

CORPORATE PARENTING PANEL

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

Date: Tuesday, 17th December, 2019

Time: 3.30 p.m.

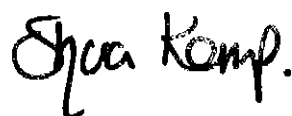
A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act, 1972
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency
3. Apologies for absence
4. Declarations of Interest
5. Minutes of the previous meeting held on 15th October, 2019 (Pages 1 - 9)
6. Looked After Children's Promises - Regeneration and Environment
7. South Yorkshire and Bassetlaw - Commitment to Looked After Children (Pages 10 - 22)
8. ILACS Self-Assessment (Pages 23 - 36)
9. SYB ICS LAC FORUM meeting notes 12th September, 2019 (Pages 37 - 49)
10. Council Tax Reduction for Foster Carers (Page 50)
11. Corporate Parenting Performance Report - October 2019 (Pages 51 - 71)
12. Champions' Feedback
13. Looked After Children Update

14. Exclusion of the press and public
That under Section 100(A) 4 of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 3 and 4 of Part 1 of Schedule 12(A) of such Act indicated, as now amended by the Local Government (Access to Information) (Variation) Order 2006 (information relates to finance and business affairs/information relating to any consultations or negotiations)).
15. Review of LADO Process and its impact on Foster Carer Retention (Pages 72 - 75)
(Exempt under Paragraphs 3 and 4 of the Act – information relating to the financial or business affairs of any particular person (including the Council)/information relating to any consultations or negotiations)
16. Date and time of the next meeting: -
Tuesday, 31st March, 2020, commencing at 3.30 p.m.

Membership of the Corporate Parenting Panel: -

Councillors G. Watson (Deputy Leader and Children and Young People's Services Portfolio holder), V. Cusworth (Chair of the Improving Lives Select Commission), M. S. Elliott (Minority Party representative), P. Jarvis (Vice-Chair of the Improving Lives Select Commission) and J. Elliot (representative on the Fostering and Adoption Panels).



Sharon Kemp,
Chief Executive.

CORPORATE PARENTING PANEL
Tuesday, 15th October, 2019

Present:- Councillor Watson (in the Chair); Ailsa Barr, Lynda Briggs, Peter Douglas, Lee Durrant, Catherine Hall, Tina Hohn, Ian Walker and Cathryn Woodward.

Apologies for absence were received from Councillors Cusworth, Elliot, M. Elliott and Jarvis, Lisa Duvalle, Sharon Sandall and Jon Stonehouse.

9. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

10. MINUTES OF THE PREVIOUS MEETING HELD ON 2ND JULY 2019

Consideration was given to the minutes of the previous meeting held on 2nd July, 2019.

It was reported that the Dedicated Nursing Team had now commenced. As from September, the team of nurses were purely looking after LAC and already receiving positive feedback from foster carers.

Resolved:- That the minutes of the previous meeting held on 2nd July, 2019, be approved as a correct record of proceedings.

11. DEMAND MANAGEMENT STRATEGY

The Panel considered a presentation that had been made to the Big Heart Big Changes Board on 27th August, 2019 on the Demand Management Strategy.

The headlines of the presentation were:-

- The Way We Were – July 2017-18
- Achieving Cultural Change
- The number of LAC children as at January 2017-July 2019
- Projected Impact
- A Cooling System
- Right Child Right Care
- 2018-19 Q3 Regional Profile Trends
- Out of Authority Step Down Plans
- Placement Sufficiency Strategy
- Social Care Pathway Strategy
- Next Steps

Discussion ensued with the following raised/clarified:-

- 3 key strands within the Big Heart Big Changes Strategy – Demand

Management, Sufficiency Placement and Social Care Pathway

- Target within the Strategy to safely reduce the numbers of children in care to 600 by the end of the financial year; presently the number was 625
- Right Child Right Care had raised interest amongst other authorities
- Bright Sparks marketing campaign had already seen strong leads resulting in 8 enquiries and 6 initial visits. There were also numerous expressions of interest being receiving from outside of the Borough boundary
- Foster Care Diversity Scheme community event had led to 8 foster families from the Muslim faith currently being assessed. A further community event had taken place recently which had been similarly well attended and would hopefully lead to more potential foster families
- A local authority was considering reducing the Council Tax of a foster carer. This had not been considered in Rotherham and any possible scheme would need to involve Legal Services and Member approval

Resolved:- That the presentation be noted.

12. REVISED FOSTER CARER FEES AND ALLOWANCES

Ian Walker, Head of Service, presented a report that had been considered and approved by Cabinet at its meeting on 8th July, 2019 (Minute No. 22 refers).

The report detailed the vision in Rotherham of 'Working with Rotherham's children, young people and families to be safe, resilient and successful' and the aim to improve the care experience for children in Rotherham by ensuring that wherever possible they were looked after in a foster family environment. The Council was to revise its 'offer' to RMBC foster carers with regard to the fees and allowances that they received. If RMBC foster carer numbers were increased it would also lead to a reduced overall cost in line with budget assumptions.

The lack of sufficient RMBC foster care placements meant that Rotherham relied upon the use of Independent Fostering Agencies (IFAs) or residential provision, both of which were significantly more costly.

Comparisons with other authorities within the Yorkshire region had also been carried out and learning from the more successful recruiters had been incorporated into this proposal e.g. Leeds incentivising carers to take additional placements. The proposals in the report would, therefore, increase the incentive for potential foster carers to become RMBC foster carers and also provide an incentive for foster carers (current and potential) to increase the number of children they fostered.

The proposal also formed part of the work to transform the Local Authority's in-house fostering agency 'offer' which included a review of Rotherham's fostering provision and the payments to foster carers. It was

anticipated that some existing Rotherham foster households may be able to increase the number of children they cared for and provide an opportunity to increase placements.

In reviewing the fee rate and structure and developing the 'offer' it was essential to ensure the fostering service remained financially competitive, whilst supporting the recruitment and retention of more locally based foster carers.

Under the new fee structure the weekly allowance and the skills payment for the first child remained the same, with an additional payment for subsequent children:-

- An additional skill level fee be paid to the carer when caring for more than one child, as set out in paragraph 2.11.
- The weekly allowance, to cover the expense involved in caring for a child, to remain the same
- Change in payments to foster carers for birthdays, Christmas/cultural celebrations and holiday pay for the child in placement, as set out in paragraph 2.11

Resolved:- That the report be noted.

13. FOSTER CARE RECRUITMENT WEBSITE

Panel members were encouraged to view the new Fostering Rotherham website (www.fosteringrotherham.com). It included:-

- 5 common myths about fostering
- 5 ways to support foster children with their education
- What is empty nest syndrome
- How will fostering affect my children
- What to expect when fostering teenagers
- What personal qualities do you need to foster

together with information on upcoming events.

Bright Sparks had a live response and knew when someone was on the website and would engage with that person via a live chat.

Currently there was an 11% success rate from an inquiry to approval which was hoped would increase.

The Authority had a formal IFA protocol. Work throughout the process had taken place with the National Association of Foster Care Providers who had been pleased that a formal offer had been drawn up. The Authority would not engage in any direct "poaching" of IFA carers, however, the carers had seen the experience/level of support/intervention on offer for the children in their care and that it was better than that on offer through IFA; a number were thinking of transferring.

Resolved:- That the report be noted.

14. DRAFT STAYING PUT POLICY

Ian Walker, Head of Service, presented the above draft Policy for information.

Staying Put was about care leavers continuing to live with their foster carers when they reached the age of 18 with arrangements replicating as far as possible family life.

Foster carers were required to care for any child placed with them as if they were a member of their family; this expectation should carry through into Staying Put arrangements.

The Policy set out the:-

- Legal Framework
- Guiding Principles
- Criteria for Staying Put Arrangements
- Preparation and Expectations for a Staying Put Arrangement
- The Living Together Agreement
- Financial Arrangements
- Securing Agreement for Staying Put
- Foster Carers
- Staying Put and the Young Person
- Extending Placements
- Professional Roles and Responsibilities
- Guidance – Living Together Arrangements
- Health and Safety
- Household Insurance
- Monitoring and Reviewing Arrangements
- Safeguarding Measures
- Ending the Staying Put Arrangement
- Funding Arrangements
- Independent Fostering Agency
- Benefits for Young People
- Treatment of Benefits
- Income Tax and National Insurance for Staying Put Arrangements
- Tax

Resolved:- That the report be noted.

15. ROTHERHAM ADOPTION SERVICE - ANNUAL REPORT

Ian Walker, Head of Service, presented the Rotherham Adoption Service 2018/19 annual report.

The report set out:-

- The Adoption Service
- Activity
- Timeliness of Adoption
- Family Finding
- Early Permanence Placements (Fostering to Adopt Placements)
- The Adoption Panel
- Staffing
- Adoption Support Services
- The Regional Adoption Agency
- Improvement and Development for 2019/20 onwards

An update was provided on the current situation with regard to the Regional Adoption Agency. It was hoped that a report would be submitted to the various approval processes by the end of the year.

Resolved:- That the report be noted.

16. IFA CARERS TRANSFER PROTOCOL

The Panel considered a report that had been submitted to the CYPS Directorate Leadership Team regarding IFA Carers Transfer Protocol.

The proposed Protocol would recognise:-

- IFA foster carers with Rotherham children in placement need to have their allowances matched as per the Fostering Network Transfer Protocol for the duration of the placement. This could be several years if the child(ren) in placement were long term matched
- Should the child in placement move on, subsequent placements would not continue at the same rate. The IFA carer would then receive allowances for the subsequent children in placement at the revised 2019/20 fees and allowances rate
- That they may have children placed under 11 years and have other children in the household including birth children

Once an IFA carer transferred over, if their existing child in placement moved on and a new child placed with them, the IFA Foster Carer Transfer Protocol would allow up to a level 4 skills payment of £360 per week to be paid to the carer in addition to the age-related birthday/celebration and holiday allowances as set out in the report submitted. All allowances would be subject to a skills level assessment based upon their experience as a foster carer.

The proposed criteria for IFA Foster Carers Transfer Protocol was set out in the report submitted.

Resolved:- That the report be noted.

17. CORPORATE PARENTING PERFORMANCE

Consideration was given to the report presented by Cathryn Woodward, Performance and Data Officer Social Care, provided a summary of performance for key performance indicators across Looked After Children Services for August, 2019. This was read in conjunction with the accompanying performance data report at Appendix A detailing trend data, graphical analysis and benchmarking data against national and statistical neighbour averages where possible.

The report drew attention to:-

- 22 children admitted to care and 16 ceased to be Looked After giving a total of 642 LAC at the end of the month. The rate of LAC per 10,000 population remained high at 112.7% which was exceptionally high in comparison to statistical neighbours at 87.8%
- The percentage of children who were discharged from Care this financial year due to permanence was 38.2% compared to 31.7% in 2018-19 and 27.3% in 2017/18
- The average of children admitted to care in August was 5 years of age. Performance data evidenced that the younger a child came into Care the shorter the time they spent in Care, the greater the chance of them moving to permanence and the less expensive their placement costs
- The percentage distribution by legal status remained consistent with 55% of children subject to full Care Orders, 29% on an Interim Care Order, 10% on Placement Orders with Care Order and 5% under Section 20. 1% (4 children) were Accommodated with breaks
- There had been a decline in performance in Care Plans, LAC Reviews and Statutory Visits; 82.7% of Care Plans were up-to-date as at the end of August and 88% of Statutory Reviews were undertaken in time. Statutory Visits also declined from 98.4% in July to 92.4% at the end of August
- Long term placement stability had increased to 64.8% of children in long term placements for at least 2 years, closing the gap towards the statistical neighbour average of 67.6%
- The number of children experiencing 3 or more placement moves had reduced over the year to 12.1%
- 79.3% of LAC placed in family based settings including internal fostering, independent fostering, pre-adoption placements and those

placed with parent/family/friends

- The percentage of children placed in a commissioned placement had reduced to 52.3% at the end of August. This was 16 fewer commissioned placements than at the end of July
- 91.7% of initial Health Assessments were undertaken in time (11 out of 12 children) which gave 84% for the year to date
- 89.1% of LAC had an up-to-date assessment as at the end of August. This had remained consistent across the year to date
- Dental assessments were currently reported at 63.6%. There would be a drive over the final 2 quarters of the year to address the data inputting issue
- 97.5% of eligible LAC population had a had a PEP and 95% of LAC had a PEP meeting during the 2018-19 term
- At the end of July, 14.8% of LAC were classed as persistent absentees, a reduction compared to the previous months but remained above the statistical neighbour figure of 10%
- Of the children who had been in care for 12 months or more, 9.8% had at least one fixed term exclusion as at the end of July
- At the end of July 10.7% of all LAC on reduced timetable arrangements
- The numbers of Care Leavers eligible for a service stood at 321 at the end of August, an all year high. The rise in the number since the start of 2019 was more than that of a full caseload for a Personal Advisor
- A decline in the number of Care Leavers with a Pathway Plan (86.1%) at the start of the year to 84.2%. The number with an up-to-date Pathway Plan had reduced to 80.8% from 88.6% in May. This would be an area of focus for the Leaving Care Teams in the coming months.
- The number of care leavers who were in Education, Employment or Training had remained consistent at 62.1%
- 66.4% of LAC were in foster placements
- 9 households and 7 deregistered since April. This was a net increase of 2 households for the year to date, totalling 147 in-house fostering households
- 16 assessments were currently being undertaken with a further 9

prospective carers at stage 1 with the potential of progressing to a full assessment and 17 enquiries leading to 2 Initial Visits over the course of August

- A further Foster Carer Diversity Community Event had been held in September
- 3 adoptions had been finalised over the course of August bringing the 2019/20 total to 16
- 31 children were currently placed with their adoptive parents 5 of whom had lodged their application and a further 23 whose placement was longer than the required 10 weeks but who were yet to lodge
- A further 12 children with a matching family identified but not yet placed and a further 25 children for whom family finding was continuing
- 16 adoptions were slightly above the target of 426 days between a child entering care and having an adoption placement at 449 days
- 4 adopters had already been approved this financial year with 15 being assessed
- LAC average caseloads had remained relatively stable over the last 3 months with a slight increase in teams 1-3 and a decrease in teams 4-5 during August

Resolved:- That the report be noted.

18. CHAMPIONS' FEEDBACK

The Chair invited Peter Douglas and Tina Hohn to give an update on the Virtual School:-

Early Years and Primary

- Results had been excellent
- GLD = 82% - the highest it had ever been and exceeded what was expected locally
- Y1 Phonics, KS1 and KS2 had performed better than ever
- A meeting had taken place with Early Years with regard to Personal Education Plans (PEPs) for 2 year olds which was considered to have had a massive impact. The children were ready for school, education and learning
- The advisors were driving education in every school they visited
- There were still issue around exclusions but it was known why and what could be done about them

Secondary

- KS4 – results were currently being verified but there had been a significant improvement
- Exclusions – although the figure was identical to that of the previous year, the detail of the exclusions showed the work that had been carried out with schools in managing most of the behaviours of the young people
- There had been 3 exclusions during the current half term already – need to look at other support that could be offered to schools
- The number of exclusions in out-of-authority young people had levelled out
- Still a work to be done to improve the situation

The Virtual School annual report would contain all the information with a number of actions plans for all the areas it wanted to develop. 2 FTE members of staff had been appointed to the Early Years and Primary and consideration would be given as to how to intervene much earlier than the age of 2.

19. LAC UPDATE

There was no-one present from the LAC Council due to the illness of Lisa Duvalle.

The update would be presented at the next meeting.

20. DATE AND TIME OF THE NEXT MEETING

Resolved:- That a further meeting be held on Tuesday, 17th December, 2019, commencing at 3.30 p.m.

NHS Rotherham Clinical Commissioning Group

Corporate Parenting Board 17th December 2019

**South Yorkshire and Bassetlaw (SY&B) Integrated Care System (ICS),
Looked After Children (LAC) Forum**

Lead Executive:	Sue Cassin, Chief Nurse
Lead Officer:	Catherine Hall, Deputy Chief Nurse/Designated Nurse LAC
Lead GP:	Jason Page, SCE Lead GP Children.

Purpose:

To inform Corporate Parenting Board of the rationale to develop a strong health and wellbeing presence within SY&B ICS to ensure that for our children in care have their individual health and welfare needs met in the most effective and efficient manner.

It is proposed that this work needs to include health commissioners, providers and Local Authorities (LA) who have a significant interest in the health care of LAC.

To provide assurance to the Corporate Parenting Board of the on-going commitment to continually improve health outcomes from NHS Rotherham Clinical Commissioning Group (NHSR CCG).

Background:

Rotherham health and social care practitioners have worked diligently to continually improve their commitment to children in care. The appetite across Rotherham to deliver a quality health and wellbeing service has been demonstrated in our passion and drive to ensure that within the borough our children in care have robust and sustainable healthcare packages. For example changes to healthcare practice have included consultation with the LAC Council in order to better provide Initial Health Assessments in a more 'user friendly' manner; in addition a bespoke LAC nursing team has been commissioned to focus on improving health outcomes and increasing the profile for LAC in commissioning and provider organisations.

The positive senior leadership within NHSR CCG and Local Authority (LA) has provided both grip and traction on challenges within the borough. The next steps from a Rotherham perspective is to consider a wider health and social care footprint and drive up the standard of healthcare for our children placed out of authority.

The Designated Nurse LAC in Rotherham initially arranged a meeting across the 5 CCGs in South Yorkshire and Bassetlaw (SY&B) to consider that wider footprint and to develop a forum where commissioner and provider organisations share best practice whilst remaining dedicated to the children we are responsible for. The 5 CCGs cover Barnsley, Bassetlaw, Doncaster, Sheffield and Rotherham; with the Designated Professionals, nurses and paediatricians taking the view that we needed to include provider colleagues and LAs. SY&B Designated Professionals for LAC set up meetings to counterbalance national concerns around the unwarranted variation in LAC healthcare delivery and monitoring nationally the quality of that provision.

NHS England and Improvements (NHSE&I) set out a LAC healthcare standard approach document (Nov 2017) which was never published, however this gave the impetus for health staff in SY&B to consider our local provision. Research clearly states that LAC have additional health needs and that around one third of children in care move out of area but remain within a 20 mile radius. Working across the SY&B footprint therefore became imperative to our commitment in Rotherham to continually improve.

Terms of reference (Appendix 1 attached) reflects our need for health and social care commissioners and providers to drive forward best practice together. The health and welfare needs of children must be considered holistically. It is now proposed that the steering group transition into SY&B ICS, LAC Forum. In moving forward in this direction, we will ensure that

wherever a child is placed in SY&B, our children in care will receive an equitable service.

In addition, this forum will act as a professionally curious clinical network which will be better equipped to define and act upon positive health outcomes. By understanding our strengths and challenges we can better plan healthcare provision in a more effective manner.

Appendix 2 is a Spotlight paper highlighting the work to date across SY&B ICS LAC Forum.

Analysis of key issues and of risks

Each CCG will need to ensure that services within their catchment remain robust and meet all statutory guidance. CCGs retain the responsibility of discharging their duty in accordance with relevant Regulations ([The Care Planning, Placement and Case Review \(England\) Regulations 2010](#) and the [Promoting the Health and Wellbeing of looked after children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England 2015](#)).

The proposal is to take a population health management approach to improving the health of this important cohort of children. We need to raise the profile of LAC as well as improving their physical and mental health outcomes. We will take a population health management approach to improving the health of this important cohort of children.

We aspire to reducing their health inequalities by taking action to reduce the occurrence of ill health, delivering appropriate health and care services and by being proactive on the wider determinants of health. This requires working with communities and partner agencies and holding one another to account. We will remain professionally curious and act as critical friends within this clinical network.

The SY&B, ICS, LAC Forum will specifically aim to:

- Improve healthcare delivery;
- Influence practice across SY&B;
- Address unwarranted variation in data collection whilst aspiring to developing an equitable health offer across SY&B; and
- Learn, develop and share best practice.

The forum's vision is to ensure that children in care placed within SY&B all receive high quality standardised healthcare.

As Designated Nurse LAC it is my view that we need, as Corporate Parents, collaboratively with the LA and provider health colleagues, to ensure that the health and welfare needs of this cohort remain at the forefront of all that we do. For Rotherham we have a robust LAC Physical and Emotional Health Work Stream that will continue to develop a strong place plan for children in our care. The next step for Rotherham is our need to consider the wider health and social care detriments for poor health outcomes across SY&B.

Rotherham professionals have been key drivers of improvements for children in care. To date the Rotherham Designated Nurse LAC Chairs the Forum and the Head of Service Children in Care has been an active partner in meetings. The Rotherham NHS Foundation Trust (TRFT) have developed clinics in the community and implemented new processes to ensure that children and young people who feel disinclined to engage with health and wellbeing services are provided with individualised support. Many of these children have since felt able to trust health professionals sufficiently to allow for statutory health reviews to take place.

Next Steps is for the Designated Professionals in Rotherham to publish across SY&B and nationally a competency and training matrix for specialist medical and nursing teams. This will ensure that all staff working with children in care are suitably qualified to deliver a quality health service. In addition, we are planning a LAC Conference to be held in Rotherham to further develop our specialist training offer. Findings from this conference will be shared nationally and with the Royal College of Nursing, as nationally LAC training programmes are limited.

Patient, Public and Stakeholder Involvement:

SY&B Designated and Named Professionals and senior representatives from social care.

Financial Implications:

Financial implications are yet to be determined; however it is important to acknowledge that these may exist as integration across SY&B develops further.

Human Resource Implications:

Not established at present.

Procurement Advice:

N/A at this time.

Data Protection Impact Assessment:

N/A at this time.

Approval history:

NHS Rotherham CCG Operational Executive – 19 July 2019.

Rotherham LAC Physical and Emotional Health Work Stream – 27 September 2019

Recommendations:

This paper is for information and for Rotherham Corporate Parenting Board to be assured of our commitment to improve health and wellbeing for our children placed in and out of area.

Terms of Reference

**South Yorkshire and Bassetlaw (SY&B),
Integrated Care System (ICS), Looked After
Children (LAC) and Care Leavers (CL),
Commissioning for Outcomes Forum**



Health and Care Working Together in South Yorkshire and Bassetlaw

CONTROL RECORD			
Title	South Yorkshire and Bassetlaw, Integrated Care System, Looked After Children Forum, Terms of Reference		
Purpose	Consider and reduce unwarranted variation across care systems in South Yorkshire and Bassetlaw		
Audience	Commissioners and Providers of healthcare for LAC and CL Local Authority commissioners and providers for LAC and CL		
Issue		Issue date	22/08/2019
Version	3.0	Date	22/08/2019
Status	Final Version	Review	annually
Owner	South Yorkshire and Bassetlaw Designated and Named Professionals for LAC		
Author	Catherine Hall and Nikki Shepherd		
Assisted in the Development of the document	South Yorkshire and Bassetlaw Designated and Named Professionals for LAC		
Superseded Documents	SY & B LAC Unwarranted Variation Steering Group 26/01/2018		
Main Changes from previous versions	Change in name and ethos from ensuring that unwarranted variations in care delivery are reduced to commissioning for safe and effective outcomes that lead to better healthcare across SY&B ICS for all our children in care.		
Groups Consulted	Commissioners and Providers of healthcare for LAC and CL Local Authority commissioners and providers for LAC and CL SY&B Chief Nurses SY&B healthcare providers for LAC and CL		
Approved by		Date	
Ratified by		Date	
Target audience	SY&B LAC and CL		
Distribution list			
Method	Intranet ü Other £		

Revision history

Version	Date	Summary of changes
1	22/07.2019	Change of name to incorporate the need to commission for outcomes
4	28/08/2019	Governance structure added to section 10.

Informed

This document is considered by the following people:

Informed name	Title/responsibility	Date	Version
Sue Gunson	Regional Safeguarding Nurse NHSE North		1.0



Health and Care Working Together in South Yorkshire and Bassetlaw

Introduction

These terms of reference are to support the function of the South Yorkshire and Bassetlaw Integrated Care System in commissioning for outcomes across the Looked After Children (LAC) and Care Leaver cohort. This document sets out the parameters within which authority it acts, detailing the membership of the group, frequency of meetings, along with the remit and reporting of the group.

Throughout the document the term LAC is used; this incorporates all children in care and Care Leavers unless otherwise stated.

1 Background

The group was originally established following NHSE Standard Approach document (Nov 2017) which set out to reduce the unwarranted variation that exists for looked after children nationally. South Yorkshire and Bassetlaw Designated Professionals for LAC set up meetings to counterbalance concerns around the unwarranted variation in LAC healthcare delivery. In addition research clearly states that LAC have additional health needs and that around 1/3 move out of area but remain within a 20 mile radius. Therefore working across SY&B was relevant and appropriate in the current climate of the SY&B Integrated Care system (ICS); meetings were set up to consider working practices. In July 2019 the group expanded the terms of reference to consider wider than unwarranted variation and to look at commissioning for outcomes.

The group was renamed to reflect that development to SY&B, ICS, LAC forum.

2 General responsibilities

The SY&B, ICS LAC membership will comprise of Designated Professionals, Named Professionals and social care children and young people named representatives.

The SY&B, ICS, LAC forum will:

- Work together to consider the needs of children in care across the South Yorkshire and Bassetlaw patch.
- Work diligently to commission for safe effective outcomes for our children in care.
- Ensure that individual group members retain responsibility for disseminating information and guidance within the sub regions.
- Share best practice working toward all children in care receiving an equitable service based on need. Sharing patient stories in order to learn across the system.
- Improve healthcare delivery and influence practice within the integrated care system and at place level, addressing unwarranted variation in provision and data collection to allow for accurate comparisons to be made.
- Overseeing and prioritise the ICS work plan for LAC.

The SY&B, ICS, LAC forum is responsible for:

- Overseeing progress against an agreed work plan.
- Managing risks and issues and escalating as appropriate;
- Disseminating information to appropriate stakeholders ;
- Supporting and informing relevant ICS / Integrated Care Partnership groups



Health and Care Working Together in South Yorkshire and Bassetlaw

- Ensuring that the group work plan remains on course to deliver its outcomes.
- Providing advice and guidance as appropriate for the development and monitoring of the Looked after and Adoptive Children's Unwarranted Variation Project in order to develop a sustainable model.
- Contribution to appropriate documents and policies to support the development of the Looked after and Adoptive Children's Unwarranted Variation Project
- Providing advice and professional challenge on issues that affect service users.
- Providing a mechanism via which requests for updates and/or attendance at meetings can be channelled.
- Agree items for escalation.
- To help guide the development of recommendations for further work.
- To act as critical friends by providing challenge, support and direction where required to ensure that outcomes for children in care are optimised.

3 Accountability

The group will report directly to the NHSE North Regional LAC Sub group.

SY&B, ICS, LAC forum member will report to their Clinical Commissioning Group Chief Nurse and senior leads within provider organisations.

SY&B, ICS, LAC forum member will report to their associate Corporate Parenting Panel/Boards.

4 Membership

Name	Organisation	Role
Barnsley		
Angela Fawcett	NHS Barnsley CCG	Designated Nurse Safeguarding & LAC
Dr Andrea Nussbaumer	Barnsley Hospital NHS Trust	Designated Doctor LAC
Andrea Scholey	Barnsley Metropolitan Borough Council	Specialist Nurse Children in Care
Jonathan Banwell	Barnsley Metropolitan Borough Council	Head of Children in Care Services
Bassetlaw		
Cathy Burke	NHS Bassetlaw CCG	Deputy Chief Nurse, Designated Nurse Safeguarding & LAC
Dr Naeem Ashraf	DBTH	Designated Doctor LAC for BCCG
Julie Storey	NHCT	Named Nurse LAC for Bassetlaw
Terry Hayes	Bassetlaw CCG	Head of Children's Nursing (Deputise for Cathy)



Health and Care Working Together in South Yorkshire and Bassetlaw

Name	Organisation	Role
Doncaster		
Andrea Ibbeson	NHS Doncaster CCG	Designated Nurse Safeguarding & LAC
Dr Ashraf	Doncaster & Bassetlaw Foundation Trust	Designated Doctor LAC
Paula Walker	Rotherham, Doncaster & South Yorkshire NHS Trust	Named Nurse LAC
LA representative	Doncaster Children's Service Trust	Head of Service
Rotherham		
Catherine Hall	NHS Rotherham CCG	Designated Nurse Safeguarding & LAC
Dr Hashmi	The Rotherham NHS Foundation Trust (TRFT)	Designated Doctor LAC
Lynda Briggs	TRFT	Named Nurse LAC
Ian Walker	RMBC	Head of Service Children in Care
Sheffield		
Nikki Shepherd	NHS Sheffield CCG	Designated Nurse LAC
Lorraine Pearson	NHS Sheffield CCG	Designated Doctor LAC
Lynda Briggs	SC NHS FT	Lead Nurse LAC
LA representative	Awaiting name	

Ad-hoc members will be invited to attend dependent upon the subject matter under discussion.

There is an expectation that a minimum of 1 member from each area is in attendance.

The Forum will nominate a Chair and Vice-Chair. These roles will rotate on an annual basis and be a Designated Professional.

In addition the agenda will be set by SY&B Yorkshire and Humber National and Regional Designated LAC representative.

The Chair and Vice-Chair have a responsibility to ensure that the membership is representative of the sub-regions. It will be expected that members actively contribute to the meetings and involve themselves in at least one of the work streams included in the work plans.

5 Senior responsible owner (SRO)

The SRO for the SY&B ICS Forum is Catherine Hall – Designated Nurse Safeguarding and LAC, NHS Rotherham CCG and is responsible for:

- Chairing the meetings and deciding upon the frequency of meetings required.
- Ensuring the group achieves its overall objectives and delivers the anticipated benefits.
- Monitoring the progress of the project / programme.
- Escalating issues as necessary and in a timely manner.



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6 Skills and attributes of members

- Provide leadership for the health system in relation to the LAC agenda.
- Understand high level work plans of the group and have the ability to monitor progress against them.
- Understand and act on those factors that affect the successful delivery of the programmes and projects within it.
- Be aware of the broader strategic context of the LAC agenda.

7 Frequency of meetings

The Forum will meet on 8 weekly basis. (Task and finish groups will be established and meet as required).

Teleconferencing and skype facilities to be explored and utilised when available as an option to attendance in person.

Members of the Group will receive papers 5 days before each meeting.

Minutes of the meeting will be kept by an administrator and agreed by the Chair and the Project Lead prior to dissemination to the group

Members may be contacted between meetings for advice should the need arise.

From time to time specific task and finish groups may be formed to work on specific issues as appropriate.

From time to time individuals may be co-opted to provide specific advice, support, challenge and expertise as required.

8 Standing agenda

1. Welcome, introductions apologies and conflict of interest declarations.
2. Review minutes and actions from the previous meeting.
3. Update and stakeholders identifying items of importance
 - a. Progress against the work plan
 - b. Risks/issues which require escalation to the Regional LAC Sub Group if necessary.
4. Items not on standing agenda for discussion– provided to chair in advance of meeting
5. AOB.
6. Date, time and venue of next meeting.

9 Secretariat

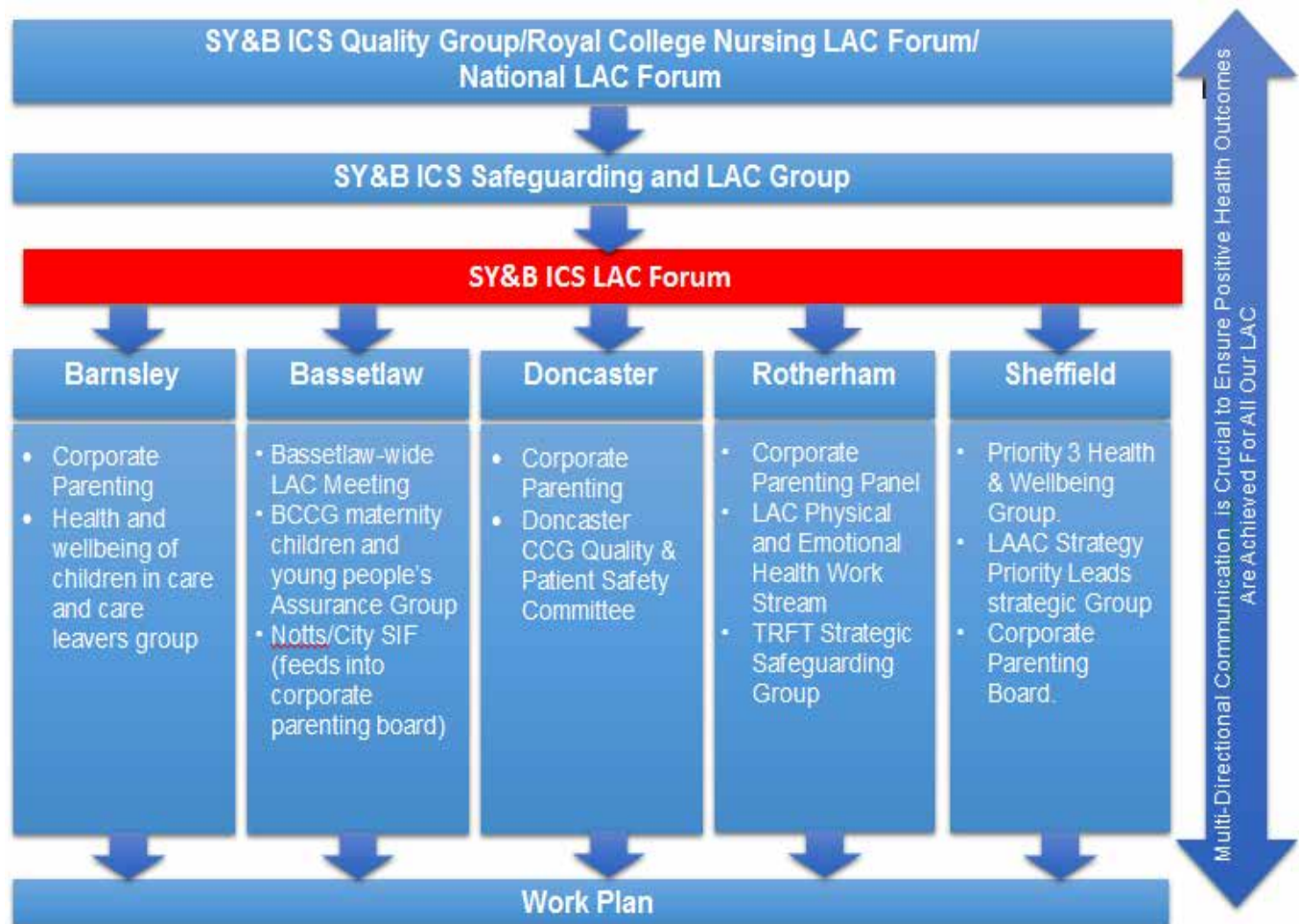
Secretarial support will be provided from within the SY&B health economy on a rota base. NHS Sheffield CCG will undertake the role for the financial year 2019/2020. They will be responsible for:

- Administering and co-ordinating meeting agendas, papers and information as required;
- Documenting the discussions, agreed actions and maintaining suitable records - minutes and action points will be circulated to members within 7 days of the meeting taking place;
- Circulating papers for the next meeting 5 days prior to the next meeting date.



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10 Reporting and Governance arrangements



11 Conduct

To remain professional at all times in line with relevant professional bodies codes of conduct and terms and conditions of employment.

All colleagues will be professionally curious with each CCG ensuring that services within their catchment remain robust and meet all statutory guidance. CCGs retain the responsibility of discharging their duty in accordance with relevant Regulations ([The Care Planning, Placement and Case Review \(England\) Regulations 2010](#)) and the [Promoting the Health and Wellbeing of looked after children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England 2015](#).



Spotlight on South Yorkshire and Bassetlaw Integrated Care System, Looked after Children Forum (SY&B ICS, LAC, Forum).

Rationale for an Integrated Care System approach for Looked After Children across South Yorkshire and Bassetlaw.

As Clinical Commissioning Groups (CCGs) our healthcare duty to Looked After Children (LAC) must be discharged in accordance with the relevant Regulations ([The Care Planning, Placement and Case Review \(England\) Regulations 2010](#) and the [Promoting the Health and Wellbeing of looked after children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England 2015](#)).

National research into the consequences on health and wellbeing of being in the care system is unfavourable. Research also acknowledges that a high percentage (up to a third of LAC) live outside of their local authority catchment area; although the majority of those live within a 20 mile radius.

Therefore it is practical to take a population health management approach to improving the health of LAC and specifically for LAC across SY&B is a practical and timely approach.

Background

LAC health and social care commissioners and providers have been working diligently together to address the unwarranted variation across SY&B healthcare children in the care system, since January 2018.

Under the Children Act 2004, health professionals have a legal responsibility to promote the health and well-being of children and young people. Evidence shows that LAC share many of the same health risks and problems as their peers, but often to a significantly greater degree. Therefore, as commissioners and providers of healthcare for this particularly vulnerable cohort of children, we are acutely aware of our duty to narrow the health and welfare gap that is often evident.

In addition to their increased health and welfare needs, a significant proportion of LAC need to be moved out of area; research indicates that LAC predominately remain within a 20 mile radius. It is therefore prudent that our children, who are predominately based around the footprint of SY&B ICS have SY&B health and social care colleagues work in partnership together to lead change and add value to the outcomes for this cohort of children and young people. Within the SY&B senior professionals meet to drive forward the ICS need to work together and commission for positive health outcomes; this group deliver consistency across the ICS whilst maintaining a strong place remit. It is proposed that this Forum will report via the Chief Nurses to this group.

In July 2019 the unwarranted variation in healthcare delivery work stream transitioned into SY&B ICS, LAC, Forum. In moving this forward we will ensure that wherever a child is placed in SY& B that child will receive an equitable service. In addition the forum members will be assured as to the quality of the healthcare service delivered by defining and if practicable commissioning for positive health outcomes for this vulnerable cohort. By knowing our strengths and our weaknesses we can better plan provision in a more effective manner.

What is Working Well



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This forum has a well-established and proactive core membership consisting of Designated and Named LAC professionals and senior representatives from social care from each of the 5 Local Authorities in South Yorkshire and Bassetlaw.

Every CCG and provider has entered into this project at different stages with regard to processes and pathways but everyone has been willing to share best practice and learn together to improve healthcare delivery. The focus on reshaping healthcare delivery and commissioning whilst and by addressing variations in quality of healthcare provision, data collection and collaboration has been challenging as well as rewarding.

Professional curiosity is always evident and ensures that best practice examples under consideration, or ultimately agreed, are fully considered and deemed appropriate for SY&B. In being professionally curious we are fulfilling our responsibilities to commission effective services and provide the best possible co-ordinated care for individuals.

This forum specifically aims to address the inequity of our healthcare provision by sharing, in an open and honest forum, learning from and with the commissioners and providers across SY&B. The direction of travel, whilst at times is challenging, remains positive. The SY&B, ICS, LAC, Forum explicitly aims to:

- Improve healthcare delivery;
- Influence practice;
- Address unwarranted variation in data collection and provision;
- Learn, develop and share best practice; and
- Work in partnership.

Together the group have worked on shared pieces of work to improve cross referencing across SY&B. Current work streams include publishing terms of reference and a memorandum of understanding regarding working relationships.

What are the challenges

The challenge to date has been to focus on reshaping healthcare by addressing the unwarranted variations in quality and practice across SY&B.

From the work already undertaken it is apparent that these children are some of the most vulnerable in society; optimising their health status is crucial, not only for their wellbeing but the financial impact of not doing is potentially immeasurable. The forum will ensure that within the ICS that the healthcare of LAC within SY&B is of a high quality across the patch. We will do this by seeking assurance across commissioning and provider organisations that there is system integration across the ICS footprint. We will celebrate and share good practice; poor practice will be named and improved upon.

We will take a population health management approach, as good corporate parents, to improving the health of this important cohort of children. For this forum it is important that we improve the physical and mental health outcomes and wellbeing of children in care within and across our increasing SY&B LAC population. Professional challenge has to date been evident at every meeting and the opportunity to reflect practices with LA colleagues provides the on-



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going curiosity on 'how do we become the best area'. Healthy competition and discourse are driving up standards, this discourse is challenging at times but the group have remained cohesive in their belief that we need to continually improve healthcare practice for our LAC.

Differences of opinions and professional challenge have at times delayed some pieces of work, for example commencing the Initial Health Assessment (IHA) template. However the frankness and passion that drives practitioners forward in working for this vulnerable cohort is commendable and has resulted in templates being robustly considered. This child centred approach whilst challenging at times will result in service delivery to be acclaimed. Furthermore issues around the challenges of a common health data questionnaire and immunisation recordings have provided us with much to consider regionally and nationally if we do see ourselves as a national health service and corporate parent to this vulnerable cohort.

In addition to our local determination to provide and publish accurate data for SY&B there is a desire to provide key performance indicators that report on public health outcomes. It is notable that nationally the data set for LAC is limited and doesn't provide a focus on the desired outcomes, namely health improvement from their time in the care system. SY&B, as an area, remain keen to lead the way on grasping the healthcare needs of LAC taking account of health trends and themes and where applicable utilising these alongside our Joint Strategic Needs Assessments to heighten the need for improved public health commissioning around e.g. smoking cessation, sexual health, mental wellbeing etc.

Next Steps

There is a need for each area to discuss with the Chief Officer and Chief Nurse this network transitioning into a format that takes account of SY&B ICS. The rationale being that we must reduce any potential for a postcode lottery for our LAC. Each CCG needs to be made aware of this forum and our commitment to reducing inequality in health care delivery across SY&B.

As Corporate Parents we need to work wider than health colleagues ensuring that the health and welfare needs of this cohort remain at the forefront of all that we do. There is a need for a strong place plan for LAC and an active and effective ICS forum that ensure their needs are identified and met wherever the child is placed within SY&B.

This work has already taken longer than anticipated but is essential and has been based on mutual trust and respect for our responsibility to LAC. This work will need to continually develop and move forward as services develop and progress and the datasets begin to marry across the patch. It is noted that there is recognition of different working patterns which have impacted on the work to date but this has been channelled into a positive to continually drive our expectations. Every member of the group actively takes part which in turn ensures that they take ownership of the work and are engaged in finding solutions to 'wicked issues'.

Raise awareness with SY&B ICS around this forum and its aim to commission and work toward positive health and wellbeing outcomes.

Authors: Catherine Hall, Designated Nurse LAC NHS Rotherham CCG.

Date: 2019.07.30



The experiences and progress of children in care and care leavers

What do we know about the quality and impact of practice in Rotherham?	How do we know it?	What are our plans for the next 12 months to maintain or improve practice?
6. Making good decisions for children <i>6.1 Children and young people become looked after in a timely manner and in their best interests; decisions that children should be in care are based on clear, effective, comprehensive and risk-based assessments, involving where appropriate other professionals working with the family.</i> <i>6.2 Where it is not possible for children to return home, suitable and timely plans for permanence are made for them to live away from the family home.</i> <i>6.3 Where the plan for a child is to return home, there is purposeful work undertaken with the family so that it is safe for the child to return. Further care episodes are avoided unless they are provided as a part of an appropriate plan of support.</i> <i>6.4 The wishes and feelings of children, and those of their parents, are clearly set out in timely and authoritative assessments and applications to court. Assessments of family members as potential carers are carried out promptly to a good standard.</i> <i>6.5 Children's care plans comprehensively address their needs and experiences, including the need for timely permanence. Children's plans are robustly and independently reviewed with the involvement, as appropriate, of parents, carers, residential staff and other adults who know them. Plans for their futures continue to be appropriate and ambitious.</i>		
6.1 <ul style="list-style-type: none"> The Public Law Outline (PLO) Panel process has become increasingly robust in ensuring any decision made regarding a child becoming looked after is timely and is based on sufficiently comprehensive assessments. The Focussed Visit undertaken by Ofsted in March reported that, "The standard of social workers presentation and reporting to court has evidently improved and this is supported by partners such as CAFCAS and the local judiciary, who say that this is now mostly of good quality. It would benefit from being more consistent and timelier to avoid delay in the court's timetable while any deficits are resolved in children's permanence arrangements." The increasing rigour of the challenge provided by the PLO Panel is ensuring that more assessments of family members are front-loaded although there is still some more work to be done on this. 	6.1 <ul style="list-style-type: none"> PLO Panel minutes will evidence the check and challenge provided prior to legal processes being instigated. A full 'Guide to Best Practice' within the PLO Panel has been distributed to all social workers. Performance monitoring evidences that over the course of the previous 12 months 88% of the Court applications made by RMBC were agreed by the Court at the first Hearing. This limits uncertainty for the children involved and assists in permanence planning being more timely. 	6.1 <ul style="list-style-type: none"> Consideration to be given to upstream the PLO Panel towards assuming decision making responsibility for cases to enter the PLO process. Guidance from the President of the Family Court in respect of better front-loading of assessments is to be assimilated into RMBC practice with a target of reduced expert witnesses being instructed post lodging. There has been an increased use of family network meetings and Family Group Conferencing as a result of the expectation that these take place before presentation to PLO Panel. Early Help is building on and developing the Family Group Conferencing Offer in 19/20 as a result of a successful DFE bid that as at 25 September, we are awaiting final sign off from The DFE.
6.2 <ul style="list-style-type: none"> There is a formal offer of emotional and financial support for all in-house and Independent Fostering Agency (IFA) foster carers to enable them to make a fully informed decision regarding moving towards an Special Guardianship Orders or Child Arrangement Orders (SGO/CAO) for the children in their care. A dedicated post SGO Social Worker in the Therapeutic Team is responsible for signposting carers for support and securing therapeutic interventions via the Adoption Support Fund (ASF). Where this is not the preferred course of action carers are supported towards a long-term matching process considered at Foster Panel. 	6.2 <ul style="list-style-type: none"> SGO Policy and Guide for carers In 2018/19 there were 32 children who were adopted (up from 27 in 2017/18) but already in 2018/19 there have been six children adopted with a further 33 children already living in their adoptive placement, seven of which are Early Permanence Placements. As a result RMBC is well placed to significantly surpass last year's performance. Over the course of 2018/19, 22 children (14 in IFA placements and eight in-house) children were long-term matched with their foster carers. This process is driven through the Performance meeting process. 	6.2 <ul style="list-style-type: none"> Performance in respect of children adopted within 12 months of the SHOPBA decision was only 35% in 2018/19. Although court timetabling and legal processes can add unnecessary delays plans are to be established to improve this performance. Development and implementation of the Regional Adoption Agency (RAA) will be framed by a need to ensure there is no future negative impact on performance.
6.3 <ul style="list-style-type: none"> Numbers of children who are returned to the care of their parents has significantly increased due to improved practice and a revisiting of risk from only four children in 2016/17; two children in 2017/18; and 27 children over the course of 2018/19. The Edge of Care team have been involved in implementing the rehab plan for 27 children back to the care of their birth family. 	6.3 <ul style="list-style-type: none"> Over the course of the past 12 months there have been 270 children discharged from care – a 42% turnover of the total LAC cohort. Over the course of 2018/19 16 children admitted to care had previously been looked after which is only 6% of the total admissions. 	6.3 <ul style="list-style-type: none"> An Edge of Care Review will be undertaken in autumn in order to identify best practice in supporting children to return to the care of birth/extended families.

The experiences and progress of children in care and care leavers		
What do we know about the quality and impact of practice in Rotherham?	How do we know it?	What are our plans for the next 12 months to maintain or improve practice?
<p>6.4</p> <ul style="list-style-type: none"> There is a clear policy in respect of Kinship Care placements (Reg 24) which are increasingly presented to PLO Panel even prior to agreement to instigate Care Proceedings has been given by Panel. Training has been provided by the Fostering Team to all Social Work teams regarding the Reg 24 process to ensure there is a clear placement plan in place at the Initial Hearing. 	<p>6.4</p> <ul style="list-style-type: none"> As of July 2019 there were 37 Kinship Care placements most which ultimately move towards a Permanence Placement (SGO/CAO) 	<p>6.4</p> <ul style="list-style-type: none"> There is further work to improve the timeliness of filing paperwork with Legal Services which can cause reputational damage within the Family Court. There is a recently introduced performance management process in place to support an improvement in this shortfall. Only 29% of Care Proceedings have been completed within the 26 week timescale in 2019 – although this may be a responsibility shared with the Family Court itself a review of those proceedings exceeding the timescale will be undertaken to assess if RMBC can change its practice in any way to better meet the timescales.
<p>6.5</p> <ul style="list-style-type: none"> The Ofsted Focussed Visit identified that “There is further work to be done to improve the quality and consistency of written planning, so that it matches up to social workers’ verbal accounts of their plans given that written plans are less well expressed because they do not always clearly state the outcomes expected for children and are not always time-bound. 	<p>6.5</p> <ul style="list-style-type: none"> All children in care whose cases were reviewed by inspectors had a plan for permanence firmly in place. This means that there is a real focus on securing their long-term future through both a wide range of different legal orders and finding a variety of places for them to live. 	<p>6.5</p> <ul style="list-style-type: none"> Continued awareness raising within the LAC Service development days and the identification of best case exemplars to improve the quality of care plans.
<p>7. Participation and direct work with children in care and care leavers</p> <p><i>7.1 Children are seen regularly and seen alone by their social worker and children understand what is happening to them. Children have positive and stable relationships with professionals and carers who are committed to protecting them and promoting their welfare.</i></p> <p><i>7.2 Children in care and care leavers are helped to understand their rights, entitlements and responsibilities. They know how to give feedback or complain and understand what has happened as a result of their complaint. Their complaints are treated seriously and are responded to clearly. Urgent action is taken and services improve where necessary. Children and young people have access to an advocate and independent visitor when needed. Care leavers are well-informed about access to their records, assistance to find employment, training and financial support.</i></p> <p><i>7.3 The local authority celebrates the achievements of children in care and care leavers. It shows it is ambitious for their futures.</i></p> <p><i>7.4 Children in care and care leavers are well represented by a Children in Care Council or similar body which is regularly consulted on how to improve the support for these children and young people.</i></p>		
<p>7.1</p> <ul style="list-style-type: none"> Most of the social workers (95% +) are permanent employees with Agency social workers very much the exception. This supports consistency in professional relationships that benefits the young person. Performance in respect of statutory visiting of children by their social worker has consistently been above the 95% level despite the increasing numbers of LAC and numbers of children placed out of authority (OoA). 	<p>7.1</p> <ul style="list-style-type: none"> Statutory Reviews held in timescale has improved from 88% last year to 92% thus far in 2019/20 	<p>7.1</p> <ul style="list-style-type: none"> The over-reliance on OoA placements is to be addressed and reduced over the course of 2019/20 as a greater proximity will serve only to strengthen the relationship between young people and their social workers. The introduction of a performance management process in respect of pre-meeting reports for Statutory Reviews should improve the quality of Reviews and increase the number completed in timescale.
<p>7.2</p> <ul style="list-style-type: none"> The Rights to Rights Team visit every age appropriate child in the period immediately after their admission to care to inform them of their advocacy service and of the Complaints Procedure. They have regularly supported young people through this process up to and including Stage 2 complaints. The Head of Service has also met several young people to discuss their complaints in person. Rotherham’s Local Offer for Care Leavers is provided to all eligible young people. Covering all aspects of the local offer for our care 	<p>7.2</p> <ul style="list-style-type: none"> Our local offer is available on line at www.rotherham.gov.uk/leavingcare 18 young people are signed up to the Facebook page – we continue to encourage young people to sign up. Four young people have been diverted from accessing the formal complaints process by taking such a Restorative Practice approach. 	<p>7.2</p> <ul style="list-style-type: none"> There are only 13 Independent Visitors at present which does not match demand and further work will be undertaken to increase the availability of this service for LAC. Advertise and encourage young people and professionals to make use of the local offer Increase numbers of young people, social workers and

The experiences and progress of children in care and care leavers

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<p>leavers it includes details of the financial offer, pathways to Education, Employment or Training (EET) as well as accommodation. It is a comprehensive tool to support young people and professionals see how Rotherham supports its young people.</p> <ul style="list-style-type: none"> • 'Eligible Thursdays' are available to all who have/will have entitlement to leaving care services to come and meet the team and find out about the Journey. Young people with their carers, social workers or keyworkers are routinely invited to attend as part of the timetable. • Young people are supported in accessing their records • The leaving care team have a closed Facebook page which young people can sign up to and have updates as to what events are happening at the Journey. Traffic and activity is monitored by the team from our Accommodation Service • Young people know the line managers of their PA's. The vast majority of issues are managed through the relationships between young people, their workers and the managers of the service. • Leaving Care has an EET worker offering direct support to access EET opportunities. This EET worker has established links with local providers to make sure there is a range of training and academic offers available to young people • There is an established EET pathway which begins with a strong work experience offer and a pathway through to employment and/or apprenticeships 	<ul style="list-style-type: none"> • The EET worker is currently supporting 15 young people. The young people being targeted tend to be ones far from ready for the jobs market as these young people need more in depth support to get them ready for work experience. • One x YP employed in RMBC after undertaking work experience – apprenticeship and is now employed. • One x YP employed as an apprenticeship after completing some work experience with the team. 	<p>carers attending 'Eligible Thursdays.'</p> <ul style="list-style-type: none"> • Ensure Local Offer and Facebook page talk to each other and that information is consistent across both platforms. • Increase access to Facebook and Local Offer. • Tracking of issues where we avoid complaints to improve professional development of the team. • Increase the speed at which we are able to move young people into work experience once they have shown interest. • Increase the number of young people undertaking work experience and progression through to apprenticeships. • We have proved our approach to supporting young people into apprenticeships works. Therefore we need to increase the number of young people accessing work experience and make sure there would be an offer of an apprenticeship at the end of any successful period of work experience. • Increasing options for work experience are available to young people both within the LA and with external providers. This includes Financial Services, Residential Care, Building and Maintenance, Vets and Stables
<p>7.3</p> <ul style="list-style-type: none"> • There is an annual celebration event (Pride of Rotherham) for looked after children and care leavers which is attended by over 200 young people and their carers. • Percentage of 16+ young people who are in EET is consistently above 60% which places RMBC in the top quartile. 	<p>7.3</p> <ul style="list-style-type: none"> • All achievements are celebrated no matter how small they may appear to adults and not just educational attainment. Other categories for an award include Sports and leisure, Arts and Drama, Community Involvement and Successful Transitions. 	<p>7.3</p> <ul style="list-style-type: none"> • There will be a renewed effort to increase the number of Council apprenticeships being accessed by care leavers working for the 'Family Firm' via the Director's Challenge at Corporate Parenting Panel (CPP).
<p>7.4</p> <ul style="list-style-type: none"> • There is a fully functioning and effective LAC Council with 12 regular members (this includes a number of Care Leavers) and a Lil'Lac attended by up to 20 younger children. • The LAC Council implement an ethos of ethical participation by which they only contribute to the consultation processes that will have a positive impact on the wider LAC population. • The LAC Council are leading on the implementation of the 'Caring Language' agenda to support carers and professionals to consider their use of jargon and pejorative terms. 	<p>7.4</p> <ul style="list-style-type: none"> • In 2018 the LAC Council received the Diana Award for their Outstanding Contribution to Society for their Bin Bags Aren't Suitcases campaign. • Over the course of 2019 the LAC Council will be providing four training sessions for professionals to enhance their understanding of what it is like to be a LAC for which they are being paid the full rate out of the Training Budget. 	<p>7.4</p> <ul style="list-style-type: none"> • The LAC Council have chosen to campaign for free/reduced fee access to RMBC leisure facilities and they will require the support of the wider CPP in achieving this aim. • Further develop Care Leaver Forum as a standalone entity from LAC Council.

8. Helping and protecting

The experiences and progress of children in care and care leavers

What do we know about the quality and impact of practice in Rotherham?	How do we know it?	What are our plans for the next 12 months to maintain or improve practice?
<p>8.1 Children in care and care leavers are protected or helped to keep themselves safe from bullying, homophobic behaviour and other forms of discrimination.</p> <p>8.2 Any risks associated with children and care leavers offending, misusing drugs or alcohol, going missing or being sexually exploited or exploited in any other way are known well by the adults who care for them. Children receive help to reduce the risk of harm or actual harm. Children and care leavers are safe and feel safe. They are helped to understand how they can keep themselves safe.</p>		
<p>8.1</p> <ul style="list-style-type: none"> Through pathway planning young people are supported to build positive relationships through activities offered at the Journey. Young people are routinely challenged by their workers and through the construction of their pathway plan if any disrespectful, racist, homophobic or sexist comments are raised. Activities in the Journey encourage young people to learn about cultures and religions to support a broader understanding of difference. 	<p>8.1</p> <ul style="list-style-type: none"> There is an increased awareness of Child Criminal Exploitation with a formal risk assessment process in place and a risk marker system on Liquid Logic. The practice of utilising the National Referral Mechanism is becoming embedded. Multi-agency Vulnerability Panel considers those at highest levels of risk. 	<p>8.1</p> <p>Continue to build on the programme available at the Journey and encourage more young people to access the project.</p> <p>The gender identity of LAC is to be more effectively recorded and to be more actively considered as part of the care planning process.</p>
<p>8.2</p> <ul style="list-style-type: none"> There is a Senior Management Alert system in place through which any instances of high risk events (including missing episodes, significant self-harm, sexual exploitation, and complex abuse cases) are flagged up to Director level. For those children and young adults where the high level of risk is not addressed in a sufficiently co-ordinated way there is a Multi-Agency Vulnerability Panel which is convened to agree a plan to better support the young person. We have three young people in custody – all on remand and all known to services for a significant period. This is a reduction in the numbers of young people in custody than in recent years. There is a clear risk process in place which supports the LA, Adult Service, Housing and Police work well together to support young people keep safe and feel safe. This can initially be at a community level through Multi Agency Risk Assessment Conference (MARAC) up to the formal Vulnerable Adult Risk Management (VARM) process, both chaired by Police. The Vulnerable Persons Unit (VPU) are also available for consultations and advice to support decision making for young people. Strong links are in place with Mental Health services and the Police which provides our young people and the team with advice and guidance around how to support young people manage their mental health. Strong links are in place between leaving care and the local substance misuse services and DIVERT/CGL and we are able to secure emergency appointments where needed for our young people. For accommodation there is a strong risk assessment process which makes sure our young people are offered accommodation in places where they should feel safe. Area Housing Officers feedback any issues at a block level as to whether offering young people accommodation in a particular area would be appropriate. The Area 	<p>8.2</p> <ul style="list-style-type: none"> Regular multi agency meetings take place to consider worries and risks for young people. We know who our most ‘at risk’ young people are and there are clear risk plans for these children evidenced in pathway plans and on files. Evidence is contained on files for young people where consultations and advice is sought by workers and managers. Police attend the ‘Serious and Complex’ meeting at Swallownest Court and can therefore ensure, where needed, that our young people are included on the agenda where there are significant concerns about a young person’s mental health in the community. Young people can be seen within the week or if referred can be seen within 24 hours so we are able to secure action at the point of a young person saying they want to reduce/cease their substance use. A programme has been developed by Rush (funded by Lloyds Bank Charitable Arm) and developed and trialled with leaving care young people. Agreements are in place with Housing that upon completion of this programme young people will secure a bidding number and access to the housing list to secure their own properties. 	<p>8.2</p> <ul style="list-style-type: none"> Improved diversion tactics employed as LAC including access to emotional health and wellbeing at point of coming into care. Increase training offer from Mental Health Services as how to deal with young people with emerging/developing Personality Disorders. Launch of the programme developed by RUSH in September 2019 and rolled out fully across the winter in to next year. Seek sponsorship from companies to provide additional vouchers to ‘reward’ young people for the completion of the programme and to support them in their move into their own properties.

The experiences and progress of children in care and care leavers

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<p>Housing Officers raise their concerns with the team and the worker makes the final decision for the young person. This includes drug use/ dealing, anti-social behaviour or residents with significant and/or enduring mental health concerns.</p> <ul style="list-style-type: none"> In partnership with Rush House we have developed a process to secure young people access to the Housing List without the need to participate in a panel interview. Called 'A Place of your Own' this is a six module course focussed on supporting young people learn about and develop those skills needed to secure and maintain their own tenancy. There is a more consistent response to children missing from home and care (MFH). Statutory requirements are implemented, MFH visits are tracked and information is more effectively shared between agencies. A centralised multi-agency exploitation team has been introduced in one area which has enabled better working relationships with children and their families, more timely strategy discussions and a more immediate collective response to address and manage risk. See section 5.2 for information relating to response to risks linked to exploitation. 		
9. Health <i>9.1 Children in care and care leavers are in good physical and mental health, or are being helped to improve their health. Their health needs are identified and met.</i> <i>9.2 Care leavers have access to and understand their full health history.</i>		
<p>9.1</p> <ul style="list-style-type: none"> On average over 80% of LAC have a review Health Needs Assessment (HNA) in timescale although this performance is impacted by adolescents who decline to engage in the process and a number of young people in OoA placements whose local health provider has been unable to complete these HNAs in timescale Completion of Initial Health Assessments (IHA's) is evidencing an improving trend with a year to date performance of 81% as compared to a year end performance for 2018/19 of 51% We have priority access for mental health services which should support our young people access services within 2 weeks Training and support offered from a Mental Health nurse attached to VPU which helps support the teams in managing challenging and difficult behaviour. Access to Improving Access to Psychological Therapies (IAPT) is routinely used for young people and through direct access can be accessed quickly for young people. If IAPT is not the right pathway for young people we will support young people attend MIND and will fund this if required. Relationships within the Mental Health Teams mean that we can seek support by calling, asking for advice and getting help for our young 	<p>9.1</p> <ul style="list-style-type: none"> Over 90% of young people are registered with GPs All young people are encouraged to register with a dentist and opticians and over 70% have secured registration. 	<p>9.1</p> <ul style="list-style-type: none"> The pilot of community based and after school HNA clinics is to be reviewed to assess impact on the engagement of looked after young people. Better collaboration between Public Health and the Clinical Commissioning Group (CCG) to jointly design and commission mental health support for young people leaving care We need to improve the counselling offer for young people as they transition in to adult services

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people.		
<p>9.2</p> <ul style="list-style-type: none"> The LAC Health Nurse ensures that every care leaver who expresses a wish is able to access their Health Passport before their 18th birthday. 	<p>9.2</p> <ul style="list-style-type: none"> Since 2016 290 care leavers have accessed their health histories 	<p>9.2</p> <ul style="list-style-type: none"> CCG to work with Public Health to identify monies to support the recruitment of a nurse specialist for care leavers.
<p>10. Learning and Enjoyment</p> <p><i>10.1 Children and young people make good educational progress at school or other provision since being in care. They receive the same support from their carers as they would from a good parent.</i></p> <p><i>10.2 Children and young people who do not attend school have prompt access to suitable good-quality registered alternative provision. There is regular review of their progress. Urgent action is taken if children are missing from education or if their attendance reduces.</i></p> <p><i>10.3 Children and young people enjoy what they do and have access to a range of social, educational and recreational opportunities. Adult carers have suitable delegated authority to make prompt decisions about children's day-to-day lives.</i></p>		
<p>10.1</p> <ul style="list-style-type: none"> Virtual school (VS) attend termly PEP meetings for all LAC from age 2-18. The majority of school aged and Post 16 LAC are making expected or better progress. VS Education Psychology and SALT services provide a number of training and bespoke support opportunities to schools leading to improved understanding and capacity to meet need. 89% of our school aged young people attend schools that are rated good or better by OFSTED. VS offer training and support to foster carers to improve their capacity to support young people with education. In respect of GCSE outcomes there was an overall cohort 10.2% Increase of 3% on figures from last year. DfE cohort English and Maths at 4+ = 8.1% Increase of 1% on figures from last year. Mainstream only cohort English and Maths at 4+ = 20% increase of 5% on figures from last year. Five young people in total received GCSE English and Maths level 4+ Other positive outcomes include : <ul style="list-style-type: none"> Fixed term exclusion rate has been maintained. The percentage of YP who have had 3 or more exclusions has dropped significantly from 50% to 30%. The number of exclusions from good or better schools has also dropped There is no longer a significant difference between OOA and RMBC schools moving from 32:68 to 52:48. For Secondary schools: <ul style="list-style-type: none"> There were 50% fewer incidents of exclusion by number of pupils 	<p>10.1</p> <ul style="list-style-type: none"> Termly PEP data analysis illustrates improving progress term on term. Feedback from those attending training and who have accessed specific support. Regular professional dialogue with senior leaders in schools. 	<p>10.1</p> <ul style="list-style-type: none"> Developing the attachment friendly school offer to be more responsive and allow flexibility to best fit the needs of schools. SALT programme to focus on the gaps in secondary speech and language provision (Y9 and 10) Develop the training offer to both social workers and foster carers.

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<ul style="list-style-type: none"> ○ 45% fewer days lost to exclusion by pupil ○ 25% reduction in the length of exclusions 		
<p>10.2</p> <ul style="list-style-type: none"> • Overall attendance of our school aged children and young people is 92% This is similar to last year. • Of these 70% have good or better attendance (95%+) • Poorer attendance is observed in secondary settings particularly year 11. • Exclusions have decreased this year to date by approx. 20% • 29 young people (7%) are currently on an agreed reduced provision offer, whilst school placements are being organised. With each of these there is a clear plan in place and all have an education offer available to them of tuition, alternative provision or both. • Tuition offer is in place for all school movers for the first 2 weeks after moving school. This provides up to 15 hours per week. 	<p>10.2</p> <ul style="list-style-type: none"> • Data tracking, monitoring and analysis of daily attendance and exclusions. • Monthly reconciliation meetings with SEND to appropriate ensure provision is in place. • Tracking and monitoring of those young people on reduced provision or Alternative Provision timetables. 	<p>10.2</p> <ul style="list-style-type: none"> • Weekly team meetings to analyse attendance, progress and exclusions for the secondary team. • Through the Education Psychology Service (EPS) and SALT initiatives and effective use of PP+, continue to support schools in developing their skills in managing and supporting the needs of our young people. . • Closer monitoring of Alternative Provision (AP) and SEND settings to ensure swifter return to full time provision in appropriate settings • Plans to improve offer of support available to schools to include CAMHS worker alongside the EPS and SALT support that is established.
<p>10.3</p> <ul style="list-style-type: none"> • ‘Out of this world’ 3 day activity club organised and run by VS, in May for 10 children in Y5 and 6. • Creative mentoring has had a positive impact on the self-esteem and engagement of the majority of young people that took part. • VS has supported funding alongside social care and schools to enable a number of our young people to access extra-curricular activities and educational visits. 	<p>10.3</p> <ul style="list-style-type: none"> • Received positive feedback from children, carers and schools and creative mentors. 	<p>10.3</p> <ul style="list-style-type: none"> • VS to increase the out of school offer to our young people to include at least 2 day holiday clubs. • VS to train additional creative mentors to increase capacity.

11. Stability and Permanence

11.1 Children and young people are safe and settled where they live. They move only in line with care plans, when they are at risk of harm or are being harmed. They do not live anywhere that fails to meet their needs. They are able to live with their brothers and sisters when this is in their best interests, including when they are adopted. Children and young people have appropriate, carefully assessed and supported contact with family, friends and other people who are important to them.

11.2 Children and care leavers who live away from their ‘home’ local authority have access to education and health services that meet their needs as soon as they move outside of their ‘home’ area. Placing local authorities notify the ‘receiving’ local authority that a child is moving to their area promptly and ensure that services are in place to meet the child’s needs before the child moves.

11.3 There is a sufficiently wide range and choice of placements available to meet the needs of children in care.

11.4 Effective recruitment, assessment, training and support of carers (including, as appropriate, foster carers, adopters, special guardians and residential staff) ensure that children and young people receive high-quality, safe and stable care that meets their diverse needs.

11.5 All agencies and professionals work together effectively to reduce any unnecessary delay in receiving support and achieving permanence for children.

11.6 Children are effectively prepared for, and carefully matched with, a permanent placement. Their wishes and feelings influence the decisions about where they live. Children are helped to develop secure, primary attachments with the adults caring for them. They are helped to understand their life histories, experiences and identities.

11.7 The accessibility, style and clarity of case records enhance the understanding that children in care and care leavers have about their histories and experiences.

11.8 Adoption is considered carefully and promptly for all children who are unable to return home or to their birth families and who need a permanent alternative home; this includes good use of concurrent and parallel planning, the Adoption Register and Fostering for Adoption.

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<p>11.9Fostering and adoption panels, and the respective decision-makers, ensure that children are effectively matched with families. Local authorities have arrangements in place to ensure consistently good practice and receive regular feedback on the effectiveness of the work of panels.</p> <p>11.10 Children who are adopted, their adoptive families, their birth relatives and adopted adults are informed, and are aware of, their entitlement to receive an assessment of their adoption support needs. When support is needed, it is provided quickly, effectively and leads to improved circumstances for the children, young people, families and carers involved.</p>		
<p>11.1</p> <ul style="list-style-type: none"> Placement stability is an increasing feature of the care experience for our young people. The Intensive Intervention Programme (IIP) and general support provided by the Referral To Treatment (RTT) team has been instrumental in reducing the number of children experiencing 3+ placement moves from 14.6% (91 children) to 12.4% (78 children) over the course of 2019 thus far. LAC are routinely placed in OoA residential placements only rated as 'Good' or better unless there are clear extenuating circumstances and a sufficiently robust action plan that satisfies senior managers as to the planned improvements. Where siblings are to be separated this is always framed by a fully considered Together or Apart assessment. Where this is planned as part of the legal process these assessments are considered by the PLO Panel. 	<p>11.1</p> <ul style="list-style-type: none"> Over the course of 2019 the number of children in the same placement for 2 years or more has increased in real terms from 93 to 99 children. This is also impacted by the number of long-term placements converted to permanence via SGO/CAO. 	<p>11.1</p> <ul style="list-style-type: none"> The future delivery model and remit of the IIP is to be decided by DLT as current funding runs out in March 2020.
<p>11.2</p> <ul style="list-style-type: none"> The Placement at a Distance form process clarifies the expectation that the proposed placement is able to meet the education, health and care needs of the young person and the requisite evidence of this has to be provided before the appropriate senior manager will consent to the placement. Notifications are sent to host local authorities when a looked after child is being placed in their area and the Virtual School and dedicated LAC Health Team undertake relevant liaison to ensure the education and health needs are met. Wherever feasible the Health Team will travel OoA to the child's placement to ensure the Health Needs Assessment is completed in timescale and to the required standard 	<p>11.2</p> <ul style="list-style-type: none"> Placement options are not pursued unless senior managers are confident that it can best meet the educational, health and therapeutic needs of the young person and that the placement is rated as being at least 'Good' by Ofsted. 	<p>11.2</p> <ul style="list-style-type: none"> Some children placed Out of Authority continue to have a time lag between the placement and education provision being secured especially those with an EHCP in place. A revised process requiring closer involvement of the SEND Team will better ensure that these children will have their educational needs met in a more consistent manner.
<p>11.3</p> <ul style="list-style-type: none"> There is still some lack of sufficiency of placements resulting in 53.6% of LAC living in a commissioned placement 	<p>11.3</p> <ul style="list-style-type: none"> There has been an enduring 50:50 split between IFA and in-house foster placements. RMBC carers provide an average of 1.2 placements per foster family which is low as compared to other LAs. Despite targets for recruitment being exceeded there has been little impact on the net number of available placements. 	<p>11.3</p> <ul style="list-style-type: none"> Revised Placement Sufficiency Strategy, including the commissioning of Brightsparks, to improve the marketing, identification and assessment of new foster carers. Revised Foster Carer Allowance Scheme to be launched in August 2019 alongside a relaunch of the Pathways to Care Policy to encourage carers to foster more children and older children. Performance Dashboard to be introduced to monitor and performance manage and accelerate the assessment

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		and approval process.
<p>11.4</p> <ul style="list-style-type: none"> Although recruitment of foster carers has achieved the set target of 15 new foster families per annum, retention has been an issue meaning that there has been no net increase in foster placements due to resignations, de-registrations, a number of carers moving to independence via SGO/CAO and low foster family/placement ratios 	<p>11.4</p> <ul style="list-style-type: none"> Recruitment for 2019/20 looks to be increasingly positive with 16 assessments currently ongoing including five from the Foster Carer Diversity Scheme. 11 more existing carers providing 12 more potential placements have been identified via the Revised Allowances and Pathways to Care policy. Launch of new website developed in partnership with Brightsparks - https://www.fosteringrotherham.com/ and refined social media presence to increase contacts to the fostering service and contribute to the recruitment of 36 new foster families in 2020/21. 	<p>11.4</p> <ul style="list-style-type: none"> The Foster Care Diversity Scheme is to host a second event in September to further promote the recruitment of foster carers from the local Muslim community in addition to the eight currently being assessed. This, in conjunction with the Host Family Scheme will ensure RMBC are better placed to meet the religious, cultural and identity needs of this cohort of LAC. Process of assessment and presentation to Foster Panel to be subject of more refined performance management processes with timescale targets to be reduced to 4 months from expression of interest to Panel date.
<p>11.5</p> <ul style="list-style-type: none"> Right Child Right Care 2 has been implemented since January 2019. There were 195 children originally in scope with 78 of those already discharged from care and plans for a further 63 still to be completed but still in scope, 8 children with plans yet to be confirmed and a further 46 no longer in scope. In addition there have been a further 16 children discharged from care who were not originally within a work-stream 	<p>11.5</p> <ul style="list-style-type: none"> There is a monthly Performance Clinic that monitors the planned discharges from care, updates achievements, identifies blockages and agrees actions to address. This Clinic then feeds into the Performance Tracker updates. 	<p>11.5</p> <ul style="list-style-type: none"> The legal process can delay permanence e.g. in creating a time lag between adoptive parent's application and a Court date being set. This will continue to be challenged via the Family Court Users Forum.
<p>11.6</p> <ul style="list-style-type: none"> At present placement demand by far exceeds supply in respect of foster placements and so matching children can be a challenge. However, in respect of residential placements the Placement at a Distance form completed by the child's social worker has to evidence how the proposed placement will meet the care, health, education (including SEN) and therapeutic needs of the child before the Director will agree to the placement being made. There is an agreed life-story model completed for every child going through the adoption process 	<p>11.6</p> <ul style="list-style-type: none"> Long-term matches are presented to Foster Panel for approval and this serves to promote the relevance of this step for young people with their foster families 	<p>11.6</p> <ul style="list-style-type: none"> In-house foster carers to prepare a hard copy/electronic "This is our Family" guide introducing children to their prospective foster carers. The roll-out of Life-story work to be rolled out to looked after children as and when numbers of LAC and caseloads reduce. There will need to be an agreed template implemented as part of the SYRAA process.
<p>11.7</p> <ul style="list-style-type: none"> The Case File Summary at the top of the case notes was commented upon by Ofsted as being good practice in that they are easily accessible and clearly outline the narrative of the child's journey. They are also Signs of safety compliant and outline the danger Statement and Safety Goals. 	<p>11.7</p> <ul style="list-style-type: none"> Audits have indicated some issue in respect of case file summaries not being updated sufficiently regularly but this is now part of performance management processes with the target set for all summaries to be within 3 months of timeliness by end of the year. 	<p>11.7</p> <ul style="list-style-type: none"> Case file audits to ensure that Summaries are updated sufficiently regularly to maintain their relevance
<p>11.8</p> <ul style="list-style-type: none"> Adoption as a Permanence Plan is considered at the earliest opportunity at the PLO Panel when the decision to instigate Care proceedings is made. This includes a consideration of Early Permanence Placements (EPP). 	<p>11.8</p> <ul style="list-style-type: none"> 11 children have been adopted thus far in 2018/19. In addition there are 31 children in their adoptive placement and six of these parents have already lodged their applications to adopt with another 10 in their adoptive placement for more than 10 weeks but who have yet to lodge their adoption application. There are a further 26 children subject of a 	<p>11.8</p> <ul style="list-style-type: none"> Effective engagement with the South Yorkshire Regional Adoption Agency (SYRAA) will need to be in place to ensure there is no decline in current performance. This model of adoption services will offer opportunities for learning from best practice and RMBC will need to take

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	Placement Order not yet placed but with a match identified for six of them and Family Finding ongoing for a further 20 children. At present there are nine children in EPP placements	these up.
11.9 <ul style="list-style-type: none"> There is an effective and sufficiently independent Panel process for both Fostering and Adoption and panel Chairs meet with the senior management team within the LAC Service to ensure effective communication and sharing of best practice. 	11.9 <ul style="list-style-type: none"> In 2018/19 14 IFA placements and eight in-house placements were presented to Foster panel for a long-term match. 	11.9 <ul style="list-style-type: none"> The tracking of children in the same placement for 18+ months is monitored on an ongoing basis for consideration for a long-term match. As Panel capacity is taken more with the forecast increase in foster carer assessments consideration will need to be given as to how best to formalise the long-term matched placements.
11.10 There is a dedicated post adoption support worker in the Therapeutic Team who ensures that every adopter is fully aware of the post adoption support offer. This includes managing the Adoption Support Fund and over the course of 2019 £140k was secured to support SGO placements and £450k to support adoptive placements.	11.10 <ul style="list-style-type: none"> Over the course of 2018/19 there were: <ul style="list-style-type: none"> 30 adoption support assessments complete resulting in provision of support. 34 families received pre adoption support 82 families receiving post adoption support 23 receiving support provided by RMBC 59 provided by ASA. 40 adult adoptees receiving support 36 provided by ASA 4 supported by RMBC 	11.10 <ul style="list-style-type: none"> Model of post adoption support including life-story work is to be agreed as part of the SYRAA process. The task of RMBC is to ensure the model best meets the needs of its children.
12. Care leavers and transitions 12.1Care leavers have timely, effective pathway plans (including transition planning for children in care with learning difficulties and/or disabilities).These plans address all young people's needs. Reviews of plans for care leavers are robust and involve all key people, including the young person, who understands their pathway plan and contributes to its development. Plans for their future continue to be appropriate, as well as ambitious. 12.2Care leavers develop the skills and confidence they need to maximise their chances of successful maturity to adulthood, including parenthood. Care leavers have trusted relationships with carers and staff from the local authority and develop supportive relationships within the community, including with family and friends. They receive the right level of practical, emotional and financial support until they are at least 21 and, where necessary, until they are 25. 12.3Care leavers move towards independence at a pace that is right for them. Young people are encouraged to remain in care until their 18th birthday when this is in their best interest. They can remain living with their carers beyond their 18th birthday or, if more appropriate, receive ongoing support to live in permanent and affordable accommodation that fully meets their needs. 12.4Care leavers have good education and employment opportunities, including work experience and apprenticeships. They are encouraged and supported to continue their education and training, including those aged 21 to 24 years. Care leavers are progressing well and achieving their full potential through either being in further and higher education or in their chosen career/occupation. 12.5Care leavers have accommodation that best meets their needs and helps them to develop their independence skills safely. Risks of tenancy breakdown are identified and addressed; alternative plans are put in place promptly when necessary. Houses in multiple occupation (HMO) are only used when it is a young person's preferred option and it can demonstrably be shown to be in their best interests. 12.6Care leavers are provided with all key documents they need to begin their lives as young adults, such as national insurance numbers, birth certificates and passports.		
12.1 <ul style="list-style-type: none"> For young people under 18 their plans are reviewed through the LAC Review process. For young people over the age of 18 PAs review the pathway plans with the young people and who is involved within the professional network. These plans are quality assured and approved by team managers. The Peer Review identified that Leaving Care pathway plans were of 	12.1 <ul style="list-style-type: none"> Pathway plan completion for leaving care is 83% but most of the shortfall is due to social workers still completing care plans for 16 and 17 year olds. Quarterly transition planning is in place to support effective transition for young people with disabilities into Adult Services. A few of our young people have experienced multiple changes in worker over the last year – as a result of successful recruitment this 	12.1 <ul style="list-style-type: none"> Improve IRO understanding of pathway planning and practice in relation to preparing young people for their futures. Continue to support social workers in other areas build pathway plans that reflect current circumstances and hopes and ambitions for the futures of our young people. Training to be offered to Localities and the Children's

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<p>'Good' quality with seen as very good, voice of the young person clearly heard. Plans were clear and aspirational for young people.</p> <ul style="list-style-type: none"> Where necessary we make every effort to ensure Unaccompanied Asylum Seeking Children (UASC) young people are triple planned. The majority of young people have smooth transitions into adult social care. There have been difficulties in recruitment to the staff team which has left the Leaving Care Service unable to provide the full range of services and support it aspires to offer. 	<p>should now improve.</p>	<p>Disability Team (CDT) to support improved understanding of pathway planning.</p> <ul style="list-style-type: none"> Improved SMART outcomes on plans to be developed. Make sure triple planning is present on all files where young person is UASC. Improved response required when young people are closed to adult social care but need re referral. 3 month rule to be supported by Adults Social Care. Improve consistency of allocated worker.
<p>12.2</p> <ul style="list-style-type: none"> EET pathway has been developed to support access with the EET worker now in place and able to focus on activity. EET group to support problem solving to support young people access opportunities – this is now being merged in with the 16+ panel to support a focus on the futures for young people. In partnership with Rush House we have developed a process to secure young people access to the Housing List without the need to participate in a panel interview. Called 'A Place of your Own' this is a six module course focussed on supporting young people learn about and develop those skills needed to secure and maintain their own tenancy. Parenting offer comes via Early Help. Parenting support and advice reflected in pathway planning. We are working closely with colleagues in social care where the children of our care leavers have social workers. Health Visiting Plus model extended to 21 for care leavers (for the rest of the population this ceases at 19). It also extends to the second pregnancy for care leavers. 	<p>12.2</p> <ul style="list-style-type: none"> We have offers from across the council as well as outside agencies – e.g. finance team in RMBC. We know our EET pathway model workers <ul style="list-style-type: none"> One young person on an apprenticeship within the council (this started with a work experience offer) One young person currently due to begin apprenticeship with the finance team (this opportunity has arisen due to the provision of work experience). Young person who was completing his apprenticeship has now been recruited to a permanent position (This began as work experience, progressing to an apprenticeship and now full time work). Various efforts to try and encourage our young mums to engage with groups at the Journey – however interest has not yet become widespread. 	<p>12.2</p> <ul style="list-style-type: none"> EET plan has been developed and will be added on to the young person's file and incorporated into their pathway plan. More and wider work experience opportunities to be identified across RMBC. More young people to make use of the work experience offer. Developing of a parenting approach to care leavers where we are corporate parents and corporate grandparents. Use evidence from PAUSE to shape the approach to care leavers who have children.
<p>12.3</p> <ul style="list-style-type: none"> Young people are supported to develop the skills they need to help them progress. Where it is in the best interests of the young person to remain in their placement, we will endeavour to support this happening – for example we try to encourage young people to remain in their foster placements. If young people are not ready for their own tenancies we will maintain them in their supported accommodation project. If young people 'fail' in their own tenancies we will try and bring them back to supported accommodation and start again in supporting them to develop the skills. This can happen for young people over the age 	<p>12.3</p> <ul style="list-style-type: none"> The performance in respect of care leavers who live in suitable accommodation has consistently been above 95% duuring 2019 and at its highest was 97.4%. The development of the House Project is specifically designed to improve the tenancy success rate for care leavers. 	<p>12.3</p> <ul style="list-style-type: none"> Further development of supported lodgings as an offer for young people. Staying Put co-ordinator to review and share a better understanding as to why there has been a reduction in care leavers in staying put arrangements. House Project phase 2 to be instigated over the course of autumn 2019.

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<p>of 18</p> <ul style="list-style-type: none"> • PAs are tenacious for the young people and will advocate strongly for young people to secure accommodation. Even when we have exhausted all avenues they continue to look to source something. • We do not use Houses of Multiple Occupation or Bed and Breakfast accommodation for our care leavers. 		
<p>12.4</p> <ul style="list-style-type: none"> • In respect of 16-17 year olds as of 1/9/19: <ul style="list-style-type: none"> ○ 74% were in education ○ 6% in training or work ○ 18% were NEET. • In respect of 18-20 year olds: <ul style="list-style-type: none"> ○ 26% were in education ○ 26% were in training/work ○ 49% were NEET. 	<ul style="list-style-type: none"> • We have 30 young people over the age of 21 receiving a service currently. Of this 30, 11 are in Higher Education. 	<ul style="list-style-type: none"> • Continue to make sure young people know they can return to the service post 21. • Increase pathway plan completion rates for other areas of the service where pathway planning has not been taking place.
<p>12.5</p> <ul style="list-style-type: none"> • Rotherham is one of 5 areas developing their local House Project – 7 young people will shortly transition into their own homes. • We have an accommodation pathway which includes group living, dispersed tenancies, floating support, 24:7 supported single unit accommodation. We have a broad offer which allows us to secure the best option for our young people. • Decisions for young people are made with young people and with robust risk management plans in place to support young people and the support arrangements. • Hollowgate has an increased number of dispersed tenancies which sees young people able to transition into properties from their placement at Hollowgate, that can become their own. There can also be direct access to these dispersed properties for those young people not placed at Hollowgate. • There are currently 17 young people in Staying Put arrangements. • The Leaving Care Team will launch RMBC Support and Accommodation Pathways Commissioning Framework in October. This is a highly aspiration framework expecting improved service and outcomes for providers. • The 16+ panel focusses on early planning for young people as they prepare to move onto their own accommodation. This includes thinking about supporting young people develop skills to make them ready for their future as well as supporting workers become better equipped at challenging providers to do more. 	<p>12.5</p> <ul style="list-style-type: none"> • 6 month programme for young people now coming to an end with young people due to move in to their homes in August 2019. • Placements for young people cover a range of options and are based on the needs and wishes of the young person • Hollowgate has 9 single use flats and access to 8 dispersed tenancies. This is now due to increase to 10 by the end of the year (2019). • Social Workers are becoming more able to think about the futures for young people and to evidence robust plans to support young people progress into their own accommodation. • Social workers are being encouraged to work with young people to think about what young people want for their futures and to provide additional challenge to 'reality check' any planning. 	<p>12.5</p> <ul style="list-style-type: none"> • Staying Put numbers are reducing. An investigation is to take place to identify the cause of this drop and to review practice leading up to decisions. • More focussed work is to be undertaken with IROs to support them in understanding the importance of pathway planning and supporting young people to think about the future. • Further embed joint supervision at allocation/mid-way and transition points between LAC and Leaving Care to support improved planning for young people as they move towards 18.

The experiences and progress of children in care and care leavers

What do we know about the quality and impact of practice in Rotherham?	How do we know it?	What are our plans for the next 12 months to maintain or improve practice?
12.6 <ul style="list-style-type: none">Young people are supported in accessing all documents needed to participate in society as an adult. This can include NI number, adult passport and/or driving license, birth certificates and/or relevant ID cards.	12.6 <ul style="list-style-type: none">All our young people by the age of 19 will have NI number in order to access financial support.As part of the EU settled status requirements, we are supporting young people who are EU citizens to obtain the right documentation.For 3 young people we have secured travel arrangements to return to their country of origin to obtain the relevant Identification documentation to enable them to progress their EU Settled Status Application.	12.6 <ul style="list-style-type: none">Ensure young people in our care who are EU citizens have all documentation in place before they turn 18 and that all young people have an NI number by the time they are 17 by making this part of the performance management process.

Health and Care Working Together in South Yorkshire and Bassetlaw



Doncaster Safeguarding Children Board



NOTIFICATION PROCESS FOR SOUTH YORKSHIRE AND BASSETLAW LOCAL AUTHORITIES WHEN A CHILD IN CARE IS PLACED WITHIN OTHER LOCAL AUTHORITIES.

Status of this document	Version 6: 23.07.2019	Updated following LAC meeting LOGOs added.
Approved by: South Yorkshire and Bassetlaw LSCBs and associated Local Authorities specifically:	[Insert name of Authority and date approved]	
Updated	This protocol was adapted from East Midlands Protocol (2017) and South Yorkshire and Bassetlaw Draft Protocol (2015). Appendix 1 (Notification) incorporates suggested questions from ADCS ADCS.ORG.UK OOA LAC Notifications England	
Updated by	NHS Barnsley Clinical Commissioning Group (CCG), NHS Bassetlaw CCG NHS Doncaster CCG NHS Rotherham CCG NHS Sheffield CCG.	
Suggested review date	1 year post implementation	

The term “looked after children” has been used throughout the document as this is used in the Statutory Guidance (2015). It is acknowledged that the term “children in care” is interchangeable and preferred by some young people and may feature in other local policies.

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	Notification of placement or change of placement of Looked After Children placed Out Of Area	8



Notification process for South Yorkshire and Bassetlaw Local Authorities when a Child in Care is placed within other Local Authorities.

This protocol indicates the actions to be taken when a Local Authority places a Looked after Child within another Local Authority Boundary within the South Yorkshire and Bassetlaw or East Midlands region.

1. Regional Protocol

All Local Authorities (LA's) and Local Safeguarding Children Boards (LSCBs) in South Yorkshire and Bassetlaw have agreed to a standardised procedure for the notification of placements of Looked after Children (LAC) who move across regional boundaries and any subsequent notification about change in circumstances including moving out of the authority.

In addition this document mirrors the expectations of LA's in East Midlands and therefore the protocol has a wider footprint to ensure that the care of LAC is more effectively tracked in these two regions. The LA for Bassetlaw is Nottinghamshire which is captured within the East Midlands protocol. Many children placed in or out of Bassetlaw go across South Yorkshire and hence Bassetlaw needs recognising in both the East Midlands and South Yorkshire protocols.

2. Signatories to this document – Sign off from Safeguarding Partners once complete

Area	Signed	Date
Barnsley Safeguarding Children Partnership Arrangements	Nigel Leeder, Partnership Manager Barnsley Safeguarding Children Partnership nigelleeder@barnsley.gov.uk	
Bassetlaw – Nottinghamshire Safeguarding Children Partnerships	Steve Baumber Service Manager, Partnerships and Planning Nottinghamshire County Council steve.baumber@nottscc.gov.uk	Sent to Steve 25/05/19
Doncaster Safeguarding Children Partnerships		
Rotherham Safeguarding Children Partnerships	Phil Morris, Business Manager Rotherham LSCB CYPSSafeguardingBoard@rotherham.gov.uk	Initial Discussion 13/03/2019
Sheffield Safeguarding Children Partnerships		

3. Background

The corporate parenting responsibilities of LA's include having a duty under Section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement.

This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

The LA that looks after the child must arrange for them to have a health assessment as required by *The Care Planning, Placement and Case Review (England) Regulations 2010*.



LAC should never be refused a service, including for mental health, on the grounds of their placement being short-term or unplanned.

CCGs and NHS England have a duty to cooperate with requests from LA's to undertake health assessments and help them ensure support and services to LAC are provided without undue delay.

LA's, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.

"Too often, LA's failed to notify other agencies properly when a LAC had moved into their area. Children who live out of area but in an adjacent authority often benefit from pre-existing close collaboration between agencies" (OFSTED 2013)

The following definitions apply for the protocol:

- The 'originating LA' is the LA which initially took the child/young person into care.
- The originating CCG is the CCG for the child's registered General Practitioner (GP) at the point they were taken into care. Or, if not registered with a GP, the CCG for the geographical area in which they were living.

"Who pays? Establishing the responsible commissioner" (Department of Health 2007)

- The 'receiving LA' is the LA to which the child or young person has been placed.
- The receiving CCG is the CCG for the child's registered GP for their new placement. Or, if not registered with a GP, the CCG for the geographical area in which they are now living.
- **'Responsible Authority'** is the LA where the child or young person previously lived or still usually resides and who is responsible for them;
- **'Host LA'** is the LA to which the child or young person has been placed, has recently moved to or where the child actually is at the time an incident occurs
- A **'distant placement'** - regulation 11(5) as amended by the Children's Homes and LAC (Miscellaneous Amendments) (England) Regulations 2013 defines a distant placement as "a placement outside the area of the responsible Authority and not within the area of any adjoining local authority". Distant placements must be approved by the responsible authority's Director of Children's Services.

Throughout this document, the term out of area placement is used to refer to placements located outside the boundary of the responsible Authority. A distant placement is an out of area placement that is not within the area of any adjoining LA.

4. Notification from the originating LA to the receiving LA when children and young people are transferred across LA boundaries

If an originating Authority is planning to place a child in a host Authority in South Yorkshire and Bassetlaw, consultation is vital to ensure effective planning and information sharing is carried out with services likely to be responsible for meeting the child's needs. In making a judgment about the suitability of an out of authority placement for a child, the responsible Authority should assess the arrangements which it will need to put in place to enable the child to access services such as primary and secondary health care and appropriate educational provision.

When an Authority wishes to place a child in another Authority, the originating LA will complete the notification form, including the risk assessment questions and attach any additional information to support the risk assessments as negotiated (for example – see section 5). The form is then sent securely to the nominated point of contact person in the receiving LA where the child will reside.



LA's could also advise about other sources of information to assist Social Workers and Commissioners in determining whether a distant out of Authority placement is the most appropriate for the child concerned (e.g. the Virtual School Head or the Designated Nurse for LAC).

Each LAC has a **LAC Placement Process Offer Letter, known as a 'Local Offer Letter'** which outlines the process for consultation and services which may be available in their LA. This can be accessed on the local authority website. See table below.

When the decision about the most appropriate placement has been made but before the child is placed, notification should be sent to a range of specified people and agencies. The aim of notification primarily is to ensure that those involved in the decision-making process have an opportunity to make any necessary arrangements to respond to the child's needs but will also provide an opportunity for views to be represented to the responsible Authority.

The nominated point of contact person (in the receiving LA) will enter the details of the child onto their electronic case management system and inform the nominated point of contact for health to alert them to contact their equivalent in the originating local authority.

The nominated point of contact person (in the receiving LA) will forward the form to the [Safeguarding Unit - equivalent in each Authority] for assessment of risk and follow up with the originating LA to negotiate that plans are in place to address the risk and ensure the safety and wellbeing of the child.

The nominated point of contact person will forward the form to the Youth Offending Service where if it is indicated there is involvement.

Children in the care system have a right to expect an initial health assessment that plans their healthcare delivery. This plan will take into account, where appropriate, the views of the young person and will include details of their specific health needs and how these will be met. The assessment will include registration with a GP, dentist, regular health and dental checks, advice on sexual health, mental health and emotional wellbeing and access to any mental or physical health services required. See Section 11 for South Yorkshire and Bassetlaw contact details.

Area	Local Offer Letter
Barnsley Safeguarding Children Partnerships	https://www.barnsley.gov.uk/services/children-families-and-education/children-in-care/
Bassetlaw – Nottinghamshire Safeguarding Children Partnerships	https://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-children-and-families-alliance/looked-after-children-care-leavers
Doncaster Safeguarding Children Partnerships	
Rotherham Safeguarding Children Partnerships	https://rotherhamsocialcareproceduresonline.com/pdfs/lac_place_process_letter.pdf
Sheffield Safeguarding Children Partnerships	HYPERLINK

5. Placements where the originating LA requests that a receiving LA carry out certain functions on their behalf

Where a child is placed by another LA (originating LA) within the boundaries of another (receiving LA), it is **possible and appropriate** to negotiate for the receiving LA to undertake some functions on their behalf. This is more likely to apply where the child is placed with Foster Carers and will usually extend to the receiving LA supervising the placement on behalf of the originating LA.

For example, another Authority could undertake to:



- Supervise the placement and be satisfied that the welfare of the child continues to be suitably provided for LAC
- Visit the placement regularly in line with ordinary expectation for LAC
- Where the child is to be placed in another form of placement (e.g. registered children's home; voluntary home; or small unregistered children's home), specific reference should be made to the Children's Homes Regulations 2010, before considering whether to agree to a request that the receiving LA supervise the placement on behalf of the originating LA.

Any undertaking should be recorded on the child's record and details of the functions signed by both Authorities.

It would never be appropriate to agree to a request for another Authority to supervise the placement of a child looked after by another LA and placed in secure accommodation and/or subject to Detention Under Section 92 of the Powers of Criminal Courts (Sentencing) Act 2000.

Where it is agreed at a planning meeting, that a receiving LA will supervise a placement on behalf of the originating LA, the case should be allocated to a Social Worker. The originating LA should also supply sufficient additional information to enable the Social Worker to competently supervise the placement on their behalf.

Agreement to supervise the placement should be detailed in writing and sent by the relevant delegated officer to the originating LA. In particular, the originating LA should forward to the receiving LA a completed set of looking after children materials, which should be [ICS] compliant and may be forwarded electronically:

- Child Care Plan - Looked After Child
- Review of Arrangements (most recent one - if applicable)
- Assessment and Progress Records (most recent one - if applicable)
- Education, Health and Care Plan (if available)
- Any risk assessments and plans – eg:
 - Is the child subject to a Child Protection Plan?
 - Is the child subject to MAPPA?
 - Is the child disabled?
 - Does the child have a history of running away or missing from home?
 - Are there any concerns around Child Sexual Exploitation (CSE)?
 - Are there any other significant concerns or risks?
 - Has a risk assessment been completed?
 - Have the Police and/or Youth Offending Service been informed of any risks?

6. Notification to health when children and young people in care are transferred across LA boundaries

In keeping with the [Statutory Guidance for Promoting the Health and Well-being of Looked After Children](#) (DofE March 2015) and Department of Health Guidance "[Who Pays? Establishing the Responsible Commissioner](#)" (2013) the responsible local authority has a duty to inform health providers of its intention to place a child out of its area.

When a LAC is placed out of area the "originating health provider" remains the responsible health provider for secondary healthcare services. This applies even where the child changes their GP practice.



To ensure that regional processes satisfy these requirements, the LA with responsibility for a child will notify their NHS Providers within 28 days of a child or young person in care being transferred in or out of area. This process will be supported by a Regional Directory of NHS Providers of Services for Children and Young People in Care.

Information sharing about children and young people will:

- Enable NHS Providers to make necessary arrangements to ensure the continuity of healthcare and the objective of providing high quality, timely care for the individual child or young person.
- Contribute to the safeguarding of children and young people in care as partnership working will promote multi-agency decision making.
- Assist Commissioners in planning for the needs of LAC and young people, and provide local data sets to contribute to the relevant parts of the Children and Young People Plan and performance reporting.
- Assist when a LAC moves placements so arrangements can be made to fast track GP held records.
- Ensure that when a LAC moves placement the child suffers no disadvantage when moving NHS waiting lists between hospitals. The NHS has a commitment to a start of consultant led treatment within a maximum of 18 weeks from referral.
- Ensure continuity of care.

The originating LA will notify the CCG via the Designated Nurse for LAC or via the LAC Health Team in South Yorkshire and Bassetlaw (see section 11 for details) when a child or young person starts to be looked after, changes placement or ceases to be looked after. This should be no later than 5 days when this is an emergency placement. There is an [NHS England directory](#) (January 2019) of secure contact details for Designated Professionals for children in care.

7. Health Assessments for Children in Care placed Out of Area (OOA)

Requests for Initial (IHA) and Review Health Assessments (RHA) for children and young people in care placed out of area will be sent from the originating LA to the originating NHS provider who will forward the request to the relevant receiving NHS provider.

For a health assessment to be completed the correct consent is required for not only undertaking the assessment but for sharing the information.

Essential documentation required to:

- Consent to undertake the consultation, needs to include name and contact details of current GP, social worker and carer;
- Consent to view and share health information on the child/young person including a section for a birth parent to consent to view and share their health information. This is desirable from both parents to enable a high quality health assessment;
- Copies of previous statutory health assessment reports. (Includes previous IHA and RHA reports if this is not their first period as a child in care)
- Most recent SDQ if applicable (children between 4 and 17 years – see Statutory Guidance 2015)

If the receiving NHS providers do not return a completed health assessment within the appropriate time frames for the IHA and RHA the originating health provider will send a reminder in line with local policy. Any on-going concerns identified will be escalated via the Designated LAC professionals.



8. Process if no notification has been made by the originating LA

In the case of no notification being received by the receiving LA there should be a review and escalation.

In the case of no notification being received, in line with local expectations, where the child/young person has been identified by an alternative route (e.g. identified by a health provider e.g GP, School Nursing service) escalation will be undertaken to the LA Senior Team and to the Designated Nurse for LAC in the receiving CCG. The originating Designated Nurse for LAC will be informed to escalate with the originating LA following.

9. Change in circumstances or end of placement

All changes in circumstances should also be notified to the receiving LA and the receiving CCG or via LAC Health Team- the form at Appendix 1 must be used.

This includes:

- A change of placement, address or details within the receiving LA.
- When a child or young person's placement in the receiving LA comes to an end.

It may be necessary at times for LA's, health providers and Designated Professionals for LAC to conduct data cleansing activities and this will require liaison and cooperation.

10. Safeguarding

Safeguarding is everyone's responsibility and a LAC is subject to the same safeguarding procedures as a child who is not looked after.

The receiving LA in circumstances that require emergency action is responsible for taking that action. If the child is looked after by, or the subject of a Child Protection Plan in the originating authority the receiving LA should consult the originating LA.

Only when the receiving LA explicitly accepts responsibility is the originating LA relieved of its responsibility to take emergency action. Such acceptance should be confirmed subsequently in writing.

The responsibility for undertaking Section 47 Enquiries lies with the receiving LA or the LA where the safeguarding incident has occurred. The LA where the incident has occurred remains responsible.

Where a Section 47 Enquiry is to be conducted in the receiving LA the originating LA should be informed as soon as possible, and be involved as appropriate in the strategy discussion/meeting.

In certain cases, it may be agreed that the originating local authority should undertake the Section 47 Enquiry (for example where the child is looked after) and in all cases, the originating LA should take responsibility for any further support of the child or family identified as necessary.

Where a significant incident arises in placement in the receiving LA they will be expected to respond to the presenting needs of the child. However, except in an absolute emergency (e.g. where it is not possible to contact the child's Social Worker or their Team Manager, or if out of hours the originating LA's Emergency Duty Team), the receiving LA should not take any significant action or remove the child, without consultation with the child's Social Worker or Team Manager within the originating LA.

At all times case management responsibility remains with the originating LA. In the event that the receiving LA is involved in an emergency situation where the originating LA cannot be contacted any action should be on the basis of an assessment having been completed.

The receiving LA should never take action at the request of the originating LA's verbal authority solely, but must be certain that required actions are as a result of a written request, or email and their own assessment. The Police in the receiving LA will of course be able to work in partnership with the originating LA and the receiving LA to secure the immediate safety of a child.



Health and Care Working Together in South Yorkshire and Bassetlaw

11. South Yorkshire and Bassetlaw Contact Details

The information should be sent to the following secure email addresses in each LA using a **SECURE** email address:

Local Authority	
Barnsley Metropolitan Borough Council	barnsleylachealth@barnsley.gcsx.gov.uk
Bassetlaw is Nottinghamshire Local Authority Children's Notifications	childrens.notifications@secure.nottscg.gov.uk
Doncaster Children's Services Trust	safeguarding@doncaster.gcsx.gov.uk
Rotherham Metropolitan Borough Council	cyps-admin-boroughwide@rotherham.gcsx.gov.uk
Sheffield City Council	sheffieldlookedafterchildren@sheffield.gcsx.gov.uk
If these addresses are changed they will be notified to the Association of Directors of Children's Services website which can be accessed here: http://www.adcs.org.uk/resources/lacnotifications.html	
LAC South Yorkshire and Bassetlaw Nursing Teams:	
Barnsley LAC Health Team	BarnsleyLAChealth@barnsley.gov.uk
Bassetlaw LAC Health Team	not-tr.Looked-After-Children@nhs.net
Doncaster LAC Team	rdash.childrenincare@nhs.net
Rotherham LAC Team, The Rotherham NHS Foundation Trust (TRFT)	lookedafterchildren.team@nhs.net
Sheffield LAC Health Team	Laach.team1@nhs.net
South Yorkshire and Bassetlaw Clinical Commissioning Groups	
Barnsley Clinical Commissioning Group	designated.nurseatbarnsleyccg@nhs.net
Bassetlaw Clinical Commissioning Group	BASCCG.LAC@nhs.net
Doncaster Clinical Commissioning Group	donccg.lookedafterchildrensmedicals@nhs.net
Rotherham Clinical Commissioning Group	Roccg.safeguardingrotherhamccg@nhs.net
Sheffield Clinical Commissioning Group	Sheffieldccg.safeguardinglac@nhs.net



APPENDIX 1

Originating Local Authority:	Choose an item.
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**NOTIFICATION OF PLACEMENT OR CHANGE OF PLACEMENT OF LOOKED AFTER
CHILDREN PLACED OUT OF AREA**
(including notifications of children who move back to originating Local Authority
or cease to be looked after)

Notification of:	Choose an item.	Date of Start/change or end of placement:	0
Name of Local Authority child is being placed with (receiving authority)		Click here to enter text.	

Please refer to directory of contact details for Local Authorities:
<https://adcs.org.uk/contacts/out-of-area-looked-after-children-notifications-england#view19>

CHILD / YOUNG PERSON DETAILS			
Family Name of Child	Click here to enter text.	First Name/s of Child	Click here to enter text.
Likes to be known as (AKA)	Click here to enter text.	Date of Birth	0
Gender	Choose an item.	Nationality	Click here to enter text.
Ethnicity	Click here to enter text.	Country of birth	Click here to enter text.
First language	Click here to enter text.	Other language	Click here to enter text.
Interpreter required?	Choose an item.	Religion	Click here to enter text.
GP Surgery (at time of entry into care): Telephone Number: E-mail: Address:		Click here to enter text.	
NEW GP Surgery (if details known): Telephone Number: E-mail: Address:		Click here to enter text.	
Child's Legal Status (state order currently in place)		Choose an item.	
Parent(s) / Person(s) with Parental Responsibility: Telephone Number: E-mail Address		Click here to enter text.	
IRO contact name: Telephone Number: E-mail Address		Click here to enter text.	



ORIGINATING LOCAL AUTHORITY DETAILS	
Key Contact Name Telephone Number E-mail Address	Click here to enter text.
Team Manager Name Telephone Number E-mail Address	Click here to enter text.
Social Worker Name Telephone Number E-mail Address	Click here to enter text.
Emergency/Out of hours service contact details	Click here to enter text.

PLACEMENT DETAILS (in receiving authority)	
Placement Type	Choose an item.
What has the carer been contracted to provide? (include specialist provision)	Click here to enter text.
Contact Details for Carer Name: Organisation (if applicable) Telephone Number: E-mail: Address:	Click here to enter text.
Start date of placement	0
Is this a series of planned short breaks?	Choose an item.
Expected end date of placement, if known	0

SAFEGUARDING AND SOCIAL CARE INFORMATION			
Is the child subject to a child protection plan?	Choose an item.	Is the child subject to MAPPA?	Choose an item.
Does the child have a history of running away or missing from home?	Choose an item.	Are there any concerns around CSE or Child Criminal Exploitation?	Choose an item.
Is the child/young person an UASC?	Choose an item.	Is the Child/Young Person disabled?	Choose an item.
Has a risk assessment been completed? Please specify what type of risk assessment	Choose an item.	Have the Police and/or Youth Offending Service been informed of any risks?	Choose an item.



Are there any other significant concerns or risks? Click here to enter text.			
EDUCATION INFORMATION			
School or Educational Provision (<i>Originating LA</i>) Contact Name: Telephone Number: E-mail: Address:		Click here to enter text.	
School or Educational Provision (<i>Receiving LA</i>) Contact Name: Telephone Number: E-mail: Address:		Click here to enter text.	
Does the child have an EHCP?	Choose an item.	Which local authority will maintain the EHCP?	Choose an item.
Are there any other significant concerns or risks? Click here to enter text.			

HEALTH INFORMATION			
Originating CCG: Contact Name: Telephone Number: E-mail: Address:		Click here to enter text.	
Has the Originating CCG (Designated Nurse LAC) and LAC Team been notified?		Choose an item.	
NEW CCG: Contact Name: Telephone Number: E-mail: Address:		Click here to enter text.	
Has the receiving CCG (Designated Nurse LAC) and LAC Team been notified?		Choose an item.	
Does the child have additional needs arising from a physical or learning disability?	Choose an item.	Services/Teams involved (with contact details): Click here to enter text.	
Does the child have additional needs arising from emotional needs, mental ill-health or risk taking behavior?	Choose an item.	Services/Teams involved (with contact details): Click here to enter text.	
Date and type of LA'st statutory Health Assessment (HA)		Click here to enter text.	



Health and Care Working Together in South Yorkshire and Bassetlaw

Contact details of person/NHS provider who completed LA'st HA	Click here to enter text.
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Please refer to NHS England Directory of contact details for CCGs here: <https://www.england.nhs.uk/ccg-details/>

YOUTH OFFENDER INFORMATION	
Is the child subject to any Court order or YOS intervention as a young offender?	Choose an item.
If YES, which is the supervising Youth Offending Service? Click here to enter text.	
Has the Youth Offending Service in the receiving authority been notified?	Choose an item.

HAS THE PLACEMENT HAD THE FOLLOWING INFORMATION?	
Current Risk Assessment	Choose an item.
Current Pathway Plan, Care Plan	Choose an item.
Most current Statutory Review	Choose an item.
Other – please give details Click here to enter text.	

END OF PLACEMENT		
Reason placement ended	Click here to enter text.	
End date of placement	0	
End of placement address (i.e. from within placing authority)	Click here to enter text.	
Receiving local authority notified and date	Choose an item.	0
Receiving CCG notified and date	Choose an item.	0
Originating CCG notified and date	Choose an item.	0

OTHER RELEVANT INFORMATION NOT ALREADY PROVIDED
Click here to enter text.

*Notification of Placement or Change of Placement of
Looked After Children placed Out Of Area
Produced by South Yorkshire & Bassetlaw, Integrated Care System,
LAC Forum V6 July 2019*



Info from the report I read regarding council tax for foster carers. The report was from the summer, so a decision should have been finalised, and plans made.

Lynda Briggs

Named Nurse for Looked After Children and care Leavers.

Foster carers could see their council tax bill halved in a bid to encourage more local people to provide a home for children in Flintshire.

The council is looking to cut the rising cost of paying for foster care, with many places outside the county.

Last year, it overspent by almost £1.4m by paying for the care of more than 150 children outside the immediate area.

A **report** said it was hoped a local incentive would increase the number of foster carers.

- **'We've fostered 1,000 children'**

According to the council's projections, it would cost about £92,000 to cover the cost of a council tax discount and that could be recouped if just three children were placed with local foster carers for 12 months.

On Tuesday, members of the ruling Labour cabinet will be asked to consider providing a council tax reduction of 25, 50 or 75% for foster carers from next April.

A 50% discount has been identified as the preferred option, in line with incentives offered by other local authorities, according to the **Local Democracy Reporting Service**.

Council Report

Corporate Parenting Performance

Title

Corporate Parenting Performance Report – 17th December 2019

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

Strategic Director Approving Submission of the Report

Report Author(s)

Cathryn Woodward (Performance and Data Officer – Social Care)
Ian Walker (Head of Service Children in Care)

Ward(s) Affected

All

Summary

- 1.1 This report provides a summary of performance for key performance indicators across Looked After Children (LAC) services. It should be read in conjunction with the accompanying performance data report at Appendix A which provides trend data, graphical analysis and benchmarking data against national and statistical neighbour averages where possible.

Recommendations

- 2.1 The Panel is asked to receive the report and accompanying dataset (Appendix A) and consider issues arising.

List of Appendices Included

Appendix A – Corporate Parenting Monthly Performance Report – Oct 2019

Background Papers

Ofsted Improvement Letter
Children's Social Care Monthly Performance Reports

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

Council Approval Required No

Exempt from the Press and Public No

Title: Corporate Parenting Performance Report – August 2019

1. Recommendations

- 1.1 The Corporate Parenting Panel is asked to receive the report and accompanying dataset (Appendix A) and consider issues arising.

2. Background

- 2.1 This report provides evidence to 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 in care. It should be read in conjunction with the accompanying performance data report which provides trend data, graphical analysis and benchmarking data against national and statistical neighbour averages.
- 2.2 Targets, including associated 'RAG' (red, amber, green rating) tolerances, are included. These have been set in consideration of available national and statistical neighbour benchmarking data, recent performance levels and, importantly, Rotherham's improvement journey.
- 2.4 Please note that all benchmarking data is as at the latest data release by the DfE and relates to 2017/18 outturn
- 2.5 The narrative supplied within the report has been informed by the Deputy Director for Children's Services and the Head of Looked After Children Services.

3. Key Issues

3.1 Looked After Children Profile

- 3.1.1 In the month October, we had 16 children admitted to care and 14 children discharged from care. This gave us a total of 626 LAC at the end of the month.
- 3.1.2 There are a further 47 children with confirmed plans for discharge before the end of the year (2019). Considering the average monthly rate of admissions to care in 2019/20 (19) we are projecting that the numbers of LAC will reduce by the end of 2019.
- 3.1.3 The percentage of children who have discharged from care this financial year due to permanence, including SGO, Residence Order and Adoption, is positive at 37.3%. This is higher than our previous 2 years of 31.5% in 2018-19 and 27.3% in 2017/18.
- 3.1.4 The average age of children admitted to care in October was 5 years old which indicates a permanence outcome will be likely for most of these children. Performance data evidences that the younger a child comes into care the shorter the time they spend in

care, the greater the chance of them moving to permanence and the less expensive their placement costs.

- 3.1.5 Table 1 provides a breakdown of the LAC population by age group against the latest national comparator data. This shows that, overall, Rotherham's LAC age profile follows a similar distribution to the national.

Table 1 – Age distribution of Looked After Children at the end of the month

Age Band	Number	% of total	Latest National comparative data (Mar-18)
Under 1	40	6%	6%
1 – 4	99	16%	13%
5 - 9	122	19%	19%
10 - 15	251	40%	39%
16+	114	18%	23%
Total	626		

- 3.1.6 For our 626 total LAC, the rate 10k population has reduced slightly in this reporting month, but remains at 109.9%. This is exceptionally high in comparison to our statistical neighbours at 87.8%.

3.2 LAC Plans, Reviews and Visits

- 3.2.1 Since the last Corporate Parenting report, there has been an improvement in performance for Care Plans, LAC Reviews and Statutory Visits.
- 3.2.2 Statutory Visits increased to 96.8% at the end of October. Consistently above 94% for the whole year evidences embedded good practice compared to 74% achieved only 2 years ago.
- 3.2.3 There has been a further positive response to senior management intervention in respect of up to date care plans which have increased to 91.4% (from 82.6% in August), although there remains more work to do to achieve the desired standard of 95%.
- 3.2.4 89.2% of LAC cases were reviewed within timescales during October. The timeliness around reviews continues to be an area of work to improve and maintain and the joint work undertaken with the IRO team will need to be extended if the end of year with an aim to exceed 90%.

3.3 Placements

- 3.3.1 As is evidenced by research the best indicator of a positive outcome for looked after children is the extent to which they have

been supported to remain living in the same placement or with as few placement disruptions as possible. Placement stability is most likely to be achieved by good matching processes; high levels of support provided to foster carers; and strong relationships being developed by social workers with their young people to ensure they are best placed to address any issues as and when they arise.

- 3.3.2 Long-term placement stability has slightly decreased to 61.7% of children in long term placements for at least 2 years. However, there is an increase of actual numbers of children in long term stable placements. The reduction in percentage is due to an increase in the number of children eligible to meet the measure rather than a reduction in the number of children in a stable placement. The statistical neighbour average is 67.6%.
- 3.3.3 The number of children with 3 or more placement moves in the last 12 months improved in performance with a slight reduction to 11.9% in October compared to 12.3% in August. This is the best performance of the year so far for this measure and is closing the gap to the statistical neighbour average of 10.6%.
- 3.3.4 Children placed in family based settings remains stable at 78.3%, which includes internal fostering, independent fostering, pre-adoption placements and those placed with parent/family/friends.
- 3.3.5 The number of children living in a commissioned placement reduced to 53.4% in October. However, this performance needs to be sustained for some months in order to address the ongoing placement budget pressures. Further work is planned to identify the children who can move from an IFA to in-house placements to assist this issue. This may impact on the above placement stability measures in the coming months.

3.4 Health and Dental

- 3.4.1 We now have an automated system set up to notify Health Colleagues as soon as a child becomes LAC in the Social Care LCS system. The work on Initial Health Assessments continues to produce positive results demonstrated by a year to date figure of 83.7% complete within 20 working days. This is significantly higher than the previous year end figures, the best year being 2017/18 with 55.7% and last year's 2018/19 figure being 51.1%.
- 3.4.2 Overall, 84.4% of all LAC had an up to date health assessment at the end of October. This is the lowest performance for this measure this year so far. Further investigation shows that 19 of the overdue health assessments are due to young people refusing their assessments.
- 3.4.3 Dental Assessments have increased to 86.1% up to date, which is the highest performance reported since April. Again, some of the

shortfall is due to young people refusing to access their dental assessments.

3.5 LAC Education

- 3.5.1 Rotherham has a local standard to ensure that each Personal Education Plan (PEP) is of good quality and refreshed every term (rather than the annual minimum standard).
- 3.5.2 At the end of the Summer Term, 97.5% of eligible LAC population had a Personal Education Plan and 95% of LAC had a PEP meeting during the term 2018-19. Autumn Term data will be reported in January.
- 3.5.3 Of the children who have been in care for 12 months or more, 14.4% of LAC were classed as persistent absentees (more than 10% of sessions missing) at the end of October. This is a reduction compared to the previous months but remains above the statistical neighbour average of 10%.
- 3.5.4 Of the children who have been in care for 12 months or more, 7.8% had at least one fixed term exclusion as at the end of October. For this measure, we sit below the statistical neighbour average of 13.7%.
- 3.5.5 At the end of October, we had 5.5% of all LAC on reduced timetable arrangements.

3.6 Care Leavers

- 3.6.1 The numbers of Care Leavers eligible for a service stands at 321 at the end of October, which is an all year high.
- 3.6.2 Pathway Plans remain stable for our care leavers with 89.3% having a plan and 86.4% having an up to date plan at the end of October.
- 3.6.3 We continue to perform higher than the statistical neighbour averages with 96.6% of care leavers in suitable accommodation and 62% of our care leavers living in employment, education or training.

3.7 Fostering

- 3.7.1 At the end of August we had 67.1% of our LAC in fostering placements (both in house and IFA households). This figure excludes relative and friend placements.

- 3.7.2 Since April, we have recruited 12 new households and deregistered 2. A further 9 have resigned from our in house fostering service giving us a total of 148 in house fostering households.
- 3.7.3 There are a further 13 assessments of potential new fostering households to be presented to Panel by the end of the financial year and an additional 11 placements will also become available by the end of January by virtue of the revised allowance scheme.
- 3.7.4 In addition the Brightsparks work is starting to show some impact with 29 information visits taking place over the course of October and 10 more strong leads to be followed up.

3.8 Adoptions

- 3.8.1 Rotherham's policy is to persevere in seeking adoptive placements for all children for as long as it is reasonable to do so. Whilst this can impact on performance figures, this practice does give the necessary reassurance that the adoption service is 'doing the right thing' by its children by doing everything it can to secure permanent family placements.
- 3.8.2 There were 3 adoptions finalised over the course of October bringing the yearly 2019/20 total to 20.
- 3.8.3 A further 26 children are already living in their adoptive placements, 5 having already 'lodged' their adoption application, 3 of whom have a court date set.
- 3.8.4 We have another 12 children with a match identified and family finding ongoing for another 9 children.
- 3.8.5 The current forecast is approximately 34 adoptions by the end of 2019/20.
- 3.8.6 The LAC Service is currently undertaking 7 revocations of Placement Orders. This means we are no longer planning for adoption for these children. The service is undertaking an internal review to clarify if there are any lessons to be learned from these changes in plans for children.
- 3.8.7 The national target for the number of days between a child entering care and having an adoption placement is 426 days. The average for our 20 adoptions so far is slightly above target at 451 days. However, we still remain lower than the latest published statistical neighbour average of 479 days.
- 3.8.8 The national target for the number of days between a child receiving a placement order and being matched to an adoptive family is 121 days. The average for the children adopted so far is

above the target at 161 days. Again, this is still lower than the latest published statistical neighbour average of 205 days.

3.8.9 In adopter recruitment 8 adoptive families have already been approved this financial year.

3.8.10 There are currently 16 potential adopters in assessment; 8 at stage 1 and 8 at stage 2.

3.9 Caseloads

3.9.1 The average caseload in the LAC Service has decreased slightly for the long-term LAC teams (1-3) but increased for the court and permanence teams (4 & 5) due primarily to 3 social workers and 1 advanced practitioner leaving the team over the course of the month. However, there is now a new team manager in post and the team is being re-built via a combination of some social workers transferring from the long-term teams and new recruitment.

4. Options considered and recommended proposal

4.1 The full corporate parenting performance report attached at Appendix A represents a summary of performance across a range of key national and local indicators with detailed commentary provided by the service director. Corporate Parenting Panel members are therefore recommended to consider and review this information.

5. Consultation

5.1 Not applicable

6. Timetable and Accountability for Implementing this Decision

6.1 Not applicable

7. Financial and Procurement Implications

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

8. Legal Implications

8.1 There are no direct legal implications to this report.

9. Human Resources Implications

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

10. Implications for Children and Young People and Vulnerable Adults

- 10.1 The performance report relates to services and outcomes for children in care.

11. Equalities and Human Rights Implications

- 11.1 There are no direct implications within this report.

12. Implications for Partners and Other Directorates

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

13. Risks and Mitigation

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

14. Accountable Officer(s)

Ian Walker, Head of Service Looked After Children and Care Leavers
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Ailsa Barr, Assistant Director Safeguarding Children
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Corporate Parenting Monthly Performance Report - Looked After Ch

As at Month End: October 2019

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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.

Document Details

Status: Issue 1

Date Created: 25/11/19

Created by: Performance & Quality Team

Performance Summary

As at Month End: October 2019

*'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)	2019 / 20					DOT (Month on Month)	RAG (in month)	Target and Tolerances			YR ON YR TREND					LATEST BENCHMARKING			
					Aug-19	Sep-19	Oct-19	YTD 2019/20	DATA NOTE			Red	Amber	Target Green	2014/15	2015/16	2016/17	2017/18	2018/19	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOL
LOOKED AFTER CHILDREN	6.1	Number of Looked After Children	Info	Count	639	625	626	-	As at mth end	↑				n/a	407	432	488	627	642				
	6.2	Rate of Looked After Children per 10,000 population aged under 18 (Council Plan Indicator)	Low	Rate per 10,000	112.2	109.8	109.9	-	As at mth end	↓				99.1	70	76.6	86.6	110.8	112.7	87.8	62.0	64.0	-
	6.3	Admissions of Looked After Children	Info	Count	22	13	16	138	Financial Year	↑				n/a	175	208	262	330	271				
	6.4	Number of children who have ceased to be Looked After Children	High	Count	16	27	14	150	Financial Year	↓				n/a	160	192	215	194	254				
	6.5	Percentage of LAC who have ceased to be looked after due to permanence (Special Guardianship Order, Residence Order, Adoption)	High	Percentage	31.3%	22.2%	64.3%	37.3%	Financial Year	↑		<33%	33%>	35%+	37.5%	40.1%	27.9%	27.3%	31.5%				
	6.6	Number of SGOs started (Legal Status)	High	Count	4	7	4	36	Financial Year	↓					-	-	-	67	62				
	6.7	Percentage of LAC who have ceased to be looked after due to a Special Guardianship Order	High	Percentage	12.5%	14.8%	57.1%	21.3%	Financial Year	↑					-	-	9.8%	8.2%	13.1%	12.3% (2017)	22.0% (2017)	12.0% (2017)	17.0% (2017)
	6.8	LAC cases reviewed within timescales	High	Percentage	91.2%	88.3%	89.2%	90.6%	Financial Year	↑		<90%	90%>	95%+	94.9%	83.3%	91.3%	90.6%	88.6%				
	6.9	% of children adopted	High	Percentage	18.8%	3.7%	21.4%	13.3%	Financial Year	↑	YTD	<20%	20%>	22.7%+	26.3%	22.4%	14.4%	13.9%	12.6%	19.2%	32.0%	13.0%	19.0%
	6.10	Health of Looked After Children - up to date Health Assessments	High	Percentage	91.1%	88.9%	84.4%	-	As at mth end	↓		<90%	90%>	95%+	81.4%	92.8%	89.5%	83.7%	91.8%				
	6.11	Health of Looked After Children - up to date Dental Assessments	High	Percentage	80.4%	81.3%	86.1%	-	As at mth end	↑		<90%	90%>	95%+	58.8%	95.0%	57.3%	72.5%	88.4%				
	6.12	Health of Looked After Children - Initial Health Assessments carried out within 20 working days	High	Percentage	91.7%	81.8%	84.6%	83.7%	Financial Year	↑					20.0%	8.4%	18.2%	55.7%	51.1%				
	6.13	% of LAC with a PEP	High	Percentage	-	-	-	-	As at mth end	n/a		<90%	90%>	95%+	76.0%	97.8%	97.0%	93.6%	97.5%				
	6.14	% of LAC with up to date PEPs (Report Termly - End Dec, Mar, Jul)	High	Percentage	-	-	-	-	As at term end	n/a		<90%	90%>	95%+	-	-	98.9%	97.4%	95.0%				
	6.15	LAC Overall absence - % of sessions lost due to absence	Low	Percentage	n/a	6.9%	6.1%	-	As at mth end	n/a					5.0%	4.1%	5.7%	4.7%	9.0%	4.7%	3.5%	4.5%	3.8%
	6.16	% of LAC who are classed as persistent absentees	Low	Percentage	n/a	18.1%	14.4%	-	As at mth end	n/a					11.7%	12.2%	13.3%	11.7%	14.8%	10.0%	7.1%	10.6%	8.8%
	6.17	% of LAC with at least one fixed term exclusion	Low	Percentage	n/a	2.6%	7.8%	-	As at mth end	n/a					11.8%	13.1%	15.5%	TBC	12.0%	13.7%	9.0%	11.8%	9.6%
	6.18	% of LAC on reduced timetable arrangements	Low	Percentage	n/a	3.6%	5.5%	-	As at mth end	n/a					-	-	-	-	-				
	6.19	% of eligible LAC with an up to date plan	High	Percentage	82.6%	87.4%	91.4%	-	As at mth end	↑		<93%	93%>	95%+	98.8%	98.4%	79.1%	89.5%	98.0%				
	6.20	% LAC visits up to date & completed within timescale of National Minimum standard	High	Percentage	96.7%	96.8%	96.8%	-	As at mth end	→		<95%	95%>	98%+	95.2%	98.1%	74.0%	97.5%	96.9%				
CARE LEAVERS	7.1	Number of care leavers	Info	Count	321	318	321	-	As at mth end	↑				n/a	183	197	223	256	299				
	7.2	% of eligible LAC & Care Leavers with a pathway plan	High	Percentage	87.0%	88.5%	88.3%	-	As at mth end	↓		<93%	93%>	95%+	-	69.8%	99.3%	93.9%	88.1%				
	7.3	% of eligible LAC & Care Leavers with an up to date pathway plan	High	Percentage	85.8%	87.5%	86.4%	-	As at mth end	↓					-	-	-	70.3%	81.4%				
	7.4	% of care leavers in suitable accommodation	High	Percentage	95.6%	95.9%	96.6%	-	As at mth end	↑		<95%	95%>	98%+	97.8%	96.5%	97.8%	96.1%	96.3%	88.3%	94.0%	84.0%	91.0%
	7.5	% of care leavers in employment, education or training	High	Percentage	61.1%	61.3%	62.0%	-	As at mth end	↑		<70%	70%>	72%+	71.0%	68.0%	62.9%	64.1%	64.9%	56.0%	73.0%	51.0%	59.0%
PLACEMENTS	8.1	% of long term LAC in placements which have been stable for at least 2 years	High	Percentage	63.6%	62.2%	61.7%	-	As at mth end	↓		<68%	68%>	70%+	71.9%	72.7%	66.2%	61.2%	61.2%	67.6%	78.0%	70.0%	74.0%
	8.2	% of LAC who have had 3 or more placements - rolling 12 months (Council Plan Indicator)	Low	Percentage	12.3%	11.8%	11.9%	-	Rolling Year	↓		13%+	13%<	10.8%<	12.0%	13.0%	11.9%	13.4%	13.3%	10.6%	8.0%	10.0%	8.9%
	8.3	% of LAC in a family based setting (Council Plan Indicator)	High	Percentage	78.2%	77.4%	78.3%	-	As at mth end	↑				85%>	-	-	81.1%	81.0%	81.9%				
	8.4	% of LAC placed with parents or other with parental responsibility (P1)	Low	Percentage	4.7%	4.0%	4.8%	-	As at mth end	↓					-	-	5.3%	4.3%	7.2%				
	8.5	% of LAC in a Commissioned Placement	Low	Percentage	52.6%	55.0%	53.4%	-	As at mth end	↑					-	43.6%	43.2%	50.5%	52.3%				
FOSTERING	9.1	Number of LAC in a Fostering Placement (excludes family/friend carers)	High	Count	426	423	420	-	As at mth end	↓					-	-	353	414	427				
	9.2	% of LAC in a Fostering Placement (excludes family/friend carers)	High	Percentage	66.7%	67.7%	67.1%	-	As at mth end	↓					-	-	72.3%	66.0%	66.5%				
	9.3	Number of Foster Carers (Households)	High	Count	146	146	148	-	As at mth end	↑					-	156	161	154	149				
	9.4	Number of Foster Carers Recruited	High	Count	0	1	2	12	Financial Year	↑					-	13	32	16	11				

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					Aug-19	Sep-19	Oct-19	YTD 2019/20	DATA NOTE			Red	Amber	Target Green	2014/15	2015/16	2016/17	2017/18	2018/19	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOL
ADOPTIONS	9.5	Number of Foster Carers Deregistered	Info	Count	1	1	0	11	Financial Year	↓					-	16	22	25	21				
	10.1	Number of adoptions	High	Count	3	1	3	20	Financial Year	↑					-	43	31	27	32				
	10.2	Number of adoptions completed within 12 months of SHOBPA	High	Count	0	1	0	5	Financial Year	↓					-	23	12	16	11				
	10.3	% of adoptions completed within 12 months of SHOBPA	High	Percentage	0.0%	100.0%	0.0%	25.0%	Financial Year	↓		<83%	83%>	85%+	37.0%	53.5%	38.7%	59.3%	34.4%				
	10.4	Average number of days between a child becoming Looked After and having a adoption placement (A1)	Low	YTD Average	449.6	440.5	451.2	-	Financial Year	↓		511+	511<	487<	393.0	296.0	404.0	325.3	386.9	479.7	362.0	520.0	455.0
	10.5	Average number of days between a placement order and being matched with an adoptive family (A2)	Low	YTD Average	167.4	160.9	161.4	-	Financial Year	↓		127+	127<	121<	169	136	232.9	124.8	212.4	205.6	89.0	220.0	171.8
CASELOADS	11.4	Maximum caseload of social workers in LAC	Low	Average count	25	29	29	-	As at mth end	→		21+	20<	18<	-	19.2	17.0	18.0	23.0				
	11.5	Average number of cases per qualified social worker in LAC Teams 1-3	Within Limits	Average count	19.7	18.7	18.1	-	As at mth end	↓		1+ above range	1 above range	14-20	-	-	-	12.6	19.4				
		Average number of cases per qualified social worker in LAC Teams 4 - 5	Within Limits	Average count	16.7	13.9	15.8	-	As at mth end	↑		1+ above range	1 above range	14-20	-	-	-	11.8	15.3				

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

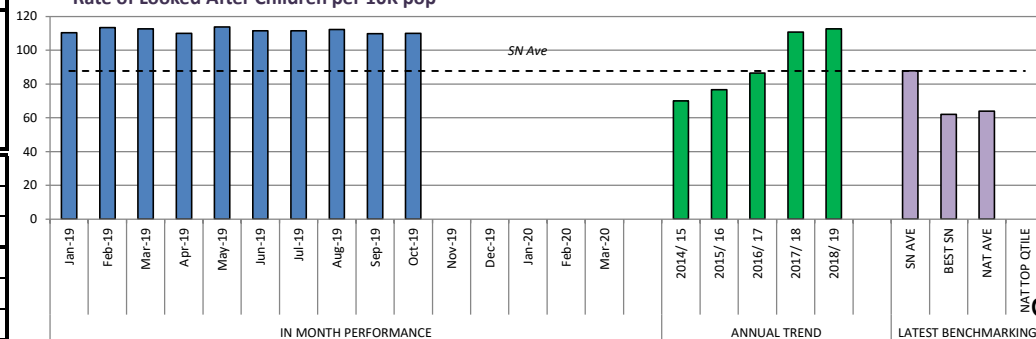
The number of LAC in October shows an increase of 1.

Positively, the average age of admissions was down to 5.5yrs which indicates a permanence outcome will be likely for most of these children. The planned discharges for October fell short by 5 children largely due to legal delays in the Courts ratifying the discharge plans for these children and despite this the number of children discharged from care looks likely to surpass last year's performance with nearly 40% ceasing to be LAC via permanence.

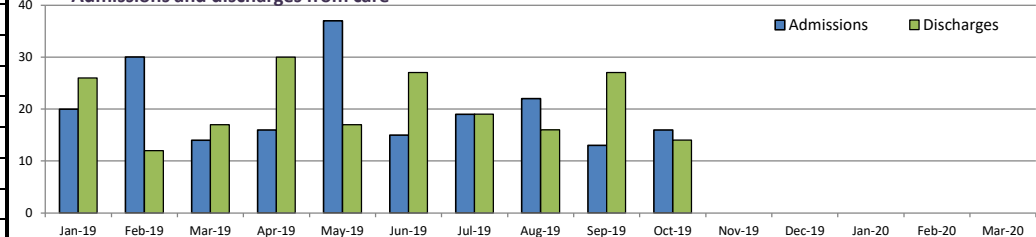
Equally positively there are another 47 children with confirmed plans for discharge before the end of the year (2019) and at the current average monthly rate of admissions to care in 2019/20 thus far being only 19 it is reasonable to assume the numbers of LAC will continue to fall.

		6.2	6.1	6.3	6.4	6.5	6.6	6.7
		Rate of children looked after per 10K pop	Number of LAC	Admissions of children looked after (Episodes)	No. of children who have ceased to be LAC (Episodes)	% of children ceased to be LAC due to permanence (Episodes)	Number of SGO's started (Legal Status)	% of children ceased to be LAC due to an SGO
IN MONTH PERFORMANCE	Jan-19	110.5	629	20	26	51.9%	5	18.5%
	Feb-19	113.4	646	30	12	50.0%	7	16.7%
	Mar-19	112.7	642	14	17	29.4%	6	23.5%
	Apr-19	110.1	627	16	30	26.7%	2	6.7%
	May-19	113.8	648	37	17	47.1%	7	29.4%
	Jun-19	111.5	635	15	27	55.6%	5	29.6%
	Jul-19	111.5	635	19	19	26.3%	7	15.8%
	Aug-19	112.2	639	22	16	31.3%	4	12.5%
	Sep-19	109.8	625	13	27	22.2%	7	14.8%
	Oct-19	109.9	626	16	14	64.3%	4	57.1%
	Nov-19							
	Dec-19							
	Jan-20							
	Feb-20							
	Mar-20							
YTD	2019/20	-	-	138	150	37.3%	36	21.3%
ANNUAL TREND	2014/ 15	70.0	407	175	160	37.5%	-	-
	2015/ 16	76.6	432	208	192	40.1%	-	-
	2016/ 17	86.6	488	262	215	27.9%	-	9.8%
	2017/ 18	110.8	627	330	194	27.3%	67	8.2%
	2018/ 19	112.7	642	271	254	31.5%	62	13.1%
LATEST BENCHMARKING	SN AVE	87.8						12.3% (2017)
	BEST SN	62.0						22.0% (2017)
	NAT AVE	64.0						12.0% (2017)
	NAT TOP QTILE	-						17.0% (2017)

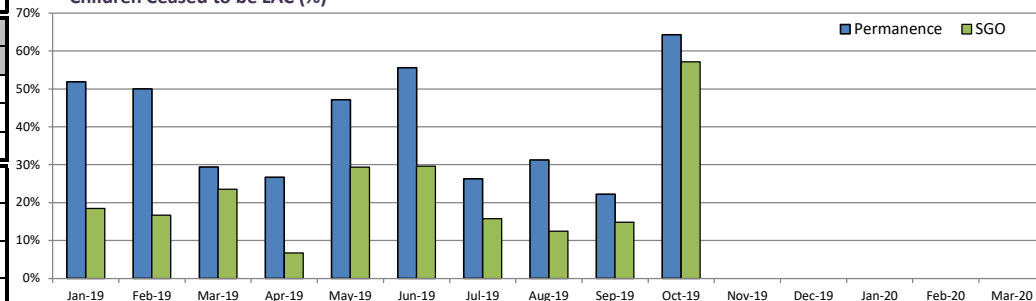
Rate of Looked After Children per 10K pop



Admissions and discharges from care



Children Ceased to be LAC (%)



LOOKED AFTER CHILDREN - REVIEWS, PLANS & 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)

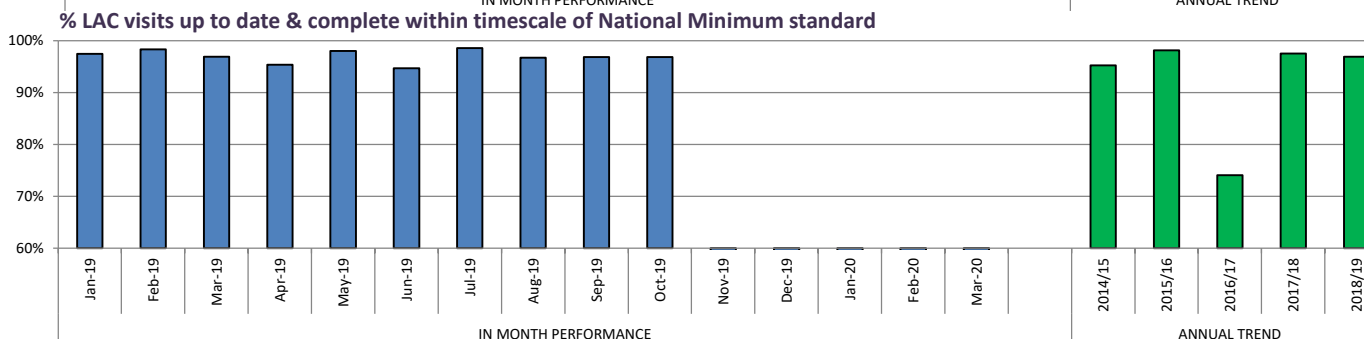
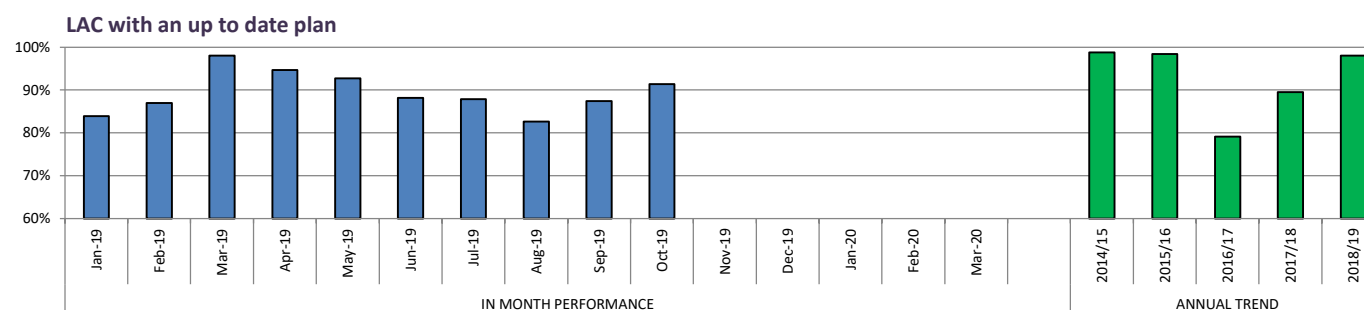
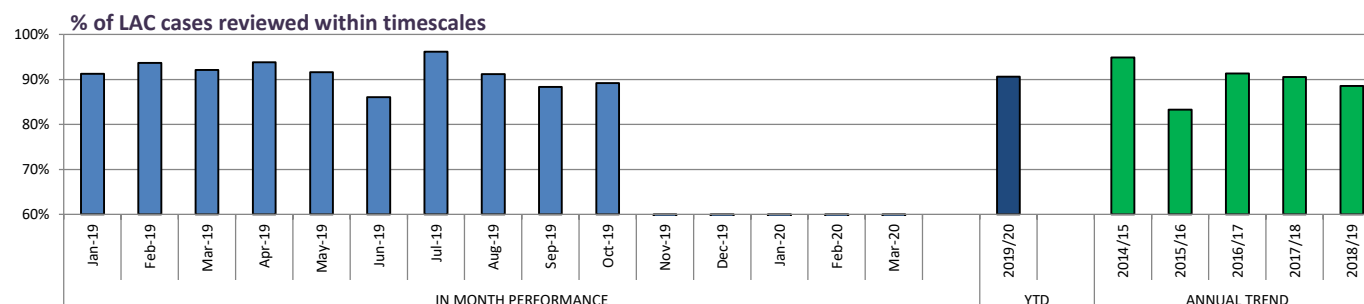
The LA is also responsible for appointing a representative to visit the child wherever he or she is living to ensure that his/her welfare continues to be safeguarded and promoted. The minimum national timescales for visits is within one week of placement, then six weekly until the child has been in placement 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

Performance in respect of reviews and plans has improved on September performance, with Statutory Visits maintaining a highly creditable 96.8% thus evidencing consistent good practice as compared to only 74% achieved only 2 years ago. There has been a further positive response to senior management intervention in respect of up to date care plans which have increased again to 91.4% (increase of 4%), although there remains more work to do to achieve the desired standard of 95%.

Despite a small increase in timeliness of statutory reviews by percentage the actual number completed in timescale reduced and the timeliness around reviews continues to be an area of work to improve and maintain and the joint work undertaken with the IRO team will need to be extended if the end of year performance is to exceed 90%.

		6.8			6.20		6.21		
		% of LAC cases reviewed within timescales			LAC with an up to date plan		% LAC visits up to date & complete within timescale of National Minimum standard		
IN MONTH PERFORMANCE	Jan-19	125	of 137	91.2%	83.9%	614	of 630	97.5%	
	Feb-19	148	of 158	93.7%	87.0%	636	of 647	98.3%	
	Mar-19	164	of 178	92.1%	98.0%	622	of 642	96.9%	
	Apr-19	122	of 130	93.8%	94.7%	598	of 627	95.4%	
	May-19	142	of 155	91.6%	92.7%	638	of 651	98.0%	
	Jun-19	148	of 172	86.0%	88.2%	601	of 635	94.6%	
	Jul-19	125	of 130	96.2%	87.9%	626	of 635	98.6%	
	Aug-19	93	of 102	91.2%	82.6%	619	of 640	96.7%	
	Sep-19	144	of 163	88.3%	87.4%	606	of 626	96.8%	
	Oct-19	124	of 139	89.2%	91.4%	606	of 626	96.8%	
	Nov-19								
	Dec-19								
	Jan-20								
	Feb-20								
	Mar-20								
YTD	2019/20	898	of 991	90.6%	-			-	
ANNUAL TREND	2014/15			94.9%	98.8%			95.2%	
	2015/16			83.3%	98.4%			98.1%	
	2016/17	652	of 714	91.3%	79.1%			74.0%	
	2017/18	1502	of 1658	90.6%	89.5%			97.5%	
	2018/19	1668	of 1883	88.6%	98.0%			96.9%	



LOOKED AFTER CHILDREN - HEALTH

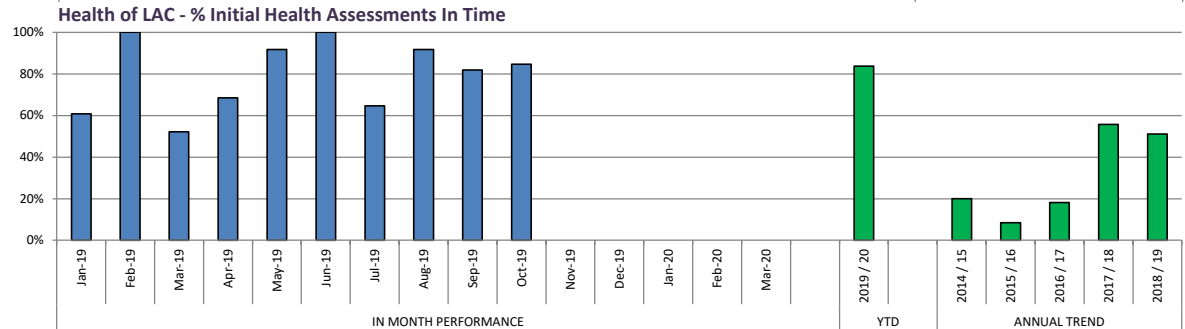
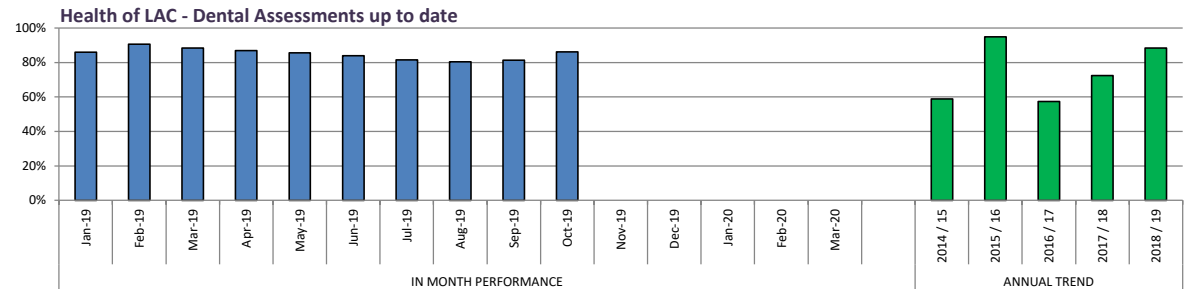
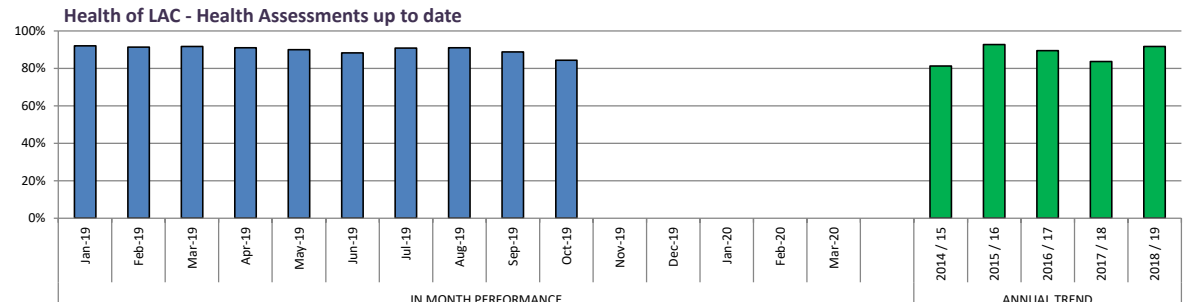
DEFINITION

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 regarding Initial Health Assessments (IHA) improved in October to 84.6% with an end of year forecast appearing to be around this level, some 30% higher than the previous annual best performance. It has to be recognised that some of the shortfall in NHA's and Dental checks is caused by older teenagers refusing to access dental checks.

		6.10	6.11	6.12	
		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-19	92.1%	86.0%	14 of 23	60.9%
	Feb-19	91.4%	90.7%	14 of 14	100.0%
	Mar-19	91.8%	88.4%	12 of 23	52.2%
	Apr-19	91.1%	87.0%	13 of 19	68.4%
	May-19	90.0%	85.6%	22 of 24	91.7%
	Jun-19	88.3%	84.0%	22 of 22	100.0%
	Jul-19	90.9%	81.6%	11 of 17	64.7%
	Aug-19	91.1%	80.4%	11 of 12	91.7%
	Sep-19	88.9%	81.3%	18 of 22	81.8%
	Oct-19	84.4%	86.1%	11 of 13	84.6%
	Nov-19				
	Dec-19				
	Jan-20				
	Feb-20				
	Mar-20				
YTD	2019 / 20	-	-	108 of 129	83.7%
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%
	2017 / 18	83.7%	72.5%	132 of 237	55.7%
	2018 / 19	91.8%	88.4%	136 of 266	51.1%
LATEST BENCHMARKING	SN AVE				
	BEST SN				
	NAT AVE				
	NAT TOP QTILE				



LOOKED AFTER CHILDREN - EDUCATION

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. *(PEPs are now in place for LAC aged two to their 18th birthday.)*

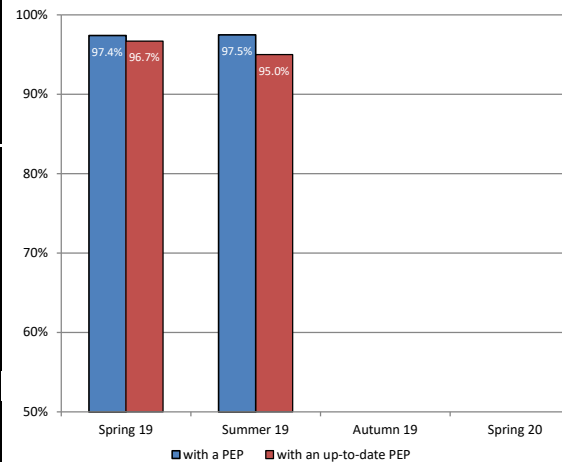
PERFORMANCE ANALYSIS

There are no updates to provide for August given the school summer holidays and it is too early in the Autumn term to be able to make any meaningful and accurate comments on performance.

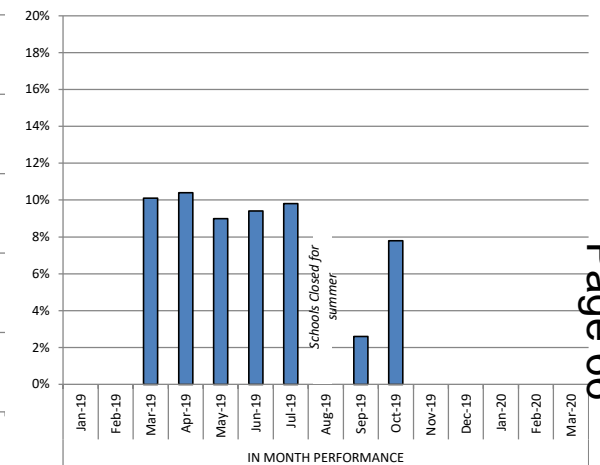
Data Note: System produced reports have now been introduced for the below measures which has caused some changes in performance. (PEP data from April 19 onwards is now produced direct from the ePEP system. From June 19 onwards all attendance data is now extracted direct from attendance systems.)

		6.13	6.14	6.15	6.16	6.17	6.18
		% LAC with a Personal Education Plan (Termly)	% LAC with up to date Personal Education Plan (Termly)	LAC Overall absence - % of sessions lost due to absence (LAC continuous for at least 12 months)	% of LAC who are classed as persistent absentees (LAC continuous for at least 12 months - missing 10%+ sessions)	% of LAC with at least one fixed term exclusion (LAC continuous for at least 12 months)	% of LAC on reduced timetable arrangements (All LAC)
IN MONTH PERFORMANCE	Jan-19	97.4%	96.7%	-	-	-	-
	Feb-19	Spring Term 2019	Spring Term 2019	-	-	-	-
	Mar-19			6.5%	14.2%	10.1%	-
	Apr-19	97.5%	95.0%	6.2%	16.6%	10.4%	4.3%
	May-19			6.6%	16.1%	9.0%	4.8%
	Jun-19			6.5%	15.7%	9.4%	10.7%
	Jul-19			9.0%	14.8%	9.8%	10.7%
	Aug-19	Autumn Term 2019	Autumn Term 2019	n/a	n/a	n/a	n/a
	Sep-19			6.9%	18.1%	2.6%	3.6%
	Oct-19			6.1%	14.4%	7.8%	5.5%
	Nov-19						
	Dec-19						
	Jan-20	Spring Term 2020	Spring Term 2020				
	Feb-20						
	Mar-20						
YTD	2019/20	-	-	-	-	-	-
ANNUAL TREND	2014/15	76.0%	-	5.0%	11.7%	11.8%	-
	2015/16	97.8%	-	4.1%	12.2%	13.1%	-
	2016/17	97.0%	98.9%	5.7%	13.3%	15.5%	-
	2017/18	93.6%	97.4%	4.7%	11.7%	TBC	-
	2018/19	97.5%	95.0%	9.0%	14.8%	12.0%	-
LATEST BENCHMARKING	SN AVE		-	4.7%	10.0%	13.7%	-
	BEST SN		-	3.5%	7.1%	9.0%	-
	NAT AVE		-	4.5%	10.6%	11.8%	-
	NAT TOP Q TILE		-	3.8%	8.8%	9.6%	-

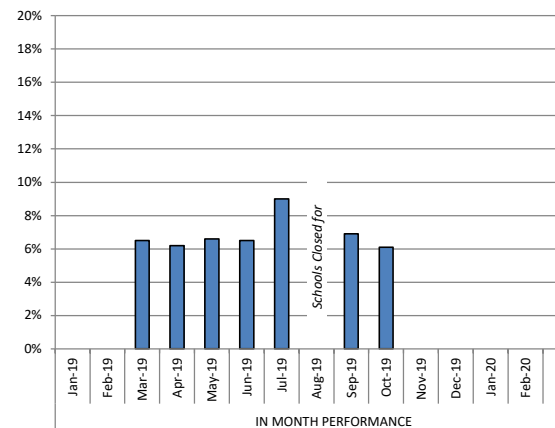
% of LAC with a PEP & % with an up-to-date PEP



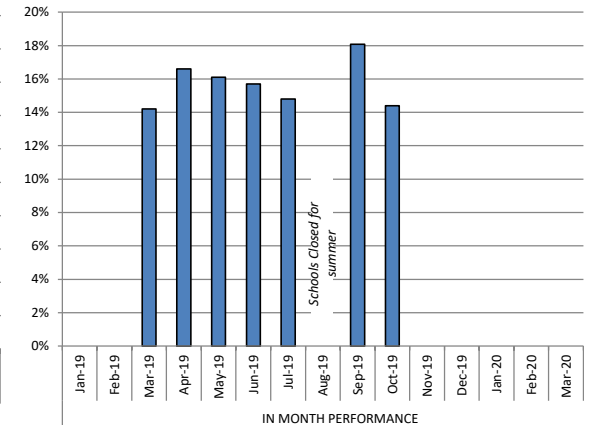
% of LAC with at least one fixed term exclusion



% of sessions lost due to absence



% of LAC who are classed as persistent absentees



CARE LEAVERS

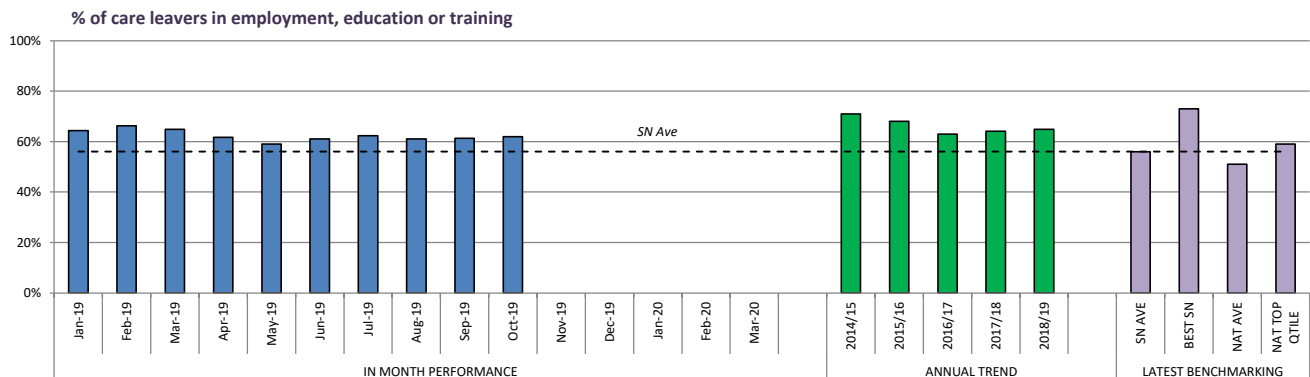
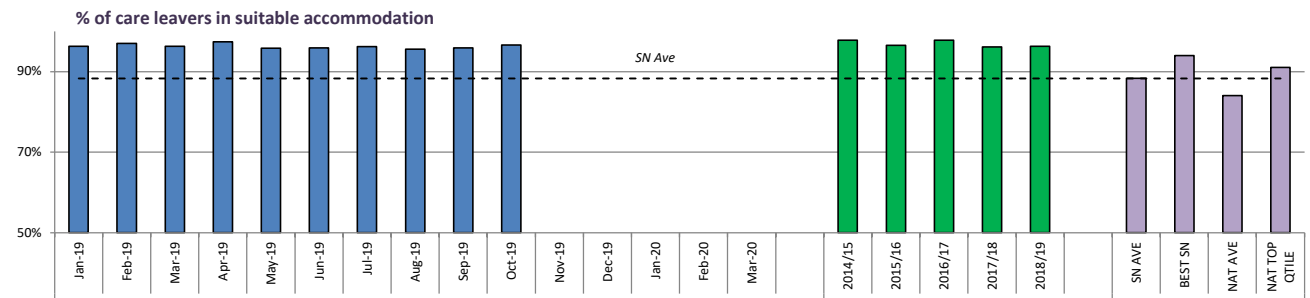
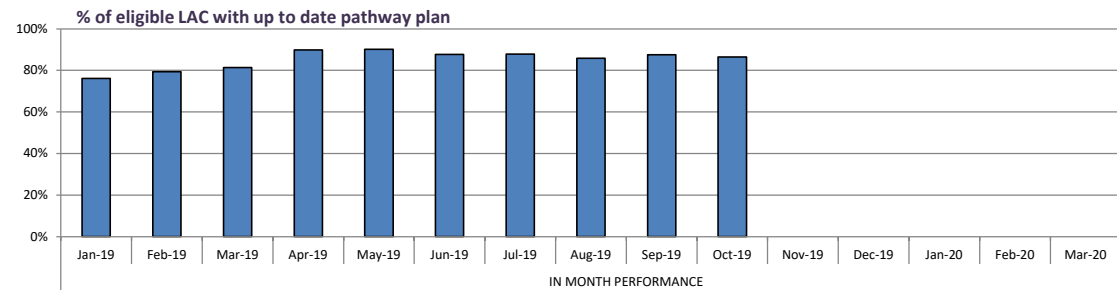
DEFINITION A care leaver is defined as a person aged 25 or under, who has been looked after away from home by a local authority for at least 13 weeks since the age of 14; and who was looked after away from home by the local authority at school-leaving age or after that date. Suitable accommodation is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

PERFORMANCE ANALYSIS

The number of care leavers receiving a service from the Leaving Care Team once again equalled the all-time high of 321 in October. This, combined with some staff shortages could reasonably be expected to lead to a reduction in performance, but it is of credit to the team that this has largely held up with the numbers of care leavers with an up to date Pathway Plan dropping by only 1.1%.

The numbers of care leavers in suitable accommodation and who are in Employment, Education or Training (EET) increased by small amounts. Once again the team surpasses all regional, statistical neighbour and national comparators and remains in the top quartile.

		7.1	7.2	7.3	7.4	7.5
		Number of care leavers	% of eligible Care Leavers with a pathway plan	% of eligible Care Leavers with up to date pathway plan	% of care leavers in suitable accommodation	% of care leavers in employment, education or training
IN MONTH PERFORMANCE	Jan-19	298	86.1%	76.2%	96.3%	64.4%
	Feb-19	297	87.4%	79.3%	97.0%	66.3%
	Mar-19	299	88.1%	81.4%	96.3%	64.9%
	Apr-19	303	89.8%	89.8%	97.4%	61.7%
	May-19	307	90.1%	90.1%	95.8%	59.0%
	Jun-19	314	88.1%	87.7%	95.9%	61.1%
	Jul-19	316	88.1%	87.8%	96.2%	62.3%
	Aug-19	321	87.0%	85.8%	95.6%	61.1%
	Sep-19	318	88.5%	87.5%	95.9%	61.3%
	Oct-19	321	88.3%	86.4%	96.6%	62.0%
	Nov-19					
	Dec-19					
	Jan-20					
	Feb-20					
	Mar-20					
YTD	2019/20	-	-	-	-	-
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%
	2017/18	256	93.9%	70.3%	96.1%	64.1%
	2018/19	299	88.1%	81.4%	96.3%	64.9%
LATEST BENCHMARKING	SN AVE				88.3%	56.0%
	BEST SN				94.0%	73.0%
	NAT AVE				84.0%	51.0%
	NAT TOP Q TILE				91.0%	59.0%



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

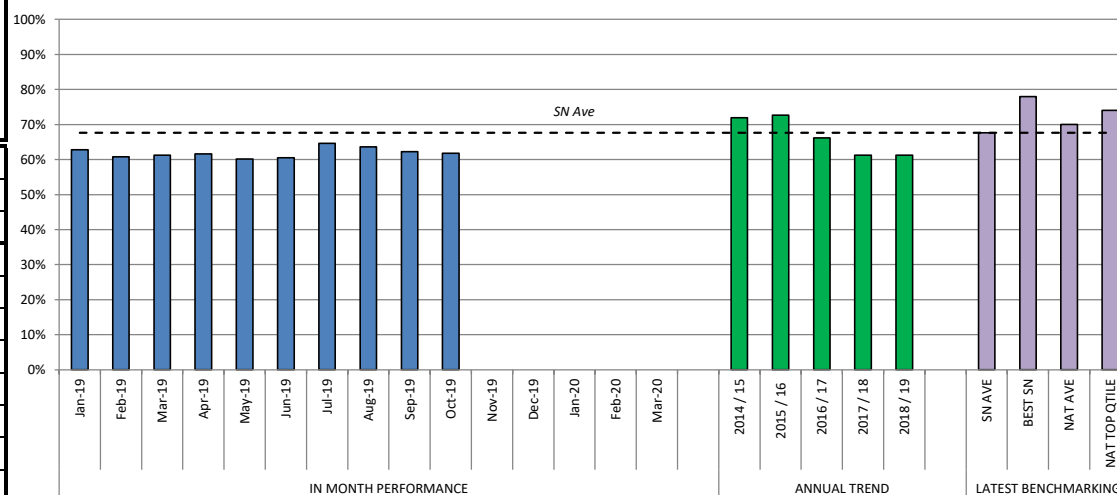
Both measures of placement stability have remained fairly consistent with the long-term measure reducing slightly by 0.5% to 61.7% although in real terms this actually demonstrated an improvement of 6 children.

The number of children with 3 or more placement moves in the previous 12 months remained virtually unchanged at 11.9% against September (11.8%) as did the number of children in a family based placement.

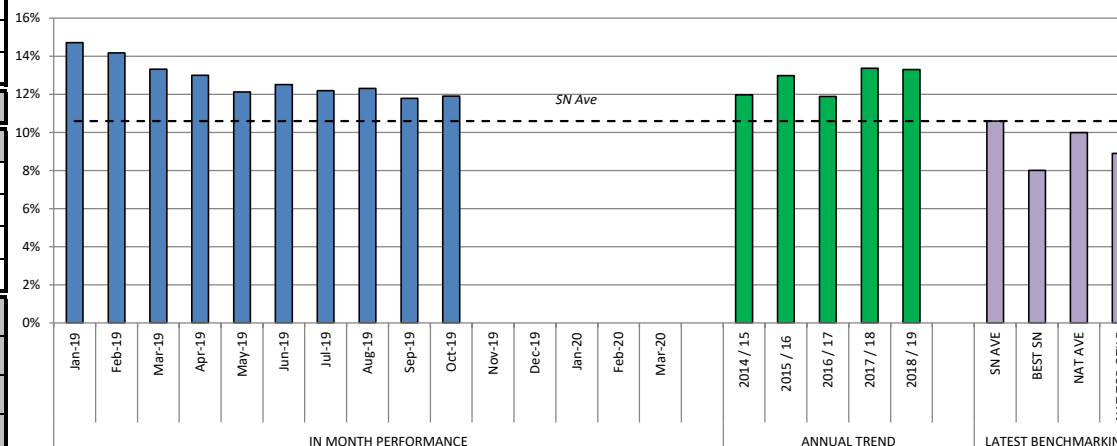
However, more positively the number of children living in a commissioned placement reduced by 10 but this performance needs to be sustained for some months in order to address the ongoing placement budget pressures and further work is planned to identify the children who can move from an IFA to the forthcoming increase in in-house placements to assist this issue.

		8.1		8.2		8.3		8.4		8.5	
		Long term LAC placements stable for at least 2 years		LAC who have had 3 or more placements - rolling 12 mth		% of LAC in a family Based setting (includes living with parents)		% of LAC placed with parents or other with parental responsibility (P1)		LAC in a Commissioned Placement (Fostering & Residential)	
IN MONTH PERFORMANCE	Jan-19	91 of 145	62.8%	92 of 625	14.7%	82.4%		7.8%		339 of 629	53.9%
	Feb-19	90 of 148	60.8%	91 of 642	14.2%	82.5%		8.2%		331 of 646	51.2%
	Mar-19	90 of 147	61.2%	85 of 638	13.3%	81.9%		7.2%		336 of 642	52.3%
	Apr-19	98 of 159	61.6%	81 of 623	13.0%	79.6%		5.9%		336 of 627	53.6%
	May-19	98 of 163	60.1%	78 of 643	12.1%	78.5%		4.6%		342 of 648	52.8%
	Jun-19	98 of 162	60.5%	79 of 631	12.5%	78.1%		4.1%		353 of 635	55.6%
	Jul-19	104 of 161	64.6%	77 of 631	12.2%	78.1%		4.3%		352 of 635	55.4%
	Aug-19	105 of 165	63.6%	78 of 633	12.3%	78.2%		4.7%		336 of 639	52.6%
	Sep-19	107 of 172	62.2%	73 of 619	11.8%	77.4%		4.0%		344 of 625	55.0%
	Oct-19	113 of 183	61.7%	74 of 621	11.9%	78.3%		4.8%		334 of 626	53.4%
	Nov-19										
	Dec-19										
	Jan-20										
	Feb-20										
	Mar-20										
YTD	2019 / 20		-		-	-		-			-
ANNUAL TREND	2014 / 15	110 of 153	71.9%	49 of 409	12.0%	-		-			-
	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%
	2017 / 18	90 of 147	61.2%	83 of 621	13.4%	81.0%		4.3%		315 of 624	50.5%
	2018 / 19	90 of 147	61.2%	85 of 638	13.3%	81.9%		7.2%		336 of 642	52.3%
LATEST BENCHMARKING	SN AVE		67.6%		10.6%						
	BEST SN		78.0%		8.0%						
	NAT AVE		70.0%		10.0%						
	NAT TOP QTILE		74.0%		8.9%						

% 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 .

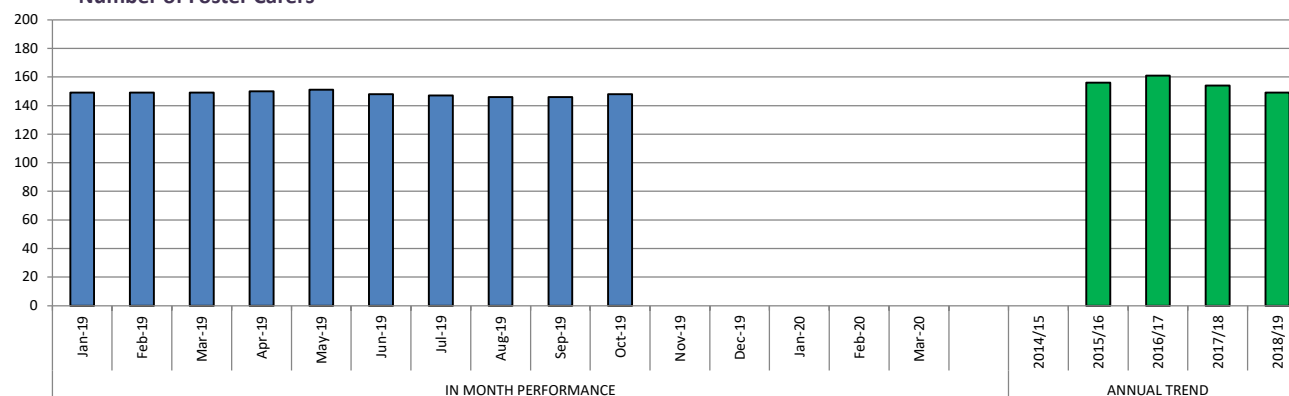
PERFORMANCE ANALYSIS

There has thus far been very little net gain of foster families over the course of 2019/20 since April with a net increase of only 1 fostering household. However, there are a further 13 assessments to be presented to Panel by the end of the year and an additional 11 placements will also become available by the end of January by virtue of the revised allowance scheme. In addition the Brightsparks work is starting to show some impact with 29 information visits taking place over the course of October and 10 more strong leads needing to be followed up.

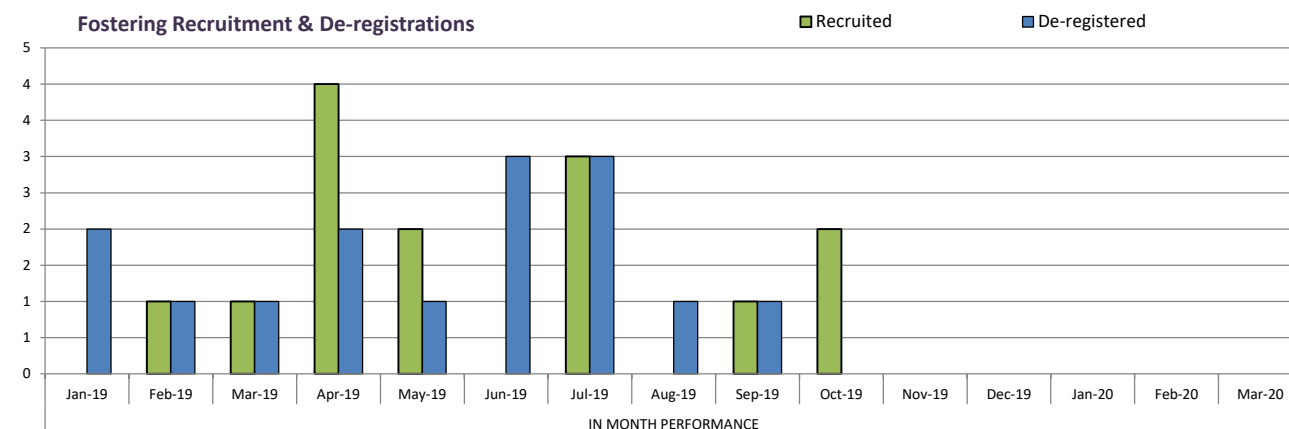
A more refined performance management process is in the midst of being developed in order to support the team to minimise any delays in the assessment and approval process with the aim of reducing the overall timescale from Initial Visit to approval to an average of less than 4 months.

		9.1	9.2	9.3	9.4	9.5
		Number of LAC in a Fostering Placement (excludes relative/friend)	% of total LAC in a Fostering Placement (excludes relative/friend)	Number of Foster Carers (Households)	Number of Foster Carers Recruited (Households)	Number of Foster Carers De-registered (Households)
IN MONTH PERFORMANCE	Jan-19	428	68.0%	149	0	2
	Feb-19	436	67.5%	149	1	1
	Mar-19	427	66.5%	149	1	1
	Apr-19	414	66.0%	150	4	2
	May-19	433	66.8%	151	2	1
	Jun-19	426	67.1%	148	0	3
	Jul-19	419	66.0%	147	3	3
	Aug-19	426	66.7%	146	0	1
	Sep-19	423	67.7%	146	1	1
	Oct-19	420	67.1%	148	2	0
	Nov-19					
	Dec-19					
	Jan-20					
	Feb-20					
	Mar-20					
YTD	2019/20	-	-	-	12	11
ANNUAL TREND	2014/15	-	-	-	-	-
	2015/16	-	-	156	13	16
	2016/17	353	72.3%	161	32	22
	2017/18	414	66.0%	154	16	25

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

There were 3 adoptions finalised over the course of October bringing the yearly 2019/20 total to 20 with a further 26 children already living in their adoptive placements (27 who have been in placement for more than 10 weeks and 5 having already 'lodged' their adoption application, 3 of whom have a court date set and another 12 with a match identified and family finding ongoing for another 9 children. The current forecast is for there to be approximately 34 adoptions by the end of 2019/20 but more negatively the LAC Service is currently undertaking 7 revocations of Placement Orders and the service is undertaking an internal review to clarify if there are any lessons to be learned from these changes in plans for children.

Performance in respect of the A1 and A2 scorecard has worsened but both remain better than the Statistical and National average and place Rotherham in the top quartile. A1 has reached a 2019 high.

There are currently 16 adopters in the midst of their assessment; 8 at stage 1 and 8 at stage 2 with 8 adopters already having been approved in 2019/20 and so the team is well placed to surpass last year's performance of 12 adopters recruited.

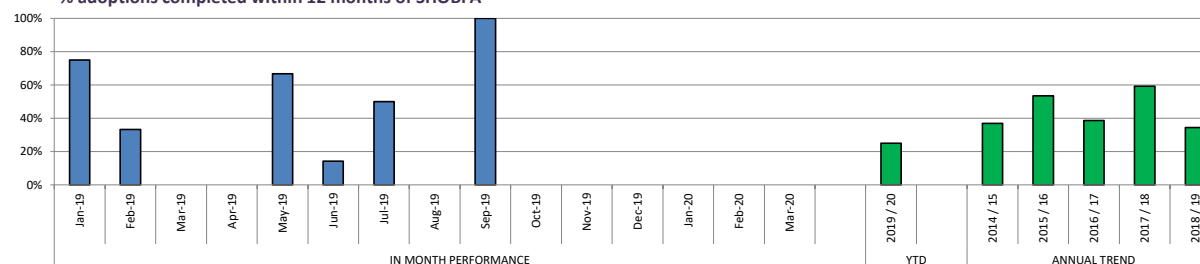
Data Note: Performance is taken from the services manual tracker as the data is not currently recorded on LCS

		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) (ytd. ave)	Av. No. days between placement order & being matched with adoptive family (A2) (ytd. ave)
IN MONTH PERFORMANCE	Jan-19	4	3	75.0%	365.5	197.8
	Feb-19	3	1	33.3%	385.3	212.5
	Mar-19	0	0	-	386.9	212.4
	Apr-19	1	0	0.0%	233.0	118.0
	May-19	3	2	66.7%	372.8	162.8
	Jun-19	7	1	14.3%	407.9	167.1
	Jul-19	2	1	50.0%	420.4	172.7
	Aug-19	3	0	0.0%	449.6	167.4
	Sep-19	1	1	100.0%	440.5	160.9
	Oct-19	3	0	0.0%	451.2	161.4
	Nov-19					
	Dec-19					
	Jan-20					
	Feb-20					
	Mar-20					
YTD	2019 / 20	20	5	25.0%	-	-
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
	2017 / 18	27	16	59.3%	325.3	124.8
	2018 / 19	32	11	34.4%	386.9	212.4
LATEST BENCHMARKING	SN AVE				479.7	205.6
	BEST SN				362.0	89.0
	NAT AVE				520.0	220.0
	NAT TOP QTILE				455.0	171.8

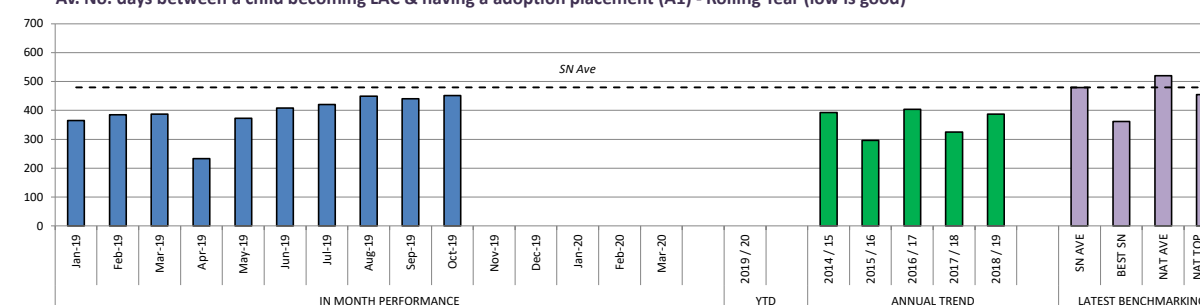
*Annual Trend relates to current reporting year April to Mar - not rolling year

**adoptions have a 28 day appeal period so any children adopted in the last 28 days are still subject to appeal

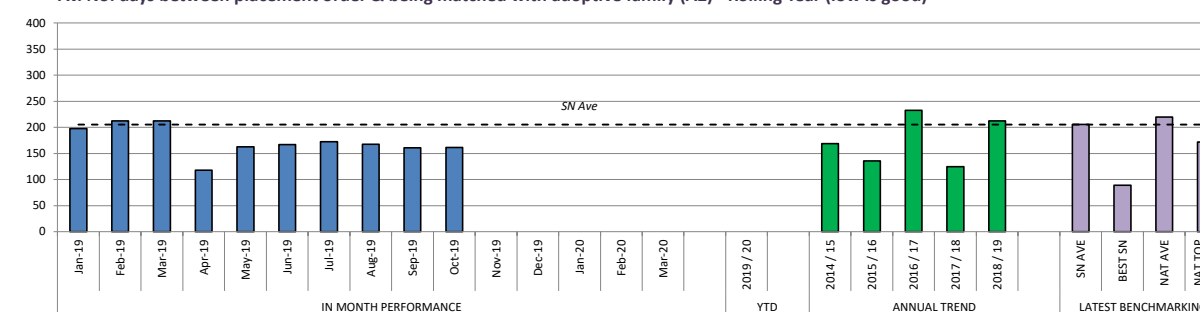
% adoptions completed within 12 months of SHOBPA



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.

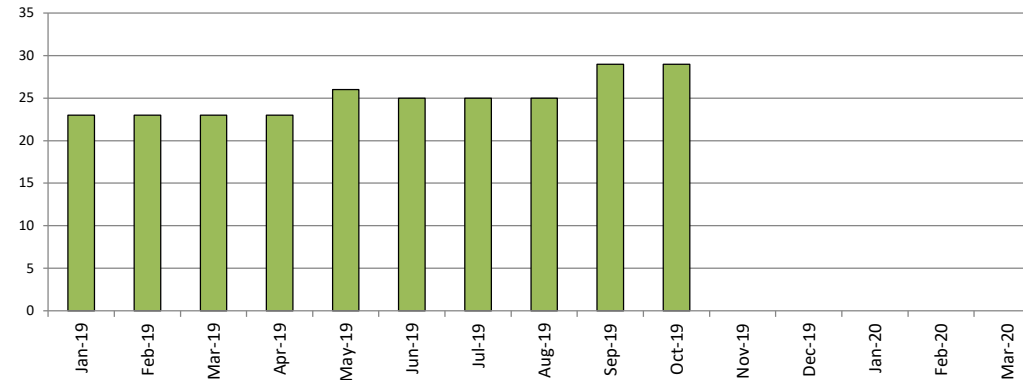
PERFORMANCE ANALYSIS

The average caseload in the LAC Service has decreased slightly for the long-term LAC teams (1-3) but increased for the court and permanence teams (4 & 5) due primarily to 3 social workers and 1 advanced practitioner leaving the team over the course of the month. However, there is now a new team manager in post and the team is being re-built via a combination of some social workers transferring from the long-term teams and new recruitment. In addition to the average caseload the teams have an additional two social workers on long-term sick leave which further increases the workloads on their colleagues.

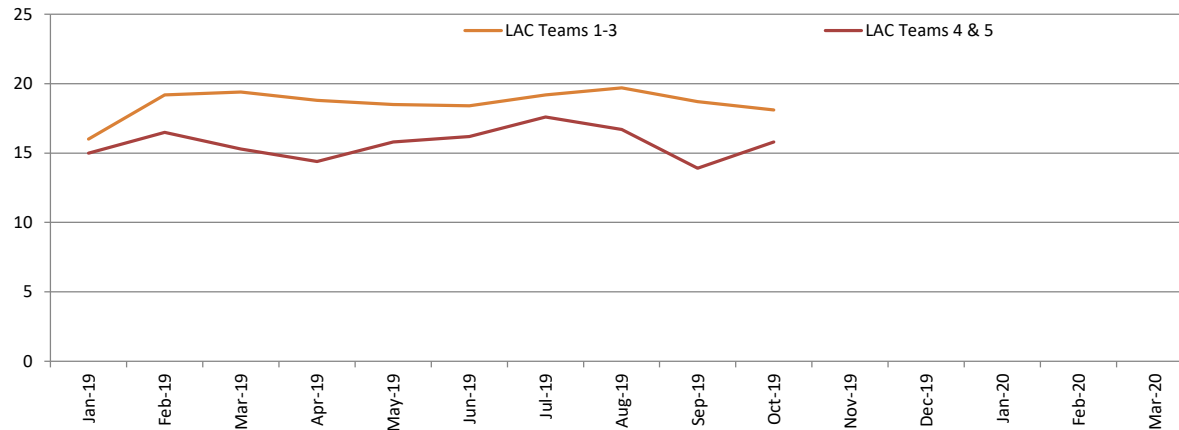
Data Note: Please note that from February 19 onwards adjustments were made to the average caseload calculations effecting FTE for Advanced Practitioners and Newly Qualified Social Workers as follows: AP's: 0.4 of their contracted FTE and NQSW's: 0.6 of their contracted FTE

		11.3	11.4	
		Maximum caseload of social workers in	Av. no. cases in LAC Teams	
			Teams 1-3	Teams 4 & 5
IN MONTH PERFORMANCE	Jan-19	23	16.0	15.0
	Feb-19	23	19.2	16.5
	Mar-19	23	19.4	15.3
	Apr-19	23	18.8	14.4
	May-19	26	18.5	15.8
	Jun-19	25	18.4	16.2
	Jul-19	25	19.2	17.6
	Aug-19	25	19.7	16.7
	Sep-19	29	18.7	13.9
	Oct-19	29	18.1	15.8
	Nov-19			
	Dec-19			
	Jan-20			
	Feb-20			
	Mar-20			
YTD	2019/20	-	-	-
ANNUAL TREND	2014/15	-	-	
	2015/16	19	-	
	2016/17	17	-	
	2017/18	18	12.6	11.8
	2018/19	23	19.4	15.3

Maximum caseload of social workers



Average number of cases per team



By virtue of paragraph(s) 3, 4 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted