## **Children & Young People Services**

**Edge of Care** 

**Monthly Performance Report** 

As at Month End: April 2018

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## **Performance Summary**

*'DOT' - Direction of tra	avel represents the direction of 'performance' since the previous month	RAG Status	
<b>^</b>	increase in numbers	<b>^</b>	improvement in performance
<b>→</b>	stable with last month	<b>V</b>	decline in performance but still within lin
Ψ	decrease in numbers	Ψ	decline in performance, not within

	NO.	INDICATORS - EDGE OF CARE SERVICE PERFORMANCE	Apr-18	May-18	Jun-18	Year To Date 2018/19	DOT (Month on Month)
RE	1.1	Number of referrals to the Edge of Care panel during the reporting month (families)	9			9	
EDGE OF CARE PANEL	1.2	Number of cases discussed at the Edge of Care panel during the reporting month (families)	7			7	
GE C PA	1.3	Number of cases reviewed at Edge of Care panel during the reporting month (families)	0			0	
ED	1.4	Number of Cases re-referred to the Edge of Care panel within 6 months (families)	0			0	
	2.1a	Number of referrals received during the reporting month (children)	7			7	
	2.1b	Number of referrals received during the reporting month (families)	Under Develop ment			Under Develop ment	
	2.2	Total number of open cases at the end of the reporting month (children)	75			75	
RE	2.3	Number of cases closed during the reporting month	1			1	
OF CARE	2.4	Number and percentage of cases allocated to a worker within 3 working day	Under Develop ment			Under Develop ment	
EDGE (	2.5	Number and percentage of Initial Contacts made within 3 working days of allocation	Under Develop			Under Develop	
Ш	2.6	Number and percentage of Edge of Care Assessments completed during the month that were within 35 working days from date of allocation	)/37(0.00%	)	C	/37 (0.00%	)
	2.7a	Average duration of cases closed in reporting month	119			119	
	2.7b	Average duration of all cases closed	126			126	
	3.1a	Number of referrals received during the reporting month (children)	41			41	
	3.1b	Number of referrals received during the reporting month (families)	22			22	
	3.1c	Number of referrals accepted during the reporting month (children)	11			11	
	3.1d Number of referrals accepted during the reporting month (families)		8			8	
	3.2a	Number of referrals rejected during the month (children)	18			18	
	3.2b	Number of referrals rejected during the month (families)	8			8	

## **Performance Summary**

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<b>^</b>	increase in numbers	<b>^</b>	improvement in performance				
<b>→</b>	stable with last month	<b>V</b>	decline in performance but still within lin				
Ψ	decrease in numbers	<b>V</b>	decline in performance, not within				

	NO.	INDICATORS - EDGE OF CARE SERVICE PERFORMANCE	Apr-18	May-18	Jun-18	Year To Date 2018/19	DOT (Month on Month)
FAMILY GROUP CONFERENCING (FGC)	3.3a	Number of referrals received and rejected during the month due to an inappropriate referral (families)	Under Develop ment			Under Develop ment	
SING	3.3b	Number of referrals received and rejected during the month due to awaiting further information (families)	Under Develop ment			Under Develop ment	
RENG	3.3c	Number of referrals received during the month and awaiting allocation (children)	12			12	
H H	3.3d	Number of referrals received during the month and awaiting allocation (families)	6			6	
00 0	3.4	Number of Family Group Conferences which have taken place during the reporting month (families)	7			7	
OUF	3.5	Number of Family Group Conferences which have taken place during the reporting month (children)	12			12	
r gr	3.6	Number of Family Group Conference Reviews which have taken place during the reporting month (families)	3			3	
MIL	3.7	Total number of open cases at the end of the reporting month (families)	48			48	
FA	3.8	Total number of cases closed during the reporting month (families)	9			9	
	3.9	Number and percentage of accepted referrals allocated to a worker within 3 working days of receiving the referral	3/8 (38%)			3/8 (38%)	
	310a	Number of Initial Contacts due in reporting month (families)	16			16	
	3.10b	Number and percentage of Initial Contacts made within 3 working days of allocation (families)	16 (100%)			16 (100%)	
	3.11	Number and percentage of Family Group Conferences which have taken place within 6 weeks of allocation	6/8 (75%)			6/8 (75%)	
	3.12	Number and % of FGC allocated referrals that have resulted in a Family Group Conference (conversion rate)	Under Develop			Under Develop	
T)	4.1	Number of referrals received during the reporting month	2			2	
TEM (MS	4.2	Total number of open cases at the end of the reporting month	6			6	
SYS	4.3	Total number of cases closed during the reporting month	3			3	
JLTI- HER/	4.1 Number of referrals received during the reporting month  4.2 Total number of open cases at the end of the reporting month  4.3 Total number of cases closed during the reporting month  4.4 Average number of days between referral and first face to face contact  4.5 Average number of days between start date and date discharged		2.5			2.5	
M ±	4.5	Average number of days between start date and date discharged	130.45			130.45	

Edge of	f Care - Ed	ge of Care Panel		
DEFINIT	TION	Edge of Care Panel	Owner	Jenny Lingrell
		Edge of Care services are considered at the Edgly Help. The panel began in September 2017 a		pintly chaired meeting between Heads of Service from Social

Breakdown of Panel Decisions	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Referrals to Edge of Care Team	0											
Referrals to MST	1											
Referrals for bespoke package of support (neither EofC or MST)	1											
Social work intervention with EH support	4											
Referrer to panel following further assessment	0											
Referral to FGC	1											

Edge of	f Care - Edge of Care Team (EofC)	
DEFINI	FION Edge of Care Team	Owner Jenny Lingrell
e	The team are currently at full capacity with an open ca	eload of 75 children. The status of the child within the Early Help / Social Care system represents a

snapshot measured at the end of April 2018. For example, children with an Early Help episode have stepped down to Early Help during the involvment of the Edge of Care team. The majority of children have a Child Protection Plan when they are accepted on to the Edge of Care team caseload. All referrals are agree by the Edge of Care panel.

NB: Reporting is still under development and is subject to data quality checks and baselining. Data may change when data is validated and cleansed especially when reports are re-run.

Breakdown of Caseload	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Children Open to EoC	75											
Number of Children with an EH Episode	3											
Number of Children with a Child in Need Plan (CIN)	20											
Number of Children with a Child Protection Plan (CP)	38											
Number of Looked After Children (LAC)	10											
Number of Children and Young People Leaving Care	0											
Other (number of children without a SC/EH referral)	4											
Of the above - Number of Children where Care Proceedings have been issued	39											
Of the above - Number of Children in Special Guardianship Order (SGO) planning	2											
Of the above - Number of Children within the CSE cohort within EoC Caseload	4											
Of the above - Number of Children who have had a Missing Episode within EoC Caseload	7											

# Edge of Care - Family Group Conferencing (FGC) DEFINITION Family Group Conferencing Owner Jenny Lingrell

It is positive that 8 FGCs took place within the month of April. Overall, not all referrals are likely to progress to an FGC. The Children's Social Care Innovation Programme for Family Valued - the Leeds model that includes FGC - suggests that a conversion rate of 45% from enquiry to completion is to expected andin line with other FGC services in England (Morris et al.,2016) and internationally (REA, Appendix 1). We will seek to measure this rate in Rotherham and ensure it meets at least this figure.

25% of FGCs that did not take place during the 6 week timescale, these are families who required a longer period of time due to family dynamics and availability of family members when arranging a conference date. This is not a representation of the practitioner allocated to the case, and instead factors outside of their control and in these instances they worked creatively to encourage the family to organise an FGC even though this did mean not meeting the 6 week timescale.

Only 38% of referrals were allocated within 3 days. This is due to the current waiting list the FGC team; each member of the team is working at full capacity with their caseloads making it difficult to allocate referrals quickly.

NB: Reporting is still under development and is subject to data quality checks and baselining. Data may change when data is validated and cleansed especially when reports are re-run.

Breakdown of Caseload	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Children Open to FGC	92											
Number of Families Open to FGC	48											
Number of Children with an EH Episode	0											
Number of Children with a Child in Need Plan (CIN)	39											
Number of Children with a Child Protection Plan (CP)	41											
Number of Children looked after (LAC)	12											
Number of Children and Young People Leaving Care	0											
Of the above - Number of Children where Care Proceedings have been issued	15											
Of the above - Number of Children in Special Guardianship Order (SGO) planning	26											
Of the above - Number of Children within the CSE cohort within FGC Caseload	3											
Of the above - Number of Children who have had a Missing Episode within FGC Caseload	6											

Edge of Care - Multi Systemic Therapy (MST)											
DEFINI	TION	Multi Systemic Therapy (MST)	Owner	Jenny Lingrell							
nance /sis	The number of open cases is on track with the expected figure, given that the team have capacity to work with 20-24 families per year and work with each family for 20 weeks. All referrals are made via the Edge of Care panel so that the right cases can be matched to the right provision.										
Performance Analysis	NB: The MST p	erformance measures are still being developed and there may	be some additions/chang	ges in coming months.							

Breakdown of Caseload	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Children Open to MST	6											
Number of Children with an EH Episode	0											1
Number of Children with a Child in Need Plan (CIN)	3											
Number of Children with a Child Protection Plan (CP)	3											
Number of Children looked after (LAC)	0											
Number of Children and Young People Leaving Care	0											
Of the above - Number of Children where Care Proceedings have been issued	0											
Of the above - Number of Children in Special Guardianship Order (SGO) planning	0											
Of the above - Number of Children within the CSE cohort within MST Caseload	1											
Of the above - Number of Children who have had a Missing Episode within MST Caseload	2											

ormance Analysis

Where a positive impact is recorded this is where the child has stepped-down to a lower tier service during the period of intervention. Children who were Looked After Children and are now living with birth family supported by the Edge of Care team represent a genuine cost saving to the system. Whilst the outcome of 'no change' appears to be neutral in this context it is, in fact, a very positive outcome, given that most of the children referred to the team are likely to enter the care system without this level of intensive intervention. The 'no change' assessment represents cost avoidance to the system.

The scorecard measures the headline change in a child's status, for example, from Child Protection to Child In Need, it does not measure the progress or outcome of legal proceedings. For example, a sibling group of six children currently on caseload had entered the Public Law Outline with an expected outcome of a full care order for all children. Based on the work undertaken by the Edge of Care Team, and the positive engagement from the family and significant improvements made, the judge granted a 12 month Supervision Order at home for all six children (care and cost avoided).

The picture of impact will build once the team have been operational for longer. Cases were first allocated in September 2017 so few cases have been closed to date.

The team also record Routine Outcome Measures for all children on caseload. This will provide a more sensitive picture of the impact of the team on the wellbeing of children on caseload. The reporting mechanism for these measure is under development.

Summary	No of Cases
Open Cases	71
Closed Cases	11
Total	82

	No. of Chi	ildren % of	
sitive	12	15%	
egative	9	11%	
Change	61	74%	
tal	82		
pact as at 30/04/18			
11%	74.4%		14.6%
0 20	40	60	80 100

	Category 30/04/18				
Category at Referral	Closed to SC/EH	EH Episode	CIN	CP	LAC
EH Episode	0	3	0	0	0
CIN	2	0	14	3	2
CP	0	0	10	35	4
LAC	0	0	0	0	9

#### Family Group Conferencing (FGC) - Impact

Owner Jenny Lingrell

Performance Analysis It is reassuring to see that the current figures illustrate that, following an FGC there has been a postive impact on the child's status for 44% of children. 44% of children we have worked with are now at CIN status and social care have closed their involvement for 17% of families in this time period.

The picture of impact will build over time as families sustain the changes made by an FGC. Whilst a negative impact is recorded when a child's status is escalated (for example, from Child Protection to Looked After Child) this is likely to the best outcome for the child and the FGC has often supported the decision making and planning process.

Summary	No of Cases
Open Cases	17
Closed Cases	137
Total	154

	No. of Children	% of	
Positive	65	42%	
No Change	69	45%	
Negative	20	13%	
Total	154		





Negative Impact	No Change	Positive Impact

	Category 30/04/18				
Category at Referral	Closed to SC/EH	EH Episode	CIN	CP	LAC
CIN	16	0	31	12	4
СР	9	0	33	32	4
LAC	3	0	4	0	6

### Multi Systemic Therapy (MST) - Impact - UNDER DEVELOPMENT

Owner Jenny Lingrell

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Multi-Systemic Therapy is an evidence-based model and, as such, outcomes and impact are routinely measured. Work is underway to ensure these are reported in the Edge of Care scorecard.