u>North</u> | Number of families engaged in <u>South</u> | Number of families engaged in <u>Central</u> |
| Apr-17 | 60 | 15 | 22 | 23 |
| May-17 | 53 | 15 | 18 | 20 |
| Jun-17 | 56 | 11 | 17 | 28 |
| Jul-17 | | | | |
| Aug-17 | | | | |
| Sep-17 | | | | |
| Oct-17 | | | | |
| Nov-17 | | | | |
| Dec-17 | | | | |
| Jan-18 | | | | |
| Feb-18 | | | | |
| Mar-18 | | | | |
| Year to Date | 169 | 41 | 57 | 71 |

| 8.1 | | | |
|--|---|---|---|
| Number of families engaged as percentage of annual target of 633 in Rotherham (Year 3) | Number of families engaged as percentage of annual target in <u>North</u> | Number of families engaged as percentage of annual target in <u>South</u> | Number of families engaged as percentage of annual target in <u>Central</u> |
| 9% | 2% | 3% | 4% |
| 18% | 5% | 6% | 7% |
| 27% | 7% | 9% | 11% |
| | | | |
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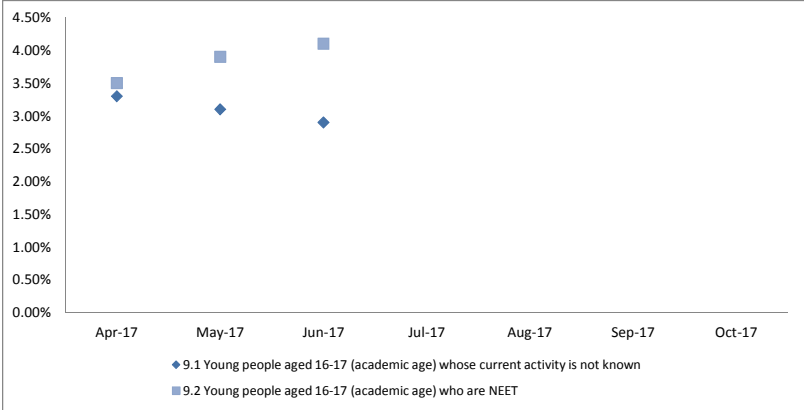
| Yearly Cumulative Performance | 8.2 | 8.3 |
|-------------------------------|---|---|
| | Number of FFC PbR outcomes claimed (evidence of employment outcome) | Number of FFC PbR outcomes claimed (evidence of significant & sustained progress) |
| Year 1 to date | 5 | 0 |
| Year 2 to date | 37 | 43 |
| Year 3 to date | | |
| Year 4 to date | | |
| Year 5 to date | | |



NEETS AND NOT KNOWNS

| DEFINITION | NEETS and NOT KNOWNS | Owner | Collette Bailey |
|----------------------|---|-------|-----------------|
| Performance Analysis | <p>The position at the end of June shows a NEET figure of 4.1% (against a local target of 4.2%) and a Not Known figure of 2.9% (against a local target of 3.0%). 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 continue to meet our local targets.</p> <p>Latest comparison data available for May return show:</p> <p>In respect of Not Known Rotherham (3.1%) appear stronger than statistical neighbours (3.2%) and in line with national figures (3.0%), whilst falling short of the regional return (2.2%).</p> <p>In respect of NEET figures Rotherham (3.9%) are enjoying better results than statistical neighbours (4.1%) and are in line with region (3.8%), whilst falling short of the national return (3.0%).</p> | | |

| Monthly Performance | 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 |
| | Apr-17 | 3.3% | 3.5% |
| | May-17 | 3.1% | 3.9% |
| | Jun-17 | 2.9% | 4.1% |
| | Jul-17 | | |
| | Aug-17 | | |
| | Sep-17 | | |
| | Oct-17 | | |
| | Nov-17 | | |
| | Dec-17 | | |
| | Jan-18 | | |
| | Feb-18 | | |
| | Mar-18 | | |



| | | North | | South | | Central | |
|---------------------|--------|--|---|--|---|--|---|
| | | 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 |
| Monthly Performance | Apr-17 | 1.8% | 3.4% | 2.6% | 3.2% | 5.3% | 3.9% |
| | May-17 | 1.6% | 4.1% | 3.0% | 3.2% | 4.2% | 4.6% |
| | Jun-17 | 1.2% | 4.2% | 3.0% | 3.4% | 4.1% | 5.1% |
| | Jul-17 | | | | | | |
| | Aug-17 | | | | | | |
| | Sep-17 | | | | | | |
| | Oct-17 | | | | | | |
| | Nov-17 | | | | | | |
| | Dec-17 | | | | | | |
| | Jan-18 | | | | | | |
| | Feb-18 | | | | | | |
| | Mar-18 | | | | | | |

EDUCATION WELFARE - NORTH AREA

| DEFINITION | Attendance (reported in arrears) and PA (reported in half termly installments) | Owner | David McWilliams |
|--|--|-------|------------------|
| NORTH LOCALITY Primary Attendance: North has twenty-seven primary schools in the locality. 9 (33%) of the primary schools are on track to exceed local and national targets, with a further 3 (11%) on track to exceed local targets. The 15 remaining schools they are currently below local and national targets. Secondary Attendance: Out of the five secondary schools in the North, two schools (40%) are currently on track to exceed the local and national target and one school to exceed the local target. Two schools are currently below national and local targets. Primary PA: Out of the 27 primary schools, 10 schools (37%) had less PA, which is an improvement compared to the previous period where there was only seven schools with less than the national average. 17 schools (63%) had higher rates of persistent absence than the national average. Secondary PA: Out of the 5 secondary schools, two schools (40%) had less PA, which is an improvement compared to the previous period where there was only one school with less than the national average. The remaining three schools (60%) had higher rates of persistent absence than the national average. | | | |

| PRIMARY KEY | | |
|--|---|--------------------------------|
| Above national average percentage attendance (96%) Above Local Average (95.4) | Below National Average (96%) Below local average percentage attendance (95.4%) | Below PA National Average 8.4% |
| Below National Average (96%) above local average percentage attendance (95.4%) | No Data | Above PA National Average 8.4% |

| SECONDARY KEY | | |
|--|--|---------------------------------|
| Above national average percentage attendance (94.7%) Above Local Average (94%) | Below National Average (94.7%) above local average percentage attendance (94%) | Below PA National Average 13.8% |
| Below National Average (94.7%) Below local average percentage attendance (94%) | NO DATA | Above PA National Average 13.8% |

| | | Reporting Month | | | | | | | | | | Year to Date | PA Half Term 1 | PA Half Term 1-2 | PA Half Term 3 | PA Half Term 1-4 |
|--|-------|-----------------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------------|----------------------------|--------------------|--------------------------------------|------------------------------------|
| School Name | Area | NOR - Jan 17 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | | Covers Sep - Oct Half Term | Covers Autumn Term | Autumn Term and First Half of Spring | Covers Autumn Term and Spring Term |
| Brampton Cortonwood Infant | NORTH | 205 | 95.5 | 93.7 | 94.0 | 92.6 | 94.8 | 93.8 | 95.7 | 94.7 | 95.4 | 94.6 | 8.7 | 16.1 | 17.2 | 16.1 |
| Brampton the Ellis CofE Primary | NORTH | 484 | 97.3 | 96.5 | 96.4 | 95.7 | 96.4 | 97.1 | 96.5 | 97.0 | 97.0 | 96.6 | 9.5 | 10.4 | 8.0 | 12.7 |
| Brookfield Academy Primary | NORTH | 260 | 95.5 | 93.5 | 93.5 | 94.0 | 92.7 | 89.6 | 94.9 | 95.3 | 93.0 | 93.6 | 20.8 | No Data | 20.7 | 19.4 |
| Dalton Foljambe J&I | NORTH | 188 | 93.5 | 93.1 | 91.5 | 92.1 | 95.9 | 95.2 | 96.1 | 96.9 | 93.2 | 94.1 | 26.3 | 27.3 | 21.6 | 15.4 |
| High Greave Infant | NORTH | 181 | 96.3 | 94.6 | 93.0 | 92.3 | 92.8 | 92.6 | 93.5 | 95.2 | 94.7 | 93.9 | 14.9 | 17.2 | 0.0 | 7.6 |
| High Greave Junior | NORTH | 200 | 96.0 | 94.1 | 96.4 | 94.2 | 94.8 | 95.1 | No Data | 95.7 | 94.8 | 95.2 | 14.6 | 11.2 | 12.6 | 16.5 |
| Kilnhurst Primary | NORTH | 213 | 96.0 | 94.7 | 94.4 | 93.3 | 95.5 | 94.7 | 96.2 | 97.2 | 95.5 | 95.3 | 24.9 | 15.3 | 13.5 | 12.6 |
| Monkwood Primary | NORTH | 397 | 95.4 | 96.4 | 96.2 | 96.0 | 96.7 | 95.0 | 95.9 | 94.5 | 95.5 | 95.8 | 9.6 | 11.1 | 10.8 | 8.3 |
| Our Lady and St Josephs Catholic Primary | NORTH | 249 | 96.3 | 97.1 | 97.3 | 94.9 | 94.8 | 96.6 | 97.0 | 96.2 | 95.9 | 96.3 | 11.0 | 12.2 | 8.3 | 5.7 |
| Rawmarsh Ashwood J&I | NORTH | 229 | 96.4 | 96.1 | 97.2 | 97.7 | 95.9 | 95.9 | 97.6 | 96.9 | 96.7 | 96.7 | 6.4 | 6.8 | 4.5 | 11.3 |
| Rawmarsh Rosehill Junior | NORTH | 237 | 96.5 | 96.7 | 96.9 | 97.4 | 95.7 | 96.9 | 96.6 | 96.2 | 94.1 | 96.3 | 7.1 | 8.9 | 5.8 | 3.8 |
| Rawmarsh Ryecroft Infant | NORTH | 167 | 96.2 | 95.1 | 95.3 | 94.6 | 93.9 | 95.0 | 96.1 | 94.0 | 94.5 | 95.1 | 14.2 | 14.0 | 13.1 | 14.0 |
| Rawmarsh Sandhill Primary | NORTH | 268 | 96.7 | 95.7 | 96.0 | 96.2 | 96.6 | 96.7 | 96.6 | 96.4 | 96.2 | 96.3 | 12.9 | 7.3 | 9.1 | 8.1 |
| Rawmarsh Thorogate J&I | NORTH | 205 | 97.9 | 94.0 | 95.4 | 95.0 | 95.3 | 95.5 | 97.6 | 97.3 | 95.9 | 96.0 | 11.3 | 11.3 | 10.7 | 7.3 |
| St Gerard's Catholic Primary | NORTH | 133 | 95.8 | 94.9 | 96.2 | 95.5 | 95.4 | 95.4 | 96.4 | 95.6 | 95.9 | 95.7 | 18.0 | 0.0 | 0.0 | 0.0 |
| St Joseph's Catholic Primary (Rawmarsh) | NORTH | 189 | 95.8 | 95.8 | 95.2 | 94.7 | 94.8 | 96.5 | 95.4 | 96.4 | 95.8 | 95.6 | 15.1 | 9.4 | 9.9 | 5.2 |
| St Thomas CE Primary (Kilnhurst) | NORTH | 195 | 95.1 | 95.3 | 94.9 | 96.1 | 94.4 | 92.8 | 95.6 | 96.3 | 94.5 | 95.0 | 16.8 | 11.3 | 15.4 | 12.8 |
| Swinton Fitzwilliam Primary | NORTH | 357 | 96.9 | 96.0 | 96.9 | 95.9 | 94.7 | 96.3 | 96.9 | 95.9 | 96.3 | 96.3 | 12.0 | 15.6 | 8.5 | 5.9 |
| Swinton Queen Primary | NORTH | 353 | 95.8 | 95.3 | 93.2 | 95.1 | 94.6 | 95.1 | 95.7 | 95.0 | 93.6 | 94.8 | 15.4 | No Data | 12.0 | 11.2 |
| Thrybergh Fullerton CE Primary | NORTH | 144 | 96.5 | 95.4 | 95.1 | 94.2 | 94.4 | 93.9 | 94.3 | 95.7 | 95.7 | 95.1 | 12.4 | 14.4 | 16.5 | 17.5 |
| Thrybergh Primary | NORTH | 191 | 94.3 | 94.6 | 95.1 | 93.9 | 95.7 | 94.6 | 95.6 | 93.5 | 95.7 | 94.9 | 14.0 | 13.3 | 10.1 | 8.8 |
| Trinity Croft CE J&I | NORTH | 142 | 97.4 | 96.5 | 95.7 | 94.0 | 97.1 | 96.1 | 97.7 | 95.4 | 95.2 | 96.2 | 5.9 | 10.7 | 14.7 | 7.8 |
| Wath CE Primary | NORTH | 336 | 97.0 | 95.8 | 96.1 | 95.5 | 96.8 | 96.4 | 95.3 | 96.0 | 96.4 | 96.2 | 19.2 | 18.5 | 16.0 | 17.1 |
| Wath Central Primary | NORTH | 467 | 96.1 | 95.2 | 94.1 | 92.7 | 93.6 | 92.4 | 94.6 | 94.3 | 94.6 | 94.3 | 9.1 | 9.1 | 6.9 | 7.8 |
| Wath Victoria J&I | NORTH | 346 | 95.5 | 94.1 | 95.5 | 94.7 | 92.8 | 94.7 | 94.6 | 92.8 | 93.7 | 94.4 | 14.1 | 14.3 | 13.0 | 12.1 |
| Wentworth CE J&I | NORTH | 111 | 97.7 | 96.6 | 95.2 | 97.5 | 93.3 | 93.6 | 95.3 | 96.4 | 94.8 | 95.5 | 9.0 | 7.2 | 11.7 | 9.8 |
| West Melton J&I | NORTH | 170 | 91.6 | 93.1 | 94.2 | 94.8 | 94.5 | 93.7 | 95.0 | 96.9 | 94.1 | 94.1 | 19.5 | 22.6 | 19.3 | 18.8 |
| ROTHERHAM TOTAL - not a complete figure due to non returns | | 6617 | 95.9 | 95.8 | 95.9 | 95.3 | 95.6 | 95.5 | 96.1 | 95.8 | 95.5 | 95.7 | 12.0 | 11.3 | 10.3 | 9.8 |
| Rawmarsh Community School - A Sports College | NORTH | 860 | 96.1 | 95.9 | 95.2 | 95.1 | 94.6 | 93.8 | 95.8 | 94.5 | 94.4 | 95.1 | 10.0 | 12.1 | 9.8 | 8.6 |
| Saint Pius X Catholic High School | NORTH | 468 | 95.9 | 95.3 | 95.2 | 93.4 | 94.2 | 91.3 | 94.5 | 91.5 | 90.6 | 91.1 | 12.1 | 14.2 | No Data | 25.6 |
| Swinton Community School | NORTH | 644 | 94.5 | 94.0 | 94.2 | 92.8 | 91.9 | 93.6 | 94.3 | 94.7 | 93.7 | 94.4 | 16.3 | 17.9 | 19.4 | 11.7 |
| Thrybergh Academy | NORTH | 837 | 92.8 | 91.1 | 91.8 | 89.0 | 91.4 | 88.8 | 93.4 | 94.1 | 93.7 | 93.7 | 23.9 | 27.5 | 26.9 | 17.4 |
| Wath Comprehensive - A Language College | NORTH | 1843 | 95.6 | 94.1 | 94.1 | 92.3 | 94.1 | 93.3 | 94.6 | 94.2 | 94.2 | 94.2 | 15.1 | 17.3 | 14.5 | 15.2 |
| ROTHERHAM TOTAL - not a complete figure due to non returns | | 4652 | 94.8 | 94.6 | 94.8 | 93.6 | 93.7 | 93.8 | 94.6 | 94.1 | 93.9 | 94.2 | 14.6 | 16.1 | 14.8 | 14.1 |

EDUCATION WELFARE - SOUTH AREA

| DEFINITION | Attendance (reported in arrears) and PA (reported in half termly installments) | Owner | David McWilliams |
|---|--|-------|------------------|
| SOUTH LOCALITY Primary Attendance: South has a much larger number of schools in comparison to the other localities with forty-five out of ninety-five. Currently there are 29 primary schools (64%) on target to exceed local and national averages, a further 6 (13%) are on track to exceed local targets. 10 (22%) schools are currently below national and local targets. Secondary Attendance: In the South, four out of six schools (66%) are on track to exceed local and national targets. Two (33%) are currently below local and national targets. Primary PA: Out of the 45 primary schools, 22 schools (48%) had less PA than the national average, which is less than the previous period where 24 schools were below. The remaining 19 schools (43%) having higher rates of persistent absence than the national average. Four schools were not able to share their PA data in this reporting period, they were Aughton Primary, Dinnington Primary, Listerdale J & I, and Thurcroft Junior Academy. Secondary PA: Out of the six secondary schools, three schools (50%) had less PA, which is consistent with the previous reporting period, with the remaining two schools (33%) reporting higher rates of persistent absence than the national average. Aston Comprehensive did not share their PA data in this reporting period. | | | |

| PRIMARY KEY | | |
|--|---|--------------------------------|
| Above national average percentage attendance (96%) Above Local Average (95.4) | Below National Average (96%) Below local average percentage attendance (95.4%) | Below PA National Average 8.4% |
| | | |
| Below National Average (96%) above local average percentage attendance (95.4%) | No Data | Above PA National Average 8.4% |

| SECONDARY KEY | | |
|--|--|---------------------------------|
| Above national average percentage attendance (94.7%) Above Local Average (94%) | Below National Average (94.7%) above local average percentage attendance (94%) | Below PA National Average 13.8% |
| | | |
| Below National Average (94.7%) Below local average percentage attendance (94%) | NO DATA | Above PA National Average 13.8% |

| | | | Reporting Month | | | | | | | | | Year to Date | PA Half Term 1 | PA Half Term 1-2 | PA Half Term 1-3 | PA Half Term 1-4 | |
|---|-------|--------------|-----------------|---------|---------|---------|---------|---------|---------|---------|---------|--------------|----------------------------|--------------------|--------------------------------------|------------------------------------|------|
| School Name | Area | NOR - Jan 17 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | | Covers Sep - Oct Half Term | Covers Autumn Term | Autumn Term and First Half of Spring | Covers Autumn Term and Spring Term | |
| | | | | | | | | | | | | | | | | | |
| Anston Brook Primary | SOUTH | 196 | 97.26 | 97.17 | 95.38 | 95.80 | 93.67 | 95.03 | 93.77 | 94.9 | 93.2 | 94.9 | 7.7 | 6.2 | 9.8 | 11.6 | |
| Anston Greenlands J&I | SOUTH | 212 | 97.40 | 97.54 | 97.80 | 94.26 | 98.35 | 96.59 | 97.19 | 97.2 | 96.5 | 97.0 | 9.8 | 7.0 | 3.8 | 2.3 | |
| Anston Hillcrest School | SOUTH | 249 | No Data | 95.61 | 96.54 | 96.92 | No Data | 95.46 | 95.97 | 96.9 | 95.9 | 96.3 | 13.0 | 9.8 | 7.2 | 6.7 | |
| Anston Park Infants | SOUTH | 203 | 97.03 | 96.01 | 97.31 | 96.17 | 95.61 | 95.76 | 95.78 | 96.9 | 95.1 | 96.2 | 10.9 | 8.2 | 9.5 | 5.4 | |
| Anston Park Juniors | SOUTH | 276 | 97.06 | 96.40 | 97.66 | 94.83 | 96.47 | 97.03 | 96.66 | 96.4 | 95.0 | 96.4 | 9.5 | 9.3 | 7.7 | 5.3 | |
| Aston CofE J&I | SOUTH | 214 | 97.87 | 96.49 | 96.48 | 96.76 | 98.04 | 97.75 | 95.39 | 97.6 | 96.2 | 96.8 | 8.9 | 8.5 | 5.1 | 4.2 | |
| Aston Fence J&I | SOUTH | 214 | 97.93 | 95.98 | 96.13 | 96.89 | 97.14 | 97.30 | 97.60 | 97.3 | 96.6 | 97.0 | 8.0 | 7.0 | 7.9 | 4.2 | |
| Aston Hall J&I | SOUTH | 280 | 97.96 | 97.22 | 97.10 | 96.90 | 96.92 | 95.97 | 97.48 | 97.2 | 94.6 | 96.8 | 8.0 | 6.3 | 7.5 | 5.0 | |
| Aston Lodge Primary | SOUTH | 217 | 94.58 | 92.99 | 95.52 | 94.29 | 95.68 | 94.01 | 95.24 | 95.0 | 93.6 | 94.6 | 18.3 | 15.9 | 15.8 | 9.9 | |
| Aston Springwood | SOUTH | 181 | 95.89 | 96.10 | 97.24 | 96.77 | 97.56 | 97.60 | 97.60 | 97.6 | 96.0 | 96.9 | 8.8 | 8.8 | 7.5 | 4.5 | |
| Aughton Primary | SOUTH | 174 | No Data | 96.25 | 95.09 | 95.74 | 95.81 | 95.73 | No Data | 95.2 | 95.2 | 95.7 | 9.3 | 9.8 | No Data | No Data | |
| Bramley Grange Primary | SOUTH | 335 | 95.96 | 95.37 | No Data | No Data | No Data | No Data | 96.85 | No Data | 96.1 | 96.2 | 16.6 | No Data | No Data | 15.3 | |
| Bramley Sunnyside Infant | SOUTH | 300 | 97.19 | 94.83 | 96.75 | 96.69 | 96.77 | 96.27 | 96.54 | 92.6 | 97.0 | 96.3 | 13.8 | 9.2 | 6.5 | 7.1 | |
| Bramley Sunnyside Junior | SOUTH | 357 | 97.96 | 96.58 | 97.20 | 97.18 | 97.23 | 97.69 | 97.95 | 97.5 | 96.2 | 97.3 | 7.2 | 6.6 | 4.4 | 3.9 | |
| Brinsworth Howarth Primary | SOUTH | 232 | 96.80 | 97.25 | 97.10 | 96.29 | 95.29 | 95.25 | 96.21 | 95.7 | 94.9 | 96.1 | 8.8 | 7.6 | 9.3 | 8.5 | |
| Brinsworth Manor Infant | SOUTH | 281 | 96.83 | 94.82 | 96.39 | 93.45 | 96.26 | 96.52 | 95.59 | 94.8 | 92.6 | 95.3 | 11.0 | 10.3 | 8.3 | 9.6 | |
| Brinsworth Manor Junior | SOUTH | 310 | 96.47 | 97.00 | 96.69 | 96.52 | 95.86 | 96.90 | 96.40 | 96.0 | 96.2 | 96.4 | 8.7 | 8.7 | 6.1 | 7.4 | |
| Brinsworth Whitehill Primary | SOUTH | 323 | 95.04 | 96.86 | 97.53 | 96.17 | 94.71 | 96.15 | 97.79 | 94.8 | 96.1 | 96.2 | 14.4 | 9.7 | 8.2 | 6.2 | |
| Catcliffe Primary | SOUTH | 212 | 95.74 | 95.38 | 95.42 | 96.69 | 95.82 | 95.37 | 96.11 | 97.0 | 95.2 | 95.8 | 14.1 | 13.5 | 11.1 | 10.0 | |
| Cragg Community | SOUTH | 487 | 95.96 | 94.01 | 94.71 | 95.70 | 95.41 | 94.23 | 94.57 | 93.8 | 94.1 | 94.8 | 16.4 | 15.2 | 14.2 | 15.5 | |
| Dinnington Community Primary | SOUTH | 340 | No Data | No Data | No Data | No Data | No Data | No Data | No Data | No Data | No Data | No Data | No Data | No Data | No Data | No Data | |
| Flanderwell J&I | SOUTH | 333 | 98.52 | 96.33 | 96.09 | 94.29 | 96.34 | 96.96 | 96.67 | 97.2 | 95.2 | 96.4 | 4.6 | 6.7 | 6.3 | 30.5 | |
| Harthill Primary | SOUTH | 178 | 98.04 | 95.92 | 97.80 | 95.48 | 98.05 | 97.82 | 97.19 | 96.7 | 96.4 | 97.1 | 9.0 | 7.3 | 6.1 | 12.4 | |
| Kiveton Park Infant | SOUTH | 178 | 98.57 | 96.40 | 95.33 | 94.46 | 96.40 | 96.66 | 96.22 | 96.3 | 96.0 | 96.3 | 7.1 | 7.1 | 8.0 | 15.5 | |
| Kiveton Park Meadows Junior | SOUTH | 204 | 97.10 | 96.85 | 96.08 | 95.18 | 96.90 | 96.64 | 96.35 | 95.2 | 95.5 | 96.3 | 7.9 | 10.3 | 8.7 | 10.0 | |
| Laughton All Saints CE (A) Primary | SOUTH | 97 | 96.36 | 95.92 | 93.81 | 95.22 | 96.82 | 92.68 | 96.80 | 96.8 | 92.6 | 95.2 | 11.8 | 11.9 | 12.9 | 10.6 | |
| Laughton J&I | SOUTH | 202 | No Data | 96.15 | 96.00 | 94.80 | 97.34 | 97.28 | 94.26 | 97.4 | 95.9 | 96.0 | 11.9 | 0.0 | No Data | 9.9 | |
| Lilly Hall Junior | SOUTH | 442 | 97.38 | 94.36 | 95.56 | 94.85 | 95.97 | 95.25 | 96.26 | 96.5 | 95.0 | 95.7 | 11.1 | 13.5 | 9.6 | 8.0 | |
| Listerdale J&I | SOUTH | 294 | No Data | No Data | No Data | No Data | 96.38 | 95.45 | 97.37 | 97.0 | 95.3 | 96.4 | No Data | 8.5 | 3.1 | No Data | |
| Maltby Manor Primary | SOUTH | 383 | 96.23 | 96.18 | 95.36 | 95.51 | 95.85 | 96.09 | 96.53 | 95.7 | 94.7 | 95.8 | 10.5 | 14.1 | 10.5 | 10.5 | |
| Maltby Redwood J&I | SOUTH | 195 | 97.28 | 95.05 | 95.18 | 94.60 | 94.67 | 96.22 | 95.86 | 96.5 | 93.6 | 95.4 | 9.1 | 11.9 | 8.4 | 7.7 | |
| Ravenfield Primary | SOUTH | 204 | 97.82 | 97.24 | 96.93 | 95.19 | No Data | 96.13 | 97.34 | 96.9 | 95.7 | 96.6 | 5.2 | No Data | 5.7 | 3.9 | |
| St Alban's CE Primary | SOUTH | 244 | 98.46 | 97.39 | 97.69 | 96.31 | 96.36 | 96.43 | 96.68 | 97.3 | 98.1 | 97.2 | 3.8 | 7.2 | 5.6 | 12.9 | |
| St Joseph's Catholic Primary (Dinnington) | SOUTH | 199 | 95.29 | 92.60 | 93.83 | 95.29 | 92.83 | 94.82 | 93.15 | 92.4 | 92.2 | 93.6 | 20.0 | 26.1 | 24.2 | 21.7 | |
| St Mary's Catholic Primary (Maltby) | SOUTH | 211 | 96.72 | 93.93 | 93.45 | 92.54 | 94.85 | 94.34 | 96.08 | 94.1 | 94.9 | 94.6 | 16.7 | 15.9 | 13.5 | 16.9 | |
| Swallownest Primary | SOUTH | 227 | 97.43 | 96.47 | 96.25 | 94.80 | 96.07 | 95.66 | 96.83 | 96.9 | 95.7 | 96.3 | 11.0 | 11.1 | 8.7 | 9.1 | |
| Thurcroft Infant | SOUTH | 237 | 95.03 | 94.50 | 96.83 | 95.61 | 95.84 | 95.81 | 97.02 | 97.0 | 93.5 | 95.7 | 17.5 | 14.3 | 11.9 | 5.6 | |
| Thurcroft Jun Academy | SOUTH | 206 | 96.55 | 96.72 | 96.12 | 95.99 | 96.55 | 96.35 | 96.60 | 97.6 | 94.7 | 96.3 | No Data | No Data | No Data | No Data | |
| Todwick J&I | SOUTH | 212 | 98.08 | 96.95 | 97.02 | 95.70 | 96.02 | 96.21 | 96.46 | 95.2 | 96.2 | 96.4 | 7.9 | 6.1 | 6.1 | 6.1 | |
| Treeton CofE (A) Primary | SOUTH | 324 | 96.79 | 96.39 | 96.45 | 93.68 | 95.07 | 95.60 | 96.88 | 96.3 | 93.8 | 95.8 | 8.9 | 12.4 | 11.6 | 7.2 | |
| Wales Primary | SOUTH | 247 | 97.84 | 96.57 | 97.45 | 96.28 | 97.99 | 96.33 | 96.65 | 96.5 | 95.6 | 96.8 | 8.1 | 5.3 | 5.3 | 2.8 | |
| Whiston J&I | SOUTH | 215 | 97.62 | 97.16 | 96.47 | 95.45 | 96.94 | 96.94 | 96.99 | 96.4 | 96.0 | 96.7 | 5.6 | 8.8 | 6.0 | 6.0 | |
| Whiston Worrygoose J&I | SOUTH | 244 | 94.84 | 94.54 | 96.94 | 95.45 | 95.67 | 96.46 | 96.34 | 93.2 | 94.7 | 95.5 | 13.4 | 14.5 | 7.3 | 7.3 | |
| Wickersley Northfield Primary | SOUTH | 455 | 96.01 | 96.37 | 97.33 | 96.55 | 96.93 | 97.17 | 97.11 | 96.7 | 95.3 | 96.9 | 7.7 | 8.1 | 3.7 | 2.6 | |
| Woodsetts Primary | SOUTH | 223 | 96.69 | 95.54 | 96.46 | 94.16 | 96.61 | 94.80 | 96.82 | 97.1 | 96.0 | 96.1 | 11.2 | 14.1 | 9.4 | 10.0 | |
| ROTHERHAM TOTAL - not a complete LA figure due to non returns | | | 11547 | 95.87 | 95.81 | 95.89 | 95.28 | 95.60 | 95.53 | 96.07 | 95.8 | 95.6 | 95.7 | 12.0 | 11.3 | 10.3 | 9.8 |
| Aston Comprehensive School | SOUTH | 1729 | 96.2 | 94.8 | 95.4 | 93.8 | 94.2 | 94.1 | 95.6 | 95.6 | 95.0 | 95.0 | No Data | No Data | No Data | No Data | |
| Brinsworth Comprehensive School | SOUTH | 1353 | 94.5 | 95.8 | 96.5 | 95.7 | 94.1 | 96.3 | 96.4 | 96.0 | 95.1 | 95.6 | 10.9 | 9.9 | 11.6 | 9.4 | |
| Dinnington Comprehensive School | SOUTH | 1085 | 94.5 | 94.5 | 94.7 | No Data | 94.0 | No Data | 93.6 | 93.0 | 93.3 | 93.5 | 14.5 | 19 | 15.2 | 14.0 | |
| Maltby Academy | SOUTH | 1065 | 94.8 | 93.2 | 93.3 | 92.7 | 92.8 | 93.7 | 94.2 | 94.0 | 92.6 | 93.5 | 18.2 | 19.9 | 18.5 | 16.4 | |
| Wales High School | SOUTH | 1623 | 96.7 | 95.3 | 95.6 | 94.5 | 95.1 | 95.2 | 95.6 | 95.0 | 95.1 | 95.4 | 10.5 | 11.6 | 9.5 | 7.6 | |
| Wickersley School and Sports College | SOUTH | 2084 | 96.7 | 96.2 | 96.5 | 96.0 | 94.6 | 95.2 | 96.0 | 95.9 | 95.6 | 95.9 | 8.6 | 8.1 | 8.2 | 6.9 | |
| ROTHERHAM TOTAL - not a complete LA figure due to non returns | | | 8939 | 94.8 | 94.6 | 94.8 | 93.6 | 93.7 | 93.8 | 94.6 | 94.1 | 93.9 | 94.2 | 14.6 | 16.1 | 14.8 | 14.1 |

EDUCATION WELFARE - CENTRAL AREA

| DEFINITION | Attendance (reported in arrears) and PA (reported in half termly installments) | Owner | David McWilliams |
|----------------------|---|-------|------------------|
| Performance Analysis | CENTRAL LOCALITY | | |
| | Primary Attendance: | | |
| | Central have twenty-three schools in the locality and is the smallest of the three localities. There are currently six primary schools (26%) on track to exceed local and national, a further two (8%) schools are above local targets, 15 (65%) are currently below local and national targets for the year to date. | | |
| | Secondary Attendance: | | |
| | Two out of five schools (40%) in Central are on track to exceed the local target with the remaining 3 (60%) below local and national targets. | | |
| | Primary PA: | | |
| | Out of the 23 primary schools, nine schools (39%) had less PA, which is an improvement compared to the previous period where only seven schools exceeded the national average. 13 schools (56%) had higher rates of persistent absence than the national average. One school in the area did not share their PA data in this reporting period. | | |
| | Secondary PA: | | |
| | Out of the five secondary schools one school (20%) had less PA, which is an improvement compared to the previous period where there was no schools with less than the national average. The remaining four schools (80%) had higher rates of persistent absence than the national average. All the schools in the area shared their PA data in this reporting period. | | |

| PRIMARY KEY | | |
|--|---|--------------------------------|
| Above national average percentage attendance (96%) Above Local Average (95.4) | Below National Average (96%) Below local average percentage attendance (95.4%) | Below PA National Average 8.4% |
| | | |
| Below National Average (96%) above local average percentage attendance (95.4%) | No Data | Above PA National Average 8.4% |

| SECONDARY KEY | | |
|---|---|---------------------------------|
| Above national average percentage attendance (94.7%) Above Local Average (94%) | Below National Average (94.7%) Below local average percentage attendance (94%) | Below PA National Average 13.8% |
| | | |
| Below National Average (94.7%) Below local average percentage attendance (94%) | NO DATA | Above PA National Average 13.8% |

| | | Reporting Month | | | | | | | | | |
|---|---------|-----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|-------------|
| School Name | Area | NOR - Jan 17 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 |
| Badsley Moor Primary | CENTRAL | 552 | 93.58 | 94.87 | 94.52 | 95.11 | No Data | 95.19 | 95.46 | No Data | No Data |
| Blackburn Primary | CENTRAL | 296 | 96.70 | 97.03 | 97.37 | 96.91 | 94.70 | 95.20 | 97.07 | 96.4 | 94.9 |
| Broom Valley Community Primary | CENTRAL | 491 | 88.83 | 95.13 | 95.21 | 94.83 | 94.65 | 94.30 | 95.39 | 95.2 | 95.1 |
| Canklow Woods Primary | CENTRAL | 240 | 95.38 | 94.24 | 95.61 | 95.94 | 94.29 | 95.47 | 96.76 | 96.6 | 93.9 |
| Coleridge Primary | CENTRAL | 224 | 93.35 | 97.16 | 96.11 | 95.08 | 96.59 | 95.73 | 96.71 | 94.6 | 96.7 |
| East Dene | CENTRAL | 342 | 94.61 | 96.89 | 95.38 | 95.79 | 95.48 | 95.92 | 95.37 | 93.9 | 95.0 |
| Eastwood Village Primary | CENTRAL | 149 | 91.45 | 96.37 | 93.43 | 96.45 | 92.75 | 94.29 | 93.72 | 89.5 | 91.7 |
| Ferham J&I | CENTRAL | 283 | 86.58 | 95.23 | 94.72 | 91.25 | 88.71 | 91.56 | 94.17 | 90.8 | 93.6 |
| Greasbrough Primary | CENTRAL | 222 | 93.58 | 94.89 | 94.88 | 93.86 | 93.41 | 95.50 | 94.92 | No Data | 94.9 |
| Herrington Infant | CENTRAL | 291 | 95.15 | 95.49 | 96.48 | 94.34 | 95.08 | 95.55 | 95.65 | 95.6 | 95.7 |
| Herrington Junior | CENTRAL | 354 | 94.33 | 95.87 | 96.83 | 96.02 | 96.89 | 95.33 | No Data | 96.3 | 96.2 |
| Kimberworth Community Primary | CENTRAL | 233 | 93.98 | 93.38 | 94.21 | 93.87 | 93.53 | 93.83 | 96.00 | 96.5 | 92.8 |
| Meadow View Primary | CENTRAL | 249 | 95.98 | 97.31 | 96.34 | 94.34 | 95.42 | 95.49 | 94.06 | 94.4 | 95.7 |
| Redscope Primary | CENTRAL | 451 | 96.79 | 96.67 | 95.86 | 96.03 | 96.06 | 94.18 | 96.25 | 96.4 | 96.7 |
| Rockingham J&I | CENTRAL | 406 | 95.59 | 96.39 | 94.11 | 95.72 | 96.12 | 96.27 | 94.73 | 95.8 | 95.5 |
| Roughwood Primary | CENTRAL | 262 | 96.04 | 95.34 | 95.39 | 94.23 | 93.82 | 94.16 | 95.27 | 95.7 | 93.7 |
| Sitwell Infant | CENTRAL | 225 | 97.54 | 97.65 | 97.40 | 95.08 | 96.24 | 95.64 | 97.44 | 97.6 | 96.1 |
| Sitwell Junior | CENTRAL | 334 | 94.98 | 95.22 | 97.83 | 96.51 | 97.79 | 95.72 | 97.40 | 97.4 | 96.5 |
| St Ann's J&I | CENTRAL | 421 | 89.85 | 94.19 | 93.33 | 92.78 | 91.27 | 91.81 | 92.19 | 90.7 | 92.8 |
| St Bede's Catholic Primary | CENTRAL | 344 | 96.15 | 96.56 | 95.24 | 93.77 | 96.38 | 95.96 | 96.30 | 95.6 | 96.2 |
| St Mary's Catholic Primary (Herrington) | CENTRAL | 210 | 95.93 | 97.13 | 96.36 | 95.76 | 96.37 | 95.01 | 91.95 | 94.5 | No Data |
| Thornhill Primary | CENTRAL | 306 | 90.78 | 97.35 | 97.15 | 96.42 | 95.28 | 95.78 | 95.36 | 94.1 | 97.2 |
| Thorpe Hesley Primary | CENTRAL | 520 | 97.47 | 97.30 | 96.21 | 96.07 | 96.75 | 96.46 | 97.32 | 95.5 | 96.2 |
| ROTHERHAM TOTAL - not a complete figure due to non returns | | 7405 | 95.87 | 95.81 | 95.89 | 95.28 | 95.60 | 95.53 | 96.07 | 95.8 | 95.5 |
| Clifton - A Community Arts School | CENTRAL | 812 | 89.0 | 91.5 | 91.0 | 90.6 | 89.0 | 91.5 | 90.5 | 89.8 | 88.9 |
| Oakwood Technology College | CENTRAL | 1031 | 91.4 | 95.2 | No Data | 92.9 | 93.3 | 93.0 | 94.3 | 92.8 | 93.7 |
| St Bernard's Catholic High School | CENTRAL | 693 | 95.7 | 95.3 | 95.6 | 93.1 | 93.9 | 93.8 | 94.2 | 93.7 | 94.3 |
| Wingfield Comprehensive School | CENTRAL | 734 | 95.1 | 94.3 | 94.4 | 93.4 | 94.2 | 93.7 | 94.7 | 93.6 | 94.0 |
| Winterhill School | CENTRAL | 1182 | 93.4 | 94.5 | 95.1 | 93.6 | 93.7 | 93.3 | 93.8 | 92.8 | 93.2 |
| ROTHERHAM TOTAL - not a complete figure due to non returns | | 4452 | 94.8 | 94.6 | 94.8 | 93.6 | 93.7 | 93.8 | 94.6 | 94.1 | 93.9 |

| Year to Date | PA Half Term 1 | PA Half Term 1-2 | PA Half Term 1-3 | PA Half Term 1-4 |
|--------------|----------------------------|--------------------|--------------------------------------|------------------------------------|
| | Covers Sep - Oct Half Term | Covers Autumn Term | Autumn Term and First Half of Spring | Covers Autumn Term and Spring Term |
| 94.8 | 17.1 | 11.7 | 14.0 | 13.6 |
| 96.3 | 8.8 | 7.4 | 5.5 | 3.3 |
| 94.1 | 20.3 | 12.8 | 19.1 | 18.3 |
| 95.3 | 13.9 | 15.0 | 15.6 | 13.2 |
| 95.9 | 5.7 | 7.5 | 4.4 | 4.4 |
| 95.5 | 8.8 | 9.0 | 9.9 | No Data |
| 93.4 | 13.1 | 24.8 | 35.5 | 20.2 |
| 91.9 | 27.6 | 27.6 | 31.0 | 30.5 |
| 94.5 | 15.1 | 18.9 | 13.0 | 12.4 |
| 95.5 | 11.1 | 8.6 | 10.5 | 5.5 |
| 96.0 | 12.8 | 8.4 | 9.3 | 7.6 |
| 94.2 | 19.8 | 20.7 | 21.0 | 15.5 |
| 95.4 | 17.1 | 18.5 | 9.9 | 13.0 |
| 96.1 | 9.9 | 7.9 | 11.7 | 8.9 |
| 95.1 | 12.7 | 15.0 | 11.2 | 10.5 |
| 94.9 | 11.1 | 11.1 | 10.1 | 10.1 |
| 96.8 | 7.4 | 5.3 | 6.7 | 5.3 |
| 96.7 | 11.3 | 8.4 | 7.8 | 7.1 |
| 92.1 | 19.8 | 24.4 | 27.0 | 30.2 |
| 95.8 | 11.7 | 13.5 | 7.3 | 6.6 |
| 95.3 | 7.1 | 8.6 | 7.1 | 8.1 |
| 95.5 | 17.8 | 9.3 | 12.2 | 15.2 |
| 96.7 | 6.3 | 8.0 | 7.0 | 4.2 |
| 95.7 | 12.0 | 11.3 | 10.3 | 9.8 |
| 90.2 | 26.4 | 27.6 | 28.1 | 27.9 |
| 93.4 | No Data | 17.3 | 16.5 | 18.3 |
| 94.4 | 13.1 | No Data | No Data | 12.7 |
| 94.2 | 16.6 | 17.9 | 14.9 | 14.1 |
| 93.8 | 18.9 | 19.1 | 15.1 | 18.4 |
| 94.2 | 14.6 | 16.1 | 14.8 | 14.1 |

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 (May) evidences that Rotherham participation was better than statistical neighbours (90.5%), was in line with national (91.8%) whilst being slightly below region (92.3%). 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 Mar 17) at national level relating to resident Care Leavers in EET evidences that Rotherham's performance at 77.8% is above statistical neighbours (56.0%), regional (73.3%) and national (66.1%). | | |
|----------------------|---|--|--|

| | | 9.3 | | | 9.4 |
|---------------------|--------|--|---------------------|--------|---|
| | | % of Academic Age 16,17,18 Corporate Responsibility LAC/CL EET | | | % of Academic Age 16,17,18 Corporate Responsibility LAC/CL NEET |
| | | ROTHERHAM | | | ROTHERHAM |
| Monthly Performance | Apr-17 | 68.7% | Monthly Performance | Apr-17 | 29.2% |
| | May-17 | 68.6% | | May-17 | 27.5% |
| | Jun-17 | 70.6% | | Jun-17 | 24.8% |
| | Jul-17 | | | Jul-17 | |
| | Aug-17 | | | Aug-17 | |
| | Sep-17 | | | Sep-17 | |
| | Oct-17 | | | Oct-17 | |
| | Nov-17 | | | Nov-17 | |
| | Dec-17 | | | Dec-17 | |
| | Jan-18 | | | Jan-18 | |
| | Feb-18 | | | Feb-18 | |
| | Mar-18 | | | Mar-18 | |

| | | 9.5 | | | |
|---------------------|--------|--|-------|-------|---------|
| | | Young people aged 16 - 17 (academic age) meeting the duty to participate | | | |
| | | ROTHERHAM | NORTH | SOUTH | CENTRAL |
| Monthly Performance | Apr-17 | 92.1% | 93.3% | 93.4% | 89.5% |
| | May-17 | 91.6% | 92.4% | 93.0% | 89.2% |
| | Jun-17 | 91.4% | 92.6% | 92.6% | 88.6% |
| | Jul-17 | | | | |
| | Aug-17 | | | | |
| | Sep-17 | | | | |
| | Oct-17 | | | | |
| | Nov-17 | | | | |
| | Dec-17 | | | | |
| | Jan-18 | | | | |
| | Feb-18 | | | | |
| | Mar-18 | | | | |

| | | 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 |
| Monthly Performance | Apr-17 | 49 | 17 | 6 | 8 | 15 | 3 | 28 | 6 |
| | May-17 | 87 | 37 | 22 | 10 | 33 | 23 | 32 | 4 |
| | Jun-17 | 71 | 33 | 13 | 8 | 11 | 7 | 35 | 1 |
| | Jul-17 | | | | | | | | |
| | Aug-17 | | | | | | | | |
| | Sep-17 | | | | | | | | |
| | Oct-17 | | | | | | | | |
| | Nov-17 | | | | | | | | |
| | Dec-17 | | | | | | | | |
| | Jan-18 | | | | | | | | |
| | Feb-18 | | | | | | | | |
| | Mar-18 | | | | | | | | |

| | | 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 |
| Monthly Performance | Apr-17 | 240 | 109 | 22 | 55 | 137 | 9 | 81 | 45 |
| | May-17 | 334 | 73 | 87 | 53 | 155 | 20 | 92 | 0 |
| | Jun-17 | 259 | 64 | 27 | 0 | 98 | 5 | 89 | 0 |
| | Jul-17 | | | | | | | | |
| | Aug-17 | | | | | | | | |
| | Sep-17 | | | | | | | | |
| | Oct-17 | | | | | | | | |
| | Nov-17 | | | | | | | | |
| | Dec-17 | | | | | | | | |
| | Jan-18 | | | | | | | | |
| | Feb-18 | | | | | | | | |
| | Mar-18 | | | | | | | | |

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 (Mar 2017) and covers period Jan 16 – Dec 16. Rotherham has shown a decrease of 35.1% from the same period last year, whilst national figures also stand lower at 327 (decrease of 12.2% on same time last year). Comparison with the North East region gives a similar picture with the regional figure standing at 367 with a decrease of 15.2%. The actual decrease in numbers for Rotherham relates to 43 young people. This continues the downward trend from the previous quarter and is now lower than National and Regional trends. The decrease is attributable to work undertaken with the police for the YOT to assess and intervene with young people prior to charge, should this trend continue it is likely to have a perverse impact on reoffending rates.

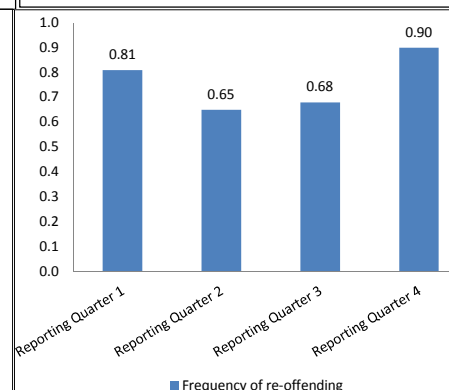
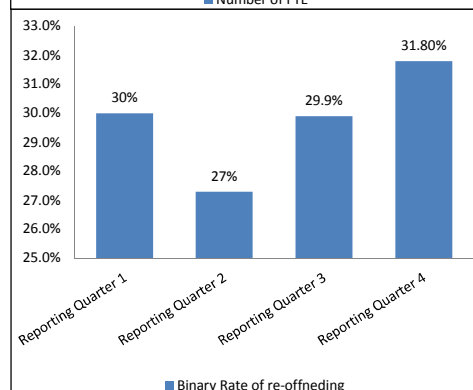
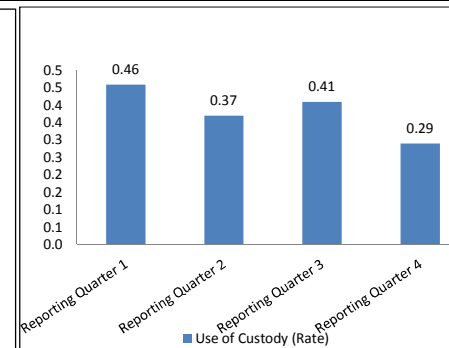
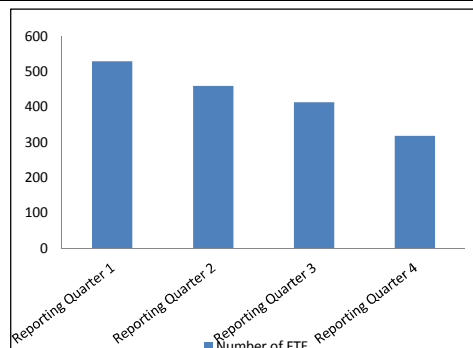
Use of Custody:
Figures based on latest released YJB data (Mar 2017) and covers period Apr 16 to Mar 17. Yr on Yr data is shown as same period for previous year. Rotherham has shown a decrease of 0.17 % from the same period last year, now standing at 0.29. National figures also stand lower at 0.37 (decrease of 0.05% on same time last year). North East figures stand at 0.36 with a decrease of 0.05 for the same period. Custody figures are generally stable, but subject to spikes in demand. The next two quarters are likely to see an increase as a number of Crown Court cases related to serious offences are resolved.

Rate of re-offending by young offenders:
Figures based on latest released YJB data (Mar 2017) and covers period Jul 14 to Jun 15. Rotherham has shown a decrease in this measure of 1.3%, now standing at 31.8%. National figures have remained stable standing at 37.7%, whilst North East figures have shown an increase of 0.6% standing at 39.6%. 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. Further decreases in the number of first time entrants are likely to lead to an increase in reoffending as those remaining in the system will be more entrenched in offending behaviour.

Frequency of re-offending by young offenders:
Figures based on latest released YJB data (Mar 2017) and covers period Jul 14 to Jun 15. Rotherham now stands at 0.90, which is an increase in this measure of 8.8%, but still stands lower than both North East (1.41) and National figures (1.26). North East has actually shown an increase of 10.1%, whilst national figures have shown an increase in their rate of 6.4%.

Performance Analysis

| Scorecard Measure | 10.1 | 10.2 | 10.3 | 10.4 |
|---------------------|--|----------------------------------|--|--|
| | Numbers of young people first time entrants (FTE) into the criminal justice system | Use of Custody (Rate) | Binary Rate of re-offending by young offenders | Frequency of re-offending by young offenders |
| Reporting Quarter 1 | 530 (period Apr15 - Mar16) | 0.46 (period Jul 15 - Jun 16) | 30% (Oct 13 - Sep 14) | 0.81 (Oct 13-Sep 14) |
| Reporting Quarter 2 | 460 (Jul15 - Jun 16) | 0.37 (Oct 15 -Sep 16) | 27% (Jan14 - Dec 14) | 0.65 (Jan14 - Dec 14) |
| Reporting Quarter 3 | 414 (Oct 15 - Sep 16) | 0.41 (Jan 16 - Dec 16) | 29.9% (Apr 14 - Mar 15) | 0.68 (Apr 14 - Mar 14) |
| Reporting Quarter 4 | 319 (Jan 16 - Dec 16) | 0.29 (Apr 16 - Mar 17) | 31.80% (Jul 14 - Jun 15) | 0.90 (Jul 14 - Jun 15) |



CUSTOMER FEEDBACK

| DEFINITION | Customer Feedback | Owner | David McWilliams |
|------------|-------------------|-------|------------------|
|------------|-------------------|-------|------------------|

| | |
|----------------------|---|
| Performance Analysis | 18 exit surveys were completed in June (3 less than previous month) |
| | <p>In June the top three reasons given for Early Help support were:</p> <ul style="list-style-type: none"> * Parenting support for behaviour 63% * Parental mental health issues 31% * Low self-esteem, self-confidence, self-worth 63% <p>97% of respondents rated their overall experience of the help and support they received from the worker(s) within the Early Help Team as Good or Excellent</p> <ul style="list-style-type: none"> • 98% of respondents said that they got support when they most needed it • 97% of respondents said that the service had a positive impact on their child(ren)'s life <p>There were no complaints in the reporting month, there was one compliment received for North.</p> |

| Scorecard Measure | 11.1 | | | | | | 11.2 | 11.3 | 11.4 | 11.5 |
|---------------------|--------------------------------|--------------------------------|----------------------------------|---------------------------------------|--|---------------------------------------|---|--|--|---|
| | Exit Surveys | | | | | | Complaints | | | 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 |
| Monthly Performance | Apr-17 | 2 | 12 | 13 | 0 | 0 | 27 | 0 | 0 | 0 |
| | May-17 | 2 | 3 | 16 | 0 | 0 | 21 | 0 | 0 | 2 |
| | Jun-17 | 6 | 3 | 9 | 0 | 0 | 18 | 0 | 0 | 1 |
| | Jul-17 | | | | | | 0 | | | |
| | Aug-17 | | | | | | 0 | | | |
| | Sep-17 | | | | | | 0 | | | |
| | Oct-17 | | | | | | 0 | | | |
| | Nov-17 | | | | | | 0 | | | |
| | Dec-17 | | | | | | 0 | | | |
| | Jan-18 | | | | | | 0 | | | |
| | Feb-18 | | | | | | 0 | | | |
| | Mar-18 | | | | | | 0 | | | |
| | Year to Date | 10 | 18 | 38 | 0 | 0 | 66 | 0 | 0 | 3 |

QUALITY ASSURANCE

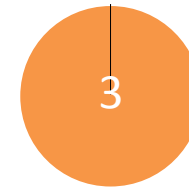
| DEFINITION | Team Manager Audits | Owner | David McWilliams |
|------------|---------------------|-------|------------------|
|------------|---------------------|-------|------------------|

| | |
|----------------------|---|
| Performance Analysis | A different approach was taken in June with three audits being completed, one each for North, South and Central during a "What good looks like" session with the locality managers. This gave managers the opportunity to share views, discuss and agree grading's and learn from each other and was a really positive process. |
| | During July and August there will be no audits undertaken which is in line with the agreement in Social Care as well as Early Help to move to a nine month audit cycle. This will help alleviate pressure in the summer with annual leave and also during December when there is less time available to complete audits. |
| | Further development work will take place over the summer months following feedback from the "What good looks like" session and also to continue to ensure alignment with Social Care and the wider quality Assurance Framework. |

| Scorecard Measure | 12.1 | | | | | |
|--------------------|---------------------|------|----------------------|------------|-----------------------|-------|
| | Team Manager Audits | | | | | |
| | Outstanding | Good | Requires Improvement | Inadequate | Inadequate - Critical | Total |
| Apr-17 | 0 | 3 | 9 | 1 | 0 | 13 |
| May-17 | 0 | 1 | 8 | 1 | 0 | 10 |
| Jun-17 | 0 | 0 | 3 | 0 | 0 | 3 |
| Jul-17 | | | | | | 0 |
| Aug-17 | | | | | | 0 |
| Sep-17 | | | | | | 0 |
| Oct-17 | | | | | | 0 |
| Nov-17 | | | | | | 0 |
| Dec-17 | | | | | | 0 |
| Jan-18 | | | | | | 0 |
| Feb-18 | | | | | | 0 |
| Mar-18 | | | | | | 0 |
| Total to date | 0 | 4 | 20 | 2 | 0 | 26 |
| % of total to date | 0% | 15% | 77% | 8% | 0% | |

| Scorecard Measure | Response Rates | | | | | | | |
|-------------------|----------------|------|------------|------|------------|------|-----------------------|-----|
| | North | | South | | Central | | Borough Wide Services | |
| | Number | % | Number | % | Number | % | Number | % |
| Apr-17 | 3 out of 4 | 75% | 4 out of 4 | 100% | 5 out of 5 | 100% | 1 out of 2 | 50% |
| May-17 | 3 out of 4 | 75% | 4 out of 4 | 100% | 3 out of 6 | 50% | 0 out of 2 | 0% |
| Jun-17 | 1 out of 1 | 100% | 1 out of 1 | 100% | 1 out of 1 | 100% | 0 out of 0 | 0% |
| Jul-17 | | | | | | | | |
| Aug-17 | | | | | | | | |
| Sep-17 | | | | | | | | |
| Oct-17 | | | | | | | | |
| Nov-17 | | | | | | | | |
| Dec-17 | | | | | | | | |
| Jan-18 | | | | | | | | |
| Feb-18 | | | | | | | | |
| Mar-18 | | | | | | | | |

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



■ Outstanding ■ Good ■ Requires Improvement ■ Inadequate ■ Inadequate - Critical

EARLY HELP - HUMAN RESOURCES (HR)

DEFINITION

Establishment Information

Owner

David McWilliams

Performance Analysis

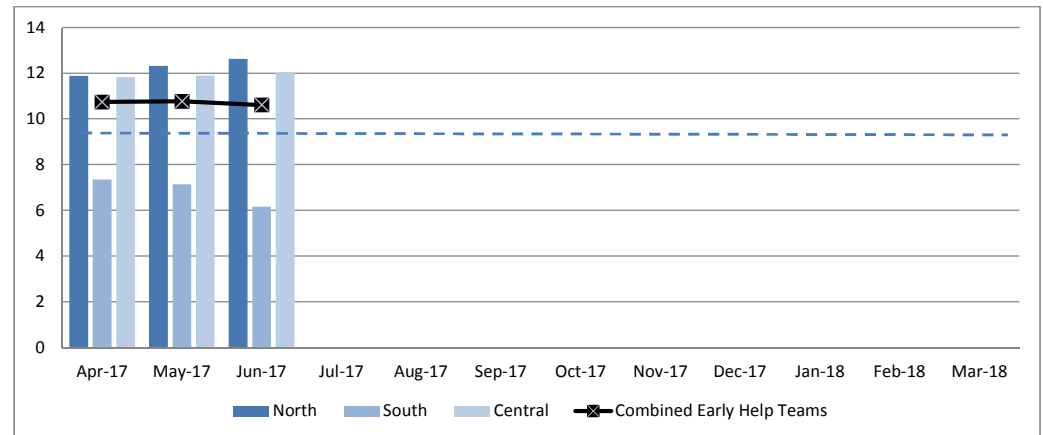
The 2017/18 target for RMBC is 9.52 annual FTE sick days and by the end of June overall performance against this measure was at 10.60 FTE days which is a slight improvement on previous months performance.

Heads of Service and managers work closely with HR colleagues to provide support to staff whilst managing sickness across the service. There are currently some periods of long-term sickness and in addition seasonal illnesses may have also impacted on sickness levels during the period.

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.

Monthly Performance

| Scorecard Measure | 13.7 | | | |
|-------------------|---------------------------------|-------|---------|---------------------------|
| | Sickness - Annual FTE sick days | | | |
| | North | South | Central | Combined Early Help Teams |
| Apr-17 | 11.88 | 7.34 | 11.82 | 10.73 |
| May-17 | 12.31 | 7.13 | 11.89 | 10.76 |
| Jun-17 | 12.63 | 6.15 | 12.02 | 10.6 |
| Jul-17 | | | | |
| Aug-17 | | | | |
| Sep-17 | | | | |
| Oct-17 | | | | |
| Nov-17 | | | | |
| Dec-17 | | | | |
| Jan-18 | | | | |
| Feb-18 | | | | |
| Mar-18 | | | | |



Safeguarding Children & Families Monthly Performance Report

As at Month End: June 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: 14th July 2017

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

Performance Summary

As at Month End: June 2017

*"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:-

- ↑ - improvement in performance / increase in numbers
- - no movement - numbers stable with last month
- ↓ - decline in performance, not on target / decrease in numbers

| | NO. | INDICATOR | GOOD PERF IS | DATA NOTE (Monthly) | 2017 / 18 | | | | | DOT (Month on Month) | RAG (in month) | Target and Tolerances | | | YR ON YR TREND | | | LATEST BENCHMARKING - 2014/15 | | | |
|---------------------------|-----|---|--------------|------------------------|-----------|--------|--------|-------------|----------------|-------------------------|-------------------|-----------------------|-------|---------------|----------------|---------|---------|-------------------------------|-----------------|---------|-------------------------|
| | | | | | Apr-17 | May-17 | Jun-17 | YTD 2017/18 | DATA NOTE | | | Red | Amber | Target Green | 2014/15 | 2015/16 | 2016/17 | STAT NEIGH AVE | BEST STAT NEIGH | NAT AVE | NAT TOP Q TILE THRESHOL |
| CONTACT & REFERRAL (MASH) | 1.1 | Number of contacts | Info | Count | 1291 | 1435 | 1371 | 4097 | Financial Year | ↓ | | | | n/a | 10517 | 12165 | 16609 | | | | |
| | 1.2 | % Contacts with decision within 1 working day | High | Percentage | 94.3% | 78.0% | 59.1% | 76.8% | Financial Year | ↓ | | <92% | 92%> | 95%+ | | 96.5% | 86.0% | | | | |
| | 1.3 | Number of contacts going onto referral (including MASH referrals) | Info | Count | 308 | 363 | 470 | 1141 | Financial Year | ↑ | | | | n/a | 4513 | 4915 | 4411 | | | | |
| | 1.4 | % of contacts going onto referral (including MASH referrals) | High | Percentage | 23.9% | 25.3% | 34.3% | 27.8% | Financial Year | ↑ | | range to be set | | | 42.9% | 40.5% | 26.6% | | | | |
| | 1.5 | Rate of referrals per 10,000 population aged under 18 - rolling 12 month performance | Info | Rate per 10,000 | 893.6 | 881.4 | 869.3 | | Rolling Year | ↓ | | | | n/a | | | 909.8 | 670.2 | 300.3 | 532.2 | - |
| | 1.6 | % of referrals going onto assessment | High | Percentage | 96.1% | 95.4% | 96.0% | 95.8% | Financial Year | ↑ | | <83% | 83%> | 86%+ | 69.6% | 77.6% | 90.0% | 85.9% | 99.7% | 87.1% | 97.8% |
| | 1.7 | % of re-referral in 12 months - in current month | Low | Percentage | 25.0% | 25.3% | 15.1% | | As at mth end | ↑ | | 26%+ | 26%< | 23%< | | | | | | | |
| | 1.8 | % of re-referral in 12 months - rolling 12 mths | Low | Percentage | 27.0% | 27.1% | 25.7% | | Rolling Year | ↑ | | 26%+ | 26%< | 23%< | | | 27.5% | 23.7% | 10.0% | 22.3% | 16.0% |
| | 1.9 | Number of CSE referrals in the current month (Council Plan Indicator) | Info | Count | 16 | 8 | 21 | 45 | Financial Year | ↑ | | | | n/a | | 200 | 256 | | | | |
| ASSESSMENTS | 2.1 | Number of assessments started | Info | Count | 513 | 569 | 762 | 1844 | Financial Year | ↑ | | | | n/a | 3929 | 3996 | 6182 | | | | |
| | 2.2 | % of assessments for children's social care completed in 45 working days of referral | High | Percentage | 86.6% | 82.5% | 85.5% | 84.8% | Financial Year | ↑ | | <90% | 90%> | 90%+ | 88.8% | 92.8% | 85.3% | 76.7% | 58.7% | 83.4% | 91.9% |
| | 2.3 | Open assessments already past 45 working days | Low | Count | 11 | 21 | 66 | | As at mth end | ↓ | | | | n/a | | | | | | | |
| | 2.4 | Number of assessments completed in the current month | Info | Count | 516 | 577 | 557 | 1650 | Financial Year | ↓ | | | | n/a | | 4064 | 5781 | | | | |
| | 2.5 | % of completed assessments ending in - Ongoing Involvement | High | Percentage | 46.5% | 41.8% | 44.7% | 44.2% | Financial Year | ↑ | | <40% | 40%> | 45%+ | | 43.6% | 22.0% | | | | |
| | 2.6 | % of completed assessments ending in - No further action | Info | Percentage | 36.0% | 38.3% | 37.9% | 37.5% | Financial Year | ↓ | | | | n/a | | 36.5% | 36.8% | | | | |
| | 2.7 | % of completed assessments ending in - Step down to Early Help / Other Agency | Info | Percentage | 17.1% | 19.9% | 17.4% | 18.2% | Financial Year | ↓ | | | | n/a | | 15.4% | 16.6% | | | | |
| | 2.8 | % of completed assessments ending in - Other/Not Recorded | Info | Percentage | 0.4% | 0.0% | 0.0% | 0.1% | Financial Year | → | | | | n/a | | 0.2% | 24.6% | | | | |
| S47's | 3.1 | Number of S47 Investigations started | Info | Count | 162 | 175 | 160 | 497 | Financial Year | ↓ | | | | n/a | 909 | 1478 | 1457 | | | | |
| | 3.2 | Number of S47 Investigations - rolling 12 month performance | Info | Count | 1522 | 1631 | 1677 | | Rolling Year | ↑ | | | | n/a | | | | | | | |
| | 3.3 | Number of S47's per 10,000 population aged 0-17 - rolling 12 month performance | Info | Rate per 10,000 | 269.9 | 289.2 | 297.4 | | Financial Year | ↑ | | more than +/-15 | +/-15 | +/-5 of 158.8 | 156.1 | 262.1 | 258.3 | 178.73 | 89.8 | 147.5 | - |
| | 3.4 | Number of S47 Investigations - Completed | Info | Count | 173 | 165 | 148 | 486 | Financial Year | ↓ | | | | n/a | 876 | 1390 | 1460 | | | | |
| | 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 | 64.2% | 60.0% | 56.8% | 60.5% | Financial Year | ↓ | | | | n/a | | 58.3% | 28.8% | | | | |
| | 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 | 31.2% | 31.5% | 32.4% | 31.7% | Financial Year | ↑ | | | | n/a | | 30.2% | 18.1% | | | | |
| | 3.7 | % of S47's with an outcome - Concerns not substantiated | Low | Percentage | 4.6% | 8.5% | 5.4% | 6.2% | Financial Year | ↑ | | | | n/a | | 11.2% | 6.4% | | | | |
| | 3.8 | % of S47's with an outcome - Not Recorded | Low | Percentage | 0.0% | 0.0% | 5.4% | 1.6% | Financial Year | ↓ | | | | n/a | | 0.3% | 1.2% | | | | |
| CIN | 4.1 | Number of open CIN cases | Info | Count | 1606 | 1587 | 1744 | | As at mth end | ↑ | | | | n/a | 1526 | 1430 | 1659 | | | | |
| | 4.2 | Number of CIN (inc. CPP as per DfE definition) | Info | Count | 1983 | 1999 | 2168 | | As at mth end | ↑ | | | | n/a | 1947 | 1805 | 2029 | | | | |
| | 4.3 | Number of CIN per 10,000 population aged 0-17 - inc. CPP as per DfE definition. (Council Plan Indicator) | Info | Rate per 10,000 | 351.6 | 354.4 | 384.4 | | As at mth end | ↓ | | | | 351 | 347.1 | 320 | 359.8 | 372.68 | 274.6 | 337.7 | 296.6 |

*'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;-

↑

- improvement in performance / increase in numbers

→

- no movement - numbers stable with last month

↓

- decline in performance, not on target / decrease in numbers

| | NO. | INDICATOR | GOOD PERF IS | DATA NOTE (Monthly) | 2017 / 18 | | | | | DOT (Month on Month) | RAG (in month) | Target and Tolerances | | | YR ON YR TREND | | | LATEST BENCHMARKING - 2014/15 | | | |
|-----------------------|------|--|---------------------|---------------------------|-----------|--------|--------|----------------|----------------|-------------------------------|----------------------|-----------------------|-------|-----------------|----------------|---------|---------|-------------------------------|--------------------|---------|------------------------------|
| | | | | | Apr-17 | May-17 | Jun-17 | YTD 2017/18 | DATA NOTE | | | Red | Amber | Target Green | 2014/15 | 2015/16 | 2016/17 | STAT NEIGH AVE | BEST STAT NEIGH | NAT AVE | NAT TOP QTILE THRESHOL |
| CHILD PROTECTION | 4.4 | % of CIN (open at least 45 days) with an up to date plan | High | Percentage | 92.3% | 91.6% | 91.6% | | As at mth end | → | | <85% | 85%> | 90%+ | 65.1% | 98.6% | 93.9% | | | | |
| | 5.1 | Number of open CPP cases | Info | Count | 377 | 412 | 424 | | As at mth end | ↑ | | | | n/a | 423 | 369 | 370 | | | | |
| | 5.2 | Number of Initial CP Conferences (children) - rolling 12 month | Info | Count | 507 | 566 | 585 | | Rolling Year | ↑ | | | | n/a | 556 | 597 | 490 | | | | |
| | 5.3 | Number of Initial CP Conferences (children) per 10,000 population - rolling 12 month | Within limits (low) | Rate per 10,000 | 89.9 | 100.4 | 103.7 | | Rolling Year | ↓ | | 79+ | 79< | 74.1< | 98.6 | 105.9 | 86.9 | 75.6 | 31.3 | 62.6 | - |
| | 5.4 | Number of Initial CP Conferences (children) - in month | Info | Count | 59 | 88 | 54 | | As at mth end | ↓ | | range to be set | | | | | | | | | |
| | 5.5 | % of initial child protection conference (ICPCs) completed within 15 days of S47 (based on number of children) | High | Percentage | 96.6% | 95.5% | 96.3% | 96.0% | Financial Year | ↑ | | <85% | 85%> | 90%+ | 65.0% | 88.3% | 91.0% | 82.8% | 100.0% | 76.7% | 89.7% |
| | 5.6 | Number of children with a CP plan per 10,000 population under 18 (Council Plan Indicator) | Low | Rate per 10,000 | 66.8 | 73.1 | 75.2 | | As at mth end | ↓ | | | | 60 | 74.7 | 65.4 | 65.6 | 51.7 | 27.1 | 43.1 | - |
| | 5.7 | Number of children becoming subject to a CP plan per 10,000 population - rolling 12 months | Low | Rate per 10,000 | 82.3 | 91.6 | 94.6 | | Rolling Year | ↓ | | | | n/a | 93.05 | 93.8 | 79.0 | | | | |
| | 5.8 | Number of discontinuations of a CP plan per 10,000 population - rolling 12 months performance | High | Rate per 10,000 | 80.4 | 77.9 | 76.8 | | Rolling Year | ↓ | | <55 | 55> | 59.9+ | 85.4 | 105.0 | 79.8 | 63.1 | 39.1 | 53.7 | - |
| | 5.9 | % of children becoming the subject of a CP plan for a second or subsequent time within 2 years - rolling 12 months (Council Plan Indicator) | Low | Percentage | 11.0% | 11.8% | 11.4% | | Rolling Year | ↑ | | 6%+ | 6%< | 4%< | 4.0% | 4.7% | 9.2% | | | | |
| | 5.10 | % of children becoming the subject of a CP plan for a second or subsequent time - ever - rolling 12 months | Low | Percentage | 20.7% | 23.6% | 24.2% | | Rolling Year | ↓ | | 16%+ | 16%< | 14%< | 10.8% | 12.7% | 20.0% | 18.4% | 12.7% | 17.9% | 13.8% |
| | 5.11 | % of open CP plans lasting 2 years or more | Low | Percentage | 0.3% | 0.0% | 0.0% | | As at mth end | → | | 3.6%+ | 3.6%< | 2.6%< | 4.2% | 0.8% | 0.3% | 1.5% | 0.0% | 2.1% | 1.1% |
| | 5.12 | % of CP plans lasting 2 years or more - ceased within period | Low | Percentage | 0.0% | 2.3% | 0.0% | 0.8% | Financial Year | ↓ | | 6.5%+ | 6.5%< | 4.5%< | 4.2% | 4.8% | 1.8% | 2.9% | 2.7% | 3.8% | 2.4% |
| | 5.13 | % of CP cases which were reviewed within timescales | High | Percentage | 100.0% | 98.0% | 100.0% | 99.2% | Financial Year | ↑ | | <95% | 95%> | 98%+ | 96.4% | 94.2% | 98.6% | 84.2% | 100.0% | 93.7% | 100.0% |
| | 5.14 | % CPP with an up to date plan | High | Percentage | 93.4% | 90.5% | 87.8% | | as at mth end | ↓ | | <93% | 93%> | 95%+ | 97.6% | 100.0% | 96.2% | | | | |
| | 5.15 | % of CPP with visits in the last 2 weeks | High | Percentage | 92.0% | 91.0% | 91.0% | | As at mth end | → | | <90% | 90%> | 95%+ | | | | | | | |
| LOOKED AFTER CHILDREN | 6.1 | Number of Looked After Children | Info | Count | 501 | 504 | 522 | | As at mth end | ↑ | | | | n/a | 407 | 432 | 488 | | | | |
| | 6.2 | Rate of Looked After Children per 10,000 population aged under 18 (Council Plan Indicator) | Low | Rate per 10,000 | 88.9 | 89.4 | 92.6 | | As at mth end | ↓ | | | | 75 | 70 | 76.6 | 86.6 | 75.8 | 56.0 | 60.0 | - |
| | 6.3 | Admissions of Looked After Children | Info | Count | 26 | 14 | 33 | 73 | Financial Year | ↑ | | | | n/a | 175 | 208 | 262 | | | | |
| | 6.4 | Number of children who have ceased to be Looked After Children | High | Count | 11 | 12 | 16 | 39 | Financial Year | ↑ | | | | n/a | 160 | 192 | 215 | | | | |
| | 6.5 | Percentage of LAC who have ceased to be looked after due to permanence (Special Guardianship Order, Residence Order, Adoption) | High | Percentage | 9.1% | 16.7% | 37.5% | 23.1% | Financial Year | ↑ | | <33% | 33%> | 35%+ | 37.5% | 40.1% | 27.9% | | | | |
| | 6.6 | Percentage of LAC who have ceased to be looked after due to a Special Guardianship Order | High | Percentage | 0.0% | 8.3% | 6.3% | 5.1% | Financial Year | ↓ | | range to be set | | | | | 9.8% | 11.0% | 21.0% | 11.0% | 14.1% |
| | 6.7 | LAC cases reviewed within timescales | High | Percentage | 87.4% | 85.7% | 89.1% | 86.8% | Financial Year | ↑ | | <90% | 90%> | 95%+ | 94.9% | 83.3% | 91.3% | | | | |
| | 6.8 | % of children adopted | High | Percentage | 9.1% | 25.0% | 6.3% | 12.8% | Financial Year | ↓ | | <20% | 20%> | 22.7%+ | 26.3% | 22.9% | 14.4% | 18.8% | 27.0% | 15.0% | 21.0% |
| | 6.9 | Health of Looked After Children - up to date Health Assessments | High | Percentage | 85.4% | 78.3% | 70.7% | | As at mth end | ↓ | | <90% | 90%> | 95%+ | 81.4% | 92.8% | 89.5% | | | | |
| | 6.10 | Health of Looked After Children - up to date Dental Assessments | High | Percentage | 56.9% | 56.5% | 55.0% | | As at mth end | ↓ | | <90% | 90%> | 95%+ | 58.8% | 94.5% | 57.3% | | | | |
| | 6.11 | Health of Looked After Children - Initial Health Assessments carried out within 20 working days | High | Percentage | 5.9% | 40.7% | 50.0% | 29.2% | Financial Year | ↑ | | range to be set | | | | | | | | | |
| | 6.12 | % of LAC with a PEP | High | Percentage | 98.2% | 94.8% | 91.6% | | As at mth end | ↓ | | <90% | 90%> | 95%+ | 68.7% | 97.8% | 96.9% | | | | |

*'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;-

↑

- improvement in performance / increase in numbers

→

- no movement - numbers stable with last month

↓

- decline in performance, not on target / decrease in numbers

| | NO. | INDICATOR | GOOD PERF IS | DATA NOTE (Monthly) | 2017 / 18 | | | | | DOT (Month on Month) | RAG (in month) | Target and Tolerances | | | YR ON YR TREND | | | LATEST BENCHMARKING - 2014/15 | | | |
|--------------|------|---|-----------------|---------------------------|-----------|--------|--------|----------------|----------------|-------------------------------|----------------------|------------------------|----------------|-----------------|----------------|---------|---------|-------------------------------|--------------------|---------|------------------------------|
| | | | | | Apr-17 | May-17 | Jun-17 | YTD 2017/18 | DATA NOTE | | | Red | Amber | Target Green | 2014/15 | 2015/16 | 2016/17 | STAT NEIGH AVE | BEST STAT NEIGH | NAT AVE | NAT TOP QTILE THRESHOL |
| | 6.13 | % of LAC with up to date PEPs | High | Percentage | 95.7% | 78.6% | 57.4% | | As at mth end | ↓ | | <90% | 90%> | 95%+ | 71.4% | 95.0% | 87.9% | | | | |
| | 6.14 | % of eligible LAC with an up to date plan | High | Percentage | 76.8% | 76.4% | 73.8% | | As at mth end | ↓ | | <93% | 93%> | 95%+ | 98.8% | 98.4% | 79.1% | | | | |
| | 6.15 | % LAC visits up to date & completed within timescale of National Minimum standard | High | Percentage | 95.6% | 95.8% | 92.5% | | As at mth end | ↓ | | <95% | 95%> | 98%+ | 94.9% | 98.1% | 94.7% | | | | |
| | 6.16 | % LAC visits up to date & completed within timescale of Rotherham standard | High | Percentage | 91.0% | 90.9% | 83.0% | | As at mth end | ↓ | | <85% | 85%> | 90%+ | 64.0% | 80.2% | 88.3% | | | | |
| CARE LEAVERS | 7.1 | Number of care leavers | Info | Count | 220 | 217 | 215 | | As at mth end | ↓ | | | | n/a | 183 | 197 | 223 | | | | |
| | 7.2 | % of eligible LAC & Care Leavers with a pathway plan | High | Percentage | 98.6% | 98.6% | 99.3% | | As at mth end | ↑ | | <93% | 93%> | 95%+ | 69.8% | 97.5% | 99.3% | | | | |
| | 7.3 | % of care leavers in suitable accommodation | High | Percentage | 99.5% | 96.8% | 94.4% | | As at mth end | ↓ | | <95% | 95%> | 98%+ | 97.8% | 96.5% | 97.8% | 88.2% | 100.0% | 83.0% | 90.6% |
| | 7.4 | % of care leavers in employment, education or training | High | Percentage | 65.4% | 65.0% | 65.3% | | As at mth end | ↑ | | <70% | 70%> | 72%+ | 71.0% | 68.0% | 62.9% | 55.6% | 80.0% | 49.0% | 56.6% |
| PLACEMENTS | 8.1 | % of long term LAC in placements which have been stable for at least 2 years | High | Percentage | 64.1% | 63.3% | 62.1% | | As at mth end | ↓ | | <68% | 68%> | 70%+ | 71.9% | 72.7% | 66.2% | 68.2% | 79.0% | 68.0% | 71.1% |
| | 8.2 | % of LAC who have had 3 or more placements - rolling 12 months (Council Plan Indicator) | Low | Percentage | 11.6% | 12.7% | 12.1% | | Rolling Year | ↑ | | 12%+ | 12%< | 9.6%< | 12.0% | 11.9% | 11.9% | 9.2% | 6.0% | 10.0% | 8.0% |
| | 8.3 | % of LAC in a family Based setting | High | Percentage | 79.6% | 80.6% | 82.0% | | As at mth end | ↑ | | range to be set 87.5%> | | | | | 81.1% | | | | |
| | 8.4 | % of LAC placed with parents or other with parental responsibility (P1) | Low | Percentage | 5.0% | 5.0% | 5.0% | | As at mth end | → | | range to be set | | | | | 5.3% | | | | |
| | 8.5 | % of LAC in a Commissioned Placement (Council Plan Indicator) | Low | Percentage | 45.9% | 46.2% | 46.6% | | As at mth end | ↓ | | range to be set | | | | | 43.2% | | | | |
| FOSTERING | 9.1 | Number of LAC in a Fostering Placement | High | Count | 357 | 364 | 385 | | As at mth end | ↑ | | range to be set | | | | 180 | 353 | | | | |
| | 9.2 | % of LAC in a Fostering Placement | High | Percentage | 71.3% | 72.2% | 73.8% | | As at mth end | ↑ | | range to be set | | | | 41.7% | 72.3% | | | | |
| | 9.3 | Number of Foster Carers (Households) | High | Count | 153 | 155 | 159 | | As at mth end | ↑ | | range to be set | | | | | 168 | | | | |
| | 9.4 | Number of Foster Carers Recruited | High | Count | 6 | 3 | 8 | 17 | Financial Year | ↑ | | range to be set | | | | | 77 | | | | |
| | 9.5 | Number of Foster Carers Deregistered | Info | Count | 2 | 0 | 1 | 3 | Financial Year | ↑ | | range to be set | | | | | 24 | | | | |
| ADOPTIONS | 10.1 | Number of adoptions | High | Count | 1 | 3 | 1 | 5 | Financial Year | ↓ | | | | n/a | 43 | 43 | 31 | | | | |
| | 10.2 | Number of adoptions completed within 12 months of SHOBPA | High | Count | 0 | 1 | 1 | 2 | Financial Year | → | | | | n/a | 16 | 23 | 12 | | | | |
| | 10.3 | % of adoptions completed within 12 months of SHOBPA | High | Percentage | 0.0% | 33.3% | 100.0% | 40.0% | Financial Year | ↑ | | <83% | 83%> | 85%+ | 37.2% | 53.5% | 38.7% | | | | |
| | 10.4 | Average number of days between a child becoming Looked After and having a adoption placement (A1) (Rolling 12 months) | Low | Rolling year - aver count | 618.0 | 316.3 | 323.0 | | Rolling Year | ↓ | | 511+ | 511< | 487< | 393.0 | 296.0 | 404.0 | 546.5 | 336.0 | 593.0 | 520.0 |
| | 10.5 | Average number of days between a placement order and being matched with an adoptive family (A2) (Rolling 12 months) | Low | Rolling year - aver count | 378.0 | 149.5 | 131.0 | | Rolling Year | ↑ | | 127+ | 127< | 121< | 169 | 136 | 232.9 | 220.6 | 47.0 | 223.0 | 172.0 |
| & CASELOAD | 11.1 | Number of agency social workers (Council Plan Indicator) | Low | Average count | 78 | 72 | 71 | | As at mth end | ↓ | | range to be set | | | | | 77.0 | | | | |
| | 11.2 | Maximum caseload of social workers in key safeguarding teams (excluding children's disability team) | Low | Average count | 28 | 26 | 34 | | As at mth end | ↓ | | 25+ | 24< | 22< | | 29.1 | 30.0 | | | | |
| | 11.3 | Maximum caseload of social workers in LAC | Low | Average count | 18 | 18 | 19 | | As at mth end | ↓ | | 21+ | 20< | 18< | | 19.2 | 17.0 | | | | |
| | 11.4 | Average number of cases per qualified social worker in LAC | Within Limits | Average count | 10.6 | 11.7 | 10.7 | | As at mth end | ↓ | | over 1% above range | 1% above range | 14-20 | | 14.1 | 11.6 | | | | |

*'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;-

⬆

- improvement in performance / increase in numbers

➡

- no movement - numbers stable with last month

⬇

- decline in performance, not on target / decrease in numbers

| | NO. | INDICATOR | GOOD PERF IS | DATA NOTE <i>(Monthly)</i> | 2017 / 18 | | | | DOT (Month on Month) | RAG (in month) | Target and Tolerances | | | YR ON YR TREND | | | LATEST BENCHMARKING - 2014/15 | | | | |
|-----------|------|---|-----------------|----------------------------------|-----------|--------|--------|----------------|-------------------------------|----------------------|-----------------------|---------------------|----------------|-----------------|---------|---------|-------------------------------|-------------------|--------------------|---------|------------------------------|
| | | | | | Apr-17 | May-17 | Jun-17 | YTD 2017/18 | | | DATA NOTE | Red | Amber | Target Green | 2014/15 | 2015/16 | 2016/17 | STAT NEIGH AVE | BEST STAT NEIGH | NAT AVE | NAT TOP QTILE THRESHOL |
| WORKFORCE | 11.5 | Average number of cases per qualified social worker in Duty Teams | Within Limits | Average count | 12.7 | 13.3 | 19.2 | | As at mth end | ⬆ | | over 1% above range | 1% above range | 16-22 | | 15.8 | 13.3 | | | | |
| | 11.6 | Average number of cases per qualified social worker in CIN Teams <i>(1-12)</i> | Within Limits | Average count | 17.8 | 18.0 | 18.0 | | As at mth end | ➡ | | over 1% above range | 1% above range | 16-22 | | 18.0 | 17.7 | | | | |
| | 11.7 | Average number of cases per qualified social worker in Children's Disability Team | Within Limits | Average count | 15.7 | 15.8 | 13.9 | | As at mth end | ⬇ | | over 1% above range | 1% above range | 16-22 | | 19.1 | 15.4 | | | | |
| | 11.8 | Average number of cases per qualified social worker in Complex Abuse Team | Within Limits | Average count | 14.8 | 17.4 | 14.2 | | As at mth end | ⬇ | | over 1% above range | 1% above range | 16-22 | | | | | | | |

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

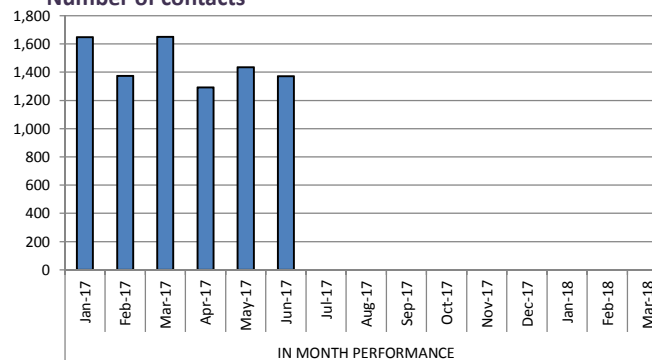
The data suggests that the number of contacts has slightly decreased for June with a higher proportion progressing on to referral. The services ability to reach a decision within 24 hours, has significantly reduced with 561 not achieving the required standard. On exploration of the dip in performance the service reports that in large part this is due to the large amount of time the Liquid Logic system has been down in recent weeks. When the system is down for most of the working day, one day a week it means that entering data is delayed and in high volume services it is difficult to get back on top of the work (the service have been asked to demonstrate this correlation). The performance as of the 11/7/17 was 87%.

The first response operational management group will request agencies review a sample of their own contacts not progressing to referral so as to offer advice to the referrers on appropriate referrals and or escalate the decision for social care review.

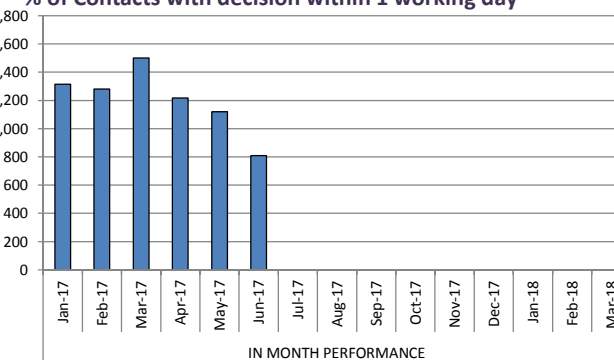
Data Note: Contacts statistics relate to 'new' contacts only. Contacts on open cases and intended for Early Help services have been manually filtered however the configuration of the new system for contacts and referrals is under review as some data fields have unsuitable data options. It is also known 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 | |
| IN MONTH PERFORMANCE | Jan-17 | 1649 | 1315 of 1649 | 79.7% | 309 of 1649 | 18.7% |
| | Feb-17 | 1373 | 1281 of 1373 | 93.3% | 375 of 1373 | 27.3% |
| | Mar-17 | 1651 | 1500 of 1651 | 90.9% | 440 of 1651 | 26.7% |
| | Apr-17 | 1291 | 1217 of 1291 | 94.3% | 308 of 1291 | 23.9% |
| | May-17 | 1435 | 1119 of 1435 | 78.0% | 363 of 1435 | 25.3% |
| | Jun-17 | 1371 | 810 of 1371 | 59.1% | 470 of 1371 | 34.3% |
| | Jul-17 | | | | | |
| | Aug-17 | | | | | |
| | Sep-17 | | | | | |
| | Oct-17 | | | | | |
| | Nov-17 | | | | | |
| | Dec-17 | | | | | |
| | Jan-18 | | | | | |
| | Feb-18 | | | | | |
| | Mar-18 | | | | | |
| YTD | 2017/18 | 4097 | 3146 of 4097 | 76.8% | 1141 of 4097 | 27.8% |
| ANNUAL TREND | 2014 / 15 | 10517 | | | | 42.9% |
| | 2015 / 16 | 12165 | | 96.5% | | 40.5% |
| | 2016 / 17 | 16609 | | 86.0% | | 26.6% |

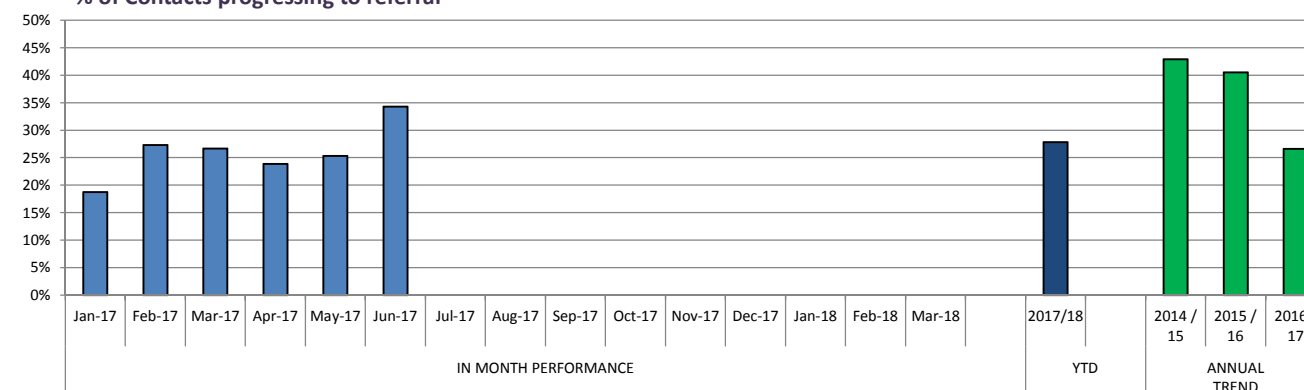
Number of contacts



% of Contacts with decision within 1 working day



% of Contacts progressing to referral



CONTACTS BY SOURCE

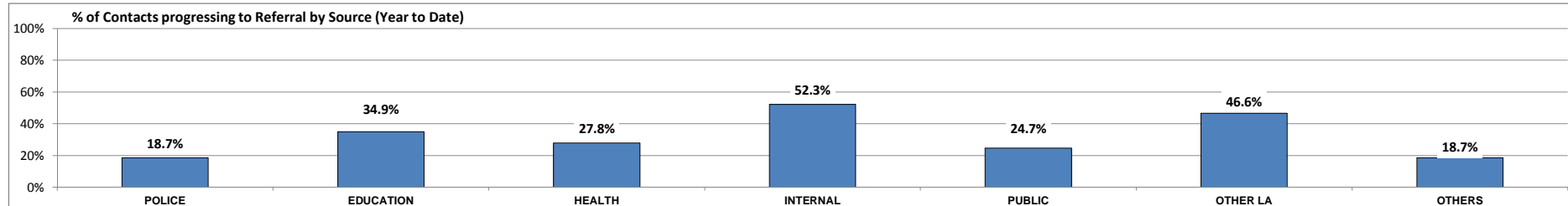
DEFINITION

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

The number of contacts progressing to referrals is improving for some agencies. The best performing are internal council services and Education. The police conversion rates are low but are likely to be impacted by the large numbers and the high proportion of domestic abuse notifications received. It is a requirement that social care services are notified of all instances of domestic abuse when there is a child living in the household, even if the risk to the child is very low. Although this skews the performance rate the information allows for an analysis of risk to be formed and monitored over time on households to allow for consideration of intervention when there are repeated events (either Early Help or Social Care).
The first response operational management group will request agencies to review a sample of their own contacts not progressing to referral so as to offer advice to the referrers on appropriate referrals and or escalate the decision for social care review.

| | | (1) POLICE | | | (2) Education services (Inc. Schools) | | | (3) Health services | | | (4) Internal council services | | | (5) Members of public (Inc. self / parent) | | | (6) OTHER LOCAL AUTHORITIES | | | (7) Others (Inc. Children centres, Legal services, cafcass) | | |
|----------------------|-----------|-------------------|-------------------------|------------------------|--|-------------------------|------------------------|---------------------|-------------------------|------------------------|-------------------------------|-------------------------|------------------------|---|-------------------------|------------------------|-----------------------------|-------------------------|------------------------|--|-------------------------|------------------------|
| | | Total Contacts | No. prog to referral | % prog. to referral | Total Contacts | No. prog to referral | % prog. to referral | Total Contacts | No. prog to referral | % prog. to referral | Total Contacts | No. prog to referral | % prog. to referral | Total Contacts | No. prog to referral | % prog. to referral | Total Contacts | No. prog to referral | % prog. to referral | Total Contacts | No. prog to referral | % prog. to referral |
| IN MONTH PERFORMANCE | Jan-18 | 687 | 83 | 12.1% | 208 | 76 | 36.5% | 195 | 22 | 11.3% | 183 | 61 | 33.3% | 185 | 26 | 14.1% | 39 | 14 | 35.9% | 152 | 27 | 17.8% |
| | Feb-18 | 535 | 103 | 19.3% | 215 | 93 | 43.3% | 79 | 14 | 17.7% | 115 | 55 | 47.8% | 118 | 30 | 25.4% | 67 | 21 | 31.3% | 244 | 59 | 24.2% |
| | Mar-18 | 598 | 103 | 17.2% | 256 | 109 | 42.6% | 192 | 54 | 28.1% | 226 | 100 | 44.2% | 116 | 17 | 14.7% | 51 | 11 | 21.6% | 212 | 46 | 21.7% |
| | Apr-17 | 593 | 93 | 15.7% | 131 | 41 | 31.3% | 141 | 33 | 23.4% | 140 | 79 | 56.4% | 106 | 32 | 30.2% | 39 | 10 | 25.6% | 141 | 20 | 14.2% |
| | May-17 | 519 | 88 | 17.0% | 249 | 65 | 26.1% | 168 | 47 | 28.0% | 179 | 82 | 45.8% | 135 | 34 | 25.2% | 43 | 18 | 41.9% | 142 | 29 | 20.4% |
| | Jun-17 | 508 | 122 | 24.0% | 198 | 96 | 48.5% | 122 | 40 | 32.8% | 226 | 124 | 54.9% | 123 | 24 | 19.5% | 49 | 33 | 67.3% | 145 | 31 | 21.4% |
| | Jul-17 | | | | | | | | | | | | | | | | | | | | | |
| | Aug-17 | | | | | | | | | | | | | | | | | | | | | |
| | Sep-17 | | | | | | | | | | | | | | | | | | | | | |
| | Oct-17 | | | | | | | | | | | | | | | | | | | | | |
| | Nov-17 | | | | | | | | | | | | | | | | | | | | | |
| | Dec-17 | | | | | | | | | | | | | | | | | | | | | |
| | Jan-18 | | | | | | | | | | | | | | | | | | | | | |
| | Feb-18 | | | | | | | | | | | | | | | | | | | | | |
| | Mar-18 | | | | | | | | | | | | | | | | | | | | | |
| YTD | 2017 / 18 | 1620 | 303 | 18.7% | 578 | 202 | 34.9% | 431 | 120 | 27.8% | 545 | 285 | 52.3% | 364 | 90 | 24.7% | 131 | 61 | 46.6% | 428 | 80 | 18.7% |
| ANNUAL TREND | 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 | 6085 | 1193 | 19.6% | 1997 | 864 | 43.3% | 1708 | 474 | 27.8% | 784 | 317 | 40.4% | 1404 | 371 | 26.4% | 335 | 80.0% | 0.2% | 4296 | 1112 | 25.9% |



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

On this presentation the data suggests that the percentage of referrals moving on to an assessment remains within a good range, sustaining performance at above the statistical and national averages. 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 sustained at a good level 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 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.

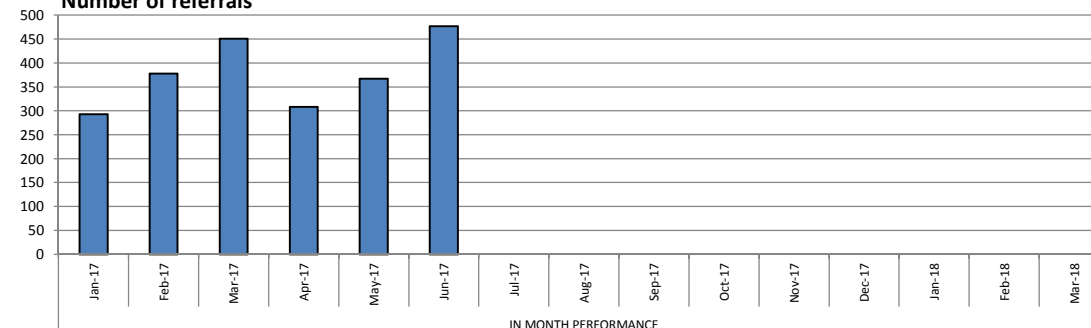
The re-referral rate remains relatively stable on an overall downward trajectory. This indicator is usually a reflection of the quality of the practice and as this improves, the indicator should reduce. Considering this data presentation, 'in month' performance has decreased to be within the target, as well as the 'rolling 12 months' indicator which is now just above the locally set target of 23%. 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 over the last 6 months .

| 1.3 | 1.5 | | 1.9 | 1.6 | 1.7 | 1.8 |
|------------------|--------------------------------------|--|---|------------------------------------|--|---|
| No. of Referrals | No. of Referrals (rolling 12 months) | Rate of referrals (10k pop) rolling 12 month | No. of CSE Referrals (Council Plan Indicator) | % 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 |

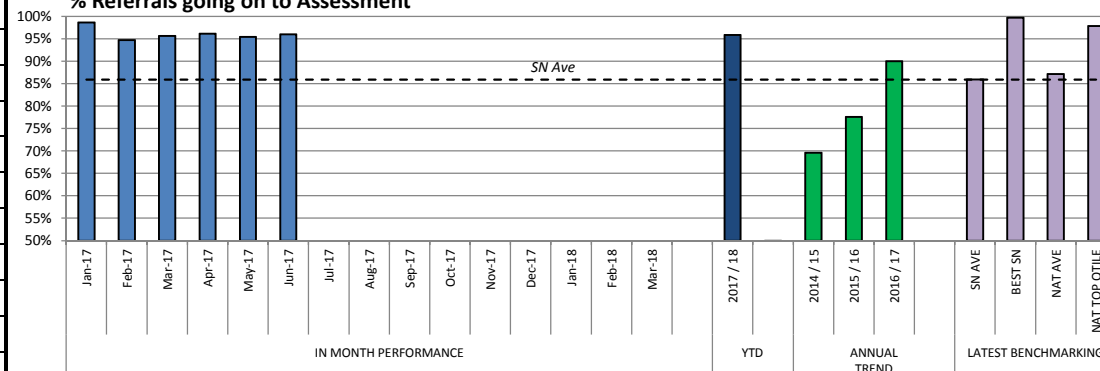
| IN MONTH PERFORMANCE | Jan-17 | 293 | 5138 | 911.7 | 18 | 98.6% | 22.5% | 28.0% |
|----------------------|--------|-----|------|-------|----|-------|-------|-------|
| | Feb-17 | 378 | 5115 | 907.6 | 26 | 94.7% | 23.0% | 27.7% |
| | Mar-17 | 451 | 5127 | 909.8 | 29 | 95.6% | 24.8% | 27.5% |
| | Apr-17 | 308 | 5036 | 893.6 | 16 | 96.1% | 25.0% | 27.0% |
| | May-17 | 367 | 4967 | 881.4 | 8 | 95.4% | 25.3% | 27.1% |
| | Jun-17 | 477 | 4899 | 869.3 | 21 | 96.0% | 15.1% | 25.7% |
| | Jul-17 | | | | | | | |
| | Aug-17 | | | | | | | |
| | Sep-17 | | | | | | | |
| | Oct-17 | | | | | | | |
| | Nov-17 | | | | | | | |
| | Dec-17 | | | | | | | |
| | Jan-18 | | | | | | | |
| | Feb-18 | | | | | | | |
| | Mar-18 | | | | | | | |

| YTD | 2017 / 18 | 1152 | | | 45 | 95.8% | | |
|---------------------|---------------|------|------|-------|-----|-------|-------|-------|
| ANNUAL TREND | 2014 / 15 | 4513 | | | | 69.6% | 22.8% | |
| | 2015 / 16 | 4915 | | | 200 | 77.6% | 30.9% | |
| | 2016 / 17 | 5127 | 5127 | 909.8 | 256 | 90.0% | | 27.5% |
| LATEST BENCHMARKING | SN AVE | | | | | 85.9% | | 23.7% |
| | BEST SN | | | | | 99.7% | | 10.0% |
| | NAT AVE | | | | | 87.1% | | 22.3% |
| | NAT TOP QTILE | | | | | 97.8% | | 16.0% |

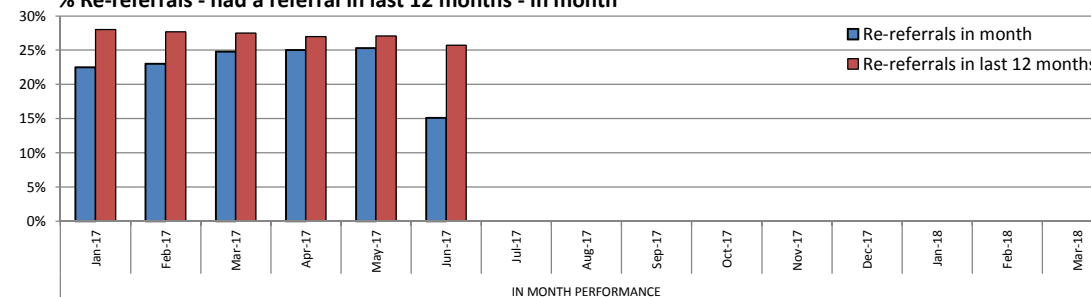
Number of referrals



% Referrals going on to Assessment



% Re-referrals - had a referral in last 12 months - in month



ASSESSMENTS - STARTED / COMPLETED

DEFINITION

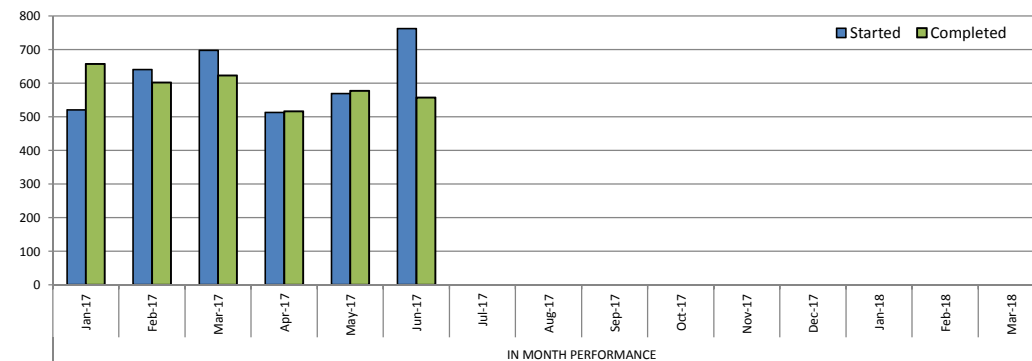
If a child meets the Children's Act definition of 'Child in Need' or is likely to be at risk of significant harm, authorisation will be given for an assessment of needs to be started to determine which services to provide and what action to take. National Working Together guidelines state that the maximum timeframe for the assessment to be completed is 45 working days from the point of referral. If, in discussion with a child and their family and other professionals, an assessment exceeds 45 working days the social worker should record the reasons for exceeding the time limit.

PERFORMANCE ANALYSIS

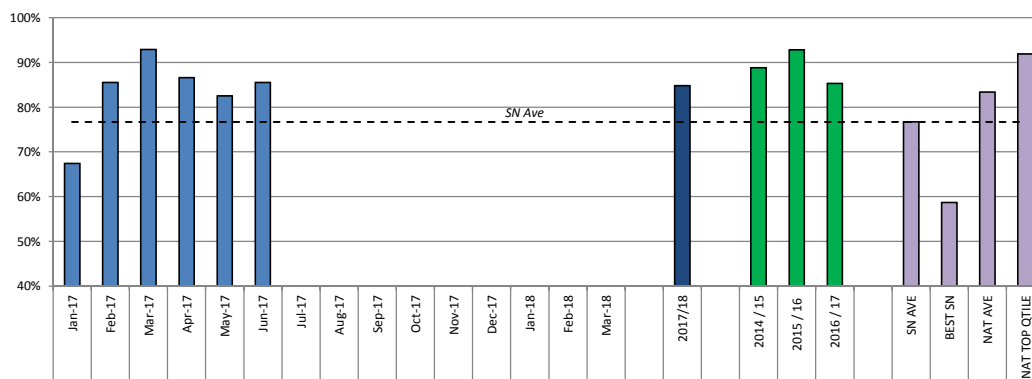
June has seen a significant increase in the number of single social work assessments started against a reduction in contacts. 193 additional assessments were commenced and there were 64 less contacts received in June. This month sees performance of assessments completed in time increase to 85.5% placing performance better than the national and statistical neighbour averages. The number of assessments open past 45 days is significantly higher than the past 3 months, this is likely to reflect a delay in input for those completed towards the end of the month (last month went from 56 to 21 on data validation of the whole month). On further scrutiny the assessments taking the longest sit with the children's disability team who have 11 cases over 45 days. This may be explained due to the additional complexity and wider range of agencies required to provide information. It is important to note that only 7 assessments completed by the duty and assessment team were over time. All assessments over time will be reviewed by the head of service to ensure children's outcomes are not being impacted by delay. Compliance continues to be monitored at fortnightly performance meetings where team managers address any remedial action for those out of time. Managers are receiving support from the Liquid Logic Project Team in addressing validation issues caused by the data migration into the new system.

| | | 2.1 | 2.4 | 2.2 | 2.3 |
|----------------------|---------------|-------------------------------|---------------------------------------|------------------------------------|---|
| | | Number of Assessments started | No. of Assessments completed in Month | % completed within 45 working days | Open assessments already past 45 working days |
| IN MONTH PERFORMANCE | Jan-17 | 520 | 657 | 67.4% | 4 |
| | Feb-17 | 640 | 602 | 85.5% | 3 |
| | Mar-17 | 698 | 623 | 92.9% | 2 |
| | Apr-17 | 513 | 516 | 86.6% | 11 |
| | May-17 | 569 | 577 | 82.5% | 21 |
| | Jun-17 | 762 | 557 | 85.5% | 66 |
| | Jul-17 | | | | |
| | Aug-17 | | | | |
| | Sep-17 | | | | |
| | Oct-17 | | | | |
| | Nov-17 | | | | |
| | Dec-17 | | | | |
| | Jan-18 | | | | |
| | Feb-18 | | | | |
| | Mar-18 | | | | |
| YTD | 2017/18 | 1844 | 1650 | 84.8% | |
| ANNUAL TREND | 2014 / 15 | 3929 | | 88.8% | |
| | 2015 / 16 | 3996 | 4064 | 92.8% | |
| | 2016 / 17 | 6182 | 5781 | 85.3% | |
| LATEST BENCHMARKING | SN AVE | | | 76.7% | |
| | BEST SN | | | 58.7% | |
| | NAT AVE | | | 83.4% | |
| | NAT TOP QTILE | | | 91.9% | |

Assessments Started / Completed



% completed within 45 working days



ASSESSMENTS - OUTCOMES

DEFINITION

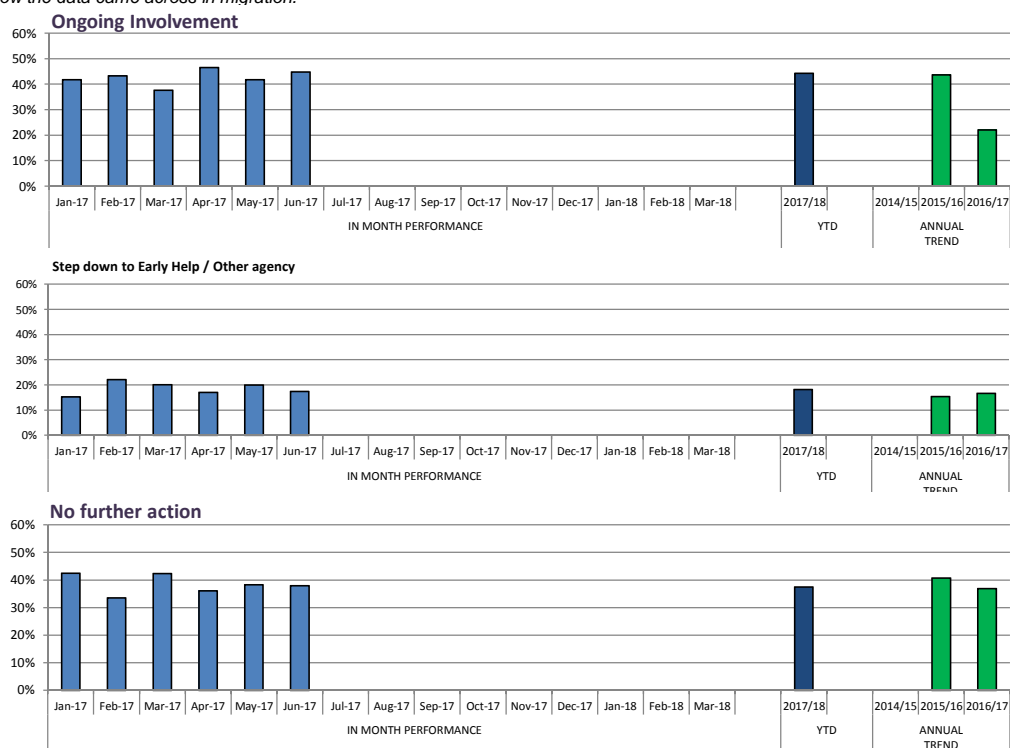
Every assessment should be focused on outcomes, deciding which services and support to provide to deliver improved welfare for the child and reflect the child's best interests. Local monitoring processes were reviewed and new outcome options established June 2015 therefore care should be taken when comparing 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. June data suggests a small increase in the number of assessments resulting in 'Ongoing Involvement' but a small decrease in 'Step down to Early Help'. Overall, assessments resulting in further service is at 62.1% from 61.7% in May. Further system adjustments will be made if 'outcome' options need to be added. This will continue to be monitored at performance meetings and through a new 'No Further Action (NFA)' weekly auditing process to ensure the threshold is being appropriately and consistently applied, both within the assessment and duty teams and by MASH managers transferring the referrals.

Data Note: 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 | | 2.6 | | 2.7 | | 2.8 | |
|----------------------|---------|---------------------|-------|-------------------|-------|-------------------------|-------|--------------------|-------|
| | | Ongoing Involvement | | No further action | | Step down to Early Help | | Not Recorded/Other | |
| IN MONTH PERFORMANCE | Jan-17 | 274 of 657 | 41.7% | 279 of 657 | 42.5% | 100 of 657 | 15.2% | 4 of 657 | 0.6% |
| | Feb-17 | 260 of 602 | 43.2% | 202 of 602 | 33.6% | 133 of 602 | 22.1% | 7 of 602 | 1.2% |
| | Mar-17 | 234 of 623 | 37.6% | 264 of 623 | 42.4% | 125 of 623 | 20.1% | 0 of 623 | 0.0% |
| | Apr-17 | 240 of 516 | 46.5% | 186 of 516 | 36.0% | 88 of 516 | 17.1% | 2 of 516 | 0.4% |
| | May-17 | 241 of 577 | 41.8% | 221 of 577 | 38.3% | 115 of 577 | 19.9% | 0 of 577 | 0.0% |
| | Jun-17 | 249 of 557 | 44.7% | 211 of 557 | 37.9% | 97 of 557 | 17.4% | 0 of 557 | 0.0% |
| | Jul-17 | | | | | | | | |
| | Aug-17 | | | | | | | | |
| | Sep-17 | | | | | | | | |
| | Oct-17 | | | | | | | | |
| | Nov-17 | | | | | | | | |
| | Dec-17 | | | | | | | | |
| | Jan-18 | | | | | | | | |
| YTD | 2017/18 | 730 of 1650 | 44.2% | 618 of 1650 | 37.5% | 300 of 1650 | 18.2% | 2 of 1650 | 0.1% |
| | 2014/15 | | | | | | | | |
| | 2015/16 | 1772 of 4064 | 43.6% | 1624 of 4064 | 40.7% | 621 of 4064 | 15.4% | 7 of 4064 | 0.2% |
| ANNUAL TREND | 2016/17 | 1270 of 5781 | 22.0% | 2129 of 5781 | 36.8% | 962 of 5781 | 16.6% | 1420 of 5781 | 24.6% |



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 their plan changes to 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)

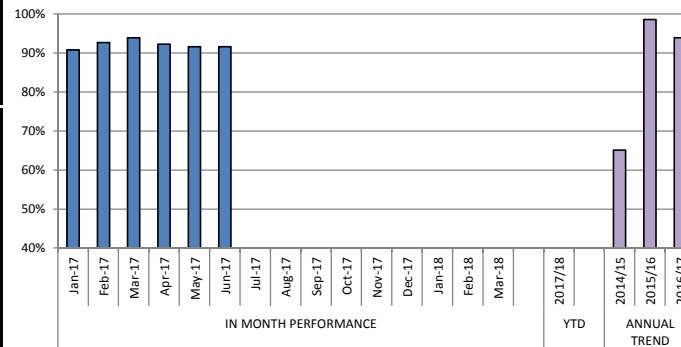
PERFORMANCE ANALYSIS

Performance data is starting to return to normal sustained levels after reaching a low in December. June continues to see a small decrease in performance across CPP and LAC plan types. 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.

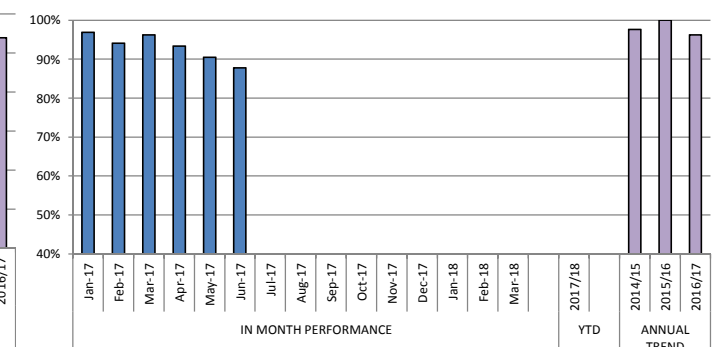
The LAC team performance still has some way to go to return to the performance pre new system implementation. It is known that this is being affected by a backlog of outstanding reviews which need completing before plans can start. This is still being monitored via operational performance meetings. The CPP plan performance issue is being addressed by the Head of Service through heightened interventions at a team level. This has resulted in compliance being achieved in 92.7 % as of the 12/7/17.

| | | 4.4 | 5.14 | 6.14 |
|----------------------|---------|---|-----------------------------|-----------------------------|
| | | 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 |
| IN MONTH PERFORMANCE | Jan-17 | 90.8% | 96.9% | 78.6% |
| | Feb-17 | 92.7% | 94.1% | 77.8% |
| | Mar-17 | 93.9% | 96.2% | 79.1% |
| | Apr-17 | 92.3% | 93.4% | 76.8% |
| | May-17 | 91.6% | 90.5% | 76.4% |
| | Jun-17 | 91.6% | 87.8% | 73.8% |
| | Jul-17 | | | |
| | Aug-17 | | | |
| | Sep-17 | | | |
| | Oct-17 | | | |
| | Nov-17 | | | |
| | Dec-17 | | | |
| | Jan-18 | | | |
| | Feb-18 | | | |
| | Mar-18 | | | |
| YTD | 2017/18 | | | |
| ANNUAL TREND | 2014/15 | 65.1% | 97.6% | 98.8% |
| | 2015/16 | 98.6% | 100.0% | 98.4% |
| | 2016/17 | 93.9% | 96.2% | 79.1% |

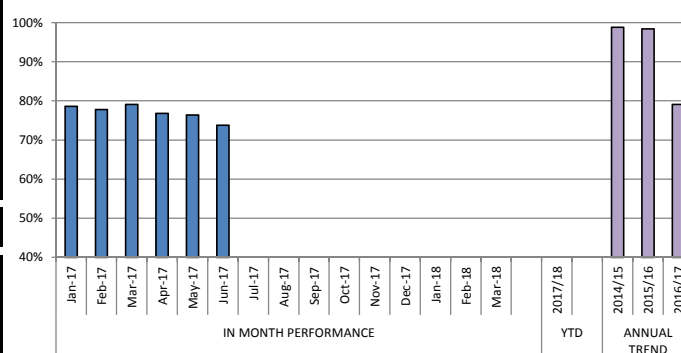
CIN with an up-to-date plan - open at least 45 days



CPP with an up to date plan



LAC with an up to date plan



SECTION 47 INVESTIGATIONS - STARTED

DEFINITION

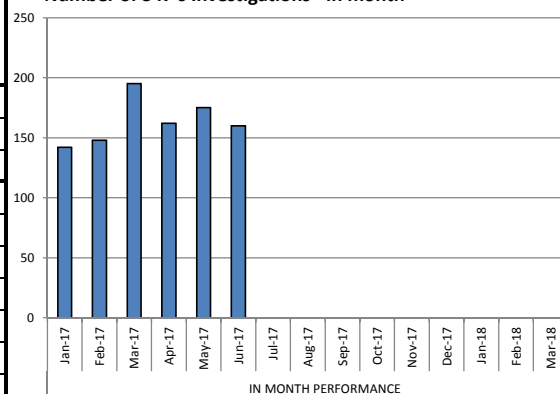
If there is reasonable cause to suspect a child is suffering or likely to be suffering significant harm a Strategy Discussion will be convened between child protection staff and other relevant bodies. The Strategy Discussion may then decide to launch a Section 47 enquiry. This means the local authority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

PERFORMANCE ANALYSIS

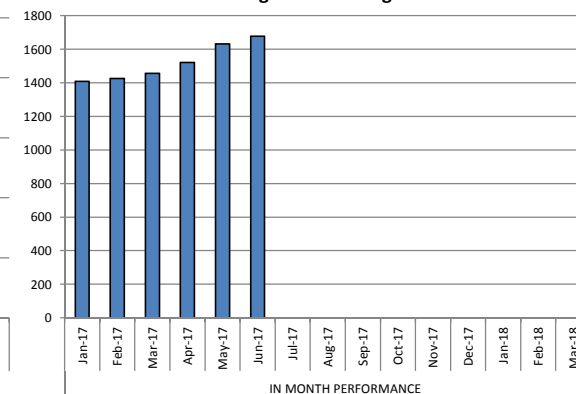
The number of Section 47 (S47) investigations has remained relatively stable and still represents a fall from a peak in March 2016 against an increase in overall demand for social care intervention in other first response services. This performance still remains significantly higher than the statistical 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.

| | | 3.1 | 3.2 | 3.3 |
|----------------------|---------------|--|---|--|
| | | Number of S47's Investigations - Started | Number of S47's Investigations Started - rolling 12 month | Rate of S47's per 10K pop. -12 month rolling |
| IN MONTH PERFORMANCE | Jan-17 | 142 | 1408 | 249.7 |
| | Feb-17 | 148 | 1426 | 252.8 |
| | Mar-17 | 195 | 1457 | 258.3 |
| | Apr-17 | 162 | 1522 | 269.9 |
| | May-17 | 175 | 1631 | 289.2 |
| | Jun-17 | 160 | 1677 | 297.4 |
| | Jul-17 | | | |
| | Aug-17 | | | |
| | Sep-17 | | | |
| | Oct-17 | | | |
| | Nov-17 | | | |
| | Dec-17 | | | |
| | Jan-18 | | | |
| | Feb-18 | | | |
| | Mar-18 | | | |
| YTD | 2017/18 | 497 | | |
| ANNUAL TREND | 2014/15 | 909 | | 156.1 |
| | 2015/16 | 1478 | | 262.1 |
| | 2016/17 | 1457 | | 258.3 |
| LATEST BENCHMARKING | SN AVE | | | 178.7 |
| | BEST SN | | | 89.8 |
| | NAT AVE | | | 147.5 |
| | NAT TOP QTILE | | | - |

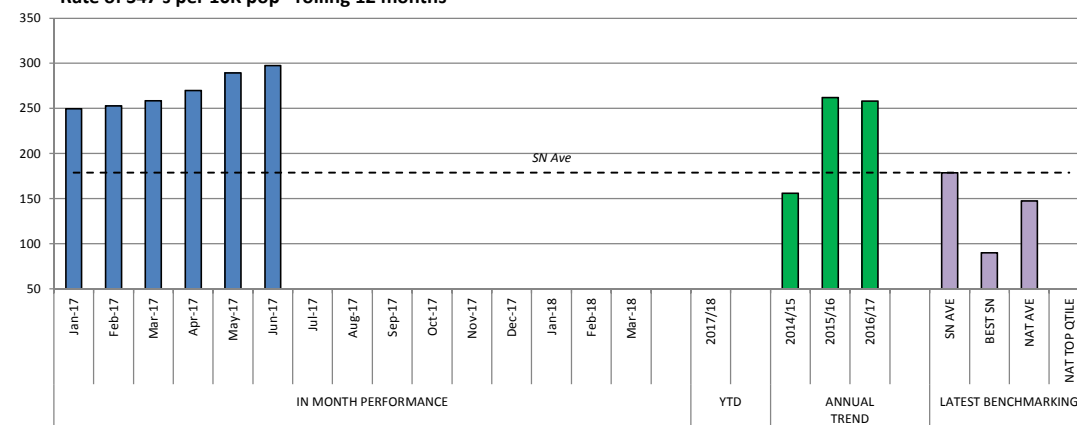
Number of S47's Investigations - in month



Number of S47's Investigations - rolling 12 month



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



SECTION 47 INVESTIGATIONS - COMPLETED

DEFINITION

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

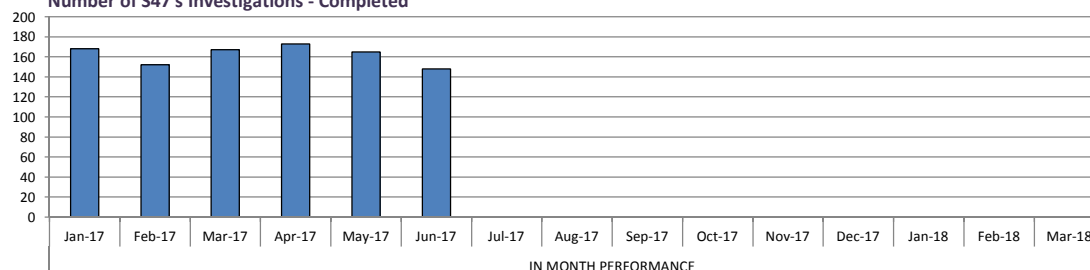
PERFORMANCE ANALYSIS

Trend data in relation to the outcome of Section 47 investigations, suggests continued high performance. This month overall outcomes were substantiated (89.2%). This suggests that the original decision to initiate the strategy discussion/section 47 investigation was right for the majority of children/families even though, for some (32.4%), there is no continuing risk of harm.

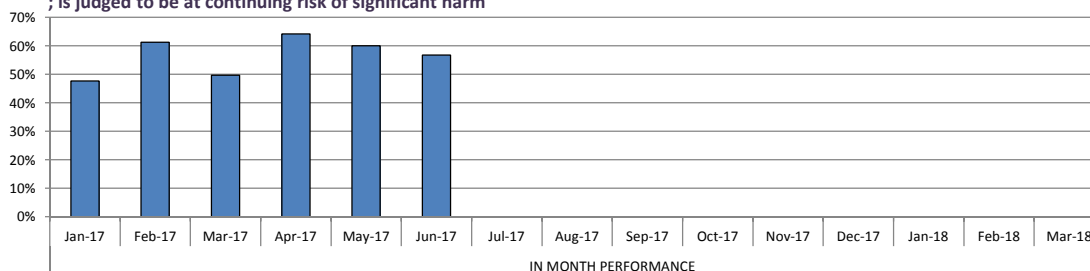
In June only 5.4% concluded at the end of the activity that they were not in line with the "significant harm" threshold against a rising number of investigations. This low level could indicate continued improvement, however this level would need to be sustained for another two quarters as a minimum to 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 Investigation s - Completed | Concerns are substantiated - continuing risk of significant harm | Concerns are substantiated - no continuing risk of significant harm | | Concerns not substantiated | | Not recorded | | |
| IN MONTH PERFORMANCE | Jan-17 | 168 | 80 | 47.6% | 61 | 36.3% | 27 | 16.1% | 0 | 0.0% |
| | Feb-17 | 152 | 93 | 61.2% | 38 | 25.0% | 21 | 13.8% | 0 | 0.0% |
| | Mar-17 | 167 | 83 | 49.7% | 65 | 38.9% | 19 | 11.4% | 0 | 0.0% |
| | Apr-17 | 173 | 111 | 64.2% | 54 | 31.2% | 8 | 4.6% | 0 | 0.0% |
| | May-17 | 165 | 99 | 60.0% | 52 | 31.5% | 14 | 8.5% | 0 | 0.0% |
| | Jun-17 | 148 | 84 | 56.8% | 48 | 32.4% | 8 | 5.4% | 8 | 5.4% |
| | Jul-17 | | | | | | | | | |
| | Aug-17 | | | | | | | | | |
| | Sep-17 | | | | | | | | | |
| | Oct-17 | | | | | | | | | |
| | Nov-17 | | | | | | | | | |
| | Dec-17 | | | | | | | | | |
| | Jan-18 | | | | | | | | | |
| | Feb-18 | | | | | | | | | |
| | Mar-18 | | | | | | | | | |
| YTD | 2017/18 | 486 | 294 | 60.5% | 154 | 31.7% | 30 | 6.2% | 8 | 1.6% |
| ANNUAL TREND | 2014/15 | 876 | | | | | | | | |
| | 2015/16 | 1390 | 810 | 58.3% | 420 | 30.2% | 156 | 11.2% | 4 | 0.3% |
| | 2016/17 | 1384 | 770 | 55.6% | 386 | 27.9% | 151 | 10.9% | 19 | 1.4% |

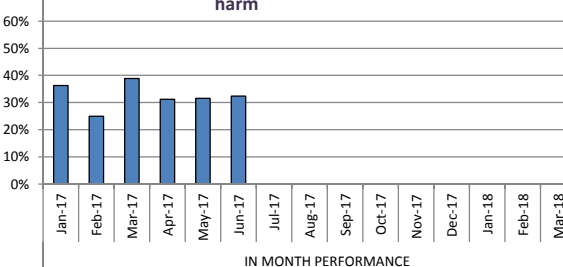
Number of S47's Investigations - Completed



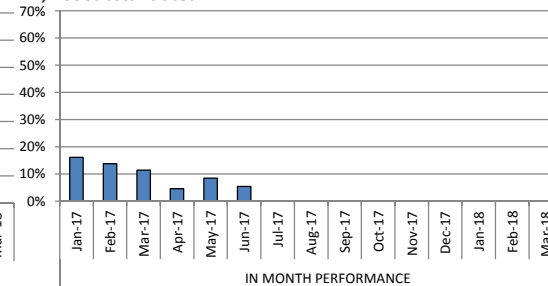
; is judged to be at continuing risk of significant harm



; not judged to be at continuing risk of significant harm



; not substantiated



CHILDREN IN NEED (CIN)

DEFINITION

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

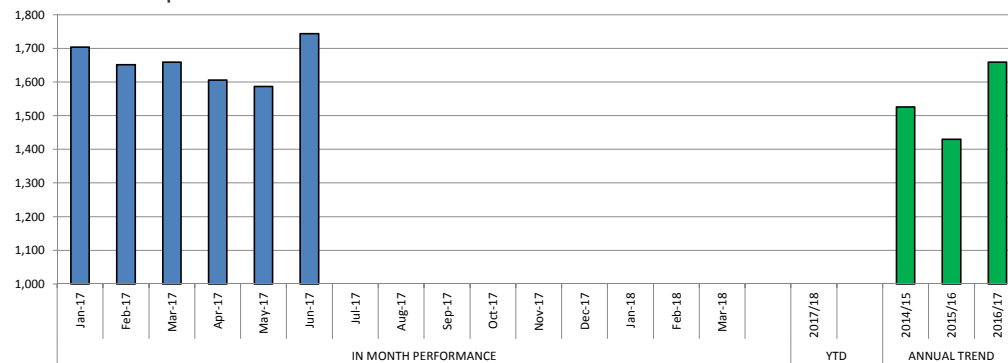
PERFORMANCE ANALYSIS

There is no good or bad performance in relation to number 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 for June show a significant increase in the number of children (157) that puts performance above the statistical neighbour average, and national average. This is likely to be related to levels of deprivation and therefore the stat neighbour average is the most reliable comparator. This increase is being explored by the Head of Service to ascertain whether it is a genuine increase in referrals or an inability to close cases/step down to early help.

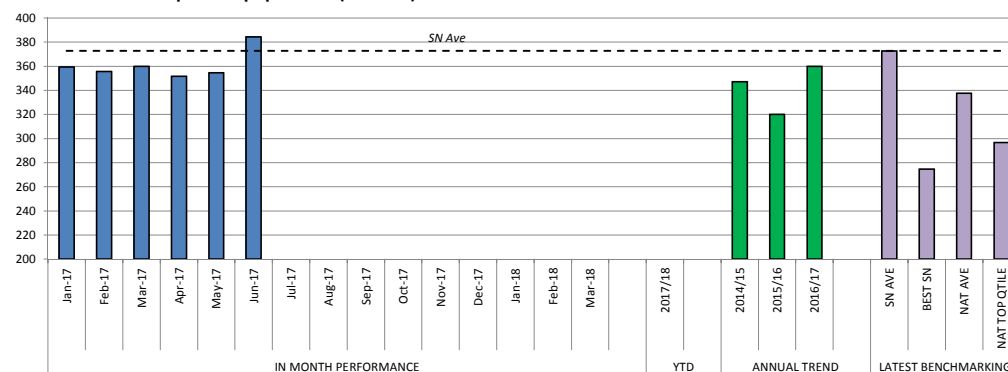
One of the measures of success of our Early Help offer will be, over time, a reduction in the numbers of CIN as families are offered support at an earlier point before concerns escalate. As the service starts to embed it may in the short term increase demand as it uncovers unmet need.

| | | 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) |
| IN MONTH PERFORMANCE | Jan-17 | 1704 | 2026 | 359.2 |
| | Feb-17 | 1652 | 2006 | 355.7 |
| | Mar-17 | 1659 | 2029 | 359.8 |
| | Apr-17 | 1606 | 1983 | 351.6 |
| | May-17 | 1587 | 1999 | 354.4 |
| | Jun-17 | 1744 | 2168 | 384.4 |
| | Jul-17 | | | |
| | Aug-17 | | | |
| | Sep-17 | | | |
| | Oct-17 | | | |
| | Nov-17 | | | |
| | Dec-17 | | | |
| | Jan-18 | | | |
| | Feb-18 | | | |
| | Mar-18 | | | |
| YTD | 2017/18 | | | |
| ANNUAL TREND | 2014/15 | 1526 | 1947 | 347.1 |
| | 2015/16 | 1430 | 1805 | 320.0 |
| | 2016/17 | 1659 | 2029 | 359.8 |
| LATEST BENCHMARKING | SN AVE | | | 372.7 |
| | BEST SN | | | 274.6 |
| | NAT AVE | | | 337.7 |
| | NAT TOP QTILE | | | 296.6 |

Number of open CIN cases



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

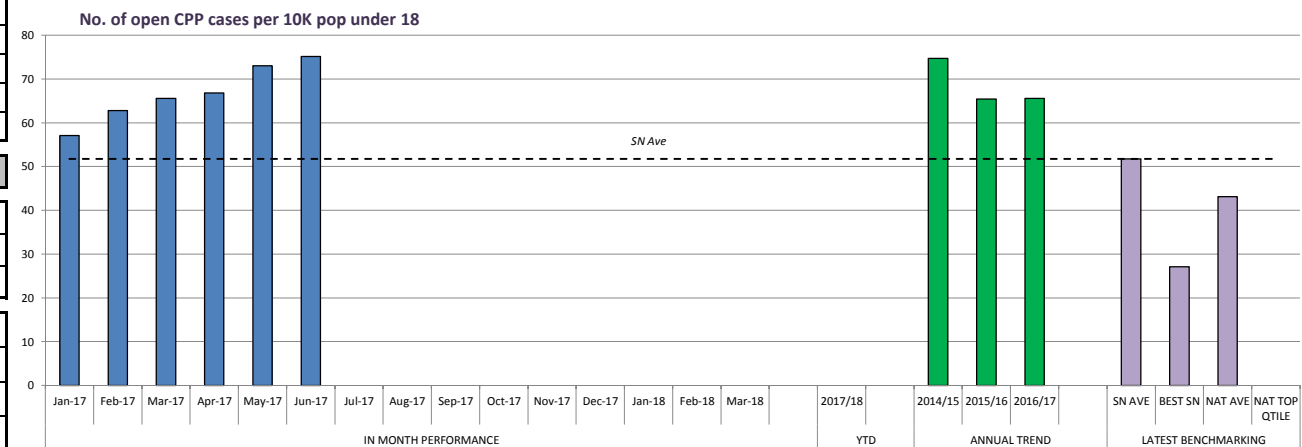
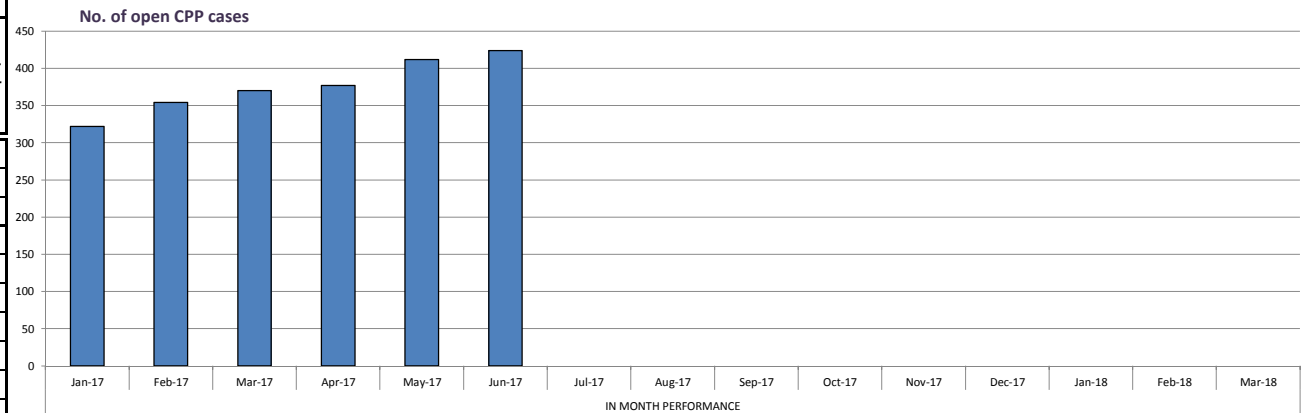


CHILD PROTECTION

| | |
|------------|--|
| 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. 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. |

| | |
|----------------------|---|
| PERFORMANCE ANALYSIS | The trend for the number of children with a Child Protection Plan (CPP) has continued to increase and remains higher than that of statistical neighbours and the national average. We would expect the numbers to fall as CP Plans are worked more effectively and either the risk of harm is reduced or alternative plans are made to care for the child. The increase in plans could in part be as a result of a complex abuse enquiry identifying additional children at risk of significant harm due to long term neglect. Additional resources are in place to manage the additional workload ensuring that all children are effectively protected. We are considering how best to intervene at a community level to reduce the number of children who experience childhood neglect. The introduction of the signs of safety methodology should have a positive impact in this area of support. Long-term the figures should then stabilise closer to the benchmark averages. However the number of plans alone cannot offer assurance that we have identified the right children at risk of/or experiencing significant harm and are supported by a plan. |
| | |

| | | 5.7 | | 5.8 | | 5.1 | 5.6 |
|----------------------|----------------|---|------|--|------|-----------------------|--|
| | | No. of children becoming subject to a CP plan per 10K pop - rolling 12 months | | No. of discontinuations of a CP plan per 10K pop - rolling 12 months | | No. of open CPP cases | No. of open CPP cases per 10K pop under 18 |
| IN MONTH PERFORMANCE | Jan-17 | 407 | 72.2 | 459 | 81.4 | 322 | 57.1 |
| | Feb-17 | 410 | 72.8 | 453 | 80.4 | 354 | 62.8 |
| | Mar-17 | 445 | 79.0 | 450 | 79.8 | 370 | 65.6 |
| | Apr-17 | 464 | 82.3 | 453 | 80.4 | 377 | 66.8 |
| | May-17 | 516 | 91.6 | 439 | 77.9 | 412 | 73.1 |
| | Jun-17 | 533 | 94.6 | 433 | 76.8 | 424 | 75.2 |
| | Jul-17 | | | | | | |
| | Aug-17 | | | | | | |
| | Sep-17 | | | | | | |
| | Oct-17 | | | | | | |
| | Nov-17 | | | | | | |
| | Dec-17 | | | | | | |
| | Jan-18 | | | | | | |
| | Feb-18 | | | | | | |
| | Mar-18 | | | | | | |
| YTD | 2017/18 | | | | | | |
| ANNUAL TREND | 2014/15 | 93.1 | | 85.4 | | | 74.7 |
| | 2015/16 | 93.8 | | 105.0 | | | 65.4 |
| | 2016/17 | 445 | 79.0 | 450 | 79.8 | 370 | 65.6 |
| LATEST BENCHMARKING | SN AVE | | | | | | 51.7 |
| | BEST SN | | | | | | 27.1 |
| | NAT AVE | | | | | | 43.1 |
| | NAT TOP Q TILE | | | | | | - |
| | | | | | | | |



INITIAL CHILD PROTECTION CONFERENCES

DEFINITION

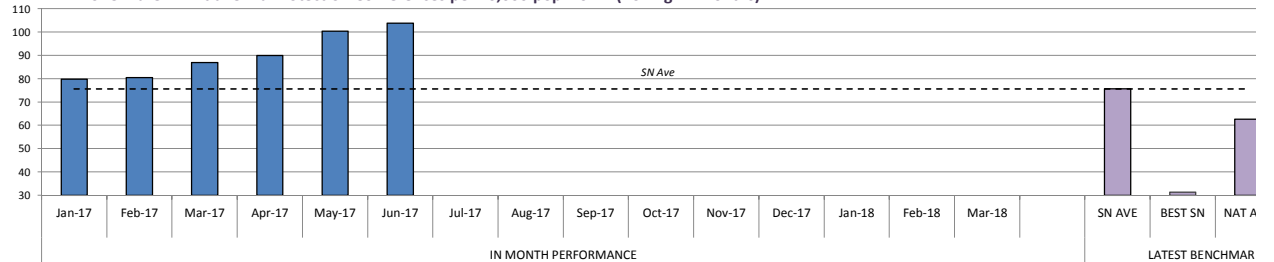
Following a S47 investigation a child protection conference may be convened to consider all the information obtained under the Section 47 enquiry and to determine the best course of action. One of the things the child protection conference considers is whether the child should become subject to a Child 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

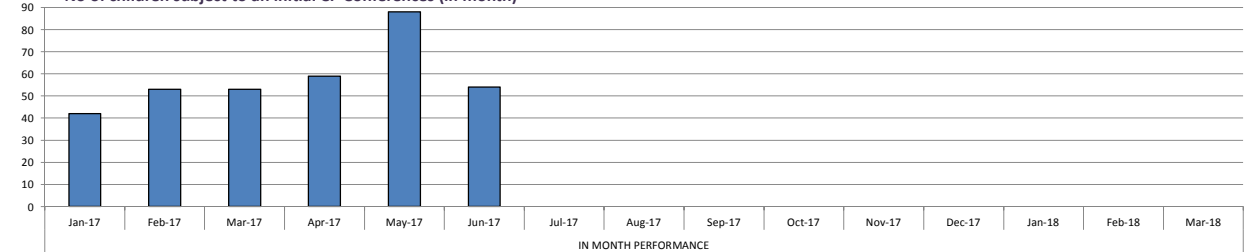
54 children were subject to an Initial Child Protection Conferences held in June which is a significant decrease (34), which is more in line with previous months. The journey from strategy discussion outcome to ICPC is clear in the data, the number of conferences in month relates to the numbers of strategy discussions out-turning as "Substantiated, Continuing Harm". The timeliness of Initial Case Protection Conferences in month continues to be good at 96.3%. It remains good and better than the national and statistical neighbour average, placing Rotherham in the top quartile. For any children experiencing a delay the reasons for these delays are known and understood by the conference chair manager to help mitigate and improve future practice.

| | | 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 subject to an initial CP Conferences (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-17 | 450 | 79.8 | 42 | 41 | 97.6% |
| | Feb-17 | 454 | 80.5 | 53 | 52 | 98.1% |
| | Mar-17 | 490 | 86.9 | 53 | 46 | 86.8% |
| | Apr-17 | 507 | 89.9 | 59 | 57 | 96.6% |
| | May-17 | 566 | 100.4 | 88 | 84 | 95.5% |
| | Jun-17 | 585 | 103.7 | 54 | 52 | 96.3% |
| | Jul-17 | | | | | |
| | Aug-17 | | | | | |
| | Sep-17 | | | | | |
| | Oct-17 | | | | | |
| | Nov-17 | | | | | |
| | Dec-17 | | | | | |
| | Jan-18 | | | | | |
| | Feb-18 | | | | | |
| | Mar-18 | | | | | |
| YTD | 2017/18 | | | 201 | 193 | 96.0% |
| ANNUAL TREND | 2014/15 | | | 556 | | 65.0% |
| | 2015/16 | | | 597 | | 88.3% |
| | 2016/17 | 490 | 86.9 | 490 | 446 | 91.0% |
| LATEST BENCHMARKING | SN AVE | | 75.6 | | | 82.8% |
| | BEST SN | | 31.3 | | | 100.0% |
| | NAT AVE | | 62.6 | | | 76.7% |
| | NAT TOP QTILE | | - | | | 89.7% |

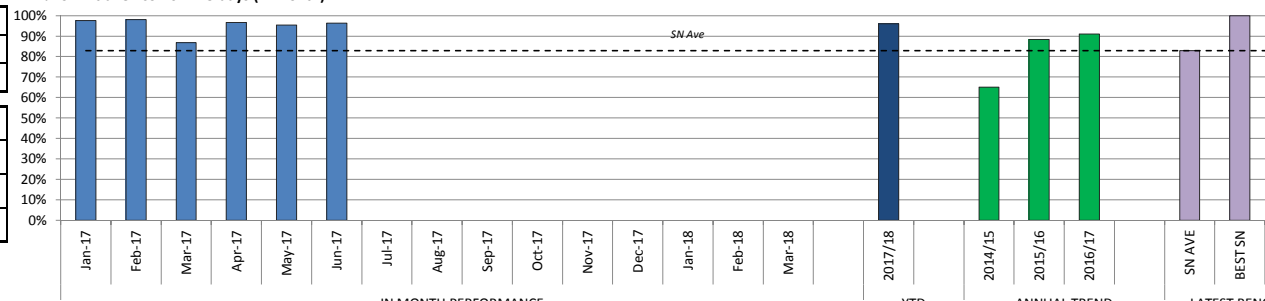
No. Children - Initial Child Protection Conferences per 10,000 pop . 0-17 (Rolling 12 months)



No of children subject to an initial CP Conferences (in month)



% of initial CP confs in 15 days (in month)



CHILD PROTECTION - TIME PERIODS

DEFINITION

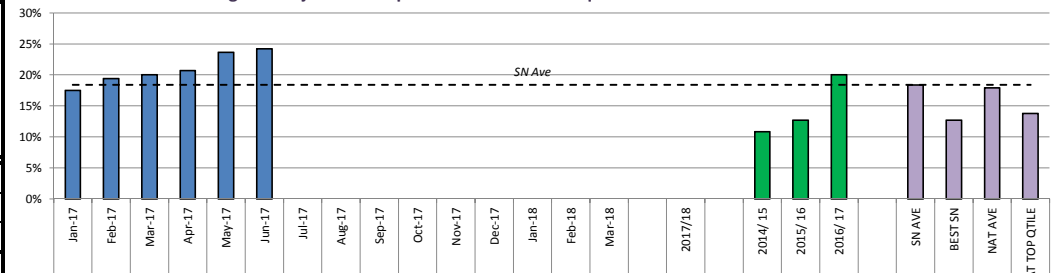
Child protection plans remain in force until the child is no longer considered at risk, moves out of the local authority area (in which case the receiving authority should convene its own child protection conference) or reaches the age of 18.

PERFORMANCE ANALYSIS

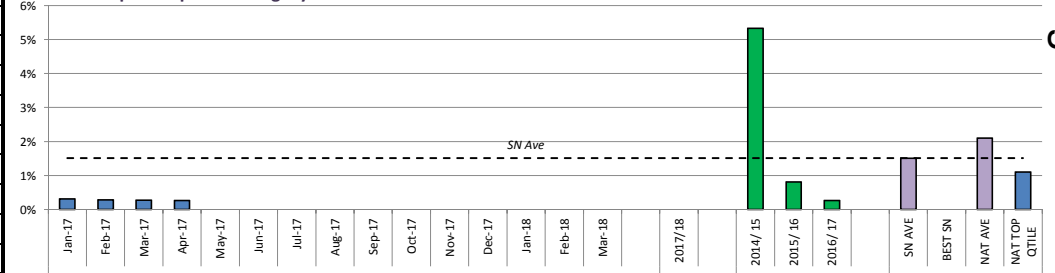
The data suggests that the services ability to reach a timely resolution for children at risk continues to be good. This is likely to relate in large part to increasing numbers of children in care and subject of a legal proceeding. As last month, children on plans for a second and subsequent time, are relatively high (as compared to earlier this year). However, those children supported through a plan for more than 2 years remains static.

| | | 5.9 | | 5.10 | | 5.11 | | 5.12 | |
|----------------------|---------------|--|--|---|--|--|--|--|--|
| | | No. of children becoming the subject of a CP plan for a 2nd or subsequent time -in 24 months (Rolling) | % 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 (Rolling) | % 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-17 | 34 of 412 | 8.3% | 72 of 412 | 17.5% | 1 of 322 | 0.3% | 0 of 43 | 0.0% |
| | Feb-17 | 35 of 417 | 8.4% | 81 of 417 | 19.4% | 1 of 354 | 0.3% | 0 of 21 | 0.0% |
| | Mar-17 | 41 of 445 | 9.2% | 89 of 445 | 20.0% | 1 of 370 | 0.3% | 0 of 35 | 0.0% |
| | Apr-17 | 51 of 464 | 11.0% | 96 of 464 | 20.7% | 1 of 377 | 0.3% | 0 of 47 | 0.0% |
| | May-17 | 61 of 516 | 11.8% | 122 of 516 | 23.6% | 0 of 412 | 0.0% | 1 of 43 | 2.3% |
| | Jun-17 | 61 of 533 | 11.4% | 129 of 533 | 24.2% | 0 of 424 | 0.0% | 0 of 38 | 0.0% |
| | Jul-17 | | | | | | | | |
| | Aug-17 | | | | | | | | |
| | Sep-17 | | | | | | | | |
| | Oct-17 | | | | | | | | |
| | Nov-17 | | | | | | | | |
| | Dec-17 | | | | | | | | |
| | Jan-18 | | | | | | | | |
| | Feb-18 | | | | | | | | |
| | Mar-18 | | | | | | | | |
| | YTD | 2017/18 | | | | | | 1 of 128 | 0.8% |
| ANNUAL TREND | 2014/ 15 | | 4.0% | 54 of 499 | 10.8% | 23 of 432 | 5.3% | 20 of 478 | 4.2% |
| | 2015/ 16 | | 4.7% | 67 of 528 | 12.7% | 3 of 369 | 0.8% | 28 of 588 | 4.8% |
| | 2016/ 17 | 41 of 445 | 9.2% | 89 of 445 | 20.0% | 1 of 367 | 0.3% | 8 of 446 | 1.8% |
| LATEST BENCHMARKING | SN AVE | | | | 18.4% | | 1.5% | | 2.9% |
| | BEST SN | | | | 12.7% | | 0.0% | | 2.7% |
| | NAT AVE | | | | 17.9% | | 2.1% | | 3.8% |
| | NAT TOP QTILE | | | | 13.8% | | 1.1% | | 2.4% |

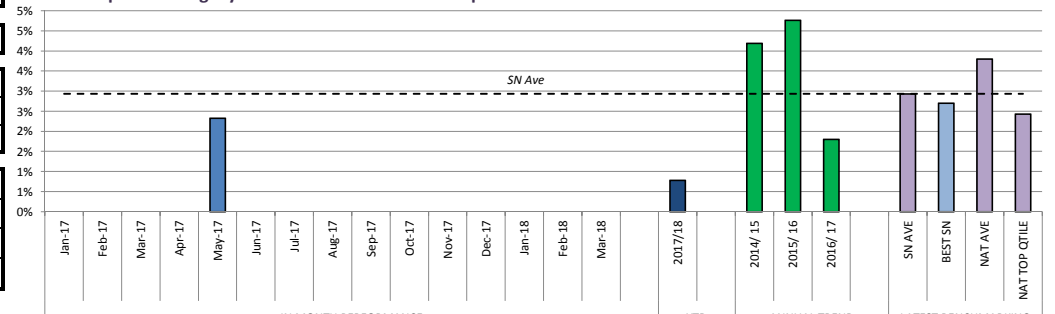
% children becoming the subject of a CP plan for a 2nd or subsequent time - Ever



% of open CP plans lasting 2 years or more



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



CHILD PROTECTION - REVIEWS & VISITS

DEFINITION

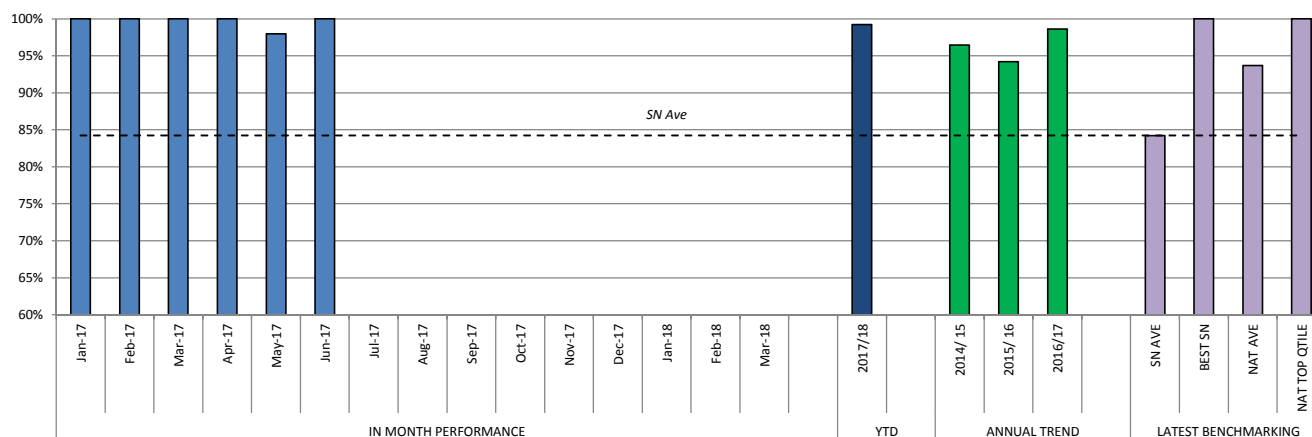
A child protection plan is reviewed after three months and at intervals of no more than six months thereafter.
Local standards state that any child subject to a child protection plan should be visited at least every two weeks (this excludes children registered on a CPP for less than a week).

PERFORMANCE ANALYSIS

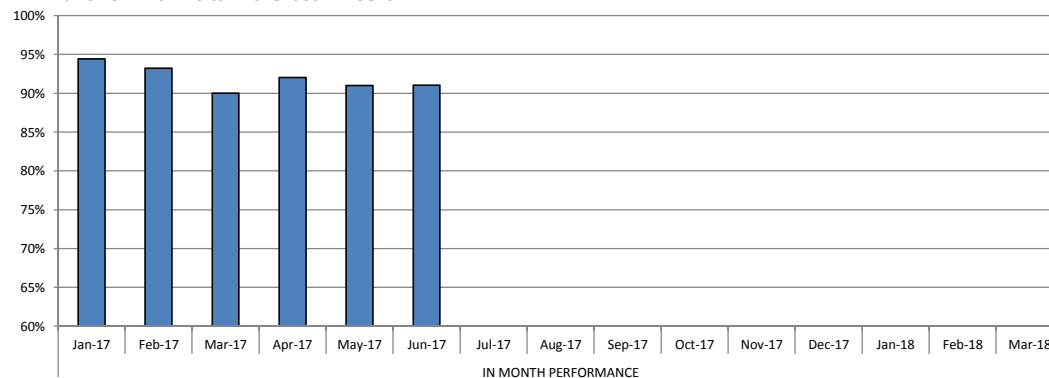
Performance in the timeliness of Review Case Conferences continues to be good and has returned to 100% for June. CP visits are monitored using current data and by reviewing exceptions at the weekly performance meetings. Over the last 12 months performance has improved and has been maintained. Although the last two months has seen a small downturn. 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.

| | | 5.13 | | 5.15 | |
|----------------------|---------------|---|---|---|---|
| | | No. of CP cases reviewed within timescale | % CP cases which were reviewed within timescale | No. of CP with visits in the last 2 weeks | % of CP with visits in the last 2 weeks |
| IN MONTH PERFORMANCE | Jan-17 | 100 of 100 | 100.0% | 304 of 322 | 94.4% |
| | Feb-17 | 73 of 73 | 100.0% | 330 of 354 | 93.2% |
| | Mar-17 | 95 of 95 | 100.0% | 333 of 370 | 90.0% |
| | Apr-17 | 60 of 60 | 100.0% | 347 of 377 | 92.0% |
| | May-17 | 96 of 98 | 98.0% | 375 of 412 | 91.0% |
| | Jun-17 | 107 of 107 | 100.0% | 386 of 424 | 91.0% |
| | Jul-17 | | | | |
| | Aug-17 | | | | |
| | Sep-17 | | | | |
| | Oct-17 | | | | |
| | Nov-17 | | | | |
| | Dec-17 | | | | |
| | Jan-18 | | | | |
| | Feb-18 | | | | |
| | Mar-18 | | | | |
| YTD | 2017/18 | 263 of 265 | 99.2% | | |
| ANNUAL TREND | 2014/ 15 | | 96.5% | | |
| | 2015/ 16 | | 94.2% | | |
| | 2016/17 | | 98.6% | 333 of 370 | 90.0% |
| LATEST BENCHMARKING | SN AVE | | 84.2% | | |
| | BEST SN | | 100.0% | | |
| | NAT AVE | | 93.7% | | |
| | 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

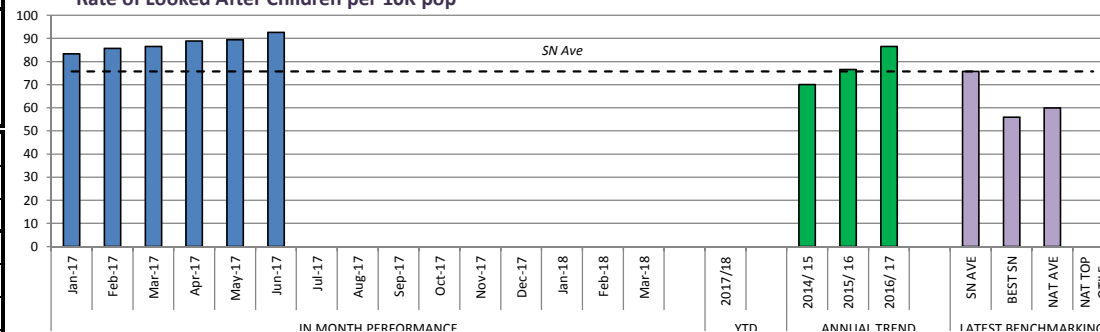
Children in care or 'looked after children' are children who have become the responsibility of the local authority. This can happen voluntarily by parents struggling to cope or through an intervention by children's services because a child is at risk of significant harm.

PERFORMANCE ANALYSIS

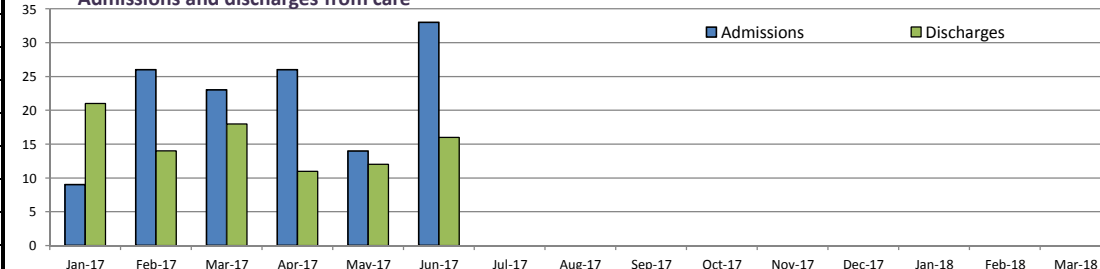
The overall trend of admissions to care continues to rise. In the last eight months we have seen a significant rise of children (stock) with the number of children leaving care being lower than those being admitted to care (flow). In June this was particularly stark as the gap is +17. However the number of children who ceased to be LAC due to permanence improved. 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. More recently the initiating of a large complex abuse investigation will be impacting on the number of children subject to care proceedings that will ensure their safety from the impact of accumulative neglect.

| | | 6.2 | 6.1 | 6.3 | 6.4 | 6.5 | 6.6 |
|----------------------|----------------|---|---------------|-------------------------------------|---|--|--|
| | | Rate of children looked after per 10K pop | Number of LAC | Admissions of children looked after | No. of children who have ceased to be LAC | % of children ceased to be LAC due to permanence | % of children ceased to be LAC due to an SGO |
| IN MONTH PERFORMANCE | Jan-17 | 83.4 | 470 | 9 | 21 | 42.9% | 0.0% |
| | Feb-17 | 85.7 | 483 | 26 | 14 | 28.6% | 14.3% |
| | Mar-17 | 86.6 | 488 | 23 | 18 | 11.1% | 0.0% |
| | Apr-17 | 88.9 | 501 | 26 | 11 | 9.1% | 0.0% |
| | May-17 | 89.4 | 504 | 14 | 12 | 16.7% | 8.3% |
| | Jun-17 | 92.6 | 522 | 33 | 16 | 37.5% | 6.3% |
| | Jul-17 | | | | | | |
| | Aug-17 | | | | | | |
| | Sep-17 | | | | | | |
| | Oct-17 | | | | | | |
| | Nov-17 | | | | | | |
| | Dec-17 | | | | | | |
| | Jan-18 | | | | | | |
| | Feb-18 | | | | | | |
| | Mar-18 | | | | | | |
| YTD | 2017/18 | | | 73 | 39 | 23.1% | 5.1% |
| ANNUAL TREND | 2014/15 | 70.0 | | 175 | 160 | 37.5% | |
| | 2015/16 | 76.6 | 432 | 208 | 192 | 40.1% | |
| | 2016/17 | 86.6 | 488 | 262 | 215 | 27.9% | 9.8% |
| LATEST BENCHMARKING | SN AVE | 75.8 | | | | | |
| | BEST SN | 56.0 | | | | | |
| | NAT AVE | 60.0 | | | | | |
| | NAT TOP Q TILE | - | | | | | |

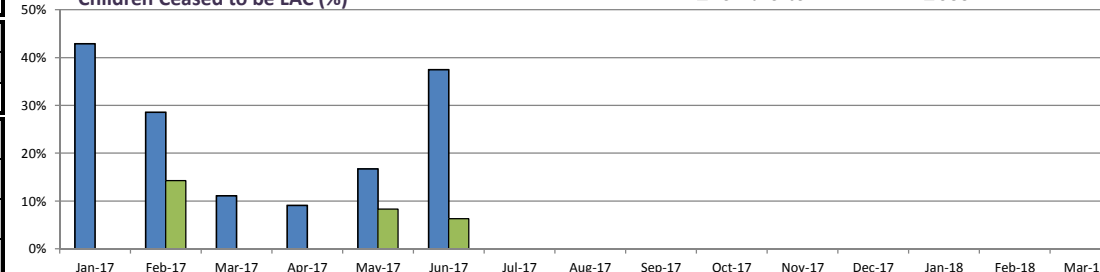
Rate of Looked After Children per 10K pop



Admissions and discharges from care



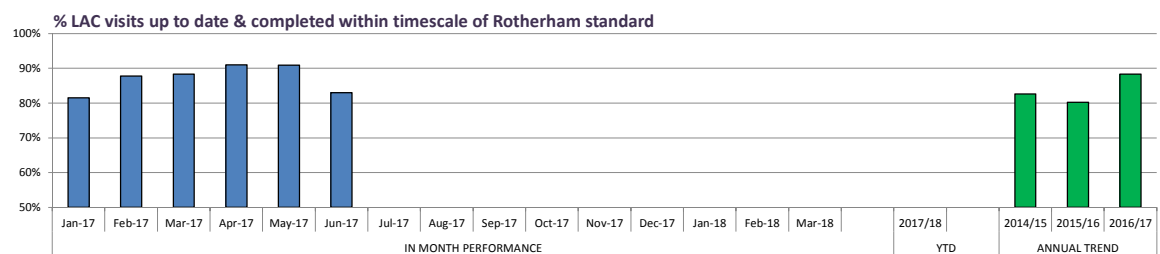
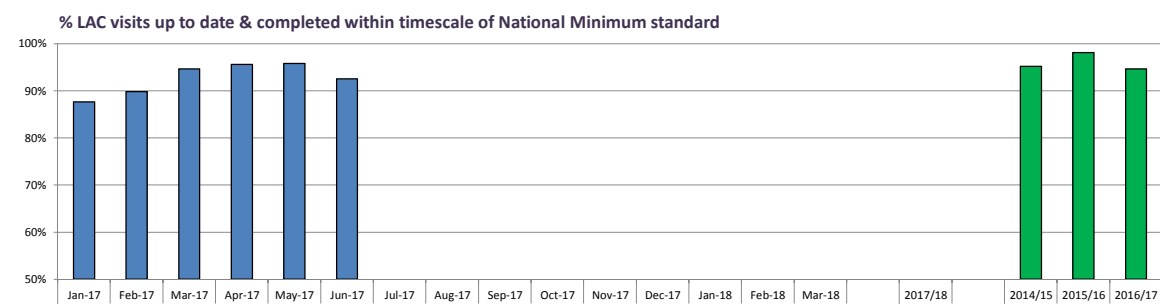
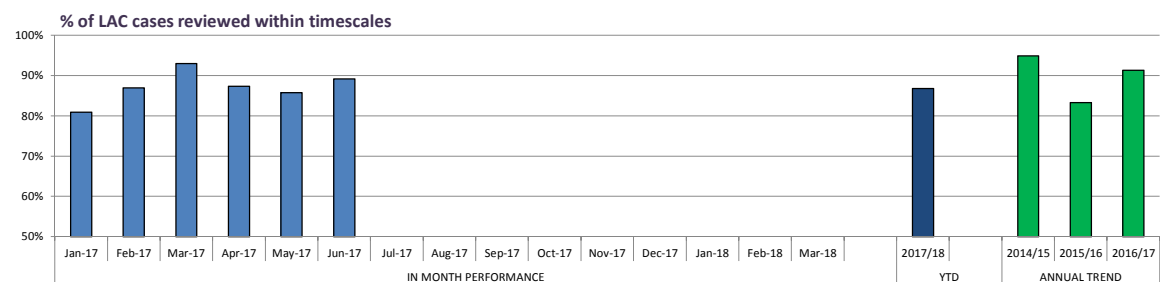
Children Ceased to be LAC (%)



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 at weekly performance meetings. 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 cases reviewed on time remains at good level. |

| | | 6.7 | | 6.15 | | 6.16 | |
|----------------------|---------|---|-------|---|-------|--|-------|
| | | % of LAC cases reviewed within timescales | | % LAC visits up to date & completed within timescale of National Minimum standard | | % LAC visits up to date & completed within timescale of Rotherham standard | |
| IN MONTH PERFORMANCE | Jan-17 | 72 of 89 | 80.9% | 413 of 471 | 87.7% | 384 of 471 | 81.5% |
| | Feb-17 | 80 of 92 | 87.0% | 434 of 483 | 89.9% | 424 of 483 | 87.8% |
| | Mar-17 | 132 of 142 | 93.0% | 462 of 488 | 94.7% | 431 of 488 | 88.3% |
| | Apr-17 | 76 of 87 | 87.4% | 479 of 501 | 95.6% | 456 of 501 | 91.0% |
| | May-17 | 108 of 126 | 85.7% | 483 of 504 | 95.8% | 458 of 504 | 90.9% |
| | Jun-17 | 82 of 92 | 89.1% | 483 of 522 | 92.5% | 433 of 522 | 83.0% |
| | Jul-17 | | | | | | |
| | Aug-17 | | | | | | |
| | Sep-17 | | | | | | |
| | Oct-17 | | | | | | |
| | Nov-17 | | | | | | |
| | Dec-17 | | | | | | |
| | Jan-18 | | | | | | |
| | Feb-18 | | | | | | |
| | Mar-18 | | | | | | |
| YTD | 2017/18 | | 86.8% | | | | |
| ANNUAL TREND | 2014/15 | | 94.9% | | 95.2% | | 82.6% |
| | 2015/16 | | 83.3% | | 98.1% | | 80.2% |
| | 2016/17 | | 91.3% | | 94.7% | | 88.3% |



LOOKED AFTER CHILDREN - HEALTH

DEFINITION

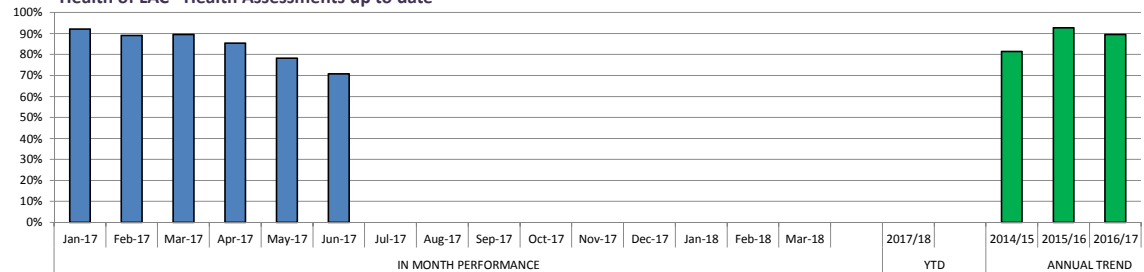
Local authorities have a duty to safeguard and to promote the welfare of the children they look after, therefore the local authority should make arrangements to ensure that every child who is looked after has his/her health needs fully assessed and a health plan clearly set out.

PERFORMANCE ANALYSIS

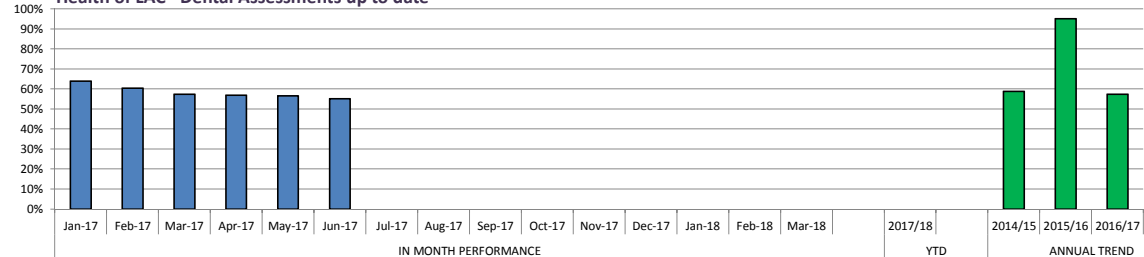
Performance in relation to health and dental assessments was poor and has been the focus of concerted joint effort and has continued to show improvement. The improvement seen in the IHA has to be contrasted with a small decline in overall timeliness of health reviews. This demonstrates that the system is still not resilient enough to sustain performance at a good level. Close monitoring means that any dips in performance are understood. The overall number of health assessments completed remains at a good level but the number of initial health assessments remains variable month on month. From our reviews we know that in the main, those not having health or dental checks are the older children 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 the LAC Head of Service will support locality teams to better perform in respect of Initial Health Assessments.

| | | 6.9 | 6.10 | 6.11 | |
|----------------------|---------------|---|---|--|--|
| | | Health of LAC - Health Assessments up to date | Health of LAC - Dental Assessments up to date | Health of LAC - No. Initial Health Assessments In Time | Health of LAC - % Initial Health Assessments In Time |
| IN MONTH PERFORMANCE | Jan-17 | 92.1% | 63.8% | 0 of 28 | 0.0% |
| | Feb-17 | 89.1% | 60.3% | 6 of 16 | 37.5% |
| | Mar-17 | 89.5% | 57.3% | 5 of 12 | 41.7% |
| | Apr-17 | 85.4% | 56.9% | 1 of 17 | 5.9% |
| | May-17 | 78.3% | 56.5% | 11 of 27 | 40.7% |
| | Jun-17 | 70.7% | 55.0% | 2 of 4 | 50.0% |
| | Jul-17 | | | | |
| | Aug-17 | | | | |
| | Sep-17 | | | | |
| | Oct-17 | | | | |
| | Nov-17 | | | | |
| | Dec-17 | | | | |
| | Jan-18 | | | | |
| | Feb-18 | | | | |
| | Mar-18 | | | | |
| YTD | 2017/18 | | | | 29.2% |
| ANNUAL TREND | 2014/15 | 81.4% | 58.8% | | 20.0% |
| | 2015/16 | 92.8% | 95.0% | | 8.4% |
| | 2016/17 | 89.5% | 57.3% | | 18.2% |
| LATEST BENCHMARKING | SN AVE | | | | |
| | BEST SN | | | | |
| | NAT AVE | | | | |
| | NAT TOP QTILE | | | | |

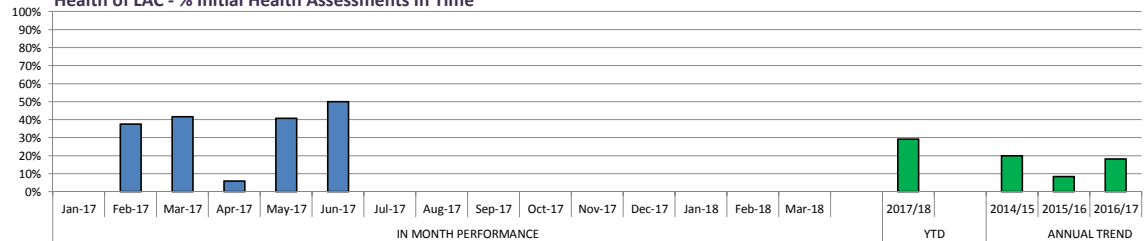
Health of LAC - Health Assessments up to date



Health of LAC - Dental Assessments up to date



Health of LAC - % Initial Health Assessments In Time

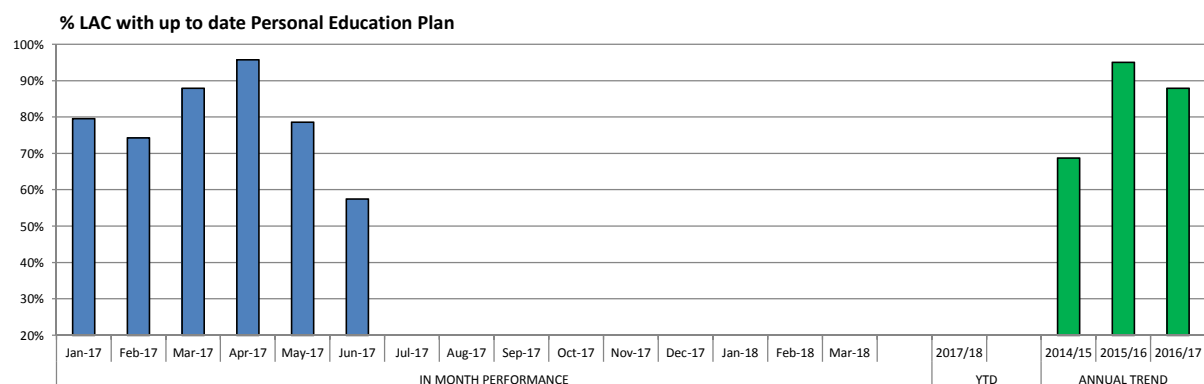
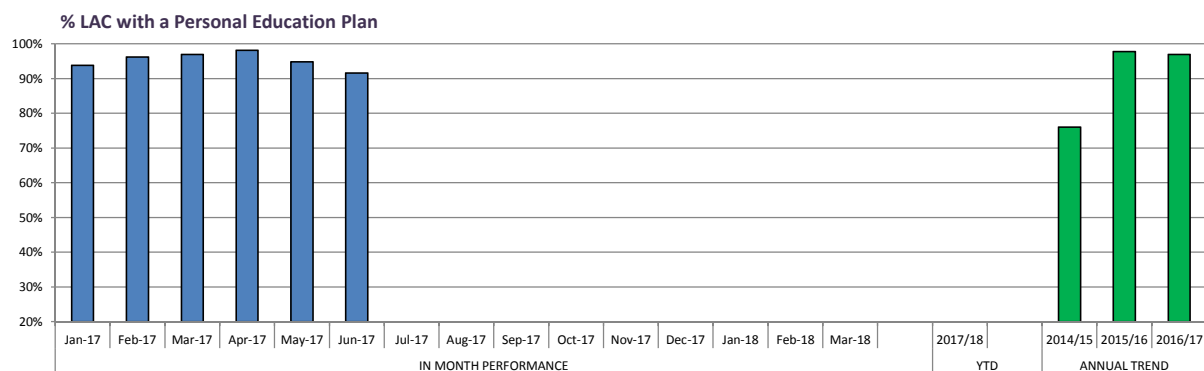


LOOKED AFTER CHILDREN - PERSONAL EDUCATION PLANS

| | |
|------------|--|
| 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 | <p>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. The proportion of children with an up-to-date PEP remains too low. This has been caused by authorisation delays due to long term sickness absence, a solution is being looked at. The focus is now shifting to quality 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.</p> <p>Validation work by the Virtual School has identified a number of PEPs which have not been input into the Liquid Logic system this is contributing to 'LAC with an up to date PEP' performance being lower than expected. Once remedial work is completed performance is expected to be much higher.</p> |
|----------------------|---|

| | | 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-17 | 289 of 308 | 93.8% | 245 of 308 | 79.5% |
| | Feb-17 | 303 of 315 | 96.2% | 234 of 315 | 74.3% |
| | Mar-17 | 313 of 323 | 96.9% | 284 of 323 | 87.9% |
| | Apr-17 | 321 of 327 | 98.2% | 313 of 327 | 95.7% |
| | May-17 | 327 of 345 | 94.8% | 271 of 345 | 78.6% |
| | Jun-17 | 327 of 357 | 91.6% | 205 of 357 | 57.4% |
| | Jul-17 | | | | |
| | Aug-17 | | | | |
| | Sep-17 | | | | |
| | Oct-17 | | | | |
| | Nov-17 | | | | |
| | Dec-17 | | | | |
| | Jan-18 | | | | |
| | Feb-18 | | | | |
| | Mar-18 | | | | |
| YTD | 2017/18 | | | | |
| ANNUAL TREND | 2014/15 | | 76.0% | | 68.7% |
| | 2015/16 | | 97.8% | | 95.0% |
| | 2016/17 | | 96.9% | | 87.9% |
| LATEST BENCHMARKING | SN AVE | | | | |
| | BEST SN | | | | |
| | NAT AVE | | | | |
| | NAT TOP QTILE | | | | |



CARE LEAVERS

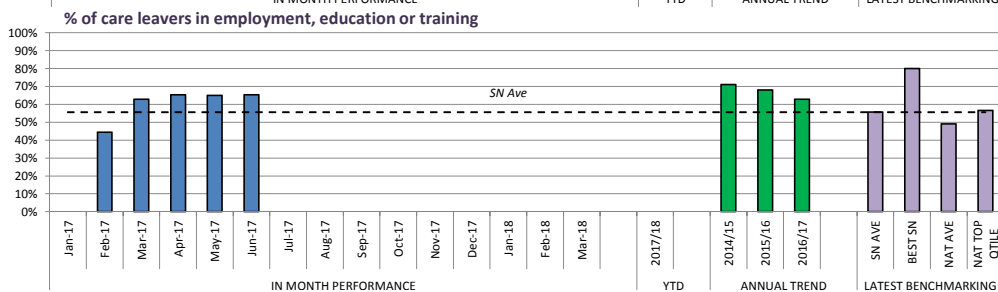
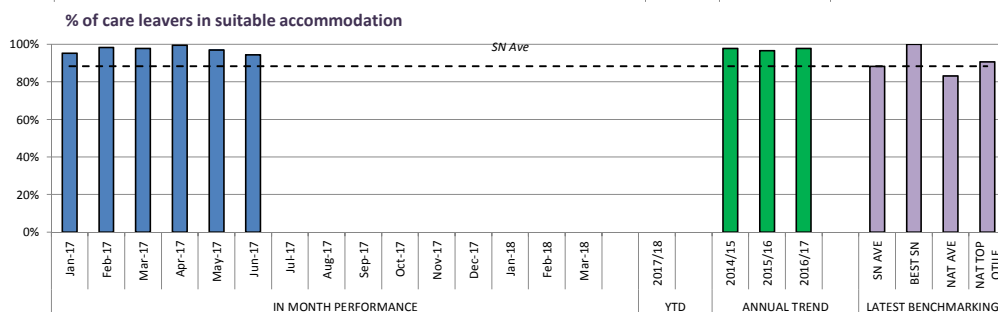
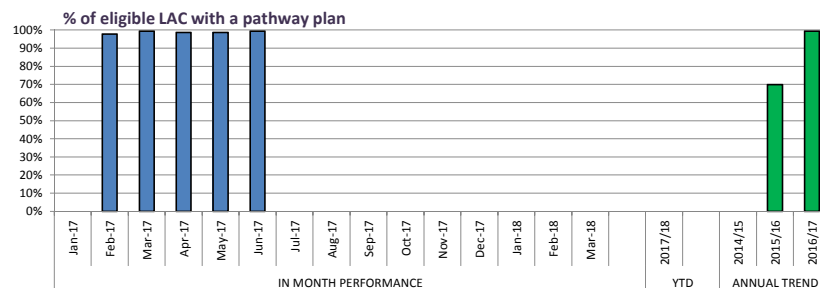
DEFINITION

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

The number of care leavers who have a pathway plan is at a good level, however the quality of the plans are too variable and significant improvement work has commenced to improve the quality of plans including introducing a new plan template that encourages the workforce to hear the young persons voice. The number of young people living in suitable accommodation is high and those who are not, are provided with additional support to address this issue. Performance on this indicator places the service in the top quartile nationally. The number of young people who are positively engaged in education and employment is good and places the service in the top quartile. Those young people who are NEET will receive additional support to make progress into EET.

| | | 7.1 | 7.2 | 7.3 | 7.4 |
|----------------------|----------------|------------------------|--|---|--|
| | | Number of care leavers | % of eligible LAC & Care Leavers with a pathway plan | % of care leavers in suitable accommodation | % of care leavers in employment, education or training |
| IN MONTH PERFORMANCE | Jan-17 | 223 | Unavailable | 95.1% | Unavailable |
| | Feb-17 | 223 | | 97.8% | 44.4% |
| | Mar-17 | 223 | 99.3% | 97.8% | 62.9% |
| | Apr-17 | 220 | 98.6% | 99.5% | 65.4% |
| | May-17 | 217 | 98.6% | 96.8% | 65.0% |
| | Jun-17 | 215 | 99.3% | 94.4% | 65.3% |
| | Jul-17 | | | | |
| | Aug-17 | | | | |
| | Sep-17 | | | | |
| | Oct-17 | | | | |
| | Nov-17 | | | | |
| | Dec-17 | | | | |
| | Jan-18 | | | | |
| | Feb-18 | | | | |
| | Mar-18 | | | | |
| YTD | 2017/18 | | | | |
| ANNUAL TREND | 2014/15 | 183 | | 97.8% | 71.0% |
| | 2015/16 | 197 | 69.8% | 96.5% | 68.0% |
| | 2016/17 | 223 | 99.3% | 97.8% | 62.9% |
| LATEST BENCHMARKING | SN AVE | | | 88.2% | 55.6% |
| | BEST SN | | | 100.0% | 80.0% |
| | NAT AVE | | | 83.0% | 49.0% |
| | NAT TOP Q TILE | | | 90.6% | 56.6% |



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

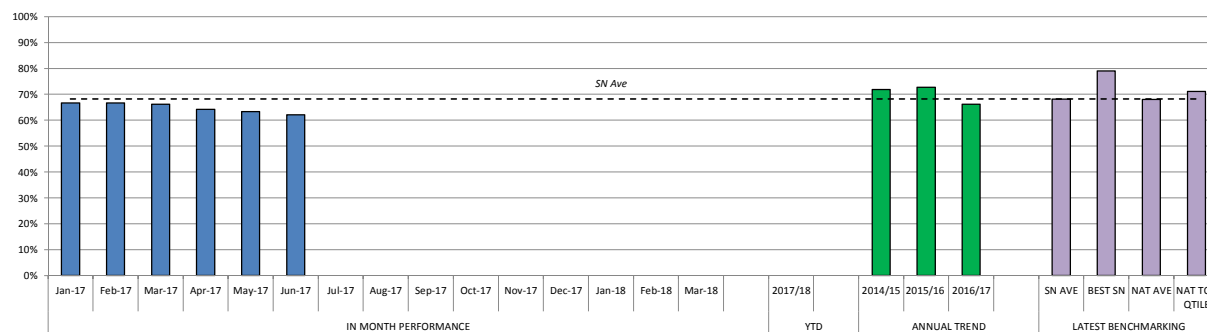
The June performance for children who have had three or more placement moves is stable at, 12.1%, whilst it has reduced, it continues to be higher than all other benchmarks. Our target of reducing to less than 10% remains and is still achievable in the current financial year.

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 new Fostering Allowance and Support Scheme has increased the growth of in-house foster carers. This in turn will support placement stability. In addition the proposed expansion of the in-house LAC therapy team should also ensure greater support to carers and intern the stability of the placement. The number of children in a family based setting remains stable at 82% against a larger number of children in care this demonstrates that the increase in foster carers are managing to care for our new entrants well.

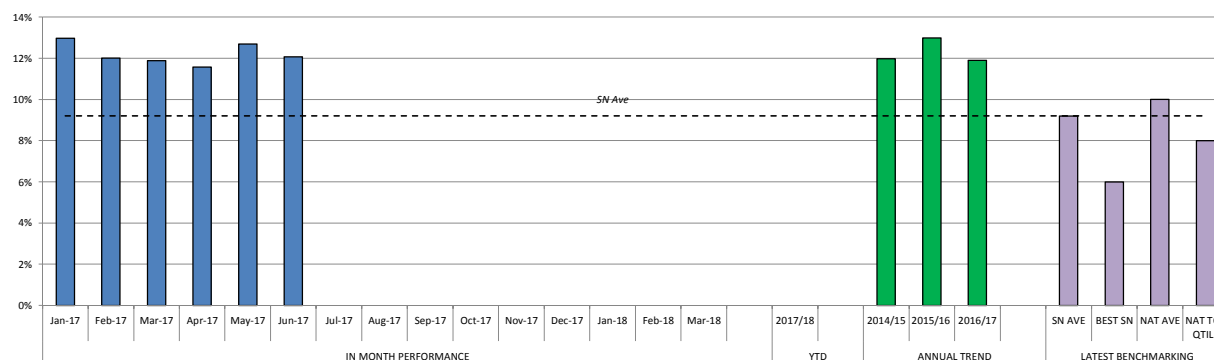
Data Note: March percentage for 'long term LAC placements stable for at least 2 years' shows as lower than expected, due to some data cleansing which has taken place. The system shows in some cases that a placement has ended and then re-started when in fact the child is still in the same placement in the system.

| | | 8.1 | | 8.2 | | 8.3 | 8.4 | 8.5 | |
|----------------------|---------------|---|--|---|---|--|---|--|--------------------------------------|
| | | 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 mth | % LAC who have had 3 or more placements - rolling 12 months | % of LAC in a family Based setting (Corporate Plan 2016 Indicator) | % of LAC placed with parents or other with parental responsibility (P1) | No. of LAC in a Commissioned Placement | % of LAC in a Commissioned Placement |
| IN MONTH PERFORMANCE | Jan-17 | 94 of 141 | 66.7% | 61 of 470 | 13.0% | 80.3% | 4.9% | | |
| | Feb-17 | 96 of 144 | 66.7% | 58 of 483 | 12.0% | 79.9% | 4.3% | | |
| | Mar-17 | 96 of 145 | 66.2% | 58 of 488 | 11.9% | 81.1% | 5.3% | 211 of 488 | 43.2% |
| | Apr-17 | 93 of 145 | 64.1% | 58 of 501 | 11.6% | 79.6% | 5.0% | 230 of 501 | 45.9% |
| | May-17 | 93 of 147 | 63.3% | 64 of 504 | 12.7% | 80.6% | 5.0% | 233 of 504 | 46.2% |
| | Jun-17 | 90 of 145 | 62.1% | 63 of 522 | 12.1% | 82.0% | 5.0% | 243 of 522 | 46.6% |
| | Jul-17 | | | | | | | | |
| | Aug-17 | | | | | | | | |
| | Sep-17 | | | | | | | | |
| | Oct-17 | | | | | | | | |
| | Nov-17 | | | | | | | | |
| | Dec-17 | | | | | | | | |
| | Jan-18 | | | | | | | | |
| | Feb-18 | | | | | | | | |
| | Mar-18 | | | | | | | | |
| YTD | 2017/18 | | | | | | | | |
| ANNUAL TREND | 2014/15 | 110 of 153 | 71.9% | 49 of 409 | 12.0% | | | of | |
| | 2015/16 | 109 of 150 | 72.7% | 56 of 431 | 13.0% | | | 188 of 431 | 43.6% |
| | 2016/17 | 96 of 145 | 66.2% | 58 of 488 | 11.9% | 81.1% | 5.3% | 211 of 488 | 43.2% |
| LATEST BENCHMARKING | SN AVE | | 68.2% | | 9.2% | | | | |
| | BEST SN | | 79.0% | | 6.0% | | | | |
| | NAT AVE | | 68.0% | | 10.0% | | | | |
| | NAT TOP QTILE | | 71.1% | | 8.0% | | | | |

% long term LAC placements stable for at least 2 years



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



FOSTERING

DEFINITION

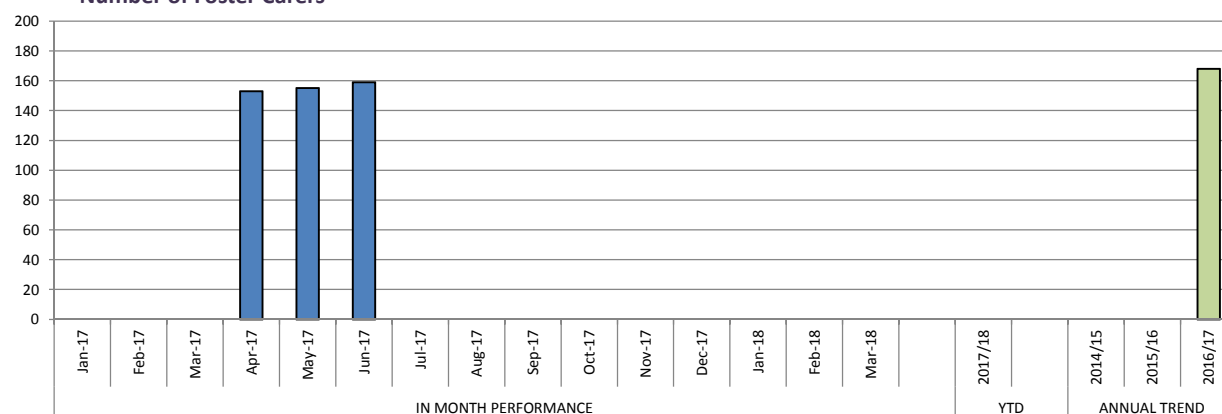
A foster care family provide the best form of care for most Looked after children. Rotherham would like most of its children to be looked after by its own carers so that they remain part of their families and community .

PERFORMANCE ANALYSIS

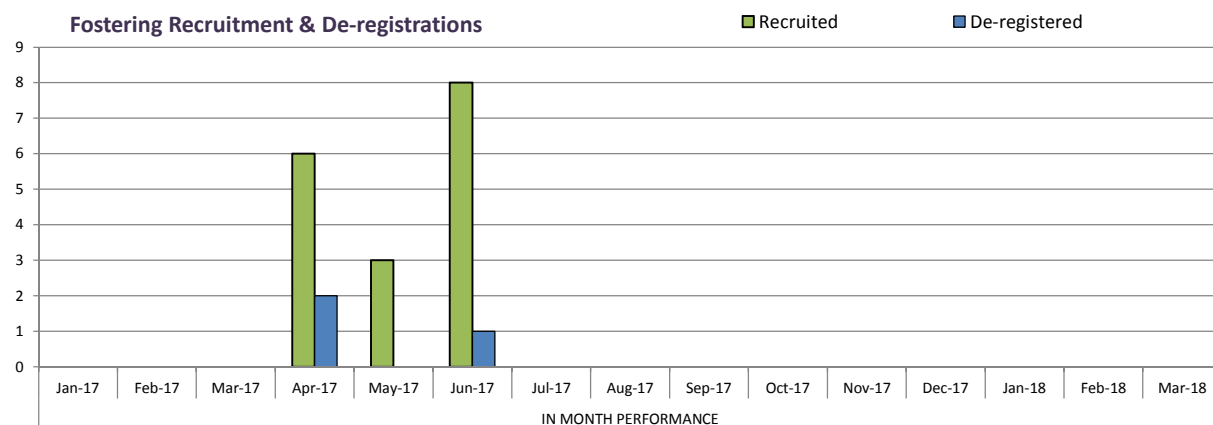
A significant improvement programme is in place to support an increase in the number of families who provide care and increase the number of children living in families. This should then reduce the number of children who experience a disruption.

| | | 9.1 | 9.2 | 9.3 | 9.4 | 9.5 |
|----------------------|---------|--|---|--------------------------------------|--|--|
| | | Number of LAC in a Fostering Placement | % of total LAC in a Fostering Placement | Number of Foster Carers (Households) | Number of Foster Carers Recruited (Households) | Number of Foster Carers De-registered (Households) |
| IN MONTH PERFORMANCE | Jan-17 | | | | | |
| | Feb-17 | | | | | |
| | Mar-17 | | | | | |
| | Apr-17 | 357 | 71.3% | 153 | 6 | 2 |
| | May-17 | 364 | 72.2% | 155 | 3 | 0 |
| | Jun-17 | 385 | 73.8% | 159 | 8 | 1 |
| | Jul-17 | | | | | |
| | Aug-17 | | | | | |
| | Sep-17 | | | | | |
| | Oct-17 | | | | | |
| | Nov-17 | | | | | |
| | Dec-17 | | | | | |
| | Jan-18 | | | | | |
| | Feb-18 | | | | | |
| | Mar-18 | | | | | |
| YTD | 2017/18 | | | | 17 | 3 |
| ANNUAL TREND | 2014/15 | | | | | |
| | 2015/16 | | | | | |
| | 2016/17 | 353 | 72.3% | 168 | 77 | 24 |

Number of Foster Carers



Fostering Recruitment & De-registrations



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 2016 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.

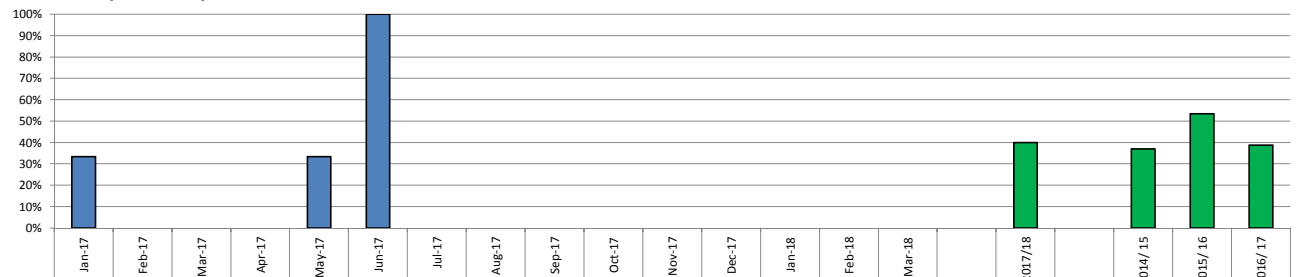
Data Note: Taken from manual tracker. Data requires inputting into LCS

| | | 10.1 | 10.2 | 10.3 | 10.4 | 10.5 |
|----------------------|---------------|---------------------|--|--|--|--|
| | | Number of adoptions | Number of adoptions completed within 12 months of SHOBPA | % adoptions completed within 12 months of SHOBPA | Av. No. days between a child becoming LAC & having a adoption placement (A1) (rolling yr.) | Av. No. days between placement order & being matched with adoptive family (A2) (rolling yr.) |
| IN MONTH PERFORMANCE | Jan-17 | 9 | 3 | 33.3% | 368.8 | 211.0 |
| | Feb-17 | 1 | 0 | 0.0% | 374.7 | 208.4 |
| | Mar-17 | 2 | 0 | 0.0% | 404.0 | 232.9 |
| | Apr-17 | 1 | 0 | 0.0% | 618.0 | 378.0 |
| | May-17 | 3 | 1 | 33.3% | 316.3 | 149.5 |
| | Jun-17 | 1 | 1 | 100.0% | 323.0 | 131.0 |
| | Jul-17 | | | | | |
| | Aug-17 | | | | | |
| | Sep-17 | | | | | |
| | Oct-17 | | | | | |
| | Nov-17 | | | | | |
| | Dec-17 | | | | | |
| | Jan-18 | | | | | |
| | Feb-18 | | | | | |
| | Mar-18 | | | | | |
| YTD | 2017/18 | 5 | 2 | 40.0% | | |
| ANNUAL TREND | 2014/ 15 | | | 37.0% | 393.0 | 169.0 |
| | 2015/ 16 | 43 | 23 | 53.5% | 296.0 | 136.0 |
| | 2016/ 17 | 31 | 12 | 38.7% | 404.0 | 232.9 |
| 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 |

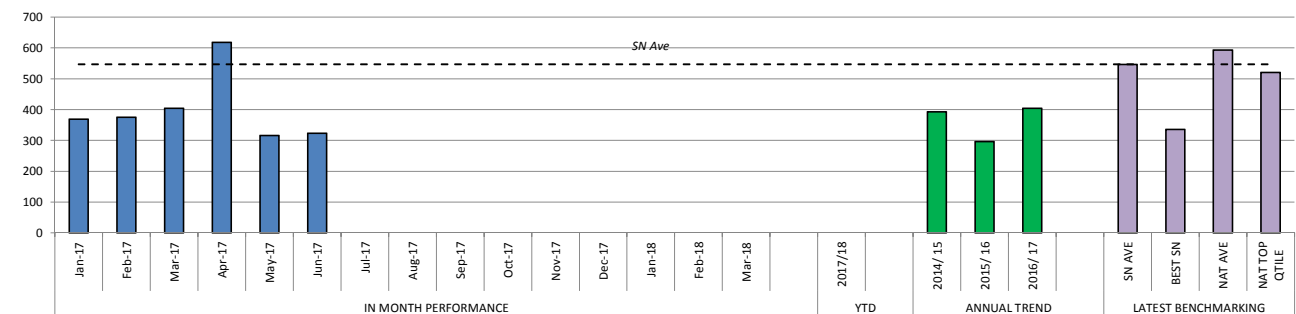
*Annual Trend relates to current reporting year April to Mar - not rolling year

**adoptions have a 28 day appeal period so any children adopted in the last 28 days are still subject to appeal

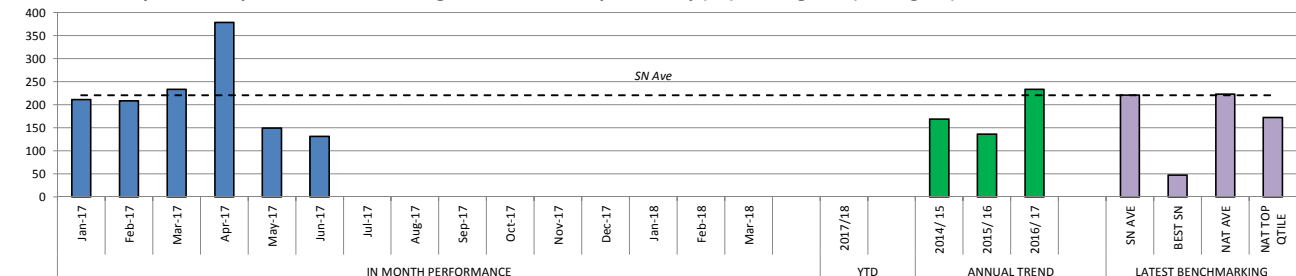
% adoptions completed within 12 months of SHOBPA



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

Caseloads are all within acceptable limits. 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.

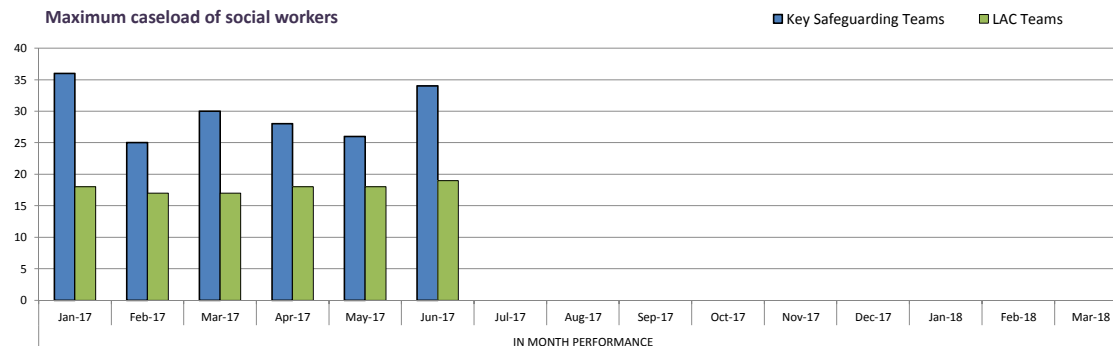
The impact of rising LAC has been a small rise in the number of average cases per SW however this is still well within acceptable tolerances.

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 month on month reduction in average caseloads all are within tolerances. 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 continues to be good. This is reviewed weekly and managers are ensuring that cases transfer, close or step down in a timely manner. The complex abuse team has been added and shows a caseload within acceptable limits although this should reduce to the level of a LAC social worker recognising the additional complexity of the cases held by the team.

| | | 11.1 | 11.2 | 11.3 | 11.4 | 11.5 | 11.6 | 11.7 | 11.8 |
|----------------------|---------|---------------------------------|--|---|----------------------------|-----------------------------|---------------------------------------|---|-------------------------------------|
| | | Number of agency social workers | Maximum caseload of social workers in key Safeguarding Teams | Maximum caseload of social workers in LAC Teams | Av. no. cases in LAC Teams | Av. no. cases in Duty Teams | Av. no. cases in Locality Teams (CIN) | Av. no. cases in Children's Disability Team | Av. no. cases in Complex Abuse Team |
| IN MONTH PERFORMANCE | Jan-17 | | 36 | 18 | 12.9 | 15.8 | 16.1 | 16.9 | |
| | Feb-17 | | 25 | 17 | 11.0 | 13.7 | 17.0 | 16.0 | |
| | Mar-17 | | 30 | 17 | 11.6 | 13.3 | 17.7 | 15.4 | |
| | Apr-17 | 78 | 28 | 18 | 10.6 | 12.7 | 17.8 | 15.7 | 14.8 |
| | May-17 | 72 | 26 | 18 | 11.7 | 13.3 | 18.0 | 15.8 | 17.4 |
| | Jun-17 | 71 | 34 | 19 | 10.7 | 19.2 | 18.0 | 13.9 | 14.2 |
| | Jul-17 | | | | | | | | |
| | Aug-17 | | | | | | | | |
| | Sep-17 | | | | | | | | |
| | Oct-17 | | | | | | | | |
| | Nov-17 | | | | | | | | |
| | Dec-17 | | | | | | | | |
| | Jan-18 | | | | | | | | |
| | Feb-18 | | | | | | | | |
| | Mar-18 | | | | | | | | |
| YTD | 2017/18 | | | | | | | | |
| ANNUAL TREND | 2014/15 | | | | | | | | |
| | 2015/16 | | 29.1 | 19.2 | 14.1 | 15.8 | 18.0 | 19.1 | |
| | 2016/17 | 77 | 30.0 | 17.0 | 11.6 | 13.3 | 17.7 | 15.4 | |

Maximum caseload of social workers



Average number of cases per team

