Children Young People and Families Policy and Performance Board

Monday, 22 February 2016 at 6.30 p.m.
Civic Suite, Town Hall, Runcorn

Chief Executive

BOARD MEMBERSHIP

Councillor Mark Dennett (Chairman)	Labour
Councillor Geoffrey Logan (Vice-Chairman)	Labour
Councillor Lauren Cassidy	Labour
Councillor Pauline Hignett	Labour
Councillor Margaret Horabin	Labour
Councillor Kath Loftus	Labour
Councillor Angela McInerney	Labour
Councillor June Roberts	Labour
Councillor John Stockton	Labour
Councillor Andrea Wall	Labour
Councillor Bill Woolfall	Labour

Please contact Ann Jones on 0151 511 8276 or e-mail ann.jones@halton.gov.uk for further information
The next meeting of the Board is to be confirmed

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

Part I

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO:　　　　Children, Young People and Families Policy & Performance Board

DATE:　　　　22 February 2016

REPORTING OFFICER:　　Strategic Director, Community and Resources

SUBJECT:　　　　Public Question Time

WARD(s):　　　　Borough-wide

1.0　PURPOSE OF REPORT

1.1　To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2　Details of any questions received will be circulated at the meeting.

2.0　RECOMMENDED: That any questions received be dealt with.

3.0　SUPPORTING INFORMATION

3.1　Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

(i)　A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii)　Members of the public can ask questions on any matter relating to the agenda.

(iii)　Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv)　One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v)　The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or

- Requires the disclosure of confidential or exempt information.

(vi)   In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chairperson will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix)   If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.

- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.

- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0   POLICY IMPLICATIONS

None.

5.0   OTHER IMPLICATIONS

None.

6.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1   **Children and Young People in Halton** - none.

6.2   **Employment, Learning and Skills in Halton** - none.

6.3   **A Healthy Halton** – none.

6.4   **A Safer Halton** – none.

6.5   **Halton's Urban Renewal** – none.

7.0   EQUALITY AND DIVERSITY ISSUES

7.1   None.

8.0   LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1   There are no background papers under the meaning of the Act.

REPORT TO:	Children, Young People and Families Policy and Performance Board
DATE:	22 February 2016
REPORTING OFFICER:	Chief Executive
SUBJECT:	Executive Board Minutes
WARD(s):	Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Children and Young People Portfolio which have been considered by the Executive Board are attached at Appendix 1 for information.

1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

5.2 **Employment, Learning and Skills in Halton**

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

Extract of Executive Board Minutes relevant to the Children, Young People and Families Policy and Performance Board

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EXECUTIVE BOARD MEETING HELD ON 19 NOVEMBER 2015

68	**PROPOSAL TO RE-PROFILE THE DEDICATED SCHOOL GRANT – KEY DECISION**

The Board considered a report of the Strategic Director, People and Economy, on the outcome of consultation on the proposal to re-profile the Dedicated School Grant (DSG).

At its meeting on 1 October 2015, the Board had agreed to a consultation with all primary and secondary schools and the Schools Forum, on proposals to re-profile the DSG to ensure that it could be balanced over the next two financial years. A consultation document was sent to all schools, seeking their preference to two possible options (Option A and Option B), as set out in the report.

Following discussions on the results of the consultation and the likely impact of each Option, the Schools Forum agreed to recommend approval of Option B to Executive Board.

Reason(s) for Decision

To ensure that there was a fair distribution of resources across the DSG and that the DSG was profiled so that its budget commitments were sustainable.

Alternative Options Considered and Rejected

Consideration was given to reducing the schools budget by £1.8 million to balance the budget in 2016/17. However, the minimum funding guarantee would cap any reductions to 1.5%, i.e. approximately £863,000.

Implementation Date

1 April 2016.

RESOLVED: That

1) the proposal to re-profile the DSG funding for 2016/17 and 2017/18 be approved; and

2) Option B, as set out in the report, be supported.

EXECUTIVE BOARD MEETING HELD ON 10 DECEMBER 2015

79	CAPITAL PROGRAMME 2016-17 – KEY DECISION

The Board considered a report of the Strategic Director, People and Economy, which provided a summary of the Capital Programmes for 2016/17 within the People and Economy Directorate.

The Board was advised that in February 2015, the Department for Education (DfE) announced the schools capital grant allocations for 2015/16, as well as indicative allocations for the two year period 2016/17 and 2017/18. By introducing three year allocations, the DfE was enabling those responsible for the school estate, to plan effectively and make strategic investment decisions. The report contained details on the indicative funding notified for 2016/17, as well as how the School Condition Allocation and Capital Expenditure Revenue Account funding would be allocated. It was noted that schools were required to make a contribution to the cost of capital repair works, and it was estimated that this contribution would be in the region of £34,219, based on the current budget costs for the works.

Halebank Church of England Voluntary Controlled Primary School was included in the DfE's Priority School Building Programme. It was reported that the project commenced on site in July 2015, with a completion date of April 2016. Once the building was complete, the mobile classroom currently on site would be re-located to another Halton school should the need arise, and at a location to be determined. Members were advised that the estimated cost of this re-location would be circa £30,000.

It was further reported that in January 2014, Fairfield Junior School was expanded to allow the integration of the Infants School, to form Fairfield Primary School. However, as the school would still operate from two separate buildings, a number of improvements were required to address the building and organisational issues at the newly combined primary school.

Reason(s) for Decision

To deliver and implement the capital programmes.

Alternative Options Considered and Rejected

Not applicable.

Implementation Date

1 April 2016.

RESOLVED: That

1) the Capital funding available for 2016/17 be noted;

2) the proposals to be funded from School Condition Capital Allocation and Capital Expenditure Revenue Account be approved;

3) the proposal to relocate the mobile classroom from Halebank Voluntary Controlled Church of England Primary School be approved;

4) the proposals for Fairfield Primary School be approved; and

5) Council be recommended to approve the Capital Programme for 2016/17.

REPORT TO: Children, Young People and Families Policy and Performance Board

DATE: 22 February 2016

REPORTING OFFICER: Chief Executive

SUBJECT: Special Strategic Partnership Board minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Children and Young People's Portfolio which have been considered by the Special Strategic Partnership Board are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None.

5.2 **Employment, Learning and Skills in Halton**

None.

5.3 **A Healthy Halton**

None.

5.4 **A Safer Halton**

None.

5.5 **Halton's Urban Renewal**

None.

6.0   RISK ANALYSIS

6.1   None.

7.0   EQUALITY AND DIVERSITY ISSUES

7.1   None.

8.0   LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1   There are no background papers under the meaning of the Act.

Halton Children's Trust

...Working together to make a difference

Minutes - Halton Children's Trust Executive Group Meeting 1 December '15

Present:

Gill Frame	Clinical Lead Children and Families, Halton CCG
Tracy Ryan	Assistant Policy Officer, Children & Economy, HBC (Minutes)
Nigel Wenham	Cheshire Police
Simon Clough	Divisional Manager, 14-19 (Post 16 Entitlement), HBC
Julia Rosser	Consultant, Public Health
Gareth Jones	Youth Offending Service
Ann McIntyre	Operational Director, Education, Inclusion and Provision, HBC
Anita Parkinson	Divisional Manager, 0-25 Inclusion, HBC
Tracey Coffey	Operational Director, Children and Families Services, HBC
Lyndsey Malone	5BP

Apologies:

Gerald Meehan	Strategic Director Children & Economy, HBC (Chair)
Lorraine Crane	Divisional Manager, IYSS, Commissioning & Troubled Families, HBC
Michelle Bradshaw	Family Services Manager (Universal Services), Bridgewater
Catherine Johnson	Principal Performance Officer, Children & Enterprise, HBC
Michelle Forder	Parent & Voluntary Lead Engagement Officer, HBC
Angela Ryan	5BP

Item		Action	Deadline
1.	**Minutes and Matters Arising from 27.10.15** Accepted as a true record. Matters arising covered in the agenda.		
1.1	<u>3.3 Investing in Children & Young People Board</u> TC mentioned that the Board will cease, with the Trust and Halton Children Safeguarding Board undertaking this role going forward.		
2.	**INFORMATION/DISCUSSION ITEMS**		
2.1	**Nutrition Strategy** JR outlined the proposed Nutrition Strategy, which outlines Halton's approach to infant feeding over the next 4 years. The strategy aims to create a culture and services that support families and carers within the borough to make informed healthy choices when feeding their baby and young child, to ensure the best possible health and wellbeing outcomes are achieved. **Action:** • **Ways to support staff to breastfeed upon returning to work following maternity leave e.g. through breastfeeding policies and baby welcome venues at Halton Direct Link/Libraries to be discussed further with HR.**	**JR**	**March '16**
2.2	**YOS Short Quality Screening - Inspection** GJ provided an update on the Short Quality Screening Inspection:		

	• 34 cases reviewed involving 5 inspectors • Overall grading was 'Requires Improvement' although the Lead Inspector noted that the service had some of the highest scores compared to other services. The development areas identified already have work in progress or plans to improve - report below Cheshire West Halton Warrington YOS SQS • YOS Management Board welcomed this outcome and praised the service for the engagement with young people • Other LA's have not done as well and had smaller caseloads reviewed.		
2.3	**Complex Dependency Programme Update** AMc gave an update on the Programme which included: • Halton has been involved and advised in identifying the requirements for the IT • A small number of posts will continue to support the programme until December 2016. • Halton's integrated 'front door' – currently working on the recruitment of the seconded staff to move from partner organisations into the team during January 2016 • Accommodation is being identified to co-locate all the team together in Municipal Buildings • Work being developed around information sharing processes and protocols • Soft launch in January 2016 this will coincide with support from a Business Analyst to help improve the processes and systems as the project develops.		
2.4	**SEND Update Report** AP provided an update on the progress implementing the SEND Reform, key points below: • Ofsted Inspection – the Inspectors will use findings from inspections they undertake to prepare for future inspections. Local Offer's will be reviewed as part of this preparation. Partnership arrangements and information sharing in providing holistic support to children, young people and families. • Halton's SEND Service and Children and Family Services will be hosting a local conference in March 2016 around the Graduated Approach and Early Intervention. • POET - the total number of surveys completed to deadline has been almost achieved.		

	Action: • **The Disabled Children's Register to be re-established led by the Quality Assurance Group**	**AP**	**March '16**
2.5	**Children's Trust Board and Executive Group** AMc provided an overview of the report to review the Children's Trust Board and the Executive Group structure: • Option 1 – Remain the same • Option 2 – Merge the Trust and Executive Group • Option 3 – Merge activity under the Commissioning Partnership • Option 4 – Cease 'formal' Trust Board. Activities to be delivered by existing sub groups and multi-agency forums accountable to the Children and Young People's Policy and Performance Board. **Action:** • **Options paper/report to be submitted to the next Children's Trust Board 17.12.15 for consideration and agreement.**	AMc/ TC	17.12.15
3.	**PRIORITY UPDATES**		
3.1	**Commissioning Partnership Action Plan** AMc noted the following areas were the main priorities: • Special Educational Needs and/or Disability (SEND) • Children in Care of Other Local Authorities (CiCOLA) • Work being undertaken by the Clinical Health Lead for Complex Cases		
3.2	**Early Intervention Partnership Board** Update provided under the item 2.3 above (Complex Dependency).		
4.	**AOB** 2016 Meeting Dates These will be confirmed following the outcome of the Options Paper at the Children's Trust Board on 17 December.		

REPORT TO: **Children, Young People and Families Policy and Performance Board**

DATE: **22nd February 2016**

REPORTING OFFICER: **Strategic Director, People and Economy**

SUBJECT: **Youth Council Priorities**

PORTFOLIO: **Children, Young People & Families**

WARDS: **Borough wide**

1.0   PURPOSE OF THE REPORT

1.1   For representatives of the Youth Council to provide the Board with a verbal presentation of their current priorities.

2.0   RECOMMENDATION:

2.1   That the Board:-

1. Considers the Youth Council priorities.

3.0   SUPPORTING INFORMATION

3.1   The Youth Cabinet determine their priorities in the following way:

- Any young person can raise issues with Halton Youth Cabinet through social media, telephone or participation meetings/promotion meetings held in the schools across the borough;

- Consultation opportunities through the work done in youth venues across the borough;

- Any youth cabinet member is also entitled to introduce a topic for discussion and debate – this can be of personal interest from feedback they may get from friends, teachers, parents and others;

- National topics are identified from the UK Youth Parliament " Make Your Mark" survey.   Outcomes of the survey allow Cabinet Members to consider their ability to make an impact on the chosen topics before deciding on campaigns (the homophobia campaign and cost of uniforms are example of this); and

- Utilising local data from the Joint Strategic Needs Assessment provides areas and topics to highlight, for example tackling obesity.

4.0 POLICY IMPLICATIONS

   N/A

5.0 OTHER IMPLICATIONS

   N/A

6.0 IMPLICATIONS FOR THE COUNCILS PRIORITIES

6.1 **Children & Young People in Halton**

   To be considered at the Board meeting.

6.2 **Employment, Learning & Skills in Halton**

   To be considered at the Board meeting.

6.3 **A Healthy Halton**

   Not applicable

6.4 **A Safer Halton**

   Not applicable

6.5 **Halton's Urban Renewal**

   Not applicable

7.0 RISK ANALYSIS

7.1 N/A

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 N/A

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 N/A

REPORT TO: Children, Young People & Families Policy and Performance Board

DATE: 22 February 2016

REPORTING OFFICER: Strategic Director, People and Economy

PORTFOLIO: Children, Young People and Families

SUBJECT: Prevent duty and support to schools by the Local Authority Halton Standing Advisory Council for Religious Education (SACRE)

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 In response to the Prevent duty provision placed on schools and in support of guidance published in June 2015, the report informs members of the ways in which the Local Authority is currently supporting schools in embedding that duty and protecting young people from extremism and the risk of radicalisation.

2.0 RECOMMENDATION:

1) Note the contents of the report;
2) Note the resource implications potentially needed to discharge this duty and the need to prepare accordingly;
3) Consider any further partnership approach required underneath this duty

3.0 SUPPORTING INFORMATION

3.1 All schools have received a briefing paper explaining the Prevent agenda as one element the Governments Counter Terrorism Strategy, known as CONTEST. The paper informs schools of the contact details for the local Prevent Officer within Cheshire Police and Community Safety Team. The paper also outlines the fundamental British values and the need to promote those values as a part of Spiritual, Moral, Social and Cultural development of pupils and ensure the school website demonstrates this. Additional support to schools has been through presentations by the local Prevent Officer at headteachers meetings and an update to Secondary and College headteachers and principals by HBC Chief Executive and the LA Officer to Halton Standing Advisory Council for Religious Education (SACRE) regarding the support and guidance available to them.

3.2   All schools have been provided with materials to support The Prevent duty departmental advice circulated in June 2015, the departmental advice on SMSC in November 2014 and promoting fundamental British values as part of SMSC in schools departmental advice for maintained schools in November 2014. The guidance and supporting materials have also been shared with Chairs of Governing Bodies via the Director's briefings to support schools in being able to assess the risks affecting children and young people in the area and the extent to which they are at risk.

3.3   Halton SACRE has a dedicated section on HBC website. All the materials to support the Prevent agenda sit in that area. They are also uploaded onto the secure website provided by Halton to all schools called perspectivelite which all schools have direct access to and have been notified of them being uploaded. Halton SACRE has adopted a new Locally Agreed Syllabus which will support schools in further strengthening their curriculum with reference to British values and the Prevent duty, supporting children in building resilience to radicalisation.

3.4   The Local Authority Officer to SACRE has established strong links with a colleague in Warrington. This has enabled both SACRE to meet together to share ways to support schools in the future. This has led to a joint Halton/Warrington SACRE conference for teachers of RE which engaged colleagues in teaching British values as part of SMSC.

3.5   The Halton and Warrington NQT conference in October 2015 had a session delivered by The Peace Centre, Warrington. Delegates directly engaged with the Prevent agenda, identifying risk and steps to take to support any identified children at risk of being drawn into terrorism or extremism.

3.6   Halton Safeguarding Children Board is responsible for co-ordinating what is done by local agencies for the purpose of safeguarding and promoting the welfare of children in Halton and implementing policies and procedures where children are deemed at risk of being drawn into terrorism or extremism.

3.7   Halton schools and settings are best placed to assess their training needs in light of their assessment of risk. The Local Authority advises that the Designated Safeguarding Lead undertakes Prevent awareness training that can be fed back to staff. This is being asked of all schools as part of the 2015 Annual return by schools to SACRE.

3.8   Channel is a police-coordinated, multi-agency partnership that evaluates referrals of individuals at risk of being drawn into terrorism, working alongside safeguarding partnerships and crime reduction panels. Channel is a key element of the Prevent strategy. It is a process for safeguarding individuals by assessing their vulnerability to being drawn into terrorism. Channel is about early intervention to

protect and divert people away from the risk they may face of being drawn into any terrorist – related activity.

3.9 If a person is identified as being at risk, a referral is made to a Channel Police Practitioner who will complete a preliminary assessment. This assessment looks at how engaged the person is in potential terrorist activity, what their intentions are and how capable they are of carrying out acts of terrorism. The Channel multi – agency panel uses the existing collaborations between the LA, the police, voluntary sector and the local community to assess the referral. If the person is suitable for help through the Channel process, support packages and interventions will be put in place.

3.10 There is a HBC online Channel awareness training module for school staff to complete. In the recent Halton SACRE annual return, 72% of responding schools had completed the online module as a whole staff. All schools work closely with Halton Safeguarding Children Board to support their practice allied to the Prevent duty (risk assessment, working in partnership, staff training, IT policies and building children's resilience to radicalisation).

3.11 All schools are familiar with contact for a referral, the Channel Police Practitioner and single point of contact. In Halton this is Mike Andrews, the community safety manager. Mike Andrews sits on the Pan Cheshire Channel Panel. The Halton Channel Panel has been established and has already met once.

4.0 POLICY IMPLICATIONS

4.1 In complying with the duty the guidance states that all specified authorities as a first step, should demonstrate an awareness and understanding of the risk of radicalisation in their area, institution or body.

4.2 For schools and registered childcare providers there are four themes: risk assessment, working in partnership, staff training and IT policies

4.3 Under the theme of **risk assessment** specified authorities are expected to assess the risk of children being drawn in to terrorism, including support for extremist ideas that are part of terrorist ideology. This should be based on an understanding, shared with partners, of the potential risk in the local area.

4.4 Specified authorities need to demonstrate they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies in place to identify children at risk, and intervening as appropriate.

4.5 Under the theme **working in partnership** governing bodies and proprietors of all schools and registered childcare providers should

ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board (LSCB).

4.6 Under the theme **staff training** specified authorities should make sure staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism and to challenge extremist ideas. They should know where and how to refer children and young people for further help. Prevent awareness training is a key part of this.

The place to make the referral is to the Police's Channel Co-ordinator. Each local authority area is required to establish a Channel Panel. One has been established in Halton. Each Channel Panel is chaired by the local authority and brings together a range of multi-agency partners to collect and assess the risk surrounding any of the individuals referred to the Panel and can then decide a package of support to help that individual. Anyone can make a referral to the Panel and the individual referred can choose whether or not to participate in the programme.

4.7 Under the theme **IT policies** specified authorities will be expected to ensure children are safe from terrorist and extremist material when accessing the internet in school, including by establishing appropriate levels of filtering.

5.0   FINANCIAL IMPLICATIONS

5.1 Although continued work with schools and settings builds on current work being undertaken as part of the existing Prevent activity there are likely to be resource implications arising from additional support and guidance in the future through SACRE and its responsibility to support schools.

6.0   IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1   Children and Young People in Halton – ensure schools and settings are meeting their statutory duty to ensure that in Halton children and young people are safeguarded, healthy and happy, and receive their entitlement of high quality services that are sensitive to need, inclusive and accessible to all.

7.0   RISK ANALYSIS

7.1 The Office for Standards in Education, Children's Services and Skills (Ofsted) inspects the specified authorities in England. When assessing the effectiveness of schools, Ofsted inspectors already have regard to the school's approach to keeping pupils safe from the dangers of radicalisation and extremism, and what is done when it is suspected that pupils are vulnerable to these. Maintained schools are subject to intervention, and academies and free schools may be subject to

termination of their funding agreement, if they are judged by Ofsted to require significant improvement or special measures, or if they fail to take the steps required by their local authority, or for academies or free schools by the Secretary of State pursuant to their funding agreement, as applicable, to address unacceptably low standards, serious breakdowns of management or governance or if the safety of pupils or staff is threatened. Early education funding regulations in England have been amended to ensure that providers who fail to promote the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance for those with different faiths and beliefs do not receive funding from local authorities for the free early years entitlement. Ofsted's current inspection framework for early year's provision reflects the requirements in the Statutory Framework for the Early Years Foundation Stage.

8.0 EQUALITY AND DIVERSITY ISSUES

The Equality Act 2010 brings together into one Act all previous legislation around Equality and Diversity. Under the Duty a public authority must, in carrying out its functions, take into account the need to: -

(a) Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010.

(b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Act defines a number of characteristics which are protected: -

(a) Age
(b) Disability
(c) Gender reassignment
(d) Marriage and civil partnership
(e) Pregnancy and maternity
(f) Race
(g) Religion or belief
(h) Sex
(i) Sexual orientation

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Prevent duty: Guidance for England and Wales. 2015		Mark Higginbottom
Counter terrorism strategy. HM Government. 2015		
Improving SMSC development of pupils, Departmental advice Nov 2013		

Agenda Item 6c

REPORT TO:	Children & Young People Policy & Performance Board
DATE:	22nd February 2015

DATE: 22nd February 2015

REPORTING OFFICER: Strategic Director – People & Economy

PORTFOLIO: Children, Young People and Families

SUBJECT: The Educational Outcomes of Children in Care 2014-15

WARD(S) All

1.0 PURPOSE OF THE REPORT

1.1 To provide PPB with an update of the educational outcomes for Halton children in care for 2014-15.

2.0 RECOMMENDATION: That:

i) PPB accept the information provided

ii) Note the possible impact on children's outcomes and financial implications if Pupil Premium Plus does not continue

3.0 SUPPORTING INFORMATION

3.1 Halton has a small number of children in care within each key stage cohort. This always makes comparison with the general population and year on year performance very difficult as each child in care has a high statistical significance. This makes both the gap and trend analysis volatile.

3.2 The data provided within this report compares the performance of Halton children who have been in care for 12 months or more, to that of their peers within each key stage.
.
Key to the tables:

Gap	Direction
Is comparing CIC performance this year with that of their peers locally and nationally **+** = CIC out performed in comparison	⬆ = Closed the gap from previous year ⬇ - Gap increased from previous year Num = by how much from

- = CIC underperformed in comparison	previous year

3.3   Early Years Foundation Stage Outcomes for Children in Care 2014-15

Contextual information:
There were 5 children in the 12 months+ care cohort. There were 2 boys and 3 girls. 2 children were in borough; 3 placed out of borough. 2 children had school moves out of borough due to placement changes. One of these children was placed for adoption and this resulted in time out of school during Reception meaning that the child was recorded as having persistent absence. .All other children's attendance was above 95%. 4 out of 5 children were in Good or better schools.

EY Goal	GLD		Prime LG		Specific LG		All LG		AC Points	
Cohort	CIC	H	CIC	H	CIC	H	CIC	H	CIC	H
% Expected or Exceeded	60	55	80	68	60	51.5	60	50	31.2	31.2
Gap	+5		+12		+8.5		+10		0	
Direction	⬆ +51									

Analysis shows that:
- This is a very positive picture overall with Halton CIC equally or out performing their peers in all areas.

Positive impact:
- Contributions to this good performance have come from schools' targeted use of the PP+ - all 5 children accessed their PP+
- The Virtual School has also provided individual literacy parcels and Phonics training for foster carers linked to Phonics activity packs.

For those who did not achieve expected outcomes:
- 2 boys did not achieve the expected outcomes in Reading, Writing and Number and additional support will be provided to both boys to accelerate learning as they go into KS1.
- 1 boy was emerging across all learning goals and a referral to an EP has been made.

3.4   Year 1 Phonics Outcomes for Children in Care 2014-15:

Contextual information:
There were 6 children in the 12 months+ care cohort. There were 2

boys and 4 girls. All 6 children were placed in borough. 1 child had school a move due to matching the care placement long term. .3 children were on the SEN COP. EYFS outcomes for this cohort were not good; at the end of Reception; 5 children were emerging in Reading, Writing and they did not achieve a Good Level of Development. All children's attendance was above 95%. 3 children were in Good or better schools.

Outcome	Threshold 32		
Cohort	CIC	H	EN
% Achieved	**17**	**72.5**	**77**
Gap		-55.5	-60

Analysis shows that:
- Only 1 child achieved the Phonics threshold
- However, another child did achieve a score of 30 – this does represent accelerated learning with previous outcomes in Reading and Writing only being emerging.

Positive impact:
- All children and their carers received Phonics packs and training from the Virtual School
- 4 children accessed their PP+

For those children who did not achieve expected outcomes:
- The Virtual School is providing further Phonics support packs.

3.5   KS1 Outcomes for Children in Care 2014-15:

Contextual information:

There were 9 children in the 12 months+ care cohort. There were 6 boys and 4 girls. 8 children were placed in borough. No child had a school move during this academic year. 5 children were on the SEN COP, with 1 child having an EHCP for SLD. All children's attendance was above 90%. All 9 children were in Good or better schools.

There cannot be a gap direction comparison as there were no children in this cohort the previous academic year.

Subject	R		W		M	
Cohort	CIC	H	CIC	H	CIC	H
L2+	**67**	**88**	**67**	**85**	**78**	**91.5**
Gap	-21		-18		-13.5	
L2b+	**56**	**77.5**	**44**	**67**	**56**	**77**
Gap	-21.5		-23		-21	
L3	**22**	**26.5**	**0**	**13**	**0**	**22**
Gap	-4.5		-13		-22	

Analysis shows that:
- Whilst the performance of this cohort is disappointing in terms of closing the attainment gap, it is important to contextualise this with the child's prior attainment and therefore their individual progress.
- 3 children within this cohort did not achieve their Early Years Good Level of Development or their Literacy and Maths Early Learning Goals. However, at KS1 they did achieve at least L2+ in all areas with 2 achieving L2b+ across all 3 subjects – this represents accelerated learning.

Positive impact:
- All children in this cohort have received individual literacy packs from the Virtual School which have contributed to progress
- All 9 children accessed their Pupil Premium Plus (PP+).

For those children who did not achieve expected outcomes:
- Intensive support packages are already in place and EP consultations are underway.

3.6   KS2 Outcomes for Children in Care 2014-15:

Contextual information:

There were 9 children in the 12 months+ care cohort. There were 5 boys and 4 girls. 8 children were placed in borough. 4 children had a school move during this academic year due to long-term placement matches. All 9 children were on the SEN COP, with 1 child having an EHCP for MLD. Of this cohort 3 children were below age related outcomes at EYFS; at KS1 3 achieved L1 or below in Reading and Maths; 5 were L1 or below in Writing. All children's attendance was above 95%. 8 children were in Good or better schools.

Subject	R		W		M		RWM		GPS	
Cohort	CIC	H	CIC	H	CIC	H	CIC	H	CIC	H
L4+	67	90	67	85	56	87.5	33	75.5	22	79
Gap	23		18		31.		45.5		57	
Direction	⬇ -14		⬆ +8		⬇ -24.5		⬇ -26.5			
L4b+	56	81	67	85	44	77	22	68	22	71
Gap	25		18		33		46		49	
Direction	⬇ -5		⬆ +8		⬇ -35					
L5	22	44	11	28	11	39	0	19.5	22	53
Gap	22		17		28		19.5		31	
Direction	⬇ -13		⬆ +13		⬇ - 27		⬆ +2			

KS1-2	R	W	M	RWM

Progress	CIC	H	CIC	H	CIC	H	CIC	H
2L	**78%**	**91%**	**89%**	**95%**	**78%**	**90%**	**67%**	
Gap	13		6		12			
Direction		🔻-2		🔼 +27		🔻-3		
3L	**44%**		**33%**		**22%**		**11%**	

Analysis shows that:
- Girls underperformed in both Reading and Maths leading to a widening of the gap.
- There has been a closing of the gap at all levels in Writing.
- There is evidence of accelerated progress for individual children.
- All of the children who achieved L1 or below in each of the subjects at KS1 made at least 2 levels of progress or in some cases 3 levels of progress and so achieved age expected outcomes.
- One child made 3 levels of progress across all subject areas.

Positive impact:
- The Virtual School has provided individual literacy packs, and a number of activity days focusing on developing transferable skills, literacy and numeracy.
- All 9 children accessed their Pupil Premium Plus (PP+).

For those children who did not achieve their expected outcomes:
- Targeted use of PP+ will be put in place through the PEP to ensure that their progress is accelerated.
- They will also be targeted for additional personalised interventions from the Virtual School, including additional tuition, activity days, literacy packs.

3.7   KS4 Outcomes for Children in Care 2014-15:

Contextual information:

There were 12 young people in the 12 months+ care cohort. However, 5 had been in care less than 3 years. There were 5 boys and 7 girls. 7 young people were placed out of borough. 3 young people had a school move during this academic year due to placement breakdowns. 3 young people had CSE issues; 5 were involved with YOS and 2 had spent time in secure during KS4.   5 young people had missing from care episodes during KS4. All 11 young people were on the SEN COP, with 3 having statements for BESD and 1 with a statement for PMLD. 6 young people had attendance below 85%; 2 had periods of fixed term exclusions. 7 young people were in special schools or independent schools, and 1 attended an out of borough PRU. 11 young people were in Good or better provision.

Measure	5A*-C EM		5A*-C		3LP E		3LP M	
Cohort	CIC	H	CIC	H	CIC	H	CIC	H
Achieved	**17**	**57**	**25**	**75**	**42**	**72**	**25**	**62**
Gap	40		50		30		37	
Direction	⬆ +17		⬆ +14		⬇ - 12		⬇ - 1	

Based on prior attainment at KS2, 50 % of the cohort were predicted to achieve 5A*-C EM. However, these predictions do not take into account the late entry into care of half of the young people and the subsequent disruption in placements and education that they experienced.

Analysis shows that:
- There has been a positive closing of the gap in the 2 GCSE measures, but the gap still remains large due to 6 young people who were not entered for GCSE English or Maths
- Of these 6 young people, 4 achieved Entry Level 1 in both subjects.
- Of those that were entered all got a GCSE in each subject, with 3 achieving Grade C or above in English and 2 achieving Grade C or above in Maths.
- Progress measures have been affected due to non-entries, particularly amongst girls.

Positive impact:
- The Virtual School provided 1:1 tuition for some young people in line with their requests; this was over and above anything provided through PP+.
- 8 young people accessed their Pupil Premium Plus (PP+).

Of the 12 young people in the cohort, 10 are currently in FE, 1 is a teenage parent and 1 is in custody. The Virtual School are also working with MPloy to look at possible supported apprenticeships were appropriate.

3.8   Attendance and Exclusions Outcomes for Children in Care 2014-15:

Attendance contextual information:

There were no children in Y3 that were in care for 12 months or more and 1 who was new into care during the academic year.

Primary	Overall	
	12mth +	All
Cohort Size	51	68
Average %	**94.21%** ⬇ **- 3.79**	**96.57%**
No <85% (PA)	1 (2%)	2
No <86 - 90%	0	0

No <91 - 95%	6	13

Secondary	Overall	
	12mth	All
Cohort Size	53	71
Average %	**92.44% ⬆ +6.44**	**89.81%**
No <85% (PA)	10 (18.9%)	14
No <86 - 90%	1	4
No <91 - 95%	4	7

Analysis shows that:
- For Primary there has been a slight dip in attendance this year which has been affected by children in Reception who have been placed for adoption out of borough and who had time not in school.
- For secondary - Year 11 young people had the poorest attendance overall in this phase.
- For the combined phases - overall average attendance for 12mth+ = **93.3%,** an increase of ⬆**1.3%.**
- The percentage of children with attendance below 85% = **10.5%** (11 young people, predominantly in Year 11).
- This represents an improvement from 16% the previous year (17 young people).

Exclusions:

Primary:
Fixed term exclusions = 0

Secondary	Overall	
	12mth	All
Cohort Size	53	66
0	43	52
1-2	3	4
3-5	3	6
6-10	2	2
11-15	1	1
16-20	0	0
20+	1	1
No 1+ FT	**10**	**14**
% 1+ FT	**18.9%**	**21.2%**

Analysis shows that:
- Although attendance in year 11 was lowest this was not as a result of fixed term exclusions.
- Year 8 and 9 were the years were exclusions were highest with these being received by boys.

- Overall % receiving 1 or more fixed term exclusions = **9.6%** (10 young people).
- This is an improvement from 13% the previous year (14 young people).

Strategies are already in place for those who are at risk of receiving fixed term exclusions and the Virtual School is working on developing a targeted programme of intervention to reduce this further.

4.0 **POLICY IMPLICATIONS**

4.1 Please see other implications below regarding national policy changes both current and future.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There is still no confirmation from the DfE that Children in Care will receive Pupil Premium Plus for the next financial year. If this funding ceases then it will have a negative impact upon the positive interventions that both schools and the Virtual School provide to close the attainment gap and support our children in care to achieve their full potential.

5.2 The Virtual School also continues to use the personal Education Allowance funding that the Council provides as Corporate Parents. This funding is used for the activity programme and the personalised interventions that the children receive over and above those funded by PP+. This money continues to be vital to provide the additional support as any good parent would.

5.3 There is a current national debate around the recording and analysis of the educational outcomes of children in care. This debate focuses on removing the year on year comparison and providing more contextualised data. This will be a positive more if this becomes a DfE requirement.

5.4 Given the changes in assessment and curriculum in both phases this will impact upon how attainment and progress are to be monitored and measured. The Virtual School has worked with both Primary and Secondary school colleagues to develop a PEP that will enable this to occur on a termly basis. However, further work needs to be done in order to provide overall comparisons against expected outcomes.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**
The educational attainment of children in care remains a key priority for the Council.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

None identified.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.

REPORT TO:	Children, Young People & Families Policy & Performance Board
DATE:	22 February 2016
REPORTING OFFICER:	Strategic Director, People & Economy
PORTFOLIO:	Children, Young People & Families
SUBJECT:	Children & Families
WARD(S)	Borough-wide

1.0   PURPOSE OF THE REPORT

1.1   To provide members with a profile of the children in care population.

2.0   RECOMMENDATION: That:

i)   Members note the report.

3.0   SUPPORTING INFORMATION

3.1   The Children in Care Partnership Board is chaired by the Lead Member for Children and Families. This is a multi-agency group with representation from the Children in Care Council which oversees the quality of service and service development for children in care.

3.2   Attached to this report is the profile information at Qtr 3 2015/16 for Children in Care (Appendix 1).

3.3   Key points to note are:
- The Children in Care population has stabilised (up to date figure will be provided verbally at the meeting).
- The age profile for children entering care has increased in the 0-4 age range which mean we are recognising harm earlier and being proactive in supporting those children
- The majority of children in care are in care because of legal proceedings (Interim Care Orders and Full Care Orders).This means that the threshold for significant harm has been met and the local authority shares parental responsibility and is a corporate parent for these children
- There are low numbers who have a legal status of s20 which is a child is in care by a voluntary agreement. The majority of these children are teenagers who are in care because of abuse or neglect, family breakdown or because they are homeless and because of their vulnerability they are assessed as children in need

- There has been an increase in the numbers of children who are placed for adoption
- The majority of children are placed in foster care. The remainder are older children who tend to have complex needs and are either in residential care or are preparing to leave care and are in semi-supported accommodation.
- Children can be placed with parents under an interim or full care order. These are cases where there is a high degree of risk and parental responsibility needs to remain shared.

3.4   An Annual Report on the health of children in care is provided by Bridgewater Community Health Care Trust. In the most recent report (November 2015 Appendix 2) the following are key points to note:

- On admission to care 35% had unmet health needs (dental, continence, sexual health and outstanding immunisations)
- In relation to emotional health and wellbeing, 47% of children in care had problems with emotional health and well-being (which is below the NICE average of 60% of children in care should be expected to have emotional health and wellbeing needs
- The Strength and Difficulties Questionnaire (SDQ) is a validated brief behavioural screening questionnaire for 4-17 year olds. The SDQ provides a potential score of 40. Scores of 13 or over may warrant further assessment and intervention.
- The average score for Halton's children in care was 13 which is considered borderline. We have invested in our service for children in care for those with emotional health and wellbeing needs and currently 36 children and young people are supported by this service.

3.5   Children in care who at risk of Child Sexual Exploitation (CSE) and/or who go missing or absent, or who are absent without authorisation are monitored on a weekly basis. At the time of writing this report:

- 8 children in care had a reported missing episode in the previous week; 1 had 2 missing episodes.
- Overall, there are 11 Halton children in care who have been screened as at risk of CSE and this is managed in partnership with all agencies
- The average age profile for children in care who go missing tend to be from age 15 upwards.

3.6   The local authority has a duty to support children who leave care until they are 21 (25 if they have additional needs). The Qtr 3 profile information is attached for information (Appendix 3). Key points to note:

- There are 69 care leavers. The classifications relate to the length of time they were in care before their 16th birthday with different legal duties dependant on their status.
- With the exception of 2, all others are in touch with the children in care and care leavers team and their pathway advisors
- 96% are recorded as being in suitable accommodation
- 75% of Care Leavers are recorded as in Education, Employment or Training with a reduction in NEET numbers

4.1 **POLICY IMPLICATIONS**

4.2 The Local Authority shares parental responsibility for children in care and as a corporate parent we should actively promote and ensure they are able to meet their full potential.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 We aim to meet the needs of the majority of children and young people in foster care. However, for older children who may have complex and challenging needs a foster placement is sometimes not able to meet their needs resulting in more expensive residential provision. The foster care recruitment strategy is targeting recruiting foster carers for teenagers to ensure their needs can be met locally and in a family environment.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

This is outlined in the report.

6.2 **Employment, Learning & Skills in Halton**

Children will be supported to reach their potential in all areas

6.3 **A Healthy Halton**

Children's health needs are addressed and supported to help them reach their potential.

6.4 **A Safer Halton**

Children affected by domestic violence, anti-social behaviour and criminal behaviour are supported to meet their needs.

6.5 **Halton's Urban Renewal**

None identified.

7.0   **RISK ANALYSIS**

7.1   It is essential to manage and prevent children coming into care where this is safe to do so. The early intervention strategic board is reshaping services at the early intervention level of need to ensure children and families are supported as early as possible to prevent needs increasing.

8.0   **EQUALITY AND DIVERSITY ISSUES**

8.1   The service must be aware of and be able to demonstrate that it responds effectively to equality and diversity needs.

9.0   **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

        None.

1.   Children in Care

1.1   Children in Care population

Children in Care population
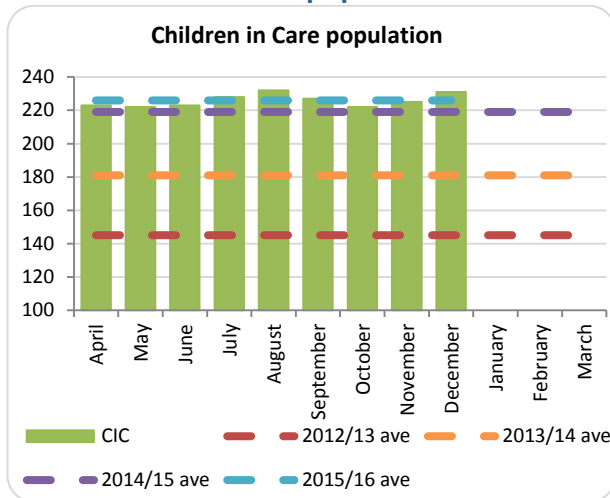
This chart details the children in care population in Halton for each month compared against the averages for the previous years.

This shows although the number of children in care has not grown significantly, it is above the average seen for the previous year and all other comparator years.

There are a total of 231 children in care at the end of December 2015.

Comparator data: Children in Care rate

Halton has previously reported low levels of children In care in comparison with statistical neighbours, however the rate has been increasing over the past two years.

	2011/12	2012/13	2013/14	2014/15
Halton	44.0	52.0	75.0	81.0
SN average	74.3	80.6	84.6	84.0
England average	59.0	60.0	60.0	60.0

To meet the England average Halton would need to have 175 children in care, and to meet the statistical neighbour average, 240.

Rate of children in care at 31 March

The rates of statistical neighbour authorities vary significantly from 113 per 10,000 in St Helens, to 49 per 10,000 in Barnsley.

Rate of children in care at 31 March 2015
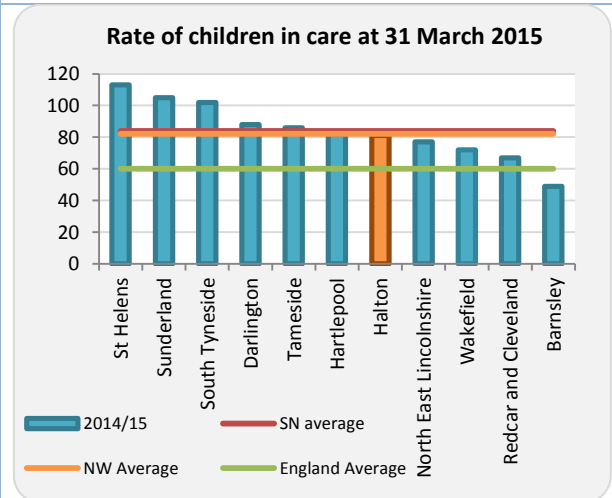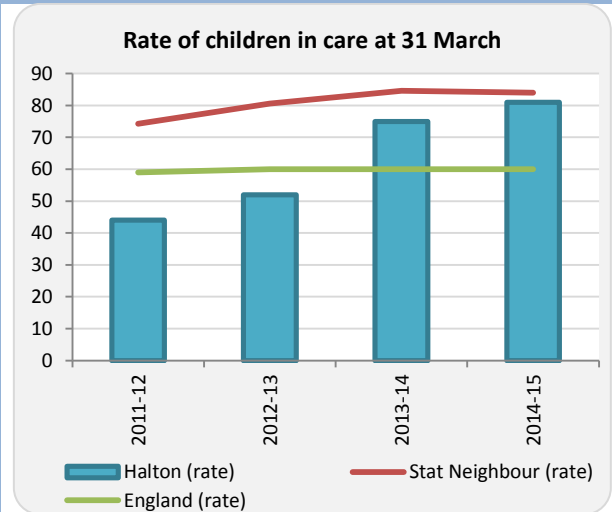
1.2 Profile of Children in Care

Gender	
Male	122
Female	109
Age Groups	
0-4 years	58
5-11 years	75
12-15 years	56
15+ years	42

Ethnicity	
White British	214
White & Asian	2
White other	6
Any other ethnic group	1
Any other mixed background	2
Other Asian background	2
Information not yet obtained	4

Disability	
No disability	200
Behaviour	13
Hearing	3
Incontinence	2
Vision	2
Mobility	1
Communication	2
Learning	12
Diagnosed with Autism or Asperger Syndrome	2
Other DDA	3

Please note that a child may have more than one disability and be included in more than one count.

1.3 Placement type at the end of the quarter

Placement Type	
Adoption	7
Foster care	143
Friend or relative	6
Homes and hostels	33
Independent Living	7
Other Placement	13
Parent or Relative	21
Secure Unit	1

1.4 Legal status at the end of the quarter

Legal Status	
Accommodated under section 20	35
Full Care Order	131
Interim Care Order	44
Placement Order	21
Under Police Protection in LA accommodation	0

1.5 Length of time in care

2014/15 Length of time CIC

Legend: Q1 2015/16, Q2 2015/16, Q3 2015/16, 2014/15 AVE

(Data labels on chart: 63, 55, 83, 16, 14)

Average length of time in care

(Bar values: Q1 2.75, Q2 2.75, Q3 2.75)

Legend: 2015/16, 2014/15 average, 2013/14 average
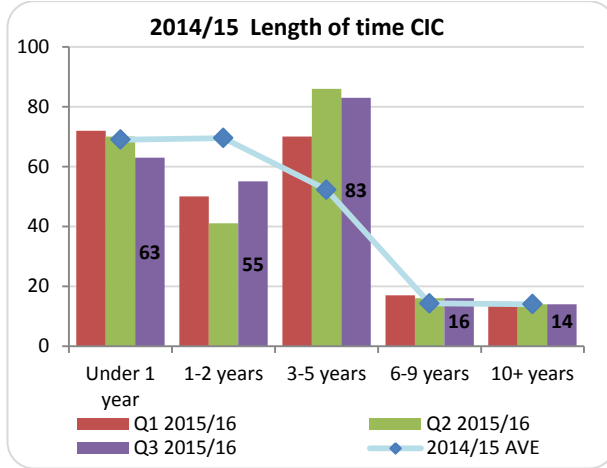
This graph illustrates the number of children and young people in care by how long they have been in care.

As at 31 December 2015 51% of the Children in Care have been in care for under three years. There was a increase in the proportion of cases which had been open for 1 to 2 years during this quarter from 41 to 55.

As the figures are a snapshot at the end of each quarter, this is a guide only and consideration should be made that the same child may be counted in each quarter.
For children and young people at 31 December 2015, the average length of time they have been in care was 2 years and 9 months.

The average length of time in care for the previous year 2014/15 is 2.6 years and the year before 3.2 years. As expected, those in the older age groups have a longer time in care, than those in the younger groups.
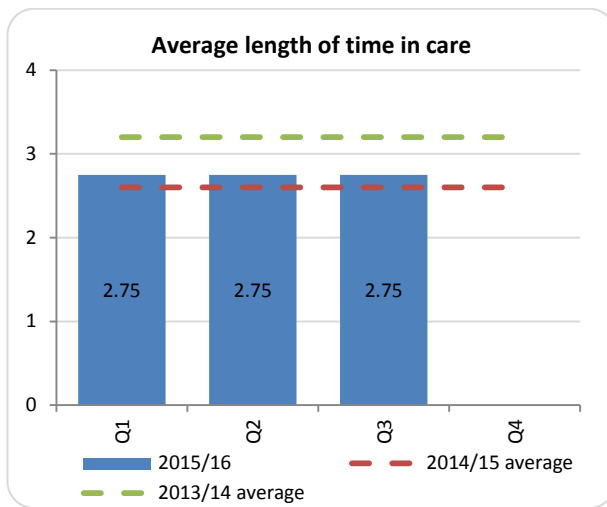
Age group	Average length of time in care
0-4 years old	58 months
5-11 years old	75 months
12-15 years old	56 months
16+ years old	42 months

1.6 Entrants to Care

Entrants to care - numbers

(2015/16 bar values by month: April 2, May 4, June 8, July 5, August 10, September 3, October 5, November 9, December 8)

Legend: 2015/16, 2013/14, 2014/15
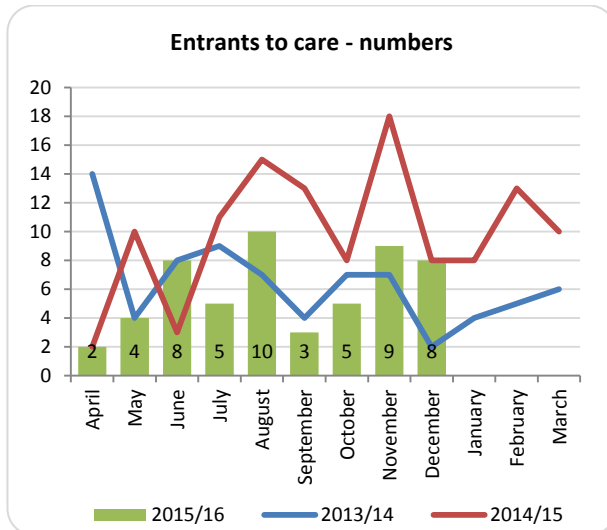
This chart shows that the numbers of children have been brought into care by month.

The cross reference with the previous years shows that there is no seasonal trend to when children come into care.

	0-4	5-11	12-15	16+
Q1 2015/16	9	2	2	1
Q2 2015/16	6	7	4	0
Q3 2015/16	13	4	4	1
TOTAL	**28**	**13**	**10**	**3**
% 2015/16	52%	24%	18%	0%
% 2014/15	47%	29%	18%	6%
% 2013/15	30%	32%	20%	18%

There is a correlation in the trend for this quarter in comparison with previous years.

**Entrants to care
- second or subsequent occasion**

Number of children who left care less than 12 months before entering care again: 10 (2014/15)

Number of children entering care for 2nd or subsequent time: 14 (2014/15), 2 (2015/16)

0   5   10   15

■ 2015/16   ■ 2014/15
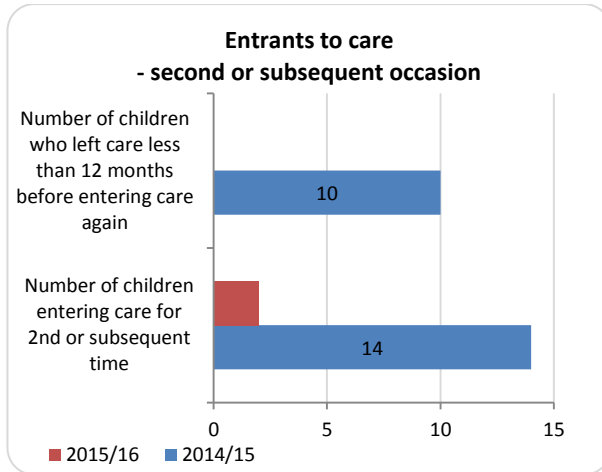
Of the children and young people entering care since 1 April 2015, two had previously been in care and returned home.

1.7   Ceasing Care

Ceasing care - numbers

April	May	June	July	August	September	October	November	December
8	5	6	4	4	8	9	5	3

■ 2015/16   — 2013/14   — 2014/15
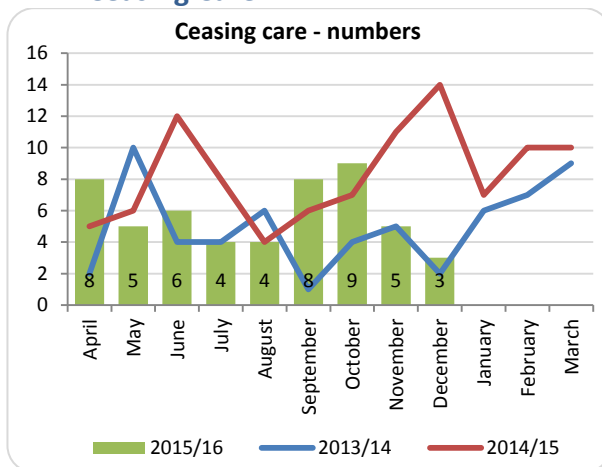
This graph illustrates a ceasing care month by month with the comparison to the previous two years which shows that there are no seasonal trends to when children cease care.

Length of time in care for those ceasing care

Q1: 1.3
Q2: 1.7
Q3: 2.1

■ 2015/16   — 2013/14 average
— 2014/15 average   — 2015/16 average
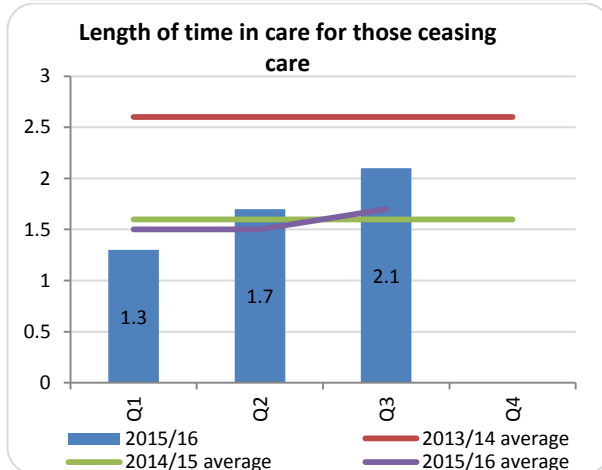
This graph shows the average length of time in care for those children & young people who ceased care in the year 2014/15 by quarter and comparisons to previous years.

During Q3 the length of time children had been in care, for those ceasing, increased, however the average for the year to date is slightly higher than previous year average.

Average age leaving care

| | 2015/16 | 2013/14 average |
| 2014/15 average | 2015/16 average |
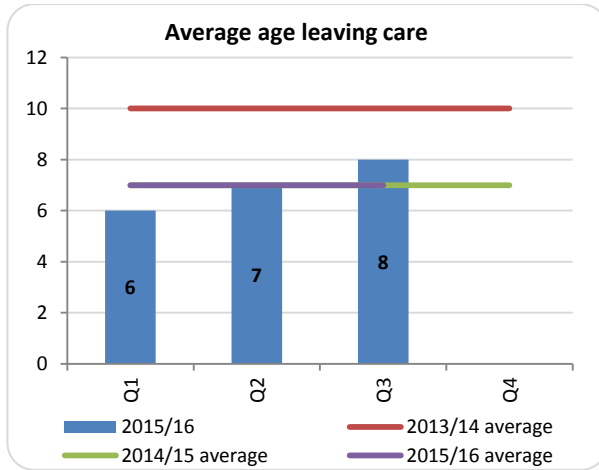
The average age of those leaving care for Q3 was 8 years old, which is slightly above the previous year average.

The average for the year to date however is in line with the previous year's average. Although the trend is rising.

1.8 Placement stability, 3 or more placements

Placement stability : 3+ Placements

| | 2015/16 | 2014/15 final |
| 2013/14 final | 2012/13 final |
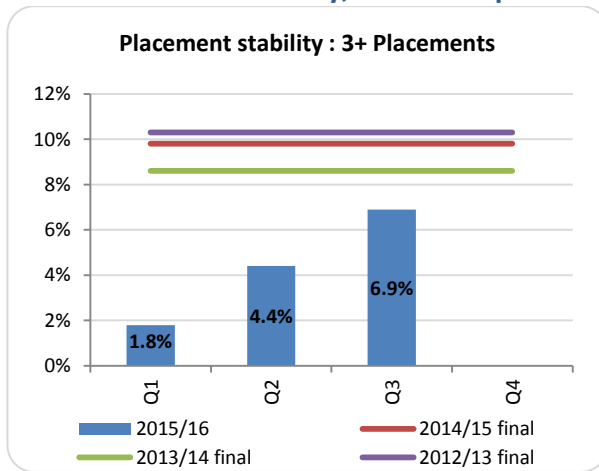
Placement stability reports on the number of placements (3+) in the reporting year.

Four children in care have had three or more placements since the beginning of April, resulting in the **6.9%** performance shown to the left.

Performance is cumulative during the year and therefore rises toward the end of the reporting year.

It is worth noting there are a high number of children in care who have had two placements at 31st December 2015.

1.9 Placement stability, long term stability

Placement stability : Long term stability

| | 2015/16 | 2014/15 final |
| 2013/14 final | 2012/13 final |
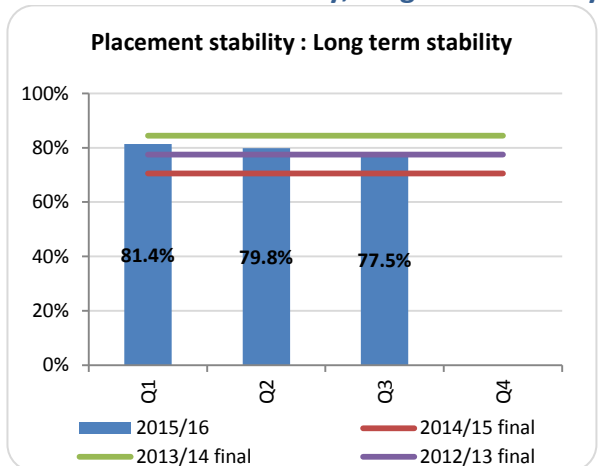
NI63 The number of children & young people who have been in care for 2.5 years and in the same placement 2+ years.

According to this graph this cohort historically appear stable in Halton. Although falling very slightly, this appears to be the case for 2015-16 too.

Performance is cumulative during the year and therefore rises toward the end of the reporting year.

Comparator data: Children in Care placement stability measures

Halton has reported stable percentage of children in care with 3 or more placements for the past four years and is in line with comparator data.

	2011/12	2012/13	2013/14	2014/15
Halton	10.0	10.0	10.0	9.8
SN average	8.6	11.1	10.2	
England average	11.0	11.0	11.0	

Comparator data awaited for 2014/15.

Percentage of children in care with three or more placements during the year ending 31 March
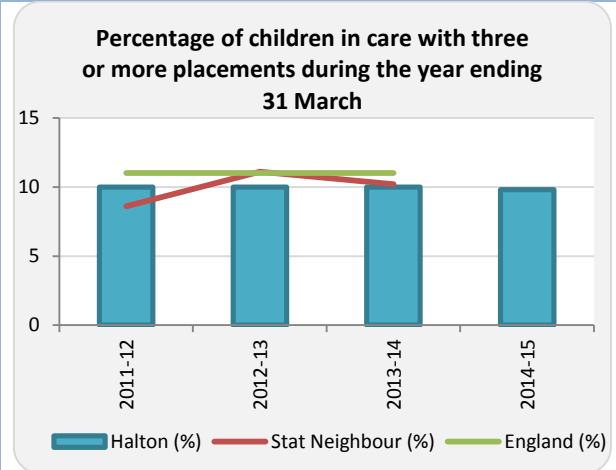
This chart shows that Halton's performance for 2014/15 is in line with the statistical neighbours and England average reported in the previous year. This is the first time Halton has not performed significantly above the comparator averages and was expected in line with the change in population of children in care over the past few years.

	2011/12	2012/13	2013/14	2014/15
Halton	78.0	78.0	77.0	66.7
SN average	68.0	70.4	69.7	
England average		68.0	67.0	

Comparator data awaited for 2014/15.

Percentage of children in care in same placement for at least 2 years at 31 March
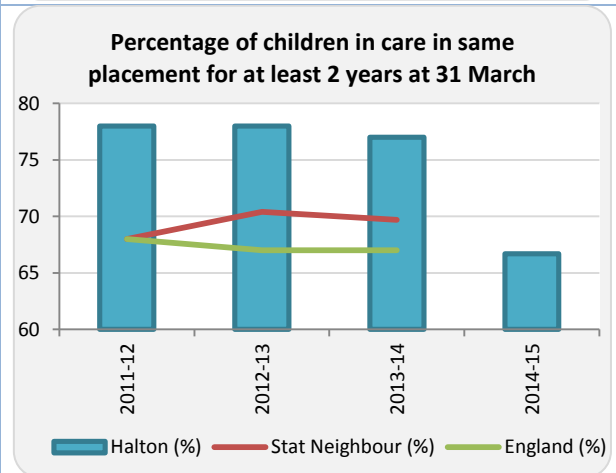
1.10 Children in Care reviewing activity

Reviewing activity
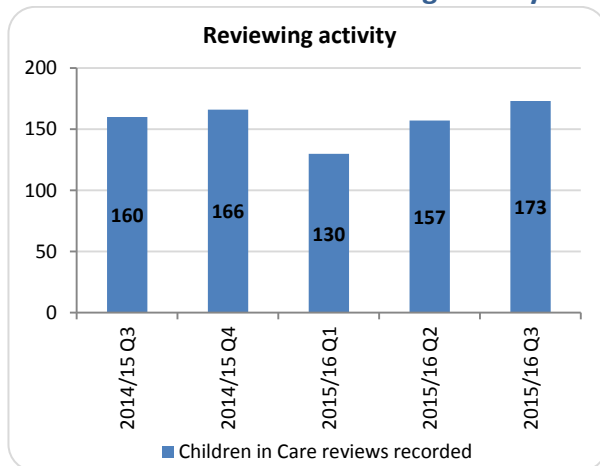
This chart details the reviewing activity for Children in Care.

During the last QA of statutory reviews conducted in November 2015, **99.5% of the reviews were completed within timescale.** There were two reviews out of timescale since 1st April 2015, both with legitimate reasons.

1.11 Participation with other professionals and engagement with children and young people in quarter

Participation with other professionals and involvement with child	Q1	Q2	Q3	Q4
% consultation documents received from Education	31%	38%	46%	
% consultation documents received from Health	59%	38%	29%	
% 3 & 4 yr. olds accessing Early Years provision	91%	100%	94%	
% CIC aged 4+ participating in their reviews	100%	98%	97%	
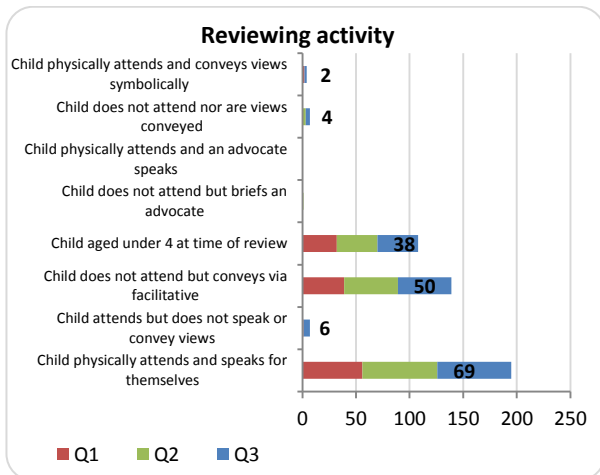
This chart details the breakdown of the different types of participation for Children in Care Statutory reviews over the year.

1.12   Independent Reviewing Manager Contact with child outside of review

IRM Contact with Child

- # Children who had IRM Contact in period
- # IRM contacts made in the period
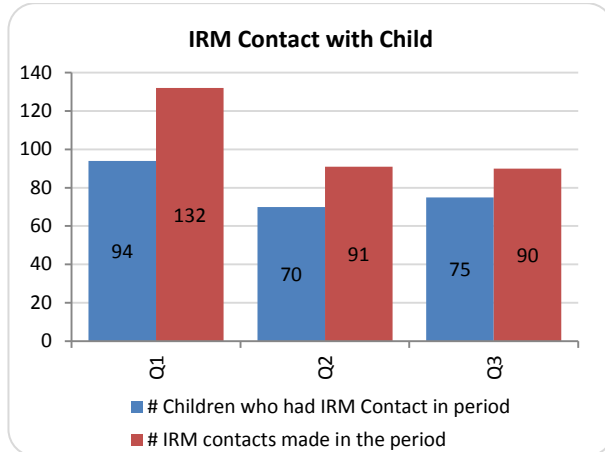
A new process for recording contacts that IRM make with children outside of the statutory review process was introduced during the past 15 months.

During Quarter 3, 75 children had a contact with an Independent Reviewing Manager outside of the statutory review process.

1.13   Independent Reviewing Manager Challenge, Scrutiny and Escalations

Challenge and Scrutiny

- Cases with evidence of challenge and scrutiny
- Cases escalated
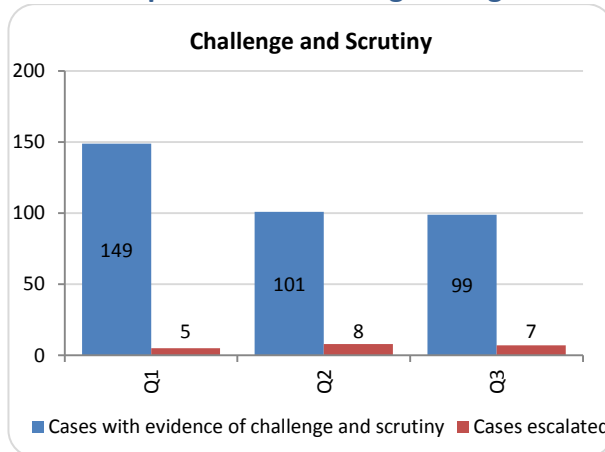
The observation recording process is being used to show on the child's record where the IRM has challenged and scrutinised the plan for the child.

During Quarter 3 99 records have this information recorded on them.

Additionally where the IRM has escalated the case this is recorded on CareFirst as an observation. **In total seven cases are recorded as having been escalated during the quarter.**

Outcomes of these escalations are not currently available for reporting however the process is being developed to enable future reporting.

Bridgewater Community Healthcare **NHS**

NHS Foundation Trust

Report on the Health of Children in Care

1st April 2014 – 31st March 2015

Author

Marie Fairbrother

Named Nurse Halton Safeguarding Children

Updated November 2015

Bridgewater
Healthcare at the heart
of your community

CONTENTS   PAGE

1. INTRODUCTION

The purpose of this report is to provide the Trust with an annual review of the delivery of health care to Children and Young people in Care (CIC) during 2014 - 2015.

Bridgewater health care practitioners are required to deliver safe and effective care to CIC which is measured by key performance indicators. Performance is reported quarterly to Halton Clinical Commissioning group (CCG). Service delivery in Bridgewater is also monitored by the Care Quality Commission.

The service is underpinned by the recently updated Department of Health (2015) "Statutory Guidance on Promoting the Health and Well-being of Looked After Children". Also guidance produced by NICE (2010) "Promoting the Quality of Life of Looked after Children and Young People".

In England and Wales the term 'looked after children' is defined in law under the Children Act 1989. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority.

Looked after children fall into four main groups:

- Children who are accommodated under voluntary agreement with their parents (section 20);
- Children who are the subject of a care order (section 31) or interim care order (section 38);
- Children who are the subject of emergency orders for their protection (section 44 and 46);
- Children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21).

The term 'looked after children' includes unaccompanied asylum seeking children, children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are on a Special Guardianship Order.

This report includes information regarding CIC placed by Halton Borough Council and also children and young people placed within the Halton boundary by other local authorities (CICOLA's).

Although Looked After Children is legal terminology, in Halton the local authority have adopted the term "Children in Care" (CIC) which will be used throughout this report.

2. AIMS OF THE SERVICE

- To provide a co-ordinated service that is child and young person focused centred upon their needs.
- To improve the health outcomes for children and young people in care.
- To provide advice and support to carers.
- To meet the requirements of the service specification for Children in Care as agreed with Children's Commissioner in Halton.
- As a "corporate parent" to work with partner agencies to ensure that children in care and care leavers have the same opportunities as their peers and are able to reach their full potential

The role of the Corporate parent is "to seek for children in public care the outcomes that every good parent would want for their children" (Frank Dobson, 1998).

3. STAFFING ARRANGEMENTS

The Children in Care Nurse and administrator transferred into the Safeguarding Nursing team in October 2013 and the service is provided by a Children in Care Nurse (1wte) and a Children in Care Administrator (.5 wte)

The Safeguarding/CIC team are based at Lister Road, Astmoor Industrial Estate, Runcorn.

4. PROFILE OF CHILDREN IN CARE IN HALTON

Halton is the 27th most deprived local authority area in England out of 326 local authorities and 26% of Halton's population live in areas that fall in the top 10% most deprived nationally (Halton Joint Strategic Needs Assessment 2014). The majority of children who become looked after do so because of abuse, neglect or family dysfunction.

The number of CIC in Halton has significantly increased over the past 3 years as outlined in graph below. Figures provided by the local authority indicate at end of March 2015 there were **229** Children in Care in Halton.

The numbers of children in care varies from day to day. As outlined in the graph below there has been a year on year increase in the number of children and young people in Halton coming into care.

At end of March 2015 there were also **169** children and young people placed in Halton from other local authorities.

Children In Care (Halton Children)

End of March 2015	229
End of March 2014	213
End of March 2013	146
End of March 2012	124

0   100   200   300
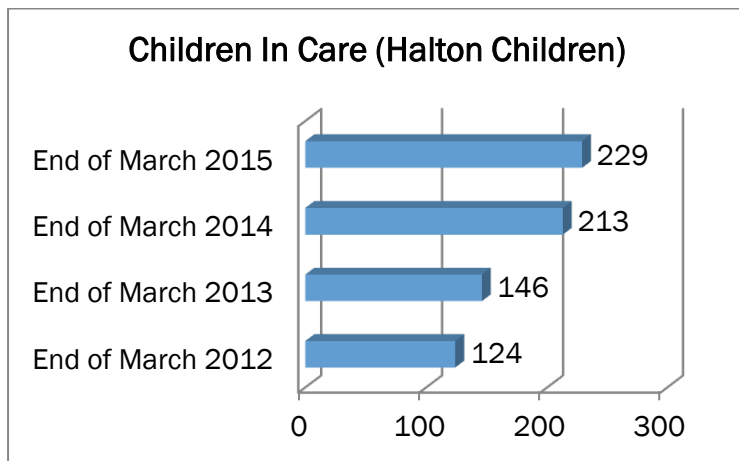
5. ROLES AND RESPONSIBILITIES OF HEALTH PRACTITIONERS

The CIC Nurse ensures that Children in Care have their health needs identified through the assessment process. The CIC nurse is responsible for initiating the process once a child comes into care. This is achieved through a notification process to practitioners who deliver the care. The CIC nurse monitors the service delivery and has oversight of the health assessments and health plans and undertakes a quality assurance role in respect of service delivery.

The Named Nurse Safeguarding Children is the line manager for the CIC Nurse and safeguarding supervision on a day to day basis is provided to the CIC nurse by the Nurse Specialists Safeguarding Children. The CIC Nurse has a significant caseload of over 50 CIC including Care Leavers, young people over 16 years, children in alternative education provision and Children in Care from other local authorities (CICOLA's) who do not receive a service from a Health Visitor or School Nurse.

The CIC Nurse acts as a health advisor to CIC, social workers, foster carers and other health professionals. The CIC Nurse undertakes a facilitative role between Health services and Children's Social Care and frequently with other organisations throughout the country. The CIC nurse also delivers training to health practitioners, social workers and foster carers.

The CIC nurse attends the regional North West Health Care Partnership meetings, the function of which is to share and disseminate good practice in relation to CIC.

The Named Nurse has management oversight of service delivery and undertakes a quality assurance role on behalf of the organisation to ensure that CIC receive a quality health service from Bridgewater practitioners. The Children in Care Nurse, Named Nurse and administrator support the organisation with data collection processes in relation to CIC health assessment activity. This information is required by CCG commissioners as part of contract monitoring.

6. COMMUNITY PAEDIATRICIANS and INITIAL HEALTH ASSESSMENTS

In Halton, Initial Health Assessments (IHA's) are undertaken by the Community Paediatricians. At the IHA a health plan will be formulated and should include the voice of the child. IHA's should be undertaken within a statutory requirement of 20 working days of a child coming into care. The process is reliant on prompt notification to the CIC Nurse by the local authority within 48 hours of a child coming into care. This will ensure that Bridgewater practitioners can fulfil their statutory requirements within timeframe.

6a. Notifications of children coming into care

An audit of the of the notification process involving **24** children new into care at end of March 2015 identified that there were no notifications received in the 48 hour time-frame.
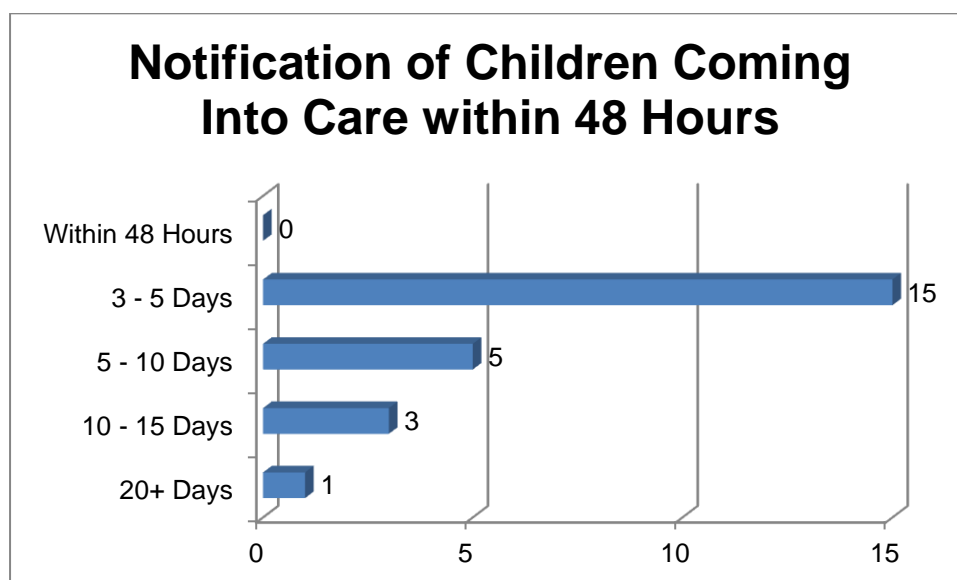
The notification process is monitored and escalation procedures invoked for breaches in timescale. However at the time of writing this report, information sharing has now noticeably improved in relation to the notification process. This is as a result of the CIC nursing team having access to Care First and they are able to view notifications as soon as they become available electronically.

6b. Initial Health Assessments

As stated previously an Initial health assessment should be undertaken within 20 days of a child coming into care. The table below shows the numbers of children seen as percentage within timescales from 1st April 2014 until end March 2015(Quarters 1 – 4).

In the first quarter **100%** of children were seen for their IHA within timescales. However in quarter 2 this fell to **77%** followed by a rise in quarter 3 to **83%** and in quarter 4 fell **to 69%.**

IHA's Completed within Timescales

Quarter	%
Quarter 4	69%
Quarter 3	83%
Quarter 2	77%
Quarter 1	100%
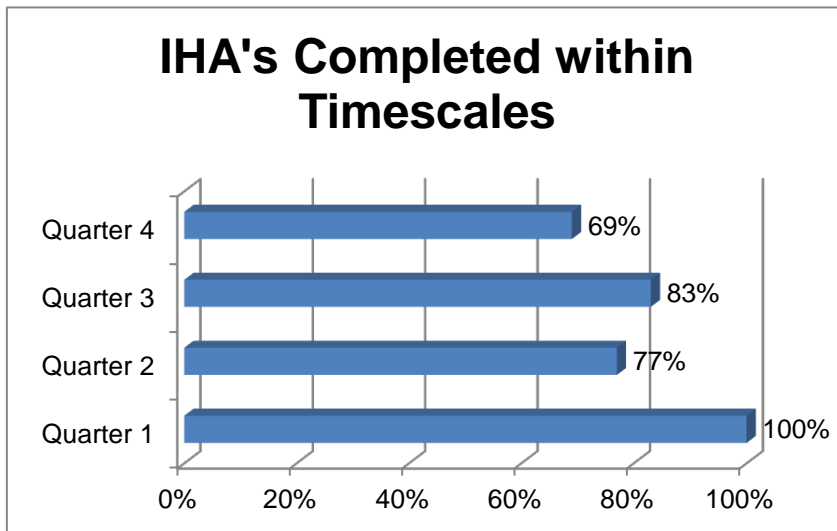
The fall in percentages was due in part to the delay in notifications from Children's Social Care. This has been addressed with the Divisional Manager for Child Protection and Children in Need. As stated previously the notification process has now improved due to the CIC Nursing team having access to Care First.

7. HEALTH VISITORS AND SCHOOL NURSES AND REVIEW HEALTH ASSESSMENTS

Review Health Assessments (RHA's) are undertaken pre-school by Health Visitors every 6 months. School age and over 5's are done by School Nurses annually. These assessments will be undertaken/reviewed more frequently if any health needs are identified. The voice of the child/young person is captured in the review health assessment.

Statutory health assessments are important as research suggests that they identify health need and health neglect that might have otherwise gone unrecognised (DOH 2009). In Halton the CIC team are seeking to improve health outcomes for CIC by close monitoring of health needs and a child's journey through the health system. This is achieved through scrutiny of health assessments which undergo a quality assurance process.

Health practitioners will be pro-active in ensuring that Children in Care from other local authorities placed in Halton (CICOLA's) receive their health assessment within time-frame.

Ofsted (2015) noted in their report that review health assessments in Halton were not sufficiently timely at 72%. However in 2014/15 RHA's in the main were done within time-scales. Although no data currently available for quarter 1 data below for quarters 2, 3 and 4.

Quarter 2 **87.5%**

Quarter 3 **87%**

Quarter 4 **96%**

Reasons for not achieving compliance with timescales included a small number of young people refusing to engage in the process, children unwell or carers on holiday. If appointments had been cancelled, a new appointment was always provided and the health assessment re-arranged as soon as possible after the due date.

The CIC health team request RHA's for children out of borough but rely on other organisations to ensure that they are undertaken within time-frames. It is essential that the CIC team are notified of placement moves to prevent any delay in requesting RHA's from other areas. Senior management within the local authority are informed of any delay in the process.

7a. Health Outcomes for Children in Care

In 2014 as part of Commissioning for Quality and Innovation (CQUIN) project the CIC Nursing team sought to capture data regarding health needs and health outcomes. In quarter 3 data was collected in relation to unmet health needs identified at the time of the IHA and RHA.

Quarter 3

Initial Health Assessments

Out of **26** IHA's **9** children had unmet health needs **(35%)** which include issues such as dental (7) continence problems (1), sexual health (1) outstanding immunisation (1) and vision problems (1). 2 children had more than 1 unmet need.

Review Health Assessments

Out of **53** RHA's **17** children had unmet health needs **(32%)** which included problems with dental (5), vision (3), behavioural (3) outstanding Strengths and difficulties questionnaires (2), sexual health (2) drugs (2) hearing (2) speech and language (1) asthma (1). 5 children had more than 1 unmet need. Data in relation to the severity of the condition is not captured at present.

Practitioners are required to monitor the progress of the child/young person's health plan, ensure they are receiving appropriate care and provide an progress report to the CIC nursing team.

A retrospective analysis of health conditions identified in Initial and Review Health assessments of 242 children April 2014 - end March 2015

The following conditions were identified through the health assessment process during an analysis of data in relation to **242** children in care at end March 2015. A particular child may have more than 1 health condition.

Child In Care - Health Conditions April 2014 - March 2015

Asthma	Continence	Eczema	Emotional	Hearing	Sexual...	Substanc...	Vision	Weight
29	35	26	115	23	14	35	43	33
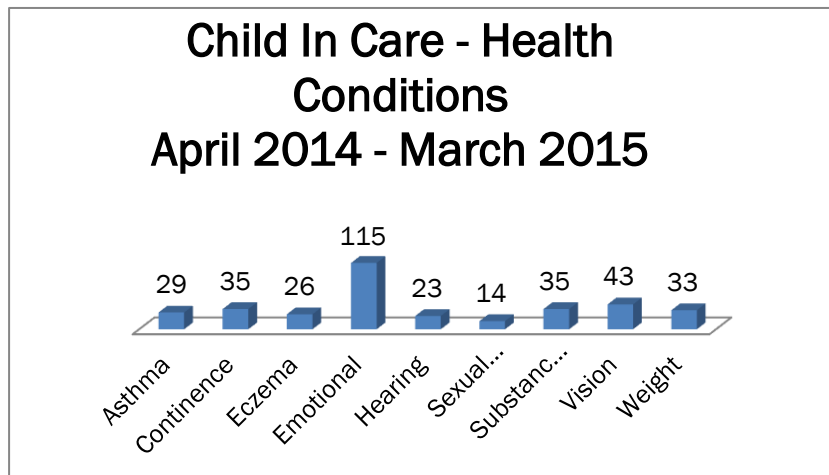
Research suggests that two thirds of looked after children have been found to have at least one physical health complaint, such as speech and language problems, bedwetting (continence) or vision problems.

In relation to emotional health and wellbeing, the data would appear to show out of **242** children and young people, **47%** (**115**) had problems with emotional health and wellbeing. 47% is lower than the national average as NICE guidance suggests that 60% of children in care have mental health problems.

The emotional health and wellbeing data would appear to reflect the findings reported in the Halton Joint Strategic Needs Assessment (2014) for Children in Care. The report states that children in care in Halton have lower emotional health and wellbeing needs compared to statistical neighbours, NW and England. The author has no additional data at present to conclude why this may be the case.

However Barnardo's Go4Ward Emotional Health and Wellbeing service who provide a tier 2 emotional health service for Children in Care in Halton (not CICOLA's) may have additional data as a result of referrals to their service.

Monitoring emotional health and well-being of Children and young people in Care using the Strengths and Difficulties Questionnaire (SDQ)

It is important to have a means of measuring on a regular basis the emotional and behavioural difficulties experienced by children in care. The Strengths and Difficulties Questionnaire (SDQ) is a clinically validated brief behavioural screening questionnaire for use with 4-17 year olds or 2-4 year olds. The tool is used to assess behaviour problems, emotional issues, peer problems and hyperactivity. Carers are required to complete the questionnaire and the results may be triangulated if the child/young person themselves complete the questionnaire and also their teacher if the child is of school age.

The SDQ provides a potential score of 40. Scores of over **13** or more may warrant an intervention and a further assessment. Local protocols are in place in Halton to discuss a child's emotional health and wellbeing need. The higher the score would indicate a greater need and risk. Social workers are responsible for ensuring a child's emotional and behavioural needs are being addressed.

The Department of Education request annual health data returns from local authorities (903/0C2). These include SDQ scores for children who have been in care for 12 months or longer. At end of March 2015 **133** children and young people in this cohort scored between **1** and **30.** The average score was **13** which is considered borderline and no change from 2013/14.

If a child has a score of over **13** the Children in Care Nurse/health practitioner will have a discussion with the child's social worker and if necessary the social worker will make a referral to the Barnardo's Go4Ward service.

Children assessed with mental health needs requiring CAMHS tier 3 or specialist CAMHS provision (tier 4) will be provided with those services by the Five Boroughs Partnership.

8. IMMUNISATION

Some children when they enter care are not always up to date with their immunisation. Carers are asked to ensure that children attend the GP or practice nurse to complete the course. Also the CIC Nurse and the School Health Nurse will also address outstanding immunisations and offer to visit the children at home to immunise. The immunisation rate for year ending March 2015 was **96%** for CIC. Out of a cohort of 147 children, 139 were fully vaccinated. 6 young people refused (5 refused their final booster), 2 young people were not fully immunised.

9. DENTAL CARE

All Children in Care are provided with dental care by registered dental practitioners or the Priority Dental Scheme at Widnes Healthcare Resource Centre and Hallwood Health Centre.

However under new commissioning arrangements in 2015 the priority dental scheme will only accept referrals for children in care if they meet the acceptance criteria for special care dentistry. After many years providing an outstanding service for children in care, due to new commissioning arrangements, the dental team will no longer be able to see all children in care for routine assessment and treatment.

Children will be expected to register with a General Dental Practitioner in the local community. In 2014/15 **96%** of all CIC in Halton had been seen by a dentist and 3 young people refused to attend.

10.SEXUAL HEALTH SERVICES

Health professionals will offer appropriate sexual advice and guidance and signpost young people to the various sexual health services available in Halton. The author has no data regarding referrals to sexual health services. Sexual health services in Halton are not provided by Bridgewater.

11.SUBSTANCE MISUSE SERVICES

Drug and alcohol brief intervention and advice is provided by health professionals undertaking health assessments. Professional advice can be sought from Addaction. Children and young people can also self-refer to Young Addaction who are responsible for service delivery in Halton. The CIC Nursing team do not have any data regarding referrals to Addaction.

12. CARE LEAVERS

There were **64** Care leavers in Halton at end of March 2015. All Care Leavers are offered an appointment with the CIC Nurse to discuss how best to capture their health history. The young person is provided with a health summary to ensure that they have all relevant health details when they are no longer in care.

Research suggests that young people should have accurate personal health information as it has significant implications for the immediate and future well-being of children and young people during their time in care and afterwards (NICE 2010).

The CIC health nursing team were asked by Children's Social Care to provide information retrospectively to 37 former care leavers. Most records have now been retrieved from archives or other local authorities and relevant health information obtained.

13.CHILDREN AND YOUNG PEOPLE PLACED IN HALTON BY OTHER LOCAL AUTHORITIES (CICOLA's)

As previously stated the number of CICOLA's in Halton has consistently been above 160.

At end of March 2015 the local authority recorded **169** CICOLAS Bridgewater offered In addition there are a small number of children who attend school in Halton but live in neighbouring boroughs. These children will be provided with a school health service by Bridgewater practitioners.

The CIC Nurse works in conjunction with Halton Borough Council Children's Commissioners and Education Services to ensure that all children/young people placed in Halton are accounted for by both health and social care.

There are some loopholes despite legislation and on occasions, children may be living in Halton of whom we are not aware as we do not receive notification from the placing authority. We are first alerted through other health providers such as the local hospitals when a child/young person has attended A and E. The CIC nursing team escalate concerns regarding these cases to the commissioners in Halton Borough Council.

The CIC Nurse has developed close links with the private providers in the borough Private providers offer placements to children in care mainly from other local authorities. Halton has a multi-agency private provider forum of which the CIC Nurse is a member.

Communication between private providers and the CIC Nurse has improved as a result of the CIC Nurse attending the private provider forum. Also the nurse visits the young people in their residential placement and has established links with the care managers of the homes.

14. MULTI AGENCY MEETINGS TO PROMOTE THE HEALTH AND WELL-BEING

The CIC Nursing team and Named Nurse are actively involved in multi-agency forums such as Healthy Care, the Emotional health and wellbeing meeting and the CIC Partnership board.

15. TRAINING

A comprehensive training package for health care has been developed by the CIC Nurse for foster carers. "Passport to Health" is a course delivered by the CIC Nurse which incorporates healthy eating and physical activity. Further courses such as common childhood ailments and teenage adolescent behaviour are also offered throughout the year.

The CIC Nurse undertakes Medicine Management advice and training with private providers. Also bespoke training on request which includes healthy lifestyles for young people.

The CIC Nurse also undertakes training with professionals including social workers and health professionals in relation to processes and procedures. The CIC Nurse also participates in the multi-agency training delivered by the Conference and Reviewing Managers.

New guidance regarding roles and competencies for practitioners delivering a service to Children in Care (Intercollegiate role framework 2015) is now part of the current training strategy.

16.ACHIEVEMENTS

In 2014/2015 the CIC team have successfully undertaken a Commissioning for Quality and Innovation (CQUIN) project in respect of setting up a data collection system to capture health assessment processes and outcome data for children and young people in care.

The process allowed the CIC team to identify and gather information about the predominant health issues when a child came into care, when they were treated and if the outstanding problem subsequently resolved. On some occasions resolution is not possible due to the prognosis. However on many occasions a positive result could be achieved through implementation of the recommendations in the health care plan.

The data collection systems have been developed by the CIC team and the safeguarding administrators. The CQUIN has been achieved with the support of Community Paediatricians, HV's, School Nurses and the Children in Care Nurse who undertake the health assessments and provide updated health information regarding outcomes. This work will continue in 2015/2016.

The CQUIN was monitored both internally as part of governance processes within Bridgewater and the CCG. The CIC process was also measured using
Key performance indicators (KPI's) which are quality standards Bridgewater practitioners must achieve and are set by the Clinical Commissioning group (CCG).

The CIC Nursing team would welcome the opportunity if any additional resources become available, to undertake further analysis of the health needs and outcomes of CIC.

17.CHALLENGES

In the last year's annual report the Named Nurse stated that Halton practitioners were due to benefit from the new IT SystmOne and the safeguarding team were due to go live in August 2015. However this has not yet been achieved as planned and

the Safeguarding /CIC nursing team are not yet using an electronic patient record system. It is envisaged that the safeguarding and Children in Care nursing team will go live with electronic patient record (SystmOne) together with children's services in Halton in early 2016. The system is currently used by the team as a patient information system for demographic details and the team can flag children in the system who are subject of a Child Protection Plan or who are a Looked After Child.

18.NEW DEVELOPMENTS

In April 2015 the Children's Commissioner in Halton provided additional funding to the CIC team in recognition of the increase in activity due to the numbers of children entering care in Halton. The additional money is to fund a .5 wte Children in Care Administrator post which has been recruited to and the person appointed will be in post in December.

The CIC/Safeguarding team are working closely with the local authority to ensure that we can access directly the local authority data system "Care First". This will help speed up communication regarding children coming into and leaving care or moving placement. It is envisaged that we will be able to input data directly on to a child's records in relation to health assessments, dental services and immunisation. This will help data collection for the yearly Department of Health 903 return which for health assessments this year was **100%.**

The health service for CIC is moving forward assisted by the new statutory guidance Promoting the Health of Looked After Children (2015). The guidance identifies additional roles for both social care and health organisations to ensure they work together more closely to help achieve a high standard of care for children and young people with demonstrable outcomes.

19.REFERENCES

Promoting the quality of life of looked-after children and young people. Public health guidance 28, National Institute for Health and Clinical Excellence (NICE) (2010).

Looked after children: Knowledge, skills and staff competences of health care staff. Intercollegiate role framework   Royal College of General Practitioners, Royal College of Nursing, and Royal College of Paediatrics and Child Health (2015)

1. Care Leavers

1.1 Care Leaver population

Number of CareLeavers snapshot by quarter

Chart values: Q1 2015-16: 65; Q2 2015-16: 61; Q3 2015-16: 69

Legend:
- 2015/16 quarterly
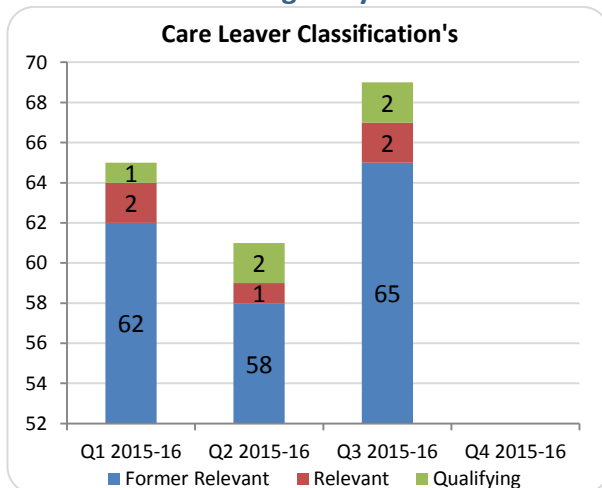- 2014/15 end of year
- 2013/14 end of year
- 2012/13 end of year
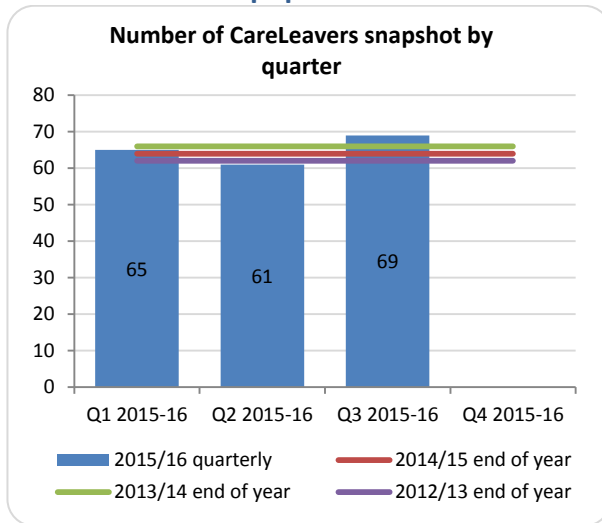
The number of care leavers is slowly increasing as expected, as there are a number of children in care reaching 18 in the next 12 months. **There are 69 Care leavers at 31st December 2015**.

There are an additional 34 young people in care classed as eligible care leavers suggesting that there will be an increase in the number for future quarters when these reach care leaver age of 18.

This cohort has remained stable with little or no fluctuation in numbers in previous quarters. The forecast is for this cohort to increase.

1.2 Care Leaver eligibility classifications

Care Leaver Classification's

Chart values:
- Q1 2015-16: Former Relevant 62, Relevant 2, Qualifying 1
- Q2 2015-16: Former Relevant 58, Relevant 1, Qualifying 2
- Q3 2015-16: Former Relevant 65, Relevant 2, Qualifying 2

Legend: Former Relevant, Relevant, Qualifying

The majority of care leavers are classed as Former Relevant, with a small number of Relevant and Qualifying making the remainder of the cohort.

These classifications are to identify how long these young people have been in care, levels of finance available and Personal Advisor allocation.

1.3 Care leaver outcome tracking

% of Care Leavers in touch with LA

Chart values:
- Q1 2015-16: In Touch and resident in UK 98%, Returned to live with parents 2%
- Q2 2015-16: In Touch and resident in UK 98%, Returned to live with parents 2%
- Q3 2015-16: In Touch and resident in UK 97%, Returned to live with parents 3%

Legend:
- Returned to live with parents/those with parental consent
- In Touch and resident in UK
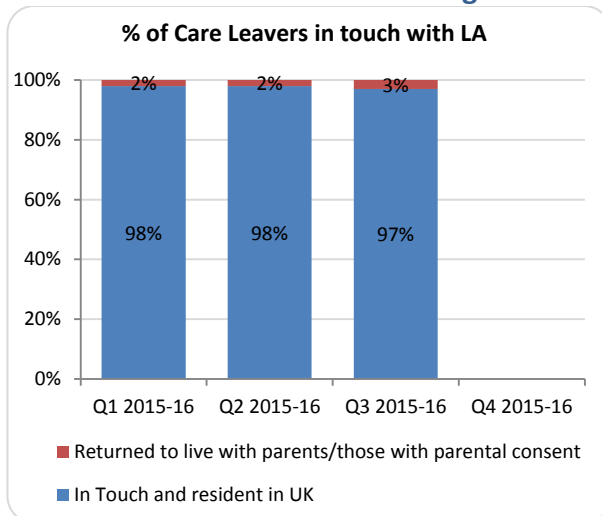
With the exception of two young people who have returned to live with parents, all care leavers are recorded as In Touch and resident in the UK.

1.4 Care leaver accommodation

% in accommodation deemed suitable

Q1 2015-16: 95%
Q2 2015-16: 93%
Q3 2015-16: 96%
Q4 2015-16:

■ Accommodation deemed suitable
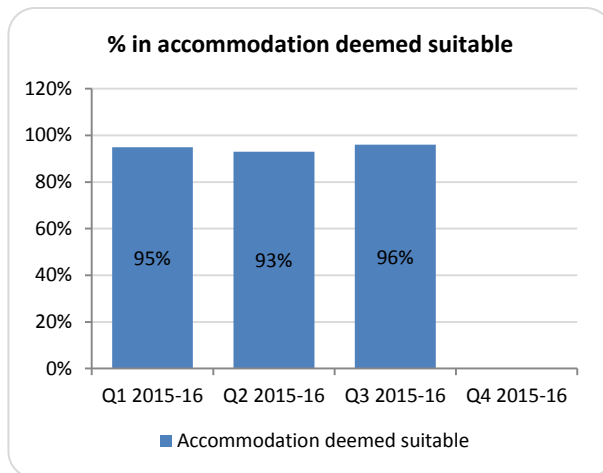
Of the young people with accommodation suitability recorded **96% are in accommodation deemed suitable which equates to 65 young people.**

This equates to three people living in accommodation not deemed suitable. Please note that custody, no fixed abode and unknown residence are considered unsuitable. All three are recorded as unsuitable are in custody.

Accommodation type

Supported lodgings	6%
Semi-independent/ transitional…	5%
Parents/ Relatives	23%
Residence not known	0%
Parents/ Relatives	23%
Other Accommodation	15%
Independent Living	36%
In Custody	3%
Former Foster Carer	5%
Community Home or other…	8%
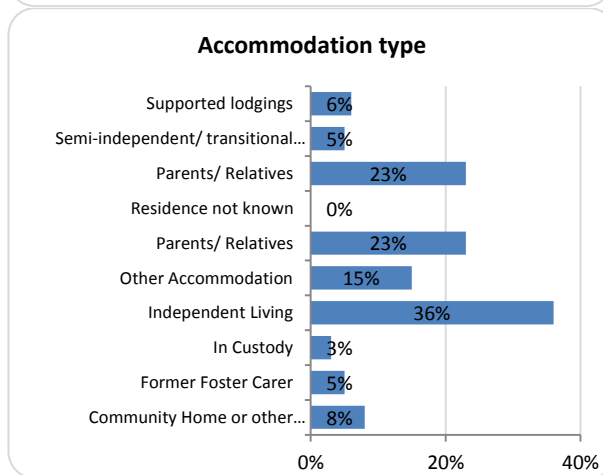
This chart shows the breakdown of the type of accommodation for the care leavers.

Independent living is the highest group with 36%.

1.5 Education, Employment or Training outcomes

% of Care Leavers in Education Employment or Training

% of Care Leavers in Education Employment or Training

% of Care Leavers NOT in Education Employment or Training
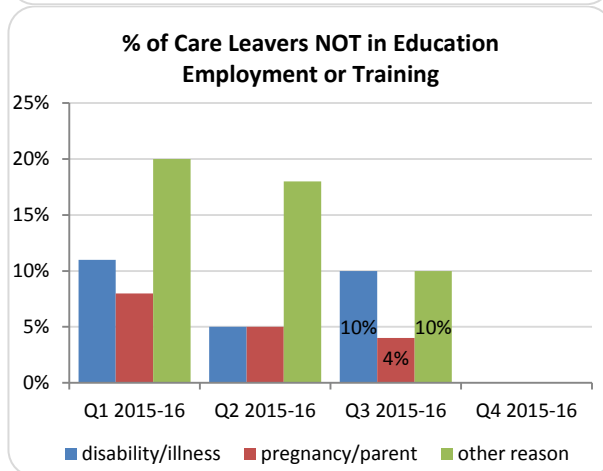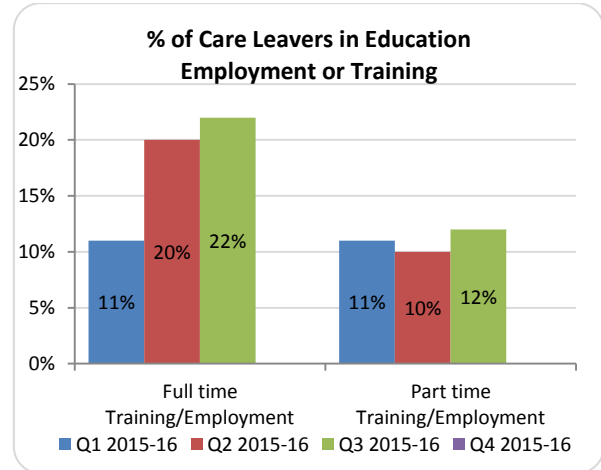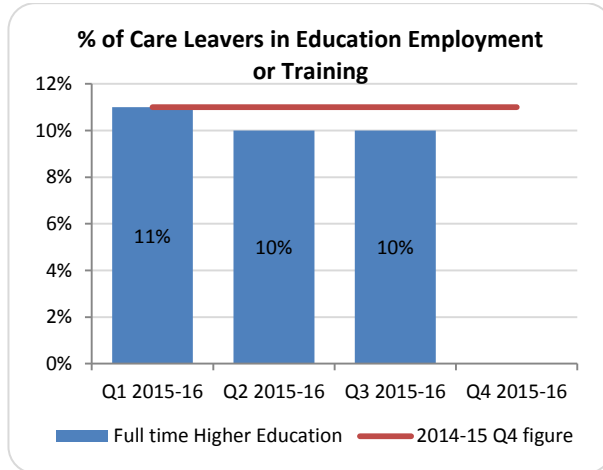
There has been an increase overall of the Care leavers in education, employment and training over the past six months (62% - 75%). This is specifically seen in the number in full time training/Employment.

There are currently 75% of Care leavers recorded as in EET at 31st December2015.

% of Care Leavers NOT in Education Employment or Training
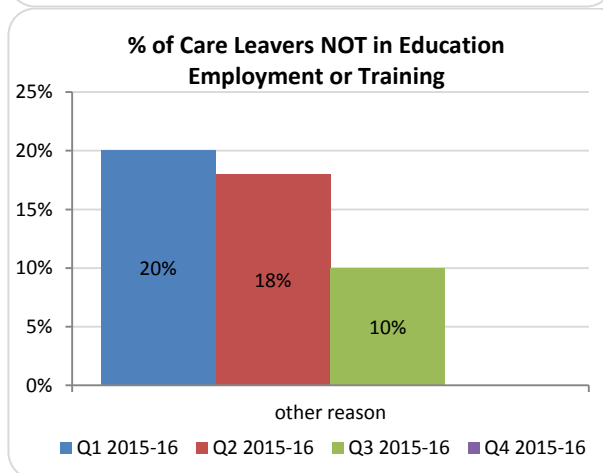
There is a drop in the proportion of care leavers NEET for all reasons in Quarter 3 2015-16. For 2015-16 these care leavers are required to be an area of focus to ensure that positive outcomes are achieved and these young people (represents 17 individuals) are directed back into education, employment or training.

REPORT TO: Children & Young People Policy & Performance
                        Board

DATE: 22nd February 2015

REPORTING OFFICER: Strategic Director, People & Economy

PORTFOLIO: Children, Young People and Families

SUBJECT: Budget Reductions

WARD(S)   All

1.0   PURPOSE OF THE REPORT

1.1   To provide the Board with a verbal presentation on the impact of the
       reductions to Children's Services Budgets in 2016/107.

2.0   RECOMMENDATION:

2.1   That the Board:-

       **1. Notes the reductions and considers the impact on services for
          Children and Families.**

3.0   SUPPORTING INFORMATION

       N/A

4.0   POLICY IMPLICATIONS

       N/A

5.0   FINANCIAL IMPLICATIONS

       None identified.

6.0   IMPLICATIONS FOR THE COUNCILS PRIORITIES

6.1   **Children & Young People in Halton**

       To be considered at the Board meeting.

6.2   **Employment, Learning & Skills in Halton**

       To be considered at the Board meeting.

6.3   **A Healthy Halton**

None identified.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 RISK ANALYSIS

7.1 The risk and issues arising from each reduction has been considered during the budget efficiency process.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Equality Impact assessments have been undertaken, where appropriate

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 Executive Board and Council reports from 1st October 2015 to 11th February 2016.

REPORT TO:	Children & Young People Policy & Performance Board
DATE:	22nd February 2015
REPORTING OFFICER:	Strategic Director, People & Economy
PORTFOLIO:	Children, Young People and Families
SUBJECT:	Business Planning 2016 - 19
WARD(S)	All

1.0 PURPOSE OF THE REPORT

1.1 To present the final draft of the Children, Young People and Families elements of the council's single Business Plan to Members for approval. This draft incorporates comments received by members of the PPB at their meeting on 4th January 2016.

2.0 RECOMMENDATION:

2.1 That the Board:-

1. **Notes the contents of the report; and**
2. **Approves the Children, Young People and Families elements of the council's single Business Plan. The Enterprise aspects will be taken to the Employment, Learning, Skills & Community PPB**

3.0 SUPPORTING INFORMATION

Business Plan Development

3.1 Since 2010 each Directorate has been required to produce a medium-term Business Plan which covers a three-year period. It was confirmed at Management Team on 23rd September that a single Business Plan be constructed for the local authority as a whole. This plan would focus on the key medium term issues rather than providing extensive narrative of every area of work of the local authority.

3.2 To ensure that the Local Authority is producing a Business Plan that enables the Local Authority to meet the priorities identified within the Corporate Plan, the information from each Directorate will be set out under the Council's priority headings;

- Children & Young People
- Employment, Learning and Skills
- A Safer Halton

- A Healthy Halton
- Environment and Regeneration
- Corporate Effectiveness and Efficiency

3.3 Objectives and performance measures identified within the Single Business Plan would continue to form the basis of Directorate and PPB priority based quarterly monitoring reports, along with any key developments or emerging issues identified within the relevant reporting quarter.

3.4 Elected members are to be engaged in the development of the planning process through the PPBs. This is to be undertaken prior to the Business Plan being presented to Executive Board in March.

3.5 Each Directorate is compiling their contribution to the council's Single Business Plan, for the respective PPB approval. The information will then be compiled into a single Business Plan which will be presented to Executive Board at their 24th March 2016 meeting.

4.0 POLICY IMPLICATIONS

4.1 Business Planning continues to form a key part of the Council's policy framework and reflects known and anticipated legislative changes and other policy developments that impact upon the work of each directorate.

5.0 OTHER IMPLICATIONS

5.1 Arrangements for the provision of Quarterly Monitoring Reports to Management Team, SMTs and Elected Members would continue and would provide demonstrable assurance that information is being used routinely to support the decision making and scrutiny functions of the Council.

6.0 IMPLICATIONS FOR THE COUNCILS PRIORITIES

6.1 Departmental service objectives and performance measures, both local and national, are linked to the delivery of the Council's strategic priorities. By organising the Business Planning information under each of the council priority headings, it is much clearer what impact policy changes are having on the council's ability to deliver real change and the difference that directorates are able to make to those priority areas.

7.0 RISK ANALYSIS

7.1 The development of a Business Plan will allow the authority to both align its activities to the delivery of organisational and partnership priorities and to provide information to stakeholders as to the work of the Council over the coming year.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Directorate Business Plans, and the determination of service objectives, are considered in the context of the Council's equality and diversity agenda.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no relevant background documents to this report.

DRAFT BUSINESS PLAN 2016 – 2019 (Children and Young People Contribution)

Corporate Priority:	Children and Young People
Service Objective:	CED02: Improve outcomes for children and young people through effective multi agency early intervention
Key Developments	- Complex Dependency - Troubled Families Phase 2 - Ofsted Joint Targeted Inspections - Social Care Reform
Emerging Issues	- Increased number and costs of specialist services - Costs and impact of late interventions - Workforce development - Regionalising Adoption - National Child Protection Taskforce - Alternative models for training and development of social workers - Social care referrals monitoring
Key Milestones (16-17)	a. Establish a multi-agency front door for complex dependency
	b. Establish and implement multi-agency locality provision
	c. Multi-agency Information Sharing Agreement
	d. Implementation of Cheshire IT Portal
	e. Identification of gaps in service provision
	f. Implementation of the regional adoption agency
	g. Effective use of the performance information to ensure that early intervention is responsive to the trends of those being referred to children's social care

Linked Indicators:	Proposed measures	Latest performance	Targets		
			2016/17	2017/18	2018/19
	SCS SH04: Reduce the number of young people who repeatedly run away in Halton	tbc	tbc	tbc	tbc
	PED005: Timeliness of return interviews conducted with those missing from care/home	tbc	tbc	tbc	tbc
	PED007: % young people who have received direct work to reduce the risks of CSE report feeling safer	tbc	tbc	tbc	tbc
	Number of young people going missing	6.2%	6.1%	6.0%	5.9%

	Number of young people flagged as at risk of CSE	5.4%	5.2%	5.0%	4.8%
	CED025: Secondary school persistent absence rate	tbc	5%	tbc	tbc
	CED026: Rate of permanent school exclusions	tbc	0.35	tbc	tbc
	Primary school persistent absence rate	tbc	tbc	tbc	tbc
	CED027: Absence of Children in Care	tbc	4%	4%	tbc
	CED028a: Absence of Children in Need	tbc	tbc	tbc	tbc
	CED028b: Absence of Children subject to Child Protection Plan	tbc	tbc	tbc	tbc
	PED054: Number of children involved in early intervention(e.g. CAF) (All those who have had a CAF at any point in the rolling year)	tbc	tbc	tbc	tbc
	CED044: Rate of referrals to Children's Social Care per 10,000 0-18 year olds	tbc	tbc	tbc	tbc
	CED043: Number of children involved in early intervention (e.g. CAF) (All those who have had a CAF at any point in the rolling year)	tbc	tbc	tbc	tbc
	CED045: Number of parents who have received a package of targeted parenting support (through a parenting course or 1:1 support)	tbc	tbc	tbc	tbc
	PED055:Reduction in the number of children and young people who enter the care system	tbc	tbc	tbc	tbc

Corporate Priority:	Children and Young People			
Service Objective:	Close the gap in attainment at key stage 2 including between vulnerable groups and their peers			
Key Developments	• Changes to assessment including the introduction of times tables testing in 2017 • Inspection of Local Authority Arrangements for School Improvement • Local area SEN Inspection			
Emerging Issues	• Changes to the assessment of grammar, punctuation and spelling which require higher levels of consistency to be applied, including as part of the assessment of writing			
Key Milestones (16-17)	a. Conduct the annual analysis of school performance data for all primary schools during September to December 2016 (with further reviews undertaken at key points in the performance data release cycle) (DM Education, EIP)			
	b. Analyse, evaluate and report end of KS 2 achievement outcomes, including success in closing the gap by December 2016, and identify areas of need and support for Children in Care and Free School Meals (DM Education, EIP)			
	c. With schools monitor the impact of the Pupil Premium in closing the gap between Free School meals pupils and non-Free School meals pupils nationally (DM Education, EIP)			
	d. Ensure appropriate deployment of school improvement support for identified schools and settings, including school to school support as appropriate (DM Education, EIP)			
	e. Based upon data analysis and feedback from the Cross service monitoring group, undertake categorisation process for all schools by October 2016 and identify actions, including levels of support and intervention, required to improve inspection outcomes			

Linked Indicators:	Proposed measures	Latest performance	Targets		
			2016/17	2017/18	2018/19
	PED024: Attainment gap for % pupils attaining expected standard at KS2 Reading, Writing and Maths Disadvantaged and peers	18%	16%	14%	12%
	SCS CYP02: % attaining the expected standard at KS2 in Reading, Writing and Maths	79%	82%	84%	86%
	PEDO12 % making sufficient progress in reading KS1 to KS2	91%	92%	93%	94%
	PEDO13 % making sufficient progress in writing KS1 to KS2	95%	95%	96%	96%
	PEDO14 making sufficient progress in maths KS1 to KS2	90%	92%	93%	94%

	SCS CYP16: % of Children in Care achieving expected outcomes at KS2		Due to small cohorts and statistical variation, targets are not stated. Analysis of the small cohort conducted on individual basis for these children to underpin resulting performance.		
	PED028: % of pupils placed in KS1/KS2 resource base for a year that have made 2 sublevels progress in Reading, Writing and Maths	tbc	60%	60%	tbc

Corporate Priority:	Children and Young People				
Service Objective:	Raising achievement in early years				
Key Developments	• 2 year old free Early Years Entitlement • Complex Dependency, Troubled Families, Early Intervention • Early Years Pupil Premium				
Emerging Issues	• Children's Centres • Early Years outcomes • Response to EYFS review findings • Changes to the benefits system				
Key Milestones (16-17)	a. Analyse the outcomes of children who have accessed funded two year old placements to ensure this provision is closing the gap between the most vulnerable children and their peers (DM Education, EIP)				
	b. Complete RAG categorisation process for all EYFS settings by October 2016 and identify actions, including levels of support and intervention required to improve inspection outcomes				
	c. Through annual conversation, ensure that the performance of all children's centres is in line with expectations. This will need to take into account any changes required as a result of changes to Ofsted Framework				
	d. Analyse, evaluate and report on the outcome of the Early Years Pupil Premium				
	e. Act on research findings from the 'Halton Early Years Review'				
Linked Indicators:	Proposed measures	Latest performance	Targets		
			2016/17	2017/18	2018/19
	SCS CYP Early Years Foundation Stage % achieving a good level of development	55%	65%	New indicator tbc	New indicator tbc

	PED027: Close the gap in achievement between those previously in receipt of 2 yr old early years entitlement and their peers at EYFSP	tbc	tbc	tbc	tbc
	PED029: Take up of Early Years Entitlement for vulnerable 2 year olds	tbc	600	650	tbc
	PED002 % of Early Year settings (pre -schools, day care, OSCs, childminders) with overall effectiveness of Good or Outstanding	83%	84%	85%	86%
	PED023 Good level of Development attainment gap for disadvantaged children and their peers	18%	16%	14%	12%
	PED053:Increased uptake of children attending early year's education programmes for both 2 year old and three to four year old offers	tbc	400	tbc	tbc

Corporate Priority:	Children and Young People
Service Objective:	Effectively implement the SEND Reforms and improve the offer for children and young people with SEND aged 0-25
Key Developments	• SEND Reforms • Nurture provision • Early Intervention and Graduated Approach
Emerging Issues	• Development of tracking system for SEN support to inform deployment of resources • Emotional health and wellbeing /nurture settings • Number and costs of specialist service provision • Profile provision required to meet the identified needs of children and young people with SEND in Halton
Key Milestones (16-17)	a. Conduct the annual analysis of progress data for children and young people with additional SEND funding through Enhanced Provision or Educational Health care plans
	b. Increase and improve provision in Halton for young people social emotional and mental health challenges by reducing Out of Borough expenditure
	c. Evaluate qualitative data through Personal Outcomes Evaluation tool of family and individual views with the SEND reform process in Halton to increase satisfaction with their experience
	d. Conversions to be completed to 95% of projected annual targets.
	e. An increasing number of people recorded as accessing the Local offer year on year.

Linked Indicators:	Proposed measures	Latest performance	Targets		
			2016/17	2017/18	2018/19
	Improving progress those receiving SEND Funding through Enhanced or Plans	tbc	80%	tbc	tbc
	Reduction in out of borough expenditure	tbc	5%	tbc	tbc
	Satisfaction levels with SEND reform process increasing year on year	tbc	75%	80%	85%
	PED004 Conversions of Statements into EHCP meeting published timescales	tbc	90%	95%	tbc
	The number of people accessing the Local Offer to increase year on year	tbc	tbc	tbc	tbc

REPORT TO: Children, Young People and Families Policy and Performance Board

DATE: 17th February 2016

REPORTING OFFICER: Strategic Director People & Economy

SUBJECT: Performance Management Reports for Quarter 3 of 2015/16

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To consider, and raise any questions or points of clarification, in respect of performance management for the third quarter period to 31st December 2015.

1.2 Key priorities for development or improvement in 2015-18 were agreed by Members and included in Directorate Plans, for the various functional areas reporting to the Board as detailed below:

- Children and Families Services
- Education, Inclusion and Provision

The report details progress against service objectives and milestones and performance targets and provides information relating to key developments and emerging issues that have arisen during the period.

2.0 RECOMMENDED: That the Policy and Performance Board

1) **Receive the third quarter performance management reports;**

2) **Consider the progress and performance information and raise any questions or points for clarification; and**

3) **Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Board.**

3.0 SUPPORTING INFORMATION

3.1 Departmental objectives provide a clear statement on what services are planning to achieve and to show how they contribute to the Council's strategic priorities. Such information is central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications associated with this report.

5.0 OTHER IMPLICATIONS

5.1 There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Departmental service objectives and performance measures, both local and national are linked to the delivery of the Council's priorities. The introduction of a Thematic Priority Based Report and the identification of business critical objectives/ milestones and performance indicators will further support organisational improvement.

6.2 Although some objectives link specifically to one priority area, the nature of the cross - cutting activities being reported, means that to a greater or lesser extent a contribution is made to one or more of the Council priorities.

7.0 RISK ANALYSIS

7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTIONS 100D OF THE LOCAL GOVERNMENT ACT 1972

Not applicable

Children Young People and Families Policy & Performance Board Priority Based Monitoring Report

Reporting Period: Quarter 3, 01 October 2015 – 31 December 2015

1.0 Introduction

1.1 This report provides an overview of issues and progress within the Directorate that have occurred during the period of the report. The way in which traffic light symbols have been used to reflect progress to date is explained within Appendix 1 (section 8).

1.2 Please note initials have been provided to indicate which officer is responsible for the commentary to aid Members, as requested by the Children and Young People Policy and Performance Board. A key is provided at the end of the report in Appendix 1 (section 8).

2.0   Key Developments

2.1 Halton Standing Advisory Committee for Religious Education (SACRE) (A Mc)

Halton SACRE is to convene an agreed syllabus conference (26th January 2016) to formally review the Halton Locally Agreed Syllabus (LAS) for Religious Education. The Halton SACRE has approved the adoption of the Lancashire Agreed Syllabus for LA and V schools in Halton from September 2016 - 2021. This will greatly strengthen and support the teaching and learning of RE in Halton maintained schools and provide improved network opportunities for teachers of RE across neighbouring LAs. The LA has paid for access to the Lancashire LAS for those schools who have to follow the Halton LAS for the period Sept 2016 – Sept 2017. From Sept 2017, schools will be invoiced by Halton LA. (A Mc)

2.2 **Statutory Assessment at the end of Key Stages 1 (KS1) and 2 (KS2) (A Mc)**

There are considerable alterations to the end of KS1 and KS2 statutory assessment this summer 2015. It is the first time that pupils' knowledge and understanding of the National Curriculum introduced in September 2014 will be assessed. End of KS1 tests will include for the first time a Grammar, Punctuation and Spelling test; the Reading and Mathematics tests have also been changed. Both KS1 and KS2 Mathematics tests will include papers which specifically assess pupils' reasoning ability. Overall the new tests will present a greater challenge for all pupils.

Schools are expected to administer the tests to the majority of pupils; where the headteacher considers that it is not appropriate for a pupil to take the test, a written explanation as to why that decision has been made must be provided for parent/carers, the Chair of Governors and the Local Authority. This is another of the innovations this year and applies to both KS1 and KS2.

The end of KS1 tests, which will still marked by the teachers in school, will provide teachers with a raw score for each pupil which they will convert to a scaled score once the conversion tables have been published by the DfE at the beginning of June 2016. KS2 tests are externally marked and the scale score will be applied by the DfE before the results are sent to schools in early July 2016. The scale will have a lower end point below 100 and an upper end point above 100 but, as yet, little other information has been provided. The scaled scores will be used to see whether each pupil has met the expected standard – a scaled score of at least 100 will indicate that this is the case.

2.3 **Children in Need Teams Recruitment (TC)**

Recruitment has continued within the Child in Need division and we are now in a position of having a permanent member of staff in each of the management positions at every level, this has stabilised the workforce and we continue to recruit social workers on a permanent basis and reduce the reliance upon agency staff. There have been several promotions internally which shows the positive development and retention of high quality staff

2.4 Single Assessments (TC)

Single Assessment performance has continued to increase and this will continue to be an area of focus. This is monitored weekly through Quality Assurance Reports and monthly through Performance Reports to all Social Care Managers.

2.5 Integrated Contact and Referral Team (CART) (TC)

This will become a multi-agency team for the front door for social care and early intervention services from 21 March 2016, with representatives from the police, health, education and commissioned services. The aim is to improve information sharing at the first point of contact to improve the appropriateness and timeliness of decision-making and actions for children and young people in Halton.

2.6 Children Centres Government Consultation (TC)

The government has announced a further delay in launching a consultation on Childrens Centres role and function and Ofsted inspections remain suspended.

2.7 OFSTED Inspections framework for joint targeted inspections (TC)

OFSTED have launched an inspection framework for joint targeted inspections with other inspectorates. A targeted inspection in a number of local authorities about Child Sexual Exploitation and Missing Children will be undertaken between February and September 2016. Please use the link below to access the framework:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/491767/Joint _targeted_area_inspections_inspection_framework_and_guidance.pdf

3.0 Emerging Issues

3.1 The Chief Medical Officers Annual Report recommendations (A Mc)

The Chief Medical Officer's Annual Report was published in December 2015. In the introduction, Professor Dame Sally Davies highlights the patchy provision of sex and relationships (SRE) and makes the following specific recommendations to government. Recommendation 8.1 I recommend that the Department for Education and Department of Health together make personal, social and economic education (PHSE) with SRE a routine and, if necessary, statutory part of all children's education.

Please use link below to Chief Medical Officers Annual Report 2014.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484383/cmo-report-2014.pdf

3.2 Government announce changes to adoption funding and vision for Social Care (TC)

The government has announced a wave of changes to legislation for adoption and extension of funding for adoption support. The government has also announced its vision for childrens social work up to 2020. This includes a revised approach to training and regulation of social workers, and working with local authorities to explore alternative models of delivery for childrens services which are innovative, creative and flexible and may be outside of local authorities.

Please use the link below to access the Adoption funding recommendations:
https://www.gov.uk/government/publications/adoption-support-fund-learning-from-the-prototype

Please use the link below to access the Governments vision of Social Care up to 2020:
https://www.gov.uk/government/publications/childrens-social-care-reform-a-vision-for-change

4.0 Risk Control Measures

4.1 Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2015 – 16 Directorate Business Plans.

Progress concerning the implementation of all Directorate high-risk mitigation measures was reported in Quarter 2.

Risk Registers are currently being reviewed for 2016 – 17 in tandem with the development of next year's Directorate Business Plans.

5.0 Progress against high priority equality actions

5.1 Equality issues continue to form a routine element of the Council's business planning and operational decision making processes. Additionally the Council must have evidence to demonstrate compliance with the Public Sector Equality Duty (PSED) which came into force in April 2011.

The Councils latest annual progress report in relation to the achievement of its equality objectives was published on the Council website during quarter 4 and is available via:

http://www3.halton.gov.uk/Pages/councildemocracy/pdfs/EandD.

6.0 Performance Overview

6.1 The following information provides a synopsis of progress for both milestones and performance measures across the key business areas that have been identified by the Directorate.

Priority: Integrated Commissioning of Services to meet the needs of children, young people and families in Halton

Key Milestones and Measures

SCS CYP05: Percentage of 16-18 year olds not in education, employment or training	SCS SH04: Reduce the number of Young People who repeatedly run away in Halton	SCS CYP15: Under 18 conception rate, rolling quarterly average

Current progress	Target	Quarterly Progress	Direction of Travel	Current progress	Target	Quarterly Progress	Direction of Travel	Current progress	Target	Quarterly Progress	Direction of Travel
4.9% (Nov 2015)	8.5%	✔	⬆	There are 25 individuals that have created 97 episodes with the highest volume from Children In Care (CIC) and Children in Care of other local authorities (CICOLA) young people.		✔	⬆	29.6	54.7	✔	⬆

Ref	Milestones	Quarterly progress
CED02a	Early Years Childcare sufficiency undertaken annually and action plan implemented, and ensure a range of support for the growing population of funded vulnerable two year olds is appropriate within Early Years Foundation Stage settings.	✔
CED02b	Basic needs analysis undertaken for school place provision in primary and secondary sector, and appropriate capital funding streams determined to support any required investment.	✔
CED02c	Review of Specialist provision available for Halton children and young people.	✔
CED02d	Review and evaluate the commissioning statement to take account of the changing post 16 landscape and LEP priorities.	✔
CED03a	Review, implement and evaluate the joint commissioning of a Missing from Home and Child Sexual Exploitation Cheshire service by March 2016.	✔
CED03b	Review the function of the CSE team and effectiveness of the protocol.	✔

CED03c	Identify opportunities for joint commissioning SEN support and provision.	✓
CED03d	Strengthen the capacity of commissioned services to provide direct work to children and adult victims of domestic abuse.	✓
CED04a	Evaluate outcomes of current interventions (e.g. Teens and Tots, C-Card schemes, and identify actions, including new ideas and interventions required to meet targets, related to reductions in teenage conceptions	✓
CED04b	With Public Health, ensure young people are aware of sexual clinics and how to access them	✓
CED04c	Ensure the most vulnerable young people, (e.g. Children in Care, Young Offenders, disengaged young people) are aware of the risk associated with substance misuse	✓
CED04d	Further develop and evaluate substance misuse treatment pathways between hospitals and community services	✓

Ref	Measure	14/15 Actual	15/16 Target	Current	Direction of Travel	Quarterly progress
SCS CYP07	Rate of CYP admitted to hospital for substance misuse	17.62	24.6	21.8	⬆	✓
CED005	Take up of Early Years Entitlement for vulnerable 2 year olds	500	550	584	⬆	✓
SCS CYP13	Percentage of young people progressing to Higher Education	27% (2012/13 latest data available)	25%	25% (13/ 14)	⬆	✓
CED010	Timeliness of return interviews conducted with those missing from home/care	N/A	72 hours	120 hours	N/A	?
CED012	Percentage of referrals to Children's Social Care identifying CSE as a concern where the CSE screening tool has been used (where referrer be a professional), Proxy measure is number of screening tools received by the CSE team in the quarter	N/A	N/A	40 (Q2)	N/A	N/A
CED013	Percentage of young people who have received direct work to reduce risks of CSE report feeling safer	N/A	N/A	5 (Q2)	N/A	N/A
CED014	Percentage of social workers and managers attending basic awareness CSE training	One CSE basic awareness course held in quarter, with eight children's social care practitioners attended.				
CED030	Percentage of Principal Manager and Practice lead posts filled by permanent staff	N/A	95%	Refer comment	N/A	N/A
CED031	Social Work vacancy rate for FTE	10.6	5	N/A (Q2)	N/A	N/A
CED032	Agency rate for Social Work for FTE	17.1	2	N/A (Q2)	N/A	N/A

Supporting Commentary (key measures and notable exception reporting)

Hospital admissions: Pathways between community treatment services and hospitals are monitored on a quarterly basis to ensure links are being maintained. The trend using a three year average, (as per Chimat) shows the total number admitted from quarter 3 2012/13 to quarter 2 2015/16 is 95, which equates to an average of 32 per year.

Early tear entitlement: A multi-agency promotional campaign to increase the take-up of the 2 year old free entitlement is being successfully rolled-out in Halton and is having a positive impact.

Higher education: Latest figures from 2013/14 identify 25% of 18/19 year olds progressed into HE. This is in line with target given changes to HE funding arrangements.

Return interviews for missing from home or care: Halton jointly commission the Missing from Home/Care service across the four Cheshire local authority areas, and Catch 22 have been awarded the contract adding in a Child Sexual Exploitation element to the work. Performance report cards have been created for each Local Authority area for both Missing and Child Sexual Exploitation. The average number of days to complete a return interview has slightly increased to five days. The timescales in this period are affected due to families being on holiday, children not waiting in and wanting to be out with friends. Also the time and effort the case workers have been putting in to repeat runners who often decline at the first attempt, however the case workers have kept on at them knowing their personalities and the first decline has often been a coping strategy by the young person.

Percentage of Principal Manager and Practice lead posts filled by permanent staff: Recruitment has continued within the Child in Need division and we are now in a position of having a permanent member of staff in each of the management positions at every level, this has stabilised the workforce and we continue to recruit social workers on a permanent basis and reduce the reliance upon agency staff. There have been several promotions internally which shows the positive development and retention of high quality staff.

Teenage Conception: Performance on the teenage conception measure has shown a reduction in the rate. Performance is still presenting as good and better than target. The Teens and Tots and C-Card scheme, continue to be evaluated and actions have been identified to support the continued reductions in teenage conceptions.

Domestic Abuse Service: Strengthen the capacity of commissioned services to provide direct work to children and adult victims of domestic abuse. The Healthy relationship training has been reviewed and is being delivered to staff. The Children's service is currently out to tender for a new children and family domestic abuse service. A plan is being developed to deliver gateway training across the Children's Social Care workforce.

Substance Misuse: Regular one to one and group sessions with Children in Care and Young Offenders, informing them of the risk of substance misuse are taking place and monitored quarterly.

Priority: Effectively supporting the child through the Halton Levels of Need framework when additional needs arise

Key Milestones and Measures

CED033: Social Work Assessments completed within 45 working days	CED036: Children subject to Child Protection Plan for 2nd or subsequent time	CED047: Children in Care stability, 3+ placements

CED033: Social Work Assessments completed within 45 working days — bar chart (Halton) for 2013/14, 2014/15, 2015/16 with Target, Statistical Neighbour, England lines.

CED036: Children subject to Child Protection Plan for 2nd or subsequent time — bar chart (Halton Q3) for 2012/13 to 2015/16 with Target, England Average, North West Average, SN comparator Average lines.

CED047: Children in Care stability, 3+ placements — bar chart (Halton) for 2011/12 to 2015/16 with Target, England Average, SN comparator average lines.

Current progress	Target	Quarterly Progress	Direction of Travel	Current progress	Target	Quarterly Progress	Direction of Travel	Current progress	Target	Quarterly Progress	Direction of Travel
79%	95%	?	⬇ (red)	14%	10%	?	⬆ (green)	6.5%	7.4%	✔	⬆ (green)

Ref	Milestones	Quarterly progress
CED01a	Develop, implement and monitor the action plan in response to the Ofsted inspection of children's services in November 2014.	✔
CED01e	Through the annual conversation, ensure that the performance of all children's centres is in line with expectations. This will need to take into account any changes as a result of changes to Ofsted frameworks.	✔
CED07a	Monitor and review effectiveness of marketing, recruitment and retention strategy.	✔
CED08a	Evidence of reducing referrals to Children's Social Care and improved outcomes for children and young people evidenced in performance outcomes.	?
CED08b	Improve outcomes for families involved in Troubled Families project, as evidenced by maximising the payment by results income	✔
CED08c	Develop Halton's offer in line with the Complex Dependency bid.	✔
CED08d	Continue to develop Halton's Early Intervention through multi-agency processes and teams at a locality level.	✔
CED08e	Implement and roll out of the e-CAF system.	✔
CED08f	Effectively use the performance information to ensure that Early Intervention is responsive to the trends of those being referred to Children's Social Care.	✔

Ref	Measure	14/15 Actual	15/16 Target	Current	Direction of Travel	Quarterly progress
CED034	Social Work Assessments completed within 15 working days	N/A	N/A	15%	N/A	N/A
CED035	Child Protection (CP) Plans lasting 2 years or more	0%	0%	0%	→	✔
CED037	Child Protection cases reviewed in timescale	98%	100%	100%	↑	✔
CED038	Children in care cases reviewed in timescale	99%	100%	99%	→	✖
CED039	Pre-proceedings diversions: Percentage of cases where pre-proceedings work diverted children in care	N/A	N/A	16	N/A	N/A
CED040	Average caseload per social worker	Expected to be available once the new social care workforce return has been collected.				
CED041	Timescales for cases in court, within 26 week timescale	N/A	N/A	96%	N/A	N/A
CED042	Number of multi-agency interventions (e.g. CAF) which are in place and operating	224	350	289	↑	?
CED043	Number of children involved in early intervention (e.g. CAF) during the year	455	N/A	392	N/A	N/A
CED044	Rate of referrals to Children's Social Care per 10,000 0-18 yr. olds	525	N/A	384	N/A	N/A
CED045	Number of parents who have received a package of targeted parenting support (through a parenting course or 1:1 Support)	Available at end of Quarter 4				
CED048	Stability of Children in Care: long-term placements	67%	78%	77%	↑	?
CED051	Percentage of Children in Care under section 20	35%	18%	15%	↑	✔
CED052	Percentage of Children in Care placed with parents	15%	8%	7%	↑	✔
CED053	Timeliness around permanency arrangements for children in care (adoption, SGO, other permanency arrangements)	Timely planning continues to be a focus of work in all teams to ensure there is no drift or delay for children.				
CED054	Percentage reduction of external provision for children in care to reduce spend	Regular monitoring of all external provision is in place with decisions made to reduce expenditure wherever possible.				
CED055	Timeliness of placements for Children in Care for adoption	100%	N/A	85%	N/A	N/A

Supporting Commentary (key measures and notable exception reporting)

Develop, implement and monitor the action plan in response to the Ofsted inspection of children's services in November 2014: This is now completed. Ongoing scrutiny and review will be undertaken by the Childrens Trust and the Safeguarding Childrens Board.

Assessment within timescale: Whilst the performance around assessment timescales is a significantly improved position from quarter 4 2014/15, performance is adrift from the target. This presents a challenge to the local authority. In particular, the proportion being completed within 15 working days will be an area of focus to ensure assessments are closed where appropriate at the earlier stage. Reducing referrals to social care should improve caseloads and numbers of assessments to be carried out, and the recruitment of all Principal Manager and Practice lead posts alongside Social Worker recruitment should lead to further improvements. Referrals and extensive Social Care information is tracked closely through the IMPACT monthly Report and quarterly through the Journey of the Child Report. Both reports evidence a reduction in referrals over the last 12 months.

Reducing referrals: The amount of referrals to Children's social care has continued to reduce; this information is tracked and monitored closely, due to the continued reduction in referral some more analysis will be undertaken to explore some of the reasons behind this.

Troubled Families: There is an agreed process in place with Local Authority internal audit to review 20% of families in advance of any payment by results claim. An outcome plan has been developed going forward for the expanded programme.

Pre-proceedings diversions: Since April 2015 16 cases were agreed for pre-proceedings, of these five cases have been successfully diverted from care proceedings.

Rate of referrals per 10,000: 1145 since 1st April 2015. This is below national (593) and Statistical neighbours comparators (561).

Children in Care: Stability of placement for children in care who have been in care for 2.5 years who have been in the same placement for two years shows good performance and is just within the target. The legal status of Section 20 is voluntary accommodated. This has been a particular area of focus and each child accommodated under section 20 has been reviewed, it is anticipated that this figure will continue to fall which evidences the quality of planning for each child.

Timeliness of adoption has a sibling group which was not placed within 12 month timescales due to complex health issues.
Halton have now appointed a coordinator on a secondment to lead the **complex dependency transformation** programme and the implementation plans for an integrated front door, and enhanced multi agency locality teams and processes are being drawn up.

Plans for an **enhanced multi agency front door** to be in place by January 2016 are well advanced. Plans for enhanced multi agency locality teams are being developed with a probable implementation date of April 2016. Locality staff now trained and starting to **use eCAF**. Training for wider workforce will take place from mid-November 2015. System will be fully operational for all partners form January 2016.
Monthly Senior Leadership Team Meetings for all Principal Managers enables joint discussion of trends and any emerging themes in our performance. **Re-referrals** are discussed enabling scrutiny of any cases were early intervention services could have been better used.

Priority: Improving achievement and opportunities for all through closing the gap for our most vulnerable children and young people

Key Milestones and Measures

SCS CYP03: Proportion achieving 5+ GCSE A*-C including English and Maths				SCS CYP: Early Years Foundation Stage percentage achieving a good level of development				SCS CYP11: Achievement gap at KS4 5+GCSE A*-C including English and Maths Free school meals and peers			
Current progress	Target	Quarterly Progress	Direction of Travel	Current progress	Target	Quarterly Progress	Direction of Travel	Current progress	Target	Quarterly Progress	Direction of Travel
56%	65%	N/A	⬇	55%	55%	N/A	⬆	23%	22%	N/A	⬆

Ref	Milestones	Quarterly progress
CED01b	Complete RAG categorisation process for all EYFS settings by October 2015 and identify actions, including levels of support and intervention, required to improve inspection outcomes.	✔
CED01c	Based upon data analysis and feedback from the Cross Service Monitoring Group undertake categorisation process for all schools by October 2015 and identify actions, including levels of support and intervention, required to improve inspection outcomes.	✔
CED01d	Instigate a dialogue with Ofsted and LEP leads to inform commissioning statement priorities.	✔
CED05a	Undertake a review of outcomes for Early Years.	✔
CED05b	Conduct the annual analysis of school performance data for all primary, secondary and special schools during September to December 2015 (with further reviews undertaken at key points in the performance data release cycle).	✔
CED05c	Ensure appropriate deployment of school improvement support for identified schools and settings, including school to school support as appropriate.	✔
CED05d	Develop a post 16 monitoring framework that evaluates the breadth and quality of post 16 provision with Greater Merseyside leads.	✔
CED06a	Analyse, evaluate and report end of Key Stage achievement outcomes, including success in closing the gap by December 2015, and identify areas of need and support for Children in Care, Free school meals and non-free school meals.	✔
CED06b	With schools, monitor the impact of the Pupil Premium in closing the gap between Free school meals pupils and non-free school meals pupils nationally.	✔
CED06c	Refine and evaluate the education and health care plan process with a report and recommendations produced by September 2015.	✔
CED06d	Analyse the levels of absence, including persistent absence, across all phases on a termly basis.	✔
CED06e	Analyse the outcomes for children who have accessed the 2 year old entitlement to ensure this provision is closing the gap between the most vulnerable children and their peers.	✔
CED09a	Monitor the implementation of the Care Leaver Action plan.	✔
CED09b	Monitor the implementation of the multi-agency strategy for Children in Care (CIC).	✔
CED09c	Achieve improved outcomes for children in care and care leavers.	✔

Ref	Measure	14/15 Actual	15/16 Target	Current	Direction of Travel	Quarterly progress
SCS CYP02	Proportion achieving L4+ KS2 Reading, Writing and maths		82%	79%	↓ (red)	N/A
SCS CYP16	Percentage of children in care achieving expected outcomes	N/A	N/A	Refer comment (Q3)	N/A	N/A
SCS CYP12	Identification of SEN at 'School Support'	Information is available on the Local Offer website for schools to help with identification of pupils requiring additional support. This is under review from specialist staff.				
CED001	Percentage of maintained schools with overall effectiveness of Good or Outstanding	81%	82%	85%	↑ (green)	✔
CED002	Percentage of Children's Centres with overall effectiveness of Good or Outstanding	86%	100%	86%	↔ (yellow)	✔
CED003	Proportion of children living in 10% most deprived LSOA engaging with Children's Centre services	87%	100%	87% (Q2)	↔ (yellow)	?
CED004	Percentage of Early Years settings (day care, Pre-schools, Out of school clubs and childminder) with overall effectiveness of Good or Outstanding	83%	83%	82% (Dec 2015)	N/A	N/A
CED006	Achievement of Level 2 qualification at 19	88%	88%	86% (2013/14)	↓ (red)	✖
CED007	Achievement of Level 3 qualification at 19	52%	53%	53% (2013/14)	↔ (yellow)	✖
CED008	Inequality gap in achievement at L3 by age of 19 FSM	24%	26%	24% (2013/14)	↔ (yellow)	✔
CED009	Inequality gap in achievement at L2 by age of 19 FSM	17%	16%	17% (2013/14l)	↔ (yellow)	✖
CED015	Percentage of primary schools below the floor standard	12%	4%	8% (2015/16)	↑ (green)	✖
CED016	Percentage of secondary schools below the floor standard	0%	0%	0% (2015/16)	↑ (green)	✔
CED017	Increase the percentage of pupils making at least expected progress in English from KS2 to KS4	N/A	74%	71%	N/A	✖
CED018	Increase the percentage of pupils making at least expected progress in Maths from KS2 to KS4	N/A	69%	61%	N/A	✖
CED019	Progress by 2 levels at KS2 Reading	N/A	91%	91%	N/A	✔
CED020	Progress by 2 levels at KS2 Writing	N/A	94%	93%	N/A	✖
CED021	Progress by 2 levels at KS2 Maths	N/A	92%	90%	N/A	✖
CED022	Achievement gap at KS4 5+ GCSE A*-C including English and Maths FSM and peers	24%	22%	23%	↑ (green)	✖
CED023	SEN/non-SEN achievement gap at KS2 Reading, Writing and Maths	40.0% (13/14)	33%	57.0%) (2014/15	↓ (red)	✖
CED024	SEN/non-SEN achievement gap at KS4 5+ GCSE A*-c including English and Maths	45.6% (13/14)	27%	45.6% (2014/15)	↔ (yellow)	✖
CED025	Secondary school persistent absence	2.5%	5%	1.15%	↑ (green)	✔

Ref	Measure	14/15 Actual	15/16 Target	Current	Direction of Travel	Quarterly progress
CED026	Rate of permanently exclusions from school	0.05%	0.35%	0.01%	⬆	✔
CED027	Absence of Children in Care	Locally calculated the overall attendance for children in care has increased to 93.3% Refer comment				
CED028 a	Absence of Children in Need	N/A	10%	14% (Q2)	N/A	N/A
CED028 b	Absence of Children subject to Child Protection Plan	N/A	5%	9% (Q2)	N/A	N/A
CED029	Close the gap in achievement between those previously in receipt of 2 year old early years entitlement and their peers at EYFSP	16%	12%	21%	⬌	✔
CED046	Emotional and behavioural health of Children in Care	Data available after quarter 4 year end returns.				
CED049	Care Leavers in suitable accommodation at 19, 20, 21	83%	90%	92.5%	⬆	?
CED050	Care Leavers in Education, Employment or Training	50	65%	65%	⬆	?
CED057	Percentage of pupils placed in KS1/KS2 Resource Base for a year that have made 2 sublevels progress in Reading, Writing and Maths is over 60%	0.22%	0.35%	0.05% (end of March)	N/A	✔

Supporting Commentary (key measures and notable exception reporting)

GCSE: Data indicates that there has been a slight (less than 1% decrease) in attainment. Halton's attainment is the same as national in this indicator and higher than the NW average.

Early Years Foundation Stage: The target was met. In 2015, 55% of Halton children achieved a Good level of Development. This is a 9% increase on 2014 outcomes. However, although the gap to national has narrowed by 3% (from a gap of 14%) this is 11% below the provisional national average of 66%?

Achievement Gap at KS4 GCSE 5+ A* C: The gap between disadvantaged and other pupils compared to national is 23%. Comparing the attainment of Halton's FSM cohort (40%) to all pupils (56%) there is a 16% gap compared to a national gap in the same indicator of 20%. National FSM attainment was 36% compared to 40% in Halton.

Proportion achieving L4+ KS2 Reading, Writing and maths: Halton's attainment remained at 79%. National attainment increased by 1% so for the first time Halton has failed to outperform or equal national outcomes in this indicator.

Children in Care attainment: KS2 outcomes: There were nine children in care in this cohort. All were on the SEN Code of Practice and all accessed their Pupil Premium Plus (PP+). **L4 +:** Reading – 67% Writing – 67% Maths – 56% Reading, Writing and Maths combined – 33%. **L4b+** Reading – 56% Maths – 44%
Progress from KS1-2: Reading – 2 levels progress 78%; 3 levels progress 44%, Writing – 2 levels progress 89%; 3 levels progress 33%, Maths – 2 levels progress 78%; 3 levels progress 22%, RWM – 2 levels progress 67%; 3 levels progress 11%, There has been a slight increase in the gaps for Reading and Maths but the gap has closed for Writing.
KS4 outcomes: There were 12 young people in the cohort. 11 were on the SEN Code of Practice with 4 having statements of SEN. 8 accessed their PP+, 5A*-C EM – 17%, 5A*-C – 25%, English Bacc – 8%. The gap has closed across all indicators. Pupil Progress data for comparison is not yet available.

Children's Centre inspections: No Halton centres have been Ofsted inspected since February 2014. Ofsted have currently suspended inspections as the government are launching a consultation on the role and purpose of childrens centres.

Early Years setting inspections: This figure is an aggregate of four types of provision. In December 2015 Good and Outstanding Ofsted outcomes for Day Nursery provision were 96%, a 5% increase on the previous quarter. Pre-school outcomes are 72%, After-school provision is 100% and childminder provision is 80%. The issue with pre-schools relates to the relatively new requirement for committee members to sign up to live update DBS system.

Achievement level 2 at 19: Performance identifies 86% of the 2013/14 19yr old cohort achieved this benchmark, which is slightly above performance compared to local authority statistical neighbours.

Achievement level 3 at 19: performance identifies 53% of the 2013/14 19yr old cohort achieved this benchmark, which is in line with 2014 statistical neighbour performance.

Inequality GAP L3 free School Meals: Performance for the FSM cohort increased by 2% year on year with performance of Non-FSM remaining the same as 2013. FSM cohort – 35%. Non-FSM – 59%. The gap remains unchanged year on year showing positive performance.

Inequality GAP L2 free school Meals: Performance for the FSM cohort declined slightly year on year with performance of Non-FSM remaining the same as 2013. FSM cohort – 73%. Non-FSM – 90%. The gap remains unchanged year on year.

Increase the percentage English KS2 to KS4: The percentage of pupils making expected progress declined by 1% but at 71% is 1% higher than national.

Increase the percentage Maths KS2 to KS4: The percentage of pupils making expected progress remained at 61% and is below national of 67%. Raising standards in mathematics at Key Stage 4 is a Halton and regional priority.

Progress by 2 levels at KS2 Reading: 91% of children in Halton made two levels progress in reading KS1 to KS2 in 2015, the same as 2014 and the same as national.

Progress by 2 levels at KS2 Writing: 93% of children in Halton made two levels progress in writing from KS1 to KS2 in 2015, the same as 2014 and 1% below national.

Progress by 2 levels at KS2 Maths: 90% of children in Halton made two levels progress in mathematics from KS1 to KS2 in 2015. This is a 1% increase on 2014 and is the same as national progress.

Achievement gap at KS4 5+ GCSE A*-C including English and Maths FSM and peers: At level 4+ attainment in reading for FSM pupils has risen by 2%, in writing it has fallen by 2% and in maths it has remained the same. For the combined level 4+ the gap has narrowed slightly but the target has not been met.

SEN/non-SEN achievement gap at KS2 Reading, Writing and Maths: 2014/15 Non-SEN performance = 90.6%, 2014/15 SEN, performance = 33.6%, SEN Gap = 57.0%.

SEN/non-SEN achievement gap at KS4 5+ GCSE A*-c including English and Maths: 2014/15 Non-SEN performance = 63.6%, 2014/15 SEN performance = 18.0%, SEN Gap = 57.0%.

Secondary school absence: Data up to half term 2015 there were two. Secondary schools data will be available in quarter 4.

Rate of permanently exclusions from school: Data up to half term 2015. There were two secondary School permanent exclusions and one primary school exclusion so far in 2015/16

Absence of Children in Care: Average attendance and below 85% attendance was monitored for the 12mth+ cohort in 2014-15. Summary as follows: Primary (51 children): Average% attendance = 94.21%, No <85% = 1 or 2%. This represents a slight dip in attendance this year which has been affected by the attendance of children in Reception who have been placed for adoption out of borough and who had time not in school.

Close the gap previously in receipt of 2 year old early years EYFSP: The attainment of children who had been in receipt of 2 year old funding has further improved with an increase of 5% of children attaining GLD. However the attainment of non- funded children increased by 10% resulting in a 5% widening of the gap from 16% to 21%.

Care Leavers in suitable accommodation: Three care leavers are currently in unsuitable accommodation, 2 are in custody and 1 is making his own choices about his living arrangements, with some support from his mother.

Care Leavers in Education, Employment and Training: Performance is in line with the target but this remains a challenging area. 26 out of 40 are in in EET with a significant proportion prevented from being engaged by illness and metal health issues, and parenting/pregnancy.

Percentage of pupils placed in KS1/KS2 Resource Base for a year that have made 2 sublevels progress in Reading, Writing and Maths is over 60%:

Early Years settings are reviewed and RAG rated on a regular basis and those rated as RI/satisfactory (red/amber) are targeted to receive further support, including from their link Early Years Consultant Teacher. Rag rating criteria have recently been updated in line with the new common Inspection framework.

The current school categories are being reviewed in light of the 2015 data. Following the analysis of data, and input from members of the Cross Service Monitoring Group, school categories will be agreed. The school improvement team will continue to focus their support around schools in categories C, D and E, including brokerage of school to school support as appropriate: schools requiring improvement (C); schools causing concern (D) and inadequate (E). The review of categories will be completed by the end of the October 2015 half-term. All schools will then be notified of their category and the continuing levels of support available to them.

The Liverpool City Region Participation & Skills Strategy Group (PaSS) group continues to engage with LEP regarding the forthcoming DfE Area Reviews of post-16 education and training institutions in April 2016. The outcomes from the review will inform commissioning statement priorities

Following the publication of 2015 test and assessment outcomes, a detailed analysis of **school performance** has been undertaken. This includes an analysis of the most recent data published through RAISEonline tracking attainment of all pupils.

Support for schools continues and has been reviewed in light of the most recent data. This analysis continues to inform the deployment of school and setting improvement support. Officers broker support to schools and also advise schools in a number of statutory areas including assessment and moderation.

The Liverpool City Region Participation & Skills Strategy Group (PaSS) has discussed the available **post-16** performance measures which include travel to learn patterns across the region. The monitoring framework will develop following the Post-16 Area Reviews in April 2016.

The DfE have delayed the publication of the national statistical release for **CIC data that covers educational outcomes** whilst they undertake a review of what the dataset entails. This has meant that it is not possible to complete the annual Virtual Headteacher report as use of the dataset enables benchmarking analysis. Therefore the attainment data for CIC presented in the previous quarterly return still stands as being the current picture for Halton CIC.

The **gap** data is used to support discussion between headteachers and link officers as part of their link visit. This includes discussion about the impact of **pupil premium funding**.

In 2015, 36% of funded 2yr olds attained the **Good Level of Development indicator** (GLD), which was a 4.6% rise on the previous year. However, Halton's GLD 2015 for all children was 55% and 57% for all non-funded children. This gap for GLD Halton wide has widened from 2014 by 5.5%. The gap between funded 2 year olds

and all children has narrowed within the Children Centre footprint reaches of Upton, Kingsway and Warrington Road.

2yr old funded children's attainment has improved from 2014 in the areas of Communication & Language (2.1%); Literacy (2.3%); Maths (5.5%); Understanding the World (3.3%); Expressive Arts & Designs (12%);Prime ELG's (6.6%); Specific ELG's (6.6%) and attainment of All ELG's (7.5%) and GLD (4.6%). The gap has narrowed in the areas of mathematics, Expressive Arts and Design and Prime Early Learning goals.

The **Care Leaver Action Plan** has been implemented and is being extended to include a review of Pathway Planning for these young people.

Majority of actions have been implemented and a full review of the Children in Care strategy will be complete by January 2016. Improved outcomes continue to be the focus of all work and planning for **children in care** and care leavers.

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7.0 Financial Summaries

EDUCATION INCLUSION & PROVISION DEPARTMENT

SUMMARY FINANCIAL POSITION AS 31st DECEMBER 2015

	Annual Budget £'000	Budget to Date £'000	Expenditure to Date £'000	Variance to Date (overspend) £'000
Expenditure				
Employees	7,008	5,015	4,682	333
Premises	437	94	79	15
Supplies & Services	3,891	2,097	1,995	102
Transport	5	3	3	0
School Transport	922	590	706	(116)
Commissioned Services	2,877	1,792	1,730	62
Agency Related Expenditure	1,176	885	859	26
Independent School Fees	1,541	1,522	1,522	0
Inter Authority Special Needs	252	39	39	0
Pupil Premium	174	39	39	0
Nursery Education Payments	2,995	2,813	2,813	0
Schools Contingency	1,194	276	276	0
Special Education Needs Contingency	539	395	395	0
Capital Finance	3	0	0	0
Total Expenditure	**23,014**	**15,560**	**15,138**	**422**
Income				
Fees & Charges	-425	-146	-147	1
Rent	-100	-100	-113	13

HBC Support Costs	-79	-79	-79	0
Transfer to / from Reserves	-1,078	-921	-921	0
Dedicated Schools Grant	-9,083	-8,367	-8,367	0
Government Grant Income	-2,038	-1,230	-1,230	0
Reimbursements & Other Income	-1,564	-993	-990	(3)
Sales Income	-46	0	0	0
Inter Authority Income	-578	0	0	0
Schools SLA Income	-246	-239	-246	7
Total Income	**-15,237**	**-12,075**	**-12,093**	**18**
NET OPERATIONAL BUDGET	**7,777**	**3,485**	**3,045**	**440**
Recharges				
Premises Support Costs	205	155	155	0
Transport Support Costs	295	136	136	0
Central Support Service Costs	1,855	1,278	1,278	0
Asset Rental Support Costs	5,017	0	0	0
Total Recharges	**7,372**	**1,569**	**1,569**	**0**
Net Expenditure	**15,149**	**5,054**	**4,614**	**440**

Comments

Employee expenditure is below budget to date due to vacancies across divisions including Post 16 (14-19 Entitlement), IAG (Information & Guidance) Service Provision, Education, and Inclusion. Schools Redundancy expenditure is below budget as there has been a limited call on the redundancy pot so far this financial year. The remaining underspend is due to a reduction in staff hours and staff being on maternity across various divisions.

In order to ease budget pressures there has been a conscious effort to limit spends on controllable budgets within Supplies and Services.

Commissioned Services is below budget to date within contracts expenditure due to the recommissioning of some contracts, which give an overall saving.

The School Transport budget will be significantly over budget; this is due to the demand of Special Educational Needs pupils transport provision, which is a statutory responsibility. This area is being looked at with a view to making efficiencies but to have minimal disruption to the provision being provided.

Budgets will be monitored closely for the remainder of the financial year and it is expected that net spend will remain below budget overall at year end.

EDUCATION INCLUSION & PROVISION DEPARTMENT

SUMMARY FINANCIAL POSITION AS AT 31ST DECEMBER 2015

	2015/16 Capital Allocation £'000	Allocation To Date £000's	Expenditure to Date £'000	Variance to Date (overspend) £'000
Asset Management (CADS)	5	3	3	0
Capital Repairs	1,013	982	982	0
Fire Compartmentation	62	52	52	0
Asbestos Management	20	10	10	0
Schools Access Initiative	75	39	39	0
Education Programme General	70	33	33	0
St Edwards - Basic Need	35	6	6	0
Inglefield – Basic Need	12	0	0	0
Fairfield - Basic Need	179	67	67	0
Responsible Bodies Bids	475	221	221	0
Halebank	30	2	2	0
St Bedes Junior – Basic Need	4	4	4	0
School Modernisation Projects	460	354	354	0
Ashley School -ASD Provision	12	12	12	0
Two Year Old Capital	183	107	107	0
Universal Infant School Meals	2	1	1	0
Hale Primary	10	0	0	0
Ditton Primary	25	0	0	0
Grand Total	**2,672**	**1,893**	**1,893**	**0**

Comments

Asset Management (CADS) works will continue on an ad hoc basis as will the Education Programme (General Works) with any Emergency Health & Safety issues. Fire Compartmentation works are scheduled to take place February 2016.

For Capital Repairs the work is expected to be completed by the end of the financial year.

Ashley, Inglefield and St Bedes Infants projects have been completed; however Inglefield's costs have not been received. St Edwards is only at planning stage and Hale works are scheduled to start in spring.

Fairfield Primary is still at the design stage, but ICT equipment has been purchased. The majority of the works will be take place in 16-17, with completion in 17-18.

All other projects are expected to be completed by the end of the financial year.

8.0 Appendix 1 – Explanation for use of symbols

8.1 Symbols are used in the following manner:

Progress		Milestone	Measure
Green	✔	Indicates that the milestone is on course to be achieved within the appropriate timeframe.	Indicates that the annual target is on course to be achieved.
Amber	?	Indicates that it is uncertain or too early to say at this stage whether the milestone will be achieved within the appropriate timeframe.	Indicates that it is uncertain or too early to say at this stage whether annual target is on course to be achieved.
Red	✖	Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	Indicates that the target will not be achieved unless there is an intervention or remedial action taken.

8.2 Direction of Travel Indicator

Where possible measures will also identify a direction of travel using the following convention:

Green	⬆	Indicates that performance is better as compared to the same period last year.
Amber	⬍	Indicates that performance is the same as compared to the same period last year.
Red	⬇	Indicates that performance is worse as compared to the same period last year.
N/A		Indicates that the measure cannot be compared to the same period last year.

8.3 Key for Operational Directors

WR   Wesley Rourke, Operational Director, Economy Enterprise and Property Service (EEP)
AMc   Ann McIntyre, Operational Director, Education, Inclusion and Provision Service (EIP)
TC   Tracey Coffey, Operational Director, Children and Families Service (CFS)