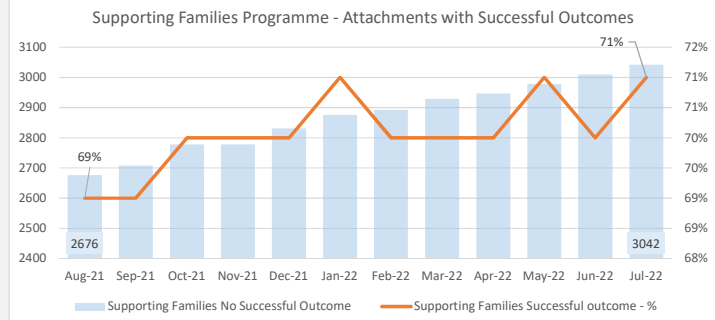
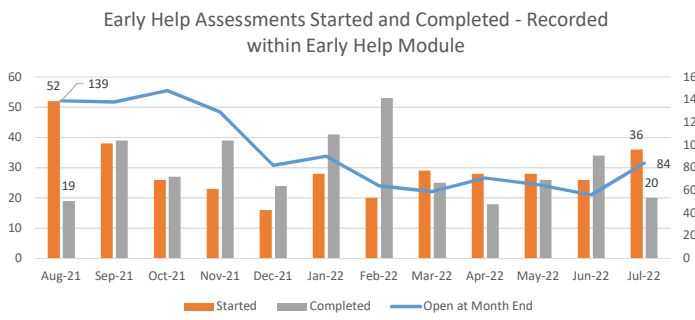
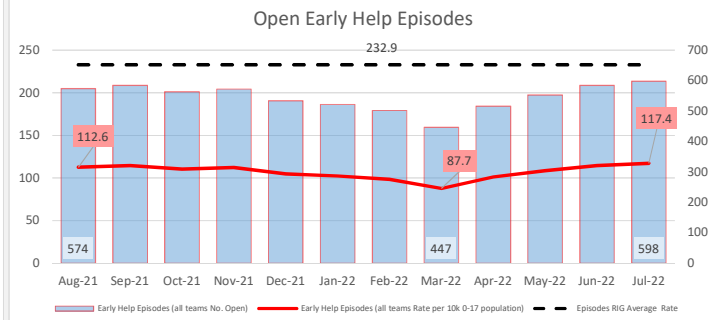
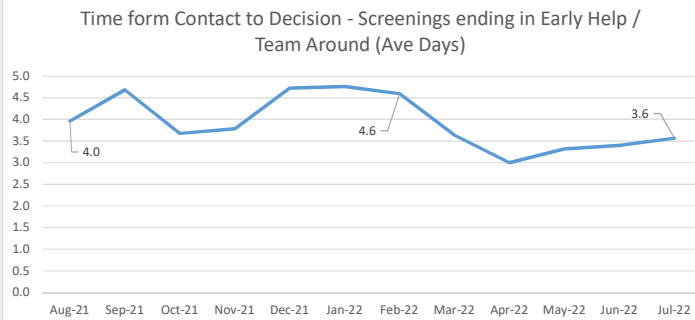


Summary Performance Charts



Commentary

• Time from contact to decision within EHAP screening has reduced since January 2022. On average the time from contact to decision is between 3-4 days. EHAP timescales are 5 working days so therefore this is within this meaning the majorities of families are receiving contact from EHAP and a decision is made within this period. It is worth noting that EHAP changed the timescales from 7 working days to 5 working days in January 2022 to ensure that families received a quicker response from point of contact at the front door.

90% of Referrals to panel do not have a EHA, this is due to the referral type of emergency services: Police, Ambulance or self-referral and anonymous. Where appropriate other agencies are explored to start the Early Help Assessment as they have a relationship with the child and family in the first instance. However, we still find partners are not completing the Early Help Assessment at the earliest opportunity which has caused drift and delay where issues have escalating to emergency services being called and then referred in or where parents are being told to self-referral. This is where issues escalate and families move into crisis.

Open Help episodes: This data is children being supported through Early Help, (which will also include families supported by ISCAN), this is counted through episodes on each child (each child is only counted once but there may be multi episodes open- chronology, EHA / TAF, SIP etc.). This is the number of children we are working with on EHM. If the this is joint worked this will be recorded on LCS meaning the threshold for statutory intervention is met. therefore this figure shows the number of Early Help cases without statutory services required. The lowest figure being 447 and the highest being 598. Lower figures were seen in March due to staff movement, which quickly increased following a recruitment drive.

We are seeing an increase due to the effects of the pandemic and other service knock on effect of waiting list - i.e. mental health, Domestic abuse, neurodiversity diagnosis.

Early Help teams also provide interventions to families open to CSC (recorded within LCS), to promote families moving down the Threshold continuum either as a step down to TFT or directly to universal services, this currently makes up 1/4 of Early Help (TFT) caseloads.

Early Help teams provide a duty response service, both during the day and out of hours, (Evenings and weekends). This has been fully utilised with 513 duty requests being completed within the past 12 months (Sept 21- Aug 22).

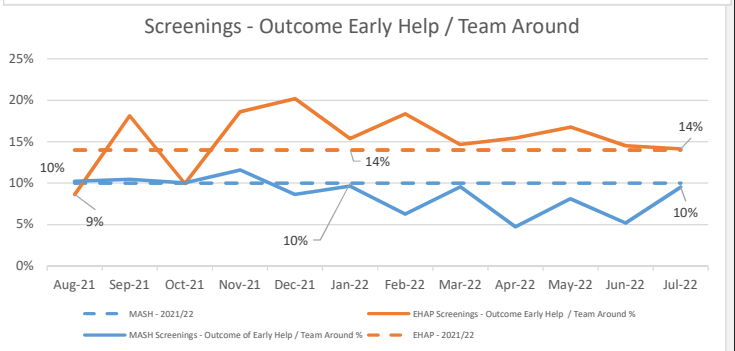
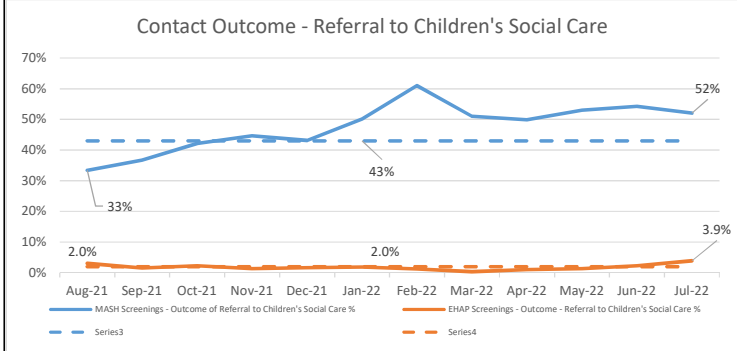
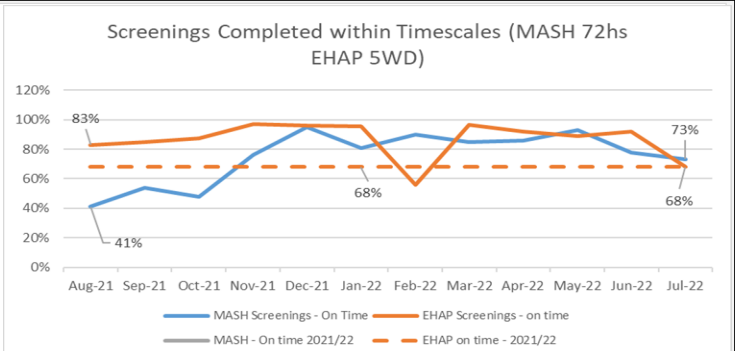
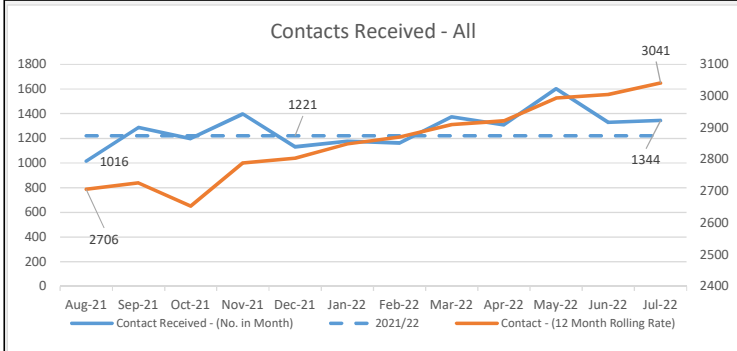
Early Help Assessments started and completed - Peak times for referrals are when schools break for summer, as we take on more Early Help Assessments to ensure support is provided, no drift and delay on cases. Manual data gathering to ensure all Early Help Assessments are completed within 45 days following on from Consent given. Dependant when they are within the month, the completed date would roll into the next month. The top presenting issues including: Parenting capacity, Neglect and Poverty, Mental Health and domestic abuse or interfamilial abuse. Family Intervention workers use SIP plans for cases when they are not lead professional or where this is joint worked with Children's Social Care. Early Help Assessments have decreased within Family Intervention teams due to agencies now starting to complete these following the pandemic, Family Intervention workers are supporting more CIN interventions and joint working, Early Help teams are taking higher level 2 cases to meet demand while supporting other agencies to provide low level intervention to families.

The lowest figure for EHAs started was 16, the highest 52 within a month period. This is dependent on the time of year - school holidays and the return of children to school, capacity within other services and the level of need – higher level 2 or an the referring agency start the Early Help assessment, meaning we will complete interventions alongside, support gathering information for the EHA and record on the SIP.

If you compare the data in slide 2 and Slide 3, this shows that more agencies are completing Early Help Assessment, with Early Help services only completing around 30% overall. However, the number of SIPs has increased where we are working alongside partner agencies completing required interventions to manage the family within Early Help and prevent escalation. The number also includes TAF meetings following on from Early Help assessments.

Supporting Families programme: There has been a steady increase in working with families who meet the Supporting Families Programme criteria. There are some cases where Early Help support is required but these do not meet the criteria, however we do close cases on this reason, therefore are not criteria lead for supporting families within Early help, it's what support is needed at the right time for families. However, We have increased from 69% of cases where claims for the supporting families were made to 71% from this we know we are working with our most vulnerable families. As the Supporting criteria has changed, this will allow us to work with claim for more families, but also looks at the sustainability of good outcomes for families. The figures shown include Early Help intervention teams and the commissioned service Inspire. TMBC is on track to meet the 2022/23 Supporting Families programme targets with 3112 successful outcomes from 4394 attachments. Sustained successes lasting to 6 months post-closure to be calculated from October 2022.

Summary Performance Charts



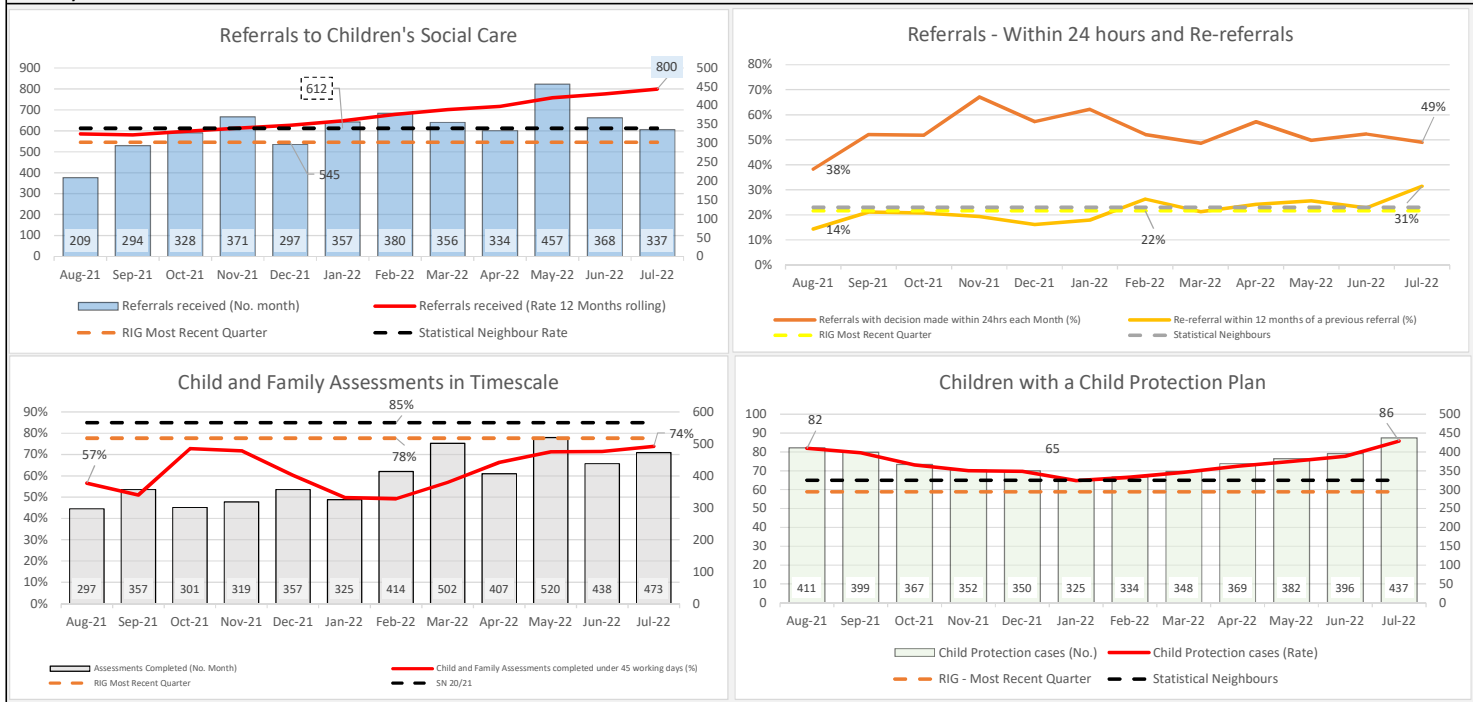
Commentary

Time from contact to decision within EHAP screening has reduced since January 2022. On average the time from contact to decision is between 3-4 days. EHAP timescales are 5 working days so therefore this is within this meaning the majorities of families are receiving contact from EHAP and a decision is made within this period. It is worth noting that EHAP changed the timescales from 7 working days to 5 working days in January 2022 to ensure that families received a quicker response from point of contact at the front door.

Outcome from Early Help / Team Around – As in Slide 1 of Early Help, 90% of Referrals to panel do not have a EHA, this is due to the referral type of emergency services: Police, Ambulance or self-referral and anonymous. Where appropriate other agencies are explored to start the Early Help Assessment as they have a relationship with the child and family in the first instance. However, we still find partners are not completing the Early Help Assessment at the earliest opportunity which has caused drift and delay where issues have escalating to emergency services being called and then referred in or where parents are being told to self-referral. This is where issues escalate and families move into crisis. If EHAs were completed at the earliest opportunity or support provided at the earliest opportunity less referrals would go to MASH as the outcome, as using the SOS model we would know what support networks, what's working well etc. to have no involvement or the right level of involvement around risk and S47.

- EHAP timescales have remained consistently above 90% within 5 working days. This is from the point of contact being created until the decision is made in respect of the outcome/plan for the family. In July EHAP saw a drop in timescales to 68% due to a system upgrade in which the system was unavailable for 3 days. During this time EHAP used the contingency plan to continue to contact families/professionals etc. and update the system once available.
- Within EHAP staffing capacity and an increase in contacts/screenings have made it difficult at times to stay within timescales however there is an initial and final case management decision and if further information is needed to determine threshold/risk/support then the narrative is added to the system to provide a rationale to remain open to ensure the family is receiving the right support and to prevent escalation where possible.
- EHAP consistently refer below 2% of referrals screened to Children Social Care for assessment. In July we saw an increase in referrals stepped up to Childrens Social Care from EHAP (3.9%). Following this the EHAP will dip sample some of these cases to explore the initial CMD and final CMD and any learning from this. Workshops are then completed by managers with staff to explore any findings.
- On average approximately 15% of referrals are referred to the EH Panel for support at Level 2 when other options have been explored. Other pathways are in place following screening in EHAP. The main outcome in EHAP is information and advice, followed by referral to other agency, such as, parenting, bridges, outreach, voluntary sector etc. Panel is then the next outcome used when family support is recommended and Team Around the Setting is increasing as the offer is rolled out to all settings in Tameside.

Summary Performance Charts



Commentary

Referrals to Children's Social Care

In response to managing higher numbers of referrals to Children's social Care, the Duty teams have been re-aligned to working borough wide, instead of neighbourhoods to give them "time out" from Duty to undertake assessment work and not have competing demands. The Duty teams work to a rota and when on Duty work within the MASH to support a more joined up service. This has only been in operation for 6 weeks but already referrals are reducing and workers are less stressed, feeling more "on top of their work"

Timeliness of C+F assessments

During the last 3 months, when we saw a peak in referrals to CSC, we have concentrated our efforts in trying to ensure that appropriate threshold decisions are made allowing children and families to be seen at the right time by the right professionals. This means that more families where an assessment has led to no further involvement by Children's Social Care will be supported by interventions through an early help offer. This in turn, will ensure social workers' have lower caseloads which support a better quality of work as well as ensuring that assessments are more timely. Timeliness of assessments will start to improve now that the backlog of assessments are completed (mainly incurred from May's peak) whilst scrutinising children's plans and analysing risk more children have become subject to a Child Protection Plan. This has been in response to some children needing a more formal structure in order to manage risks but equally more confidence in risk management has meant de-escalating from legal processes

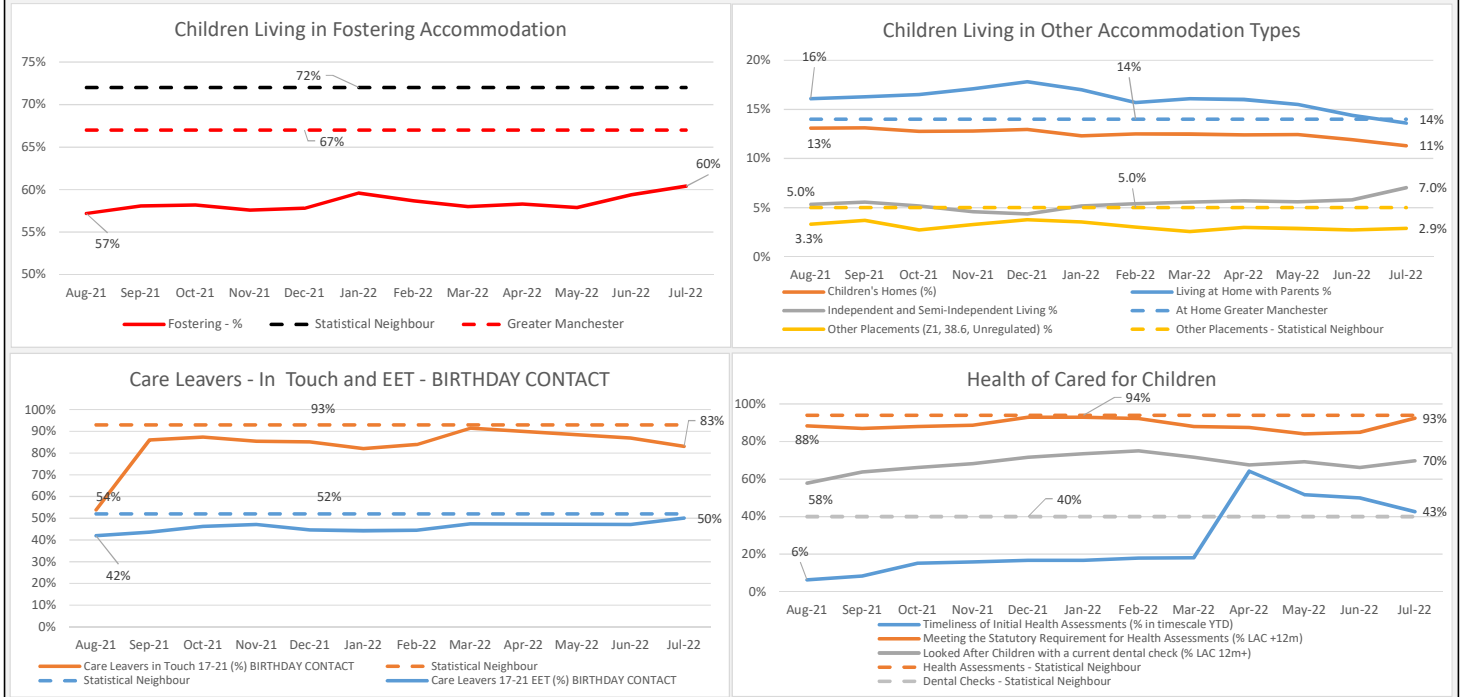
Referrals - Referrals within 24 hours and Re-referrals

- Timeliness of referrals has improved during the past 12 months and has fluctuated against demand and capacity which the graph demonstrates.
- Re-Referral rate varies month on month aligned in some months with Statistical neighbours who remain consist. The following year average sets us above stat neighbours.

Children with a CP plan

- Children subject to a Child Protection Plan has increased by 45% in the first 4 months of 22/23 compared to 21/22, there has subsequently been a 29% increase in the number of conferences held. This aligns with an increase of incoming referrals.
- Children subject to Child Protection plans - increased by 34% to 437 from 325 in January 22. Tameside has a high rate in NW and is above statistical neighbour average.
- Work is currently taking place to explore threshold application at the point of section 47 to ensure consistency alongside robust Child in Need and Safety Planning. There is a small percentage of Children considered at conference where a child Protection plan is not identified as not being required and safety planning is agreed in the form of a robust Children in Need plan.

Summary Performance Charts



Commentary

Children living in fostering accommodation

• In Tameside, 60% of our cared for children are living with foster carers which is a positive increase. Where children cannot remain living at home with parents, children living with a family is always the preference we would want for our children as corporate parents.

Children living in other types of accommodation

- Children’s homes – 11% of young people currently live in Children Homes. This has reduced by 2% in the last year. A number of children living in children homes have been unable to live within a family at this time due to the complexities of their need and work is ongoing to explore permanence plans that continually looks at the possibility of young people returning to family living.
- Independent and semi-independent – These placements have increased from 5 to 7% in the last 12 months. This reflects the growing number of Young People transitioning to leaving care and preparing for independence support via pathway planning.
- Other placements – are down from 3.3% to 2.9% and is lower than statistical neighbours. This category includes children where Court have directed the Local Authority to place the children with their parents or carers where we have not assessed or approved.

Care Leavers in touch and EET – Birthday contact

- The number of care leavers in touch has risen in the last year from 54% to 83%. For those where in touch has not occurred there are a number of reasons, this is in line with wishes of the young person, moved out of area or no longer wish to engage with the Service..
- Care leavers in Employment, Education and Training (EET) have increased in the last 12 months from 42% to 50% post COVID lockdown, this figure aligns with statistical neighbours. There is dedicated and focused work being undertaken in this area to increase the number of Young people in Education and employment and this includes activity via; Positive Steps, the Princes Trust, Rio Ferdinand foundation, routes to work.

Health of Cared for Children

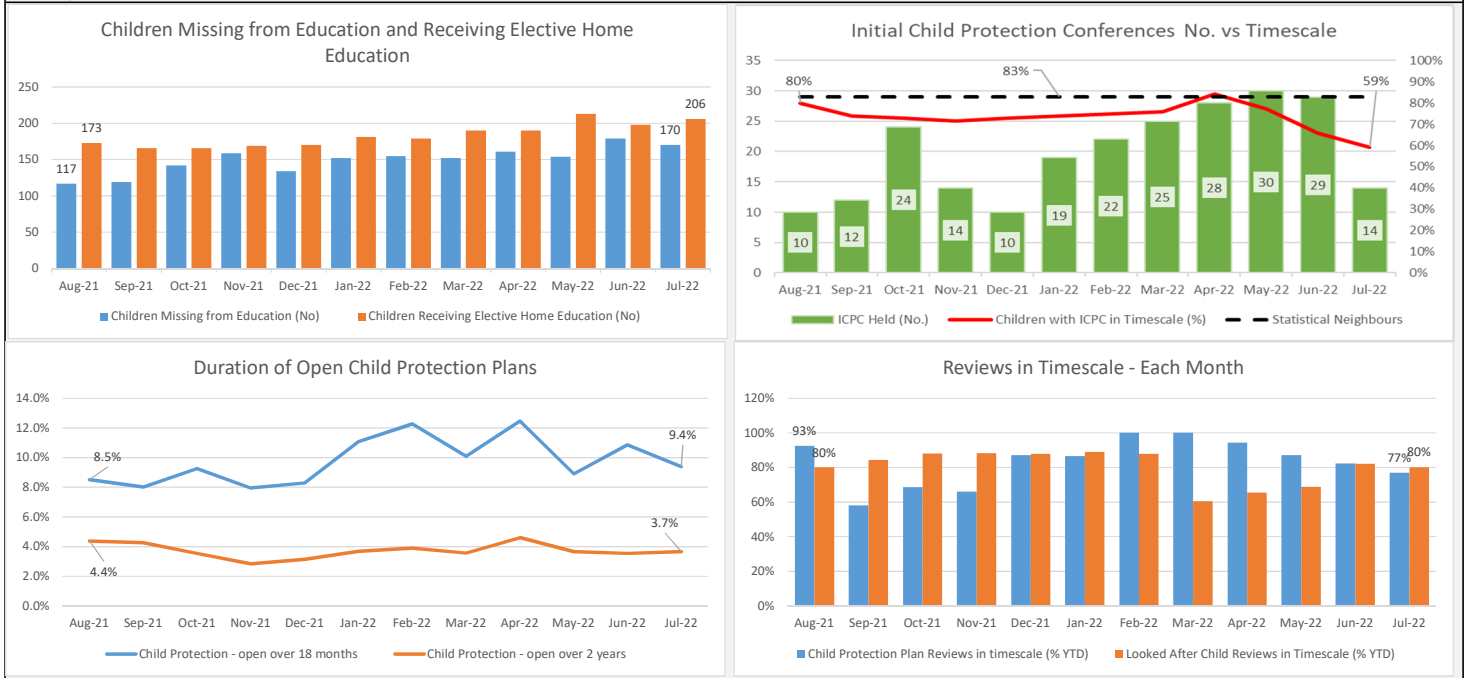
Timeliness of health assessments - 93% of Review health assessments are completed on time. This aligns with statistical neighbours. Timeliness of initial health assessments has improved over the last 12 months from 6% to 43% however there is ongoing work to reconcile Health and Children’s Social Care records which is a manual exercise but recognise this figure will improve when aligned to health performance.

Dental checks

70% of cared for children are recorded as having up to date dental checks. Some young people decline to attend the dentist. Work is to explore the reasons for further outstanding checks. The LA practice in this area is 27% above out stat neighbours. It is well recorded nationally the difficulty in accessing NHD Dentists and Tameside have developed a specific path way for Cared for Children.

- Children living at home with parents on Care Orders is down from 16 to 14% which is positive and reflects the focus on permanency planning. The LA is comparable to statistical neighbours in this area.

Summary Performance Charts



Commentary

Children missing from Elective Home Education

There has been a steady rise in the number of Children who are electively home educated. All local authority areas have seen a rise in this figure following Covid Lockdown and children being educated at home. The education team and Childrens Social Care (CSC) have clear lines of communication to ensure there is oversight and agreed supportive actions where children have been or are open to CSC. There is a tracker in place and the cohort are reviewed together with CSC on a 6 weekly basis.

Initial Child Protection Conferences v Timescales.

- Initial CP conferences –Timeliness had decreased during July. Children subject to Initial Child Protection Conferences have increased by 45% in the first 4 months of 22/23 compared to 21/22, there has subsequently been a 29% increase in the number of conferences held.
- Children subject to CP plans – increased by 34% to 437 from 325 in January 22. Tameside has a high rate in NW and is above statistical neighbour average
- This aligns with an increase of incoming referrals. This has added pressure to some system and process issues linked to timely notifications with a direct impact on timeliness. Additionally there has been pressures linked to vacancies, staff turnover and increased Designated Officer Activity (Investigation of allegations). Action has been taken to address these matters within relevant services via recruitment and the strengthening of processes, this is improving practice in this area.

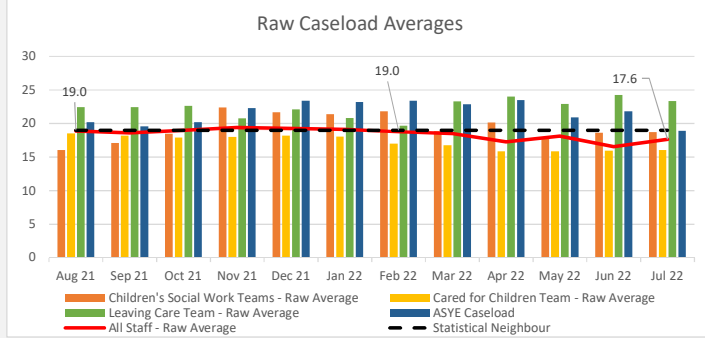
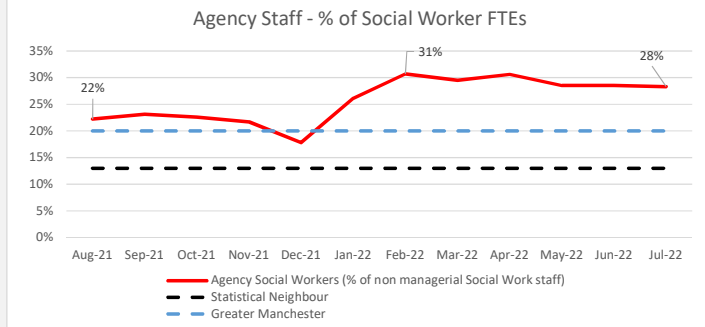
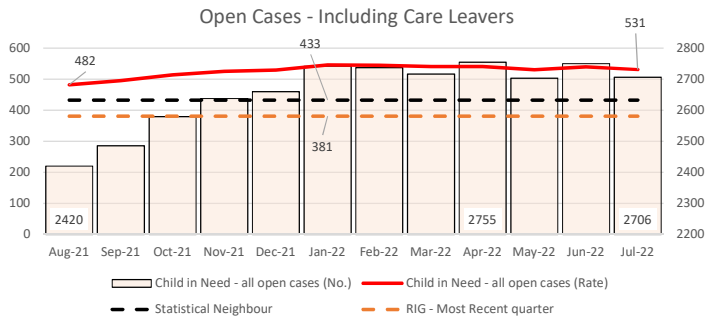
Duration of CP plans

- There are 11.1% of CP plans that have been in place for beyond 18 months – 2 years. The reasons for the duration of the plans are linked to ongoing Public Law Outline processes and have monthly oversight of Service Managers re progress.

Reviews in timescales

- There have been some capacity pressures within the Child Protection system that have impacted the timeliness of reviews, as outlined at point 2.
- Timeliness of Cared for Children Reviews – The LCS System and Pathway processes have been reviewed to ensure that Cared for Children review activity is recorded in a timely way.

Summary Performance Charts



Commentary

Open cases

• Overall case numbers have decreased significantly as the staffing situation has improved and although still above statistical neighbours, the gap has narrowed with Tameside at 478 per 10,000 population and statistical neighbours at 398 per 10,000 population.

Agency Staff

• Out of a total of 136 FTE Social Work posts, 28% are agency which represents a slight reduction and is 10% higher than the Greater Manchester Average however, we are aware within that average, some GM Authorities have a higher percentage. It is also worth noting that since January, 15 agency social workers have converted to become permanent

Children with 3 or more Social Workers

• As the staffing situation has improved, this in turn has led to more stability and less churn of staff resulting in less changes of social worker for children.

Raw Caseload Average

• As the number of overall cases has reduced this in turn has led to a reduction in the average case load for social workers, which has reduced from 19.0 in August 2021 to 17.6 in July 2022.