

IMPROVING LIVES SELECT COMMISSION

- Date and Time :-** Tuesday 26 July 2022 at 10.00 a.m.
- Venue:-** Council Chamber - Town Hall, Moorgate Street, Rotherham.
- Membership:-** Councillors Pitchley (Chair), Cooksey (Vice Chair), Andrews, Atkin, Aveyard, Bacon, Barley, Bennett-Sylvester, Z Collingham, Elliott, Griffin, Haleem, Jones, Hughes, McNeely, Mills and Thompson

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

3. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

4. Questions from Members of the Public and the Press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

5. Communications

To receive communications from the Chair in respect of matters within the Commission's remit and work programme.

6. Corporate Parenting Panel - Update

7. Headline Report for Quarterly Performance report - 2021/22 4th Quarter Rotherham Safeguarding Adults Board (Pages 5 - 30)

This report outlines data analysis which provides an overview of trends in safeguarding demand, consistency of thresholds and quality of service. The data relates to period ending 30 April 2022 (2021/22 Quarter 4) with comparison where possible to previous quarters and financial years.

Recommendations:

1. Progression to enquiry – With the low progression rate from safeguarding concern to section 42 enquiry, further work to understand what is being referred as a safeguarding concern is required.
2. Missing data – The report notes that there are missing fields and therefore no data available. The work that has commenced on developing a new case management system will ensure that all reportable fields are mandatory and therefore will be captured, it is envisaged that that this will be finished and in place in the autumn.

8. CYPS Performance Report 2021/2022 Out-turn (Pages 31 - 45)

The report includes the performance outturn for the reporting year April 2021 to March 2022 for Children and Young People's Services. It includes areas of performance that are working well alongside other areas where a continued focus is required.

Recommendations:

The Improving Lives Select Commission is asked to:

1. Consider the CYPS Performance Scorecard for March 2022 (Out-turn 2021/2022) as attached – Appendix 1
2. Note that work is ongoing to simplify and improve Performance reporting, ensuring focus remains directed at key strategic (benchmarked) and operational (activity/demand) measures

9. Work Programme (Pages 47 - 51)

To consider and approve the Commission's Work Programme.

10. Improving Lives Select Commission - Sub and Project Group Updates

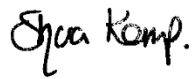
For the Chair/project group leads to provide an update on the activity regarding sub and project groups of the he Improving Lives Select Commission.

11. Urgent Business

To consider any item(s) the Chair is of the opinion should be considered as a matter of urgency.

12. Date and time of the next meeting

The next meeting of the Improving Lives Select Commission take place on 6 September 2022 commencing at 10am in Rotherham Town Hall.

A handwritten signature in black ink that reads "Sharon Kemp". The signature is written in a cursive, slightly slanted style.

Sharon Kemp,
Chief Executive.

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Public Report
Improving Lives Select Commission

Committee Name and Date of Committee Meeting

Improving Lives Select Commission – 26 July 2022

Report Title

Headline Report for Quarterly Performance report - 2021/22 4th Quarter Rotherham Safeguarding Adults Board

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

No

Strategic Director Approving Submission of the Report

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Andrew Wells

Andrew.wells@rotherham.gov.uk

Ward(s) Affected

Borough-Wide Choose an item.

Report Summary

This report outlines data analysis which provides an overview of trends in safeguarding demand, consistency of thresholds and quality of service. The data relates to period ending 30 April 2022 (2021/22 Quarter 4) with comparison where possible to previous quarters and financial years.

Recommendations

1. Progression to enquiry – With the low progression rate from safeguarding concern to section 42 enquiry, further work to understand what is being referred as a safeguarding concern is required.
2. Missing data – The report notes that there are missing fields and therefore no data available. The work that has commenced on developing a new case management system will ensure that all reportable fields are mandatory and therefore will be captured, it is envisaged that that this will be finished and in place in the autumn.

List of Appendices Included

Appendix 1 ILSC Safeguarding Performance Date July 2022

Appendix 2 ILSC July 2022

Background Papers

Not applicable at this time.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Not applicable at this time.

Council Approval Required

No

Exempt from the Press and Public

No

Headline Report for Quarterly Performance report - 2021/22 4th Quarter Rotherham Safeguarding Adults Board

1. Data within the accompanying report has been grouped under the six principles of adult safeguarding as set out in The Care Act 2014. The following summary provides an overview of the analysis against each of the principles with page numbers provided for ease of reference.

Proportionality

2021/22 continues to see a significant increase in safeguarding concerns. At the end of the 4th quarter 3640 concerns had been reported since the start of the reporting year. This has more than doubled numbers of concerns reported in 2019/20 reporting year when at 1601 and 698 or 25.3% more than 2020/21.

The quarterly analysis shows there has been a higher volume on each of the four comparable quarters of 2020/21, with the 951 recorded in this latest quarter 4, being the highest seen in 2021/22 and 300 more than same quarter last year. March recorded the highest number received in the 4th quarter at 328 month which was also second highest over the year with only the 345 new concerns recorded in November being higher. Most months recorded over 300 which is 30% higher demand flow coming in than the average of 230 seen during 2020/21.

Although volume of concerns are high progression rates remain low. Only 14% of concerns are progressing to enquiry as compared to 24% 2020/21 and 27% in 2019/20.

Of those not progressing almost 8 in every 10 (77%) are closed with no action following initial investigation, (2817 concerns of the total 3640 not progressing).

Abuse type analysis shows that the same four common types within concerns reported in quarter 3 remained, with 'Neglect' (753 concerns - 30.6%), 'Physical Abuse' (645 concerns - 26.2%), 'Financial Material Concerns' (304 concerns - 12.4%) and 'Psychological Abuse' (224 concerns - 9.1%) and proportions being broadly stable within a range of + or - 0.3%. During the 4th quarter (Q4) we have seen a significant uptick in enquiry completion, with 181 matching Q1 levels compared to Q2 and Q3 lower levels of 122 and 133 respectively. This has raised total for year to 610 completed enquiries for 2021/22 although this is below the 710 completed last year it is higher than 485 reported in 2019/20.

Neglect, Financial and Physical abuse continue to represent the three highest enquiries abuse types reported. Since quarter 3 position, they now show as (40% -0%, 26% +1% and 24% -4% respectively). The fall in physical from 28% to 24% also changed ranking from 2nd highest to third for first time in 3-year period. The only other notable change is an increase in 'Self Neglect' enquiries which has increased again during quarter 4 to end more than double last year's rate of 6% at 13%.

In previous performance reports a data recording issue had been identified regarding 'Risk Assessment Outcomes' not being recorded. At quarter 4 this related to 414 enquiries.

This issue has been investigated by the Performance and Business Intelligence Manager which identified the root cause being due to a LAS system and recording change part way through the year. Reporting has now

been updated and resolved the majority of the enquiries. The data now shows that 362 concluded enquiries (59%) resulted in the risk removed or reduced. The remaining 43 records with no risk recorded will be actioned via the service through the annual statutory return submission process.

Prevention

As stated earlier 3640 safeguarding concerns have been received in the year. These related to 2408 individual adults, with 702 being subject of two or more concerns. This equates to a repeat concern rate of 29% which is above the rates seen in previous two years at 24% and 22% respectively. All three categories have seen significant upward direction of travel rising in each of the 3 years listed. Evidence from these reviews suggests that the concerns are more about managing behaviours that challenge rather than safeguarding. Work has now commenced looking at the repeat concerns, the PBI team have identified who the repeat concerns involve.

Repeat concerns are regularly reviewed by the service. Evidence from these reviews suggests that the concerns are more about managing behaviours that challenge rather than safeguarding. Work has now commenced with the Council's commissioning services and partners to share this learning and develop improvement strategies, further work continues. Work continues across the partnership to address the referral information and data cleansing and quality assurance has highlighted that information is not always being recorded accurately.

This is being addressed through the weekly validations from the social work teams and safeguarding quality assurance.

Due to the increase in Police referrals since the introduction of the Vulnerable People's App a South Yorkshire group has reviewed the questions within the app that the police complete, and these have been amended to better reflect safeguarding and to integrate Making Safeguarding Personal.

A dip sample of the contacts/concerns shared by the Police to understand the low progression rates has shown that concerns are not always raised via the most appropriate pathway for the person's needs or are raised via multiple pathways (ie Mental Health, Domestic Abuse).

Work has commenced across RMBC and RDaSH alongside South Yorkshire Police and discussions are ongoing about the most appropriate pathway to deal with police alerts. Further work with police colleagues has been agreed alongside the introduction of the Community Multi Agency Risk Assessment Conference (CMARAC), Vulnerable Adults Risk Management meeting (VARM), and any referral that has a repeat incident will automatically be flagged, screened and sent through to be considered at a VARM meeting.

In addition to the targeted work with Police colleagues, the Policy and Practice Subgroup are in the process of auditing the partnerships People in Positions of Trust (PiPoT) polices and ensuring that the RSAB overarching PiPoT policy has been embedded, it was agreed that an appendix outlining the difference between PiPOT and LADO would be useful. PiPot training was delivered during Safeguarding Awareness Week programme of events in November 2021.

7 Minute briefings have been produced on Self Neglect, Making Safeguarding Personal, Mental Capacity Act and Safeguarding Adults Reviews are currently with the communications team and will be circulated once completed.

The safeguarding assurance and performance team will look at the increasing numbers of repeat concerns, the cases will be analysed, and any learning will be shared.

Partnership

Section 4 of the accompanying data report provides an analysis of the volume and progression rates of concerns by source agency. It is important to analyse these two elements together to help understand both the level of engagement and the understanding of safeguarding thresholds across the partnership. A high proportion of concerns, (relative to the size of the source organisation), would represent good engagement but a low progression rate may indicate low understanding and development need.

At 28% of all concerns reported this year Residential/Supported Living Providers remain the highest source agency although Residential far outweighs Supported living by at least 4 in every 5 (further analysis to be continued). The Police are the second highest at 20%. Progression rates for these two highest referrers remain comparatively low at 9% and 3% respectively and, due to the high volume, are significantly impacting on the overall progression rate.

There has been an approximate 45% reduction in the numbers received from Rotherham Hospital (351 in 20/21 to 195 in 21/22) and they are no longer the third highest referrer by volume. They now only represent 5% of the concerns compared to 13% and 16% in the previous two years. The progression rate has also declined from 23% last year to 16% for the current year to date.

The volume and progression rates for Police related concerns changed significantly following the introduction of the Vulnerable People App. The data provided by South Yorkshire Police relating to referrals from the Vulnerable Adult Referral app which showed an upward trend and work has commenced locally and regionally to look at opportunities as most of the cases referred via the app do not meet safeguarding criteria. Head of Service for Safeguarding and Mental Health is awaiting a meeting with SYP to look at what we can do now and what we can do moving forward and will report into the next quarters report.

Training continues to be delivered via Directions and requests have been made to receive detailed information on attendance numbers by training course and organisation. This has been requested by the end of year reporting.

Training via digital means also continues for all partners including topics such as Section 42 enquiries, Mental capacity Act, Self-neglect and Hoarding, during quarter 4 a total of 57 were accessed.

Training via digital means also continues for all partners including topics such as Section 42 enquiries, Mental capacity Act, Self-neglect and Hoarding.

Training has been secured across the partnership to increase awareness of thresholds and there is work within the partnership to look at the current

safeguarding forms, what type of concerns are coming in, working on concerns that do not meet the threshold and identifying what we can do differently to stop non-safeguarding activity being recorded.

There is also new guidance which has been circulated to all LA, this has guidance on thresholds and what constitutes safeguarding, this document has been circulated to partners and will be incorporated into the training offer. Work continues supporting staff across the partnership with what constitutes a safeguarding alert, what is complex case management and what should go into the quality monitoring process for commission and contracting.

The safeguarding assurance and performance team will work alongside partners to address the validation errors, missing data and provide some narrative on the reduction in capacity being recorded or why no theme or concern type was provided.

Further work has commenced with the systems team to look at the safeguarding module, a program of work has begun to streamline this, this will make the recording of safeguarding as simple and easy to use as possible. Once the forms and systems have been completed a period of consultation will take place with partner agencies.

Accountability

The overall quality of provision across the care market in Rotherham remains high with 81.3% of all registered care homes inspected by CQC being rated as Good or Outstanding. Two care homes have yet to be inspected.

86.2% of all registered commissioned community-based care (with a location in Rotherham) inspected by CQC have been rated as Good or Outstanding. There are 10 services yet to be inspected.

There are 0 care homes that have been placed in contract default during this quarter, although one contract default remains in place in response to CQC issuing a warning notice for breach of Reg. 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The SMIP was signed off with this provider on 1.11.21, awaiting follow up CQC visit to review Warning Notice (expected April – was January). Default Notice still in place as CQC rated Inadequate.

There is a total of 15 registered providers with a CQC rating of Requires Improvement (11 are residential/nursing providers and 4 are providers of community-based care) Improvement Plans were issued to address areas of provision that have been identified as below standard. These are regularly reviewed and updated, failure to make sufficient improvements within agreed timescales will result in escalation to a formal contract default. Only two improvement plans against requires improvement providers are currently in place, the others have all been completed and the services are awaiting reinspection.

Two additional residential care providers rated Good, currently have ongoing improvement plans.

There are 39 Community based care services that are registered with CQC in Rotherham. There are 16 contracted Community Care providers rated either Good or Outstanding who deliver services on behalf of the Council and

Rotherham CCG. 2 are currently rated Requires Improvement and have completed Improvement Plans and are awaiting re-inspection.

Protection

Although there are no statutory timescales set for completing enquiries, time taken to conclude the enquiry is monitored locally to provide assurance that enquiries are progressing appropriately and are not facing unnecessary delays.

The timeliness of the enquiries completed this year has declined when compared to the previous year. 2021/22 year to date figures shows that 14% of enquiries took over 40 weeks to complete and a further 19% took between 20-40 weeks, compared to 7% and 12% respectively for 2020/21. As reported in previous performance reports there have been a number of enquiries 'on hold' due to ongoing issues external to social care (i.e., Police investigations). These have remained 'open' rather than being closed on the system. As this and other process issues are being addressed, and the enquiry is closed, they will continue to impact on the timeliness data.

As at the 8th April 22 there were 146 open enquiries, much reduced from 204 at quarter 3. Of these 27 (-10) proportionately still at 18% have already surpassed 40 weeks and 21 (-21) and reducing to 14% from quarter 3 position of 21% are between 20-40 weeks. Work continues in service to review and progress these cases however they will continue to impact on the timeliness measure until they have all been cleared.

During 2021/22 the SAR subgroup has considered 5 Safeguarding Adult Reviews (SAR). 1 SAR was published during quarter 3, The Painter and His Son had been commissioned during 2020/21 and was complete and signed off by the RSAB during August 2021. In quarter 3 of 2021/22 the SAR subgroup commissioned Karen Rees to complete a SAR following the death of a young woman, the final report is due to the RSAB in June 2022. The SAR subgroup continue to meet monthly.

The Quality Assurance Team alongside the performance team are working together on the weekly data to ensure that there is an accurate picture of what is coming in, a data validation exercise is completed, and the outputs are then discussed with teams and managers.

The enquiries over 40 weeks are overseen by the quality assurance team, it is worth noting that the majority of these enquiries are police investigations. RMBC have contacted the Police and we will submit all outstanding enquiries for oversight and an officer will be assigned to support working through these cases. On all cases work continues to ensure that there is a protection plan in place.

Empowerment

85% of individuals involved in a completed enquiry were asked their views and wishes, which is slightly above the 83% achieved last year. A greater improvement has been achieved in terms of those which were both "Asked" and they "chose to express their views and wishes", 70% for the total at quarter 4 compared to 62% last year. In the last two quarters this improved further to 74% in quarter 3 and broadly sustained at 73% in quarter 4. In the last quarter 80% of personal outcomes were fully met, 18% partially achieved and 2% not achieved which is an improved position on the 3rd

quarter when only 74% were recorded as fully met and 3% were not achieved. Overall, the year-end data figures show 98% of outcomes being at least partially met which matches last year's outturn position.

The latest data indicates a continuing overall downward trend in the proportion of individuals lacking capacity being subject to safeguarding procedures, 31% compared to 34% in 2020/21 and 38% in 2019/20). It should be noted that there has been an increase in the proportion of enquiries where the individual's capacity was not recorded at all, (11% compared to previously 8% in 2020/21).

More people (1 in 3 from 1 in 4) have been supported by an advocate than either of the last two years at 32% compared to 24%. the 193 enquires this year, where the individual was identified as lacking capacity, a formal advocate has supported 64.

Making Safeguarding Personal (MSP) training has been secured for all partnership members and data cleansing and validation continues to highlight the cases where there are no outcomes have been recorded or no risk identified. Alongside the training we are piloting MSP principles and as such are developing an exit questionnaire to answer the ADASS questions asked and to ensure that we have captured the user voice, this is being supported by advocacy.

2. **Key Issues**
Not applicable
3. **Options considered and recommended proposal**
Not applicable
4. **Consultation on proposal**
Not applicable
5. **Timetable and Accountability for Implementing this Decision**
Not applicable
6. **Financial and Procurement Advice and Implications**
Not applicable
7. **Legal Advice and Implications**
Not applicable
8. **Human Resources Advice and Implications**
Not applicable
9. **Implications for Children and Young People and Vulnerable Adults**
Not applicable
10. **Equalities and Human Rights Advice and Implications**
Not applicable
- 10.2 **Implications for CO₂ Emissions and Climate Change**
Not applicable

- 11. Implications for Partners**
Not applicable
- 12. Risks and Mitigation**
Not applicable
- 12.2 Accountable Officer(s)**
Andrew Wells – Head of Service
- 13.** Approvals obtained on behalf of:

Report Author: Andrew Wells

Andrew.wells@rotherham.gov.uk

This report is published on the Council's [website](#).

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Adult Safeguarding Performance Data

Improving Lives Select Commission

July 2022

Lauren Rochat

6 Principles of Safeguarding

Safeguarding Performance Data for Rotherham is designed to reflect the 6 principles of safeguarding

Data within the accompanying report has been grouped under the six principles of adult safeguarding as set out in The Care Act 2014.

| Section | Principle | Data items | Page |
|---------|-----------------|---|------|
| 2 | Proportionality | Number of new concerns | 3 |
| | | Progression rate of concern to enquiry | 3 |
| | | Theme of concerns | 3 |
| | | Outcome of concern | 3 |
| | | Number of concluded enquiry | 4 |
| | | Enquiry by abuse type | 4 |
| | | Enquiry outcomes | 4 |
| 3 | Prevention | Repeat Concerns | 5 |
| | | Covid Response | 5 |
| 4 | Partnership | New concerns by source | 6 |
| | | Progression rate of concerns by source | 6 |
| | | Training courses delivered | 7 |
| | | South Yorkshire Police - Vulnerable adult referrals and crime | 7 |
| 5 | Accountability | Quality of Health and Care provision | 8 |
| 6 | Protection | Timeliness of completed enquiries | 9 |
| | | Volume and Timeliness of open enquiries | 9 |
| | | Safeguarding Adults Reviews (SAR) | 10 |
| 7 | Empowerment | Collection of views and wishes within enquiries | 11 |
| | | Meeting of personal outcomes | 11 |
| | | Mental Capacity and Advocacy | 12 |

Proportionality

| % of enquiries by abuse type* | 2019/20 | 2020/21 (YTD) | 2021/22 (YTD) |
|-------------------------------|---------|---------------|---------------|
| Physical Abuse | 28% | 28% | 23% |
| Sexual Abuse | 4% | 6% | 5% |
| Psychological Abuse | 16% | 17% | 14% |
| Financial Abuse | 22% | 25% | 25% |
| Neglect | 42% | 40% | 41% |
| Discriminatory Abuse | 0% | 1% | 1% |
| Organisational Abuse | 8% | 10% | 9% |
| Domestic Abuse | 5% | 7% | 4% |
| Sexual Exploitation | 1% | 1% | 1% |
| Modern Slavery | 0% | 1% | 0% |
| Self Neglect | 5% | 6% | 11% |
| No abuse type recorded | 3% | 2% | 3% |

*Please note one enquiry may be linked to multiple abuse types

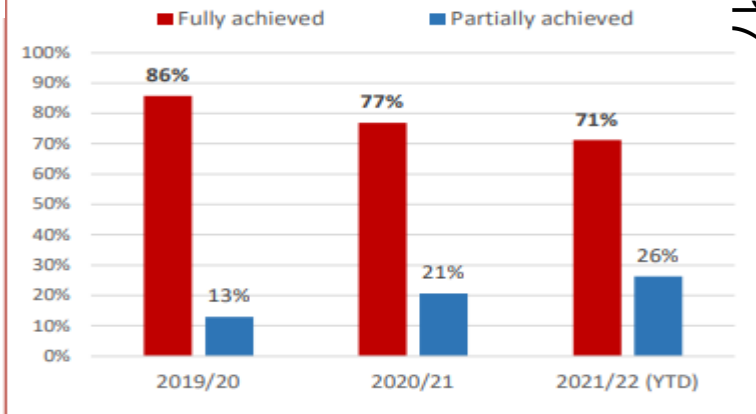
We have a high % of people who were asked and expressed their views and wishes (71%) and people asked but didn't express their wishes and views (26%)

* We are above national and regional baseline

Themes top 3 highlighted

- Neglect 41%
- Financial 25%
- Physical 23%
 - To note we have seen an increase in self-neglect from 6% last year and it is already at 11% this year

Personal Outcomes - Annual
(of those expressing views and wishes)



Prevention

| | 2121/22 | 2020/21 | 2019/20 |
|--|---------|---------|---------|
| Number of new safeguarding concerns | 3640 | 2763 | 1601 |
| Number of individuals subject to safeguarding concerns | 2408 | 1980 | 1232 |
| Number of individuals subject to more than one concern | 702 | 484 | 273 |
| % of individuals subject to repeat concerns | 29% | 24% | 22% |

At the end of Qtr 4 there have been 3,640 concerns, which equates to 2,408 adults, 702 (29%) being subject to 2 or more concerns, increased from previous 2 years 24% and 22%. This is reviewed regularly, evidence from these reviews suggests that the concerns are more about managing behaviours that challenge rather than safeguarding.

Work has now commenced looking at the repeat concerns, the PBI team have identified who the repeat concerns involve, and the Safeguarding Quality Assurance team will auditing the data.

Partnership

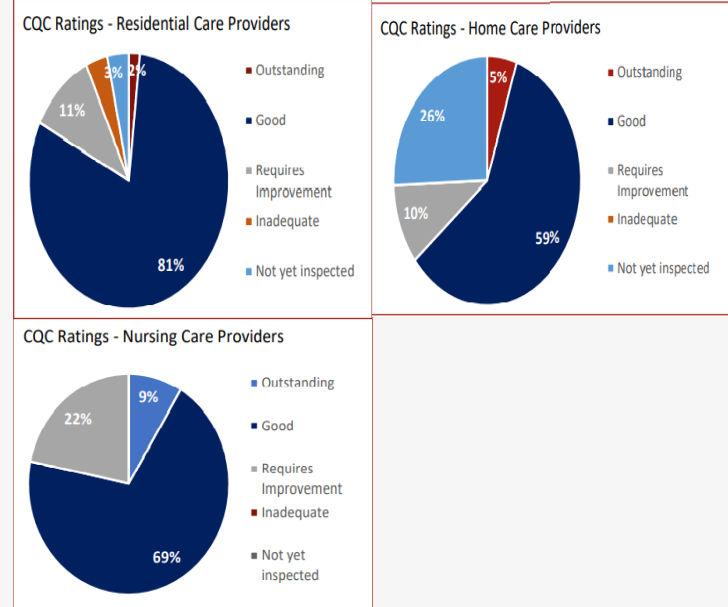
| Source of Concern | Number Of Concerns | | | % Of Total Concerns | | | Progress to Enquiry Rate | | |
|----------------------------|--------------------|-------------|-------------|---------------------|---------|---------|--------------------------|------------|------------|
| | 2019/20 | 2020/21 | 2021/22 | 2019/20 | 2020/21 | 2021/22 | 2019/20 | 2020/21 | 2021/22 |
| Resi/Supp. Living Provider | 396 | 536 | 1018 | 25% | 19% | 28% | 23% | 17% | 9% |
| Police | 82 | 465 | 722 | 5% | 17% | 20% | 23% | 9% | 3% |
| Hospital - Rotherham | 254 | 351 | 195 | 16% | 13% | 5% | 26% | 23% | 16% |
| Other | 171 | 307 | 399 | 11% | 11% | 11% | 26% | 26% | 18% |
| Comm. Services Provider | 109 | 191 | 233 | 7% | 7% | 6% | 30% | 31% | 22% |
| Family/Friend /Neighbour | 103 | 190 | 198 | 6% | 7% | 5% | 39% | 31% | 31% |
| RMBC Department | 109 | 162 | 165 | 7% | 6% | 5% | 28% | 45% | 31% |
| Health - Other | 131 | 111 | 148 | 8% | 4% | 4% | 22% | 38% | 17% |
| YAS | 36 | 113 | 195 | 2% | 4% | 5% | 42% | 26% | 10% |
| RDASH | 32 | 59 | 53 | 2% | 2% | 1% | 53% | 42% | 49% |
| Carer | 37 | 40 | 29 | 2% | 1% | 1% | 30% | 30% | 31% |
| Self | 31 | 36 | 47 | 2% | 1% | 1% | 29% | 31% | 21% |
| CQC | 15 | 45 | 46 | 1% | 2% | 1% | 33% | 51% | 33% |
| Housing | 17 | 39 | 50 | 1% | 1% | 1% | 53% | 23% | 14% |
| Voluntary Org. | 16 | 31 | 35 | 1% | 1% | 1% | 25% | 26% | 23% |
| GP | 16 | 24 | 36 | 1% | 1% | 1% | 25% | 17% | 14% |
| Anonymous | 12 | 26 | 25 | 1% | 1% | 1% | 17% | 38% | 36% |
| Hospital - Other | 15 | 17 | 20 | 1% | 1% | 1% | 13% | 41% | 25% |
| Other LA | 11 | 10 | 12 | 1% | 0% | 0% | 45% | 30% | 17% |
| School /Educ. | 5 | 5 | 5 | 0.31% | 0.18% | 0.14% | 0% | 0% | 0% |
| Govt Dept. | 2 | 3 | 1 | 0.12% | 0.11% | 0.03% | 0% | 0% | 0% |
| SY Fire & Rescue | 1 | 1 | 8 | 0.06% | 0.04% | 0.22% | 0% | 100% | 13% |
| Total | 1601 | 2762 | 3640 | | | | 27% | 24% | 14% |

At 28% of all concerns reported this year Residential/Supported Living Providers remain the highest source agency . The Police are the second highest at 20%. Progression rates for these two highest referrers remain comparatively low at 9% and 3% respectively and, due to the high volume, are significantly impacting on the overall progression rate.

There has been an approximate 45% reduction in the numbers received from Rotherham Hospital (351 in 20/21 to 195 in 21/22) and they are no longer the third highest referrer by volume. They now only represent 5% of the concerns compared to 13% and 16% in the previous two years. The progression rate has also declined from 23% last year to 16% for the current year to date.

Accountability

| CQC Ratings (as at 1 Apr 2022) | Residential Care Providers | Nursing Care Providers | Home Care Providers |
|--------------------------------|----------------------------|------------------------|---------------------|
| Outstanding | 1 | 2 | 2 |
| Good | 46 | 16 | 23 |
| Requires Improvement | 6 | 5 | 4 |
| Inadequate | 2 | 0 | 0 |
| Not yet inspected | 2 | 0 | 10 |



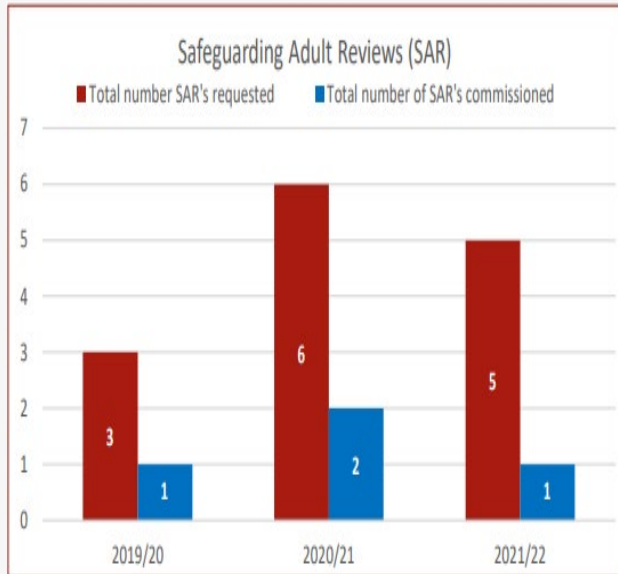
The overall quality of provision across the care market in Rotherham remains high with 81.3% of all registered care homes inspected by CQC being rated as Good or Outstanding (2 care home yet to be inspected). This compares well against neighbouring authorities.

86.2% of all registered commissioned community-based care (with a location in Rotherham) inspected by CQC have been rated as Good or Outstanding (10 services yet to be inspected).

There are 0 care homes that have been placed in contract default during this quarter, although one contract default remains in place in response to CQC issuing a warning notice for breach of Reg. 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Protection

During 2021/22 the SAR subgroup has considered 5 Safeguarding Adult Reviews (SAR). 1 SAR was published during quarter 3, The Painter and His Son had been commissioned during 2020/21 and was complete and signed off by the RSAB during August 2021. In quarter 3 of 2021/22 the SAR subgroup commissioned Karen Rees to complete a SAR following the death of a young woman, the final report is due to the RSAB in July 2022. The SAR subgroup continue to meet monthly.



| | 2019/20 | 2020/21 | 2021/22 |
|--|---------|---------|---------|
| Total number SAR's requested | 3 | 6 | 5 |
| Total number of SAR's commissioned | 1 | 2 | 1 |
| Number of SAR's concluded within: | | | |
| 3 Months | | | |
| 6 Months | 1 | 1 | |
| 9 Months | | | 1* |
| Over 9 Months | | | |
| Other | | 1* | |

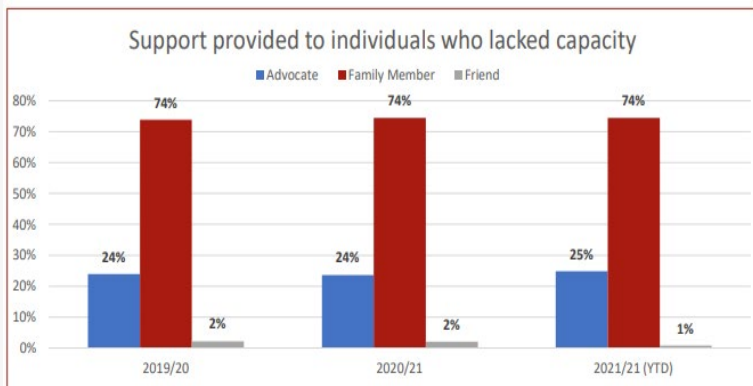
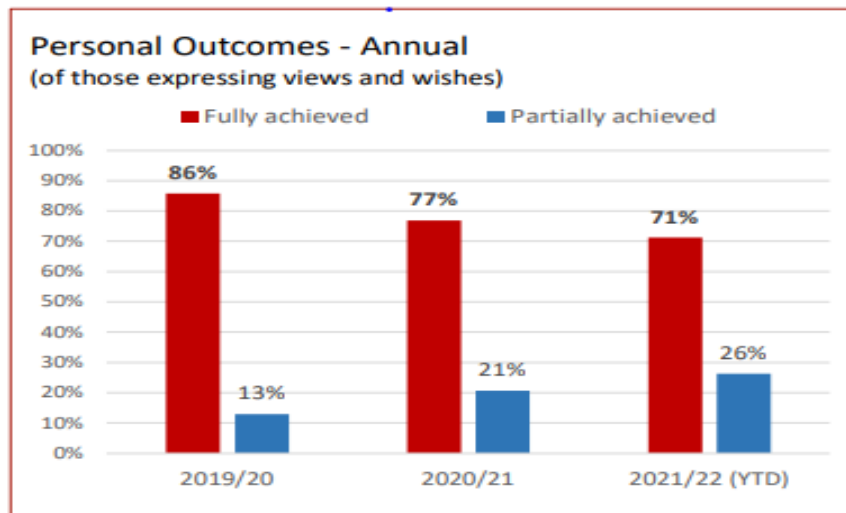
* SAR carried over into 2021/22

* SAR completed in 21/22

Empowerment

We have a high % of people who were asked and expressed their views and wishes (71%) and people asked but didn't express their wishes and views (26%)

* We are above national and regional baseline



People lacking capacity being subject to a safeguarding concern has seen a downward trend 30% compared to 34% in 20/21

Adult Safeguarding Customer Stories

Improving Lives Select Commission

July 2022

Lauren Rochat

Safeguarding Customer Stories

- Making Safeguarding Personal
- a sector-led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances

“Safeguarding is what we do with people not to people”

The Story of Mr W

- 67 year old, living in an LA bungalow.
- He was targeted by a male who 'cuckooed' his property, isolated him from his friends and family and began to both financially and physically exploit him.
- Housing Officer referred the case to Community Multi-agency Risk Assessment Conference.
- Escalated to VARM (Vulnerable Adult Risk Management). This was as a result of the complexities of the case and the need for a more person centred approach to the threat, harm and risk. The fact that the perpetrator had coerced the victim to such an extent into believing that he was his source of care and support prevented the victim from making a complaint.
- Mr W has capacity and is able to make his own decisions.

The Story of Mr W

- The plan was to disrupt the situation by ensuring a regular police presence utilising local officers. Officers from Adult Social Care ensured that the appropriate care needs assessments were completed and we began instilling trust back into the victim by highlighting the fact that we felt that he was the victim of exploitation.
- Joint working across care agencies, community police teams, anti-social behaviour officers and housing officers.
- Mr W was offered the chance to move house however he refused and feared reprisals.
- Evidence gathered by LA ASB officers meant the perpetrator was served with an injunction warning letter that seeks to prevent him engaging with vulnerable people.
- There are very limited powers to address such a situation but the tenacity, patience and determination of all partners involved, served to ensure that this victim will live out the rest of his days in safety, free from exploitation.

The Story of P

- P is a 60 year old man living alone, P was diagnosed with Asperger's at 11 years old. He received little to no help following his diagnosis, and support was left to the family.
- P has mostly withdrawn from life, following the death of his father and partner around 10 years ago.
- P's aging mother is struggling to cope with her caring role.
- P withdrew from health services completely, leaving his family at a loss as to what to do. For around 4-5 months his GP had been extremely worried about his ongoing symptoms and his need for investigations into potentially life-limiting conditions. P would not listen to the GP and would walk out. His weight declined and so did his overall health and well-being.
- The GP, and a respiratory consultant from Breathing Space, both contacted the learning disability and autism team about P as they were worried how we would engage him with health services.

The Story of P

- We agreed a neutral venue of a family member's home where P would be comfortable. On visiting it was clear that his health had severely declined and he was very unwell.
- It was clear at this time he was functioning at a high level of untreated anxiety, potentially from his autism, and was very low in mood. We needed to get P to hospital.
- We worked with family and ambulance crew to transport P to UECC, the staff team were extremely welcoming and accommodating to P's needs, quickly finding him a cubicle.
- It is extremely difficult for P to communicate his needs and wishes, due to his high levels of anxious behaviour and low mood. At times during his stay in UECC he became selectively mute and disengaged.
- On his third attendance at the department the staff team quickly employed strategies to lessen his anxiety, and as a team, we were successfully able to get many of the much needed health investigations carried out.

The Story of P

- The joint working between UECC and LD service has made the necessary hospital experience bearable for P.
- As a team, we have since visited P in his flat. He welcomed our visit and his family cannot believe he has made such a step to let us into his home.
- We now have a plan for P, visiting weekly, to work around his anxieties related to blood tests and his overall engagement with health care professionals. He is now at a point where he is happy to accept this help and support.

Six Principles of Safeguarding

- Empowerment - People are supported and encouraged to make their own decisions and informed consent.
- Prevention - It is better to take action before harm occurs.
- Proportionality - The least intrusive response appropriate to the risk presented.
- Protection - Support and representation for those in greatest need.
- Partnership - Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability - Accountability and transparency in delivering safeguarding.

Public Report
Improving Lives Select Commission

Committee Name and Date of Committee Meeting

Improving Lives Select Commission – 26 July 2022

Report Title

CYPS Performance Report 2021/2022 Out-turn

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

No

Strategic Director Approving Submission of the Report

Suzanne Joyner, Strategic Director of Children and Young People's Services

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Ward(s) Affected

Borough-Wide

Report Summary

The report includes the performance outturn for the reporting year April 2021 to March 2022 for Children and Young People's Services. It includes areas of performance that are working well alongside other areas where a continued focus is required.

Recommendations

The Improving Lives Select Commission is asked to:

1. Consider the CYPS Performance Scorecard for March 2022 (Out-turn 2021/2022) as attached – Appendix 1
2. Note that work is ongoing to simplify and improve Performance reporting, ensuring focus remains directed at key strategic (benchmarked) and operational (activity/demand) measures

List of Appendices Included

Appendix 1 CYPS Performance Report March 22

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

CYPS Performance Report 2021/2022 Out-turn

1. Background

- 1.1 This report evidences the council's commitment to improvement by providing performance information to enable the scrutiny of service achievement levels and the associated impact on the outcomes for children and young people. It should be read in conjunction with the appended performance data reports which provide trend data, graphical analysis and benchmarking data against national and statistical neighbour averages
- 1.2 It provides a summary of performance under key themes across Children & Young Peoples Services (CYPS) at the end of the 2021/2022 reporting year and represents the monthly report for March 2022.
- 1.3 Performance has been considered against local targets, including associated 'RAG' (red, amber, green rating) tolerances. These are reviewed annually and are set in consideration of available national and statistical neighbour benchmarking data and recent performance levels. It ensures focus on the effectiveness of services and achieving good outcomes for children and young people.
- 1.4 In addition to this annual report members are advised that strong operational performance management arrangements are in place across the service with a programme of Service and Team based performance meetings which are well embedded across early help and social care. On a monthly basis governance is provided by the CYPS Performance Board, chaired by the Director of Children's Services and attended by the Directorate Leadership Team, Heads of Service from across the directorate along with the Head of Service, Performance and Quality and the CYPS Performance Manager. In addition to this an Assurance Day is held each quarter which also provides a quality focus as well as performance management including work undertaken by the Young Inspectors, the Practice Learning Days (PLDs) and the monthly audit programme. Scrutiny is also provided by the Corporate Parenting Panel (CPP) and Rotherham Safeguarding Children's Partnership (RSCP).
- 1.5 It is recognised that there are currently a significant number of performance measures (319 across different service areas) in CYPS. Work has commenced to look at a streamlined format of reporting that identifies those measures that it is important for elected members to know about, including those that are benchmarked and other key demand/activity measures, leaving the remaining measures to be used by the service as detailed management information. The new format will also include Education and Inclusion performance data as this is currently under development.
- 1.6 Consultation on the new reporting format has begun and progress is being made, with reporting due to commence at the end of quarter one.

2. Key Issues

2.1 Early Help and Family Engagement

Summary of what was working well against some key measures during 2021/2022

- 2.1.1 Children and families can expect swift engagement from early help following a contact being made, with the timeliness rate of engagement remaining consistently high. In quarter 4; 85.0% of families were engaged within three working days of allocation, against a target of 75.0% (Quarter 3 figure 85.3%). For those families not engaged within three days (15 families); 13 were successfully engaged albeit after 3 days, one refused consent to work with early help and one moved outside of Rotherham. The 2021/22 engagement figure shows 88.8% of families engaged within the 3-day timescale.
- 2.1.2 Families can expect their assessment and plan to be completed in a timely manner and without drift and delay when working with early help. In quarter 4, performance in relation to the timeliness of early help assessments (EHA's) shows that 89.7% (131/146) were completed within 45 days against a target of 85% (Quarter 3 figure 88.2% (157/178). In 2021/22 figures show 91.4% of EHA's were completed within timescale.
- 2.1.3 In quarter 4, 36.7% of completed early help assessments (EHA's) were by partners (Quarter 3 figure 33.4%). The 2021/22 figure shows 28.9% of all EHA's were completed by partners, which is an increase on the 2020/21 figure of 22.2%. Schools continue to have the highest completion rate of EHA's from partners, submitting 80.8% of all partner assessments in 2021/22. Integrated working leads across the borough continue to provide support and oversight to partners completing EHA's.

The verified combined NEET and Not known outturn for 2021/22 is 4.9%. This measure is calculated as an average across the December, January, and February returns. This shows improvement on the 2020/21 outturn which was a combined figure of 5.6%. Draft comparison data for 2021/22 outturn shows that Rotherham's combined NEET and Not known figure of 4.9% is stronger than statistical neighbours at 5.8% and region at 5.3% whilst falling short of the national figure at 4.7%.

Summary of areas of continued focus against some key measures during 2021/2022

- 2.1.4 Registration rates at children's centres are below the Rotherham target of 95% (87%) but are 1% above quarter 4 in 2020/21. Whilst early help receives details of all new births in Rotherham the gap that was created due to the non-sharing of the list of all children under 5 registered with a Rotherham GP has hampered progress. However, we are delighted that this has now been resolved and from April 22 this data will be shared. Early help workers frequently attend the registrars to promote the range of children's centre services available to families registering the birth of their

new baby and encouraging them to register with a children's centre at the same time. An average of 30% of babies born at Rotherham hospital are registered with children's centres before the monthly new birth list is received from health colleagues, 6-10 weeks after birth. An online registration form has been available since August 2021 and has been used by 31.5% (332) of all new registrations since then, however an early help worker was with the family at 66.6% (221) of these when the online form was completed.

- 2.1.5 The latest available YOT data summary (YDS) from the Youth Justice Board (YJB) shows Rotherham first time entrants (FTE) at 225 which is related to October 20 to September 21 data. This was a rise when comparing with the same period the previous year, however this was expected as during that period courts were closed due to the Covid-19 pandemic with court hearings deferred. We are reassured looking at the latest YDS data that the trend is reversing, and our rate of FTE is reducing.

2.2 Children's Social Care

Summary of what was working well against key measures during 2021/2022

- 2.2.1 At the end of quarter 4 (2021/22 year-end), we have seen a busy month in the multi-agency safeguarding hub (MASH) in terms of contacts received. March 22 saw 188 additional contacts to those received in February 22 and previous months. Prior to this peak in March 22, we have seen a steady decline from June 21. This reflects the work that is taking place within the MASH, as well as wider partnership work. It will be important to see how numbers are reflected in coming months as March may be an anomaly in terms of volume.
- 2.2.2 We have seen an overall reduction in the percentage of rereferrals in 12 months from 20.1% in April 21, to 16% at year-end. It is anticipated that this reduction is supported by more established practice of holding family network meetings and family group conferences to support families in supporting themselves, and robust safety plans at the point of ending social care involvement, allowing families to support themselves. This focus will need to continue.
- 2.2.3 The child exploitation cohort remains static with the majority of children categorised as high or medium risk and managed within the Evolve team. A number of young people who are open to Evolve are at high risk and require intensive support from Evolve and regularly have risk management meetings to manage the identified risk and safety plan.
- 2.2.4 During 2022, there has been some focused work on assessment timeliness across the locality service and looked after children (LAC) service. Overall timeliness for assessments completed in 45 days dropped to 76.4% in December 21, however the additional focus and management grip demonstrated during 2022 has seen the year-to-date figure rise to 88.8% which is positive. Performance in January, February and March 2022 was

consistently over 90% highlighting the impact the additional grip has had. This needs to continue to ensure timely assessments for children.

- 2.2.5 The number of children and young people on a child protection plan (CPP) have reduced and now stands at 475 children. Out of this cohort only 15% of the children have been on a plan in excess of 12 months which would be indicative of timely decision making for our most vulnerable children. When children have been on a plan over 12 months often this equates to a period of pre-proceedings work. Those children and young people who have been on a CPP beyond 12 months are the subject of regular service manager check and challenge facilitated by the safeguarding unit.
- 2.2.6 In quarter 4 we saw our population of children and young people we look after reducing to 562. This is because care plans to support permanence have come to fruition either through adoption, special guardianship orders (SGO), care arrangements orders (CAO) or discharge of care orders as children have successfully returned home to family. It is also because we are making stringent efforts to support children to remain at home with their families wherever and whenever it is safe and appropriate to do so.
- 2.2.7 Of our 562 looked after children, 9.3% had three or more placement moves within a 12-month period. The independent reviewing officer (IRO) pays particular attention to this cohort of children, ensuring that there is in-between monitoring of these children's plans.
- 2.2.8 There were 292 care leavers at the end of March 22, 96.6% of which were in suitable accommodation, 82.8% of eligible LAC and care leavers had an up-to-date pathway plan and 71.6% of care leavers were in employment, education, or training (EET).

Summary of areas of continued focus against some key measures during 2021/2022

- 2.2.9 The child in need population continues to remain stable showing a slight decrease in the period. Service managers continue to keep oversight of this work to ensure planning is purposeful for children and young people. Only 6% of this cohort have been open on a plan for 12 months or more which demonstrates little drift and delay. Those that are over 12 months continue to be the subject of service manager oversight and are deemed appropriate.
- 2.2.10 The number of children who have been the subject of a child protection plan (CPP) for a second or subsequent within 2 years has reduced slightly to 15%. Good performance (between 10 -15%) is generally low and it is also worth noting that a very low level may also mean that we are not submitting some children to a CPP who are in need. Conversely, a high level may suggest that the professionals responsible for the child's welfare are not intervening effectively to bring about the required changes. The current return is just inside the margin of 'good'.
- 2.2.11 The number of initial child protection conferences (ICPC's) held has been stable quarter on quarter (162 > 170), but a dip was seen in Q2 (133). This

coincides with the number of S47's initiated in Q2, and the percentage of S47's where the concerns of significant harm were substantiated, and child deemed to be at continuing risk of harm. It is not fully clear why this occurred in Q2, however the dip coincides with school summer holidays and so seasonal impact is a likely factor.

- 2.2.12 The timeliness of ICPC has declined at the end of each quarter throughout the year, Q1 (87%) Q2 (80.4%) Q3 (68.4%) Q4 (71.9%), with the lowest month being January 2022 at 34%. In comparison to previous years, 2019/20 (62.4%) 2020/21 (49.8%), the percentage as at the end of 2021/22 has ended higher than the previous two year. However, there is fluctuation throughout the year which requires remedial action and monitoring. Themes for late ICPC's include late requests and non-quoracy. To improve on the timeliness and create a consistency, an action plan has been agreed with Heads of Service (HoS) on timeliness of each stage of activity required for an ICPC, and further to that no ICPC will be stood down without the agreement of a HoS.
- 2.2.13 Placement stability continues to be an area of focus. While it is improving, analysis of placement breakdowns show there is additional work required to support carers grow and care for teenagers. This is both for in house carers as well as within Independent Fostering Agencies (IFAs). There is also increasing awareness of the challenges all local authorities (LA's) are experiencing in the marketplace for sourcing homes. Further analysis is required as to the use of bridging placements to support searching for homes for children.
- 2.2.14 Placement sufficiency remains a key focus and Brightsparks continue to support us in recruitment work. Placement sufficiency also includes further consideration of developing the in-house residential offer. Two young people have recently moved into the new provision and are settling well. We are now seeking to increase the estate having recently placed an offer on one home as well as sourcing a further home. This will increase both the long-term provision as well as consolidate our approach to supporting children and young people at point of crisis for them and their families.
- 2.2.15 Dental assessments continue to be a concern, and an area of focus with the number of children with an up-to-date dental assessment remaining low at 44% at the end of Q4. Increasingly there is an awareness that despite efforts there is a commissioning issue within the Clinical Commissioning Group (CCG) to secure appropriate numbers of National Health Service (NHS) dentists to commit to providing appointments for our children. Neglect accounts for 32% of child protection plans therefore it is fair to assume that there are children within the cohort of children without a dental assessment that have experienced neglect. The service manager is working with the looked after nurse and LAC service manager to ensure that those children receive a dental assessment, and any treatment they require. This is being addressed through the LAC Health and Emotional Well Being Partnership.

- 2.2.16 The average days between a placement order and being matched with an adoptive family rose to 292.2 at the end of March 2022. As previously noted we make every effort to secure permanence through adoption for children where there are additional complexities and consequently the A2 marker can be affected. For this last period the proceedings and final plans for 3 children been lengthened due to unique characteristics of this particular cohort which has impacted this measure.

2.3 **Education**

Summary of what was working well against key measures during Term1/Term2

- 2.3.1 The number of 2-year-olds taking up an early education place has followed the trend of previous years with the Spring take-up percentage slightly lower than the Autumn term. However, the take-up of 86.4% is the highest Spring take-up level since 2017. The % of LAC 2,3- and 4-year-old take-up remained strong with 100% children taking up an early education place during the term.
- 2.3.2 Performance across the primary and secondary School National Offer Days remained positive this year with Primary School National Offer Day (19th April 2022) achieving – 1st and 3 preference profile: 95.3% / 98.5% and Secondary School National Offer Day (1st March 2022) achieving - 1st and 3 preference profile: 93% / 97.5%.

Summary of areas of continued focus against some key measures during 2021/2022

- 2.3.3 The elective home education (EHE) cohort continues to increase and as of the Easter school holidays it stands at 382, which is currently a 90% increase since the start of the Covid-19 pandemic. During the first 2 terms of the current academic year, 52 children have been supported to return to school from EHE and 126 involvements have resulted in children remaining in school where parents were considering withdrawal to EHE.
- 2.3.4 At the end of term 2 the percentage of LAC with an up-to-date personal education plan (PEP) had dropped well below expected levels to 78.7%, however, a number of PEPs were still being chased for final sign off before they could be counted in the final performance figures. The delay was significantly impacted by the school Easter holidays being off set in different authorities in 2022 essentially meaning that there were 3 weeks where staff had not been in school and the virtual school staff had been on leave. There is always a lag when reporting previous term data at the start of a term where virtual school staff are ensuring all PEPs have been completed and signed off. PEP meetings have been held for the majority of learners this term and once the paperwork is completed and signed off, the data will reflect this.
- 2.3.5 The Performance Team along with the Virtual School Heads re-ran the data in June 2022 and the refreshed performance figure for term 2 was 92.1%.

2.4 Inclusion

2.4.1 Ofsted conducted a SEND Inspection in July 2021, and the Inclusion service is currently working towards a written statement of action, set by the Department for Education (DfE) and monitored by the SEND executive Board.

2.4.2 There were 67 EHCP plans issued in quarter 4 with 28 of them being issued within the 20-weeks statutory timescale. This equates to 41.8% of EHCP plans being issued within timescale during quarter 4. An accumulative key performance indicator (KPI) for 20-week timeliness submitted as part of SEN 2 return in January was 62%.

3. Options considered and recommended proposal

3.1 Members to consider the CYPS Performance Scorecard for March 2022 (Out-turn 2021/2022) as attached – Appendix 1

3.2 Members to note that work is ongoing to simplify and improve Performance reporting, ensuring focus remains directed at key strategic (benchmarked) and operational (activity/demand) measures.

4. Consultation on proposal

4.1 Consultation has begun with elected members in relation to a more streamlined approach to reporting performance.

5. Timetable and Accountability for Implementing this Decision

5.1 New arrangements for the reporting of performance to elected members to continue to be finalised and to commence with the quarter one report which will be submitted after the Quarterly Assurance Day on the 17th August 2022.

5.2 The Education and Inclusion scorecard to be finalised ready for the start of the Autumn term in September.

6. Financial and Procurement Advice and Implications

There are no financial implications with this report

7. Legal Advice and Implications

There are no legal implications with this report

8. Human Resources Advice and Implications

There are no Human Resource implications with this report

9. Implications for Children and Young People and Vulnerable Adults

9.1 Performance and Quality assurance is a key element of the work of Children and Young Peoples services to ensure that outcomes are improved for Rotherham children and their families and that they are resilient, successful, and safe

10. Equalities and Human Rights Advice and Implications

There are no Equalities and Human Rights implications with this report

11. Implications for CO₂ Emissions and Climate Change

There are no CO₂, Emissions and Climate Change implications with this report

12. Implications for Partners

12.1 Partners and other directorates are engaged in improving the performance and quality of services to children, young people and their families via the Rotherham Local Children's Safeguarding Board (RLSCB), the CYPS Performance Board, the Corporate Parenting Panel, the Early Help Steering Group and the SEND Strategic Partnership Board. All the Boards receive performance reports on a regular basis.

13. Risks and Mitigation

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

Accountable Officer(s)

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This report is published on the Council's [website](#).

Children's and Young People Services Monthly Performance Report

As at month end: March 2022 (Outturn 2021/22)

Document details

Status: Issue 1

Date created: 18/05/2022

Created by: Performance & Quality Team

Contact: cyps-performance@rotherham.gov.uk

***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 where necessary.*

Early Help Performance Summary

As at month end: March 2022 (Outturn 2021/22)

*DOT - Direction of travel represents the direction of 'performance' since the previous month showing if the number or percentage has gone up or down. Colours have been added to help distinguish better and worse performance with the exceptions of measures that are for information only. Key Below:-

- ↑ - increase/decrease in number/percentage = improvement in performance
- ↓ - increase/decrease in number/percentage = decline in performance
- - number/percentage remained same as previous month

| REF NO. | INDICATOR | Success Measures Council Plan Measures | TIMELINE | DATA NOTE (Monthly) | Jan-22 | Feb-22 | Mar-22 | 2021/22 Outturn | Good perf is | DOT* (month) | RAG (month) | DOT (Yr on Yr) | RAG (Yr End) | TARGET & TOLERANCES | | | YR ON YR PERFORMANCE | | LATEST BENCHMARKING | | | | |
|---------|---|--|----------|---------------------|--------|--------|--------|-----------------|--------------|--------------|-------------|----------------|--------------|---------------------|-------|----------------|----------------------|----------------|---------------------|-----------------|---------|---------------------|-------------|
| | | | | | Count | Count | Count | | | | | | | Red | Amber | Green (target) | 2020/21 | Yr on Yr trend | Stat neigh av. | Best stat neigh | Nat av. | Top qtile threshold | RIA 2019/20 |
| 1.1 | No. of early help contacts including step downs, co-working & partner recording (Families) | | monthly | Count | 157 | 158 | 216 | 2470 | info | ↑ | | ↓ | | | | | 3537 | | | | | | |
| 1.2 | No. of initial contact families that reached timeliness scope (exc. youth offending team) | | monthly | Count | 32 | 33 | 35 | 534 | info | ↑ | | ↑ | | | | | 512 | | | | | | |
| 1.3 | Initial contacts made within 3 working days of allocation | | monthly | Count | 30 | 26 | 29 | 474 | info | ↑ | | ↑ | | | | | 455 | | | | | | |
| 1.4 | No. of early help assessments that reached timeliness scope (45 days) (exc. youth offending team) | TB3 | monthly | Count | 52 | 43 | 51 | 747 | info | ↑ | | ↓ | | | <65% | 65%+ | 75%+ | 88.9% | | | | | |
| 1.5 | Early help assessments completed within 45 working days. (EHA complete in 48 days from triage decision date (3 days IC plus 45 days for EHA)) | | monthly | % | 88.5% | 88.4% | 92.2% | 91.4% | high | ↑ | | ↑ | | | <75% | 75%+ | 85%+ | 91.3% | | | | | |
| 1.6 | Early help assessments completed by partners | TB3 | monthly | % | 25 | 40 | 51 | 390 | info | ↑ | | ↑ | | | | | | 287 | | | | | |
| 1.7 | Open families/children at the end of the reporting period | Families | monthly | Count | 1320 | 1272 | 1321 | 1321 | info | ↑ | | ↓ | | | | | | 1359 | | | | | |
| | | Children | CH05 | monthly | Count | 2863 | 2777 | 2899 | 2899 | info | ↑ | | ↑ | | | | | | 2889 | | | | |
| 1.8 | No. of families closed in the reporting period | | monthly | Count | 147 | 206 | 155 | 2020 | info | ↓ | | ↑ | | | | | | 794 | | | | | |
| 1.9 | Re-referrals where early help has already worked a case in the last 12 months | | monthly | Count | 21 | 13 | 20 | 243 | info | ↑ | | ↓ | | | | | | 397 | | | | | |
| | | | monthly | % | 16.0% | 9.8% | 12.7% | 13.4% | info | ↑ | | ↓ | | | | | | 19.4% | | | | | |
| 1.10 | No. of step downs agreed in locality | Families | monthly | Count | 20 | 27 | 37 | 322 | info | ↑ | | ↓ | | | | | | 524 | | | | | |
| | | Children | | monthly | Count | 41 | 61 | 89 | 675 | info | ↑ | | ↓ | | | | | | 1042 | | | | |
| 1.11 | % of step downs | Duty | monthly | % | 65.0% | 70.4% | 70.3% | 74.5% | info | ↑ | | ↓ | | | | | | | | | | | |
| 1.12 | % of joint handover visits completed that reached timeliness scope (7 working days from step down) | Locality | monthly | % | 35.0% | 29.6% | 29.7% | 25.5% | info | ↑ | | ↑ | | | | | | | | | | | |
| | | Duty | monthly | % | 44.4% | 44.4% | 61.9% | 41.7% | high | ↑ | | n/a | | | | | | | | | | | |
| 1.13 | No. of step ups to social care (episode closure reason - 'Refer to LCS') | Families | monthly | Count | 16 | 33 | 16 | 249 | info | ↓ | | ↓ | | | | | | 265 | | | | | |
| | | Children | | monthly | Count | 42 | 76 | 43 | 558 | info | ↓ | | ↓ | | | | | | 628 | | | | |
| 2.1 | % of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who are registered with a Children's Centre | | monthly | % | 86.0% | 86.0% | 87.0% | 87.0% | high | ↑ | | ↑ | | | 95%+ | | 86% | | | | | | |
| 2.2 | % of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who have accessed Children's Centre activities | | monthly | % | 64.0% | 68.0% | 72.0% | 72.0% | high | ↑ | | ↑ | | | 65%+ | | 68% | | | | | | |
| 2.3 | Young people aged 16-17 (academic age) whose current activity is not known | annual | % | 1.3% | - | 1.3% | - | low | ↑ | | | ↓ | | | <2.2% | | 1.6% | 2.0% (19/20) | 0.5% (19/20) | 2.8% (19/20) | | | |
| | | monthly | % | 1.1% | 1.4% | 2.0% | - | low | ↑ | | | ↓ | | | 2.5% | | | | | | | | |
| 2.4 | Young people aged 16-17 (academic age) who are NEET | annual | % | 3.6% | - | 3.6% | - | low | ↑ | | | ↓ | | | <3.5% | | 4.0% | 3.4% (19/20) | 2.4% (19/20) | 2.7% (19/20) | | | |
| | | monthly | % | 3.4% | 3.8% | 4.0% | - | low | ↑ | | | ↓ | | | 3.6% | | | | | | | | |
| 2.5 | Young people aged 16-17 (academic age) who are NEET or not known combined | annual | % | 4.9% | - | 4.9% | - | low | ↑ | | | ↓ | | | <5.7% | | 5.6% | 5.4% (19/20) | 3.8% (19/20) | 5.5% (19/20) | | | |
| | | monthly | % | 4.5% | 5.1% | 5.9% | 5.9% | low | ↑ | | | ↓ | | | 6.1% | | | | | | | | |
| 2.6 | Looked after young people aged 16-17 (academic age) who reside in Rotherham who are NEET | monthly | Count | 10 | 8 | 6 | - | low | ↓ | | | n/a | | | | | | | | | | | |
| | | monthly | % | 4.7% | 3.4% | 2.4% | - | low | ↓ | | | n/a | | | | | | | | | | | |
| 2.7 | Looked after young people aged 16-17 (academic age) who reside in Rotherham whose current activity is not known | monthly | Count | 0 | 1 | 0 | - | low | ↓ | | | n/a | | | | | | | | | | | |
| | | monthly | % | 0.0% | 1.2% | 0.0% | - | low | ↓ | | | n/a | | | | | | | | | | | |
| 2.8 | Young people aged 16-17 (academic age) meeting the duty to participate | | monthly | % | 91.6% | 90.6% | 90.0% | - | info | ↓ | | ↓ | | | | | | | | | | | |
| 2.9 | No. of youth sessions undertaken | TB3 | CH1 | monthly | Count | 60 | 74 | 91 | 835 | info | ↑ | | | | | | | | | | | | |

| REF NO. | INDICATOR | Success Measures Council Plan Measures | TIMELINE | DATA NOTE (Monthly) | 2021/22 Outturn | | | | Good perf is | DOT* (month) | RAG (month) | DOT (Yr on Yr) | RAG (Yr End) | TARGET & TOLERANCES | | | YR ON YR PERFORMANCE | | LATEST BENCHMARKING | | | | | | | | |
|--------------------------------|--|--|-----------|---------------------|-----------------------|--------|--------|-----------------|--------------|--------------|-------------|----------------|--------------|---------------------|-------|----------------|--|----------------|---------------------|-----------------|---------|---------------------|-------------|--|--|--|--|
| | | | | | Jan-22 | Feb-22 | Mar-22 | 2021/22 Outturn | | | | | | Red | Amber | Green (target) | 2020/21 | Yr on Yr trend | Stat neigh av. | Best stat neigh | Nat av. | Top qtile threshold | RIA 2019/20 | | | | |
| SUPPORT | 3.1 | No. of families engaged in the supporting families project (formerly 'Families For Change') | monthly | Count | Temporarily suspended | | | | 675 | high | → | → | → | → | → | → | 675 | 787 | | | | | | | | | |
| | 3.2 | % of families engaged of the annual target (900) for supporting families | monthly | % | Temporarily suspended | | | | 100.0% | high | → | → | → | → | → | → | 75 in month (of 675) | 109% | | | | | | | | | |
| | 3.3 | No. of supporting families PbR outcomes claimed (evidence of employment outcome) | monthly | Count | 0 | 0 | 2 | | high | → | → | ↑ | → | → | → | → | 437 | 6 | | | | | | | | | |
| | 3.4 | No. of supporting families PbR outcomes claimed (evidence of significant & sustained progress) | monthly | Count | 90 | 48 | 450 | | high | ↑ | → | ↑ | → | → | → | → | (combined target) | 413 | | | | | | | | | |
| YOT / EVIDENCE BASED HUB / FGC | 4.1 | No. of young people first time entrants (FTE) into the criminal justice system | quarterly | Rate per 10,000 | - | - | - | 225 | low | n/a | → | → | → | → | → | → | Lower than same qtr previous year & comparable with Yotds. | | | 148 | 108 | 154 | | | | | |
| | 4.2 | Use of Custody | quarterly | Rate per 10,000 | - | - | - | 0.0% | low | n/a | → | → | → | → | → | → | | | | 0.11 | 0.00 | 0.11 | | | | | |
| | 4.3 | Rate of re-offending by young offenders (re-offending rates after 12 months aggregated qly cohort) | quarterly | Binary rate | - | - | - | 24.2% | low | n/a | → | → | → | → | → | → | | | | 34.4% | 26.6% | 34.2% | | | | | |
| | 4.4 | Re-offences by re-offenders (re-offending rates after 12 months aggregated qly cohort) | quarterly | Frequency rate | - | - | - | 4.93 | low | n/a | → | → | → | → | → | → | | | | 3.76 | 2.23 | 3.64 | | | | | |
| | 4.5 | YOT programme contacts delivered | quarterly | Count | 27 | 29 | 19 | 265 | info | ↓ | → | → | → | → | → | → | | | | | | | | | | | |
| | 4.6 | No. of parenting programmes delivered | quarterly | Count | - | - | 6 | 37 | info | ↓ | → | → | → | → | → | → | | | | | | | | | | | |
| | 4.7 | No. of families attending a parenting programme | quarterly | Count | - | - | 12 | 120 | info | ↓ | → | → | → | → | → | → | | | | | | | | | | | |
| | 4.8 | % of families completing a parenting programmes (attended 80%+ of programme) | monthly | % | - | - | 58.3% | 71.5% | high | ↓ | → | → | → | → | → | → | | | | | | | | | | | |
| | 4.9 | No. of family group conference referrals received | Families | monthly | Count | 23 | 20 | 25 | 230 | info | ↑ | → | → | → | → | → | → | | | | | | | | | | |
| | | | Children | monthly | Count | 44 | 34 | 51 | 413 | info | ↑ | → | → | → | → | → | → | | | | | | | | | | |
| | 4.10 | No. of family group conference referrals accepted | Families | monthly | Count | 22 | 16 | 24 | 213 | info | ↑ | → | → | → | → | → | → | | | | | | | | | | |
| | | | Children | monthly | Count | 43 | 29 | 51 | 394 | info | ↑ | → | → | → | → | → | → | | | | | | | | | | |
| | 4.11 | No. of family group conference referrals awaiting allocation | Families | monthly | Count | 1 | 0 | 0 | - | low | → | → | → | → | → | → | n/a | | | | | | | | | | |
| | | | Children | monthly | Count | 1 | 0 | 0 | - | low | → | → | → | → | → | → | n/a | | | | | | | | | | |
| | 4.12 | No. of family group conferences which have taken place | Families | monthly | Count | 12 | 11 | 15 | 88 | info | ↑ | → | → | → | → | → | → | | | | | | | | | | |
| | | | Children | monthly | Count | 30 | 25 | 40 | 171 | info | ↑ | → | → | → | → | → | → | | | | | | | | | | |
| | 4.13 | Family group conferences which have taken place within 20 working days of allocation (families) | TB4 | monthly | Count | 4 | 3 | 4 | 31 | high | ↑ | → | → | → | → | → | n/a | | | | | | | | | | |
| | | | | monthly | % | 33.3% | 27.3% | 26.7% | 35.2% | high | ↓ | → | → | → | → | → | n/a | | | | | | | | | | |
| | 4.14 | No. of family group conference reviews which have taken place (families) | TB5 | monthly | Count | 4 | 1 | 4 | 23 | info | ↑ | → | → | → | → | → | → | | | | | | | | | | |
| 4.15 | No. of initial contacts due (families) | | monthly | Count | 29 | 20 | 26 | 206 | high | ↑ | → | → | → | → | → | n/a | | | | | | | | | | | |
| 4.16 | No. of initial contacts made within 3 working days of allocation (families) | | monthly | Count | 26 | 19 | 26 | 180 | high | ↑ | → | → | → | → | → | n/a | | | | | | | | | | | |
| | | | monthly | % | 89.7% | 95.0% | 100.0% | 87.4% | high | ↑ | → | → | → | → | → | n/a | | | | | | | | | | | |
| 4.17 | No. FGC closed cases that have resulted in a family group conference (conversion rate) | | monthly | Count | 11 | 4 | 12 | 69 | info | ↑ | → | → | → | → | → | → | | | | | | | | | | | |
| | | | monthly | % | 84.6% | 66.7% | 85.7% | 75.0% | info | ↑ | → | → | → | → | → | → | → | | | | | | | | | | |
| 4.18 | No. of open family group conference cases (families) | TB4 | monthly | Count | 49 | 50 | 55 | - | info | ↑ | → | → | → | → | → | → | | | | | | | | | | | |
| 4.19 | No. of family group conference cases closed (families) | | monthly | Count | 22 | 15 | 23 | 163 | info | ↑ | → | → | → | → | → | → | | | | | | | | | | | |
| QUALITY | 5.1 | % of positive family responses to the whole family working approach questions on case closure | monthly | % | 96.8% | 92.9% | 93.5% | 94.6% | high | ↑ | → | → | → | → | → | <90% | 90%+ | 95%+ | | | | | | | | | |
| | 5.2 | No. of formal complaints received during the reporting month | monthly | Count | 0 | 0 | 0 | 4 | info | → | → | → | → | → | → | → | | | | 3 | | | | | | | |
| | 5.3 | No. of formal complaints upheld in the reporting month | monthly | Count | 0 | 0 | 0 | 0 | info | → | → | → | → | → | → | → | | | | 2 | | | | | | | |
| | 5.4 | No. of formal complaints closed during the month which were dealt with in timescales | monthly | Count | 0 | 0 | 0 | 3 | high | → | → | → | → | → | → | → | 100% | | | 3 | | | | | | | |
| | 5.5 | No. of compliments received during the reporting month | monthly | Count | 1 | 2 | 2 | 16 | info | → | → | → | → | → | → | → | | | | 64 | | | | | | | |
| | 5.6 | No. of Team Manager Audits completed in the reporting month | monthly | Count | 18 | 14 | 17 | 146 | info | ↑ | → | → | → | → | → | → | | | | 138 | | | | | | | |

Social Care Performance Summary

As at month end: March 2022 (Outturn 2021/22)

*DOT - Direction of travel represents the direction of 'performance' since the previous month showing if the number or percentage has gone up or down. Colours have been added to help distinguish better and worse performance with the exceptions of measures that are for information only. Key Below:-

- ↑ - increase/decrease in number/percentage = improvement in performance
- ↓ - increase/decrease in number/percentage = decline in performance
- ↔ - number/percentage remained same as previous month

| REF NO. | INDICATOR | Success Measures Council Plan Measures | TIMELINE | DATA NOTE | 2021 / 22 | | | | | | | | | TARGET & TOLERANCES | | | YR ON YR PERFORMANCE | | LATEST BENCHMARKING | | | | | | | | | |
|------------------|---|---|----------|-----------------|-----------------|--------|--------|---------|--------------|--------------|-------------|----------------|--------------|---------------------|-------|----------------|----------------------|----------------|---------------------|-----------------|---------|---------------------|-------------|-------|-------|-------|--|--|
| | | | | | Jan-22 | Feb-22 | Mar-22 | Outturn | Good perf is | DOT* (month) | RAG (month) | DOT (Yr on Yr) | RAG (Yr End) | Red | Amber | Green (target) | 2020/21 | Yr on Yr trend | Stat neigh av. | Best stat neigh | Nat av. | Top qtile threshold | RIA 2019/20 | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST RESPONSE | 1.1 | No. of all contacts (children) received | TB3 | monthly | Count | 1657 | 1627 | 1815 | 22209 | | info | ↑ | | | | | | | | | | | | | | | | |
| | | No. of all contacts (families) received | | monthly | Count | 840 | 832 | 905 | 11370 | | info | ↑ | | | | | | | | | | | | | | | | |
| | 1.2 | No. of all contacts (children) identified as social care | | monthly | Count | 1294 | 1294 | 1314 | 16864 | | info | ↑ | | ↑ | | | | 13681 | | | | | | | | | | |
| | | No. of all contacts (families) identified as social care | | monthly | Count | 669 | 663 | 667 | 8727 | | info | ↑ | | | | | | | | | | | | | | | | |
| | | % of all contacts identified as social care | | monthly | % | | 78.1% | 79.5% | 72.4% | 75.9% | | info | ↓ | | | | | | | | | | | | | | | |
| | 1.3 | No. of all contacts (children) identified as early help | | monthly | Count | 349 | 321 | 479 | 5155 | | info | ↑ | | | | | | | | | | | | | | | | |
| | | No. of all contacts (families) identified as early help | | monthly | Count | 158 | 157 | 216 | 2470 | | info | ↑ | | | | | | | | | | | | | | | | |
| | | % of all contacts identified as early help | | monthly | % | | 21.1% | 19.7% | 26.4% | 23.2% | | info | ↑ | | | | | | | | | | | | | | | |
| | 1.4 | No. of contacts (children) that were requests for occupational therapy (OT) / Not Yet Known | | monthly | Count | 14 | 12 | 22 | 190 | | info | ↑ | | | | | | | | | | | | | | | | |
| | 1.5 | No. of contacts (children) with decision within 1 working day (social care target) | | monthly | Count | 619 | 522 | 565 | 7067 | | high | ↑ | | | | | | | | | | | | | | | | |
| | | % of contacts with decision within 1 working day (social care target) | TB3 | monthly | % | | 80.2% | 81.8% | 82.0% | 80.3% | | high | ↑ | | ↑ | | <82% | 82%+ | 90%+ | 59.9% | | | | | | | | |
| | 1.6 | No. of contacts (children) with decision within 5 working day (early help target) | | monthly | Count | 225 | 151 | 200 | 3039 | | high | ↑ | | | | | | | | | | | | | | | | |
| | | % of contacts with decision within 5 working day (early help target) | | monthly | % | | 95.7% | 99.3% | 100.0% | 96.5% | | high | ↑ | | | | | | | | | | | | | | | |
| | 1.7 | No. of contacts going onto referral (all contacts) | | monthly | Count | 321 | 257 | 248 | 2977 | | info | ↓ | | | | | | | | | | | | | | | | |
| | | % of contacts going onto referral (all contacts) | TB3 | monthly | % | | 19.4% | 15.8% | 13.7% | 13.4% | | info | ↓ | | ↓ | | | | | 18.6% | | | | | | | | |
| | 1.8 | % of referrals going onto assessment | | monthly | % | | 97.5% | 99.2% | 99.6% | 98.7% | | high | ↑ | | ↓ | | <82% | 82%+ | 90%+ | 99.5% | | | | | | | | |
| | 1.9 | % of re-referral in 12 months - in current month | | monthly | % | | 12.7% | 13.8% | 16.0% | 18.3% | | low | ↑ | | ↑ | | 30%+ | 22%+ | <22% | 17.9% | | | | | | | | |
| | 1.10 | No. of children in the CSE cohort | CH0 6 | monthly | Count | 41 | 42 | 41 | 41 | | info | ↓ | | ↓ | | | | | | 47 | | | | | | | | |
| | 1.11 | No. of children in the CCE cohort | CH0 7 | monthly | Count | 46 | 44 | 42 | 42 | | info | ↓ | | ↓ | | | | | | | | | | | | | | |
| | 1.12 | No. of assessments started | | monthly | Count | 308 | 251 | 225 | 2896 | | info | ↓ | | ↓ | | | | | | 3002 | | | | | | | | |
| | 1.13 | % of assessments for children's social care completed in 45 working days of referral | | monthly | % | | 90.3% | 94.1% | 94.5% | 88.8% | | high | ↑ | | ↓ | | <79% | 79%+ | 87%+ | 92.7% | | 81.8% | 99.7% | 83.8% | 91.7% | 79.9% | | |
| 1.14 | % of completed assessments ending in - on-going social work involvement | | monthly | % | | 41.6% | 41.5% | 34.1% | 38.7% | | high | ↓ | | ↓ | | | | | 40.2% | | | | | | | | | |
| | % of completed assessments ending in - step down to early help / other agency | | monthly | % | | 30.7% | 35.2% | 39.9% | 33.5% | | info | ↑ | | ↑ | | | | | 33.4% | | | | | | | | | |
| | % of completed assessments ending in - no further action | | monthly | % | | 27.7% | 23.3% | 26.0% | 27.8% | | low | ↑ | | ↑ | | | | | 26.5% | | | | | | | | | |
| 1.15 | No. of strategy meetings held (children) | TB3 | monthly | Count | 183 | 185 | 148 | 2114 | | info | ↓ | | | | | | | | | | | | | | | | | |
| 1.16 | % of strategy meetings going onto S47 | | monthly | % | | 82.0% | 71.9% | 78.4% | 78.7% | | info | ↑ | | | | | | | | | | | | | | | | |
| 1.17 | No. of S47 investigations started | | monthly | Count | 148 | 133 | 99 | 1637 | | info | ↓ | | | ↓ | | | | | 2057 | | | | | | | | | |
| 1.18 | Rate of S47's per 10,000 population aged 0-17 - rolling 12 month performance | | monthly | Rate per 10,000 | | 298.9 | 301.1 | 284.93 | 284.93 | | info | ↓ | | ↓ | | | | | | | | | | | | | | |
| | % of S47's with an outcome - concerns are substantiated and child is judged to be at continuing risk of significant harm | | monthly | % | | 47.2% | 43.9% | 53.2% | 52.4% | | high | ↑ | | ↑ | | | | | 47.1% | | | | | | | | | |
| | % of S47's with an outcome - concerns are substantiated, but the child is not judged to be at continuing risk of significant harm | | monthly | % | | 44.9% | 44.6% | 38.1% | 41.4% | | info | ↓ | | ↓ | | | | | 45.5% | | | | | | | | | |
| | % of S47's with an outcome - concerns not substantiated | | monthly | % | | 7.9% | 11.5% | 8.7% | 6.2% | | low | ↓ | | ↓ | | | | | 7.3% | | | | | | | | | |
| CHILDREN IN NEED | 2.1 | No. of open CiN cases | | monthly | Count | 1062 | 1030 | 978 | 978 | | info | ↓ | | ↓ | | | | | 1009 | | | | | | | | | |
| | 2.2 | No. of CiN (DFE definition) | | monthly | Count | 2274 | 2264 | 2186 | 2186 | | info | ↓ | | ↓ | | | | | 2350 | | | | | | | | | |
| | 2.3 | No. of CiN per 10K population. (DFE definition) | CH0 2 | monthly | Rate per 10,000 | | 395.8 | 394.1 | 380.5 | 380.5 | | low | ↓ | | ↓ | | | <375.5 | 408.5 | | 418.5 | 313.9 | 321.2 | - | 354.0 | | | |
| | 2.4 | % of CiN (open at least 45 days) with an up to date plan | | monthly | % | | 86.7% | 86.8% | 83.0% | 83.0% | | high | ↓ | | ↓ | | <82% | 82%+ | 90%+ | 89.3% | | | | | | | | |
| | 2.5 | No. of children with a CiN plan being co-worked with early help | | monthly | Count | 169 | 156 | 208 | 208 | | info | ↑ | | | | | | | | | | | | | | | | |
| | 2.6 | No. of children who have been subject to a CiN plan for 12 months+ | TB5 | monthly | Count | 63 | 71 | 65 | 65 | | low | ↓ | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|---|-------------|-------------|-----------------|-------|--------|-------|-------|------|------|---|---|---|--|------|--------|-------|-------|-------|-------|-------|--------|-------|-------|-------|--|--|
| SAFEGUARDING | 2.7 | No. of children with a child protection (CP) plan | | monthly | Count | 474 | 493 | 475 | 475 | | info | ↓ | | ↑ | | | | | | 435 | | | | | | | | |
| | 2.8 | No. of initial CP conferences (children) | | monthly | Count | 47 | 56 | 57 | 625 | | info | ↑ | | ↓ | | | | | | | 635 | | | | | | | |
| | 2.9 | % of initial child protection conference (ICPCs) completed within 15 days of S47 | | monthly | % | 34.0% | 87.5% | 71.9% | 74.1% | | high | ↓ | | ↑ | | | <82% | 82%+ | 90%+ | 49.8% | | 76.5% | 100.0% | 77.6% | 87.8% | 79.4% | | |
| | 2.10 | Rate of children with a CP plan per 10,000 population aged 0-17 | CH0 3 | monthly | Rate per 10,000 | 82.5 | 85.8 | 82.7 | 82.7 | | low | ↓ | | ↓ | | | | | <85 | | 110.4 | | 58.3 | 24.9 | 41.4 | - | | |
| | 2.11 | No. of children subject to a CP plan for 12 months+ | TB5 | monthly | Count | 79 | 89 | 74 | 74 | | low | ↓ | | ↓ | | | | | | | | | | | | | | |
| | 2.12 | % of open CP plans lasting 2 years or more | | monthly | % | 3.8% | 3.2% | 2.5% | 2.5% | | low | ↓ | | ↓ | | | 10.2%+ | 2.2%+ | <2.2% | 0.5% | | 1.9% | 0.0% | 2.0% | 0.0% | | | |
| | 2.13 | % of CP cases which were reviewed within timescales | | monthly | % | 94.4% | 96.6% | 92.8% | 94.4% | | high | ↓ | | ↓ | | | <84% | 84%+ | 92%+ | 96.4% | | 92.2% | 100.0% | 93.2% | 99.0% | | | |
| | 2.14 | % of CPP with an up to date plan | | monthly | % | 92.0% | 90.5% | 95.2% | 95.2% | | high | ↑ | | ↑ | | | <87% | 87%+ | 95%+ | 80.5% | | | | | | | | |
| | 2.15 | No. of children with a CP plan being co-worked with early help | | monthly | Count | 217 | 240 | 244 | 244 | | info | ↑ | | | | | | | | | | | | | | | | |
| | 2.16 | % of CPP with visits in the last 2 weeks | | monthly | % | 89.4% | 92.4% | 87.9% | 87.9% | | high | ↓ | | ↓ | | | <87% | 87%+ | 95%+ | 89.4% | | | | | | | | |
| 2.17 | % of children becoming the subject of a CP plan for a second or subsequent time within 2 years - rolling 12 months | | monthly | % | 17.0% | 16.9% | 15.6% | 15.6% | | low | ↓ | | ↑ | | | 17%+ | 9%+ | <9% | 7.9% | | | | | | | | | |
| LOOKED AFTER CHILDREN | 3.1 | No. of looked after children | TB5/ TB6 | monthly | Count | 570 | 572 | 562 | 562 | | info | ↓ | | ↓ | | | | | | | 597 | | | | | | | |
| | 3.2 | Rate of looked after children per 10,000 population aged 0-17 | CH0 4 | monthly | Rate per 10,000 | 99.2 | 99.6 | 97.8 | 97.8 | | low | ↓ | | ↓ | | | 103.6+ | 98.8+ | <98.7 | 103.8 | | 98.2 | 59.0 | 67.0 | - | 77.0 | | |
| | 3.3 | No. of admissions of looked after children | TB4/ TB6 | monthly | Count | 10 | 18 | 18 | 175 | | info | → | | ↓ | | | | | | | 186 | | | | | | | |
| | 3.4 | % of eligible looked after children with an up to date plan | | monthly | % | 93.8% | 91.1% | 96.6% | 96.6% | | high | ↑ | | ↑ | | | <87% | 87%+ | 95%+ | 95.7% | | | | | | | | |
| | 3.5 | % of looked after children visits up to date & completed within timescale of national minimum standard | | monthly | % | 98.4% | 97.5% | 96.8% | 96.8% | | high | ↓ | | ↑ | | | <87% | 87%+ | 95%+ | 94.5% | | | | | | | | |
| | 3.6 | % of looked after children care plans reviewed within timescales | | monthly | % | 89.6% | 95.9% | 93.3% | 94.3% | | high | ↓ | | ↓ | | | <87% | 87%+ | 95%+ | 96.2% | | | | | | | | |
| | 3.7 | % of looked after children having an initial health assessment within timescale | | monthly | % | 53.8% | 100.0% | 70.0% | 68.5% | | high | ↓ | | ↓ | | | | | | | 78.8% | | | | | | | |
| | 3.8 | % of looked after children with a up to date health assessments | | monthly | % | 80.4% | 76.9% | 71.0% | 71.0% | | high | ↓ | | ↓ | | | <87% | 87%+ | 95%+ | 88.3% | | | | | | | | |
| | 3.9 | % of looked after children with a up to date dental assessments | | monthly | % | 46.7% | 46.0% | 44.0% | 44.0% | | high | ↓ | | ↑ | | | <87% | 87%+ | 95%+ | 20.2% | | | | | | | | |
| | 3.10 | No. of children who have ceased to be looked after children | | monthly | Count | 14 | 17 | 26 | 212 | | high | ↑ | | ↑ | | | | | | | 183 | | | | | | | |
| | 3.11 | No. of special guardianship orders (SGO) or child arrangement orders (CAO) granted after a period of being LAC (Legal Status) | | monthly | Count | 5 | 4 | 4 | 85 | | info | → | | | | | | | | | | | | | | | | |
| | 3.12 | No. of LAC who have ceased to be looked after due to a SGO or CAO | TB5/ TB6 | monthly | Count | 2 | 3 | 2 | 42 | | info | ↓ | | | | | | | | | | | | | | | | |
| | 3.13 | % of LAC who have ceased to be looked after due to permanence (SGO, CAO, Adoption) | | monthly | % | 42.9% | 17.6% | 30.8% | 34.8% | | high | ↑ | | ↑ | | | <27% | 27%+ | 35%+ | 32.8% | | | | | | | | |
| | 3.14 | % of long term LAC in placements which have been stable for at least 2 years | | monthly | % | 69.1% | 69.7% | 70.2% | 70.2% | | high | ↑ | | ↑ | | | <61% | 61%+ | 69%+ | 69.2% | | 65.3% | 73.0% | 68.0% | 71.1% | | | |
| | 3.15 | % of LAC who have had 3 or more placements - rolling 12 months | TB6 | monthly | % | 9.3% | 9.1% | 9.3% | 9.3% | | low | ↑ | | ↑ | | | 18%+ | 10%+ | <10% | 8.9% | | 9.9% | 8.0% | 11.0% | 9.0% | | | |
| | 3.16 | % of LAC in a family based setting | TB6 | monthly | % | 78.9% | 79.4% | 79.4% | 79.4% | | high | → | | ↓ | | | <77% | 77%+ | 85%+ | 79.9% | | | | | | | | |
| 3.17 | % of LAC placed with parents or other with parental responsibility (P1) | TB4/ TB6 | monthly | % | 4.9% | 4.5% | 4.6% | 4.6% | | low | ↑ | | ↑ | | | | | | | 4.2% | | | | | | | | |
| 3.18 | % of LAC in kinship care | | monthly | % | 10.0% | 10.3% | 10.5% | 10.5% | | high | ↑ | | | | | | | | | | | | | | | | | |
| 3.19 | No. of placements that have been created for children via foster care (approvals) | | monthly | Count | 0 | 1 | 2 | 13 | | high | ↑ | | | | | | | | | | | | | | | | | |
| 3.20 | No. of adoptions completed within 12 months of SHOBPA | | monthly | Count | 2 | 0 | 0 | 4 | | high | → | | ↓ | | | | | | | 6 | | | | | | | | |
| 3.21 | Av. days between a child becoming looked after and having an adoption placement (A10) | | monthly | YTD Average | 431.4 | 431.4 | 418.9 | 418.9 | | low | ↓ | | ↓ | | | | | <487 | 446.6 | | 350.1 | 274.0 | 367.0 | 317.5 | 360.0 | | | |
| 3.22 | Av. days between a placement order and being matched with an adoptive family (A2) | | monthly | YTD Average | 239.7 | 239.7 | 292.2 | 292.2 | | low | ↑ | | ↑ | | | | <121 | 210.6 | | 160.4 | 90.0 | 175.0 | 135.5 | 167.0 | | | | |
| 3.23 | No. of care leavers | | monthly | Count | 293 | 297 | 292 | 292 | | info | ↓ | | ↓ | | | | | | | 319 | | | | | | | | |
| 3.24 | % of eligible LAC & Care Leavers with an up to date pathway plan | | monthly | % | 75.2% | 76.4% | 82.8% | 82.8% | | high | ↑ | | ↑ | | | | | | | 82.7% | | | | | | | | |
| 3.25 | % of care leavers in suitable accommodation | | monthly | % | 94.9% | 94.6% | 96.6% | 96.6% | | high | ↑ | | ↓ | | | <86% | 86%+ | 94%+ | 98.4% | | 88.4% | 95.0% | 85.0% | 91.1% | | | | |
| 3.26 | % of care leavers in employment, education or training | | monthly | % | 71.4% | 70.4% | 71.6% | 71.6% | | high | ↑ | | ↑ | | | <57% | 57%+ | 65%+ | 64.9% | | 53.6% | 66.0% | 53.0% | 59.1% | | | | |
| WORK FORCE | 4.1 | % of agency staff in social care | | monthly | % | 7.37% | 7.18% | 7.14% | 7.14% | | low | ↓ | | ↓ | | | | <10% | 12.5% | | 15.0% | 0.0% | 15.4% | 7.7% | | | | |
| | 4.2 | Average caseload of social workers in key safeguarding teams (exc. Children's Disability Team) | | monthly | Average count | 20.6 | 19.8 | 19.4 | 19.4 | | low | ↓ | | | | | 25+ | 19+ | <19 | | | | | | | | | |

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Work programme 2022/23 – Improving Lives Select Commission

| Meeting Date | Agenda Item | Purpose/ Outcomes | Recommendations |
|--|--|--|-----------------|
| 14 June 2022 | End of year performance report on Child Exploitation | To review the Council's activity over the past year with regard to Child Exploitation. | |
| | Work Programme | To consider the committee's work programme. | |
| | Project group updates | For the Chair/project group leads to provide an update on the work of the project groups | |
| 26 July 2022 | Adult Safeguarding | To provide information on safeguarding performance and case studies of Safeguarding activity in Rotherham. | |
| | CYPS Performance | To receive a report on CYPS performance over the previous year. | |
| | Work Programme | To consider the committee's work programme. | |
| | Project group updates | For the Chair/project group leads to provide an update on the work of the project groups. | |
| 28 July 2022 Health Select Commission | Carers Strategy/Support for Carers | Joint item with Health Select Commission. | |
| 6 September 2022 | Rotherham Safeguarding | Resolved March 2022 to receive a report on in-year activity for the RSCP at the September 2022 meeting. | |

| | | | |
|------------------------|--|---|--|
| | Children's Partnership | <p>Focus to be on:</p> <ul style="list-style-type: none"> • The safety of vulnerable babies and young children. • The Front Door strategy and how well it is serving residents. • Operation Makesafe and the further work is being carried out with some hoteliers. • Cost of living crisis and its impact on Safeguarding. | |
| | SEND inspection WSoA. | Resolved March 2022 to receive a progress report on the achievement of the objectives contained in the action plan at the September 2022 meeting. | |
| | Work Programme | To consider the committee's work programme. | |
| | Project group updates | For the Chair/project group leads to provide an update on the work of the project groups. | |
| 25 October 2022 | Adult Safeguarding | To provides a progress report on the partnership's performance against its objectives during the current year. The Chair has requested that the Independent Chair attends this meeting. Also to provide an update on activity around the peer review (if available). | |
| | Looked After Children's Care Leavers Strategy (inc. Sufficiency) | | |
| | Work Programme | To consider the committee's work programme. | |
| | Project group updates | For the Chair/project group leads to provide an update on the work of the project groups. | |

| | | | |
|------------------------|--|--|--|
| 6 December 2022 | One Adoption South Yorkshire | Resolved September 2021 to bring a further report in 12 months' time. | |
| | Rotherham Youth Justice Service Progress Report | Resolved May 2022 That a further report on the Rotherham Youth Justice Service be brought to the September 2022 meeting of the Improving Lives Select Commission, with the focus of the report to be determined by the Chair and Vice-Chair in advance of the meeting. | |
| | Work Programme | To consider the committee's work programme. | |
| | Project group updates | For the Chair/project group leads to provide an update on the work of the project groups. | |
| 31 January 2023 | Legislation Update | | |
| | Pandemic Related Risks to Children's Development | Referred from HSC April 2022 | |
| | Work Programme | To consider the committee's work programme. | |
| | Project group updates | For the Chair/project group leads to provide an update on the work of the project groups. | |
| 7 March 2023 | SEND Sufficiency | Resolved March 2022 to receive a progress report at the March 2023 meeting. | |
| | Work Programme | To consider the committee's work programme. | |
| | Project group updates | For the Chair/project group leads to provide an update on the work of the project groups. | |
| 25 April 2023 | Work Programme | To consider the committee's work programme. | |
| | Project group updates | For the Chair/project group leads to provide an update on the work of the project groups. | |

Items pending scheduling or removal

| Item | Details | Status |
|--|---|-----------------|
| Counter extremism in schools/ Radicalisation of young people and extremism | <p>Resolved in September 2019</p> <p>That a report be submitted to this Commission as part of 2020/21 work programme outlining how the local authority was meeting its Prevent duty.</p> <p>That an update on its counter extremism work be submitted to this Commission as part of 2020/21 work programme.</p> <p>That this update includes an evaluation of the work in schools and further details of the work with adults and neighbourhoods and any specific work with parents and carers.</p> <p>Focus to be on work being done in schools.</p> <p>Referred to ILSC from OSMB</p> | To be scheduled |
| CYPS - High Needs Block Update and Recoy Plan | <p>Scrutiny acknowledged that it was early days in the recovery plan process with steps outlined to reduce the deficit. Overall position.</p> <p>OSMB had other updates on this particular issue and other services within CYPS, but Chair confirmed continuation at work planning meeting on 27 May 2020.</p> <p>June 2021 – Strategic Director Children’s and Young Peoples Services/Assistant Director – Education/Chair and Vice-Chair to meet to discuss focus of the report.</p> <p>Moved from OSMB Work Programme December 2021</p> | To e scheduled |

Items to be scheduled during 2022/23

| Item | Details | Status |
|-----------------------------------|---|--|
| Post-CSE Support | To receive a report on the implementation of the ILSC Report recommendations approved by Cabinet 14 February | To be confirmed for December meeting |
| Adult Mental Health Services | Joint item with HSC | To be considered as a joint item with HSC in 2022/23 |
| Children's Mental Health Services | Joint item with HSC | To be considered as a joint item with HSC in 2022/23 |
| NHS Frailty Index | Resolved January 2022 that it be recommended to the Chair of the Health Select Commission that consideration be given to carrying out a joint piece of work on how the NHS Frailty Index is used by health services in Rotherham. | To be considered as a joint item with HSC in 2022/23 |

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