DEFINITION	Current Position	Owner	Susan Claydon

Performance Analysis

The following report is the first of a newly devised scorecard for CME and follows intensive work to better extract and report on CME in the borough in order to effect positive change in understanding themes and improving practice.

In quarter 3 there were 97 children classified as new CME referrals which highlights a reduction when compared with the previous quarter (61 children.) This was anticipated as Quarter 2 generally has high numbers of CME because children from newly migrant communities can fail to return to their allocated school place after the summer break and this creates an increase in referrals.

Of the newly identified cases of CME, 72.% of children were from the central area of Rotherham at the time of the referral.

As well as the 97 cases newly identified in quarter 3 there are an additional 105 cases that remained open from previous reporting periods, bringing the current active caseload to 202 at the end of quarter 3. NB Cases of CME need to remain open until the child is found or until all enquiries have been exhausted. and this can mean that cases remain open for extended periods.

The Central locality of Rotherham has consistently higher rates of CME and this is largely due to the mobile and transient nature of families living in the central locality from Eastern Europe and is associated with travelling back to, or back and forth from, the country of origin to the UK.

The DCLG Controlling Migration Fund has enabled extra resource to assist with issues related to newly immigrant communities and as a result the Early Help Service has secured recruitment of two Family Support Workers that will focus on key issues that affect the wellbeing of children and their progression in education, such as CME and these workers will spend a considerable amount to their time in local schools in the central locality. In addition, the fund is facilitating the recruitment of two Community Navigators who will be a shared resource between the council and the voluntary sector and will offer intensive outreach and detached work to 'find' families that are newly migrant and/or arranging to leave the UK with a view to offering support, guidance and linking the families in to services where appropriate. This is useful resource will further support the work around CME to enable better communication within communities to raise awareness of the disruption that transience can create for children in the borough and will be looking to facilitate more stable communities as a result of the intensive work.

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

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

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

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

NO.	INDICATORS - EARLY HELP BOROUGH WIDE PERFORMANCE		GOOD PERF IS	DATA NOTE (Monthly)	Quarter 1 April-June 2017	Quarter 2 July-Sept 2017	Quarter 3 Oct-Dec 2017	Quarter 4 Jan - Mar 2018	YTD	DATA NOTE	DOT (Month on Month)	RAG (in month)	Red	Amber	Target Green	2015/16	2016/17
1a	Number of referrals opened during the reporting period		Info	Number	175	158	97		430		↓						510
1b	Number of 1a that have been CME previously		Info	Number	116	82	59		257		↓						257
2	Gender breakdown of children reported as CME in the period (new referrals)	Male	Info	Number	88	71	51		210		↓						269
		Female	Info	Number	87	87	46		220		↓						241
3	New CME referrals by locality	North	Info	Number	11	12	5		28		↓						33
		South	Info	Number	23	31	16		70		↓						49
		Central	Info	Number	141	115	70		326		↓						427
		No Locality Registered	Info	Number	0	0	6		6		↑						1
4	New CME referrals by school	Primary	Info	Number	105	84	62		251		↓						306
		Secondary	Info	Number	70	74	35		179		↓						204
5	Ethnicity Profile of new CME referrals	White British	Info	Number	13	25	13		51		↓						47
		Asian Pakistani	Info	Number	12	12	1		25		↓						31
		Asian Indian	Info	Number	0	1	0		1		↓						
		Any other Asian Background	Info	Number	2	3	1		6		↓						4
		Black African	Info	Number	1	4	0		5		↓						3
		Any other Black Background	Info	Number	3	2	0		5		↓						
		Gypsy/Roma	Info	Number	54	46	26		126		↓						175
		Not Known	Info	Number	80	54	55		189		↑						184
		Any other white background	Info	Number	9	10	1		20		↓						47
		Any Other ethnic group	Info	Number	1	1	0		2		↓						19
6	Total Number of active cases at the end of the reporting period		Info	Number	348	241	202		202		↓						292
7	Total number of resolved cases in the reporting period		Info	Number	106	261	142		509		↓						480
8	Total number of CME open cases where school have been authorised by the Local Authority to remove from admission roll		Info	Number					0								49

Left margin labels: New CME cases

Current CME cases	#	Indicator	Category		Type									
	9	Gender breakdown of current children reported as CME in the period	Male	Info	Number	194	125	105		125		↓		642
			Female	Info	Number	154	116	97		116		↓		497
	10	Total number CME cases by locality	North	Info	Number	12	11	9		11		↓		38
			South	Info	Number	25	25	19		25		↓		61
			Central	Info	Number	310	205	169		205		↓		903
			No information	Info	Number	1	0	5		0		↑		137
	11	Total number of CME cases by school	Primary	Info	Number	166	127	101		127		↓		453
			Secondary	Info	Number	90	66	56		66		↓		292
			Special/Inclusion	Info	Number	7	9	5		9		↓		24
			Unknown	Info	Number	85	39	40		39		↑		370
	12	Total number of cases that have been opened for	6 Months	Info	Number	54	46	122		222		↑		469
			Between 7 and 12 months	Info	Number	63	21	55		139		↑		241
			Between 13 and 18 months	Info	Number	46	12	12		70		→		212
			Above 18 months	Info	Number	72	6	13		91		↑		217

CME CASES BY YEAR GROUP

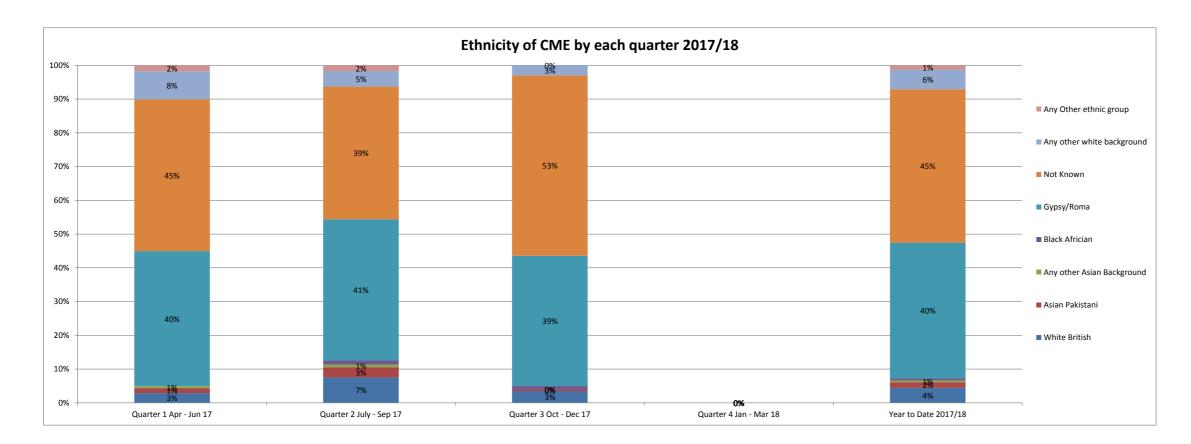| DEFINITION	Current CME cases by year group	Owner	Susan Claydon

Performance Analysis

The analysis of children recorded as CME across primary and secondary sector shows a higher prevalence in primary schools with 60% of referrals from primary compared with 40% from secondary. The analysis of children recorded as CME from different year groups highlights that across the current financial year that year 11 had the lowest prevalence of CME referrals (6% of the total) which suggests that families are more reluctant to move children when they are in their final year at school. It is, however, important to treat this information with caution because CME is reported on an individual basis and it is important to acknowledge that children often become CME within sibling groups that contain both primary and secondary children and so it could be that there are simply more younger children in the families than high school age children rather than a higher incidence of younger children becoming CME. Mapping of families would be beneficial to understand this better though at present the system reports solely on individuals and so further work is required around this.

All cases	CURRENT CME CASES BY YEAR GROUP				
	Quarter 1 Apr - Jun 17	Quarter 2 July - Sep 17	Quarter 3 Oct - Dec 17	Quarter 4 Jan - Mar 18	Total to Date
YEAR 1	31	26	27		84
YEAR 2	38	21	14		73
YEAR 3	43	25	21		89
YEAR 4	31	30	24		85
YEAR 5	38	15	17		70
YEAR 6	32	24	19		75
YEAR 7	36	20	15		71
YEAR 8	31	22	19		72
YEAR 9	31	16	17		64
YEAR 10	23	23	15		61
YEAR 11	14	19	14		47
TOTAL	**348**	**241**	**202**	**0**	**791**

CME CASES BY ETHNICITY

DEFINITION	Ethnicity of current CME cases	Owner	Susan Claydon

Performance Analysis	The majority of CME in Rotherham are children from Roma heritage and this is likely as a result of the transient nature of Roma families and how repeat trips to the EU can disrupt education and create concerns around CME. Work is underway to liaise with school admissions to ensure that there is a more rigorous capture of ethnicity as applications for schools are accepted as there are a high number of 'not known' recorded in relation to ethnicity. Work described in the opening section of this document related to the Controlling Migration Fund is seeking to offer support and additional intervention to help prevent CME in this community.

CURRENT CME CASES BY ETHNICITY

All cases	Quarter 1 Apr - Jun 17		Quarter 2 July - Sep 17		Quarter 3 Oct - Dec 17		Quarter 4 Jan - Mar 18		Year to Date 2017/18	
	No.	%	No.	%	No.	%	No.	%	No.	%
White British	10	3%	18	7%	7	3%			35	4%
Asian Pakistani	5	1%	7	3%	1	0%			13	2%
Asian Indian	0	0%	1	0%	0	0%			1	0%
Any other Asian Background	2	1%	2	1%	0	0%			4	1%
Black African	0	0%	3	1%	2	1%			5	1%
Any other Black Background	1	0%	1	0%	0	0%			2	0%
Gypsy/Roma	139	40%	100	41%	78	39%			317	40%
Not Known	156	45%	94	39%	108	53%			358	45%
Any other white background	29	8%	11	5%	6	3%			46	6%
Any Other ethnic group	6	2%	4	2%	0	0%			10	1%
TOTAL	**348**	**100%**	**241**	**100%**	**202**	**100%**	**0**	**#DIV/0!**	**791**	**100%**

Ethnicity of CME by each quarter 2017/18

CME CASES BY PREDOMINANT PRESENTING NEED

DEFINITION	NEW CME CASES BY PREDOMINANT PRESENTING NEED	Owner	Susan Claydon

New Cases in period	Quarter 1 Apr - Jun 17	Quarter 2 July - Sep 17	Quarter 3 Oct - Dec 17	Quarter 4 Jan - Mar 18	Total to Date
	Missing Out	Missing Out	Missing Out	Missing Out	
ALCOHOL AND SUBSTANCE MISUSE	3		2		5
ATTAINMENT AND ACHIEVEMENT		2			2
ATTENDANCE AND SCHOOL ENGAGEMENT		16	10		26
ASB AND CRIME	1				1
BEREAVEMENT	3	2			5
DISABILITY	1	1			2
DOMESTIC ABUSE	12	10	10		32
ENGAGEMENT IN LOCAL SERVICES			2		2
EXCLUSION					0
EXPLOITATION		5			5
FAMILY RELATIONSHIPS	1	1	2		4
HOMELESSNESS	1				0
HOUSING CONDITIONS			1		1
LEARNING NEEDS	1		1		2
MENTAL HEALTH	2	2			4
NAS					0
NEET		4			4
NEGLECT	30	22	18		70
NO DATA/OTHER	117	70	43		230
PARENTING	1	12	3		16
PHYSICAL HEALTH		2			2
RUNAWAYS					0
SEXUAL HEALTH			1		1
SOCIAL ISOLATION		1			1
VULNERABILITY TO CSE		4	2		6
WORK AND MONEY	2	4	2		8
TOTAL	175	158	97	0	430

TOTAL NO. OF RESOLVED/CASES CLOSED

DEFINITION	CLOSED CME CASES DURING THE PERIOD	Owner	Susan Claydon

Performance Analysis

As part of the work to enhance the reporting on CME the service has built in outcome codes to the recording system that were not previously available for analysis. Historically CME reporting was largely focused around open and closed cases with a lack of reporting on the different outcomes that can be apparent at closure. The service is now capturing outcomes data and as a result ; of the 142 cases that were closed in the quarter, 35 (25%) were closed as a result of all possible enquiries being exhausted. 22% of closed cases were located at a new school in Rotherham and a further 21% were located in a school in another Local Authority area. 5 cases of CME were later classified as being educated at home.

CLOSED CME CASES	Quarter 1 Apr - Jun 17	Quarter 2 July - Sep 17	Quarter 3 Oct - Dec 17	Quarter 4 Jan - Mar 18	Total to Date
ENQUIRES EXHAUSTED	0	132	35		167
FOUND - ALTERNATIVE PROVISION	0	0	0		0
FOUND - EHE	0	0	5		5
FOUND - IN SCHOOL IN OTHER LA	15	19	30		64
FOUND - TRANSFERRED TO A&T TRACKING	32	21	9		62
FOUND IN SCHOOL IN ROTHERHAM	16	20	31		67
OTHER LA ACCEPTED RESPONSIBILITY	30	49	22		101
VERIFIED LEFT UK	13	20	10		43
TOTAL	106	261	142	0	509