

Phil Norrey Chief Executive

To: The Chairman and Members of

the People's Scrutiny

Committee

County Hall Topsham Road Exeter Devon EX2 4QD

(See below)

Your ref : Date : 9 November 2016 Email: 01392 382486

Our ref : Please ask for : Stephanie Lewis

## PEOPLE'S SCRUTINY COMMITTEE

Thursday, 17th November, 2016

A meeting of the People's Scrutiny Committee is to be held on the above date at 2.00 pm in the County Hall, Topsham Road, Exeter to consider the following matters.

P NORREY Chief Executive

## AGENDA

### **PART I - OPEN COMMITTEE**

- 1 Apologies for Absence
- 2 <u>Minutes</u>

Minutes of the meeting held on 5 September 2016 (previously circulated).

3 <u>Items Requiring Urgent Attention</u>

Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.

## MATTERS FOR CONSIDERATION OR REVIEW

4 Public Participation: Representations

2.05 pm

Members of the public may make representations/presentations on any substantive matter listed in the published agenda for this meeting, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

5 Beam House Project (Young Refugees in Devon) (Pages 1 - 4) 2.10 pm Report of the Chief Officer Children's Services (CS/16/01). 6 In-Year Budget Briefing 2.50 pm Verbal Report of the County Treasurer. 7 Adults Performance Report (Pages 5 - 34) 3.05 pm Report of the Head of Adult Commissioning and Health and the Head of Adult Care Operations and Health (SCC/16/54). 8 Adults Standing Overview Group (Pages 35 - 36) 3.25 pm Report of meeting held on 28 September 2016 (CS/16/35). 9 Children's Standing Overview Group (Pages 37 - 38) 3.30 pm Report of meeting held on 23 September 2016 (CS/16/36). 10 Children and Adolescent Mental Health Services (Pages 39 - 46) 3.35 pm Joint report from Virgin Care and Integrated Children's Services and Commissioners on developments in Children and Adolescent Mental Health Services (CS/16/07). 11 Care Leavers Task Group Report - Update on Progress against Recommendations (Pages 47 - 52) 4.05 pm Report of the Head of Children's Social Work and Child Protection (CS/16/06). 12 School Exclusions: Educational Outcomes Task Group - Update on progress against recommendations (Pages 53 - 58) 4.25 pm Report of the Head of Education and Learning (CS/16/03). 13 School Exclusions Academic Year 2015/16 (Pages 59 - 82) 4.45 pm Report of the Head of Education and Learning (CS/16/05). 14 Devon Education Performance 2015/16 (Pages 83 - 86) 5.05 pm Report of the Head of Education and Learning (CS/16/04). 15 Children's Social Work and Child Protection - Second Quarter Performance Report (Pages 87 - 106) 5.25 pm Report of the Head of Children's Social Work and Child Protection (CS/16/02).

## **MATTERS FOR INFORMATION**

### 16 Briefing Papers, Updates & Matters for Information

Members are asked to advise the Scrutiny Officer if they wish to raise any matter or ask any question in relation to this item in order that arrangements may be made for appropriate Heads of Service or their representatives to be available.

### 17 Dates of Future Meetings

Details of future meetings of this Committee may be viewed at <a href="http://democracy.devon.gov.uk/mgCalendarMonthView.aspx">http://democracy.devon.gov.uk/mgCalendarMonthView.aspx</a>

## PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF THE PUBLIC AND PRESS

Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.

### MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER

### Membership

Councillors S Randall-Johnson (Chairman), E Barisic, F Biederman, C Channon, A Connett, A Dewhirst, A Eastman, R Hannaford (Vice-Chair), A Hannan, R Hosking, J Mathews, R Rowe, P Sanders, M Squires and R Julian

Mrs Christina Mabin and Mr John Mannix

## **Declaration of Interests**

Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

### Access to Information

Any person wishing to inspect the Scrutiny Work Programme or any Reports or Background Papers relating to any item on this agenda should contact Stephanie Lewis on 01392 382486. The Work Programme, Agenda, Reports and Minutes of the Committee are published on the Council's Website

## Webcasting, Recording or Reporting of Meetings and Proceedings

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In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, publicly available Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi availability at other locations, please contact the Officer identified above.

### **Public Participation**

Devon's residents may attend and speak at any meeting of a County Council Scrutiny Committee when it is reviewing any specific matter or examining the provision of services or facilities as listed on the agenda for that meeting.

Scrutiny Committees set aside 15 minutes at the beginning of each meeting to allow anyone who has registered to speak on any such item. Speakers are normally allowed 3 minutes each.

Anyone wishing to speak is requested to register in writing with Stephanie Lewis (<a href="mailto:stephanie.lewis@devon.gov.uk">stephanie.lewis@devon.gov.uk</a>) by 0900 hours on the day before the meeting indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make.

Alternatively, any Member of the public may at any time submit their views on any matter to be considered by a Scrutiny Committee at a meeting or included in its work Programme direct to the Chairman or Members of that Committee or via the Democratic Services & Scrutiny Secretariat (committee@devon.gov.uk). Members of the public may also suggest topics (see: <a href="https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/">https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/</a>

All Scrutiny Committee agenda are published at least seven days before the meeting on the Council's website.

### **Emergencies**

In the event of the fire alarm sounding leave the building immediately by the nearest available exit, following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings, do not use the lifts, do not re-enter the building until told to do so.

### **Mobile Phones**

Please switch off all mobile phones before entering the Committee Room or Council Chamber

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Induction loop system available

CS1601 People's Scrutiny Committee 17 November 2016

### **BEAM HOUSE PROJECT**

## Report of the Chief Officer Children's Services

## Background/Introduction

Earlier this year the government introduced the National Transfer Scheme for Unaccompanied Asylum Seeking Children (UASC). Every Local Authority is required to receive UASC, equivalent to 0.07 of its child population, over the next couple of years. For Devon this equates to about 100 young people.

The clearance of the refugee camp in Calais has required a more urgent and substantial response from Local Authorities to meet the needs of young people who can be reunited with family in the UK (known as Dublin Three) and those who have a legitimate claim to apply for asylum/refugee status in the UK (known as Dubs or Dubs amendment)

The purpose of this report is to update cabinet/CLT on Devon's response and ensure colleagues are fully sighted on the issues and risks

### The Project

The County Council made clear its expectation that Devon would 'play its part' in responding to the national challenge. It has also taken an unequivocally child-centred approach, which, in the context of an often hostile national media environment, has successfully ignited a very positive community response in Devon. Colleagues in communications suggest the balance of positive/negative comment is about 80/20 and the local media has been measured and broadly positive.

Devon's response has been in two parts

1. Devon was asked by the Home Office to support a partnership between the Home Office, PGL (a private company with a large adventure holiday site in North Devon) and catch 22, (a highly respected, national provider of child care services). Devon agreed that up to 70 young people (boys aged 16/17) at any time could stay at Beam House as a respite centre for Dublin 3 and Dubs young people. Devon's respite centre is one of a number, but it would be fair to say that the Home Office approach to the challenge was not systematic and did not use the usual LGA/ADCS channels, relying instead on the third sector and ad hoc contacts from interested parties.

In the first week of operation 30 young people have come into Beam House and there have been 8 reunifications. This data changes daily, and higher numbers are anticipated in the coming weeks.

2. All Local Authorities were asked to identify all in-house and IFA (Independent Fostering Agency) capacity in the area and make it available to receive girls and young children, Dublin 3 and Dubs. Devon offered 7 places

(4 in-house, 3 IFA) and received and placed 7 girls from Eritrea/Ethiopia. Devon has agreed to accept these 7 as part of its NTS allocation. Work is underway to reunite with family where possible and, where not possible, to settle as UASC in Devon. As capacity becomes free through moving on arrangements, Devon is likely to be asked to take further emergency foster care placements which are likely to convert to NTS allocations.

This report is focused on the Beam House Project

## **Operations**

A strong and effective multi-agency partnership was quickly established, covering operations, social work, health, police, community and communications. This partnership will remain in place for the duration of the project (expected to be six weeks). The young people have arrived in cohorts of between 6 and 20, we have been notified to expect larger cohorts in the coming weeks. The range of countries of origin is wide, requiring interpreters and translators. Health needs have been minor, mostly antibiotics for infection and anti-histamine for allergies. Mental health needs are at tier two. Early concerns about young people going missing have not materialised but the risk profile is cohort dependent and can change accordingly.

The young people are all hugely appreciative of the welcome and the safe space that they are in. They are engaging in usual activities outdoor and indoor (football, basketball, cards, games) and are keen to apply themselves to learning English. They are understandably anxious about delays in reunification plans and/or destinations for NTS. Some initial uncertainty about immigration status has been clarified by the Home Office and we are exploring with the Home Office whether the council might be better placed to expedite reunification plans.

## **Community**

The council has been inundated with offers of support and messages of goodwill. There have been some hostile and/or racist communications from, usually anonymous, members of the public. The pervasive national message that these are adults masquerading as young people is evident in some communications

The Mayor of Torridge and the Town Council alongside some community activists have done a first class job of local community reassurance with the Lead Member acting as spokesperson for Devon as a whole.

Ex-social workers, teachers and volunteers from Calais have come forward. The Communities team are putting together a strategy. During the first week the focus has been on clothing donations as the young people had only the clothes they were wearing. The Plough Arts Centre in Torrington has been the base for this effort. Donations have flooded in and many cards and well-wishes have been sent from the public to the young people.

## **Communications**

The initial media strategy has successfully secured local media support. The comms team have issued a Q and A briefing to arm community leaders with the information they need to reassure the public and correct misinformation.

Daily ops and strategic meetings have ensured effective information flow for the Leader, Lead Member and Chief Executive. These have now been stood down and a weekly ops and strategy meeting convened, followed by a weekly briefing for key stakeholders.

## **Strategic Considerations**

The independent chair of LSCB will determine an appropriate test of assurance for the project's safeguarding arrangements. We are exploring how we might use the Council's Overview and Scrutiny group on 17<sup>th</sup> November to enable Catch 22 and/or young people to tell their stories. The relationship with national government is appropriate with a planned conversation every other day.

### **Financial Considerations**

The Home Office has contracted PGL and Catch 22 independently of the Council. The Home Office has agreed to meet all reasonable expenses incurred by the Council, the most significant being the additional social work costs to enable assessments and re-unifications.

All costs related to the Beam House Project will be met by the Home Office. Costs related to the young women in foster care, upto the agreement to transfer to the NTS, will be met by the Home Office. Once accepted under NTS, the financial liability, offset by some grant income (which does not meet the full cost), are met by the Council. The month six finance report sets out the headline financial issues in relation to the projected financial liabilities through the NTS

### **Risks**

In advance of the project becoming operational, the overall risk was rated at medium/high. At the end of the first week this was downgraded to low/medium

The identified risks are all operational, and are all being actively managed. The risk profile is cohort specific and is under daily review.

### **Equality Considerations**

The project supports the Council's commitment to equality and will promote equality of opportunity/good relations.

The project has not yet had an equalities impact and needs assessment (EINA). This is because it was established as an urgent response to need. Advice will be taken on a proportionate EINA

## **Legal Considerations**

There are no specific legal considerations

### **Public Health Impact**

Because the project is short term there are no anticipated public health issues

Electoral Divisions: All

Cabinet Member for Children, Schools and Skills: Councillor James McInnes

Chief Officer for Childrens Services: Jo Olsson

SCC/16/54 People's Scrutiny Committee 17 November 2016

Performance Report – September 2016
Report of the Head of Adult Commissioning and Health and the Head of Adult Care
Operations and Health

## Introduction and Background

The Adult Performance Framework (APF) (Appendix A) is structured under the current adult vision priority areas to highlight areas of good performance and where improvement and further development are needed.

## 1. Vision Priority 1 - To ensure that people using services feel safe

## Are we keeping people safe?

Safeguarding in Devon is performing well. The number of safeguarding concerns starting has been reducing steadily over the last 12 months, whilst the number moving on to the enquiry stage has been static. A key area in adult safeguarding is 'Making safeguarding personal and meeting the preferred outcomes of the individual'. Devon currently performs at 100% (September data) and further changes have been introduced to ensure the outcomes for the individuals concerned are captured at the start of a process and reviewed as met or partially met at the end.

The Deprivation of Liberties safeguards (DOLs) team continue to manage the substantial increased demand for authorisations in Devon. This picture is reflected nationally, following the Cheshire West ruling, and Devons performance is similar to statistical and regional neighbours for requests. Our completion rate is less due to lower staff resource than comparators, for example; Dorset has comparable core staffing but maximises its completion rate via the use of additional independent assessors. Cumbria had used the one off grant monies from central Government 2015-2016 to successfully manage demand. However, with this being non reoccurring Cumbria is now facing significant challenges. KS14 — Deprivation of Liberty Safeguards and Court of Protection. To ensure that resources are focused on individuals with the highest priority need the service has adopted the ADASS recommended triage tool in conjunction with locally agreed priority groups. This also enables cases requiring application to the Court to be readily identified and actioned. This area is actively monitored, and is identified on the corporate risk register

## Do we commission services which are affordable, sufficient and of at least adequate quality?

The quality of services commissioned in Devon is good, and compares very well to our regional and national comparators. The number of "quality suspensions" with providers peaked in March (12) and is currently at 5 across the county. In these instances there is a multi-agency Quality Assurance Improvement approach which responds proactively and in circumstances where quality or safety issues have emerged through inspection or safeguarding enquiries. The approach to quality improvement is to identify quality risks early and intervene and support as a preventative measure in collaboration with providers.

Supply of personal care remains a challenge in some areas of Devon, particularly the Eastern locality. Weekly tracking takes place of personal care packages not arranged in a timely way and this is reviewed in a weekly telephone call with NHS partners and our lead providers for 'Living Well at Home', the new personal care framework. As reported previously there has been a 6.1% increase in demand for personal care over the last 2 years and it is important to place supply and availability of care in this context. This area of concern is logged on the corporate risk register as Risk TG11 – Market Capacity (Personal Care).

The Proud to Care campaign works with a range of agencies to help improve recruitment and retention in the personal care sector. It includes a website, a job vacancy portal and shares good practice and partnership working across its agencies, as well as developing health and care career pathways.

# 2. Vision Priority 2 - To reduce or delay any need for long term social care and support

## Are we enabling people to be independent for longer?

A key priority of adult social care is to promote independence continuously through the social care pathway. From creating the conditions where people and communities are able to help themselves (Prevention); making independence the key outcome of all services and a core principle of a shared culture (Integration); resolving needs of individuals through information, advice and signposting (First Contact); following a strengths based approach of the individual, their family, social networks and community (Assessment); extending the reach, and improving the effectiveness of available short-term interventions, and moving to outcome based commissioning where recovery of independence is a default expectation.

Benchmarking of performance indicates Devon has both a greater incidence of people contacting the authority for support and a higher level of spend on those eligible for support from the Council. As reported at Quarter 1, work is underway to ensure that we understand how the 'front door' for social care operates to ensure that people have the best opportunity to maximise their independence by being supported to find solutions within their local community, a "strengths based approach", and only where necessary, receive care and support from adult social care in a timely and appropriate setting. New indicators to measure the impact of these changes are to be developed by December 2016. The proof of concept in Northern Devon, which started in September, has made changes to the adult social care pathway. The changes are designed to ensure that people who make repeat contact with adult social care receive a timely and resolution focused response. Early measures suggest that this new approach is starting to indicate a positive impact with the pressures on the Care Direct Plus Northern team reducing. This creates the capacity needed for staff to work differently.

### Are we supporting carers well?

Following the Care Act, Devon remodelled the assessment and support process for Carers. To date, over 6,000 Carer Assessments have been completed, the majority by Devon Carers. Carers who have been assessed have a very high level of self-directed support, and use Direct Payments. Devon performs well compared to regional and national comparators. Feedback from carers is captured biannually through the national Survey of Adult Carers, which enables performance to be benchmarked nationally, regionally and against statistical neighbours, and again Devon performs well and better than comparator groups. This survey is biannual and will take place once more during 2016/17.

## 3 Vision Priority 3 - To expand the use of community based services and reduce the use of institutional care

### Are we extending choice and control?

Devon performs very well in the areas of self-directed support (giving people a 'Personal Budget') and use of direct payments for those people in receipt of services, comparing better than regional and national comparators. Devon service users also report high levels of feeling they have 'control over their daily lives' in the Adult Social Care survey and again Devon is better than its comparator group and nationally.

## Do we help keep people out of hospital wherever possible?

Delayed transfers of care (DToC), remains an area requiring improvement. This reflects national pressures in the health and care system which is being addressed in Devon through work with NHS partners in the Sustainability and Transformation plan (STP) to develop a 'new model of care' and improve length of stay activity in acute hospitals. Devon is performing worse than the England and comparator average for both indicators.

Improvement work for hospital delays is overseen by the multi-agency Better Care Fund Plan and work continues to improve and strengthen the action plans that have been developed at a Devon wide level for implementation through locality level groups. This is overseen by the new A&E Board

Devon offers a Social Care Reablement service to people. Since April 2016, 880 people have received this service, and over 90% required no further social care support. Further work with our NHS partners continues, as we explore opportunities to further develop the reablement offer and Rapid Response service into a more aligned service. This will focus on promoting independence which maximises the existing capacity of the separate services and looks to develop new capability and improve the effectiveness and reach of these services. It will enhance short term interventions to enable people to remain safe and well out of hospital or return home with the right level of support from hospital in a timely way.

## Do we help people to remain at home wherever possible?

Devon is good at keeping people at home rather than place into a residential or nursing care setting. We are better (make fewer placements) than our national and comparator authorities for making permanent admission into a care home.

## 4 Vision Priority 4 - To ensure that people have a positive experience of social care services

## Are we delivering an effective care management service?

Devon requires improvement in some areas of this vision. Assessments being completed within 28 days and completion of Annual Reviews are below our 2016/17 targets. As these are 'local' targets we aren't able compare ourselves to other authorities. A range of actions have been implemented, since August 2016, to make improvements in practice and streamline arrangements for front line staff which are designed to have a positive impact on these indicators.

From September 2016 the proof of concept work in Northern Devon is changing how the service responds to people who have already had contact with adult social care. This model directs people or referrers to staff at Care Direct Plus (Northern) where there is a more immediate and timely response to help with the presenting issue and ensure wherever possible the individual is able to use their own resources and local community capacity to resolve needs, or where necessary to respond to eligible social care needs. This should reduce demand within the service and improve performance.

There are 2 entries on the Corporate Risk Register (Appendix B) that impact on this vision Priority; KS19 – Continuing Health Care; KS20 – Care Management capacity and effectiveness. All risks are appropriately mitigated and reviewed on a monthly basis.

## Are we helping people to improve their lives?

In Devon, people with a learning disability or using mental health services are more likely to be in stable accommodation than people regionally or nationally. People with a learning disability are also far more likely to be in paid employment than people regionally or nationally. For people using mental health services we are meeting the 2016/17 target and compare well nationally, but our regional and comparator groups are higher.

## 5 Vision Priority 5 - To ensure the social care workforce can deliver effective, high quality services

In Devon recorded sickness absence levels are currently good and below the 2016/17 target. The highest incidence of recorded sickness is psychological / mental health and accounts for approx. 30% of lost time.

Devon has a good qualification profile of its social care workforce with over 38.2% qualified to NVQ Level 4 or above. And in August approximately 86.5% of expected supervision had taken place.

Turn-over rates for Senior Social workers is higher in Devon than nationally, whilst for Occupational Therapists Devon is slightly under the national average.

## 6 Risk Management

Risk management arrangements are well embedded within adult social care and health with the Head of Service Risk Registers reviewed by the respective management teams on a monthly basis. The process for escalation of high level risks for consideration at by the Care and Health Leadership Team works well with the Corporate and Leadership Team Risk Registers reviewed monthly.

Two new risks have been escalated to the Corporate Risk Register as follows:

KS14 Deprivation of Liberties Safeguards (DoLS) and Court of Protection (CoP): where without mitigating actions a Supreme Court ruling presents significant financial risk due to the likely increase in DoLS and CoP assessments required and associated legal costs. This will impact on both Adults and Children's Services as required to seek authorisation from age 16. The mitigated risk score is currently 20 (High).

K20 Care management capacity and effectiveness: where without mitigating actions that pressures currently being experienced by the care management service have potential to impact adversely on service user experience. The mitigated risk score is 25 (Very High).

Tim Golby Keri Storey

Head of Adult Commissioning and Health Head of Adult Care Operations and Health

Electoral Divisions: ALL

Local Government Act 1972: List of Background Papers

None

Who to contact for enquiries: Name: Damian Furniss Contact: 07905 710487

Cabinet Member: Councillor Stuart Barker

## **Devon Adult Social Care**

Senior Leadership Teams
Adult Care Operations and Health
& Adult Commissioning and
Adult Performance Framework
September 2016

Management Information Homepage

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Vision Priority 1: To ensure that people using services feel safe
1. 1 Are we keeping people safe?
1.1 .1 Are people feeling safe?
1.1.2 Do people who receive services think they make them feel safer?
1.1.3 Is our use of Deprivation of Liberties Standards proportionate? 1.1.4 Are safeguarding concerns and enquiries increasing
1.2. Do we commission services which are affordable, sufficient and of at least adequate quality?
1.2.1 Is there sufficent supply for residential/nursing care, personal care and unregulated care?
1.2.2 Is the supply for residential/nursing care, personal care and unregulated care of adequate quality?:
Vision Priority 2: To reduce or delay any need for long term social care and support
2.1. Are we enabling people to be independent for longer?
2.1.1 How do we best measure the impact of prevention?
2.1.2 Is information, advice and signposting diverting people from requiring assessment?
2.1.3 How can we evidence the reducing need of people?
2.1.4 Do people find it easy to access information and advice?
2.2 Are we supporting carers well?
2.2.1 Are carers saying their quality of life is improving?
2.2.2 Are people getting enough social contact?
2.2.3 Are carers being assessed receiving a service as a result?
2.2.4 What proportion of carers receiving a service do so via a personal budget?
2.2.5 What proportion of carers receiving a service do so via a direct payment?
2.2.6 Are we supporting more carers directly? 2.2.7 Are we supporting more carers indirectly?
2.2.8 How many carers are being assessed/identified?
Vision Priority 3: To expand the use of community based services and reduce the use of institutional care
3.1. Are we extending choice and control?
3.1.1 Are people offered and taking up a personal budget?
3.1.2 Are people taking up Direct Payments as the preferred personal budget option?
3.1.3 Are people using personal budgets saying they have more choice and control?
3.1.4 Are allocated budgets in line with assessed need?
3.1.5 Do people receive a service quickly?
3.2 Do we help keep people out of hospital wherever possible?
3.2.1 Are delayed transfers of care reducing?
3.2.2 In particular are delayed transfers of care attributable to social care reducing?
3.2.4 Are older people discharged from hospital offered appropriate reablement and rehabilitation?
3.2.5 Is the reablement and rehabilitation of older people being discharged from hospital effective?
3.2.6 Is ASC contributing to minimising hospital admissions?
3.3 Do we help people to remain at home wherever possible? / Are we minimising the use of residential services?
3.3.1 Are younger adults being maintained in their own homes?
3.3.2 Are older adults being maintained in their own homes? 3.3.3 Are we reducing the balance of residential vs community services?
3.3.4 Is there a balance of service provision in the market place? Are there adequate services to meet community need?
3.3.5 Are we increasing the number of people we support in the community?
Vision Priority 4: To ensure that people have a positive experience of social care services
4.1. Are we delivering an effective care management service?
4.1.1 Are people assessed in a timely way?
4.1.2 Are people reviewed i)6 - 8 weeks after assessment, and ii) annually?
4.1.3 Is the quality of assessment, review and care planning audited as good?
4.1.4 Is the user/carer perception of the quality of assessment, review and care planning good?
4.1.5 Productivity of teams
4.1.6 Is our safeguarding response timely?
4.1.7 Are safeguarding enquiries and concerns recurring for the same people?
4.1.8 Is our use of Mental Capacity Act assessments proportionate?
4.1.9 What are the outcomes for the clients?
4.1.10 Transitions into Adult Services
4.2 Are we improving peoples lives? OR Are we helping people to improve their lives?
4.2.1 Are younger adults living independently? 4.2.2 Are younger adults in employment?
4.2.3 Are people getting enough social contact?
4.2.4 Are service users saying their quality of life is improving?
4.2.5 What are the outcomes of what we do?
Vision Priority 5: To ensure the social care workforce can deliver effective, high quality services
5.1. Do we have a workforce which is well trained and competent to meet the needs of service users and carers?
5.1.1 Workforce FTE, vacancies, agency staff, sickness, maternity and adoption
5.1.2 Absence
5.1.3 Appraisal and Supervision
5.1.4 Recruitment and Retention
5.1.5 Qualified Workforce
Vision Priority 6: To ensure that strategic planning and commissioning of adult social care services is integrated with the NHS and other partners
[6.1. ]

	Adult's S	Services Al	PF Scorec	ard - Septe	ember 2010	6		
			2015/16 Ber	nchmarking		2015/16 ACS Targets	2016/17 ACS Targets	2016/17 September Performance
Code	Title	Devon	Regional	Comparator	England	Devon Target 2015/16	Devon Target 2016/17	Performance @ Sep 2016
Vision Pri feel safe	iority 1: To ensure that people using services							
1.1 We ar	e keeping people safe							
4B	Users who say services have made them feel safe and secure	82.0%	87.1%	86.0%	85.4%	79.9%	84.5%	82.0%
4A	Users who feel safe	69.0%	69.6%	68.6%	69.2%	66.3%	68.3%	69.0%
L24	Rate of DOLS per 100,000 population	N/A	N/A	N/A	N/A	N/A	tbc	356
L25	Safeguarding alert volumes	N/A	N/A	N/A	N/A	N/A	tbc	2,472
L26	Whole service investigation volumes	N/A	N/A	N/A	N/A	N/A	tbc	8
APF 1.1.4	Making Safeguarding Personal - meeting preferred outcomes	N/A	N/A	N/A	N/A	N/A	tbc	91.8%
	ommission services which are affordable, t and of at least adequate quality							
APF 1.2.1	Unfulfilled Care Packages	N/A	N/A	N/A	N/A	N/A	tbc	117
3A	Overall satisfaction of people who use services with their care and support	68.0%	66.3%	64.4%	64.4%	68.0%	68.0%	68.0%
APF 1.2.2	Percentage of commissioned services in Devon graded by CQC as Compliant (assumes outstanding/good): NEW inspection regime	N/A	54.0%	N/A	N/A	No Target	66.0%	76.0%
longer 3D part 1  2.2 We au	People who find it easy to find information about support  re supporting carers well  Carer reported quality of life	70.0% 8.1	73.3%	73.1%	73.5%	71.0%	74.5% 8.2	70.0%
	Carer reported quality of life  Carers who reported that they had as much social							
1I part 2	contact as they would like  Carers receiving needs assessment/ review/ and a	39.0%	36.4%	35.6%	38.5%	45.0%	39.0%	(14/15) 39%
NI135	specific carer's service, or advice and information	N/A	N/A	N/A	N/A	N/A	tbc	49.0%
	Carers receiving self-directed support  Carers receiving direct payments for support direct to	70.9%	55.4%	59.2%	77.7%	NO TARGET	89.4%	98.4%
1C Part 2 b	carer	44.4%	44.4%	56.8%	67.4%	NO TARGET	66.9%	43.6%
APF 2.2.8	Number of Carers being identified / assessed	N/A	N/A	N/A	N/A	N/A	tbc	5,196
3B	Overall satisfaction of carers with social services	41.4%	41.9%	40.9%	41.2%	46.1%	41.9%	(14/15) 41.4%
3C	Carers who report that they have been included or consulted in discussion about the person they care for	73.0%	72.2%	73.1%	72.3%	73.7%	73.7%	(14/15) 73%
	iority 3: To expand the use of community rvices and reduce the use of institutional			'				
3.1. We a	are extending choice and control							
1C Part 1 a	Adults receiving self-directed support	84.0%	81.1%	86.3%	86.9%	NO TARGET	89.9%	89.9%
1C Part 2 a	Adults receiving direct payments	30.6%	28.5%	30.4%	28.1%	NO TARGET	33.5%	38.2%
1B	People who have control over their daily life	76.8%	78.8%	78.2%	76.6%	79.0%	79.9%	76.8%
APF 3.1.4	% variance from Estimated Budget to Agreed Budget	N/A	N/A	N/A	N/A	N/A	tbc	6.9%
APF 3.1.4	Average agreed budget	N/A	N/A	N/A	N/A	N/A	tbc	£268.41
NI133	Waiting times for Services	N/A	N/A	N/A	N/A	N/A	94.8%	95.0%

0.0 M- h	ala la comunicación de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata del contra							
3.2. We n possible	elp keep people out of hospital wherever							
2C Part 1	DTOC (Delayed transfers of care) from hospital per 100,000 population	18.6	17.3	13.7	12.1	10.5	tbc	15
2C Part 2	DTOC attributable to social care or jointly to social care and the NHS	5.4	6.9	5.4	4.7	3.0	tbc	6
2B part 1	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service)	87.1%	84.1%	83.6%	82.7%	81.5%	81.5%	88.2
2B part 2	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service)	1.3%	2.9%	2.6%	2.9%	3.3%	tbc	1.8
2D	Received a short term service during the year where the sequel to the service was either no ongoing support or support of a lower level	87.8%	82.9%	78.2%	75.8%	NO TARGET	88.4	91.6
	elp people to remain at home wherever / We are minimising the use of residential							
2A part 1	Long-term support needs of younger adults (18-64) met by admission to residential and nursing care homes, per 100,000 population	13.2	13.4	13.2	13.3	17.0	15.1	12
2A part 2	Long-term support needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population	500.6	606.4	561.8	628.2	540.5	514.6	491
	iority 4: To ensure that people have a experience of social care services							
•	re delivering an effective care management							
NI 132	Timeliness of social care assessment - new clients assessed within 28 days	N/A	N/A	N/A	N/A	80.0%	80.0%	62.9
L37	Annual review - reviewable services	N/A	N/A	N/A	N/A	75.0%	75.0%	53.2
APF 4.1.3	Practice Quality Review - Percentage of requested cases completed	N/A	N/A	N/A	N/A	N/A	tbc	52.3
APF 4.1.3	Practice Quality Review - Number completed (Number requested)	N/A	N/A	N/A	N/A	N/A	tbc	# 45 (8
L74a	Proportion of safeguarding strategy meetings/agreements held within 7 working days	N/A	N/A	N/A	N/A	80%	80%	49.1
L77	Proportion of safeguarding case conferences held within 30 working days of strategy meetings	N/A	N/A	N/A	N/A	80.0%	80.0%	81.6
L27	Mental Capacity Act assessments completed	N/A	N/A	N/A	N/A	N/A	tbc	1,9
	re improving peoples lives OR We are eople to improve their lives							
1G	Adults with a learning disability who live in their own home or with their family	70.0%	72.2%	73.7%	75.4%	72.1%	69.5%	75.2
1H	Adults in contact with secondary mental health services living independently, with or without support	63.8%	55.8%	55.1%	58.6%	60.8%	63.8%	64.9
1E	Adults with a learning disability in paid employment	7.3%	7.0%	6.4%	5.8%	8.0%	8.0%	7.7
1F	Adults with secondary mental health services in paid employment	5.6%	9.4%	9.0%	6.7%	7.4%	6.7%	7.4
1I part 1	Adults who reported that they had as much social contact as they would like	42.8%	46.6%	44.8%	45.4%	45.0%	44.8%	42.9
1A	Social care related quality of life	18.9	19.3	19.1	19.1	19.0	19.1	18
5.1. We ha	iority 5: To ensure the social care workforce ave a workforce which is well trained and at to meet the needs of service users and							
L21	Percent of working days lost to sickness	N/A	N/A	N/A	N/A	4.8%	4.5%	4.1
L23	Staff supervision meetings	N/A	N/A	N/A	N/A	100.0%	100.0%	86.5
NEW	Staff appraisal meetings	N/A	N/A	N/A	N/A	100.0%	100.0%	not reported

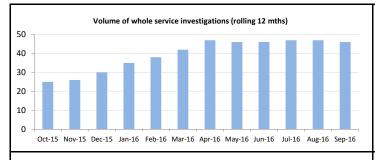
### Vision Priority 1: To ensure that people using services feel safe

#### 1. 1 Are we keeping people safe?

### Summary of Performance (Insight and Impact analysis) -

Service users views are captured annually as part of the Adult Social Care User Survey. Published data relates to 2014-15, where Devon performance remains below benchmarks for both ASCOF perception measures of 'safety'. Provisional outcomes for 2015-16 show improvements in both indicators. DEPRIVATION OF LIBERTIES SAFEGUARDS (DoLS): Following the Cheshire West ruling, there is significant pressure in the system. Waiting lists for applications stood at 2,914 at the end of September. Work to develop workflow reports for those DoLS applications triaged as high priority will follow Care First development. As this work progresses we will be better able to describe the impact of actions to ensure the right people are being prioritised. SAFEGUARDING: as a result of the Care Act, safeguarding terminolog changed for 2015/16 from alerts/referrals/investigation to concerns/enquiries. New forms were introduced in DCC to reflect these changes from August 2015. Further changes have been made to the Enquiry form to better capture data on outcomes relating to risk assessment and 'Making Safeguarding Personal'. Rolling 12 months data will reflect a mixed picture of data before and after these form and threshold changes. The number of concerns increased following the Care Act implementation but is stabilising following management action. Alternative options for addressing the presenting issue (including care management) are considered before making the threshold decision; this may explain apparently low percentage of concerns moving to enquiries. National comparators for concerns and enquiries will be available in October 2016 when the Safeguarding Adult Collection data is published.



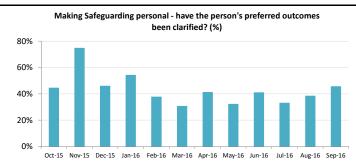


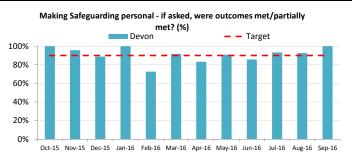


Safeguarding Risk Assessment Outcomes - 6 mths to end September 2016

Risk Identified	150
Risk Identified %	63.6%
No Risk identified/inconclusive	29
No Risk identified/inconclusive %	12.3%
Ceased at individual request	3
Ceased at individual request %	1.3%







1.2. Do we commission services which are affordable, sufficient and of at least adequate quality?

Summary of Performance (Insight and Impact analysis) -

The Care Quality Commission (CQC) changed its inspection regime in October 2014. Quality is assessed by the percentage of social care providers rated Good or Outstanding by CQC. Figures have been rebased this month to show active organisations only (i.e. not inactive or de-registered organisations). Performance has steadily been improving and was at 78% (1 September 2016) which is above the rate for the South West region (77%) and higher than the rate for England (73%). Quality for community based providers (90%) is markedly higher than for the residential care sector (76%). This remains a priority areas for development along with a better understanding of market sufficiency and price.

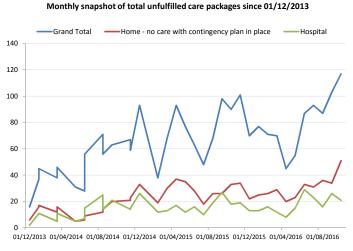
Quality suspensions have remained stable this month, and there is a small reduction in safeguarding advisory notice suspensions. The Quality team are working with all providers who are either suspended or under advisory notice.

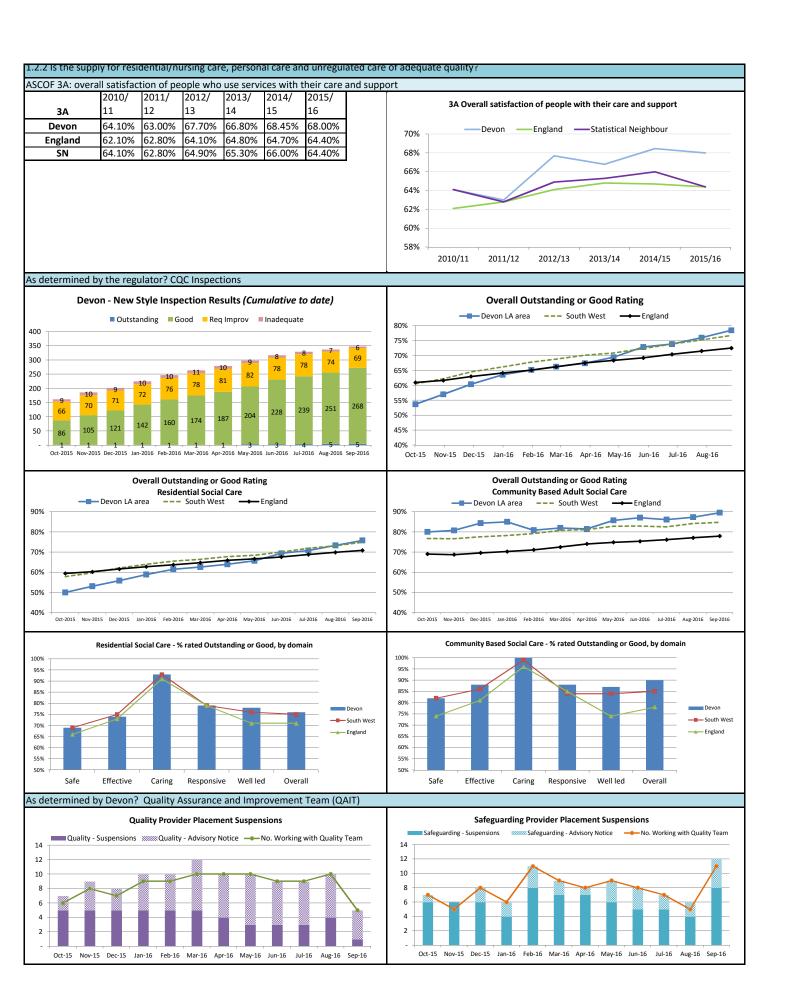
### 1.2.1 Is there sufficient supply for residential/nursing care, personal care and unregulated care?

### Unfulfilled care packages

Below is an extract from the Unfulfilled Care Packages report, dated 04/10/2016. There were a total of 117 people with unfulfilled care packages that week, of which 37 were new to the list in that week. As at the end of August 2016 there were 4104 people in receipt of personal care, meaning UCPs represent 2.85% of personal care clients. Whilst Eastern has the most Unfulfilled packages of care, Northern and Southern have 1 case each which have been waiting the longest. Opposite is a graph showing the monthly snapshot trend since 01/12/2013, and includes number of clients who are in hospital, or at home with no care.

Length of time without supply	Eastern	Northern	Southern	Grand Total	New clients to the list
Less than 4 weeks	50	1	19	70	36
Between 4 & 7 Weeks	17	1	3	21	1
Between 8 & 11 Weeks	9	1	5	15	0
Between 12 & 15 Weeks	7	1	1	9	0
21 Weeks	1			1	0
42 Weeks		1		1	0
Grand Total	84	5	28	117	37





### Vision Priority 2: To reduce or delay any need for long term social care and support

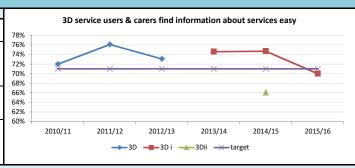
### 2.1 Are we enabling people to be independent for longer?

Summary of Performance (Insight and Impact analysis) -

Following feedback this area is being re-developed and will be available later in Quarter 3.

#### 2.1.4 Do people find it easy to access information and advice?

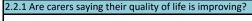
2.11.1 Bo people into it casy to access information and davice.												
Headline Performance for	Devon											
	2011 / 12	2012/13	2013/14	2014/15	2015/16	Target						
3D - Proportion of people who use services an carers who find it easy to find informaiton about services	76.1	73.1	73.1									
3D1 - Proportion of people who use services who find it easy to find information about services			74.6	74.7	70	71						
3D2 - Proportion of carers who find it easy to find information about services				66.1								

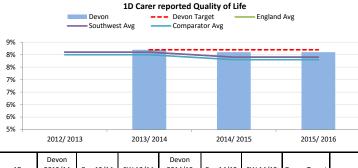


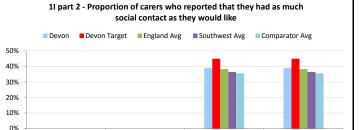
### 2.2 Are we supporting carers well?

Summary of Performance (Insight and Impact analysis) -

Implementation of the carers elements of the Care Act has resulted in a revised three tier offer for carers, which has resulted in significant practice and process changes. The Care Act provided carers with an entitlement to individual assessment and since April 2015 6392 Carers Assessments have been started, of which 5872 had been completed by 30th September 2016. Of the completed assessment forms during 2015/16 49.47% had an outcome of Social Care offer. Feedback from carers is captured biennually through the national Survey of Adult Carers, which enables performance to be benchmarked Nationally, Regionally and against Statistical Neighbours. Devon performance for the composite indicator ASCOF 1D, Carer reported Quality of Life is good and above benchmarks. Likewise for ASCOF 1I (part 2) % of carers having as much social contact as they would like. Devon performs well against the carers personalisation measures ASCOF 1C parts 1b and 2b and is above England and Regional Comparators for 2014/15.







2014/2015

2015/2016

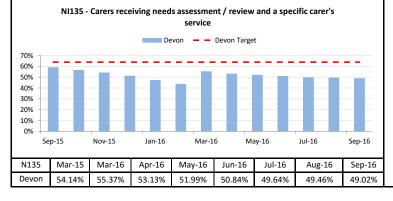
2013/2014

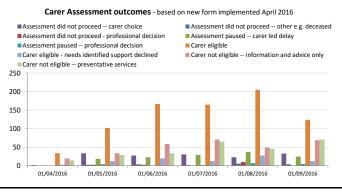
2.2.2 Are people getting enough social contact?

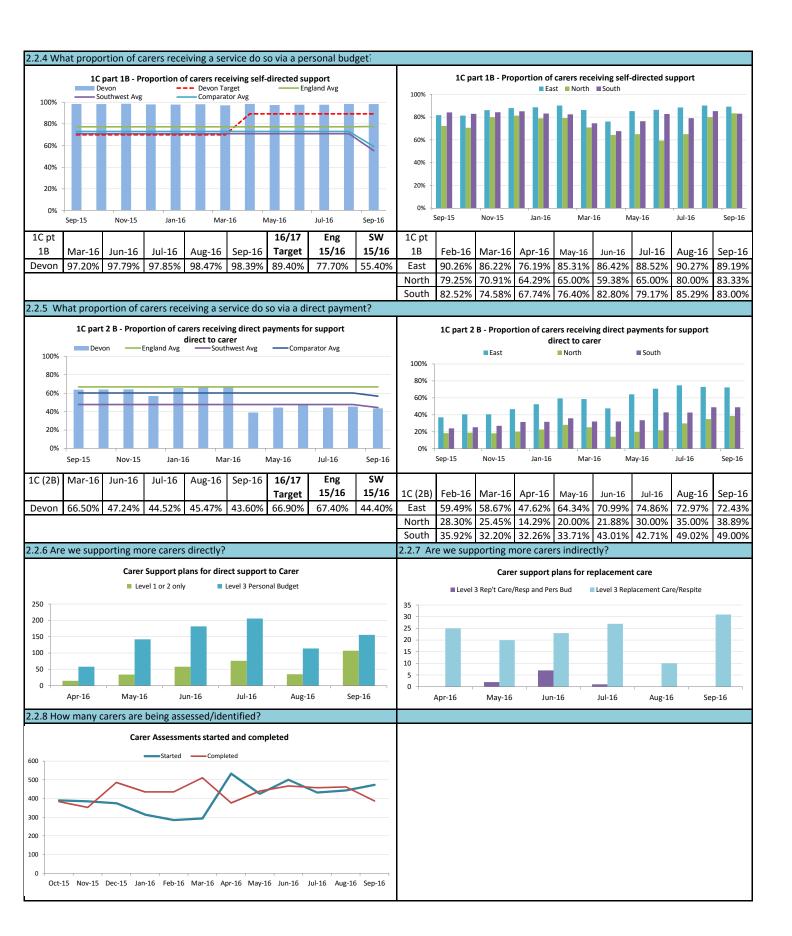
2012/2013

Target SW 14/15 SW 13/14 2014/15 Eng 14/15 11 pt 2 16/17 Eng 14/15 8.1% 8.1% 8.1% 7.9% Devon 39 38.5 35.6

### 2.2.3 Are carers being assessed receiving a service as a result?







### Vision Priority 3: To expand the use of community based services and reduce the use of institutional care

### 3.1. Are we extending choice and control?

77.40%

Devon

78.70%

75.50%

79.84%

76.80%

79.90%

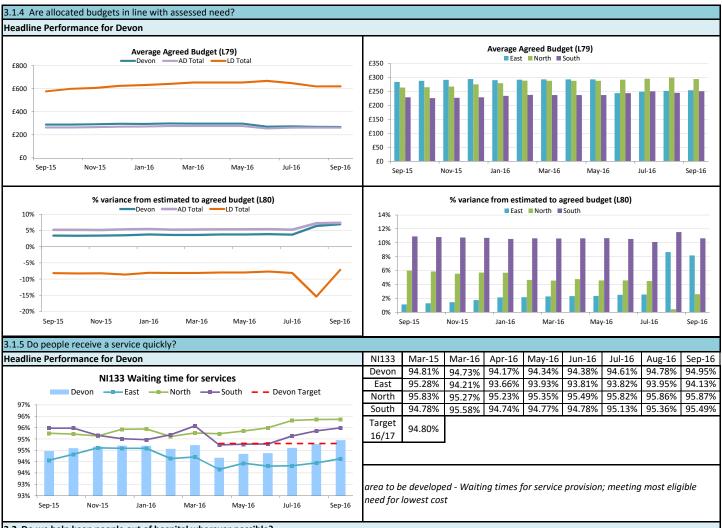
76.60%

78.20%

### Summary of Performance (Insight and Impact analysis) -

Devon performas well against the national personalisation metrics: ASCOF 1C parts 1A and 2A, which measure self-directed support and direct payments; benchmarking in excess of comparators in 2014-15. Reported performance against both measures had declined during 2015-16. upon investigation however, a correction has been made to the calculation process and therefore performance from August 2016 onwards has improved and is meeting the target. Service user perceptions are measured annually through the national Adult Social Care User Survey, which enables benchmarking of performance. In 2014-15, Devon performance against ASCOF 1B (Proportion of people who feel they have control in their daily lives) was above national and regional comparators. A new resource allocation system was introduced in 2015-16 to provide a more equitable and transparent basis for funding decisions. Local indicators are currently being used to monitor ressources allocated to fund packages. Data shows that for LEarning Disability service users Agreed budgets are routinely lower than Estimated budgets, whereas the converse is true for Older People and Physical Disability service users.

#### users. 3.1.1 Are people offered and taking up a personal budget? Headline Performance for Devon Area breakdown of performance 1C pt 1A Proportion of clients using self directed support 1C pt 1a Proportion of clients using self directed support Devon Devon Target ■ East ■ North ■ South Southwest Avg Comparator Avg 100% 95% 95% 90% 90% 85% 85% 80% 80% 75% 75% 70% 70% 65% 65% 60% 60% 55% 50% Sep-15 Nov-15 Jan-16 Mar-16 May-16 Jul-16 Sep-16 Devon 1C 1a Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Mar-16 Sep-16 16/17 IC 1a May-16 lun-16 Jul-16 Aug-16 Eng 15/16 Devon 83.49% 81.06% 89.90% 86.90% 80.79% 81.13% 90.12% 89.90% 87.41% 85.82% 84.35% 82.65% 82.79% 90.24% 90.17% East 83.21% # Devon performance prior to March 2015 was based on the previous definition of 1c North 88.68% 86.20% 85.26% 83.24% 82.09% 82.18% 94.54% 94.11% 83.56% 81.38% 85.75% 80.38% 91.48% 91.19% 79.60% 80.12% South part 1 3.1.2 Are people taking up Direct Payments as the preferred personal budget option? **Headline Performance for Devon** Area breakdown of performance 1C part 2A Proportion of adults receiving direct payments 1C part 2A Proportion of adults receiving direct payments Devon Target England Avg 50% 40% 45% 30% 40% 35% 20% 30% 25% 10% 20% Sep-15 Nov-15 Jan-16 Mar-16 May-16 Jul-16 Sep-16 Sep-15 Nov-15 Jan-16 Mar-16 May-16 Jul-16 Sep-16 Devon 1C part 1C part Mar-16 May-16 Jun-16 16/17 Eng 15/16 Mar-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Feb-16 Apr-16 Jul-16 Aug-16 Sep-16 2A 2A 30.62% 29.98% 31.44% 33.09% 36.68% 38.18% 33.50% 28.10% 30.61% 30.63% 30.08% 30.96% 32.41% 34.48% 36.40% Devon East 30.63% North 32.25% 32.72% Target 26.00% 33.50% 33.50% 33.50% 33.50% 33.50% 33.33% 32.85% 33.10% 32.33% 43.67% 44.41% South 28.63% 28.15% 28.06% 28.36% 29.20% 30.57% 32.46% 33.51% 3.1.3 Are people using personal budgets saying they have more choice and control? Headline Performance for Devon This National Indicator is taken from the Annual Users Survey. Devon's performance for 2015/16 has declined to 76.8% and below target. 1B - Proportion of people who use services who have control over their Performance in Devon is higher than the 2015/16 England average of 76.6% and daily life Devon Target England Avg below 2015/16 SW regional average of 78.8% Southwest Avg Comparator Avg 85% 80% 75% 70% 2011/2012 2012/2013 2013/2014 2010/2011 2014/2015 2015/2016 Target Eng 15/ Comp 2015/16 1B 2011/12 2012/13 2013/14 2014/15 16/17 16 15/16

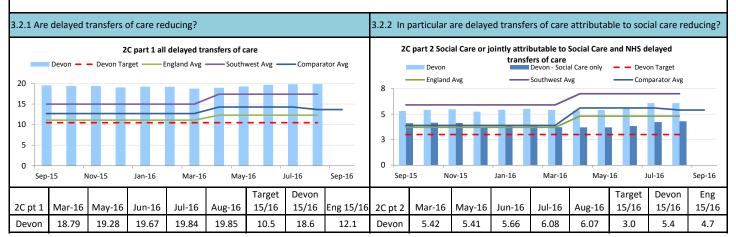


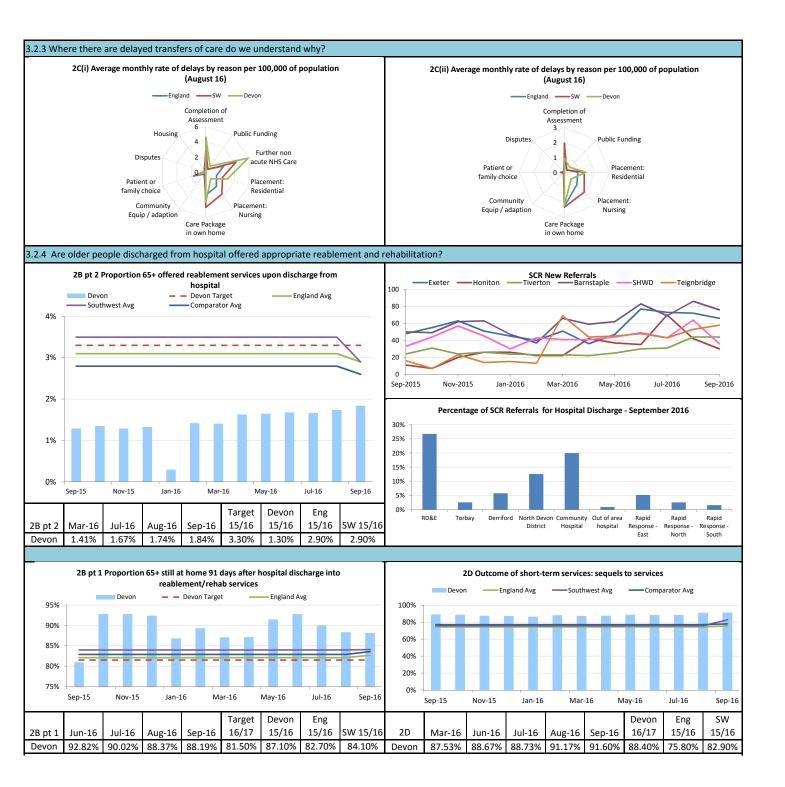
### 3.2 Do we help keep people out of hospital wherever possible?

Summary of Performance (Insight and Impact analysis) -

Understanding and improving delayed transfers of care is a priority area. Local, Regional and National performance has been in decline throughout 2015-16 and remains a cause for concern. Current performance against ASCOF 2C (part 1) Delayed Transfer of Care (all sources) has increased to 19.85 per 100,000 population and is well in excess of the 2015-16 England (12.31) and Regional (17.4) comparators. Improvement Plans are in place and actions are in-hand to improve recording consistency. Analysis shows the majority of cases for delayed discharge are waiting for further non acute NHS care which includes intermediate care and reablement. Since 1st July 2015 the majority of cases for delayed discharge are waiting for further non acute NHS care which includes intermediate care and reablement. This affected the largest number of patients (536 out of 1,502) and caused the largest number of days of delay (17,269 out of 52,754). For acute beds the RD&E has the largest number of delayed patients (732 out of 939). For non-acute beds, the provider with the largest delays is DPT (282 out of 563).

ASCOF 2C (part 2) measures delays attributable to social care/both: current performance has decreased slightly on last month to 6.07 and is in excess of England Average for 2015/16 of 4.80, but better than the South West average of 7.00. Performance for Social Care Only delays is 4.30 and has been increasing over recent months. Of the 459 patients delayed due to social care or jointly to social care and the NHS over the last 12 months, the highest reasons for delay were, Awaiting Care Package in own home which affected 120 patients (26%), Awaiting Completion of Assessment which affected 93 patients (20%) and Awaiting Residential Home placement which affected 80 patients (17%).



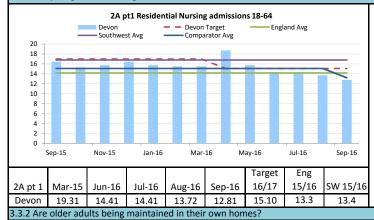


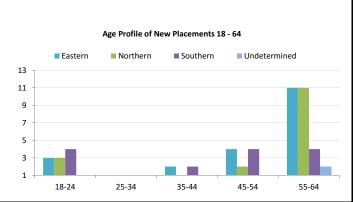
### 3.3 Do we help people to remain at home wherever possible ?/ Are we minimising the use of residential services?

Summary of Performance (Insight and Impact analysis) -

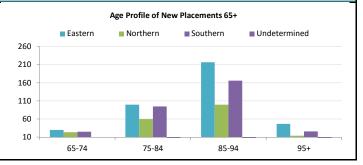
Permanent admissions to residential and nursing care (ASCOF 2A) for service users aged 18-64 (part 1) and 65 and over (part 2) have seen an improvement during 2015-16 when compared to 2014-15. Performance for both parts of the indicator is ahead of target. For the 18-64 cohort, performance is below the 2014-15 England comparator (14.2) and for service users aged 65 and over, performance is significantly better than 2014-15 comparators.

## 3.3.1 Are younger adults being maintained in their own homes?





2A pt2 - 65+ admissions to long term care ■ Devon — — Devon Target — — England Avg — Southwest Avg - Comparator Avg 800 600 400 200 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Target Devon Eng Sep-16 16/17 15/16 15/16 SW 15/16 2A pt 2 Aug-16 Devon 441.08 534.16 530.39 491.66 514.6 500.6 628.2 606.4

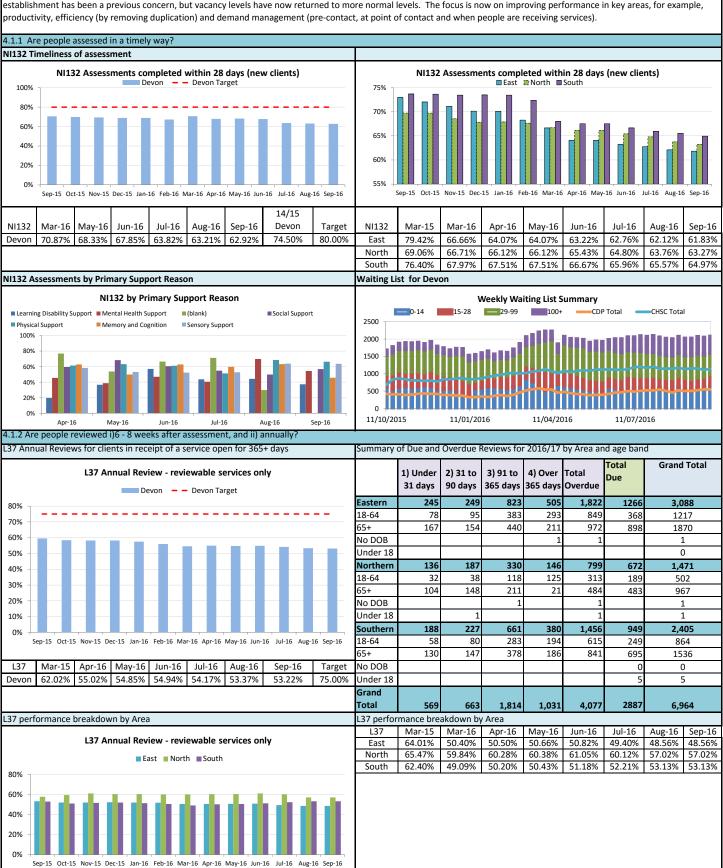


### Vision Priority 4: To ensure that people have a positive experience of social care services

### 4.1. Are we delivering an effective care management service?

Summary of Performance (Insight and Impact analysis)

The care management service has recently been reorganised leading to integration of learning disability teams with older people and physical disability teams. The staffing establishment has been a previous concern, but vacancy levels have now returned to more normal levels. The focus is now on improving performance in key areas, for example,

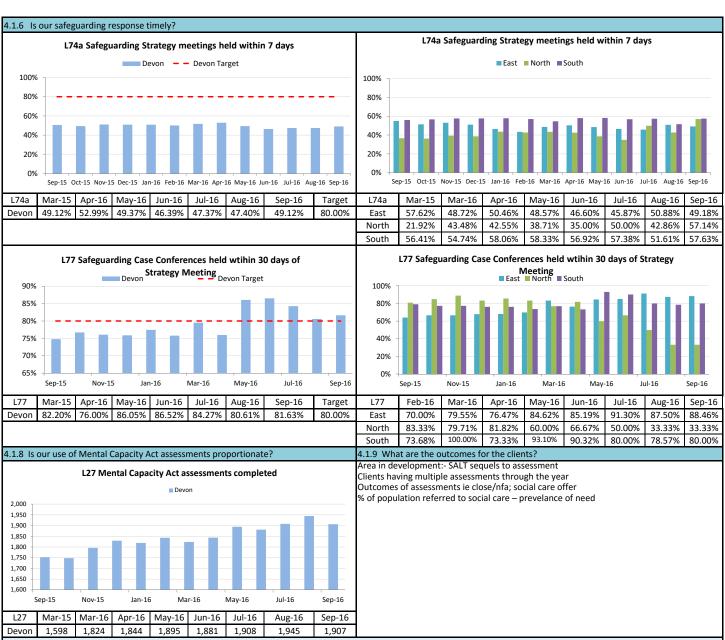


### 4.1.3 Is the quality of assessment, review and care planning audited as good?

### Summary of Practice Quality Review

A new desktop process to monitor the quality of social work practice was introduced in January 2016. The process identifies a random sample of cases to be reviewed against a set of standardised assessment criteria. During September, 88 cases were identified for review with 45 completed (51.14%). The process is currently being embedded and it is anticipated that completion rates will improve over time. Of thoses cases reviewed in September, a total average of 61.78% of all questions are scored as Fully met, with 6.52% being Partially met. During Septembert, 12 Safeguarding Practice Quality Reviews were requested and 6 completed (50%). Of these, a total average of 84.72% were scored as Fully met and 2.78% being Partially met. Further reporting metrics are in development with the Principal Social Worker.

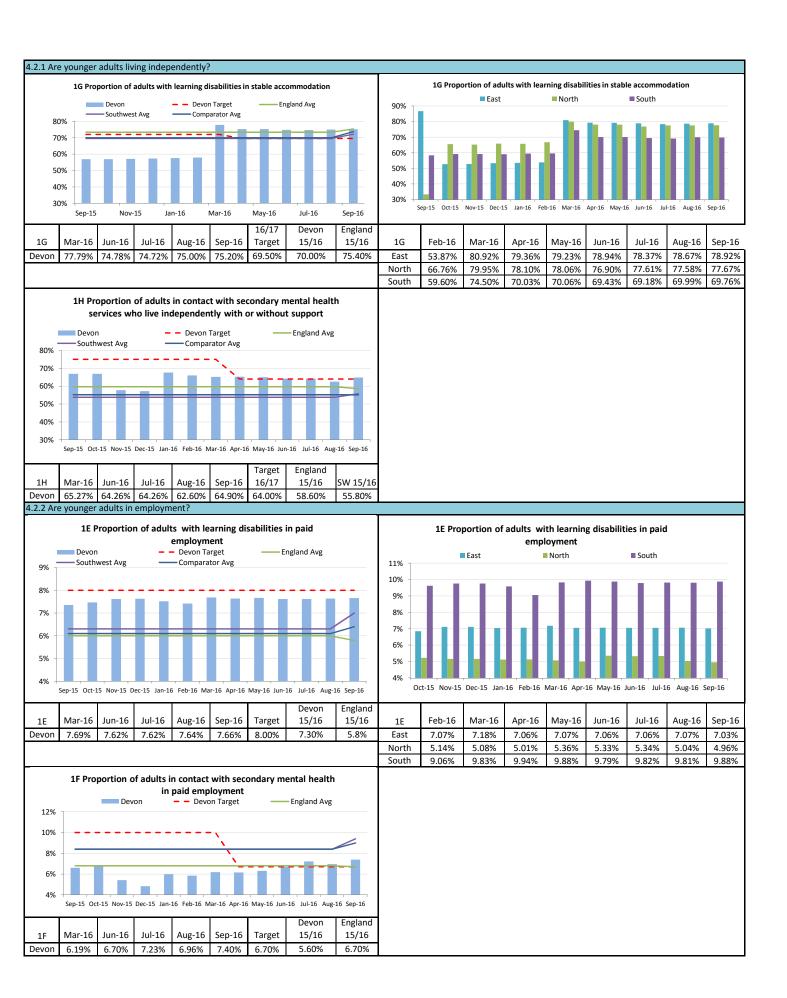


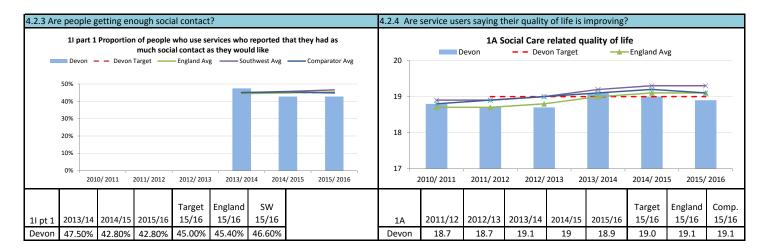


4.2 Are we improving peoples lives OR Are we helping people to improve their lives?

Summary of Performance (Insight and Impact analysis) -

During 2014-15, service user classifications changed from primary client group to recording the primary reason for their support. This reduced the numbers of service users receiving Learning Disability Support and adversely impacted on the 2014-15 final performance against ASCOF indicators 1E (employment) and 1G (settled accommodation). Current performance benchmarks well and is ahead of all 2015-16 comparators for both indicators. The comparable indicators (ASCOF 1F and 1H) report performance for service users aged 18-69 with a Mental Health Support reason. Current performance is above 2015-16 benchmarks with regard to employment and for accommodation. Service user perceptions are capture annually in the national Adult Social Care User Survey. Performance against the quality of life indicator (ASCOF 1A) is marginally below comparators in 2014-15, but overall is static agains the prevous year.





### Vision Priority 5: To ensure the social care workforce can deliver effective, high quality services

### 5.1. Do we have a workforce which is well trained and competent to meet the needs of service users and carers?

#### Summary of Performance (Insight and Impact analysis) -

This section of the Adult Performance Framework has been developed to monitor the quality of the Adult Social Care workforce. Its focus is to provide a combined view of the current workforce in terms of numbers, vacancies. turnover, sickness absence, qualifications, supervision and appraisal. The intention is to answer a range of important questions, for example: Is the workforce happy/unhappy? Are they supported by Managers? Do we enable them to develop? Do we make sure they have the right tools to do their jobs well? Are we able to recruit suitable staff?

Headline themes: Devon's 2015-16 turnover rates for Social Workers is in excess of the national benchmark published in the NMDS-SC. Internally, comparing voluntary turnover between roles shows similar rates between Social Workers and Occupational Therapists. The recent regrading of Social Workers is starting to stabilise this position. Sickness absence levels are below target this month and the level of absence attributable to mental health/psychological issues (28.72%) could give cause for concern. The qualifcation profile of the workforce is good with over 38% qualified to NVQ Level 4 or above.

#### 5.1.1 Workforce FTE, vacancies, agency staff, sickness, maternity and adoption

The following charts aim to show the actual FTE worked during the month compared to the budgeted FTE. They also show a breakdown of agency staff employed, vacancies and FTE lost to sickness, maternity and adoption leave. These figures do not take into account any annual leave taken during the period or days spent on training courses.

#### Key to charts:

#### 99.99 Budgeted FTE

Vacancies

FTE lost to sickness, maternity & adoption leave

99.99 Actual FTE + Agency FTE - FTE lost to sickness, maternity & adoption

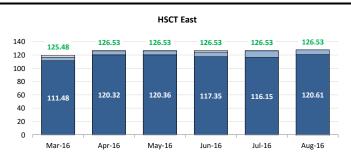
\*These figures do not take into account any annual leave taken during the period or days spent on training courses.

### Data sources:

HR database Budgeted FTE monthly extract

HR database Performance Indicator absence extracts



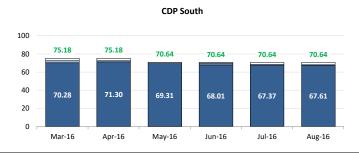


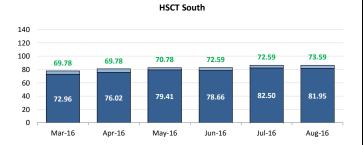
	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16		Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
FTE Lost to Sickness	4.91	4.38	5.06	3.74	5.20	3.93	FTE Lost to Sickness	3.91	3.42	3.58	4.87	7.69	4.62
Maternity & Adoption	2.65	2.65	2.65	3.05	2.40	2.40	Maternity & Adoption	1.59	2.41	2.41	2.41	2.41	2.41
Agency	0.00	0.00	0.00	0.00	0.00	0.00	Agency	7.41	13.41	13.41	13.41	13.41	13.41
Vacancy (inc. Agency)	7.70	3.65	7.40	7.19	4.70	6.50	Vacancy (inc. Agency)	9.91	13.79	13.59	15.31	13.69	12.30



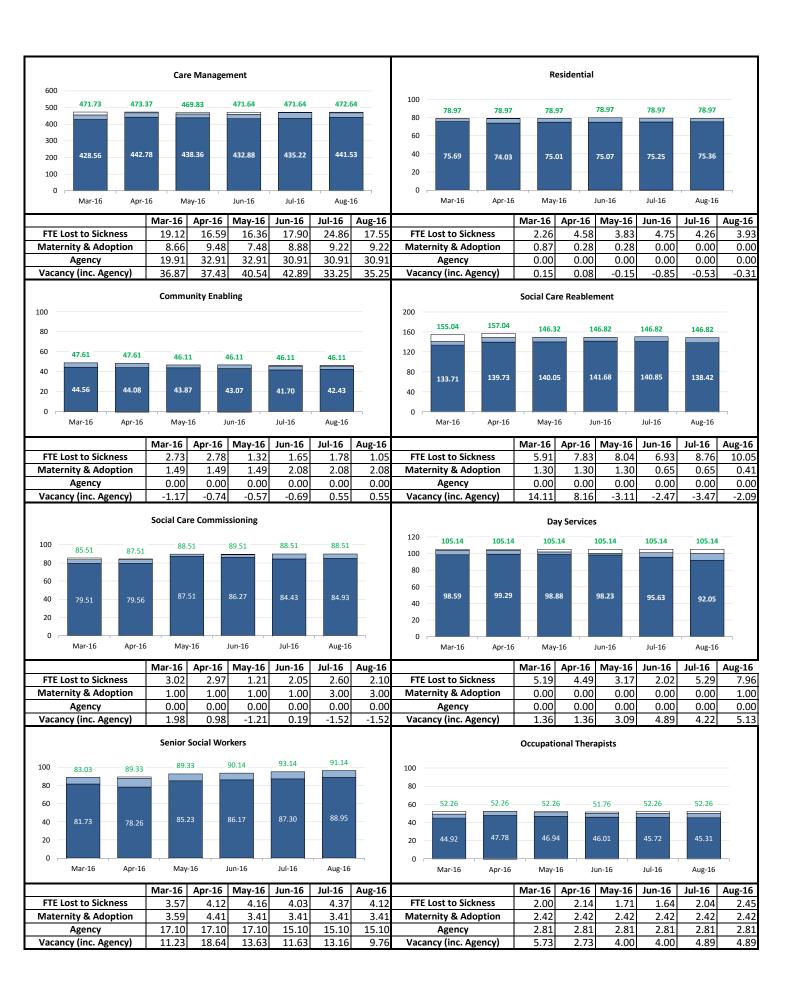


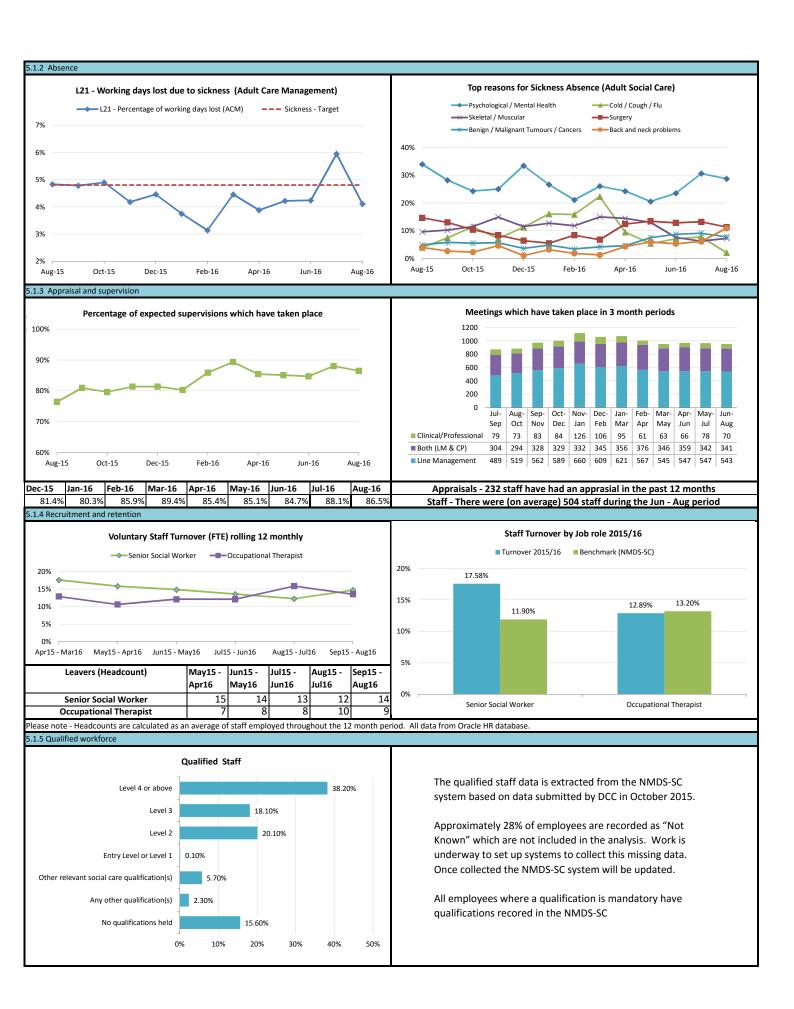
	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16		Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
FTE Lost to Sickness	2.45	2.50	2.39	2.75	5.16	3.66	FTE Lost to Sickness	2.35	2.62	3.46	2.75	3.76	2.59
Maternity & Adoption	1.00	1.00	0.00	0.00	1.00	1.00	Maternity & Adoption	1.00	1.00	1.00	1.00	1.00	1.00
Agency	0.00	0.00	0.00	0.00	0.00	0.00	Agency	2.00	4.00	4.00	0.00	3.00	3.00
Vacancy (inc. Agency)	4.12	5.62	6.24	5.05	2.98	2.98	Vacancy (inc. Agency)	0.48	7.72	9.88	7.49	9.49	9.49





	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16		Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
FTE Lost to Sickness	2.26	1.24	1.51	2.00	1.40	0.56	FTE Lost to Sickness	2.45	2.43	1.84	1.79	1.65	2.21
Maternity & Adoption	0.00	0.00	0.00	0.00	0.00	0.00	Maternity & Adoption	2.42	2.42	1.42	2.42	2.42	2.42
Agency	1.00	1.00	1.00	1.00	1.00	1.00	Agency	9.50	14.50	14.50	13.50	13.50	13.50
Vacancy (inc. Agency)	3.64	3.64	0.82	1.63	2.87	3.47	Vacancy (inc. Agency)	-3.55	3.41	2.61	3.22	-0.48	0.51





Vision Priority 6: To ensure that strategic planning and commissioning of adult social care services is integrated with the NHS and other partner:									
nary of Performance (Insight and Impact analysis) -									

## ADULT SOCIAL CARE AND HEALTH RISKS INCLUDED ON THE CORPORATE RISK REGISTER (AS AT 24 OCTOBER 2016)

		•		,	APPENDIX B				
KEY:									
Mitigating Co	ontrols:	Over due review	Red	Amber	Green				
Risks:		Review over due 0+ (Red)	Very High 21+ (Purple)	High 13+ (Red)	Medium 10+ (Amber) Low 1+ (Yellow)				
Risk Code an	d Status:	Scope of Risk:		Current nosition/actions	s taken/accountable officer:				
KS14: Depriv		Supreme Court ruling presents a significant	nt financial risk due to the	Risk Owner:	taken accountable officer.				
Liberties Safe	eguards	increase in numbers of individuals requiri			Court Marskausth				
(DoLS) and C	ourt of	applications and associated legal costs. The	his impacts both Adults and		Sarah MacKereth				
Protection (C		Children's Services as requirement to seek	_						
Inherent	25	The risk to individual vulnerable people is of their liberty and or actions undertaken		Accountable Officer:	Keri Storey				
Risk: Current Risk:	20	individuals best interest.	that may not be in the						
Current Risk	20	mainiadas sest miteresti							
Mitigating co	ntrols (includ	ing RAG rating):	Direction of Travel:	Additional comments (if	appropriate):				
Amber	-	plan in place in adult services using ADASS address residential /nursing/hospital and deprivations	$\leftrightarrow$						
Amber	b) CLT endor	sed approach and additional posts	$\leftrightarrow$						
Amber	c) On-going r on request	review of performance at SLT and Scrutiny	$\leftrightarrow$	1					
Amber	2016. Realis significant pr residential/n	nission review due to report by end of tically DCC is unlikely to authorise any roportion of the outstanding ursing or community deprivations prior to olicy change	$\leftrightarrow$						
		Seems of Biole							
Risk Code an KS19: Contin		Scope of Risk:  Without mitigating actions there is risk the	at: cianificant dalays in	Current position/actions Risk Owner:	s taken/accountable officer:				
Care	unig Health	assessments and determinations of CHC el		Misk Owner.	Keri Storey				
Inherent	30	operational inefficiencies, possible clinical		Accountable Officer:					
Risk:	30	care needs are not being appropriately cas	se managed by NHS	Accountable Officer:	Jennie Stephens				
	0.5	professionals; and financial risk to the Cou	ıncil as well as impact on						
Current Risk:	25	individuals and families							
Mitigating co	ontrols (includ	ing RAG rating):	Direction of Travel:	Additional comments (if	appropriate):				
Amber		alated to NEW Devon CCG and some	<b>↑</b>		for the NEW Devon Success Regime. Adult				
	actions agree	ed which may mitigate			portunities to be part of this work including				
Amber	b) Formal dis in use	sputes being raised and Disputes Protocol	$\leftrightarrow$	supporting people back I	nodels of care for discharge which focus on home, and consideration of joint				
Amber	c) Further tra	aining for staff planned in PPAC.	$\leftrightarrow$	commissioning arrangen	nents to enable co-ordinated discussions with				
Amber		nd move of the NHS Learning Disabilities to NHS management to simplified the	<b>↑</b>	care market					
Amber	1 .	is underway with CCG to consider future 4 g arrangements	$\leftrightarrow$	-					
Amber		n supporting work on 2015-16 cases that d in assessment or panel decisions.	$\leftrightarrow$						
ni la l	l Club	Common of Diele			and a decrease while officers				
Risk Code an KS20: Care N	d Status: Ianagement	Scope of Risk: Without mitigating actions there is risk the	at: Potential that pressures	Risk Owner:	s taken/accountable officer:				
	effectiveness		ment services impact		Keri Storey				
Inherent	25	recovery strategies	, to deliver financial	Accountable Officer:	Jennie Stephens				
Risk: Current Risk:	25								
N/14141	manual = /:	ing BAC retinals	Discation of Taxable	Additional account (1)	i annunuista):				
Mitigating co		ing RAG rating): nanagement work underway with a proof	Direction of Travel:	Additional comments (if	арргорпате):				
	-	perating in Northern Devon to manage	,,						
		ork differently. Subject to formal review							
	and roll out f	from January 2017.							

## ADULT SOCIAL CARE AND HEALTH RISKS INCLUDED ON THE CORPORATE RISK REGISTER (AS AT 24 OCTOBER 2016)

## APPENDIX B

KEY: Mitigating	controls:	Over due review	Red	Amber	Green	Completed
Risks:		Review over due 0+ (Red)	Very High 21+ (Purple)	High 13+ (Red)	Medium 10+ (Amber)	Low 1+ (Yellow)
Amber	prioritised with front practice / process cha	5 initial 'tactical' actions line staff to look at more effe inges to relieve bureaucracy from August - December 201				
Amber	c) Additional capacity in extended hours has been deployed through Saturday working		$\leftrightarrow$			

# ADULT SOCIAL CARE AND HEALTH RISKS INCLUDED ON THE CORPORATE RISK REGISTER (AS AT 24 OCTOBER 2016)

### APPENDIX B

KEY: Mitigating Controls:	Over due review	Red	Amber	Green	Completed
Risks:	Review over	Very High	High 13+	Medium 10+	Low 1+
	due 0+ (Red)	21+ (Purple)	(Red)	(Amber)	(Yellow)

Risk Code a	ınd Status:	Scope of Risk:		Current position/actions take	n/accountable officer:		
	<b>IG11: Market capacity Idult social care</b> Without mitigating action there is risk that care of the right quality is currently stretch increasing the risk that we cannot maintal		ned in some parts of Devon	Risk Owner:	Tim Golby  Jennie Stephens		
Inherent Risk:	30			Accountable Officer:			
Current Ris	k: 24						
Mitigating	Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appr	ropriate):		
Green	a) Reprocurement of personal care via new framework: contracts awarded in March, transition to new arrangements in June.		$\leftrightarrow$	New framework contracts in place. On-going work with providers to secure immediate supply with regular monitoring of position. Above inflationary award issued for current year. Launching a promotional			
Amber	b) Refresh of Statement	f Adult Social Care Market Position	$\leftrightarrow$	campaign with providers to er retention across the sector.	ncourage workforce recruitment and		
Green	c) Provider E	ngagement Network	$\leftrightarrow$				
Amber	d) Performai framework a	nce monitoring of call off against the igreement	$\leftrightarrow$				
Amber	e) Work with providers to address capacity shortfall f) Investigations of new solutions/new way of working		$\leftrightarrow$				
Amber			$\leftrightarrow$				
Green	g) Weekly Sl	TREPS and escalation	$\leftrightarrow$				
Amber	h) Provider o	of last resort option	$\leftrightarrow$				

Risk Code ar	nd Status:	Scope of Risk:		Current position/actions taken/accountable officer:			
TG15: Reduction in  Government funding affects service delivery  Without mitigating actions there is risk the affecting DCC service delivery in the even Comprehensive Spending Review and sub Settlement given inflationary pressures in		event of changes made in the I subsequent Local Government	Risk Owner:	Tim Golby			
Inherent Risk:	30	growth.		Accountable Officer:	Jennie Stephens		
Current Risk: 30							
Mitigating c	ontrols (includ	ling RAG rating):	Direction of Travel:	Additional comments (if appr	opriate):		
Green	a) Options of	n 2% precept	$\leftrightarrow$	The current risk remains asses	sed at 30 (VERY HIGH) as a result of the		
Amber	b) Increase ii	n BCF funding	$\leftrightarrow$	on-going financial pressures b	eing experienced by NEW CCG. The		
				Success Regime and national f through and remains a very hi	ocus on Devon is still being worked gh risk to the Local Authority.		

# ADULT SOCIAL CARE AND HEALTH RISKS INCLUDED ON THE CORPORATE RISK REGISTER (AS AT 24 OCTOBER 2016)

### APPENDIX B

KEY: Mitigating Controls:	Over due review	Red	Amber	Green	Completed
Risks:	Review over due 0+ (Red)	Very High 21+ (Purple)	High 13+ (Red)	Medium 10+ (Amber)	Low 1+ (Yellow)

Risk Code and	d Status:	Scope of Risk:		Current position/actions take	n/accountable officer:				
TG20: Marke (Residential 8		Without mitigating actions there is risk th and nursing care of the right quality is cur.		Risk Owner:	Tim Golby				
Inherent Risk:	30	parts of Devon increasing the risk that we discharge from hospital. Difficulties in rec	•	Accountable Officer:	Jennie Stephens				
Current Risk:	30	increases this risk.							
Mitigating co	ntrols (includ	ing RAG rating):	Direction of Travel:	Additional comments (if appr	tional comments (if appropriate):				
Amber	a) Capital investment programme led by BR team to increase capacity in areas of highest need		<b>↑</b>	Accommodation Strategy to s	upport future commissioning				
				arrangements for Care Homes	, Extra Care Housing, Supported Living				
				and Shared Lives nearing com	pletion.				
Amber	b) New care I provisions 20	nomes contract including block bed 017-18	<b>↑</b>						
Amber	c) Working w fit to contrac	ith CCGs re. intermediate care to ensure t	<b>↑</b>						
Amber	d) Improving relationship with the market via sector lead to increase market engagement  e) Fee uplift has stabilised market failure		<b>↑</b>						
Green			1	1					
Amber	f) Workforce to private sec	development programme being extended ctor	<b>↑</b>	1					

Risk Code an	d Status:	Scope of Risk:		Current position/actions taken/accountable officer:			
TG29: Budget Without mitigating actions there is risk t.  Management overview of timing, impact or scope of se		•	Risk Owner:	Tim Golby/Keri Storey			
Inherent Risk:	25	se to review or reconsideration of proposals		Accountable Officer:	Jennie Stephens		
Current Risk	20						
Mitigating co	ontrols (includi	ing RAG rating):	Direction of Travel:	Additional comments (if app	ropriate):		
Amber	a) Thoroughness of consultation of proposals		$\leftrightarrow$				
Amber	b) Thorough risk assessment of plans and policy changes		$\leftrightarrow$	]			

CS/16/35 People's Scrutiny Committee 17 November 2016

# **Adults' Standing Overview Group**

The Adults' Standing Overview Group (ASOG) of the People's Scrutiny Committee meets bi-monthly to review performance/service matters relating to adults' safeguarding and social care services respectively.

At the last session on 28 September 2016, with Councillors Hannaford (Chair), Biederman, Hosking and Randall Johnson in attendance, the following issues were raised:

# Preparing for Adulthood and Transitions for Children & Young People with Disabilities

- The lack of clarity on the County Council's model of practice which is currently too focussed on dependency. Officers want to use the progression model, in future service re-design, which is already embedded in some part of the County. Need to work to support people's strengths and assets.
- Adult Social Care (ASC) and Children's Social Work (CSW) need to operate more closely with Health to improve consistency across Devon.
- Independent living needs to be encouraged from an earlier age to try to avoid the 'cliff edge' as young people move into ASC. Young people and their parents need to know what to expect as they make this transition with a consistent message from ASC, CSW, Education and Health.
- Housing is important to the progression model, and there needs to be a suitable range of provision available. Need to work with the city and district authorities to ensure a clear strategy across Devon.
- Trying to reduce the reliance on paid support, and develop the model of community based support.
- Those children supported through a Child Protection Plan / Children in Need who do not meet thresholds for ASC are a high risk group and among the likeliest to enter the criminal justice system.
- Placement stability for care leavers is still not good enough in Devon.
- The progression model should be the model for all children as they move into adulthood regardless of whether they have a learning disability or otherwise. CSW are trying to manage risk earlier, and are working with colleagues in Education using the progression model. There is now increased staffing in terms of support for care leavers with more personal advisors in post.
- For young people with a learning disability who also have medical needs, there is a significant transition to make at 18 as they will go from seeing one paediatrician to a range of clinicians.
- There are challenges for ASC when young people come through to them without a learning disability or assessed mental health need, and there is no legislative power to support them.
- Schools and colleges have not done well enough supporting young people with life skills for independent living.
- The summer period can be an issue for some young people finishing school / college. Children who have had involvement with the SENCO or who have been Children in Need are among those most likely to be at risk of 'getting lost 'in the summer after their GCSEs.
- There is significant pressure on the system. More young people are surviving with complex needs with improvements to healthcare and diagnostics.
- Evidence suggests there are more children feeling less happy with low level anxiety issues as well as an increased number accessing additional support, CAMHS etc.
- > The County Council needs to be less reactive and more proactive in its response.

- A risk stratification tool is being piloted in Exeter across 6 GP practices, using data to better understand problem areas and issues. This will help to look at the whole public sector system and the support that can be provided to people before they enter statutory services.
- There is an issue at 18 when a young person is in high cost residential provision, if conversations have not been taking place from 14.
- Nationally only 6% of people with a learning disability have a job. There needs to be more emphasis from the County Council in supporting employability, and taking the lead on this agenda. It is unclear whether any apprentices within the LA have a learning disability.
- There is an issue for young people with the national requirement of a GCSE C grade at Maths / English, which may prevent young people getting onto apprenticeships.

### Agreed that

An invitation be sent to members inviting their involvement on the Learning Disability Partnership Board

#### Adult Social Care Performance Framework

- > Delayed transfers of care is an issue given the fall in performance. Officers advised that this issue, relates more to Health than ASC, but remains a concern with a particular problem at the RDE.
- ASC is involved in a major piece of work to address the shortage of carers in some parts of the County. There is a particular issue with the Living Well at Home contract in East Devon.
- Analysis is taking place of the number of low / high value care packages, as it appears Devon may be more generous in its provision than its comparator authorities.
- Devon has approximately 100 more people in residential care than other LAs, many of whom have dementia. Too many people with dementia go from hospital to care home; a considerable number of whom will not go back to their home.
- ➤ Devon assesses far more people than a local authority of similar size, with over 1000 more cases than comparators. ASC is currently over involving itself in people's lives, which is symptomatic of not adopting a strength based approach but rather one that creates dependency. Too many people are being brought into the system at every level, creating a huge amount of work.
- Cuts in work funded by the Better Care Fund to support Dementia Friendly Communities. Members questioned whether it was a false economy to discontinue the Partnership Development Officer role, as in the region of £10,000 a year can be saved keeping a person with dementia in the community.
- The progression model is relevant across every aspect of the system. The 'Devon way' should underpin all work and be about an asset based, positive approach.
- Concern about the performance relating to staff supervision and appraisals. ASC needs to be the system leader in terms of the quality of practice, setting clear expectations to all partner agencies. Need to have the right quality framework, practice standards and supervision in place.
- > People are being taken into care homes in Devon sooner when compared to other LAs.

# Agreed that

People's Scrutiny to undertake a detailed piece of work on dementia care jointly with Health & Wellbeing Scrutiny.

Cllr Rob Hannaford Chair

CS/16/36 People's Scrutiny Committee 17 November 2016

## **Children's Standing Overview Group**

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The Children's Standing Overview Group (CSOG) of the People's Scrutiny Committee meets bi-monthly to review performance/service matters relating to children's safeguarding and social care services respectively.

At the last session on the 23 September 2016, with Councillors Randall Johnson (Chair), Dewhirst, Hannaford, Hannan and Mathews in attendance, the following issues were raised:

### **Eclipse Migration**

- Eclipse is more user friendly than Care First, helping staff to spend less time inputting data and allow them more time on the frontline. Eclipse will also aide partnership working. Members noted that while IT systems can help support the service, it is the quality of staff and leadership that makes a local authority 'Good'.
- > The Eclipse system will be implemented by September 2017.
- Eclipse will not cover Adult Social Care (ASC). Eclipse however could be integrated much more seamlessly with other systems than Care First, including that operated by ASC which is also provided by OLM. There is however no national join-up of children's social care data, and no particular drive to do this currently.
- Concern from members that there is no offline element to Eclipse given the network connectivity issues in Devon.

### Special Educational Needs and Disability (SEND)

- Devon has been late in implementing the SEND reforms. The County Council had been a Pathfinder authority but for various reasons had not capitalised on this and was now 'playing catch up'.
- Local authorities are required to convert existing statements of SEN into Education, Health and Care (EHC) plans by the end of March 2018. Considerable work is underway, and Devon is now on course to meet this target date. It is however a major undertaking and a rise in new EHC assessments currently adds further challenge.
- > The move away from statements to EHC plans also represents a significant cultural change in Devon, which has relatively high rates of children with statutory plans compared to other areas.
- Devon Parent Carer Voice has been supported and encouraged to fulfil its potential role in capturing and feeding back issues to the Council and its partners. Meetings in the spring of 2016 collected parents "burning issues". These have been written up, shared with partners and parents will be responded to in meetings in November.
- It was extremely alarming that children in Devon are 3 to 6 times more likely to be permanently excluded if they have an SEND, in particular for those that have been statemented. Some young people are unfortunately being excluded from school because they are not high achieving enough; the children most in need of education are those most likely to be removed.
- There is a good deal of pressure on the Council's High Needs Block (HNB), which is overspending. Work is going forward on establishing a clearly graduated response in which expectations; support and access to the HNB are all clearly understood and applied consistently.
- > The Cabinet Member commented that after the Peer Review it would be extremely useful for People's Scrutiny to focus on SEND.

### **Integrated Children's Services**

- There have been some issues with Virgin Care and the Integrated Children's Services (ICS) contract.
- > The contract is large (£34.748m) and complicated, but given that it will terminate in March 2018, it does provide the opportunity to look at how the system could more effective as a whole for children.
- > The contract does not however need to be let in the same way, the procurement could be offered with an option to bid for component lots instead of as a whole.
- Waiting times is a key issue, both for assessment and services. Need to understand whether this is due to organisational issues or under commissioning.
- Not clear if contract for ICS will remain jointly commissioned. Legal advice is being sought.
- The lack of integration in terms of the discharge of the ICS contract.
- Scrutiny could focus on what the ICS frontline service should look like and how staff can work together for better outcomes for children and families. There are challenges measuring the service's impact.
- Members flagged up the need in the pre-procurement process for Virgin Care's performance with this contract to be taken into account when evaluating tendered bids.

# **Budget Monitoring 2016/17**

- > There are some key risks particularly with SEND and placements for Children in Care.
- Concern from members over the impact on the budget of the historical closure of Devon's children's home and the need for further work to be undertaken to look at this area of business.
- There are questions to consider in terms of if the County Council determined to create children's home provision in Devon whether it would be to support those with higher end needs or those less complex young people.
- There should be an exploration of a stepped down service for those young people moving out of the Atkinson Unit, as such a provision would appeal to those LAs currently placing in the secure unit.
- A key issue is finding suitable placements for Children in Care with complex needs.
- Work is being undertaken to recruit more foster carers. There are more children who could be with families if there was better planning in the system. There have been less very young children in the system, which is likely to be a factor in the reduction in the number of foster carers.
- More work is needed investing in young people as soon as they come into care particularly in terms of cognitive therapy and CAMHS. The issue is about identifying what a child needs at the earliest point to make sure intervention is timely.
- > 85 children came into the care system in Devon in June/July 2016.
- Concern about the number of agency social workers. There is still a reliance on agency staff to a level that the County Council would ideally not have. There are however significant issues in part of Devon where it is difficult recruiting staff, even those from agencies.
- ➤ The need for a performance dashboard to track the number and location of all Devon Children in Care placed out of County.

Cllr Sara Randall Johnson Chair

CS1607
Peoples Scrutiny
17 November 2016

# JOINT REPORT FROM VIRGIN CARE - INTEGRATED CHILDREN'S SERVICES AND COMMISSIONERS ON DEVELOPMENTS IN CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES

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#### 1. Introduction

- 1.1 This joint report describes the developments and on-going service improvements across the emotional and mental health wellbeing system, and how Devon CAMHS in partnership with commissioners, have developed services for children in need of early help, for serious conditions such as eating disorders, and for children and young people are in crisis. These improvements follow on the recommendations made by the Scrutiny Committee CAMHS Spotlight Review (September 2014)
- 1.2 Finally the report outlines the remaining system challenges and how commissioners and CAMHS are working together to address them.

#### 2. Background

- 2.1 In September 2014 the Health and Wellbeing Scrutiny Committee and the People's Scrutiny Committee published their CAMHS Spotlight Review report setting out the following recommendations to the health, education and social care system:-
  - 1. Everyone to be aware of the importance of good mental health.
  - 2. Involve young people in the co-design and commissioning of mental health services.
  - 3. To promote the available wellbeing services within schools.
  - 4. All stakeholders continue to work together in the pursuit of the best outcomes for the individual child.
  - 5. All women to be given access to mental health support during and after childbirth.
  - 6. Support the ambition that young people should never be taken to a police station as a place of safety.

Progress on these recommendations will be explored in this report.

- 2.2 Nationally since the last report there has been considerable policy focus on mental health. The Five Year Forward View for Mental Health (Feb 2016) endorsed the recommendations in the *Future in Mind* report (2014) proposing a three-pronged approach to improving care for children and young people through prevention, the expansion of mental health care such as seven day access in a crisis, and integrated physical and mental health care.
- 2.3 Reflecting the national picture Devon has experienced an increase in both the volume and complexity of demand for emotional and mental health services. The recent Devon Health Watch survey identified that young people are most concerned about their emotional & mental health with self-harm and depression being prominent.
- 2.4 The national CAMHS transformation funding is welcomed and is being allocated by CCGs in line with their Local CAMHS Transformational Plans to improve mental health outcomes with a focus upon:
  - Improving self-harm outcomes
  - Reducing morbidity from eating disorders

- Improving mental health early help
- Supporting children in care

#### 3. CAMHS in 2016

3.1 Over the past three years significant and sustained improvements have been made in the provision of emotional and mental health care for children and young people living in Devon. There have been new services commissioned and a systematic approach to the application of evidence based practice and development of clinical care pathways that have improved clinical efficiencies and outcomes. These developments and on-going service improvements are described in the following sections.

### 4. Working in Participation with Young People

- 4.1 Devon CAMHS has an embedded approach to participation, with a dedicated lead, and with young people participation champions in all teams, engaging young people in all aspects of service planning, delivery & monitoring including the recruitment and selection of all staff at all grades.
- 4.2 Devon young people have consistently represented the county at collaborative and national events. A recent undertaking by young people entitled 'our perfect CAMHS journey' has been presented regionally and nationally. Devon is a member of the national participation group called 'Gift'

### 5. Improving access to psychological therapies (IAPT)

- 5.1 In 2012 Devon CAMHS joined the South West collaborative to develop the child Improving Access to Psychological Therapy programme. This programme for children has trained existing staff in evidenced based psychological therapies at certificate and post graduate level.
- 5.2 The principles underpinning the Improving Access to Psychological Therapies programme require that a high percentage of clinical work is monitored using routine outcome measures (ROMS).
- 5.4 Consistent evidence internationally and in Devon has shown that utilising outcome measures improves outcomes for clients and reduces length of treatment.
- 5.5 All IAPT trained staff have been now been taught how to use these outcome measures in clinical practice and supervision.
- Devon has adopted the national service user's pledges and has involved young people and carers in many aspects of service delivery. Continual improvement is recognised and in this vein collaboration between CAMHS and children and young peoples' service user groups have been given a renewed focus.
- 5.7 Since 2012, more than forty staff from Devon have been seconded to and completed IAPT training and in 2017 a further ten staff will be seconded for therapy training. A further fifteen will be seconded for an evidence based practice training course, with these staff coming from a mix of public health and third sector organisations.

#### 6. Early Help.

In the 2014 scrutiny report, a strong emphasis was given to improving mental health provision at an earlier stage than referral to specialist services. To achieve this, an early help contract was commissioned by Devon County Council and awarded to Virgin Care which went live in September 2015. Early Health for Mental Health (EH4MH) is delivering evidence based learning, training & supervision to all schools in Devon that opt into the scheme.

- 6.2 Additionally face to face counselling delivered is Young Devon and online counselling and support service are delivered by Xenzone.
- 6.3 CAMHS colleagues providing the service have described a great variety of efforts being undertaken by schools to help manage mild to moderate levels of mental health needs. Some schools have shown exceptional innovation including the development of supervision groups for self-harm, mental health awareness and emotional wellbeing.
- 6.4 To date, all schools in Devon have been approached and the vast majority have opted into the scheme. The opt-in criteria include having executive sponsorship for EH4MH within the school and a named member(s) of staff who will be EH4MH champions. There are currently 211 registered Emotional Health and Well Being champions in schools.

#### 7. Primary Mental Health Provision. (PMHW)

- 7.1 CAMHS employs Primary Mental Health Workers colleagues and are currently reviewing the behaviour and parenting groups offer.
- 7.2 There is good evidence from national studies that consistent 'upstream' focus reduces referrals to CAMHS and improves community interventions for children and young people with mental health needs. By March 2017 there will be named primary mental health workers attached to all GP practices or clusters to support and inform referral decision making.
- 7.3 Primary Mental Health Workers are engaged in multi-agency Early Help with many of the primary mental health workers attending Team Around the Child meetings as methods of engaging with schools, networks and families. We continue to explore how we can further strengthen our Early Help working. Primary mental health worker colleagues are involved in 'Missing Monday's' project which seeks to identify young people with poor attendance at school and to target services to improve health and education outcomes...

#### 8. Support for pregnant women and mothers

- 8.1 This was identified as a need in the 2014 report and the new service is now providing targeted support. Though small CAMHS perinatal infant mental health service provide consultation, supervision and support to the specialist adult perinatal mental health team, to CAMHS colleagues and into universal services working closely with specialist health visitors on a county wide basis. 48 new referrals were made to the service from October 2015 to October 2016.
- 8.2 They also provide clinical care for infants and parents and utilise evidence based approaches and routine outcome measures to improve parent infant attachment and have also been involved at national level in the development of outcome measures for under 5s services.

### 9. Eating Disorder Pathway model

- 9.1 In 2013 Eastern CAMHS started to deliver their care using a pathway based model. This was to align children to care pathways that were specific in their intention to treat according to NICE guidelines shown to improve outcomes for young people with Mental Health needs.
- 9.2 The initial pathway was the North and East Devon Eating Disorder pathway that was developed to reduce tier 4 inpatient admissions and to increase positive outcomes for children and young people

- 9.3 Admissions over a 2 year period to the Tier 4 units have reduced significantly and have been sustained as a direct result of active and effective intervention and treatment in the community. Readmission rates have also consistently improved.
- 9.4 This Eating Disorder pathway has been recognised as good practice by NHS England in their Commissioning guidance publication (July 2015). This pathway has been developed and delivered in collaboration with consultant paediatricians in the Royal Devon & Exeter NHS Foundation Trust and was recently published in the British Medical Journal Archive of Childhood Diseases,
- 9.5 Using this local evidence of positive change has led to the development of more pathways. It is envisaged that by autumn 2017 Devon CAMHS interventions will be aligned to and delivered to the clinical pathways set out below
  - EH4MH & primary mental health
  - Managing relationships (including attachment)
  - Managing mood
  - Managing emotions
  - Managing eating
  - Managing neuro-diversity
  - Managing being in Care (CiC)
  - Managing your acute needs (acute & crisis care)
  - Journey after child abuse (post sexual abuse)
- 9.6 This 'whole system' approach has significant benefits:
  - Service improvements are embedded in practice aiding sustainability
  - Staff develop their clinical expertise and apply it in practice
  - Children and young people are treated with the best evidenced based approaches and should experience symptom reduction.

#### 10. Children in Care (CiC)

- 10.1 Children in care frequently present with needs that are complex, enduring and life impacting. The current CAMHS service around the child (SAC) provision that is commissioned by Devon County Council has recently been collaboratively remodelled.
- 10.2 The revised specification will see all Devon children and young people coming into the care system screened at the initial child health assessment. The screening will identify who needs to be assessed by the Children in Care mental health team at an early stage and for their needs to be met by practitioners in a timely way. CAMHS are on target to commence this new model by December 2016.

### 11. Transitions to adult mental health services

- 11.1 In 2014, the transition to adult mental health services and other providers was problematic. Many young people found the process frustrating, sometimes leaving them with no service at a critical and vulnerable time in their development.
- 11.2 Since then CAMHS have worked closely with adult mental health providers on the 'preparing for adulthood' processes and have developed and signed off a transition protocol between Devon Partnership NHS Trust and Virgin Care.
- 11.3 Approximately 45 young people transfer from our CAMHS service to adult mental health every year and the process begins at least two years before they are 18, or sooner if they have been in a mental health inpatient unit. Other young people with less complex needs may require signposting to voluntary or other services.
- 11.4 Some young people will stay open to CAMHS after their 18<sup>th</sup> birthday in order to complete their treatment.

11.5 The mental health transition is overseen by a senior team from Devon Partnership Trust & Virgin Care CAMHS to ensure that potential barriers are identified early and resolved.

#### 12. CAMHS Assertive Outreach

- 12.1 In the summer of 2014 there were approximately thirty Devon young people in mental health inpatient adolescent units nationally, some of whom were hundreds of miles from home.
- 12.2 Keeping track of these young people was problematic. Attending reviews and clinical decision panels placed significant pressure on the CAMHS core service. A serious case review in 2013 highlighted the lack of a commissioned intensive community support approach for Devon children and young people.
- 12.3 NEW Devon and South Devon and Torbay CCGs in partnership with NHS England commissioned an Assertive Outreach Team model which became operational in October 2014, fully staffed with CAMHS mental health nurses and a consultant psychiatrist by March 2015.
- 12.4 The remit of Assertive Outreach is to provide intensive community CAMHS capacity to support young people at risk of admission and to facilitate reduced length of stay in the inpatient units by supporting earlier discharge.
- 12.5 The team work extended hours, evenings and weekends and provide intensive care & risk support to children and young people, families and carers. The team attend all inpatient reviews and challenge the need for continued admission.
- 12.6 All the team including the consultant and senior nursing staff work into homes to ensure that containing and coherent packages of care are delivered to benefit children and young people's mental health needs.

#### **RESULTS**

12.7 The impact of the team has been evident with inpatient admissions reducing from at times 32 to now 9, the majority, where possible, in local inpatient units. Length of stay has been reduced by approximately 35% and continues to drop.

## Number of children and young people in Tier 4



12.8 The team now work closely with the local area teams and are increasingly supporting the acute care pathways working with the paediatric wards to manage risk and to

- avoid extended paediatric admissions by encouraging positive risk management into the community teams.
- 12.9 Work on developing a consistent self-harm approach has progressed. The Risk Assessment Service teams support the assessment and treatment of serious self-harm by ensuring same day assessment and onwards management, often into dedicated systemic family practice care pathways.

### 13. Crisis Care Team (CRT)

- 13.1 CAMHS have developed an out of hour's crisis service commissioned by both CCGs. In addition to the previous telephone on call service, CAMHS can now respond to Mental Health Act assessments 24/7, undertaken by Consultant child psychiatrists on call and when no other options are available the assessment of young people in mental health crisis.
- 13.2 In 2015 a place of safety for young people within the Plymbridge inpatient unit in Plymouth was commissioned and that has been used for section 136 Mental Health Act assessments more than 35 times since 2015.
- 13.3 No young people have been left overnight in a police cell on a section 136 detention order within Devon in 2016 except where there have been significant risk indicators that have warranted this exceptional measure.
- This directly addresses the recommendation of the scrutiny CAMHS report that young people should not be taken to police stations as a place of safety.
- 13.5 Devon CAMHS have been represented along with other health, social care, police and voluntary sector providers in developing the all ages mental health crisis care concordat. This will see comprehensive all ages mental health provision for those in crisis delivered 24/7 utilising all resources.

#### 14. Waiting times reductions

- 14.1 Despite a rise in volume and complexity of need, such as self harm and eating disorders, a considerable reduction in waiting times has been delivered and sustained. This has been achieved through a rigorous, consistent approach to efficiencies through job planning, outcome measures, clinical and line management supervision and a cultural shift towards waits being seen as unacceptable and 'not good enough' for our families.
- 14.3 In March 2016 CAMHS achieved the target of 85% of children and young people seen and treated within 18 weeks and are on target to reach the target of 92% of children waiting less than 18 weeks for treatment.
- 14.4 As of September 2016 the median wait from referral to treatment is 8.6 weeks. On average urgent cases begin treatment within 1-2 days and in the most urgent cases treatment can start within 24 hours.

### 15. System challenges

- 15.1 Demand for CAMHS remains high. It is anticipated that increasing the upstream offer of early health for mental health and primary mental health workers will gradually reduce demand. However similar services have reported that new initiatives such as these often result in increased referrals to core services as mental health morbidity is 'uncovered' before reduction in referral rates after time.
- 15.2 Increasing complexity of clinical presentation is reported both nationally and locally with most research showing increases in eating disorder, serious and sustained self-

harm and symptoms associated with low mood in the adolescent population. CAMHS are working closely with key partners to find collaborative methods of supporting these vulnerable groups and recognise that for a significant number of children 'wrap around' care and intervention is required.

- 15.3 Nationally there are significant pressures with recruiting to staff. Many CAMHS services have reported difficulty in filling vacancies and are further challenged by high turn-over rates. This national picture has undoubtedly worsened with the increasing new monies as most CAMHS services are looking to recruit additional clinical staff.
- 15.4 CAMHS has developed a workforce plan and new approaches to recruitment, including a recruitment 'fair' held in September, which attracted many new staff, enabling a number of vacancies to be filled.

#### 16. **Conclusions**

- 16.1 Over the past three years significant and sustained improvements have been made in the provision of mental health care for children and young people living in Devon, with new services commissioned and a systematic approach to the application of evidence based practice and development of clinical care pathways that have improved clinical efficiencies and outcomes.
- 16.2 There are new services that have been developed and commissioned including
  - Early help for mental health delivering evidence based learning, training & supervision to over 200 schools to date and face to face and on line counselling for young people.
  - Place of safety in Plymbridge unit ensuring no young people are left overnight in a police cell on a section 136 detention order.
  - Out of Hours crisis response service ensuring that CAMHS can now respond to Mental Health Act assessments 24/7, undertaken by Consultant child psychiatrists on call.
  - Assertive Outreach Service reducing tier 4 inpatient admissions and length of treatment, enabling more young people to be supported at home.
- 16.3 There is still more to do. The Health-watch survey of young people tells us clearly that mental health concerns are at the top of the list; that young people worry about depression, self-harm and anxiety and that these are impacting on their daily lives.
- 16.4 CAMHS in Devon is committed to continual improvement; working in alliance with key partners, families and agencies to improve access, reduce mental health inequalities within the service offers and to make our value of 'care good enough for our families' a daily reality for children and young people in Devon.

**Crispin Taylor Head of CAMHS** Devon Integrated Children's Services, Virgin Care Ltd

Electoral Divisions: All

Cabinet Member for Children, Schools and Skills: Councillor James McInnes

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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CS1606
Peoples Scrutiny
17 November 2016

#### **UPDATE- CARE LEAVERS TASK GROUP INTERIM REPORT- 18/11/15**

#### Report of the Head of Children's Social Work and Child Protection

#### 1. Background to report

In May 2015 Ofsted published the inspection report on services for children in need of help and protection; children looked after and care leavers in Devon. The Ofsted judgement on the experiences and progress of care leavers was 'inadequate' and a number of recommendations were made.

In November 2015, People's Scrutiny completed an interim review on progress. The Scrutiny review led to 5 recommendations:

- 1. That the arrangements for the preparation to adulthood for care leavers in transition are significantly improved upon to ensure that personal advisors are allocated by the 16<sup>th</sup> birthday for all care leavers.
- 2. That the County Council needs to increase to 100% the involvement of care leavers in their pathway planning.
- 3. That the County Council work more closely with district, city and borough councils on issues relating to care leavers housing with senior officer attendance at all Devon Homelessness Prevention Partnership meetings.
- 4. That the County Council and district authorities continue to strengthen their corporate parenting arrangements and responsibilities.
- 5. That the County Council re-examine its commissioning arrangements in relation to supported accommodation, to include the allocation of an officer from social care commissioning to work specifically on care leavers housing with the districts.

This report seeks to update Scrutiny Members on the significant progress and improvements in these areas in the last 12 months and to assure members that continuing to improve outcomes for care leavers remains a priority within children's services, across the Council and with partners.

### 2. Progress against recommendations

### 2.1 Recommendation 1: Preparation for adulthood

There are 787 care leavers (OFSTED classification used). The service has now maintained contact with 80% of these young people, improving from 70% in 2015/16. The Local Authority has a significantly improved its tracking and understanding of this cohort. Of those we are not in touch with 12% have advised they wish to have no contact, have returned to birth family for over 6 months and tragically in 4 cases the young people have died. When these additional figures are taken into account, we are not in touch with only 8% of our young people. Due to DCC not previously engaging with these 27 young people all efforts are being made to regain contact and advise them of their rights and the support available.

All care leavers with whom we have been in contact have an allocated Personal Advisor. The staffing complement of Personal Advisors to the Permanency and Transition Teams was increased by 6 workers to meet the rising numbers. These workers are now allocated at 16.

The progress for young people who are not in education, employment or training (EET) is showing an improving trajectory as the figures have increased within the year from 34.4% to 47.9 % in EET.

Greater understanding of the cohort is also in place with of those NEET, 13% (136) are identified as having a significant disability but within the cohort 30% are identified as having some form of disability. 7.4% are unable to work due to pregnancy and parenting. With variances this means that 38.3% of young people are not attending training, education or employment.

# 2.2 Recommendation 2: Involvement in Pathway Planning

The participation team with colleagues from the virtual school devised a Personal Occupational Progression Plan (POPP) which replaces the Pathway Plan at 16. Devon's POPP has gained National interest and acclaim.

The number and quality of Pathway/ POPP plans is tracked up to the age of 18 by the Independent Reviewing Unit (IRU) through the reviewing process. The progress of young people within their education is tracked by the Virtual School /College up to the age of 21. Further support is available by 'Careers South West' after this age up to the age of 25. This new process is leading to a number of improvements in how care leavers are supported to independence.

There are new mechanisms in place to ensure educational support is activated swiftly where there is young person who, through the school review process, is identified as having difficulties in college or school. Care Leavers entitlements have also been amended so those young people who are undertaking, training, apprenticeships and education are able to gain more financial support. This encourages aspiration and long term economic sustainability.

Aspiration for our children in care has also enabled priority within the council wide work on the new apprenticeship scheme currently being put in place and more work experience opportunities. Additional opportunities at an earlier age are also being offered, for example year 10 students were offered free STEM (science, technology, engineering and maths) courses during October half term to encourage future occupation in this field.

The number of young people being supported to attend university and higher education (level 4) courses also increased this year with the number rising to 23. The full figures will be published by the Virtual School and College in December 16.

# 2.3 Recommendation 3; Work with District Councils on Homelessness prevention

There has been significant work completed with our housing colleagues to ensure care leavers and those young people on the edge of care aged 16/17 receive a more cohesive service from both the County and District Councils. There had been some challenges in agreeing new ways of working and the development of shared protocols, processes and procedures. The joint 'Homelessness Prevention Event' in October 2016 has significantly improved relationships and a follow up event on the

8<sup>th</sup> November 2016 will focus on good practice, pathways, processes and any blockages.

The current figure for suitable accommodation is 80% an increase from 71% within the year. However, only 2.5% are in unsuitable accommodation, 2.1% are in custody and 12.8% refused to engage or their whereabouts are not known. It is this latter group where efforts are currently being concentrated.

The New Joint Protocol with DCC, the Department of Work and Pensions and the job centres has enabled care leavers to initiate benefit claims 6 weeks prior to their 18<sup>th</sup> birthday. This ensures there are fewer delays in them gaining accommodation. The job centres have identified care leavers as a priority group and personally engage with them, giving a more in depth service.

The protocol 'Transition to Adulthood' has also ensured that for young people with additional needs there is a refreshed transitions path to adult services.

# 2.4 Recommendation 4; strengthened Corporate Parenting arrangements

The Corporate Parenting agenda is now more fully cascaded across the County. Members and partners better understand their role as a corporate parent. This has been evidenced through improved partner and member engagement at the Board and Forum. The positive protocols mentioned earlier in the report have been initiated through the corporate parenting agenda.

The guide to being a corporate parent is now given to all council members and training is made available to all members from the first induction and throughout the year. Members have also been encouraged to meet staff members from other services such as MASH and initial response teams for them to gain greater understanding of how the whole service can contribute.

The multi-disciplinary Corporate Parenting Forum is timed to coincide with Council, enabling more council members and officers to attend. This has enabled sharing of information and the building of relationships which has brought greater problem solving. Within these fora officers update members on the progress made in all areas including child protection, looked after children, education and care leavers.

Members have fully participated in joint training with the Participation Team. Members also undertake roles on the Fostering Panel and are Independent Visitors to the Atkinson Secure Children's Home. Significant engagement has also been evidenced recently with the Care leavers Xmas event with members across the District Councils and health colleagues volunteering and offering financial support.

The Lead Member now co-chairs the Corporate Parenting Board with a Care Leaver. Within this board there is more individual and detailed scrutiny of performance and its minutes are forwarded to members. It also oversees the Forum agenda.

The Lead Member also chairs the Virtual School Governing Body and ensures that the education performance of children in care and more latterly that of care leavers is scrutinised. The Participation Team and the voice of the child are embedded within all these forums.

Devon County Council was a full participating member of The New Belongings government initiative and the subsequent review. This enabled external independent scrutiny to the work undertaken. This enabled DCC to gain support to embed

corporate parenting. The Participation Team of care leavers has been integral in all areas to embed good practice and use feedback from children in care and care leavers. This has been evidenced within the Social Work Academy training of new social workers, apprenticeships, induction and recruitment at all levels. More information can be found at

https://secure.toolkitfiles.co.uk/clients/23786/sitedata/files/Independent%20Ev.pdf

The Chief Executive has been fully involved with the New Belongings project and recommendations. This includes:

- Young people requested that we implement a rent Guarantor Scheme for care leavers in the same way that parents would be guarantors for their own children. This is in place and in the past two months 8 young people have gained this protection.
- The Chief Executive has also fully supported the Care Leavers Christmas Day which enables young people who are alone at this time to come together, have Christmas dinner and support each other.
- The Health Needs Assessment and subsequent multi -disciplinary steering group has ensured that the needs of looked after children and care leavers are embedded across the CCG's contracts and health policies.
- Young people raising that they needed more work experiences and opportunities. Devon Strategic Partnership heard from young people and offered work experience and apprenticeships which are being followed up across the Council by representatives.

# 2.5 Recommendation 5: Improves commissioning of accommodation;

There is a national shortage of accommodation for young people and new housing benefit changes in April 2017 may impact upon care leavers, the impact of this is currently being reviewed.

The housing needs of care leavers are considered across the South West Peninsula. There is a responsible commissioner ensuring ongoing sufficiency of placements both for children in care and for care leavers.

In-house provision of supported accommodation has increased by 20% and is seen within the fostering service as a priority. External provision is also growing with providers recently taking part in the Homelessness Prevention Day.

Care Leavers 'entitlements' are now completed and information is available on the Stand up Speak up website <a href="https://www.standupspeakup.org.uk/">https://www.standupspeakup.org.uk/</a>. This ensure all care leavers are able to have a clear and easy to read guide to what it means to be a care leaver, what they are entitled to and what additional support is available to them. The New Devon payment card also means that the Local Authority can provide payment on a card rather than in cash format giving greater scrutiny and enabling better auditing.

'This Report has no specific equality, sustainability or legal implications that are not already covered by or subsumed within the detailed policies or actions referred to therein'

## 3. Current priorities

- Placement Stability for Care Leavers and Children In Care
- Improve the monitoring and quality of Pathway Plans and POPPs
- Ensure there is sufficiency of accommodation for Care Leavers

- We remain in touch with 100% of our Care Leavers
- Ensure that the EET figures improve to 70%
- Implementation of the 'Devon Card' for young people to have easier access to their entitlements.

### Future improvement plans include;

- Apprenticeships and work experience opportunities are available for all Children in Care which are aspirational and ensure long term economic prosperity.
- Availability of Health services who understand the specific needs and experience of Care Leavers
- Care Leavers continue to shape our service.
- Meet the expectations of the Government Paper: Keep on Caring July 2016. https://www.gov.uk/government/publications/keep-on-caring-supporting-young-people-from-care-to-independence. This includes training care leavers to become Personal Advisors, all Children in Care to have access to a place on the National Citizen Scheme and to gain mentors for Care Leavers

# 4. Summary for Recommendations

The report highlights the work completed to meet the recommendations raised by the scrutiny report. This work is ongoing and forms part of the Childrens Service Improvement Plan which is monitored by the Corporate Parenting Board.

Vivien Lines

Electoral Divisions: All

Cabinet Member for Children, Schools and Skills: Councillor James McInnes

Chief Officer for Childrens Services: Jo Olsson:

#### LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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CS1603 Peoples Scrutiny 17 November 2016

# UPDATE ON PROGRESS AGAINST RECOMMENDATIONS FROM SCHOOL EXCLUSIONS REVIEW TASK GROUP REPORT

Report of the Designate Head of Education and Learning

#### Recommendation:

To note the content, current status of progress and ongoing plans for action

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# 1. <u>Background/Introduction</u>

The report provides an update on the progress made against actions identified in the People's Scrutiny School Exclusions Review. This report was completed by Educational Outcomes task and finish group.

# 2. Main Text/Proposal

### **Recommendation 1**

That the County Council in monitoring educational outcomes for disadvantaged pupils and those with special educational needs and disabilities pays particular attention to the extent to which these children are represented amongst those subject to permanent and fixed-term exclusions; any tendency for them to be more likely than others to be excluded should be investigated and measures proposed to address the issue. In addition, that the situation of black and minority ethnic children with particular regard to school exclusions be similarly monitored.

#### **Update on progress:**

Monthly Monitoring and annual reporting data has been revised to reflect the actions above. In relation to annual reporting original trend data (as reported on page 3 of the 2016 Annual Exclusion Report) outcomes for disadvantaged pupils, those with special educational needs and those from black and minority ethnic backgrounds are all now monitored as individual groups. The report additionally identifies the factor by which children and young people in these age groups are over represented. Data is benchmarked against the most recent National data.

Guidelines have also been updated and recommend that interim reviews should be held for any child with a statutory plan prior to considering a managed move or permanent exclusion. This allows for greater consideration and thinking about a child's needs. A tool kit is also being finalised which sets about identifying the suitability for any child considering a managed move and whether they have the capacity to change if they are provided with a new environment.

### **Recommendation 2**

That the County Council and its Inclusion Officers, in partnership with Babcock LDP and in collaboration with schools who have outstanding practice in the field, further

support schools in finding ways to become more inclusive by providing evidence-based knowledge and training about 'what works best'. From this review we conclude that there is a strong case for: fostering quieter classroom environments more conducive to work; teachers having a greater social awareness of their pupils and the problems they face; providing a wider curriculum to include vocational education.

#### Update on progress:

In order to establish good practice a school research project was led by Babcock with support from the Inclusion officers to:

- Identify the situations/reasons why pupils behaviour becomes problematic and results in exclusion
- To seek information from schools highlighting strategies which are working well and to promote inclusion and reduce exclusion
- To identify difficulties that schools are facing in meeting the needs of pupils who have become excluded.

The report, which is in the process of being shared with schools and stakeholder groups including DAPH, DASH and SHAD, identified a wide range of strategies which can be helpful. However the report also acknowledged the link with many of the pupils having more complex social or emotional needs or challenging backgrounds.

The below provides a brief outline of some of the effective strategies identified:

- De-escalation in both primary and secondary schools emphasises pupils making good choices and learning how to avoid conflict when they become angry.
- The collection and analysis of data to pinpoint the type of incidents that trigger disciplinary measures. Interventions are then targeted at particular groups and particular behaviours.
- Work with pupils on self-esteem and anger management
- Providing pupils with a key adult or mentor who takes a close interest in their progress and personal development.
- Internally excluding pupils, or sending them to a partner school, enabling them to reflect on their behaviour while continuing to attend an educational setting.
- Improving transition between primary and secondary schools.
- Work with the community agencies, for example police, fire service and youth services to promote aspects of responsible citizenship.
- Close work with parents, identifying pupils at risk and building bridges with their parents before incidents happen.
- Providing praise/recognition for small achievements.
- Developing a personalised curriculum involving more practical learning and alternative provision.

In addition a process has been set in place where the inclusion officers are able to identify any child with a Fixed term Exclusion and immediately notify Babcock. The internal referral / access to support systems and Early Help within Babcock Learner Support has also been refined to ensure schools, settings and pupils are given timely, effective and targeted support from the appropriate professional. This will ensure there is no delay in getting identified support where needed but also creates conversations about inclusion and aims to encourage schools to think about the underlying cause of the behaviour and how the use of outside agencies and in particular how participation at Early Help Forums can garner new thinking and develop different strategies.

### **Recommendation 3**

That the County Council, in partnership with Babcock LDP and in collaboration with schools who have outstanding practice in the field, provides guidance and training to all schools with regard to emotional and social education.

### **Update on progress:**

- Emotional Literacy Support Assistant training has now been offered to all schools and this has been well received.
- Early Help for Mental Health (EM4MH) has empowered schools to understand 'mental health' issues and at what point a child may need a mental health intervention, rather than requesting an intervention in order to meet thresholds. The Education Wellbeing advisor has been effective in supporting primary school headteachers to identify the needs of individual children and how school can offer a more supportive environment. This has enabled schools to re-evaluate what and how they provide support and developed a greater understanding of the health issue and how they can impact in behaviour.

## **Recommendation 4**

That the County Council, in partnership with Babcock LDP and in collaboration with schools who have outstanding practice in the field, offers guidance and training to all schools on how effective pastoral support systems can be developed and provided for all pupils.

### **Update on progress:**

An initial scoping project to understand what the issues are has been completed. This has identified which schools are high excluders, which schools are managing inclusion effectively and is in the process of being shared with key stakeholders such schools, DASH, DAPH and SHAD.

Areas of good practice have been identified as well as some areas where there is a need for improved skills, training and management of resources. Key schools which manage inclusion effectively have been identified and will be used to provide models of good practice. An example is provided below.

"Work with pupils on self-esteem and anger management, individually or in a small group withdrawal setting has been established in some schools. Provision may be in, or close to, the school. Some staff have been specially trained in this work and are having a demonstrable impact. All the pupils spoken to, including those attending special school and in the PRUs, recognised how being in a small group helped them to improve their work and behaviour. Several stated they had a better understanding of how their behaviour affected others."

The research has also indicated that often

"the reason for the exclusion is not the original offence but the pupils subsequent response to authority that results in escalation and exclusion. For example a pupil may be sent out of the class for an infringement of class rules but then refuses to move to work in withdrawal room and is subsequently excluded."

The success of this type of support is outlined in DFE: 2016 Mental health and behaviour in schools.

Moving forward the next stage will involve a series of workshops across localities which will use identified schools to model and share good practice with an outcome of co-producing a set of good practice guidance materials, case studies and a Devon Charter for Inclusion.

A behaviour conference will take place in November with a focus on exploring some of the issues raised in the report. The conference will promote a range of practical approaches and interventions designed to meet the Social, Emotional and Mental Health (SEMH) needs of all students, support the most vulnerable, enable every child to engage with the curriculum in order to be more successful learners. It will enable attendees from Devon schools to explore practical strategies and ideas to improve children's readiness to engage and learn about a range of effective interventions and practices which will support vulnerable young people.

### **Recommendation 5**

That the County Council asks its Inclusion Officers to investigate both the legality and effectiveness of the practice of providing 'late' and 'early' schools, and 'part-time timetables' in Devon schools, and issues guidance to all schools as a result.

#### **Update on progress:**

Late school was investigated by the Inclusion Officers with DfE and County Solicitor input. Whilst this practice was only ever implemented by a few schools comprehensive guidance was issued in Sept 16. We are not currently aware of any schools using 'early' or 'late' school.

In relation to Part-time time tables (PTTT) Devon is working within the OFSTED guidelines and now has a very robust system in place of which all schools are aware. This requires all schools to notify the LA of any pupil put onto a reduced timetable. Guidance is clear that it is only where the school can demonstrate a good educational reason to reduce a timetable that it may be considered. A move to a part time timetable is considered at a multi-disciplinary meeting, ideally with Educational Psychologist (EPs) input, and only when parents are fully supportive can it go ahead. Where there are safeguarding issues PTTS should NOT be considered. PTTT updated guidance is dated Sept 2016 and available on the website. Regular conversations take place between the Education Welfare Service/Educational Psychologists, the behaviour support team and Inclusion officers about any irregular school attendance

# **Recommendation 6**

That the County Council consults with other agencies and its various partners about how improvements could be made in the way schools provide for the needs of pupils who have mental health problems, with particular reference to the Child and Adolescent Mental Health Service (CAMHS) and its relationship to schools.

#### **Update on progress:**

Clear pathways and support for pupils with mental health conditions is being addressed as part of work undertaken by the Children and Young Peoples Joint commissioning group. This group includes Devon and CCG Officers and also links with expert groups which include schools and front line officers.

The Early Help for Mental Health Group (EH4MH) is also providing valuable support to schools and young people. It additionally provides clinical supervision for schools on a regular basis. Schools welcome this as it supports staff to develop their practice and has provided increased inclusion.

# **Recommendation 7**

That the County Council establish a Task Group to investigate the impact of Elective Home Education on the education of children in Devon, to take up the points made in this report and in the briefing paper provided by Babcock LDP.

**Update on progress**: This was Educational Task Group action; however it is constrained by the Councils legal remit in this area.

## **Financial Considerations**

Whilst there are no direct costs from this report it should be noted that increased numbers of exclusion put further pressure on the High Needs Block. Schools would also note that Devon's lower than average per pupil funding rate means they have less resource available to support children in school. This situation is likely to worsen over the coming year with the impact of the national living wage, apprenticeship levy etc and the delay in the introduction of the National Funding Formula etc.

Dawn Stabb

Electoral Divisions: All

Cabinet Member for Children, Schools and Skills: Councillor James McInnes

Chief Officer for Childrens Services: Jo Olsson

### LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:

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CS1605 Peoples Scrutiny 17 November 2016

#### **ANNUAL EXCLUSIONS REPORT 2015/16**

# Report of the Designate Head of Education and Learning

#### Recommendation:

To note the annual report and discuss

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# 1. Background/Introduction

The report provides an annual overview of exclusions in Devon benchmarked against the latest National Data.

## 2. Main Text

# 1.1 Permanent Exclusions Summary

The number of permanent exclusions in 2015/16 has risen significantly with a 54% increase on 2014/15 figures, ending the previous downward trend. Whilst official 2105/16 statistics will not be available until autumn 2017 unofficial releases indicate that this rise is reflected across the country, with one Local Authority reporting a 300% increase in the last academic year. The latest comparable exclusion data is 2014/15 where Devon is in line with the DfE National average of 0.7%.

Year <sup>(1)</sup>	2011/12	2012/13	2013/14	2014/15	2015/16
	No's	No's	Nos	Nos	Nos
Total Number of Permanent Exclusions	142	98	74	67	103
Exclusion Rate (exclusions as % of school pop'n) (2)	0.15%	0.11%	0.08%	0.07%	0.11%
Department for Education Exclusion Rate <sup>(3)</sup>	0.07%	0.06%	0.06%	0.07%	Not available

#### Note:

- 1. 2011/12 data includes Managed Transfers, but 2012/13, 2013/14, 2014/15 and 2015/16 data excludes Managed Transfers (figures solely relate to Permanent Exclusions)
- 2. School population figures taken from numbers on roll in each Spring School Census, sole or main registrations in primary, secondary and special schools
- 3. DfE Exclusion Rates taken from Statistical First Release SFR 26/2016, published 21/07/16 (Permanent and Fixed Period Exclusions from Schools in England: 2014 to 2015 academic year). School types include state-funded primary, secondary and special schools.

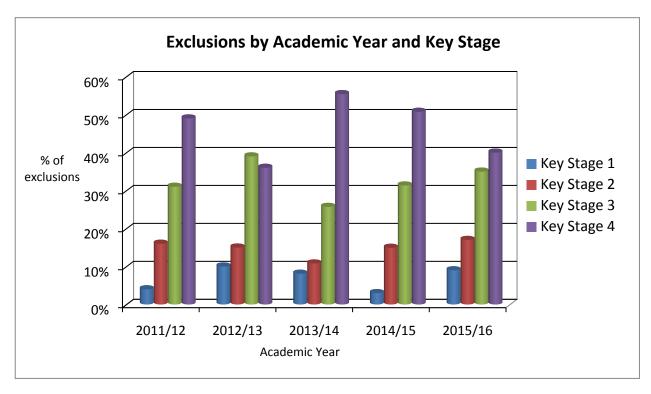
#### Data sources:

2011/12 Exclusions from Report on Exclusions from Devon Schools & Academies Academic Year 2011-12 February 2013, David Archer & Marc Kastner. 2012/13 and 2013/14 Exclusions from ONE system, based on Exclusions Information received direct from Schools (completion of Annex G forms) 2014/15 and 2015/16 Exclusions from ONE system 12/08/16, based on Exclusions Information received direct from Schools (completion of Annex G forms)

# 2 Permanent Exclusions by Key Stages

The percentage of exclusions within Key Stage 4 has fallen (40% compared to 51% in 2014/15), however they continue to be higher than the latest DfE national rate for 2015 (please see table below).

The percentage of exclusions at Key Stage 2 has been relatively stable over the last two years. Key Stage 3 has seen has seen a significant rise again this year however of most concern has been the rise from 3% to 9% at Key Stage 1. The graph on page 6 shows that this increase is due to rise in exclusion for girls. The reasons for this increase and what action is needed to prevent exclusion for these young children is a key focus of the supporting inclusion work currently being undertaken.



	201	1/12	2012	2/13	2013	3/14	2014	4/15	DfE 2014/15	2015/16	
	No's	%	No's	%	No's	%	No's	%	% of perm excns <sup>(4)</sup>	No's	%
Key Stage 1 (inc Found'n)	6	4%	9	10%	6	8%	2	3%	3.8%	9	9%
Key Stage 2	23	16%	15	15%	8	11%	10	15%	12.4%	17	17%
Key Stage 3	44	31%	39	39%	19	26%	21	31%	43.8%	36	35%
Key Stage 4	69	49%	35	36%	41	55%	34	51%	36.7%	41	40%

Note:

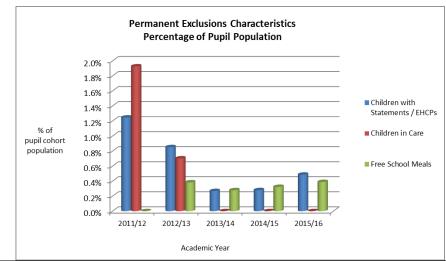
<sup>1.</sup> DfE percentages of permanent exclusions taken from Statistical First Release SFR 26/2016 (Key Stage based on pupils' NCY Table 3), published July 16

DfE

2014/15

# 1.3 Permanent Exclusions by Pupil Characteristics

The exclusion rate for pupils with statements of SEN or EHCPs has risen in the last year (0.49% compared to 0.28% in 2014/15) and is considerably higher than the latest national rate (0.16% in 2015). This increase once again reflects the unofficial national trend and actions to stem the rise forms parts of the supporting inclusion project. There have been no permanent exclusions for Children in Care since 2013. This is a reflection of our Eliminating Exclusions for Children in Care protocol. The percentage of exclusions for pupils eligible for Free School Meals has risen slightly and is higher than the latest national rate for 2015 (0.39% in Devon compared to 0.22% nationally).



<del>7</del>						Acaden	nic Year		
		2011/12	2	2012/13			2013/14		
Exclusions against;	No's	% of PEX	% of school pop'n	No's	% of PEX	% of school pop'n	No's	% of PEX	•
Children with	40	2001	4.00/	20	2001	0.00/		400/	

Exclusions against;	No's	% of PEX	school pop'n	% of perm excns <sup>(4)</sup>												
Children with Statements/EHCPs (1)	40	28%	1.2%	28	29%	0.9%	9	12%	0.3%	9	13%	0.28%	14	13%	0.49%	0.16%
Children in Care (CiC) (2)	11	8%	1.9%	4	4%	0.7%	0	-	-	0	-	-	0	-	-	not available
Free School Meals (1) (3)	-	-	-	44	45%	0.4%	30	41%	0.3%	38	57%	0.32%	46	45%	0.38%	0.22%

2014/15

% of

% of

2015/16

% of

- 1. Children with Statements (including EHCPs) and Free School Meals school population has been taken from the Spring School Census for each academic year
- 2. Children in Care school population has been taken from the Council's Virtual School Roll and is based on the number of children in care of school age attending a school in Devon
- 3. No of pupils permanently excluded who are eligible for Free School Meals was collected for the first time in 2012/13
- 4. Latest DfE national rate for 2014/15 from Statistical First Release SFR 26/2016, published 21/07/16 (Permanent and Fixed Period Exclusions from Schools in England: 2014 to 2015 academic year).

The tables below provide information on how the Devon cohorts of pupils compare national. The most recent National data was published in October and covers the academic year 2014 to 2015 and so the Devon information for this year has also been provided.

### Devon and National Exclusion Data for the 2014 to 15 academic year

Devon and Na	ational Exclusion	Data for the	2014 to 15 acad	Devon and National Exclusion Data for the 2014 to 15 academic year								
Permanent Exclusions	Number of Children in	Group as	Number on Roll for each	Group as a	Group is over or under		population to a PEX		e likely than ohort	Times as likely as non cohort		
2014/15	Devon PEX Cohort	PEX the cohort	group (Spring 2015 Census)	ng 2015 Cohort	represented by a factor of	Devon 2014/15	England 2014/15	Devon	England	Devon	England	
All	67	100.0	95503	100.0		0.07	0.07					
SEN with statement	9	13.4	3204	3.4	4.0	0.28	0.16	7.78	3.00	8.78	4	
SEN without statement	33	49.3	14145	14.8	3.3	0.23	0.29	6.29	6.25	7.29	7.25	
No SEN	25	37.3	78154	81.8	0.5	0.03	0.04					
Eligible for FSM	38	56.7	11776	12.3	4.6	0.32	0.22	8.32	3.4	9.32	4.40	
Not eligible for FSM	29	43.3	83727	87.7	0.5	0.03	0.05					
Male	52	77.6	49005	51.3	1.5	0.11	0.11	2.29	2.67	3.29	3.67	
Female	15	22.4	46498	48.7	0.5	0.03	0.03					
Minority Ethnic Pupils	5	7.5	5493	5.8	1.3	0.09	0.08	0.15	-0.11	1.15	0.89	
White British Ethnicity Pupils	62	92.5	78584	82.3	0.0	0.08	0.09					

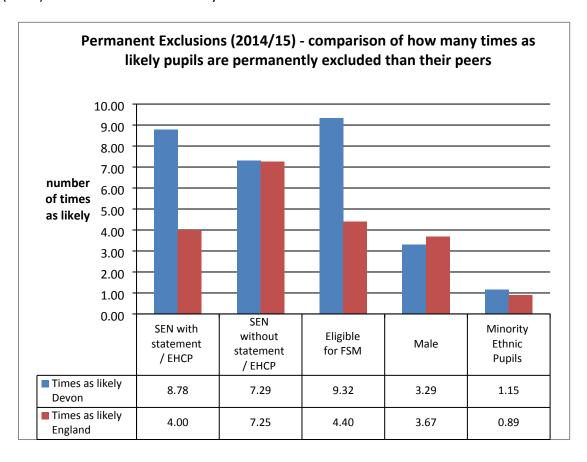
The table below provides the Devon information for the 2015 to 2016 Academic year.

© 15/16	Number of Children in Devon PEX Cohort	Group as a % of PEX cohort	Number on Roll cohorts for each group (Spring 2016 Census)	Group as a % of Devon NoR cohort	Group is over or under represented by a factor of	% of group population subject to a PEX Devon 2015/16
All	103	100.0	95451	100.0		0.11
SEN with statement / EHCP	14	13.6	2884	3.0	4.50	0.49
SEN without statement / EHCP	56	54.4	13275	13.9	3.91	0.42
No SEN	33	32.0	79292	83.1	0.39	0.04
Eligible for FSM	46	44.7	12111	12.7	3.52	0.38
Not eligible for FSM	61	59.2	83340	87.3	0.68	0.07
Male	73	70.9	49103	51.4	1.38	0.15
Female	30	29.1	46348	48.6	0.60	0.06
Minority Ethnic Pupils	8	7.8	6575	6.9	1.13	0.12
White British Ethnicity Pupils	95	92.2	87039	91.2	1.01	0.11

<sup>(1)</sup> The number of permanent exclusions expressed as a percentage of the number of pupils (including sole or dual main registrations and boarding pupils) of each age in January 2015 (national benchmark) NOTE: National 2016 data will be available in July 2017. The times more likely column takes the difference between the two values and compares how many times greater the difference is than the comparative value. The time as column simply compares how many times greater one value is than the other. Both comparative data have been included as publications use either of these figures

In Devon and nationally children in vulnerable groups are more likely to be permanently excluded than their peers;

- Pupils with Statements of SEN or EHCPs are almost 9 times as likely to be permanently excluded as pupils with no identified SEN. This is significantly higher than the national picture (2014/15) where pupils are 4 times as likely to be permanently excluded.
- Pupils eligible for Free School Meals are 10 also 9 times as likely to be permanently excluded as their non-eligible counterparts. This is more than twice the national picture (2015) which is 4.4 times as likely.



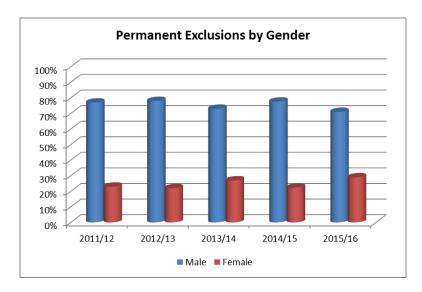
#### Data sources:

England - Statistical First Release SFR 26/2016, published 21/07/16 (Permanent and Fixed Period Exclusions from Schools in England: 2014 to 2015 academic year).

Devon - 2011/12 Exclusions from Report on Exclusions from Devon Schools & Academics Academic Year 2011-12, David Archer & Marc Kastner. 2012/13 and 2013/14 Exclusions from ONE system, based on Exclusions Information received direct from Schools (completion of Annex G forms). 2014/15 Exclusions from ONE system 12/08/16, based on Exclusions Information received direct from Schools (completion of Annex G forms)

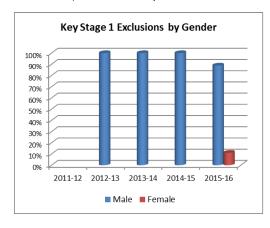
# 1.4 Permanent Exclusions by Gender and Key Stage

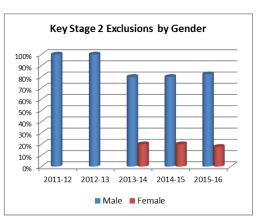
The percentage of boys permanently excluded continues to be significantly higher than girls. However, the breakdown by Key Stage shows that this differential closes as we move from Key Stage 2 to Key Stage 4.

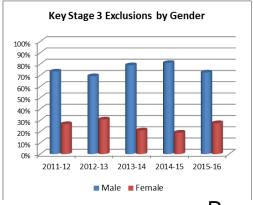


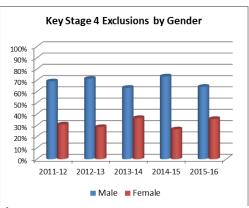
	2011	2011/12		2012/13		2013/14		2014/15		5/16	DfE 2014/15 % of perm	
	No's	%	No's	%	No's	%	No's	%	No's	%	excns (1)	
Male	109	77%	76	78%	54	73%	52	78%	73	71%	78%	
Female	33	23%	22	22%	20	27%	15	22%	30	29%	22%	

1. DfE percentages of permanent exclusions taken from Statistical First Release SFR 26/2016 (Statements Table 5, Free School Meals Table 9, Gender Table 3)







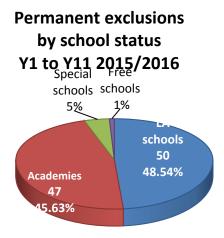


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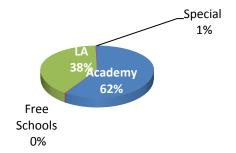
# 1.5 Permanent Exclusions by School Type

The percentage of exclusions in primary schools has risen in the last year but conversely the percentage of exclusions in secondary schools has fallen. At Secondary School phase a greater percentage of exclusions occur in Academy Schools whilst at Primary School phase a greater percentage occur in LA Maintained Schools. The percentage shown indicates the percentage of all exclusions. The numbers in bold would total 100% (subject to rounding).

	201:	2011/12		2/13	2013	3/14	2014/15		2015/16	
	No's	%	No's	%	No's	%	No's	%	No's	%
Primary Schools	27	19%	24	24%	14	19%	12	18%	26	25%
LA Maintained	24	17%	18	18%	10	14%	10	15%	22	21%
Academies	3	2%	6	6%	4	5%	2	3%	4	4%
Secondary Schools	109	77%	71	72%	57	77%	52	78%	71	69%
LA Maintained	58	41%	37	38%	25	34%	26	39%	28	27%
Academies (inc Free School)	51	36%	34	35%	32	43%	26	39%	43	42%
All Through School	5	4%	1	1%	1	1%			1	1%
Special Schools	1	1%	2	2%	2	3%	3	4%	5	5%
Total	142		98		74		67		103	



# Permanent exclusions by school type population breakdown Y1 to Y11 2015/2016

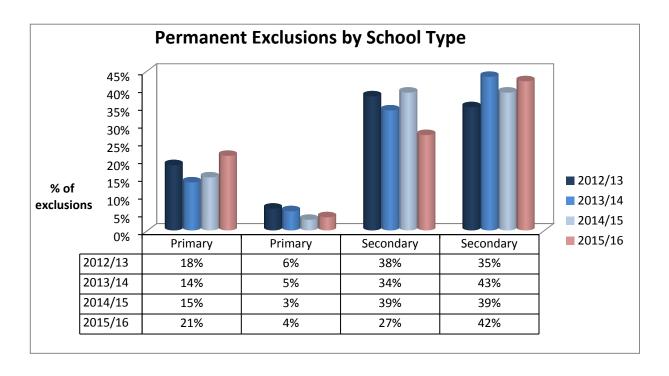


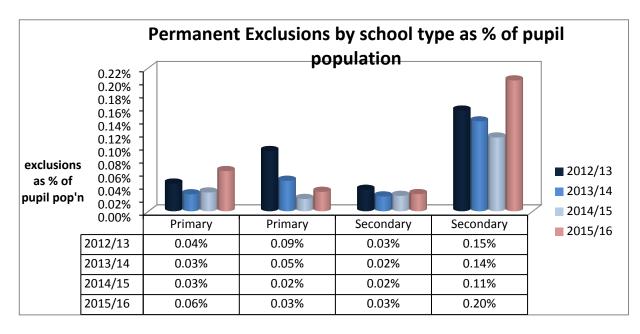
Overall 60% of pupils attend maintained schools and 40% attend academies.

Both Permanent Exclusions by school type and by percentage of the pupil population are illustrated in separate graphs overleaf.

**Please note**: the total cohort changes year on year as LA Maintained Schools convert to Academies. For example, in 2011/12 the primary school cohort was split as 5,773 pupils in Academies and 46,459 in LA Maintained schools, whilst in 2015/16 the split was 13,433 pupils in Academies (inc. Free Schools) and 42,832 in LA Maintained schools. The change in pupil cohorts is illustrated in the table below;

Change in pupil cohorts		2011/12	2012/13	2013/14	2014/15	2015/16
Primary	LA Main.	46,459	46,242	45,241	44,225	42,832
Primary	Academy	5,773	6,496	8,562	10,602	13,433
Secondary	LA Main.	19,236	18,517	16,056	15,758	14,814
Secondary	Academy	22,233	22,013	23,215	22,979	23,416





# 1.6 Permanent Exclusions by Learning Community

# Ranking by Permanent Exclusions as a percentage of pupil population

Torrington Learning Community is on average the Local Learning Community with the highest exclusions as a percentage of its pupil population, followed by Dartmouth, Exeter West Exe and Ilfracombe. However in the last year Dartmouth, Bideford, Holsworthy and Chulmleigh have seen significant increases in exclusions as a percentage of their pupil population. It should be noted that exclusions across communities can vary significantly year on year.

	2013/14	2014/15	2015/16	2015/16	2015/16	(where	Rank 1 is highest	_	sions)	Average Ranking
	%	%	%	LLC	Excl	2012/13	2013/14	2014/15	2015/ 16	(over 4yrs)
Axe Valley		0.10%	0.19%	3157	6	27	26	9	9	20
Barnstaple	0.11%	0.11%	0.17%	6380	11	7	10	7	10	5
Bideford	0.12%	0.12%	0.29%	4107	12	23	9	3	2	6
Braunton	0.24%	0.06%	0.06%	1743	1	11	2	21	22	14
Chulmleigh	0.15%	0.07%	0.22%	1375	3	20	6	14	5	10
Clyst Vale		0.08%	0.19%	2566	5	29	26	13	8	23
Crediton		0.06%	0.13%	3108	4	13	26	18	12	17
Culm Valley	0.08%	0.03%		3686		18	14	24	28	24
Dartmouth	0.22%		0.50%	404	2	3	3	26	1	2
Dawlish	0.04%	0.09%	0.17%	2329	3	9	21	12	11	13
Exeter - Beacon	0.08%	0.09%	0.06%	6493	4	1	15	10	21	11
Exeter - Central & Chestnut	0.06%	0.06%	0.03%	3468	1	10	19	20	26	22
Exeter - West Exe	0.06%	0.17%	0.22%	3601	8	8	20	1	4	2
Exmouth	0.10%	0.02%	0.10%	5795	6	17	12	25	15	17
Holsworthy	0.13%	0.06%	0.26%	1542	4	12	8	17	3	8
Honiton	0.09%	0.09%		2122		14	13	11	28	16
Ilfracombe	0.24%	0.12%	0.04%	2517	1	4	1	4	24	2
Ivybridge	0.02%	0.04%	0.02%	4682	1	15	25	22	27	26
Kingsbridge	0.08%		0.04%	2612	1	26	16	26	25	27
Newton Abbot	0.04%	0.12%	0.10%	5071	5	5	22	5	16	12
Okehampton	0.17%	0.03%	0.07%	3010	2	22	4	23	20	17
Ottery St Mary				2129		24	26	26	28	31
Sidmouth	0.06%	0.06%		1634		29	18	19	28	28
South Dartmoor	0.03%	0.06%	0.10%	3069	3	2	24	16	17	15
South Molton	0.14%	0.14%	0.21%	1424	3	21	7	2	7	6
Tavistock			0.08%	3750	3	28	26	26	18	29
Teign Valley	0.07%		0.11%	2731	3	29	17	26	14	25
Teignmouth			0.04%	2483	1	25	26	26	23	30
Tiverton	0.17%	0.11%	0.12%	3464	4	19	5	6	13	9
Torrington	0.11%	0.11%	0.21%	1894	4	6	11	8	6	1
Totnes	0.03%	0.07%	0.07%	2934	2	16	23	15	19	21

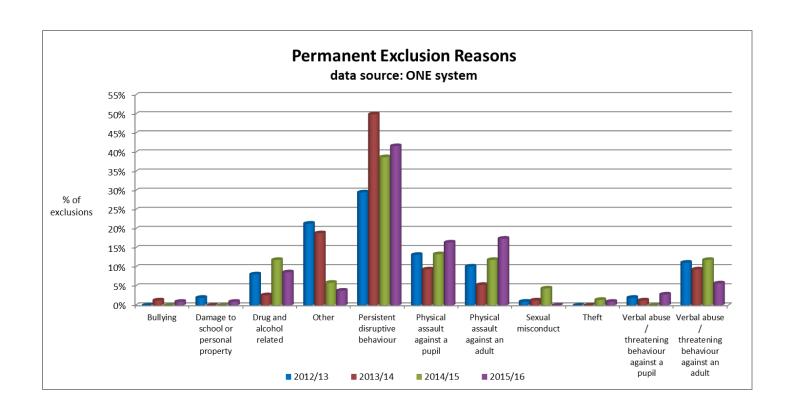
# 1.7 Permanent Exclusions Reasons

Persistent Disruptive Behaviour continues to be the major reason for permanent exclusions in Devon (4. In 2014/15 this was at 38.8 % which is higher than the 2015 national rate (32.8%). The percentage of permanent exclusions due to physical assaults has also risen in the last year.

Permanent Exclusion Reason	2012/13	2013/14	2014/15	2015/16	2012/13	2013/14	2014/15	DfE 2014/15 England rate <sup>(1)</sup>	2015/16
Bullying		1		1		1.4%		0.5%	1.0%
Damage to school or personal property	2			1	2.0%			1.0%	1.0%
Drug and alcohol related	8	2	8	9	8.2%	2.7%	11.9%	8.4%	8.7%
Other	21	14	4	4	21.4%	18.9%	6.0%	16.9%	3.9%
Persistent disruptive behaviour	29	37	26	43	29.6%	50.0%	38.8%	32.8%	41.7%
Physical assault against a pupil	13	7	9	17	13.3%	9.5%	13.4%	13.4%	16.5%
vsical assault against an adult	10	4	8	18	10.2%	5.4%	11.9%	10.5%	17.5%
Secual misconduct	1	1	3		1.0%	1.4%	4.5%	1.7%	
Theft			1	1			1.5%	0.5%	1.0%
Verbal abuse / threatening behaviour against a pupil	2	1		3	2.0%	1.4%		4.7%	2.9%
Verbal abuse / threatening behaviour against an adult	11	7	8	6	11.2%	9.5%	11.9%	9.5%	5.8%
Not Provided	1				1.0%				

<sup>(1)</sup> DfE Statistical First Release SFR26-2016 Table 18, published July 2016

Data source: 2014/15 - ONE system, 2013/14, 2012/13 and 2011/12 previous Scrutiny Reports (informed by the ONE system), 2015/16 and 2014/15 data as at 12/08/16



### 2.1. Fixed Term Exclusions Summary

The number of fixed term exclusions has gradually risen over the last three years; however the exclusion rate for Devon Schools for 2014/15 and 2015/16 remains slightly lower than the latest DfE national rate for 2015.

	No of exclusions									
Year	2011/12	2012/13	2013/14	2014/15	2015/16					
Fixed Term Exclusions - All Schools	3859	3073	2963	3245	3316					
Exclusion Rate (exclusions as % of school pop'n) (1)	4.08%	3.26%	3.15%	3.43%	3.47%					
Department for Education Exclusion Rate (2)	4.03%	3.51%	3.50%	3.88%	Not available					

Whilst the number of pupils subjected to Fixed Term Exclusions has fallen slightly in this last year the number of days lost has risen as shown in the table below.

	2011/12	2012/13	2013/14	2014/15	2015/16
No of Days Lost due to fixed term exclusions	7367	5763	5145	5749	5859
No of Pupils subject to fixed term exclusion	1912	1564	1387	1579	1528

Data source: 2011/12 to 2013/14 previous Scrutiny Reports, 2014/15 and 2015/16 from the ONE system, 12/08/16

### Note

<sup>1.</sup> School population figures taken from numbers on roll in each Spring School Census, sole or main registrations in primary, secondary and special schools

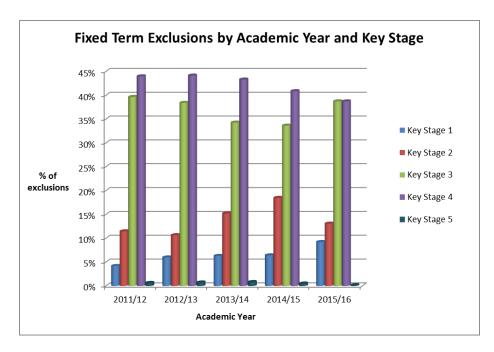
<sup>2.</sup> DfE Exclusion Rates taken from Statistical First Release SFR 26/2016, published 21/07/16 (Permanent and Fixed Period Exclusions in England 2014 to 2015). School types include state-funded primary, secondary and special schools.

### 2.2 Exclusions by Key Stages

The highest percentage of exclusions has historically been within Key Stage 4, however this figure has gradually been falling over the past 3 years and is currently 38.8% compared to 44.2% in 2012/13. Whilst overall fixed term exclusions in Devon are lower than the national average the percentage of exclusions at Key Stage 4 remains higher than the latest (2015) DfE national statistic. This should be considered alongside permanent exclusions, as permanently excluded children would not have remained in school to be subject to fixed term exclusions.

Whilst the percentage of exclusions at Key Stage 3 has risen significantly in the last year (38.8% compared to 33.7% in 2014/15) it continues to be significantly lower than the DfE national rate for 2015. The number of exclusions at Key Stages 1 and 2 are consistently higher than the DfE national rate (2015). Exclusions at Key Stage 1 are gradually rising in Devon and are currently double the 2015 national rate (9.2% in Devon compared to 4.5% nationally). The supporting inclusion work project will look at strategies to reduce this figure.

It should be noted that these percentage add to 100 and if the cohort is below the national average in one section it will inevitably be over in another.

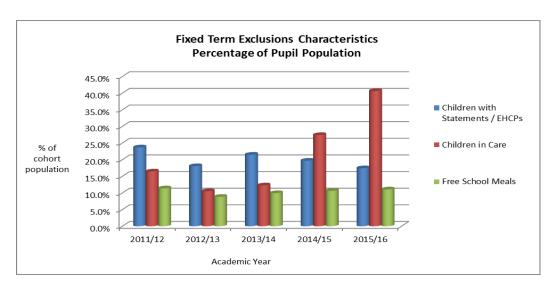


	201:	1/12	201	2/13	201	3/14	201	4/15	DfE 2014/15	2015/1	
	No's	%	No's	%	No's	%	No's	%	% of fixed term excns	No's	%
Key Stage 1 (inc Found'n)	162	4.2%	184	6.0%	187	6.3%	209	6.4%	4.5%	306	9.2%
Key Stage 2	443	11.5%	328	10.7%	451	15.2%	600	18.5%	12.8%	434	13.1%
Key Stage 3	1531	39.7%	1181	38.4%	1016	34.3%	1092	33.7%	46.0%	1285	38.8%
Key Stage 4	1698	44.0%	1357	44.2%	1284	43.3%	1327	40.9%	35.6%	1285	38.8%
Key Stage 5	25	0.65%	23	0.75%	25	0.84%	17	0.52%	0.8%	6	0.18%

Note 1: DfE percentages of fixed term exclusions taken from Statistical First Release SFR 26/2016 (Key Stage based on pupils' NCY Table 3), published July 16

### 2.3. Fixed Term Exclusions by Pupil Characteristics

The exclusion rate for pupils with statements of SEN has reduced the last year (17.44% compared to 19.71% in 2014/15) but it is still considerably higher than the latest national rate (15.13% in 2015). The percentage of Children in Care subject to a Fixed Term Exclusion has risen in the last year. The percentage of pupils eligible for Free School Meals subject to an exclusion has remained relatively stable at 11%, but Devon continues to be slightly higher than the latest national rate (10.11% in 2015).



		2011/12	2	2012/13		2013/14				2014/1	5	DfE		2015/1	6	
Exclusions against;	No's	% of FTE	% of school pop'n	No's	% of FTE	% of school pop'n	No's	% of FTE	% of school pop'n	No's	% of FTE	% of school pop'n	2014/15 National Rate <sup>(3)</sup>	No's	% of FTE	% of school pop'n
Children with Statements/EHCPs (1)	761	19.7%	23.7%	594	19.3%	18.1%	724	24.4%	21.5%	635	19.6%	19.71%	15.13%	503	15.2%	17.44%
Children in Care (CiC) (2)	94	2.4%	16.5%	60	2.0%	10.5%	70	2.4%	12.3%	130	4.0%	27.4%	Not available	189	5.7%	40.6%
Free School Meals (1)	1267	32.8%	11.4%	1015	33.0%	8.8%	1073	36.2%	10.0%	1255	38.7%	10.65%	10.11%	1341	40.4%	11.07%

- 1. Children with Statements and Free School Meals school population has been taken from the Spring School Census for each academic year
- 2. Children in Care school population has been taken from the Council's Virtual School Roll and is based on the number of children in care of school age attending a school in Devon
- 3. Latest DfE national rate for 2014/15 from Statistical First Release SFR 26/2016, published 21/07/16 (Permanent and Fixed Period Exclusions from Schools in England: 2014 to 2015 academic year).

The table below provides information on how the Devon cohorts of pupils compare nationally.

### Devon and National Exclusion Data for the 2014 to 15 academic year

FTE (2)	Number of Children	Group as a %	Number on Roll for each group	Group as a % of	Group is over or under		oopulation east one TE		Times more likely than non cohort		as likely cohort
2014/15	in Devon FTE Cohort	of FTE Cohort	(Spring 2015 Census)	Devon cohort	represented by a factor of	Devon 2014/15	England 2014/15	Devon	England	Devon	England
All	3245	100.0	95503	100.0		3.40	3.88				
SEN with statement	635	19.7	3204	3.4	5.9	19.82	15.13	12.97	5.72	13.97	6.72
SEN without statement	1501	46.5	14145	14.8	3.1	10.61	12.30	6.48	4.47	7.48	5.47
No SEN	1109	34.4	78154	81.8	0.4	1.42	2.25				
Eligible for FSM	1255	38.9	11776	12.3	3.2	10.66	10.11	3.48	2.65	4.48	3.65
Not eligible for FSM	1990	61.7	83727	87.7	0.7	2.38	2.77				
CIC	130	4.0	474	0.5	8.1	27.43				8.37	
not CiC	3115	96.6	95029	99.5	1.0	3.28					
Male	2388	74.0	49005	51.3	1.4	4.87	5.61	1.64	1.68	2.64	2.68
Female	857	26.6	46498	48.7	0.5	1.84	2.09				
Minority Ethnic Pupils	162	5.0	5493	5.8	0.9	2.95	3.64	-0.24	-0.22	0.76	0.78
White British Ethnicity Pupils	3052	94.6	78584	82.3	1.2	3.88	4.67				
The table below provides the Devon information for the 2015 to 2016 Academic year											

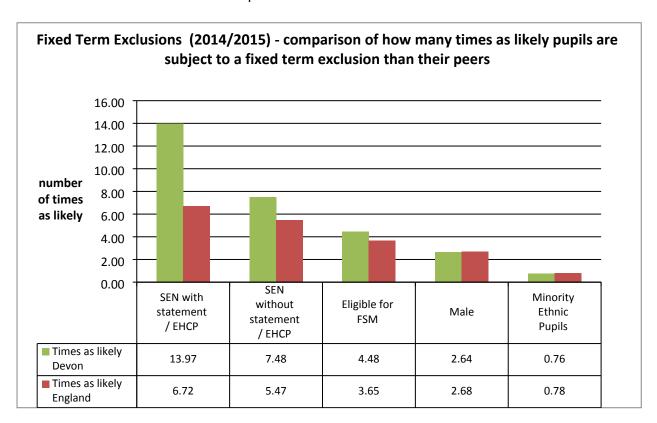
FTE (3)	Number of Children in Devon FTE	Group as a %	Number on Roll cohorts for each group	Group as a % of Devon	Group is over or under represented	% group population with at least one FTE
2015/16	Cohort	of FTE cohort	(Spring 2016 Census)	NoR cohort	by a factor of	Devon 2015/16
All	3316	100.0	95451	100.0		3.47
SEN with statement / EHCP	503	15.2	2884	3.0	5.02	17.44
SEN without statement / EHCP	1533	46.2	13275	13.9	3.32	11.55
No SEN	1280	38.6	79292	83.1	0.46	1.61
Eligible for FSM	1341	40.4	12111	12.7	3.19	11.07
Not eligible for FSM	1975	59.6	83340	87.3	0.68	2.37
CIC (4)	189	5.7	465	0.5	11.70	40.65
not CiC	3127	94.3	94986	99.5	0.95	3.29
Male	2492	75.2	49103	51.4	1.46	5.08
Female	824	24.8	46348	48.6	0.51	1.78
Minority Ethnic Pupils	183	5.5	6575	6.9	0.80	2.78
White British Ethnicity Pupils	3095	93.3	87039	91.2	1.02	3.56

<sup>(1)</sup> The number of fixed period exclusions expressed as a percentage of the number of pupils (including sole or dual main registrations and boarding pupils) of each age in January 2015.

<sup>(2)</sup> With regards to the FTE figures, these are number of FTEs and not number of children (one child may have multiple fixed term exclusions). National benchmarking data is based on the number of FTEs (not the number of children).

As with permanent exclusions, both nationally and in Devon, pupils in vulnerable groups are more likely to receive fixed term exclusions than their peers;

- Pupils with Statements of SEN or EHCPs are nearly 14 times as likely to receive fixed term exclusions as pupils with no identified SEN. This is substantially higher than the 2015 national picture where pupils are nearly 7 times as likely to receive an exclusion.
- Pupils eligible for Free School Meals are nearly 4.5 times as likely to receive fixed term exclusions as pupils not eligible for Free School Meals, slightly higher than the 2015 national picture which is nearly 4 times as likely.
- Boys are nearly 3 times as likely to receive fixed term exclusions as girls, which is similar to the 2015 national picture.



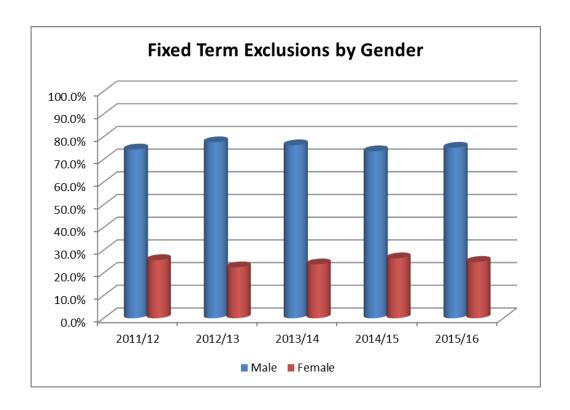
### Data sources:

England - Statistical First Release SFR 26/2016, published 21/07/16 (Permanent and Fixed Period Exclusions from Schools in England: 2014 to 2015 academic year).

Devon - 2011/12 Exclusions from Report on Exclusions from Devon Schools & Academies Academic Year 2011-12, David Archer & Marc Kastner. 2012/13 and 2013/14 Exclusions from ONE system, based on Exclusions Information received direct from Schools (completion of Annex G forms). 2014/15 and 2015/16 Exclusions from ONE system 12/08/16, based on Exclusions Information received direct from Schools (completion of Annex G forms)

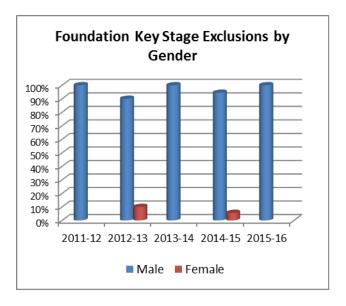
### 2.4 Fixed Term Exclusions by Gender and Key Stage

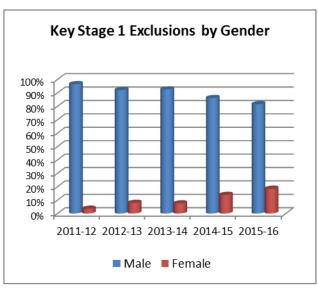
The breakdown of fixed term exclusions by gender remains relatively unchanged, with three quarters of exclusions being for boys. This also reflects the 2015 national picture. However when reviewed at Key Stage, the proportion of girls subject to a fixed term exclusion rises significantly at secondary school level (Key Stages 3, 4 and 5).

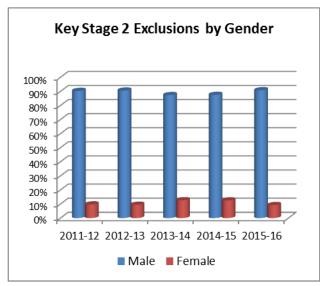


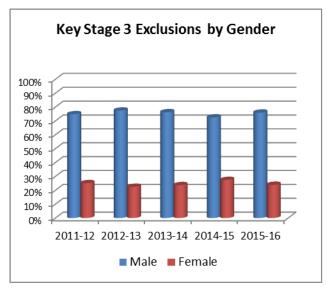
	201	1/12	201	2/13	201	3/14	201	4/15	DfE 2014/15 % of fixed	201	5/16
Exclusions against;	No's	%	No's	%	No's	%	No's	%	term excns (4)	No's	%
Male	2870	74.4%	2383	77.5%	2259	76.2%	2388	73.6%	73.6%	2492	75.2%
Female	989	25.6%	690	22.5%	704	23.8%	857	26.4%	26.4%	824	24.8%

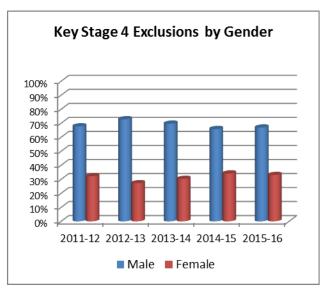
Note: 4. DfE percentages of fixed term exclusions taken from Statistical First Release SFR 26/2016 (Statements Table 5, Free School Meals Table 9, Gender Table 3)

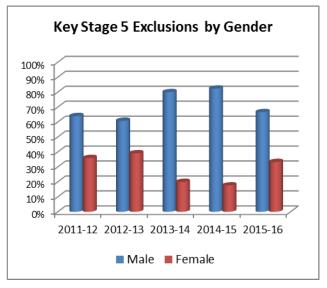












### 2.5 Fixed Term Exclusions by School Type

The percentage of Fixed Term Exclusions in Devon secondary schools has risen slightly. Whilst two thirds of exclusions occur in secondary schools (68.5%) this is lower than the 2015 national figure (79%).

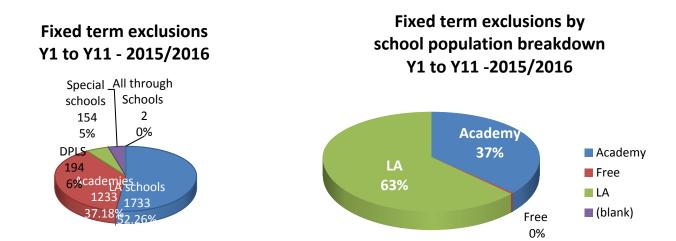
The percentage of fixed term exclusions in primary schools has fallen slightly in the last year but continues to be higher than the 2015 national rate.

The percentage of exclusions occurring in special schools has risen slightly (4.6% in 2015/16 compared to 3.8% in 2014/15) but continues to be slightly below the 2015 national rate.

	201	1/12	201	2/13	201	3/14	201	4/15			5/16
	No's	%	No's	%	No's	%	No's	%	2014/15 % of fixed term excns (5)	No's	%
<b>Primary Schools</b>	557	14.4%	508	16.5%	610	20.6%	737	22.7%	16%	695	21.0%
LA Maintained	469	12.2%	453	14.7%	511	17.2%	591	18.2%		558	16.8%
Academies	88	2.3%	55	1.8%	99	3.3%	146	4.5%		137	4.1%
Secondary Schools	2954	76.5%	2185	71.1%	1968	66.4%	2076	64.0%	79%	2271	68.5%
LA Maintained	1774	46.0%	1267	41.2%	824	27.8%	1098	33.8%		1175	35.4%
Academies (inc Free Schools)	1180	30.6%	918	29.9%	1144	38.6%	978	30.1%		1096	33.1%
All Through School	48	1.2%	15	0.5%			17	0.5%	not available	2	0.1%
DPLS	156	4.0%	221	7.2%	236	8.0%	291	9.0%	not available	194	5.9%
Special Schools	144	3.7%	144	4.7%	149	5.0%	124	3.8%	5%	154	4.6%

**Total** 3859 3073 2963 3245 **3316** 

5. DfE percentages of fixed term exclusions taken from Statistical First Release SFR 26/2016 (Table 1)



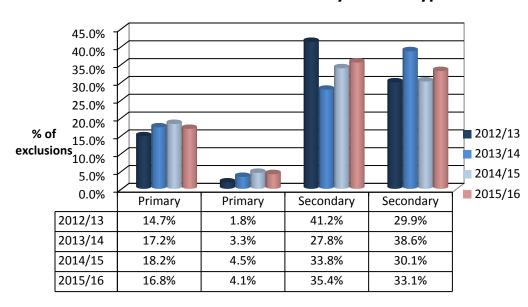
The breakdown by school population should be viewed alongside permanent exclusions. Approximately 60% of pupils attend maintained schools and 40% in academies.

**Please note**: the total cohort changes year on year as LA Maintained Schools convert to Academies. For example, in 2011/12 the primary school cohort was split as 5,773 pupils in Academies and 46,459 in LA Maintained schools, whilst in 2015/16 the split was 13,433 pupils in Academies (inc. Free Schools) and 42,832 in LA Maintained schools. The change in pupil cohorts is illustrated in the table below;

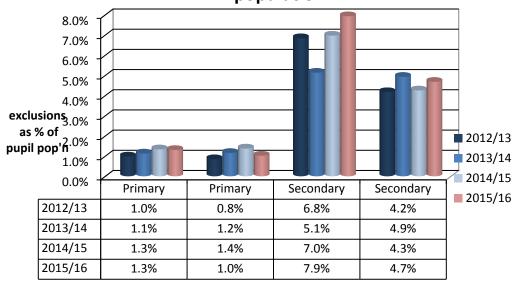
		2011/12	2012/13	2013/14	2014/15	2015/16
Primary	LA Main.	46,459	46,242	45,241	44,225	42,832
Primary	Academy	5,773	6,496	8,562	10,602	13,433
Secondary	LA Main.	19,236	18,517	16,056	15,758	14,814
Secondary	Academy	22,233	22,013	23,215	22,979	23,416

Both Fixed Term Exclusions by school type and by percentage of the pupil population are illustrated in separate graphs overleaf

### **Fixed Term Exclusions by School Type**



# Fixed Term Exclusions by school type as % of pupil population



### 2.6. Fixed Term Exclusions by Learning Community

### Ranking by Fixed Term Exclusions as a percentage of pupil population

Exeter West Exe Learning Community is on average the Local Learning Community with the highest percentage of fixed term exclusions as a percentage of their pupil population, having the greatest increase in the last year. Exeter Central & Chestnut is the Learning Community with the second highest percentage of fixed term exclusions as a percentage of the pupil population.

Barnstaple, Tiverton and Exeter Beacon are also consistently ranked with high fixed term exclusions as

a percentage of their pupil population.

a percentage	2013/14	2014/15	2015/16	2015/16	2015/16	(where 1 is	Ranking highest % of	exclusions)	Average Ranking
	%	%	%	LLC	Excls	2013/14	2014/15	2015/16	(over 4yrs)
Axe Valley	2%	2%	3%	3157	101	20	18	10	10
Barnstaple	5%	5%	4%	6380	261	5	3	7	3
Bideford	2%	4%	3%	4107	128	22	10	11	13
Braunton	4%	2%	2%	1743	38	6	24	21	23
Chulmleigh	4%	4%	3%	1375	35	7	9	15	9
Clyst Vale	2%	3%	4%	2566	104	26	14	8	18
Crediton	3%	5%	4%	3108	135	13	2	5	7
Culm Valley	2%	2%	1%	3686	42	23	21	27	26
Dartmouth	0%	5%	1%	404	3	31	4	30	21
Dawlish	2%	3%	4%	2329	98	19	16	6	16
Exeter - Beacon	3%	4%	5%	6493	335	16	7	3	5
Exeter - Central & Chestnut	6%	4%	5%	3468	165	2	6	4	2
Exeter - West Exe	5%	8%	12%	3601	432	4	1	1	1
Exmouth	3%	3%	3%	5795	200	11	12	9	7
Holsworthy	3%	2%	3%	1542	47	10	23	12	17
Honiton	2%	2%	2%	2122	47	21	26	20	19
Ilfracombe	6%	4%	2%	2517	62	1	8	19	5
Ivybridge	2%	2%	1%	4682	68	27	22	26	27
Kingsbridge	1%	0%	0%	2612	0	28	31	31	30
Newton Abbot	3%	4%	2%	5071	82	17	11	25	21
Okehampton	3%	2%	2%	3010	59	12	20	23	24
Ottery St Mary	0%	1%	1%	2129	23	30	29	29	29
Sidmouth	3%	3%	3%	1634	41	14	13	18	12
South Dartmoor	4%	2%	2%	3069	66	8	19	22	13
South Molton	2%	2%	3%	1424	36	24	27	17	25
Tavistock	3%	3%	3%	3750	98	15	15	14	13
Teign Valley	1%	1%	1%	2731	30	29	30	28	30
Teignmouth	3%	2%	3%	2483	63	18	25	16	20
Tiverton	5%	4%	6%	3464	213	3	5	2	4
Torrington	3%	3%	3%	1894	53	9	17	13	10
Totnes	2%	2%	2%	2934	55	25	28	24	27

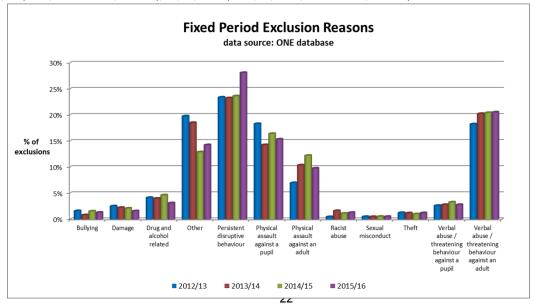
### 2.7 Fixed Term Exclusions Reasons

Persistent Disruptive Behaviour continues to be the major reason for fixed term exclusions in Devon (28.11%), slightly higher than the national rate (26% in 2015). Verbal abuse/threatening behaviour against an adult continues to be the second major reason for exclusions, with similar levels previous years.

Fixed Term Exclusion Reason	2012/13	2013/14	2014/15	2015/16	2012/13	2013/14	2014/15	DfE England rate (1)	2015/16
Bullying	50	25	51	44	1.63%	0.84%	1.57%	1%	1.33%
Damage	78	67	69	53	2.54%	2.26%	2.13%	2%	1.60%
Drug and alcohol related	128	119	151	104	4.17%	4.02%	4.65%	3%	3.14%
Other	608	549	419	473	19.79%	18.53%	12.91%	18%	14.26%
Persistent disruptive behaviour	719	689	767	932	23.40%	23.25%	23.64%	26%	28.11%
Physical assault against a pupil	563	423	533	509	18.32%	14.28%	16.43%	18%	15.35%
Physical assault against an adult	215	308	397	325	7.00%	10.39%	12.23%	7%	9.80%
Racist abuse	15	49	37	43	0.49%	1.65%	1.14%	1%	1.30%
Sexual misconduct	16	15	18	18	0.52%	0.51%	0.55%	1%	0.54%
d left	39	36	33	41	1.27%	1.21%	1.02%	1%	1.24%
erbal abuse / threatening behaviour against a pupil	81	83	107	93	2.64%	2.80%	3.30%	4%	2.80%
Verbal abuse / threatening behaviour against an adult	561	600	663	681	18.26%	20.25%	20.43%	17%	20.54%

FE Statistical First Release SFR26-2016 Table 19, published July 2016

Data source: ONE system, report run on: 12/08/16 (2015/16 and 2014/15 data), 20/04/2015 (2011/12, 2012/13 and 2013/14 data)



	Fixed Terr	n Exclusions	– Statemer	nted/EHCP
Exclusion Reason	2012-13	2013-14	2014-15	2015-16
Bullying	17	9	3	6
Damage	24	15	19	12
Drug and alcohol related	9	6	9	5
Other	95	128	84	112
Persistent disruptive behaviour	151	142	133	86
Physical assault against a pupil	88	86	110	77
Physical assault against an adult	82	155	140	83
Racist abuse	7	19	15	10
Sexual misconduct	3	5	2	2
Theft	9	7	2	1
Verbal abuse / threatening behaviour against a pupil	16	20	17	22
Verbal abuse / threatening behaviour against an adult	93	132	101	87
not known				
Grand Total	594	724	635	503

Fix	Fixed Term Exclusions - FSM									
2012-13	2013-14	2014-15	2015-16							
17	10	21	11							
26	23	34	26							
34	25	47	29							
180	189	137	185							
249	257	361	418							
191	165	188	198							
91	134	162	155							
4	20	13	11							
3	4	5	2							
17	12	14	13							
28	37	40	30							
175	197	233	263							
1015	1073	1255	1341							

	Fixed Term Exclusions - Male			
Exclusion Reason	2012-13	2013-14	2014-15	2015-16
Bullying	39	21	37	30
Damage	75	60	60	48
Drug and alcohol related	89	74	86	71
Other	442	367	279	357
Persistent disruptive behaviour	557	500	507	676
Physical assault against a pupil	468	356	446	417
Physical assault against an adult	188	269	348	257
Racist abuse	11	44	34	40
Sexual misconduct	15	13	17	16
Theft	31	28	24	33
Verbal abuse / threatening behaviour against a pupil	67	74	85	61
Verbal abuse / threatening behaviour against an adult	401	453	465	486
not known				
Grand Total	2383	2259	2388	2492

Fixe	Fixed Term Exclusions - Female								
2012-13	2013-14	2014-15	2015-16						
11	4	14	14						
3	7	9	5						
39	45	65	33						
166	182	140	116						
162	189	260	256						
95	67	87	92						
27	39	49	68						
4	5	3	3						
1	2	1	2						
8	8	9	8						
14	9	22	32						
160	147	198	195						
690	704	857	824						

CS1604
Peoples Scrutiny
17 November 2016

# EDUCATION AND LEARNING PERFORMANCE REPORT 2015/16

### Report of the Designate Head of Education and Learning

### Recommendation:

To note the quarterly update from Education and Learning

### 1. Background/Introduction

This report provides the latest assessment information for all key stages and an update on performance in relation to SEN and pupils destinations post 16.

### 2. Main Text

**Early Years**: the take up of education places for two year olds continues to improve, with this summer term's take up of 84.6% surpassing last term's high of 83.9%. Devon continues to perform significantly better than latest National average (68%) and also exceeds South West and Statistical Neighbour take up rates of 75%.

**Attainment and Attainment Gaps:** Provisional results for 2015/16 indicate that Devon's performance at Foundation Stage continues to improve, with 72.2% of children achieving a good level of development. This is above the national figure of 69.3%. Devon has reduced its attainment gap to 24.9% which is significantly lower than the national attainment gap (31.4%).

National results in KS1, KS2 and KS4 are reported in a completely different way this year and are therefore not comparable with previous years.

Provisional results for Key Stage 1 indicate that Devon pupils are working at a level slightly below the national average. However KS1 results are based on teacher assessments (not externally marked) and issues have been identified nationally in relation to the consistency of assessment against the new secure fit model. Devon is satisfied that assessment within the county has adhered rigidly to the guidelines. 73% of pupils achieved the new expected standard in reading, whilst 70% achieved in mathematics and 62% achieved in writing. The attainment gaps in each subject at KS1 in Devon are lower than the regional attainment gaps but slightly higher than the national gaps. The percentage of Year 1 pupils achieving the Phonics standard remains above the National Average.

At Key Stage 2, the percentage of Devon pupils achieving the new 'expected standard' in reading, writing and maths is in line with national averages, with 53% of pupils reaching the standard. 71% of Devon children reached the expected standard in reading compared to 66% nationally. 71% also reached the expected standard in grammar, punctuation and spelling (72% nationally) whilst 69% reached the expected standard in maths (70% nationally). 69% of Devon children reached the expected standard in writing compared to 74% nationally. The writing standard was again teacher assessed and the same concerns as outlined above apply to consistency in marking. Ofsted are aware of the national issue.

Provisional results at Key Stage 4 indicate that Devon is performing significantly better than the national picture, with 58.3% of pupils achieving 5+ A\*-C grades at GCSEs (Inc English and Maths) compared to 52.8% nationally. Devon is also performing better than the national picture in the new 'Attainment 8' measure, where the average score per Devon pupil is 50.4 compared to 48.2

nationally. The new 'Progress 8' measure indicates that Devon pupils are making average progress with an average score per pupil of -0.01, better than the regional average score per pupil of -0.05.

At A Level, provisional results indicate that Devon continues to improve its performance with 10.8% of pupils achieving 3+ A grades in 2016 compared to 9.4% in 2015. Devon's performance is now significantly better than its statistical neighbours (9.3%) and is slightly better than the regional picture (10.6%). The percentage of Devon pupils achieving grades AAB or better has significantly improved, with 18.4% achieving in 2016 compared to 15.6% in 2015. Devon is now performing better than its statistical neighbours (17.1%) and is in line with the regional picture (18.6%) but remains below the national picture (21.6%).

Indicative results at KS2, KS4 and KS5 for disadvantage groups and attainment gaps will not be available until the New Year and will therefore be covered in future reports.

**Quality of Provision:** The quality of state funded education provision in Devon continues to be higher than the national picture. The percentage of Devon schools judged to be Good or Outstanding has risen to 92% compared to 89% nationally. Both Primary and Secondary schools continue to be above the national average but there has been no change for Special schools (70% are good or outstanding). The percentage of pupils attending a good or better school now stands at 93.5% compared to a national figure of 86.7%

**Admission Appeals:** Devon has the lowest rate of admission appeals in the South West, with only 0.9% of admissions for the 2015/16 academic year resulting in an appeal being lodged and 0.6% of admissions resulting in an appeal being heard. This is significantly better than the national picture where 4.1% of admissions resulted in an appeal being lodged and 3% resulted in an appeal being heard. Devon is in the best 1% of LAs in England for its low level of admission appeals, with only 2 LAs having better rates.

Fewer appeals were heard for secondary school admissions than primary school admissions. 0.3% of secondary school admissions resulted in an appeal being heard (compared to 3.6% nationally) and 0.7% of primary school admissions result in an appeal being heard (2.6% nationally). Secondary school appeals were more likely to be successful than primary school appeals, with 20% of secondary schools appeals heard decided in the parent's favour compared to 13.2% of primary school appeals heard.

**Electively Home Educated:** in 2015/16 there was a 33% increase in the number of children registered with the Elective Home Education service (which had a total of 1,018 pupils registered). The most frequent reason cited by parents choosing to home educate continues to be 'Lifestyle/Cultural/Philosophical' followed by 'dissatisfaction with the school environment'. 'Attendance/Prosecution' saw the greatest percentage increase, rising from 5 in 2014/15 to 45 in 2015/16. All Key Stages saw significant increases, with the greatest increase at KS1 (55% increase), rising from 120 children in 2014/15 to 186 in 2015/16. KS2 and KS3 continue to have the greatest number of home educated students (295 at KS2 and 290 at KS3).

**Special Educational Needs & Disabilities (SEND):** The volume of requests for assessments and transfers from statutory statements continues to be high. Additionally the number of requests for assessment in quarter 2 is 51% higher than the same quarter in the previous year. Requests for high needs block funding for children without statutory plans have also increased. This has necessitated a cap being placed on the funding available to support students without an EHCP plan and this may increase further the already high demand for statutory assessments.

The local authority is also managing a high number of requests that do not meet the statutory threshold for assessment; approximately 48% per quarter are not meeting the threshold. The work rate of issuing plans within the 20 week national timeline still requires improvement; 29% were issued on time. The number of assessments in progress that were overdue has been increasing over the last year; the increasing requests mean that to address the growing volume, a clear improvement plan of SEN processes is required. As part of the SEND reform agenda an analysis of the processes is in progress with expected report/recommendations expected by end of November 2016.

Young People Not in Employment Education Training: Recently published national information indicates that the percentage of young people not in Employment Education Training (NEET) in Devon remains virtually unchanged, dropping slightly from 4.2% in 2014 to 4.1% in 2015 and remaining line with the National average (4.2%.)

The government has recently announced that performance in this area will now be measured by combining the figures for NEETs and young people whose status is 'Not Known' in to a single performance measure. This provides a fuller picture of the impact of NEETs tracking and support services on young people.

The most recent comparable local data is for July 2016. This shows NEETs and Not Knowns combined for Devon to be 9.9% compared to 11.8% for the South West as a whole and 11.6% for England.

For the period July-September 2016, the picture is very different across the year groups with year 12 participation the highest at 94.3%, year 13 at 88.7% and year 14 at 27.3%. In future only the data for years 12 and 13 will be regarded as targets by DfE, in line with the statutory duty on local authorities to track young people destinations

NEET Vulnerable Groups: Data for the period July- September 2016 shows that the vulnerable group with the highest NEET rate is that of teenage parents (80.4%). However, the volume of young parents is quite small, accounting for only 5% of all NEET young people

Learners with learning difficulties or disabilities and Children in Care/Care leavers together form the largest groups. Learners with learning difficulties or disabilities account for 14% of the total and Children in care/Care leavers 11.3%.

Dawn Stabb

Electoral Divisions: All

Cabinet Member for Children, Schools and Skills: Councillor James McInnes

Chief Officer for Childrens Services, Jo Olsson

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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CS1602 People Scrutiny 17th November 2016

# SECOND QUARTER PERFORMANCE REPORT: CHILDREN'S SOCIAL WORK AND CHILD PROTECTION

### Report of the Head of Children's Social Work and Child Protection

The performance information enables us to identify good performance as well as where there is a need to target action plans with the emphasis on improving our performance to be more in line with 'good' Local Authorities.

The Children's Social Work and Education and Learning's management information team's work together to give managers comprehensive monthly data on key performance indicators (KPI's) in order to support their management and oversight of priority areas.

The Quality Assurance Framework (appended) reports on some (KPI's) for the Children's Social Work service as at the end of Q2, September 2016. All figures in this report relate to September 2016.

### 1. Multi-Agency Safeguarding Hub (MASH)

In Devon, the Multi-Agency Safeguarding Hub (MASH) facilitates multi-agency screening to enable decisions to be made about all information shared by professionals about children where there may be concerns. This enables concerns to be responded to by the most appropriate service, including early help or children's social work where needed. The MASH Development Plan continues to focus on ensuring that professionals use judgement in relation to decisions about risk and the need that referrals are made at the appropriate time and receive the appropriate response. The recent reduction in numbers of enquiries and referrals indicates progress in this area and this work will continue including through the Devon Safeguarding Children Board.

### 2. Early Help

The early help system provides integrated support to children, young people and their families at an early point to prevent needs from escalating. The aim is to intervene early in terms of the age of a child, and early in terms of an issue arising in the life of a child – from pre-birth to nineteen. Early help works with children, young people and families who are experiencing difficulties and provides services for children who need extra help with their learning, social, emotional, behavioural, developmental and other needs.

Activity in this service is currently measured by the number of Devon (Common) Assessment Frameworks (DAF) that are recorded in the Holistix data recording system. The DAF is an early help, inter-agency assessment led by any professional who has identified that a child may need extra support and that offers a basis for the early identification of children's additional needs.

Since October 2015, a reduction in the number of DAFs being completed has been seen and this trend has continued to date: Q2 16/17 (81), Q2 15/16 (369). We are currently piloting early help tools that are more user-friendly and intuitive. The Alliance has reinforced its commitment to Holistix and we expect the new early help tools to be being used from February 2017.

The data on the number or rate of DAFs needs to be treated with some caution, as DAFs are currently used for a range of purposes:

- A) for their intended purpose as an early help assessment of need; leading to an early help plan, early help intervention and improved outcomes for the child or, if outcomes do not improve, as a tool to aid decision making on subsequent steps and
- B) for unintended purposes as a record of basic information, as a MASH Enquiry, or as a referral form to other services.

The DSCB has asked all partners to record their current activity in relation to their multiagency early help offer and to set targets to encourage their use in more cases. To be counted, the work must include an assessment recorded on Holistix, a multi-agency team around the child/family and an intervention or care plan for the family. At this time we are very cautious about what can be inferred from the reported data. A new approach is being planned for early 2017.

### 3. Children in Need

Children in need are those identified by assessment to require advice and support. This includes those subject to a child protection plan and looked after children.

Our rate of children identified as being in need in Devon has been high, we have approximately 75 children in need per 10,000 more than our neighbours which indicates more should be done to support families earlier through early help and leads to higher caseloads.

As a result of ensuring only cases where there is an active social worker remain open in the social work service the number of Children in Need (CIN) continues to decrease to 5,149 at September 2016.

This includes 1,296 children where a budget only is allocated for a short break (usually disabled children) and if these are excluded, Devon's number of CIN is now 3,853. This has enabled SW caseloads to reduce.

### 4. Referrals into statutory children's service

Referral levels continue to remain relatively consistent except around the periods of school holidays where we see a drop in activity. The monthly average for the number of referrals to Q2 2016/17 is (499) which is lower than the monthly average for 2015/16 (580)

Re-referrals to the service, defined as those children being re-referred to social care with 12 months of their original referral has decreased from 24.6% in September 2015 to 22.4%

currently for Q2 (Sep-16) This is better than latest comparison figures for 15/16 where the national rate is 24.0%, South West Authorities is 24.6% and in line with DCC's statistical neighbours are at 22.5%.

### 5. Single Assessments

The vast majority of accepted referrals lead to an assessment to determine needs and risks, clarify the desired outcomes and, where required, allocate resources to achieve them. These assessments must be timely. The maximum timeframe for the single assessment to reach a decision on next steps should be 45 working days from the point of referral.

Although variable on a month by month basis, as at Q2 2016/17 90.5% of referrals progressed to an assessment. The year to date rate at the same point last year (Q2 2015/16) was 93.5%. 2906 single assessments have been completed and authorised by Q2 2016/17, of which 90.7% have been authorised within the 45 working day threshold.

This is a significant improvement in performance from last when outturn performance was 68.0% and now significantly better than other LA's. Comparing DCC's performance for 2015/16 (90.6%) against the latest available published data, the 15/16 national figure for assessments completed on time was 81.5%; other South West Authorities 79.3% and statistical neighbours (79.1%). Our focus is now on assuring the quality of these assessment and on ensuring only complex assessments take longer than 15 working days, if a family's needs can be identified and met quickly they should be.

By the end of Q2 2016/17 52% of the assessments undertaken led to no further involvement from the statutory social work service, although they may have been signposted for additional support from early help. This suggests that families are being brought into the statutory service when it is not needed which is both costly to the Council and potentially damaging to families. An improved early help strategy would help.

### 6. Child Protection Enquiries

Section 47 of the Children Act 1989, places a duty on a local authority, to undertake enquiries where they have reasonable cause to suspect that a child in their area is suffering or is likely to suffer significant harm, in order to decide whether they should take any action to safeguard or promote the child's welfare. The decision to undertake enquiries under S47 is made after multi-agency consideration of the issues and risks in a strategy discussion. The number of such enquiries initiated in 2015/16 was 2,276, averaging 190 per month. The monthly average to Q2 September 2016 has reduced to 143 per month indicating strategy meetings are enabling better joint decision making about risk. The enquiries should only lead to a multi-agency initial child protection conference being held when children cannot be safeguarded from harm without a multi-agency plan.

### 7. Child Protection Conferences

The Initial Child Protection Conference (ICPC) brings together family members, the child, where appropriate, and those professionals most involved with the child and family. Historically in Devon, 45% to 50% of all Section 47 enquiries lead to the initiation of an

ICPC. In 15/16 this increased to 53.1% with 1,202 such conferences being held. 2014/15 benchmarking figures were Devon 50.5%, South West 48.7%, national 44.6% and SN 52.5% Devon's figure to Q2 206/17 is 43.9%.

The purpose of the ICPC is to decide what future action is required to safeguard and promote the welfare of the child, how that action will be taken forward, and with what intended outcomes. Where the conference outcome determines that a child is at continuing risk of significant harm, a multi-agency child protection plan is formulated to protect the child.

The number of children who are subject to a CP plan has fallen by 32% from 714 at the end of 2015/16 to 482 at the end of Q2 2016/17 which now represents a rate of 33.8 per 10,000, below both SN (51.1) and the South West (54.3). An audit will be undertaken in the next quarter to ensure decision making is appropriate.

Improvements are currently being put in place to ensure strategy meetings enable child protection enquiries to be thorough and that child protection conferences are only held when they are needed. This will reduce the high number of child protection plans put in place at a conference that ended after only three months. The previous trend whereby almost a third (28%) of those children made subject to a child protection plan, were removed from it either on or before their first review within 3 months of the ICPC decision continues to improve to 11% at the end of Q2 2016/17.

### 8. Repeat Child Protection Plans

The rate of repeat child protection plans is calculated by looking at whether the children who start a CP plan in the current reporting year have ever had a previous CP plan between the ages of 0-18 years. The purpose of this indicator is to consider whether the previous child protection plan failed to protect the child adequately.

The CIN census 15/16 reported a higher rate (22.4%) of repeat child protection plans in 15/16 compared to the national rate (16.6%), SN (19.6%) and the South West (19.4%)

Good performance for repeat CP Plans is around 15%, and our current rate at the end of Q2 September 2016 is 22.9% (57 children out of total 249 starting CP Plans). Further investigation will need to be undertaken to determine whether this indicates a concern about the decision to end the previous CPP.

Electoral Divisions: All

Cabinet Member for Children, Schools and Skills: Councillor James McInnes

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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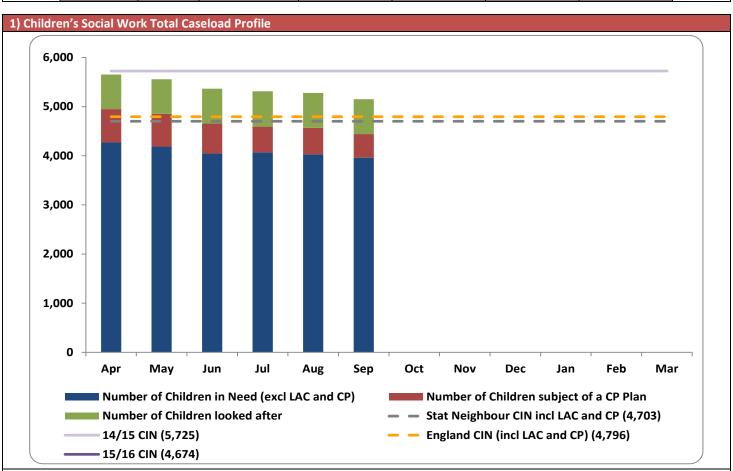


# **Devon Children's Social Work Quality Assurance Framework**

### **Report of: September 2016**

### 1.0 Activity and Performance Information

and Young People Population profile for Devon – 2015 Mid-Year Estimates  Source: Office of National States  Population per age band								
	0	1-4	5-9	10-15	16-17	18-25		
England	662,977	2,771,703	3,357,463	3,612,971	1,272,742	5,674,723		
Devon	7,005	31,596	40,769	46,422	16,799	73,900		
Age Band as	a Percentag	ge of Total Popula	tion					
England	1.2% ⇩	5.1% 介	6.0% ①	6.6% ①	2.4% ⇩	10.4% 仓		
Devon	0.9% ₽	4.1% ⇩	5.2% 企	6.1% ⇩	2.2% ⇩	9.5% ①		



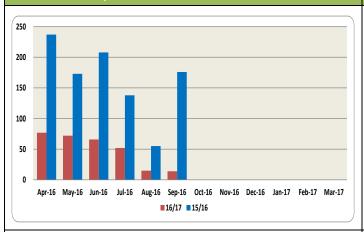
The total Devon CIN for Sept-16 is 5,149 which includes LAC 710, CP 482 and Finance only cases 252 and 1,046 Disabled Children's Services (DCS). The rate of CIN cases 14/15 for Devon was 402.7, our Statistical Neighbours was 327.5 and the National rate was 337.3 This means we have approximately 75 per 10,000 (c 1000 children) more children involved with social care than our Statistical Neighbours. Team Managers have focused on reviewing all the cases that are open to social care at the CIN level and this has resulted in the trend for the first quarter showing a steady decline to bring us in line with stat neighbours and national.

### **Numbers of CIN cases:**

The MASH development plan includes a number of improvement activities directly related to reducing inappropriate MASH enquiries and ensuring that those enquiries which do get progressed to children's social work are at the correct statutory involvement level.

September 2016 figures show a continued improvement of challenge and floor. Multi agency awareness raising events are planned on a monthly basis from December 2016 to cover the whole journey of the child.

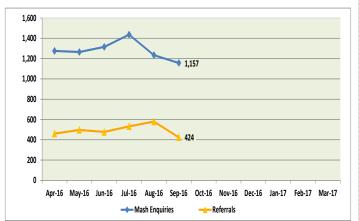
### 2) Number of DAF1s in Holistix



DAFs	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
14/15	53	108	96	112	15	120
15/16	237	173	208	138	55	176
16/17	77	72	66	52	15	14

The number of DAF's recorded on Holistix during the same period 16/17 shows a significant month on month reduction compared to 15/16. The Alliance has reinforced its commitment to Holistix and new EH tools are being piloted. These are yet to go live, so do not impact on the current data.

### 3) Number of MASH Enquiries and Referrals in the month

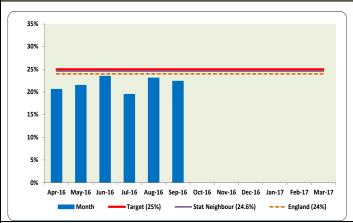


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Mash Enquiries	1,275	1,265	1,315	1,436	1,234	1,157
Referrals	461	497	477	532	579	424

This gap between enquiries and referrals suggests we need to strengthen understanding of thresholds, or confidence in decision making to hold risk outside of the statutory service.

Work is underway in MASH to reject inappropriate enquiries that do not meet threshold. The September percentage of MASH outcomes of referral to social work teams is 31%. MASH are focussing on the conversion rate to reduce inappropriate hand on to social work teams, recognising that there are still a higher number of accepted cases than is appropriate due to volume of enquiries against numbers of social work staff to address them. Of the 424 referrals made 359 are for single assessment, with the remainder including Private Fostering and referrals to ICS.

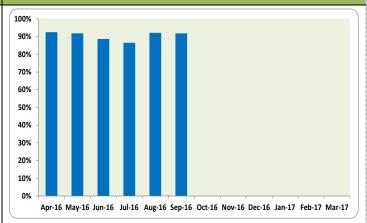
# 4) Percentage of social care referrals that are re-referrals within 12 months



Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
25%	20.6%	21.5%	23.5%	19.5%	23.1%	22.4%

The rate of children re-referred within rolling 12 months remains at approximately a fifth of all children. For 15/16 Devon's rate 23.4% was less than Stat Neighbours 24.6% and the National rate 24%

### 5) % of Referrals with a Single Assessment



Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
92.5%	91.8%	88.6%	86.5%	92.1%	91.8%

The rate for referrals that have a Single Assessment outcome is 91.8%. We aim to obtain benchmarking data from our Statistical Neighbours for comparison as this statistic is currently not reported publically. However this appears high particularly when the high proportion of SA resulting in no service is considered, suggests better screening and signposting could be undertaken with partners.

### **Case Closed Outcome**

It is anticipated that there will be a correlation between the reducing numbers of enquiries and a reduction in those cases which progress to a 'case closed' outcome as there will be fewer children in the system who could be helped outside of statutory services. This work is being supported by the development of call audits in the MASH to quality assure the decision making.

### 6) Number of Single Assessments Starting

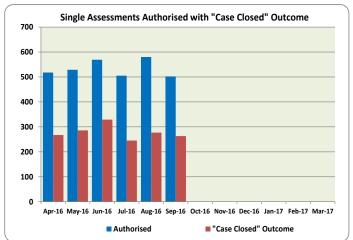


Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
429	459	427	463	538	392

For Sept-16 the number of SA's starting has fallen to 392. The overall 15/16 total (7,543) averaging 628 per month reduced by 7.9% compared to the previous year 14/15 (8,187).

The 16/17 average to date is 451 which indicates a continued reduction in Single Assessments starting compared to the monthly average of 628 in 15/16.

### 7) Cases closed at end of Single Assessment



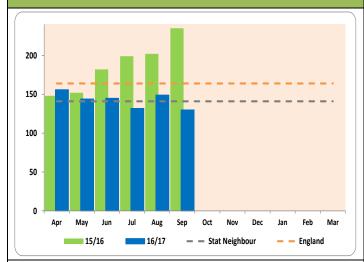
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Authorised	518	529	569	505	580	502
% "Case Closed" Outcome	51.5%	54.1%	57.8%	48.5%	47.8%	52.4%

The rate for SA with "Case Closed" outcome has increased in Sept-16 to 52.4%.

Work is planned to examine the points in the system where information gathering would be most effective, in order to reduce the numbers of single assessments that result in closure.

High proportion ending without a service suggests inadequate screening.

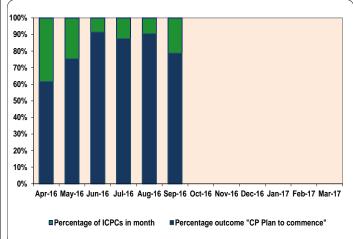
### 8) Number of Section 47 Enquiries



Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
156	144	145	132	149	130

In Sept-16 the number of S47 enquiries decreased to 130 which is below our Statistical Neighbours for 15/16 of 141.

## 9) Proportion of ICPC resulting in Child Protection Plans to commence



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Number of ICPCs in month	47	65	35	48	63	52
Number with "CP Plan to commence" outcome	29	49	32	42	57	41
No Outcome Recorded	0	0	0	0	0	1
Percentage outcome "CP Plan to commence"	61.7%	75.4%	91.4%	87.5%	90.5%	78.8%
Percentage of ICPCs in month	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

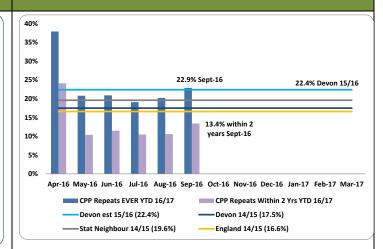
Slightly higher number of children where the decision not proceed with a CP plan was made. This may be insignificant but need to monitor this to ensure this is not a rising trend. High numbers may indicate poor inter agency understanding of the significant harm threshold.

The conversion rate from ICPC to plan suggests that the right children are being considered but the high number of children subject of a plan for three months or less may indicate risk adverse practice that requires further scrutiny.

### 10) Rate/10,000 of Children Subject to a Child Protection Plan

# 800 700 600 400 300 200 100 16/17 — 15/16 --- Stat Neighbour — England — Target

### 11) % of Repeat CPP's in the year



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Number	679	667	603	514	534	482
Rate / 10,000	47.8%	46.9%	42.4%	36.0%	37.4%	33.8%
England	610	610	610	610	610	610
Liigiailu	53.7%	53.7%	53.7%	53.7%	53.7%	53.7%
Stat Neighbour	577	577	577	577	577	577
Stat Neighbour	36.9%	36.9%	36.9%	36.9%	36.9%	36.9%

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
No. of Children Re-Reg in rolling Yr	11	16	23	29	42	57
No. of CPP starts	29	49	32	42	56	41
Cumulative 16/17 CPP starts	29	78	110	152	208	249
CPP % Re-Reg YTD 16/17	37.9%	20.8%	20.9%	19.1%	20.2%	22.9%
CPP Re-Reg within 2 Yrs YTD 16/17	24.1%	10.4%	11.5%	10.5%	10.6%	13.4%

The number of children subject to a Child Protection Plan in Sept-16 was 482.

The rate of children subject of a CP is 33.8% per 10,000 of the under 18 population in Devon (Mid-Year 2015: 142,591).

The latest comparator data 14/15: for Statistical neighbours 51.1 per 10,000, for South West, 54.3 and for England, 53.7 Overall, numbers of children subject of a plan continues to decline and we are now below the target for the year. Audit activity to test thresholds to be undertaken by IRU

This chart looks at how many children have started a CPP in the month and whether they have ever had a CPP before between ages 0-18. Each month the data is reviewing all the CPP starts from Apr-16 cumulatively and by the end of 16/17 the data will show the % of repeat CPP's EVER for 16/17, which is the figure reported in the CIN census. For 15/16 this was 22.4% for Devon, 19.6% Stat Neighbours and currently 22.9% for Devon to Sept-16. The rate for Repeat CPP's within 2 years is 13.4% and is an important factor to consider.

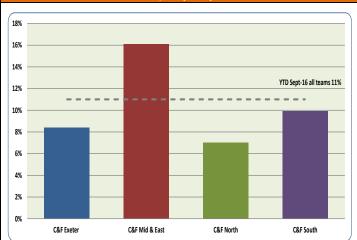
The number of children subject of a plan continues to decline following management action earlier in the year to ensure more thorough assessment pre-conference and robust application of thresholds. An audit of cases will be undertaken during the autumn to ensure decision making is appropriate.

The number of children being subject to repeat or subsequent CPPs is high and suggests ineffective planning or decision making to end conferences without change having been fully tested. An audit will be undertaken to information specific management action.

### 12. Team breakdown of children ending CPP within 3 months of starting CPP's.

		Apr 2	2016			May	2016			Jun 20	016			Jul 20	016			Aug 2	2016			Sepi	2016			Grand	Total	
Team	Ended 0-2 months	Ended 3+ months	Total Ends	% 0-2 months	Ended 0-2 months	Ended 3+ months	Total Ends	% 0-2 months	Ended 0-2 months	Ended 3+ months		% 0-2 months	Ended 0-2 months	Ended 3+ months		% 0-2 months	Ended 0-2 months			% 0-2 months	Ended 0-2 months	Ended 3+ months	Total Ends	% 0-2 months	Ended 0-2 months	Ended 3+ months	Total Ends	% 0-2 months
CHILDREN & FAMILIES EXETER 1	1	4	5	20%		8	8	0%		3	3	0%		11	11	0%		5	5	0%	1	12	13	8%	2	43	45	4%
CHILDREN & FAMILIES EXETER 2	3	3	6	50%						8	8	0%		7	7	0%	4	3	7	57%		9	9	0%	7	30	37	19%
CHILDREN & FAMILIES EXETER 3	1	3	4	25%		3	3	0%		5	5	0%	1	3	4	25%		2	2	0%		2	2	0%	2	18	20	10%
CHILDREN & FAMILIES EXETER 4						3	3	0%		2	2	0%		7	7	0%		7	7	0%		10	10	0%		29	29	0%
TOTAL CHILDREN & FAMILIES EXETER	5	10	15	33%		14	14	0%		18	18	0%	1	28	29	3%	4	17	21	19%	1	33	34	3%	11	120	131	8%
CHILDREN & FAMILIES MID & EAST 1	1	2	3	33%		6	6	0%	1	10	11	9%	2	17	19	11%						4	4	0%	4	39	43	9%
CHILDREN & FAMILIES MID & EAST 2						4	4	0%		9	9	0%	8	9	17	47%	1		1	100%		3	3	0%	9	25	34	26%
CHILDREN & FAMILIES MID & EAST 3		3	3	0%		7	7	0%	3	4	7	43%	2	4	6	33%		1	1	0%					5	19	24	21%
CHILDREN & FAMILIES MID & EAST 4						1	1	0%	1		1	100%		10	10	0%						5	5	0%	1	16	17	6%
TOTAL CHILDREN & FAMILIES MID & EAST	1	5	6	17%		18	18	0%	5	23	28	18%	12	40	52	23%	1	1	2	50%		12	12	0%	19	99	118	16%
CHILDREN & FAMILIES NORTH 1	1		1	100%																					1		1	100%
CHILDREN & FAMILIES NORTH 2		1	1	0%		10	10	0%		7	7	0%	1	4	5	20%						3	3	0%	1	25	26	4%
CHILDREN & FAMILIES NORTH 3		8	8	0%		2	2	0%		2	2	0%		4	4	0%						5	5	0%		21	21	0%
CHILDREN & FAMILIES NORTH 4		10	10	0%	1	2	3	33%		5	5	0%		2	2	0%	2		2	100%		1	1	0%	3	20	23	13%
TOTAL CHILDREN & FAMILIES NORTH	1	19	20	5%	1	14	15	7%		14	14	0%	1	10	11	9%	2		2	100%		9	9	0%	5	66	71	7%
CHILDREN & FAMILIES SOUTH 1		3	3	0%		7	7	0%		4	4	0%	2	8	10	20%		5	5	0%	1	10	11	9%	3	37	40	8%
CHILDREN & FAMILIES SOUTH 2		3	3	0%		3	3	0%		12	12	0%	2	3	5	40%	1		1	100%	2	9	11	18%	5	30	35	14%
CHILDREN & FAMILIES SOUTH 3		7	7	0%		3	3	0%		7	7	0%		10	10	0%		3	3	0%	1	4	5	20%	1	34	35	3%
CHILDREN & FAMILIES SOUTH 4	5	5	10	50%		1	1	0%		13	13	0%	1	13	14	7%		2	2	0%	1	10	11	9%	7	44	51	14%
TOTAL CHILDREN & FAMILIES SOUTH	5	18	23	22%		14	14	0%		36	36	0%	5	34	39	13%	1	10	11	9%	5	33	38	13%	16	145	161	10%
GRAND TOTALS	12	52	64	19%	1	60	61	2%	5	91	96	5%	19,	112	121	15%	8	28	36	22%	6	87	93	6%	51	430	481	11%

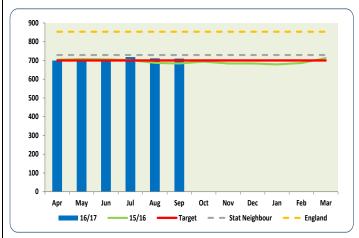
### 13) CPP Ending within 3 months of CPP starting Apr to Sept 16/17 (11%)



An 16	May-16	lun 16	Jul 16	Λυσ 16	Son 16	YTD
Ap-10	iviay-10	Juli-10	Jui-10	Aug-10	36h-10	Ave
19%	2%	5%	15%	22%	6%	11%

Sept-16 shows a decrease in CPP's ending at 3 months, with an average of 11% Apr-16 to Sept-16. The high % within Mid and East will need to be monitored to understand why it is out of line with other area's.

### 14) Number of Looked After Children



Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
699	696	708	718	711	710

Sep-16 shows 710 Looked After Children which is below our Statistical Neighbours however more work to be done in preventing accommodation.

### 15) Percentage of Looked After Children with a Visit **Completed in the Previous 6 Weeks**



Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
80.9%	80.3%	84.3%	84.1%	89.0%	89.5%

Further improvement needed across the county with focus on particular teams. There is a strong focus on this with Area Managers locally leading on improvement.

### 16) 3+ Placement Moves by Team Sept-16

For Total 710 LAC	3+ Place	ements
FOI TOTAL 710 LAC	Num	Out-turn
Children & Families	20	8.0%
Permanency &	23	6.2%
Initial Response	1	12.5%
CwD	1	1.6%
Other	0	0.0%
	45	6.3%

Historically Devon has had a high number of placement moves. More detailed analysis shows that these moves relate mainly to 15, 16 & 17 year olds. The percentage of children with 3 or more placement moves in 2015/16 was 12.9% which was an improvement of just under 2% from the previous year (14.9%).

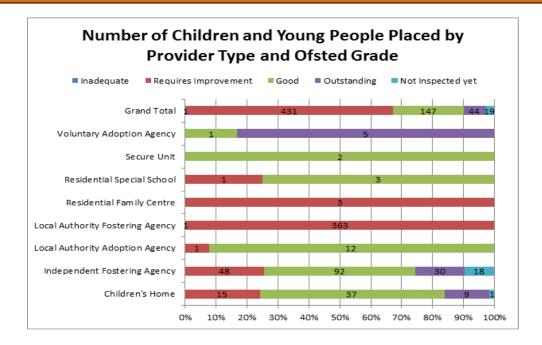
To Sept-16 the percentage of LAC with 3 or more moves is 6.3% however, this is a cumulative figure throughout the year so would be antipicated that this would increase as the year continues. This equates to 45 children having had 3 or more moves Apr-16 to Sept-16. There is a placement stability action plan with expected milestones which will ensure that this figure decreases. The school holidays are are a time of significant change and challenge for carers ,children and you. Additional support was given internally to carers to try and minimise the expected increase during the school holidays .

### 17) LAC 3+ Placement Information

% of Children with 3+ Placements in financial year to date

2014/15	2015/16	to Sept-16	16/17 Year Forecast
14.9%	12.9%	6.3%	10.8%

Weekly data available and planning support for Children & Young People where stability is an issue.

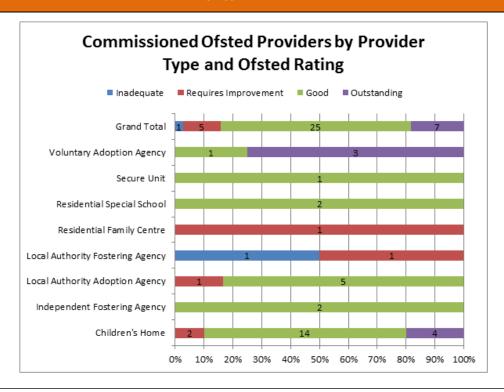


The above chart shows the data for Devon's Looked After Children, including those placed out of county.

Note: in- house adoption and fostering services are now judged based on the overall judgement of the LA's single inspection framework. In Q2 16/17 31% of the providers inspected are good (147), or outstanding (44)

The data indicates 69% (431) are in the category 'requires improvement however some of our larger fostering providers, who have re-registered due to expansion, have not yet been inspected and graded therefore this figure is likely to improve in the near future.

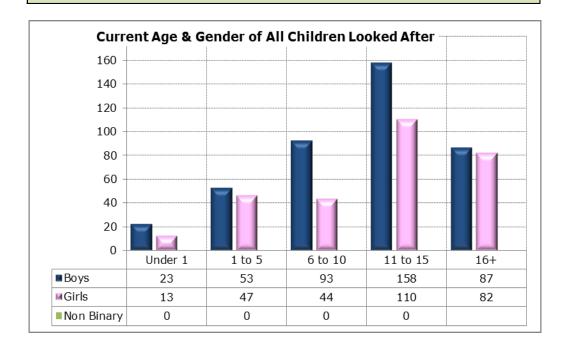
### 19) Number of Providers by Type and Ofsted Grade Q2 16/17



78% of total (73) children's homes were judged as Good (45) or Outstanding (12) in Q2 16/17. A number of children's homes that were Inadequate or Requires Improvement have now moved to good following QA work with the Children's Commissioning Team. 3 children's homes were judged as inadequate, LA maintained special schools with childrens home provision and have robust action plans in place to improve.

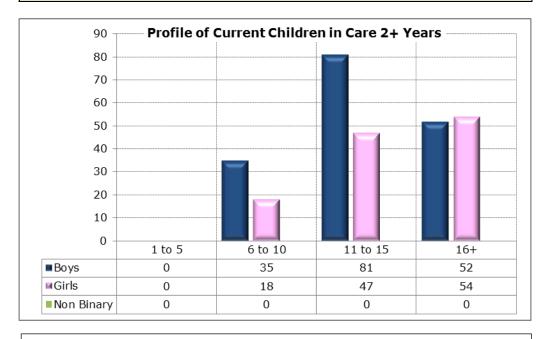
### 20) n=710

The Average Age of a Child in Care is: Boys 11.2 Years, Girls 11.7 Years



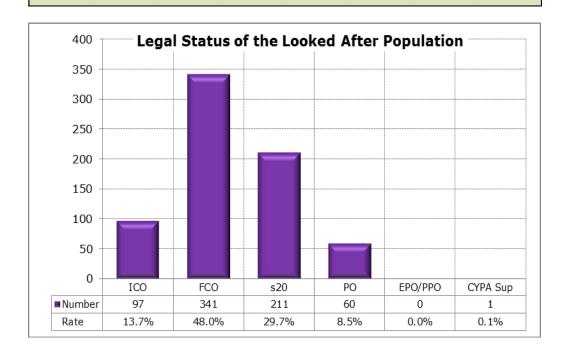
### 21) n=287

The Longest Current Period of Care of Any Child is: 16.4 Years

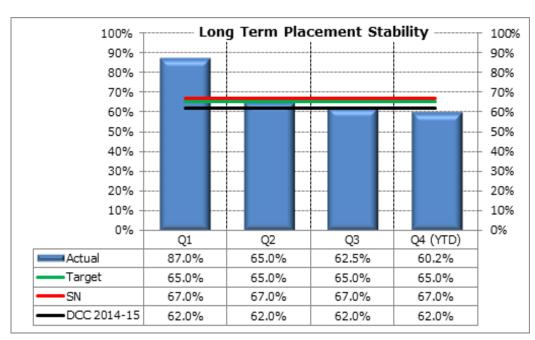


High proportion of aged  $\,$  11-15  $\,$  in care, greater than 2 years.

The Rate of LAC Under Section 20 Nationally in 2013-14 was 27.9%



23)



S20 presents a risk given potential for drift and challenge on a human rights basis. Close focus to ensure progression to permanence.

The number of children who have remained in placement needs to be improved. This is currently below statistical neighbours and national averages. Permanency oversight panels also tracking panels are also tracking the longer term placements.





### 24) Adoption Scorecard

# DEVON COUNTY COUNCIL ADOPTION SCORECARD OUARTER 2 2016/17

Devon County's Adoption Population	2016-17 YTD	Percentage				Adoption	Scorecar	d: Average Ti	me Indicato	ors	
Number of Children adopted	25	100%		600 ¬		Devon	2014-17	Quarterly Pe	rformance		
Aged 5 and Over	8	32.0%			547						
Aged Under 5	17	68.0%			545	514					
No. of adopted children in sibling groups	15	60.0%		500 -			489		487		
Number of children with a decision to be placed for Adoption	68	-				487	487	462	476		
Number of children with a placement order	58	85.3%		400 -				402			
No .of children in sibling groups	35	51.5%									
Number of children matched to adopter	30	51.7%		Days							
Number of children matched & placed with adopter	25	43.1%		ے 300 -							
Number of children whose decision to be placed for adoption has been rescinded	6										
Number of children ending care due to Special Guardianship order	22	-		200 -		467		178	474		
Children Looked After and Adoption Performance measures	DEVON (2014-17)	SN average (2012-15)	England average (2012- 15)		153	167	168		171		
Adoption scorecard A1: time between child entering care and placement for adoption	476 days	517 days	593 days	100 -	152	121	121	121	121		
Adoption scorecard A2: time between receiving court authority to place a child and deciding on a match	171 days	152 days	223 days								
Adoption scorecard A3: children waiting less than 16 months between entering care and placement for adoption (NB: measure reduced from 18 months previosuly reported)	63.6%	n/a	47%								
Adoption 1: Percentage of looked after children who ceased to be looked after who were adopted	14.8%	16%	14%	0 +	2011-14	2012-15	2013-16	2014-17 Q1	2014-17 Q2	2014-17 Q3	2014-17 C
Adoption 2: Percentage of looked after children who ceased to be looked after because of special guardianship order	11.5%	10%	10%			— Devon A	1 ······ Targe	3 Year Average et A1 — Devon	A2 ····· Targe	t A2	

The Q2 figures continue to show positive work being undertaken in the adoption service to improve timescales for children. An additional tracker has been put in place by management systems to support the A2 indicator which is evidencing signs of improvement.

The children who wait are those who are older and are deemed difficult to place and have longer transitions. Good progress can be seen in the number of children who are placed in sibling groups (60%) and this specific work to support these children is ongoing. The figure for % of children adopted has continued to exceed the English average showing a positive trajectory from last year's figures (12%). The numbers of children gaining permanence through SGO's is also above statistical neighbours and the English average.



### Children's Social Care Workforce Profile to September 2016

### 25) Worker Case Allocation and FTE Breakdown by Service and Team

Initial Response	Service	Area	Team Name	Practice Manager	Current FTEs - Caseload Adjustment*	Total Open Cases	Of Which, Allocated to Named Worker	% Allocated to Named Worker	Ave. No. of Cases per Current FTE Total
Response   North   SCN1   ROGH Valuer   7.9   96   96   100.0%   22.2     Initial Response Total		Exeter	IRCX1	Juanita Scallan	5.5	78	78	100.0%	14.2
North   RCSI   John Beyon   7-8   96   96   100.0%   92.2	Initial	Mid & East	IRCM1	Kevin Kenna	7.4	172	172	100.0%	23.2
Initial Response Total		North	IRCN1	Roger Walter	7.9	96	96	100.0%	12.2
Children a Families    CFCXI Tills Lenz		South	IRCS1	Jean Beynon	7.4	238	238	100.0%	32.2
Children and Families	Initial Respons	se Total	ı		28.2	584	584	100.0%	20.7
Excelled   CFCX2   Alders Microsimons   6.8   131   131   100.0%   103.0%   104.0%   105.0%			CFCX1	Tilia Lenz	6.6	134	133	99.3%	20.3
CFCN2	Children &	_	CFCX2	Phil Stagg	5.8	127	127	100.0%	21.9
Children and Families - Exeter Total   CFCM1   Richard Ashdown   5.8   140   140   100.0%   24.1		Exeter	CFCX3	Aiden Mitchelmore	6.8	131	131	100.0%	19.3
Children & Families   CFCM1   Richard Ashdown   5.8   140   140   100.0%   24.1			CFCX4	Helen Neighbour	6.2	87	87	100.0%	14.0
Children & Families   CFCM2   Heilen Pattern	Children and F	amilies - Ex	eter Total		25.4	479	478	99.8%	18.9
Cross   Cros			CFCM1	Richard Ashdown	5.8	140	140	100.0%	24.1
Families	Children &		CFCM2	Helen Patten	5.6	119	119	100.0%	21.4
CFCM4   Corrina Bryant   CFCM4   Corrina Bryant   CFCM4   CFCM2   Fain Hughes   CFCM2   Fain Hughes   CFCM3   Fain Hughes   CFCM3   Fain Hughes   CFCM4   CFCM3   Fain Hughes   CFCM4   Heather Cooper   CFCM4   Heather Co		Mid & East	СГСМЗ	Emily Hextall	4.6	86	86	100.0%	18.7
CFCN2			CFCM4		6.6	109	109	100.0%	16.5
Children and Families	Children and F	amilies - Mi	d/East Total	-	22.6	454	454	100.0%	20.1
Children and Families				Paul Sains					22.0
CFCNA		North							
Children and Families - North Total   18.7   386   384   99.5%   20.7	Families								
Children & Families   South   CFCS1   Lisa Jackson   6.1   114   112   98.2%   18.7	Children and F	amilies - No							
CFCS2	Ommarch und i	u		Liea Jackeon					
CFCS3   Kathy Pendle   4.8   157   157   100.0%   32.7									
CFCS4   Tasha Allington   7.2   180   179   99.4%   25.1		South							
Exeter									
Exeter	Children and E	Comilias So		Tastia Allington					
Permanency &   Transition   Mid & East   PTCM1   Naomi Pollard   9.8   134   133   99.3%   13.6	Children and F			luliat lance					
North									
South   PTCS1   Sales Basindu   11.2   201   199   99.0 %   16.8									
Disabled Children's Services   Disabled Children's Services									
DCS East Mid   ICCEMID   Brian Copp   4.4   95   90   94.7%   21.8	D			Karen mompson					
DCS Exeter   ICCEXETR   Martin Quaintance   6.8   148   130   87.8%   21.8	Permanency a			<u> </u>					
Disabled Children's Services									
Disabled Children's Services									
DCS North 2   ICCNRTH2   -									3.0
DCS North 2   ICCNRTH2   -				Marianne Jackson				73.7%	35.6
DCS South 2   ICCSWST2   Soraya Pethick   5.2   88   88   100.0%   16.9			ICCNRTH2	-	2.6	37	32	86.5%	14.2
Disabled Children's Services Total         23.0         475         430         90.5%         20.7           Private Fostering         PFC1         Elaine Newton         3.7         63         62         98.4%         17.1           Total (Excluding FOC Cases)         194.3         3,851         3,795         98.5%         19.8           Finance Only Cases         FOC01         252         1,046			ICCSWEST	Derek Godden	1.4	47	47	100.0%	33.6
Private Fostering         PFC1         Elaine Newton         3.7         63         62         98.4%         17.1           Total (Excluding FOC Cases)         194.3         3,851         3,795         98.5%         19.8           Finance Only Cases         FOC01         252           ICS Finance Only Cases         ICSFRME, ICSFRN &		DCS South 2	ICCSWST2	Soraya Pethick	5.2	88	88	100.0%	16.9
Total (Excluding FOC Cases)         194.3         3,851         3,795         98.5%         19.8           Finance Only Cases         FOC01         252           ICS Finance Only Cases         ICSFRME, ICSFRN & ICSFR	Disabled Child	lren's Servic	es Total		23.0	475	430	90.5%	20.7
Finance Only Cases FOC01 252  ICS Finance Only Cases ICSFRN & 1,046 ICSFRS	_			Elaine Newton	3.7	63	62	98.4%	17.1
ICS Finance Only Cases ICSFREME, ICSFRN & ICSFRS ICSFRS ICSFRS	Total (Exclud	ing FOC Ca	ses)		194.3	3,851	3,795	98.5%	19.8
No Assigned Team 0			ICSFREME, ICSFRN &						
	No Assigned Tea	m				0			
Total (Including FOC Cases) 5,149	Total (Includi	ng FOC Cas	ses)			5,149			

Staff names in red text denotes 'Agency Staff'

Minus staff shown as on long term sick leave or maternity

In 'Current FTEs - Caseload Adjustment\*' figures ASYE's and NQSW's can only carry a 60% caseload and therefore a full time (1 FTE) ASYE or NQSW is adjusted to be 0.6 FTE

All Team Managers and Assistant Team Managers are excluded from caseload calculations, i.e. they are not case-holding. In the Private Fostering team the Manager is included and is said to be case-holding.

Cases that have not been assigned to a team will be con placed to the team that their main caseworker is a member of.

<sup>\*</sup> FTE Caseload Adjustment = Family Practitioners only counted in P&T teams, ASYEs throughout adjusted to be 0.6 of their FTE for caseload purposes.

The average caseload is at 19.8

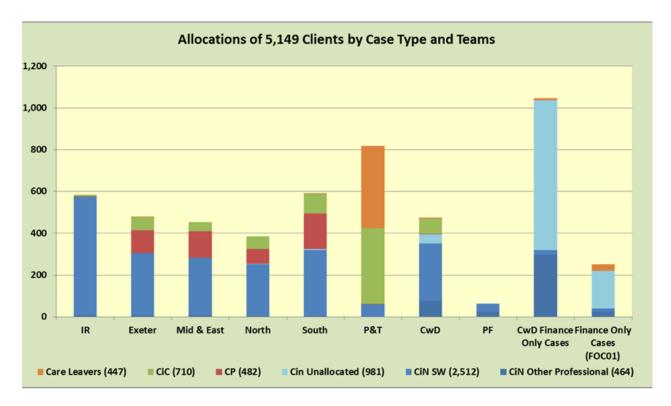
There is variation in some service areas e.g.

24.1 in South, 20.7 in North, 20.1 in Mid/East, 18.9 in Exeter, 16.9 in P&T, 20.7 in IR and 20.7 in DCS.

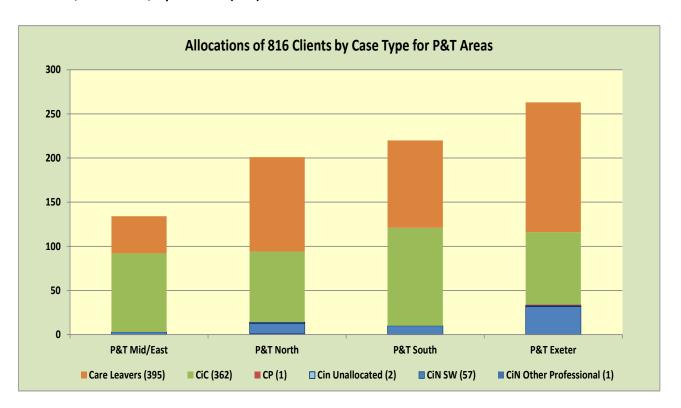
There is also wide discrepancy in team sizes. Work is underway to address this and ensure equity.

Allocation generally remains at a very high level. The proportion of permanent staff continues to increase.

# 26. Allocations; Children in Need, 3,957 (includes 1,046 DCS finance, 252 Finance only) plus, CP (482) and Children in Care (710), Total 5,149 and Care Leavers (447) shown for information.



### 27. Allocations; P&T teams, Open Cases (818).



### 3. Internal Case Audits

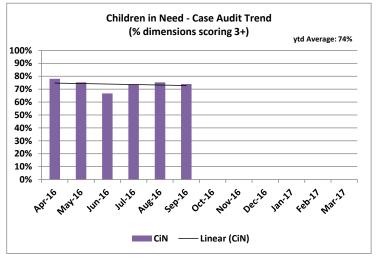
• The overarching aim of the audits is to improve the quality of practice and outcomes for children and young people. The audit considers the quality of the information and recording on the young person's file, the arrangements for the audit include discussion with the Social Worker, the quality of the decision making process, risk assessment and analysis. Accordingly, the scoring system above reflects this. Judgements are: (1) No or few standards met. (2) Some standards partially met. (3) Some standards met in full. (4) Many standards met in full. (5) All standards met in full or exceeded. The charts below show the cases that meet standards 3, 4 and 5.

### **CASE AUDITS: CHILDREN IN NEED**

Of the **47** internal audits completed during Sept. 2016, **16** relate to Children in Need.

% judged as 'some', 'many' or 'all standards met in full or exceeded' Sept. 2016 **Audit Standards** No's 1a: Management scrutiny/oversight 14 88% 14 2: Experience of child/young person 88% 10 3: Practitioner contact 63% 12 4: Assessment & needs analysis 75% 5: Planning for children 10 63% 6: Recording and report writing 11 69% Number of audit dimensions scored 96 Number of audits for CiN cases 16

CiN case audits completed since April 16 show a gradually levelling trend in terms of the % of audit dimensions scoring 3+ (acceptable or better).



3+ scores increase for standard 1a, 2 and 4, and decrease for standards 3, 5 and 6.

Overall % 3+ scores decrease 1% compared to Aug 16.

Overall % judged 'Acceptable' or better

Year to date % of 3+ scores is 74%.

Sept16. is comparable with the year to date average for 3+scores.

### CASE AUDITS: CHILD PROTECTION

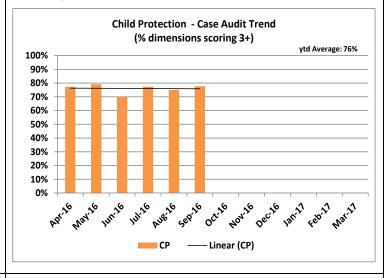
74%

Of the **47** internal case audits completed during Sept. 2016, **20** relate to Child Protection cases.

% judged as 'some', 'many' or 'all standards met in full or exceeded'					
Audit Standards	Sept. 2016				
Audit Standards	No's	%			
1a: Management scrutiny/oversight	14	70%			
2: Experience of child/young person	16	80%			
3: Practitioner contact	16	80%			
4: Assessment & needs analysis	13	65%			
5: Planning for children	16 80%				
6: Recording and report writing	ing 18 90%				
Number of audit dimensions scored	121				
Number of audits for CP cases	20				
Overall % judged 'Acceptable' or better	78%				

3+ scores increase for standards 1a, 2, 3, 5 and 6. Standard 4 decreases compared to Aug 16. Overall % 3+ scores up 3% compared to Aug 16.

CP case audits completed since April 16 show a gradually levelling trend in terms of the % of audit dimensions scoring 3+ (acceptable or better).



Year to date % of 3+ scores is **76%.** 

Sept. is 2% above the year to date average of 3+ scores.

### **CASE AUDITS: CHILDREN IN CARE**

Of the **47** internal case audits completed during Sept. 2016, **8** relate to a Child in Care.

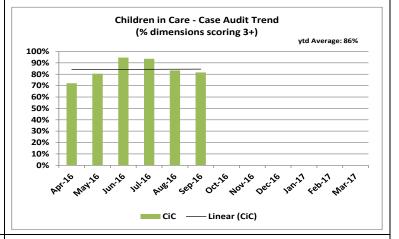
% judged as 'some', 'many' or 'all standards met in full or exceeded'						
Audit Standards	Sept	. 2016				
Audit Standards	No's	%				
1a: Management scrutiny/oversight	6	75%				
2: Experience of child/young person	7	88%				
3: Practitioner contact	7	88%				
4: Assessment & needs analysis	6	75%				
5: Planning for children	6	75%				
6: Recording and report writing	7	88%				
Number of audit dimensions scored		49				

3+ scores for 2, 3, 4, and 6 are below Aug 16 with 1a and 5 above. Overall % 3+ scores down 1% compared to Aug 16.

Number of audits for CiC cases

Overall % judged 'Acceptable' or better

CIC case audits completed since April 16 show an improving trend in terms of the % of audit dimensions scoring 3+ (acceptable or better).



Year to date % of 3+scores is 86%.

Aug is 4% below the year to date average of 3+ scores.

### **Care Leavers**

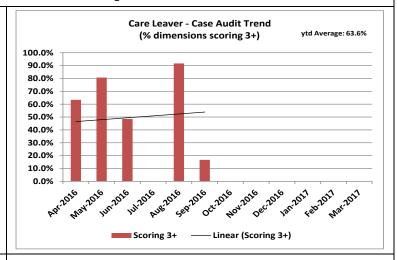
Of the 47 internal case audits completed during Sept. 2016, 1 has a status of Leaving Care.

8

82%

% judged as 'some', 'many' or 'all standards met in full or exceeded'					
Adit Chan danda	Sept	. 2016			
Audit Standards	No's	%			
1a: Management scrutiny/oversight	0	0%			
2: Experience of child/young person	1 100				
3: Practitioner contact	0	0%			
4: Assessment & needs analysis	0 <b>0%</b> 0 <b>0%</b>				
5: Planning for children					
6: Recording and report writing	0 0%				
Number of audit dimensions scored		6			
Number of audits for Care Leavers		1			
Overall % judged 'Acceptable' or	17%				

There is 1 Care leaver audit completed for Sept. 16.



The year to date average of 3+ scores is 63.6%.

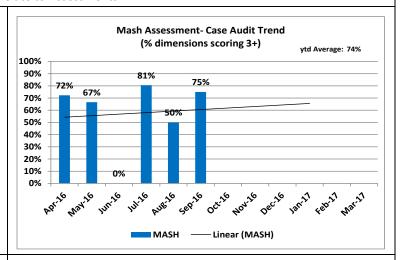
### **Assessments**

Of the 47 internal case audits completed during Sept. 2016, 2 relate to Assessments.

% judged as 'some', 'many' or 'all standards met in full or exceeded'					
Audit Standards	Sept	Sept. 2016			
Audit Standards	No's	%			
1a: Management scrutiny/oversight	1	50%			
2: Experience of child/young person	1 50%				
3: Practitioner contact	1	50%			
4: Assessment & needs analysis	2 100%				
5: Planning for children	2 100%				
6: Recording and report writing	2 100%				
Number of audit dimensions scored	12				
Number of audits for Care Leavers	2				
Overall % judged 'Acceptable' or better	7	5%			

3+ scores for standard 2 below Aug 16. Standards 1a, 3, 6 are above Aug 16.

Overall % 3 scores up 25% for a small sample.



Year to date % of 3+ scores is 74%.

Sept. is 1% above the year to date average of 3+ scores.

### Parent / Carer Feedback Forms:

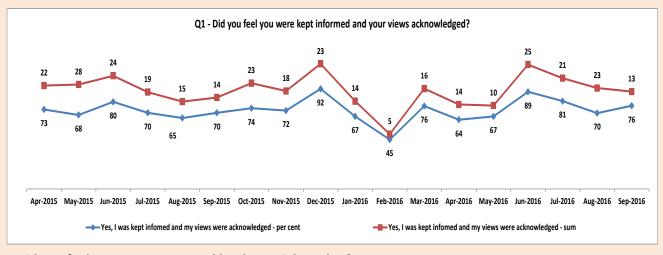
- 17 feedback forms for 27 individual children and young people were received in September 2016 which is 16 forms less than August.
- The feedback covers 14 individual Social Workers.

# Involvement indicators (respect & courtesy; support; kept informed & views acknowledged; agreement with outcome)

- 82% of respondents in September, report positive feedback against all four involvement indicators compared to 80% for August.
- 8 respondents reported positive feedback with parents/carers reporting they were very appreciative of the support they received.

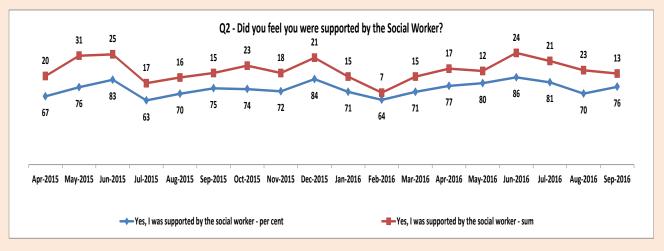
### Q1 - Did you feel you were kept informed and your views acknowledged?

- 13 (76%) of respondents reported they were kept informed and their views acknowledged, an upturn of 6% compared to August (70%).
- All respondent completed this indicator.



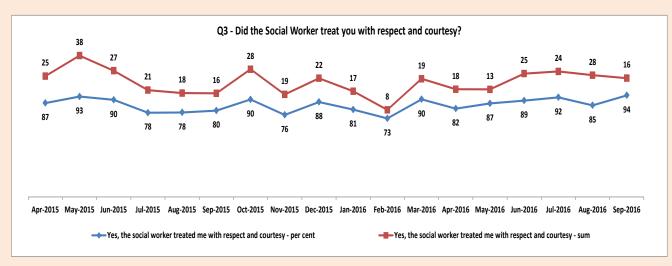
### Q2 - Did you feel you were supported by the Social Worker?

- 13 (76%) of respondents reported that they felt supported by their social worker, an upturn of 6% compared to August (70%).
- All respondents completed this indicator.



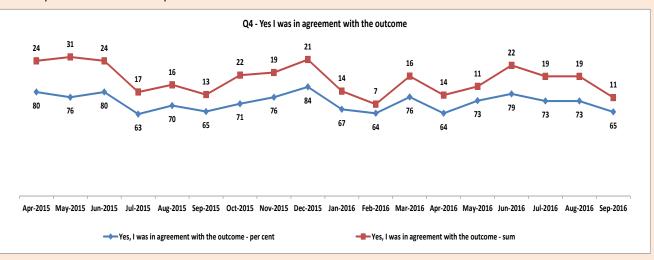
### Q3 - Did the Social Worker treat you with respect and courtesy?

- 16 (94%) of respondents reported they felt their social worker treated them with respect and courtesy, an upturn of 9% compared to August (85%).
- All respondents completed this indicator.



### Q4. Were you in agreement with the outcome?

- 11 (65%) of respondents reported they agreed with the outcome. A down turn of 8% compared to August (73%).
- 3 respondents did not complete this indicator.



 There is an inevitable lag between case closure activity and receipt of feedback forms from families, so reporting timescales mean that the information analysed in section 3.1 is based on all forms received in the month rather than all cases closed in that month.

### "Key Themes"

 Lack of information and communication remain a key factor for negative feedback.

### **Recommendations:**

- Look at alternative options to increase parent carer feedback.
- Investigate the number of cases "unclassified" on closure.
- Allocate resources to overhaul forms and integrate with wider SMS QA systems and qualitative measures.

# What Parents & Carers said

"SW treated child very fairly and with the best interests of the child". "Thank You"

"We were pleased to see the matter being dealt with so quickly and efficiently".

"We have been well supported with YSMART & CAMHS and continue to engage with these services".

"The SW was fantastic and very professional".

"Excellent support and SW was always pleasant".

"Latest SW treated with me respect".

"SW was brilliant".

"Give more time to look through evidence"
"SW not seen, nothing has changed, case closed".
"Social Services ignored my views".
"Report had errors and took a long time"

"Report had errors and took a long time".
"We wish things hadn't turned out the way they did
but we know it was out of the SW hands".

13 of 17 respondents provided comment.

### 4.0 Qualitative Feedback – The Independent Reviewing Unit and the Involvement Team

** INDEPENDENT REVIEW UNIT ** CHILD PROTECTION MEETING ATTENDANCE												
Overall attendance rates by meeting type	Apr-16		May-16		Jun-16		Jul-16		Aug-16		Sep-16	
No.of total meetings	No.	%										
ICPC other Professionals	27		30	54%	21	61%	22	36%	25	37%	24	72%
Health Professionals		25%		38%		36%	6	60%	7	59%	7	69%
Total ICPC Attendance		52%		51%		55%	28	48%	33	50%	33	58%
Core Groups other Professionals	66		30	85%	33	75%	30	69%	20	92%	30	80%
Health Professionals		58%		61%		56%		67%		78%	11	77%
Total Core Groups Attendance		67%		80%		70%				86%		79%
Child Protection Reviews other Professionals	109		92	70%	82	72%	99	63%	29	52%	83	47%
Health Professionals		45%		47%		48%	20	76%	8	59%	18	84%
Total CPR Attendance		66%		64%		66%	119	65%	37	53%	101	69%

### \*\* INDEPENDENT REVIEW UNIT \*\*

### **Timeliness of Social Worker Reports for CiC Reviews**

**169** IRU monitoring reports for Children in Care received for September.

### **Changes of Social Worker since last CiC Review**

Of the 169 monitoring forms returned in September, **140** recorded data on changes in social worker.

Of these, 32% show the child/young person having 1 or more changes of social worker since the last CiC review

42 children had a change of SW, 35 had 1 change, 7 had 2 changes since their last review.

Teams have been working hard to provide stability in the services and have invested heavily in recruiting newly qualified social workers in order to provide a more long term stable workforce. This corresponds with new permanent staff starting.

Trend – % of cases reviewed with 1 or more changes of Social Worker since last review:-

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
% of QA Forms completed in the month that						
indicate 1 or more changes in Social Worker	38.7%	36.5%	27.7%	27.5%	18.1%	30.0%
since the last CiC review						