

CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP

Venue: Town Hall,
Moorgate Street,
Rotherham. S60 2TH

Date: Wednesday, 22nd May, 2013

Time: 2.00 p.m.

A G E N D A

1. Apologies for Absence.

For Decision:-

2. Minutes of the Previous Meeting held on 20th March, 2013 (Pages 1 - 8)
3. Matters Arising.
4. Issues and Concerns

For Discussion:-

5. Children and Young People's Voice (Pages 9 - 29)
 - Sue Wilson to present
6. CYPP Action Plan (Pages 30 - 46)
 - Sue Wilson to present
7. 'Once upon a School Project'
 - Presentation by Deborah Bullivant
8. Transforming the Early Help Services and Support Families (Pages 47 - 52)
 - Jenny Lingrell to present
9. Y&H Regional Health and Wellbeing Action Plan (Pages 53 - 60)
 - Dorothy Smith to present
10. Commissioning Priorities (CYPP Link) (Pages 61 - 66)
 - Claire Burton to present
11. Disabled Children's Charter - National and Local Commitments (Pages 67 - 92)

- Clair Pyper to present

For Information:-

12. Minutes of Rotherham Local Safeguarding Board (Pages 93 - 110)
13. Any Other Business.
14. Dates of Future Meetings
 - 17th July, 2013
 - 18th September
 - 20th November
 - 22nd January, 2014
 - 19th March
 - 21st May
 - 16th July

All meetings to commence at 2.00 p.m. to be held in the Town Hall

CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP
Wednesday, 20th March, 2013

Present:- Councillor Lakin (in the Chair); Alison Davies, Karen Etheridge, Sarah Graham, Juliette Greenwood, Jason Harwin, Alan Hazell, Shaun Hill, Martin Kimber, Shona McFarlane, David Polkinghorn, Clair Pyper, John Radford, Dorthohy Smith, Helen Talbot, Joyce Thacker, Paul Theaker, Janet Wheatley, Kelly White, Sue Wilson and Sarah Whittle.

Apologies for absence were received from Julie Mott, Susan Skalycz and Chrissy Wright.

197. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 23rd January, 2013, were considered and approved as a correct record.

Further to Minute No. 191(5) (Families for Change), it was noted that a report would be submitted to the next meeting.

198. ISSUES AND CONCERNS

Looked After Children's Council/Youth Cabinet

There had been a piece of joint work for the Safeguarding Children's Board the previous week.

The main themes were not so much as what was happening in the home but what was happening outside the home, particularly in parks, and concerns about public transport, travelling from A to B. The issue of transport had been raised in another meeting with Elected Members.

As a follow up from the Eleven Million Take Over Day, a meeting was to take place with the Manager of the Rotherham Transport Interchange to look at young people and issues of safety. The Police were also looking at commissioning work at the Interchange and some members of the Youth Cabinet were going to visit with the Police. Some of the young people were to attend a Young Peoples' Bus Summit and also meet with representatives from other local authorities.

Young Carers Card

The Card was for those young people who, before they arrived at school/college, had to look after a relative which might mean they were continually late. They would show the Card to the teachers who would then understand the reasons for the late arrival.

It was hoped to launch the Card in May at the next Children, Young People and Families Partnership.

Parent and Carers Forum

There had been issues raised regarding respecting confidentiality and the support of the Forum for parents of the children that were referred to CAMHS. A meeting had been held with members of the Forum, RDASH and the Strategic Director to resolve.

199. Y&H REGIONAL HEALTH AND WELLBEING COLLABORATIVE - ACTION PLAN FOR ROTHERHAM IMPROVING OUTCOMES FOR CHILDREN ACTION PLAN

In accordance with Minute No. 193 of the previous meeting, Joyce Thacker, Strategic Director, presented a draft pro forma that could be used as an effective audit tool to assist agencies' self-awareness on how Rotherham was responding to improving outcomes.

Once approved, the document would be submitted to the Health and Wellbeing Board.

Discussion ensued on the document with the following points raised/clarified:-

- There was no mention of any improving health outcomes for children e.g. vaccinations
- How did it map the Performance Framework for the Health and Wellbeing Board which had 4 priorities which fit for children - Obesity, Alcohol, Smoking and NEETS. Important that they all aligned
- There had been issues raised regarding respecting confidentiality and the support of the Forum for parents of the children that were referred to CAMHS. A meeting had been held with members of the Forum, RDASH and the Strategic Director to resolve.
- There would be an accountability framework locally through the Health Protection Committees

Agreed:- That agencies provide any comments on the draft pro forma before 28th March, 2013.

200. ROTHERHAM REPORT CARD

Joyce Thacker, Strategic Director, reported that work had been taking place on producing a "Report Card", an annual report of the work of the Partnership. The report submitted was a draft for members of the Partnership to comment on the content. It was hoped to have the 2012/13 report by June, 2013.

Sean Hill, Commissioning Officer, reported that it had been based on the Annual Account produced by Adult Services. It was split into 7 sections:-

- What are Children and Young People's Services

- How are Children and Young People’s Services viewed externally and locally?
- Key facts about how money is spent in Children and Young People’s Services
- What customers think about the Services we deliver
- How we improve outcomes for Children, Young People and Families in Rotherham
- Our Plans for improving Services
- Strategic Commissioning

The 2012/13 document would include the work that had been undertaken on gathering the voice of children and young people.

Discussion ensued on the document with the following issues raised:-

- Who was the target audience?
- Need to be smarter in publicising the good news stories and not waiting for an annual report
- Should the National Commissioning Board be represented on the Partnership?
- How did it fit with the Children’s Plan and Plan on a Page?
- Going forward the document would reflect the Health and Wellbeing Strategy, work with partners, priorities of the Health and Wellbeing Board
- Single agency approach to enable customers to hold you to account with inclusion of a section on partnership
- Comprehensive Spending Review and the implications for local councils

Agreed:- (1) That the document be a single agency document.

(2) That a Partnership section be included illustrating some of the key successes of the Partnership.

(3) That success stories be publicised as they happen rather than waiting until the year end.

201. CHILDREN AND YOUNG PEOPLE'S PLAN

Sue Wilson, Performance and Quality Manager, gave the following powerpoint presentation:-

- The Authority no longer had to produce a Children and Young People’s Plan
- The Partnership had developed 1 around its joint key priorities and linked it with the Health and Wellbeing Strategy plan on a page style
- “Working together to improve the lives of all Rotherham’s children and

young people”

We are responsible for all Rotherham children and young people in our care or who had unmet needs

The voice of children and young people will be listened to and acted upon

All children and young people will get support early to stay healthy

All children and young people will have the opportunity to adopt healthy lifestyles

All Rotherham learners will achieve; no one will be left behind

We will challenge any inequality

- Our Vision for Rotherham
 - Keeping children and young people safe
 - Prevention and early intervention
 - Tackling inequality
 - Transforming Rotherham learning

- Needs Assessment
 - Needs highlighted in the Health and Wellbeing Strategy/Joint Strategic Needs Assessment:-
 - Low birth weight and high infant mortality
 - High smoking rates in pregnancy
 - Low breastfeeding rates
 - High teenage conceptions
 - High obesity rates
 - Low attainment, skills and aspirations
 - Low levels of physical activity
 - High rates of emotional, behavioural or attention deficit disorders
 - High levels of worklessness and benefit culture
 - High emergency admissions
 - Meeting the needs of increasingly diverse minority ethnic and migrant communities
 - High levels of oral disease
 - “many families feel trapped in a cycle of poverty with little prospect to escape”

- Our Priorities
 - We will ensure children have the best start in life
 - We will engage with parents and families
 - We will reduce the harm to children and young people who are exposed to domestic abuse, alcohol and substance misuse and neglect
 - We will work with partners to eradicate child sexual exploitation from the borough
 - We will focus on all children and young people making good progress in their learning and development
 - We will target support to families in greatest need to help access learning/employment opportunities

Next Steps

- Develop a detailed action plan which underpins the high level plan
- Develop a performance management framework to monitor the progress of the actions in the Plan and hold all partners to account including commissioned services

Discussion ensued with the following issues highlighted:-

- A small working party of Head Teachers were working with officers who would join up at the next Head Teachers meeting. The issue of the Authority influencing how the Government sports funding to Primary Schools was spent would be raised. There was concern that the schools could be working in isolation and it was hoped that discussion around the Plan on a Page would illustrate what a difference it could make to outcomes by them getting involved
- The All Party Select Committee had been hesitant about the impact of the Pupil Premium. There were a number of vulnerable children in Rotherham and the Authority had a responsibility to ask schools how they were utilising the funding.
- There were real differences in that statutorily the Authority was responsible but it was the schools that were accountable

Agreed:- That the presentation be noted.

202. TALENT MATCH

Sara Graham reported that Talent Match had been successful in progressing to the next stage. Sheffield Futures had to develop the business plan for submission by 24th June with the outcome being announced in September. Project delivery had to be set up by 6th January, 2014.

There were funds available for consultants to develop the business plan as well as setting up a young people's consultation group.

Sheffield Futures was the lead for the Sheffield region and the Consortium lead for Rotherham; Rush House was the potential organisation from an operational perspective.

There were some areas still to be addressed and a meeting with the local Members of Parliament arranged. It was also important to have private sector presence in the initiative.

It was hoped a further report would be given to the Partnership in September, 2013.

Agreed:- That the report be noted.

203. EXCLUSION OF THE PRESS AND PUBLIC

Resolved: - That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (as amended 2006 – information relates to finance and business affairs).

204. SEXUAL EXPLOITATION

Discussion took place on the work that had taken place since the last meeting which included:-

- Fact finding visits to Bradford and Rochdale, both cities that had had similar experiences to Rotherham, on what had worked for them and the pitfalls. Very much concentrated on data analysis, correct data recording, the importance of day-to-day management and the need to look wider than Child Sexual Exploitation
- The Police and Crime Commissioner now holding bi-monthly South Yorkshire wide meetings with key players. Rotherham would be leading on the awareness of sexual exploitation across South Yorkshire and the barriers to data sharing at the next meeting
- Safeguarding Conference held in Rotherham on 8th March. A regional plan and report would be produced shortly
- Website now up and running
- Need for a Communications Strategy to keep members of the public informed of the work taking place. Would be updated on a monthly basis
- The need to get Health representation in the multi-agency team or, if not possible, a robust information sharing protocol
- How to get the voluntary and community sector better involved in the multi-agency team
- Visits had been made to the multi-agency team by Elected Members as well as undertaking Child Sexual Exploitation training. The next target audience would be School Governors and Parish Councils
- South Yorkshire Police had developed a tactical group involving the 4 local authorities due to the Force-wide issue
- The Police and Crime Commissioner had provided funding for 5 extra Detective Constables who would work across the 4 Boroughs and a data analyst for Rotherham to co-ordinate and pass information onto

partners

- Although massive improvements had been made in a very short space of time, there was still a need for steep change
- The Home Affairs Select Committee had yet to publish its report, but it was felt that it would state that multi-agency teams were the way to tackle CSE. The Blackburn and Darwin model was made up of the local authority, Police, voluntary and community sector, Health and other partners in 1 team in the same building doing the same jobs at the same time. The Authority may be open to criticism if it was not in a similar position by the time the report was published

Kelly White, Service Manager, Safeguarding, presented the draft Child Sexual Exploitation Strategy and Action Plan which had been drawn up with the influence of good practice and other models from around the country.

The Strategy covered the 3 Ps – Prevention, Protect and Pursue.

The documents had been considered by the Safeguarding Board and Improvement Panel and had been out to consultation in a very short period of time. Following a few amendments the documents would then be launched by the end of the month.

It was noted that lead responsibility for the Plan rested with the Local Safeguarding Children's Board.

Agreed:- (1) That it be noted that key messages would be produced monthly to keep Elected Members and other key partners informed.

(2) That the forthcoming launch of the Child Sexual Exploitation Strategy and Action Plan be noted together with submission to the Home Affairs Select Committee.

(3) That the Partnership's recognition of the work of Kelly White, Dave Roddis and Claire Edgar in drawing up the documents be noted.

205. CAMHS DEVELOPMENTS IN ROTHERHAM

Karen Etheridge, Assistant Director, and Dr. Alison Davies, Clinical Director, presented a report on the new service model aimed to improve patient experience of the CAMHS Service, provide timely interventions and to ensure expert advice and support was available 24 hours a day 365 days a year.

There had been no extra financial resources invested in the Service, however, the Service redesign and implementation of the model highlighted in the report enabled a more efficient and timely service for children who required mental health services.

Discussion ensued with reference made to:-

- Recruitment of staff
- Aim to have all the Service working in the community
- 4 Support Workers working around the transition from Children to Adult Services
- The service would be in place from 2nd April.

The changes to the Service would be communicated to front line practitioners, together with the change of telephone numbers.

Agreed:- That the report be noted.

206. HELEN TALBOT, RCAT

The Chairman reported that it was Helen's last meeting as she was retiring very shortly.

Helen was thanked for her input and wished a long and happy retirement.

207. DATE AND TIME OF NEXT MEETING.

Agreed:- That a further meeting be held on Wednesday, 22nd May, 2012, in Rotherham Town Hall commencing at 2.00 p.m.

Progress on gaining customer feedback & experiences

Performance and Quality Team

Background

DfE The Munro Review of Child Protection: Final Report - A child-centred system May 2011

Recommendation No 3:

*“The new inspection framework should **examine the child’s journey** from needing to receiving help, explore **how the rights, wishes, feelings and experiences** of children and young people **inform and shape the provision of services**, and look at the effectiveness of the help provided to children, young people and their families”*

Ofsted - Inspection of local authority arrangements for the protection of children - July 2012

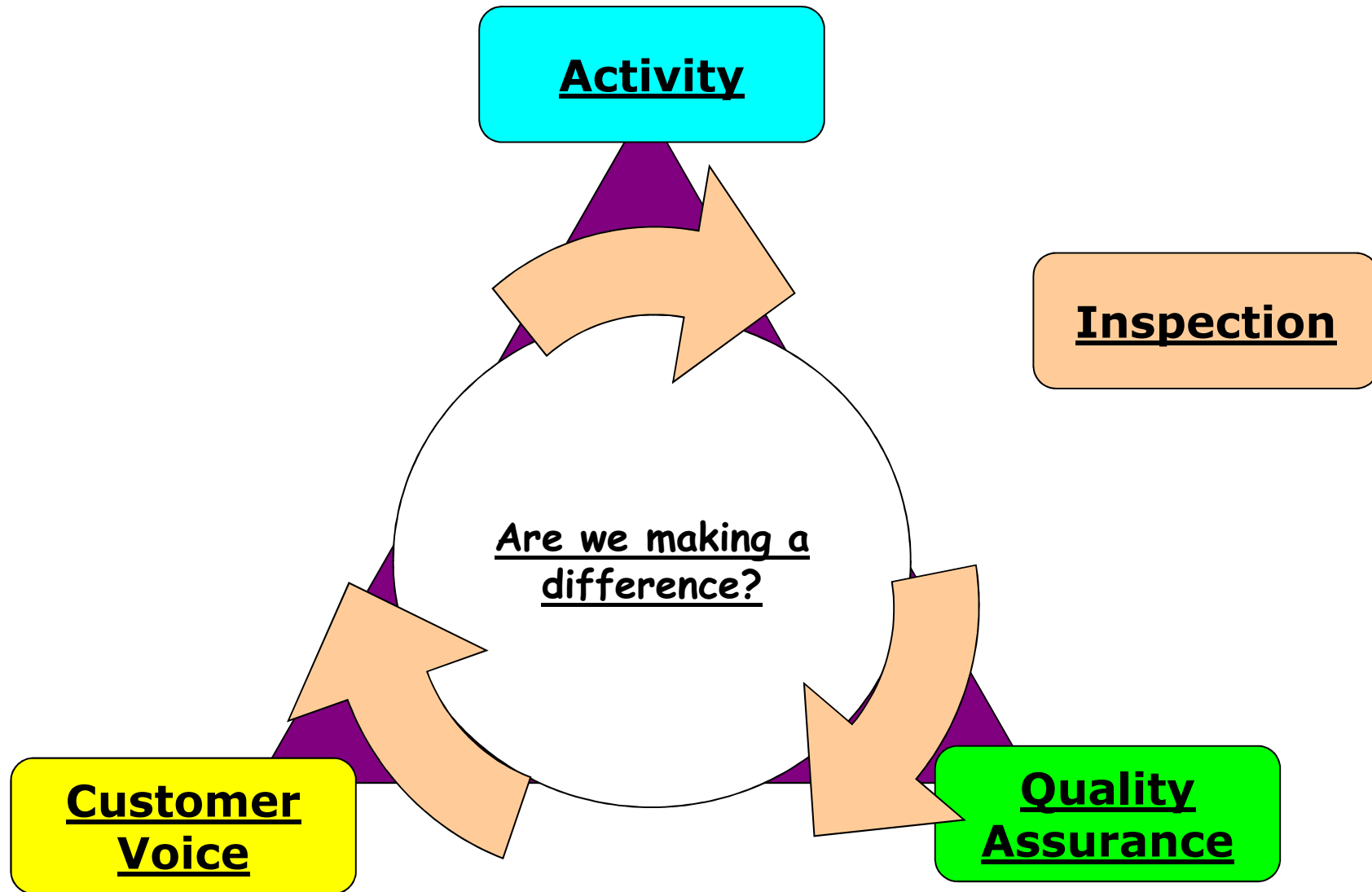
Recommendation within six months:

*“Develop and implement **systems** to collate and **evaluate feedback** from children and families subject to child protection processes and **use this feedback to inform service development**”*

Our Aims

- To develop the **“learning from customers”** culture across the CYPS
- To develop a performance management culture which is not just about targets, indicators and statistics, but where it is **also about real life experiences and outcomes**
- Where the **voice of the child, parent and family** is considered alongside statistical data, quality assurance findings, learning from complaints and finance to improve services

Children and Young People Services

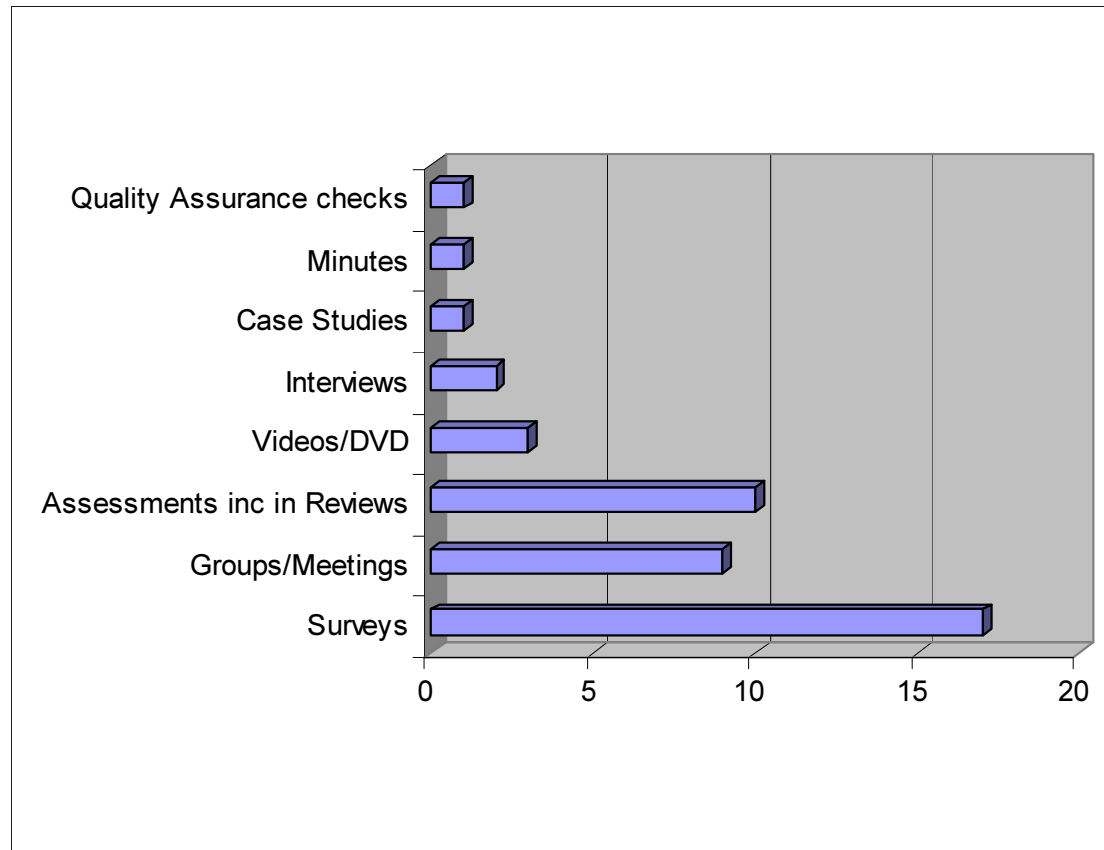


Establishing a baseline

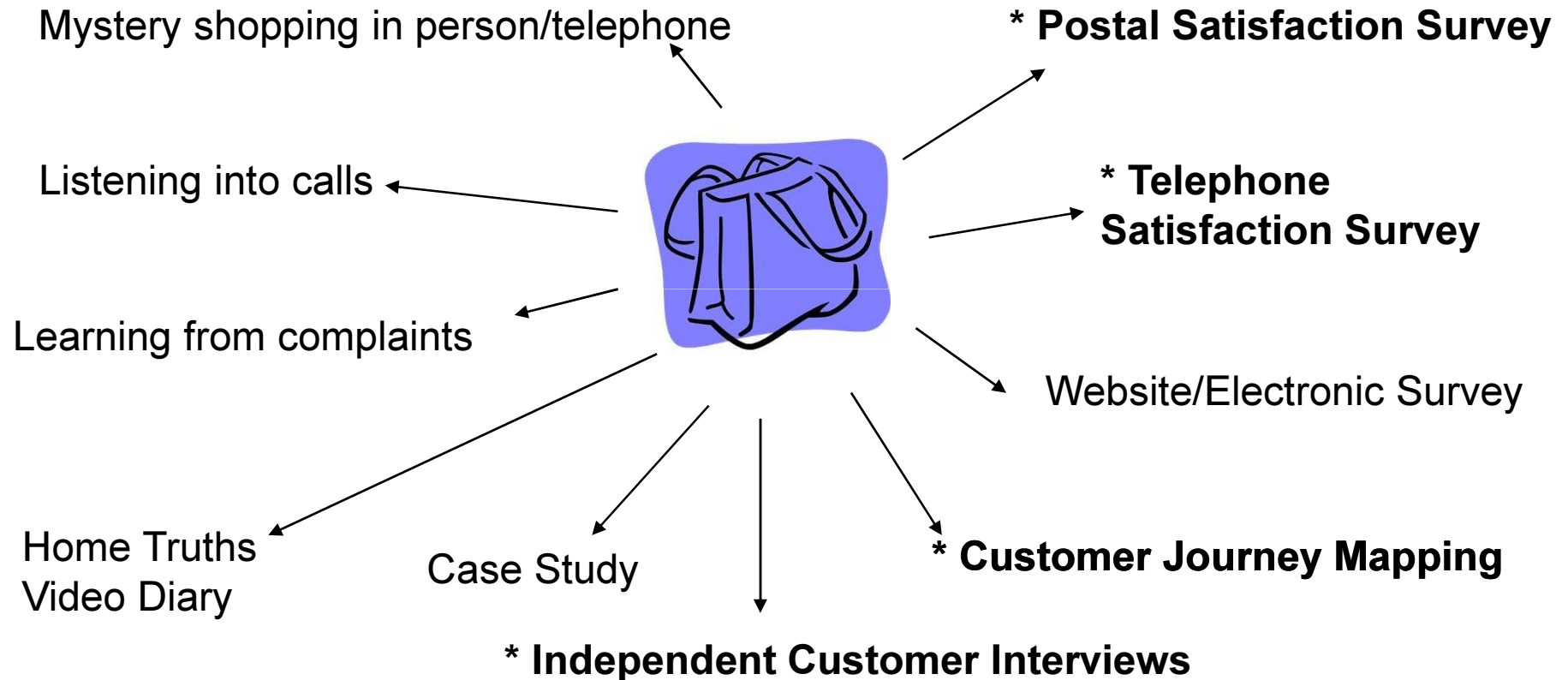
How do we currently obtain feedback?

- ❖ Every team across CYPS have now documented and reviewed (with the support of the P&Q Team) the activities they use to capture feedback from child(ren), parents and carers using our Services

How teams met with currently capture customer feedback



What is the most appropriate activity? P&Q team can support



Support focus to date

- ❖ Operational Safeguarding
- ❖ Adoption
- ❖ Fostering Recruitment and Selection
- ❖ Fostering Supervisory

Operational safeguarding

- ❖ Completed a pilot using semi-structured **face to face interviews** with families after Case Conference Reviews
- ❖ Updated questions and answers around Safeguarding on RMBC **website**
- ❖ Setup the facility for Case Conference Chairs to capture on **case notes on CCM** the child's/parents views from 1:1 meeting prior to conference (embedded)

Examples of 1:1 meeting case notes

“Child X said he was ok and didn't feel he needed a plan of protection. Discussed with Child X if he felt comfortable sharing his views in the meeting or if he wanted me to say anything on his behalf. Child X said he felt ok to say.”

“As chair of conference it was clear the children had experienced difficulties in trusting professionals in particular social care to express their feelings due to historical experiences they had”.

More activities carried out

- ❖ **Case Conference booklets** are being redesigned and now include a separate page for obtaining the views of the child(ren)/parents prior to Case Conference.
- ❖ **A text message facility** is currently being set up to give children/parents/carers a more modern and faster way to put forward their views prior to Case Conference

Adoption

- **Customer Journey Mapping**

[tracking the customers' experience of our Services from initial point of contact to completion of their journey via telephone conversations]

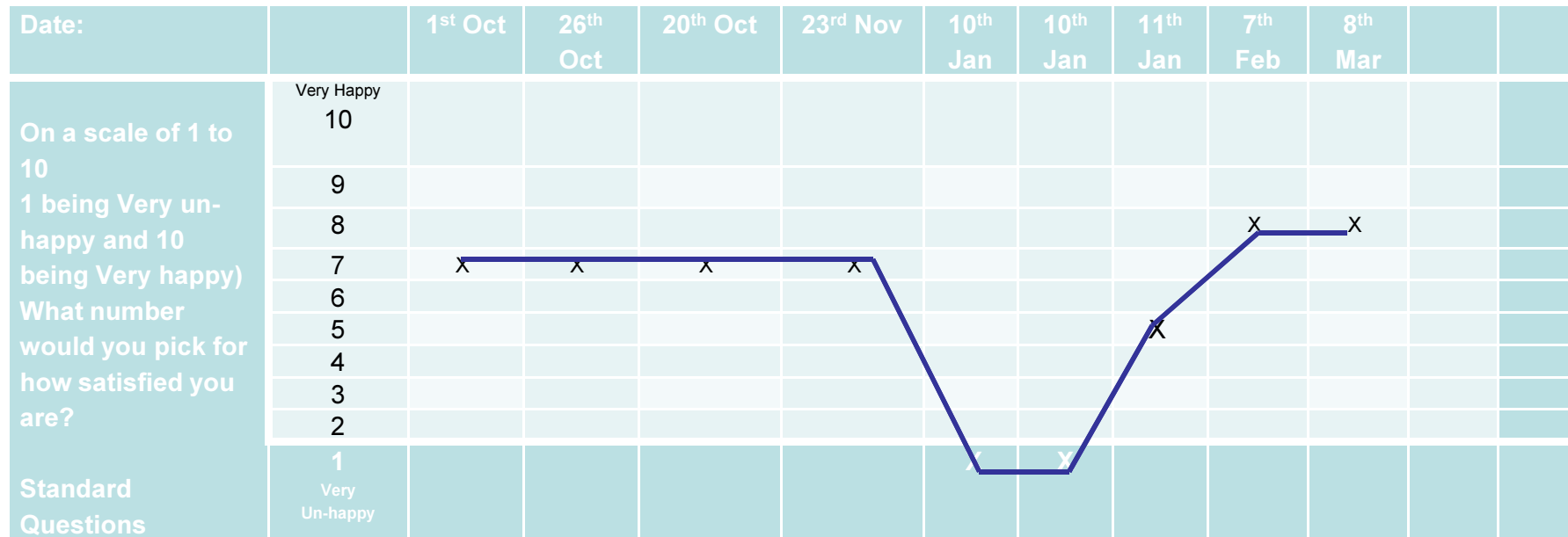
- ❖ Currently following 2 people wanting to become Adoptive Parents

1st journey started in September 2012 and went to matching panel last week
(this couple already Fostered the child from being very young)

2nd journey started in October 2012 and is due at panel in May 2013
(this couple had an agency social worker who let them down and questioned whether or not to continue adopting with Rotherham Council)

Journey Map highs and lows – Adoption

Satisfaction levels - Louisa



Key Points: Communication “Since the visit in November we heard nothing”

Customer Comments: “The whole process has made me feel I don’t want to use Rotherham and use an Adoption agency instead”

Customer activities carried out for Fostering

- **Customer Journey Mapping**

- ❖ Currently following 2 people wanting to become Foster Carers

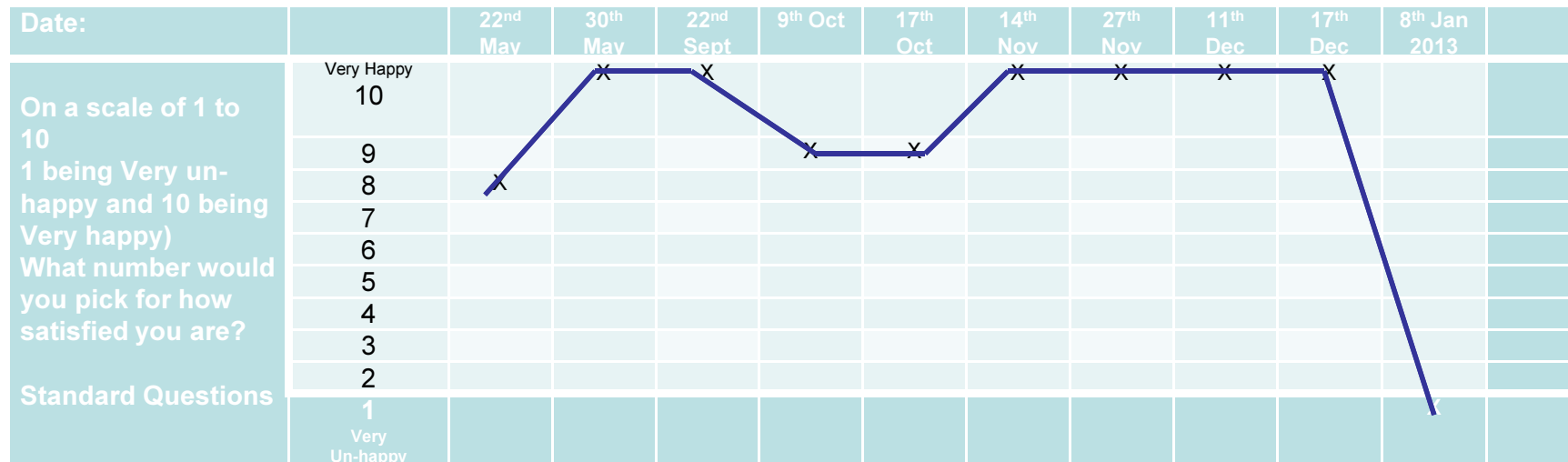
1st journey started in October 2012 and have a date for panel in May 2013.

This couple have been thinking about it for a while. They visited Rotherham Show in 2011 and revisited the show in 2012 (“They feel really good about the process so far. Their social worker is lovely and easy to chat too”)

2nd journey started in May 2012 last year but unfortunately ended in January this year due to information being withheld from the customers about their dogs

Journey Map highs and lows

Completed – Joanne & Neil



Key Points: The robustness of our assessments has proved worthwhile

Customer Comments: “We are really gutted we cannot continue but understand why the decision has been made, but the dogs are an important part of our lives”

Fostering

Over 20% of the Foster Carers registered with us have taken part in Telephone Surveys

Surveys were first carried out in September last year and every month since capturing feedback on their:

- initial point of contact
- experience at their first Panel

❖ There has been a change in the customers experience

Fostering

The Supervisory team survey focussed on:

- the foster carers expectations of fostering
- supervision and support received
- their ideas on how they would change Fostering
- what makes it rewarding for them

❖ **Changes suggested were around:**

- the lack of availability, communication and support from the child's social workers
- removing/amending/clarifying rules and regulations preventing the children from being treated as "normal" as possible (e.g bathing, hairdressers, going for tea, going on holiday)

Fostering Supervisory Telephone Survey Feedback

“when ever I phone day or night or even when she is not at work I always get her full support”

“fostering was a bit of an eye-opener”

I felt “fully prepared”

“I wished I’d done it sooner”

“they’ve been fantastic”

“had loads of support”

“the training has been very good and useful”

“it makes us do more things”

Adoption Telephone Survey Feedback

“the training was brilliant, the trainers were fantastic”

“we first contacted Rotherham in February 2012 and got approved as adopters in September”

“meeting other adopters was really good. Speaking to them about the process they have gone through was really helpful”

“the training was very intense. It really opened our eyes and made us think differently”

“I personally think the whole adoption process needs an overhaul”

“I think a buddy scheme would be a good idea. You could call someone or txt and ask questions you might not want to ask your social worker”

Next Steps:

- Services to change feedback activities accordingly
- Customer feedback to be collated by P&Q and included in performance reports
- Primarily focus should be on ‘the child’
- Evidence that we listen and act through service improvement. (*Remember Outputs vs Outcomes*)

Question posed to M2/M3 managers

Your task was to think about your **customers** and their journey:

Q1: How do you know your team is providing a **quality** service to your customers?

Q2: When is the best part of the journey to obtain feedback?

Q3: Are you using the most appropriate methods?

Q4: What improvements have you made as a result of the feedback?

Q5: What evidence have you got to show this?

Rotherham Children and Young People's Action Plan 2013 – 2016

Our Mission

... people.'

The Children and Young People's Plan has been replaced by a Plan on a Page which has been produced by the CYPS Partnership. This has been developed around six joint key priorities and is linked into the Health and Wellbeing strategy and Joint Strategic Needs Assessment.

Our Priorities

1. *We will ensure children have the best start in life*
2. *We will engage with parents and families*
3. *We will reduce the harm to children & young people who are exposed to domestic abuse, alcohol & substance misuse and neglect*
4. *We will work with partners to eradicate child sexual exploitation from the borough*
5. *We will focus on all children and young people making good progress in their learning and development*
6. *We will target support to families in greatest need to help access learning/employment opportunities*

Needs Assessment

The following are the needs highlighted in the Health & Wellbeing Strategy/JSNA

- *Low birth weight & high infant mortality*
- *High smoking rates in pregnancy*
- *Low breastfeeding rates*
- *High teenage conceptions*
- *High obesity rates*
- *Low attainment, skills and aspirations*
- *Low levels of physical activity*
- *High rates of emotional, behavioural or attention deficit disorders*
- *High levels of worklessness and benefit culture*
- *High emergency admissions*
- *Meeting the needs of increasingly diverse minority ethnic and migrant communities*
- *High levels of oral Disease*

"Many families feel trapped in a cycle of poverty with little prospect to escape....."

This action plan underpins the plan on a page and identified the high level actions, key links to existing work-streams, lead officers and delivery milestones. In addition overarching outcome measures have been selected which will allow the partnership to evidence the difference our joint working is making to the lives of children, young people and their families.

PRIORITY 1 :

We will ensure children have the best start in life

ACTION	KEY LINKS	DELIVERY MILESTONES	LEAD
(i) We will ensure that parents receive good health information, advice and support during pre-birth and preschool	<ul style="list-style-type: none"> • Alcohol consumption during pregnancy • Breastfeeding Strategy • Infant Mortality Action Plan • Maternity Action Plan • Smoking in pregnancy pathway 	<ul style="list-style-type: none"> • 	
		<ul style="list-style-type: none"> • Audits of mothers knowledge on infant feeding • Audits of professional knowledge on infant feeding • Increase in breastfeeding initiation rates (baseline 58% 2012/13) • Increase in the number of Breastfeeding Friendly Public Places in Rotherham • Increased uptake of the Rotherham Breast Buddies • Progress against UNICEF accreditation for Hospital and Community Services • The prevalence of breastfeeding at 6 – 8 weeks will increase (baseline 30% 2012/13) 	Delivery RFT – maternity and Health Visiting Early Years Strategy - Public Health Rebecca Atchinson
		<ul style="list-style-type: none"> • Increase in Safe Sleeping Action Plans completed • Increased access and uptake of Healthy Start Scheme including maternal and children’s vitamins • Reduced infant mortality rate 	Delivery - RFT – Maternity and Health Visiting Strategy - Public Health Rebecca Atchinson

ACTION	KEY LINKS	DELIVERY MILESTONES	LEAD
		<ul style="list-style-type: none"> • Fall in number of mothers who smoke at delivery (baseline 19.3% (12/13 outturn)) • Higher percentage of mothers who successfully give up smoking (baseline 45% of those who set a date to quit smoking are successful) 	<p>Delivery - RFT</p> <p>Strategy - Alison Iliff</p>
(ii) We will reduce rates of children's delayed communication and language development	<ul style="list-style-type: none"> • 'ECAT' strategies 		Early Years
(iii) We will provide support for new parents including help to develop their child's communication, social , emotional and physical development from birth.	<ul style="list-style-type: none"> • 'ECAT' strategies 	<ul style="list-style-type: none"> • The new joint 2 year old Health and Education Review involving health colleagues, children centre early years practitioners, the private and voluntary sector early education and childcare providers and parents will be piloted in the Aughton Early Years children centre reach area in preparation for a phased roll out to other areas. 	Mary Smith
(iv) We will continue to develop activities for all families that promote healthy eating and lifestyles	<ul style="list-style-type: none"> • Children's Centres • Healthy Packed Lunch Policy • Healthy Schools • Obesity Strategy 	<ul style="list-style-type: none"> • 55% of schools to implement the healthy packed lunch policy by March 2016 	Kay Denton-Tarn

ACTION	KEY LINKS	DELIVERY MILESTONES	LEAD
	<ul style="list-style-type: none"> Rotherham Play Strategy School Meals 	<ul style="list-style-type: none"> Overweight and obesity in primary school age children in reception and year 6 will decrease (measured by National Child Measurement Programme) Targets to be established in new service specifications for achievement of reduction in weight or weight maintenance for children accessing weight management services 	<p>Delivery - RFT, Clifton Lane Medical Centre, MoreLife Ltd, DC Leisure</p> <p>Strategy - Joanna Saunders</p>
		<ul style="list-style-type: none"> Improve school meal process and promote service Increased uptake of school meals Maximise health impact school meals can have on children and young people 	<p>Ron Parry</p>
<p>(v) We will ensure that every child is registered on the Child Health Information System and increase awareness with parents/carers about the childhood vaccination programme</p>	<ul style="list-style-type: none"> The childhood vaccination programme 	<ul style="list-style-type: none"> Achieve above 90% across all areas of the childhood vaccination programme – sharing vaccination uptake with staff working in early years – ensuring parents have the right information. Ensure all children are registered on the Child Health Information System. Ensure babies identified at increased risk from TB or Hepatitis B are appropriately vaccinated. Follow up DNA's to maximise protection Monitor uptake and address under performance with individual providers Work with NHS England Area Team to ensure the appropriate commissioning 	<p>Christine Atkinson (Early Years)</p> <p>Di Birkinshaw – RFT Children and Young Peoples Health Services</p> <p>Fiona Jorden (NHSE AT)</p>

ACTION	KEY LINKS	DELIVERY MILESTONES	LEAD
		of immunisation services.	Kathy Wakefield (RMBC PH)
(vi) We will ensure that every child is registered to a dentist in their local area and increase awareness with parents/carers to ensure attendance at dental health appointments	<ul style="list-style-type: none"> Levels of Oral Disease 		'HEALTH'??
(vii) We will reduce teenage pregnancy	Teenage pregnancy rates	<ul style="list-style-type: none"> Implemented targeted preventative interventions for those at highest risk of teenage pregnancy Increased access to contraception Parental engagement to assist with providing education, advice and support around relationships and sexual health 	Public Health

HOW WE WILL EVIDENCE THE DIFFERENCE WE HAVE MADE	
Breastfeeding Rates Infant Mortality Levels of oral disease Lifestyle Survey	Childhood obesity Teenage Pregnancy rates Vaccinations and Immunisations

PRIORITY: 2**We will engage with parents and families**

ACTION	KEY LINKS	DELIVERY MILESTONES	LEAD
(i) We will identify and work families at the earliest stages of need to allow them to stay empowered, to take responsibility for their own situations, to build resilience, and enable them to regain control and become independent of services.	<ul style="list-style-type: none"> • Early Help Strategy • Families for Change • Family CAF • Family Recovery Programme • Rotherham Safeguarding Children's Board 	<ul style="list-style-type: none"> • Develop a performance management framework for Early Help within the LA (August 2013) • Established an Early Help Support Panel to provide a point of escalation for "stuck" families (June 2013) • Provide an annual review of the progress made and identify gaps (March 2014) • Review the effectiveness of the Early Help Prospectus offer and report to the LSCB on partner engagement (March 2014) 	Warren Carratt
(ii) We will develop customer feedback and the voice of the child throughout the partnership ensuring their views, feelings and wishes inform future service delivery and improvement	<ul style="list-style-type: none"> • Ofsted inspection frameworks • Customer Journey/pathways • Community Engagement • Customer access 		All Partner Agencies <i>Lead??</i>
(iii) We will improve parent and carer satisfaction by implementing the Charter for Parent and Child Voice across schools and services	<ul style="list-style-type: none"> • Customer access • Customer voice 	<ul style="list-style-type: none"> • Currently have 18 schools and settings championing the Charter • Every Rotherham school and service to be working towards the Charter (in some way) by 2015 	Rotherham Parent Forum

<p>(iv) We will work together to support young carers and their families to ensure that they are identified and provided with the appropriate support</p>	<ul style="list-style-type: none"> Rotherham's Joint Action Plan for Carers 2013-2016 	<ul style="list-style-type: none"> Identify and evaluate what support Integrated Youth Support (IYS) offer young carers Promote a Family CAF to identify health needs and wider Early Help support Raise awareness in schools and in other young people's settings of support for Young Carers and of the Young Carers Service – Review September 2013 Support the Rotherham UK Youth Parliament Members in developing a Young Carers Card – Review September 2013 	<p>Showkat Ali Kay Denton Paul Theaker</p>
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<p>HOW WE WILL EVIDENCE THE DIFFERENCE WE HAVE MADE</p>	
<p>Family CAF engagement rates and outcomes Customer satisfaction</p>	<p>Customer Journey Maps Parent and Child Voice take-up and outcomes</p>

PRIORITY: 3

We will reduce the harm to children and young people who are exposed to domestic abuse, alcohol/substance misuse and neglect

ACTION	KEY LINKS	DELIVERY MILESTONES	LEAD
(i) We will develop a joint 'single message' and maximise the opportunities for an 'early intervention' approach to alcohol and substance misuse across the partnership	<ul style="list-style-type: none">• Alcohol Strategy• Health & Well Being Strategy• Rotherham Safeguarding Children's Board• School and FE College Drug & Alcohol education programmes		Public Health
(ii) Develop the work of "raising the bar" pilot to ensure that children and young people affected by domestic abuse are supported in school	<ul style="list-style-type: none">• Domestic abuse strategy• Rotherham Safeguarding Children's Board		Children & Families Safeguarding Services
(iii) Deliver training to the children and young people's workforce to raise awareness of the impact of domestic abuse on children and young people	<ul style="list-style-type: none">• Domestic abuse strategy• Early Help Strategy• Health & Well Being Strategy• Rotherham Safeguarding Children's Board	<ul style="list-style-type: none">• April 2013 - launch of the Early Help Prospectus for low level DA training, and the RLSCB Prospectus for Module 2 training• Next milestone will be September 2013 and six months thereafter, reviewing progress of update and evaluation on a regular basis.	Warren Carratt
(iv) We will work together to safeguard children and young people by identifying signs of neglect and taking appropriate action and support to prevent escalation	<ul style="list-style-type: none">• Early Help Strategy• Rotherham Safeguarding Children's Board• Working Together 2013		Children & Families Safeguarding Services

HOW WE WILL EVIDENCE THE DIFFERENCE WE HAVE MADE

Social care contacts and referrals linked to;

- Domestic Abuse
- Alcohol
- Substance Misuse
- Neglect

Young People's Alcohol usage (Lifestyle Survey)
Number of children on Child Protection Plans due to neglect

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The Child Sexual Exploitation Strategy plan on a page



Prevent
making it more difficult to exploit children

1. Ensure that the RLSCB has an effective strategy, governance arrangements, protocols, policies and procedures in place to ensure a co-ordinated multi-agency response to child sexual exploitation
(RLSCB)
2. Engage with children and young people to gain a better understanding of the practice of CSE and develop activities which will dissuade children and young people becoming involved in CSE and identify those at risk
(RMBC / Youth Offending Teams / CYP&F Voluntary Sector Consortium)
3. Ensure all agencies working with or in contact with children understand the indicators of CSE, have established intelligence gathering processes and develop intervention strategies
(SY Police / RMBC / CYP&F Voluntary Sector Consortium)
4. Deliver a universal education programme to the children and young people of Rotherham to raise awareness and reduce risk
(Education / SY Police)
5. Raise awareness of CSE within the Rotherham community through a universal awareness campaign
(SY Police / RMBC / Providers and Commissioners of Health Services)
6. Ensure there is a robust multi-agency training and awareness programme in place to respond to child sexual exploitation
(SY Police / RMBC / Providers and Commissioners of Health Services)
7. Utilise multi-agency disruption techniques to reduce high risk or hot spot locations
(RMBC)

Protect
identifying and safeguarding children who are at risk

1. Through the Child Sexual Exploitation service, protect and support victims utilising deterrent and disruption activity with abusers
(RMBC)
2. Identify, locate and protect children and young people from sexual exploitation through effective risk assessment.
(SY Police)
3. Put in place a multi-agency framework for intelligence gathering and information sharing.
(SY Police / Providers and Commissioners of Health Services / CYP&F Voluntary Sector Consortium)
4. Ensure that the national guidance on Safeguarding Children and Young People from Sexual Exploitation is the minimum standard across Rotherham.
(SY Police / RMBC)
5. Ensure that we continually scrutinise the delivery of standards, policies, procedures and practice in service delivery to ensure that children are safe.
(RMBC)
6. Ensure that voluntary and community groups are best placed to support victims of CSE and their families and incorporate in their services within risk management plans.
(CYP&F Voluntary Sector Consortium)
7. Ensure there is a clear referral pathway to effective information sharing, assessment and subsequent co-ordinated services.
(RMBC / Providers and Commissioners of Health Services)

Pursue
identifying offenders, disrupting and stopping their activity

1. Provide specialist support and services that enables offenders to be brought to justice and deters future offending.
(Crown Prosecution Service)
2. Ensure victims continue to be supported throughout the police investigations and any subsequent court proceedings
(SY Police)
3. Ensure suitable recording processes are in place for all front line agencies to develop effective ways of capturing and recording data relating to known or suspected cases of CSE
(Probation Services)
4. Learn more about the nature of sexual abuse involving children from offenders' and victims' perspectives to deepen understanding of the behaviour and motivation of offenders and help police forces with strategies for interviewing suspects
(SY Police / RMBC)
5. Learn from previous, current and future prosecutions to ensure all investigations into CSE are undertaken by professionally trained staff and increase the likelihood of prosecution
(SY Police)
6. Ensure we respond to information and take appropriate action which could include disruption or investigation by the police
(SY Police / Crown Prosecution Service)

Each partner will have in place its own agency action plan to support overall delivery of the Child Sexual Exploitation strategy.

The Rotherham Local Safeguarding Children Board, through a specific performance management framework will ensure partners work together effectively to achieve the shared key strategic priorities for 2013 – 2016 and will review progress on the delivery of the strategy on a quarterly basis.

They will also hold agencies to account through the outcome of Serious Case Reviews, joint Child Sexual Exploitation operations and a review of implementation of Learning Lessons Reviews.

PRIORITY: 5

We will focus on all children and young people making good progress in their learning and development

ACTION	KEY LINKS	DELIVERY MILESTONES	LEAD
<p>(i) We will support the Learners First school partnership group to deliver their mission of;</p> <ul style="list-style-type: none">▪ all students making at least good progress;▪ no underperforming cohorts;▪ all teachers delivering at least good learning;▪ all school moving to at least the next level of successful performance	<ul style="list-style-type: none">▪ Floor targets and standards▪ Learners First▪ Ofsted inspection frameworks▪ School Effectiveness	<ul style="list-style-type: none">• All schools to be judged by OFSTED as good or outstanding overall effectiveness grade within the next three years.• All schools to be judged by OFSTED with a good or outstanding quality of teaching grade within the next three years.• No secondary schools below the DfE floor standard in 2013.• Reduce the FSM gap to the national average FSM gap by 2013.• Reduce the number of primary schools below the new DfE floor standard to 5 schools in 2013.• To be in line with the national average in the expected levels of progress from the end of KS2 to KS4 in mathematics in 2013.• To continue to exceed the national average in the expected levels of progress from the end of KS2 to KS4 in English.• To reduce the gap in the expected levels of progress from the end of KS1 to KS2 in reading, writing and mathematics to within 2% of the national average in 2013 and in line with the national average in 2014.	<p>Dorothy Smith</p> <p>Karen Borthwick</p>

ACTION	KEY LINKS	DELIVERY MILESTONES	LEAD
(ii) We will work with schools, young people and families to ensure a high level of attendance and engagement in learning	<ul style="list-style-type: none"> ▪ Education Welfare ▪ Families for Change ▪ Persistence Absence 	<ul style="list-style-type: none"> • Local Authority and school level primary and secondary attendance rates to be in line with the national average. • Persistent absence to be in line with the national average. 	<p>Dorothy Smith</p> <p>Karen Borthwick</p>
(iii) We will ensure there is effective post 16 place planning based upon the learning and support needs of our young people including those with LDD and from opportunities available within the VCS	<ul style="list-style-type: none"> ▪ Learners First ▪ Ofsted inspection frameworks 		<p>Fiona Featherstone</p>
(iv) We will continue to narrow the gap in the education of our most vulnerable groups	<ul style="list-style-type: none"> ▪ Children eligible for Free School Meals ▪ Children in Need ▪ Looked After Children ▪ New Arrivals 	<ul style="list-style-type: none"> • Improve the outcomes of all vulnerable groups. • Improve the performance of pupils eligible for free schools meals by 10% at KS2 and 8% at KS4 by 2013 in line with the national average • Vulnerable groups are not over-represented in the NEET's category 	<p>Dorothy Smith</p> <p>Karen Borthwick</p>

<p>(v) We will continue to focus on the improvement of communication, language and literacy skills of children and young peoples</p>	<ul style="list-style-type: none"> ▪ ECAT ▪ Imagination Library ▪ Inspire Rotherham ▪ Library Strategy 	<ul style="list-style-type: none"> • We will offer song, story and simple craft activities for preschool children in Libraries & Customer Service Centres • We will deliver the book-gifting offers of Booktrust, including the Baby pack, the Treasure pack and the Booktime packs for children as they go into the Reception year • Customer and Cultural Services will work with partners to deliver family learning activities in locations across the Borough, including in our libraries, customer service centres, Clifton Park Museum and Boston Castle • Summer Reading Challenge, open to children from 4-11, within our Libraries and Customer Service Centres, supporting a programme of holiday time reading-related activities • We will offer Chatterbooks (<i>The Reading Agency</i>) groups in our Libraries and Customer Service Centres, delivering reading groups with related activities for children of KS1 and KS2 ages • We will offer children opportunities to use our services in groups, supported by their school, including visits to libraries, Clifton Park Museum, heritage sites and the Civic Theatre pantomime 	<p>Dorothy Smith</p> <p>Elenore Fisher</p>
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HOW WE WILL EVIDENCE THE DIFFERENCE WE HAVE MADE

Key stage 2 and 4 attainment levels
Key stage 2 and 4 attainment floor targets
Narrowing the gap measures for LAC, CIN, BME & Free
school meals

School attendance & persistence absence
English, reading and literacy achievement levels
School inspections

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PRIORITY: 6 We will target support to families in greatest need to help access learning/employment opportunities

ACTION	KEY LINKS	DELIVERY MILESTONES	LEAD
(i) We will ensure appropriate, targeted and integrated learning and support for our most vulnerable young people who are, or are at risk of becoming, NEET	<ul style="list-style-type: none"> • Care Leavers • Integrated Youth Support Service • Raising Participation Strategy • Teenage Parents 		IYSS
(ii) We will support families to look after their children when they need it and helping children and young people and their families to prioritise healthy and positive behaviour	<ul style="list-style-type: none"> • Behaviour Support • Families for Change • Integrated Youth Support Service • Pupil Referral Units • Safer Rotherham Partnership • SES Outreach 	<ul style="list-style-type: none"> • Delivery of Healthy activities through Children Centre service delivery • Short term targeted individual and small group support in schools to promote positive behaviour for learning and the successful inclusion of those children identified by schools as in need of early intervention. • Seven outreach mentors to be deployed to work in two Learning Communities 	<i>Lead??</i>
(iii) We will support adults to access learning to improve their chances of securing or retaining employment	<ul style="list-style-type: none"> • Adult Safeguarding Learning • Adult Skills Budget • Family Learning • Libraries & Customer Service Centres 	<ul style="list-style-type: none"> • Completion of Community Learning Strategy (June 2013) • Delivery of associated actions (as per strategy) • Increase the use of Libraries & Customer Service Centres as places to access information and improve skills, including offering free access to and assistance to use the internet • Offer opportunities for apprenticeships, placement and volunteering within Customer and Cultural Services 	Karen Borthwick Julie Roddis Elenore Fisher

(iv) Further develop the partnership response to respond to the needs of the ROMA community and new arrivals

- Children and Families
- Community Learning
- Early Help Services
- EU Migrants
- Migration Yorkshire
- National Roma Network
- Schools
- Voluntary and Community Organisations

- Attendance rates will rise and participation in the earliest forms of education – e.g. children’s centres
- Deliver and evaluate a pilot multi-agency ‘family induction day’ at Lifewise – Sept 2013
- Engage key relevant Headteachers and senior staff from within CYPS to discuss long term strategy to accommodating New Arrivals
- Engage relevant staff in a re-evaluation of the system, given the current circumstances: the potential increase of number of New Arrivals from Romania and Bulgaria, increase in the number of SEN EAL learners.
- Extend the Strategic Management Group to include key representatives from schools and the Director of Lifelong Learning - June 2013
- Implement the Roma Matrix delivery plan, meeting key deliverables and outcomes wit the Roma Community as per funding requirements and delivery plan. –June 2013 to March 2015
- Monitor progress of children who arrive in Rotherham at KS3 and KS4
- Reduce the number of Roma / EU Migrant children who are not accessing full-time education – August 2014
- Overall NEET’s profile will continue to improve with no disproportionate increase for this community

Dorothy Smith

(v) We will reduce the inequalities gap in outcomes for the boroughs most deprived communities	<ul style="list-style-type: none"> Deprived communities project 	<ul style="list-style-type: none"> 	<i>Lead??</i>
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HOW WE WILL EVIDENCE THE DIFFERENCE WE HAVE MADE	
Young People Not in Education, Employment or Training Employment statistics Deprivation	Families for Change outcomes Poor communities accessing learning

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CHILDREN, YOUNG PEOPLE & FAMILIES PARTNERSHIP
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1.	Meeting:	Children, Young People and Families Partnership
2.	Date:	22nd May 2013
3.	Title:	Families for Change – The Impact on Services

4. **Summary**

The Children, Young People & Families Partnership has previously received reports on the Troubled Families Financial Framework and Rotherham's delivery of the programme, which is known as Families for Change, and the anticipated impact that this will have on families – particularly those currently known to services.

Work to engage families identified through the Troubled Families Financial Framework has been underway for four months. It is now possible to begin to analyse where there are gaps in provision and how the work will inform the wider strategic priorities that have been identified in the Children and Young People's Plan and The Health and Wellbeing Strategy.

This report seeks to highlight some areas of delivery where a new approach is being taken that may, if it is successful, help to inform wider change to services. The areas highlighted are:

- Enhanced Leadworker provision,
- Enhanced support for families where children are subject to a Child Protection Plans, delivered by the Voluntary and Community Sector alongside statutory services,
- Supporting access to IAPT (Improving Access to Psychological Services),
- New working relationships with Job Centre Plus

5. **Recommendations**

The Children, Young People & Families Partnership is asked to:

- **Receive the information about how the Families for Change work has the potential to inform different models for service delivery;**
- **Request that detailed case studies are brought to a future meeting to exemplify how the highlighted development areas are supporting families.**

6. Proposals and Details

Background

In December 2012 the Troubled Families Unit published, 'Working with Troubled Families, a guide to the evidence and good practice.' This report pulls together the evidence based to support a changed approach to working with families, stating:

'It is clear that as much as troubled families are often characterised as dysfunctional – the same could be said for the services around them. The state is spending significant resources on services for families whose focus is to attempt to maintain families in the status quo, however chaotic that might be, or to prevent them getting worse – rather than getting to the root cause of their problems and helping them change for the long term.'

'Troubled families often have a whole host of agencies involved with them, often focussing on the individuals within that family, which can bring its own problems as families become confused by overlapping professionals, assessments and appointments. This costly and unfocussed activity can mask the lack of progress for that family.'

The report goes on to identify five family intervention factors:

- i. A dedicated worker, dedicated to a family
- ii. Practical 'hands on' support
- iii. A persistent, assertive and challenging approach
- iv. Considering the family as a whole – gathering the intelligence
- v. Common purpose and agreed action

Rotherham has made a commitment to the Department of Communities and Local Government to work with 244 families in the first year of the programme, which ended on 1st April 2013, and an additional 365 in this financial year.

In order to achieve this level of engagement, and ultimately change, some new infrastructure has been put in place; this will provide some extra capacity (including the family intervention factor, delivered in its purest form via the Family Recovery Programme) but, in the most part, will rely on applying elements of the family intervention factor through improved coordination of existing services.

A pragmatic way to begin this system change is the use of a single coordinated plan that all agencies can engage with, work to, and be accountable for. The Family CAF provides this tool, as well as capturing the strengths, needs, and commitment of the family. For the Family CAF to be successful requires the leadership of a single worker (the Lead Worker). The Lead Worker should also provide the family with a single point of contact and someone that they trust to interpret, explain and challenge families to engage with the plan.

Troubled Families funding has enabled us to appoint seven Families for Change Coordinators. Five are employed on fixed term contracts with RMBC,

the additional Coordinator is currently commissioned from Rotherham MIND who have built a strong presence in a contained geographical area of the borough (Maltby). A recruitment process is currently underway for a seventh coordinator who will have specialist language skills to support families who are EU migrants. The Families for Change Coordinator's role is to coordinate engagement and activity with families who have been identified using the Troubled Families criteria. They establish the existing involvement of agencies and initiate a Team Around the Family meeting to engage professionals and start the process to coordinate activity using a Family CAF.

The Families for Change Coordinator will provide continued oversight for this process; ensure that there is no 'drift' and address lack of engagement from professionals and families where necessary.

Enhanced Leadworker Provision

The Families for Change Coordinators role relies on other practitioners acting as the Lead Worker. This capacity is not always available from existing resource. In many instances there may be capacity (willingness) to provide a 'light touch' approach to the Lead Worker role but a reluctance to provide more direct interventions with families, to help kick-start and facilitate the ongoing change process.

There was therefore an urgent need to provide additional enhanced Leadworker provision through a commissioning process in order to:

- Deliver engagement with families in the timescales required to deliver the Troubled Families Initiative (609 families by March 2014);
- Deliver the outcomes identified in the Troubled Families Financial Framework to release payment by results funding;
- Ensure that there is capacity in the system to both coordinate the work of professionals, and provide face to face support with families;
- Model a different way of working with families that will support whole-system change in the long term.

The Family Support Service will 'inject' the system with capacity that can provide the 'family intervention factor' with families who are on the continuum between vulnerable and complex, but before their needs escalate to a position between complex and acute. This contract has been awarded to YWCA and service delivery will commence in June 2013.

Enhanced support for families where children are subject to a Child Protection Plans, delivered by the Voluntary and Community Sector alongside statutory services.

The Intensive Family Support Service will provide whole family support to families that are subject to a Child Protection Plan and part of the Families for Change cohort. The nature of this service will be to provide direct support for the whole family, with a focus on understanding where the whole family system requires support in order to make the improvement identified in the child protection plan. The purpose of commissioning this service is to:

- Reduce the amount of time that children are on a Child Protection Plan;
- Provide intensive support to families to ensure that there is no 'drift' allowed in the system;
- Provide a robust evidence base where it is considered inappropriate for children to remain with their families;
- Support families to improve school attendance, end involvement in crime and anti-social behaviour and access skills development, pathways to employment and employment.

This contract has been awarded to Rotherham and Barnsley MIND and service delivery will commence in May 2013.

Supporting access to IAPT (Improving Access to Psychological Services)

The Family Recovery Programme, and other targeted services including Think Family Parenting and Children's Social Care Practitioners, frequently identify concerns about parents' mental health and the impact that this has on the whole family dynamic, their ability to parent, and, ultimately on the children to thrive. These concerns would be typically defined as mild to moderate mental health issues, and would not meet the thresholds for referral through the RDaSH Access Team (with whom pathways have been developed).

In order to identify and support mental health problems experienced by families, links have been made with the IAPT service. Improving Access to Psychological Therapies (IAPT) is a national initiative designed to help adults who have emotional and common mental health difficulties. The provision comprises:

- Psychological wellbeing practitioners, who provide guided self-help for people with mild to moderate anxiety disorders, stress or depression based on a cognitive behavioural model.
- Mental Health Practitioners who provide time-limited support for people with moderate to severe anxiety disorders, depression or stress, based on a cognitive behavioural model, and
- High intensity therapists who provide time-limited treatment for people with moderate to severe anxiety disorders, depression, post-traumatic stress disorder, phobias and OCD.

Some therapies can be accessed through self-referral, and all can be accessed via the GP surgery.

The challenge for families who are part of this cohort is that there is no additional support to access the provision, for example, to attend appointments, and there is a waiting list of between 8 and 18 weeks.

However, it has been agreed to test if it is feasible for parents to access this provision, particularly if they are supported by their Outreach or Lead Worker. The Families for Change Coordinators, Family Recovery Programme Outreach Workers and Think Family Parenting Practitioners will be identifying families and supporting them appropriately based on an understanding of

IAPT that they did not have previously, and outcomes will be tracked as part of the wider context of the Family CAF.

Work Provision

Getting families back into work is an important component of the Troubled Families programme, and the most incentivised in the payment by results framework. £800 is available for any family where at least one adult has moved into employment for a period of at least 6 months.

To support this ambitious goal a delivery agreement has been set up between the Department of Communities and Local Government and the Department for Work and Pensions. This agreement will see a dedicated Job Centre Plus secondee based within the local authority to provide employment advice.

It is expected that the Families for Change Employment Adviser (as they will be known in Rotherham) will be in post from mid-June 2013. Their role will be to ensure that the delivery of welfare to work support is integrated into Families for Change delivery, by working directly with families. For some families they will be key members of the Team Around a Family, whilst for others they will provide an important link with colleagues within the Job Centre.

The agreement states that the secondee will have access to the DWP Labour Market System and will be able to share information with the local authority on a regular basis. In return it is expected that the local authority will share information about the families that it is working with so that advisors within the Job Centre are aware that the advice they provide is part of a wider coordinated package of provision. The information sharing components of the agreement are still being discussed by the Troubled Families Coordinator with the DWP Partnership Manager locally and with the Troubled Families Unit nationally.

7. Finance

For year 1 we received 80% of the available funding via up-front attachment fees, with 20% available to claim based on achieving outcomes with the families. The total of £649,600 received was based on working with 244 families.

For year 2 60% of the available funding is via up-front attachment fees, however, prior to releasing these monies DCLG have asked for assurance that local authorities have identified the expected number of families and engaged at least 85% of year 1 families. Rotherham was able to provide this assurance and can expect funding of £732,000 this year.

All spending to date has been profiled against these attachment fees. Any additional commissioning will need to be based on alternative funding streams, or will follow successful work with families and ensuing payment by results claims.

8. Risks and Uncertainties

Funding for the programme will be based on a payment by results framework, predicated on an assumption that the local authority and its partners will contribute to the investment (largely in kind) required to realise the results required. There is a risk that, in the current financial climate, it will not be possible to maintain the existing level of investment. If existing infrastructure is not sustained, the Families for Change Delivery Plan may become infeasible, placing future funding payments at risk.

The payment by results funding framework requires sustained change from families across the domains of school attendance, anti-social behaviour and employment. These may be difficult to achieve given the complex problems that many families are being supported to address.

9. Policy and Performance Agenda Implications

The Rotherham approach to the Troubled Families agenda is aligned to the operational delivery of the Early Help Strategy and the poverty workstream of the Health and Wellbeing Strategy, which aims to deliver targeted support to Rotherham's most deprived neighbourhoods.

10. Equality and Diversity

An Equality Impact Assessment has been completed for the Early Help Strategy and Implementation; this covers the Families for Change Delivery Plan.

Contact Name: Jenny Lingrell
Troubled Families Coordinator

Telephone: 01709 254836

E-mail: jenny.lingrell@rotherham.gov.uk

ROTHERHAM BOROUGH COUNCIL – REPORT TO CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERHIP

1.	Meeting	Children, Young People and Families Partnership
2.	Date:	22nd May 2013
3.	Title:	Yorkshire and Humber Regional Health and Wellbeing Action Plan
4.	Directorate:	Children and Young People's Services

5. Summary

Input to the action plan has been achieved over several meetings of the Children, Young People and Families Partnership, populating the template provided by the Yorkshire and Humber Regional Health and Wellbeing Collaborative.

The action plan considers ways to improve health outcomes for children within Rotherham, looking at what needs to be done, how this will be tackled, who would do this, by when and how improvement will be evidenced.

A further consideration is whether the action will be undertaken at a local/sub regional or regional level.

6. Recommendations

That the Children, Young People and Families Partnership:

- 6.1 **Agree the attached action plan**
- 6.2 **That the action plan be presented at the next Health and Wellbeing Board**

Contact Name: Joyce Thacker
Strategic Director, Children and Young People's Services
Tel.: 01709 82677
Email: joyce.thacker@rotherham.gov.uk

**YORKSHIRE AND THE HUMBER REGIONAL HEALTH AND WELLBEING COLLABORATIVE IN PARTNERSHIP WITH THE
ASSOCIATION OF DIRECTORS OF CHILDREN'S SERVICES
POLICY WORK STREAM – IMPROVING HEALTH OUTCOMES FOR CHILDREN
ACTION**

LOCAL AUTHORITY AREA/CCG

Rotherham

What needs to be done? The actions we might need to take to improve the systems and processes which lead to better outcomes for children, young people and their families (Taken from 'Initial Recommendations', Health from Mars, Local Authority from Venus?' Dec 2012)	How might we tackle this? (Initial actions)	Who might do it? Who might lead action and who might be involved	Local/sub regional or regional?			When might it be done by? (Take into account is it urgent?)	How will we know it has happened?
			L	SR	R		
1. Develop a clear statement of vision and values and ensure this is reinforced throughout the system. Ensure children feature strongly in the JSNA and Health and Wellbeing Strategy and that your Children and Young Peoples Plan or equivalent aligns.	<ul style="list-style-type: none"> • JSNA covers life cycle • Children and Young People's Plan (CYPP) refreshed • Action plan being developed 	John Radford Joyce Thacker Sue Wilson	L			Complete Complete May 2013	JSNA CYPP
2. Undertake an assurance exercise of the degree to which core vision and values are owned throughout and across the system and from strategic to operational levels.	<ul style="list-style-type: none"> • Focus groups • Questionnaires • Direct contact/telephone • Been to GP reference group • Been to OE for discussion • To attach plan on a page to service specifications and commissioned services • Sent to all in CCG who work on the children's agenda 	DCS/SO David Polkinghorn /Sarah Whittle	L			Sept 2013	Audit completed and feedback to participants / CYP&FP

What needs to be done? The actions we might need to take to improve the systems and processes which lead to better outcomes for children, young people and their families (Taken from 'Initial Recommendations', Health from Mars, Local Authority from Venus?' Dec 2012)	How might we tackle this? (Initial actions)	Who might do it? Who might lead action and who might be involved	Local/sub regional or regional?			When might it be done by? (Take into account is it urgent?)	How will we know it has happened?
			L	SR	R		
3. Undertake activity to develop a mutual understanding of who has authority for decision making and holding responsibility. Locate existing effective partnerships in the new planning framework. If they are not effective review whether they are still needed.	<ul style="list-style-type: none"> Review of governance Still some work to be undertaken in this area, as health commissioning has changed considerably. 	P&Q Team	L			Sept 2013	Report to CYP&FP
4. Develop an understanding of available budget/resources in advance of developing operational plans	<ul style="list-style-type: none"> Annual assessment of partner resources to fund CYPP priorities We will look at this in a different way to previously – and try and apportion costs to age groups e.g 0-5 etc so we can see where the bulk of our resource is being spent – and compare to outcomes in these areas The above suggestion would require benchmarking and should be driven by the JSNA and the Children's Audit 	Joanne Robertson	L			June 2013	Report to CYP&FP
		Joanne Robertson / Chrissy Wright				Sept. 2013	Report to CYP&FP
5. Develop communication strategies to ensure a consistent dissemination of information and on-going engagement in the future development of strategy (For effective communication we need to ensure that we really understand the new commissioning arrangements to ensure that the appropriate parties are involved. (e.g. NCB))	<ul style="list-style-type: none"> CCG hold an internal children's partnership meeting including public health and RMBC Commissioning Team to ensure health messages are communicated across colleagues and the appropriate action is taken by the most appropriate lead. 	Steve Pearson	L			Ongoing	Media report to CYP&FP

What needs to be done? The actions we might need to take to improve the systems and processes which lead to better outcomes for children, young people and their families (Taken from 'Initial Recommendations', Health from Mars, Local Authority from Venus?' Dec 2012)	How might we tackle this? (Initial actions)	Who might do it? Who might lead action and who might be involved	Local/sub regional or regional?			When might it be done by? (Take into account is it urgent?)	How will we know it has happened?
			L	SR	R		
6. Develop strategies to mitigate the risk of pathway fragmentation.	<ul style="list-style-type: none"> CCG will invite the NCB LAT to attend the children's partnership meetings to make sure that continuity remains. KPI dashboard also will look across health to support discussions about performance across health services against the healthy child promotion programme 	Dr. John Radford	L	SR		April 2013	Local Area Team (LAT) representative attends local meetings
7. Exploit the potential of the Health Visitor/School Nurse Offer (DH, 2010), through improved integration and systematic application of a structured framework for meeting child and public health outcomes.	<ul style="list-style-type: none"> We will keep focused on the pathway children move through – and keep engaged with other agencies, as changes in one service may have an impact on another. 	Dr. John Radford	L			July 2013	
8. Develop and apply short- and medium-term impact measures for early intervention and prevention, with jointly agreed outcomes for local achievement	<ul style="list-style-type: none"> We will really focus down on the number of outcome measures and ensure that they are specific to priority areas and are measurable and achievable within an identified timeframe The Voluntary Sector CYP&F Consortium are leading on work to develop a social value toolkit which will be Rotherham specific and applicable to early help interventions 	Sue Wilson Sara Graham	L L			May 2013	CYPP Action Plan that sets out the required outcomes

What needs to be done? The actions we might need to take to improve the systems and processes which lead to better outcomes for children, young people and their families (Taken from 'Initial Recommendations', Health from Mars, Local Authority from Venus?' Dec 2012)	How might we tackle this? (Initial actions)	Who might do it? Who might lead action and who might be involved	Local/sub regional or regional?			When might it be done by? (Take into account is it urgent?)	How will we know it has happened?
			L	SR	R		
9. Develop a jointly agreed strategic market management and procurement route shared and understood by all.	<ul style="list-style-type: none"> Service specifications are jointly written/shared across commissioners for all services and all should reflect the shared vision. Develop a process of joint consultation and market management with providers through a series of events that communicate the direction of travel and priorities 	Chrissy Wright/ Sarah Whittle	L			July 2013	Joint Market facilitation plan
10. Prepare the workforce to deliver our aspirations through integrated training events and information sharing workshops.	<ul style="list-style-type: none"> Workshops held on Early Help. Prospectus due to be launched Request that training is focused on priority areas and if not delivered jointly then key messages are agreed and delivered to all. 	Warren Carratt	L			March 2013	Prospectus launched. Review of take up/impact of training.

What needs to be done? The actions we might need to take to improve the systems and processes which lead to better outcomes for children, young people and their families (Taken from 'Initial Recommendations', Health from Mars, Local Authority from Venus?' Dec 2012)	How might we tackle this? (Initial actions)	Who might do it? Who might lead action and who might be involved	Local/sub regional or regional?			When might it be done by? (Take into account is it urgent?)	How will we know it has happened?
			L	SR	R		
11. Plan the transition for commissioning health visiting and school nursing through shared understanding of what this opportunity offers.	<ul style="list-style-type: none"> • Work with the DPH to review. • The impact of transition of HV/SN will affect a number of organisations and it is essential that we have a shared understanding of the opportunities it presents. • E.g – CCG remains the maternity commissioner – changes in this service will impact upon HV and children centres and GP practices. We need to be clear that commissioning organisations have a shared understanding • We need to understand the legacy of HV from LAT. 	DCS DPH Cabinet Member	L			May 2013	Clear SN service specification communicated to key agencies
12. Test the robustness of relationships by turning vision and strategy into action	<ul style="list-style-type: none"> • CYPP reviewed for 2013-2016. • Develop action plan for plan on a page • Ensure inclusion of CYPP in the HWBB as the lead strategic document 	DCS Sue Wilson Sue Wilson	L L L			Completed May 2013	<ul style="list-style-type: none"> • CYPP agreed at CYP&FP. Issued to all stakeholders. • Action plan on agenda for May CYP&FP

What needs to be done? The actions we might need to take to improve the systems and processes which lead to better outcomes for children, young people and their families (Taken from 'Initial Recommendations', Health from Mars, Local Authority from Venus?' Dec 2012)	How might we tackle this? (Initial actions)	Who might do it? Who might lead action and who might be involved	Local/sub regional or regional?			When might it be done by? (Take into account is it urgent?)	How will we know it has happened?
			L	SR	R		
13. Identify ways of understanding cultural differences by investing in building resilient relationships which endure overtime.	<ul style="list-style-type: none"> DCS/Cabinet Member spends time with key partners including VCS 'walk in their shoes'. Need to walk in the shoes of other commissioning organisations and break down cultural commissioning barriers 	DCS/ Cabinet Member	L			Ongoing All Board Members to commit to work shadowing opportunities e.g.: Spend time with: <ul style="list-style-type: none"> CCG Lead for CYP A&E/Children's Ward Meetings with RDASH Meetings with CCG Chief Operating Officer CCG – go to SLT/DLT CCG – shadow education /social services officers etc... commissioners 	
14. Identify blocks to information sharing and test data sharing protocols and processes for robustness and resilience	<ul style="list-style-type: none"> Assurance conversations with key service leads. 	Gary Walsh	L			Sept. 2013 <ul style="list-style-type: none"> Report back to CYP&FP. 	

What needs to be done? The actions we might need to take to improve the systems and processes which lead to better outcomes for children, young people and their families (Taken from 'Initial Recommendations', Health from Mars, Local Authority from Venus?' Dec 2012)	How might we tackle this? (Initial actions)	Who might do it? Who might lead action and who might be involved	Local/sub regional or regional?			When might it be done by? (Take into account is it urgent?)	How will we know it has happened?
			L	SR	R		
15. Maximise the opportunity that commissioners with extensive experience and expertise from a wide range of backgrounds brings to the table.	<ul style="list-style-type: none"> Develop processes to share commissioning information across partners Cross agencies commissioning meetings to share experience and information 	Chrissy Wright/ Sarah Whittle	√	√		April 2013	<ul style="list-style-type: none"> Feedback to local and sub region Jointly commissioned contracts

ROTHERHAM BOROUGH COUNCIL – REPORT TO CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERHIP

1.	Meeting	Children, Young People and Families Partnership
2.	Date:	22nd May 2013
3.	Title:	Children and Young People’s Services (CYPS) Commissioning Priorities
4.	Directorate:	Resources Directorate

5. Summary

This report sets out the outturn for the identified commissioning priorities for Children and Young Peoples Services (CYPS) for 2012/13 detailing successful completion of commissioning activities and work in progress to be carried forward to 2013/14.

The report sets out proposals for 2013/14 Commissioning Priorities that meet identified priorities for the Directorates, CYP & Families Partnership and those agreed in the Health and Wellbeing Strategy.

Proposals detailing all other Strategic Commissioning activities that contribute to the effectiveness and efficiency of CYPS are included in this report as a work plan for DLT.

A report has also been presented to the Delegated Powers meeting of the Portfolio holder for CYPS and the Health and Wellbeing Board (HWBB) setting out the priorities for both CYPS and NAS and aligning these with the HWBB Strategic Priorities.

6. Recommendations

That the Children, Young People and Families Partnership:

- 6.1 Note the outturn achieved against the Commissioning Priorities for 2013/14**
- 6.2 Note the proposals at 7.2**
- 6.3 Receive future reports on progress through 2013/14.**
- 6.4 Seek to develop further joint commissioning opportunities in 2013/14 with partners.**

7. Background

For the first time in April 2012 Commissioning Priorities were identified for the Strategic Commissioning team to deliver against identified priorities for the CYPS Directorate. The Commissioning Priorities were initially identified and agreed with CYPS DLT and CYPS portfolio holder. Further priorities were included throughout the year originating from DLT.

Our intention is to work in an open and transparent way to support CYPS achieve priorities to improve life chances for children and young people in Rotherham. The priorities link directly with the national agenda for children and young people and the CYPS Strategic Service Plan. For 2013/14 the commissioning priorities will also be aligned with the identified priorities agreed in the Health and Wellbeing Strategy and a report will be presented to the Health and Wellbeing Board in May setting out the commissioning priorities and intentions for CYPS for 2013/14. The proposed Commissioning Priorities for CYPS will also be reported to the Portfolio holder for CYPS.

For 2012/13 all commissioning activities were included in the Commissioning Priorities list, however for 2013/14 a different approach is to be taken in that there will be overarching Commissioning Priorities and sitting behind this there is a work plan containing all other Strategic Commissioning activities that contribute to the effectiveness and efficiency of CYPS with the work allocated across the Strategic Commissioning team.

7.1 Commissioning Priorities 2012/13 Outturn

The following priorities are COMPLETE:

- **Substance Misuse**, commissioning of 'Know the Score' – this service now part of the CAMHS commissioned service
- **CAMHS** – review of specification with Health colleagues
- **White Rose Framework** for residential provision – this regional commissioning approach is in final stages of contract negotiation
- **Early Help** tender for troubled families – new specification and recommissioned service
- **Children England** Project – working to increase take up of hard to reach families 1 year only outturn report for DLT imminently
- **Joint Carers Charter** Development for 2012
- **Junction Project** – recommissioning of service to young people displaying inappropriate sexual behaviour
- **Healthwatch Rotherham** – new provider has been appointed for a 2 year contract
- **Connect to Support** – launched to the public
- **LAC Independent Foster Agencies Framework** – reduction of 25 agencies to 6 agencies achievement of financial efficiency of £93,000 in 2012/13
- **Implementation and review of Multi Agency Support Panel (MASP) for LAC** – this work achieved efficiencies of £3,009,000 in 2011/12 and £703,000 in 2012/13 – an expected reduction as multi agency work improved

For commissioned services there is a continuance of the work through contract management and service review and for the completed work above, where appropriate, the ongoing work is captured in the work plan set out below.

7.2 Commissioning Priorities 2013/14 proposals

7.2.i. Rotherham Health and Wellbeing (HWBB) Strategy

The Strategy has been developed and agreed with our partners and emphasises four parts of the life course:

Starting well (0-3)

Developing well (4-19)

Living and working well (20-64)

Aging and dying well (65+)

The strategy has 6 priorities:

Priority 1 – Prevention and early intervention

Priority 2 – Expectations and Aspirations

Priority 3 – Dependence to Independence

Priority 4 – Healthy Lifestyles

Priority 5 – Long Term Conditions

Priority 6 – Poverty

The focus for CYPS commissioning priorities is the Starting Well and Developing Well but in terms of families the work of commissioners impacts across all the four life stages. Each of the CYPS Commissioning Priorities must align with those set out in the HWBB Strategy.

7.2.ii Commissioning Priority Proposals

a) Special Educational Need and Disabilities (SEND)

This area refers to the work to meet the requirements of the Support and Aspiration Green Paper, contributing to the project steering group and leading the Working Together group. It is important that there is investment in the SEND service and those services are at the optimum level of effectiveness and efficiency so that the outcomes for children, young people and their families are transformed.

This work includes, but is not restricted to:

- Continuing Health Care funding
- Aiming High for Disabled Children
- High Needs Funding commissioning: a financial model and criteria for funding
- Speech and Language Therapy
- SEND placements Framework: a coordinated approach to the provider market
- Joint Equipment commissioning: a collaborative approach to access equipment

- Post 16 Educational Placements: maximisation of financial model for High Need
- Working together across statutory agencies
- Personalisation: access to Personal Budgets
- Connect to Support extension to the SEND service

Current spend on SEND placements is £3,600,000 per annum. The commissioning priority is to set a framework in place and achieve an efficiency of a minimum of 10% per annum.

Joint work with the Rotherham Clinical Commissioning Group (CCG) on bringing together the commissioning activity around Joint Equipment and Speech and Language therapies is progressing.

b) Leaving Care

The current contract is commissioned from Action for Children and the value is £1.2 million, a commissioning plan is being implemented for a new contract to be in place from April 2014. The intention is to achieve a minimum of 10% efficiencies. A regional approach is also being investigated with regard to the accommodation element.

The lead commissioning officer is Paul Theaker

c) Contracts for in-house services

This work has commenced with the development of a specification for the Integrated Youth Support Service (IYSS) and will continue to include all in-house services e.g., Early Years, School Effectiveness, Early Integration and Safeguarding etc.

The lead commissioning officer is Clare Burton

d) Budget Action Challenge Plan

It is critical that Strategic Commissioning officers support colleagues and the ongoing work to achieve the requirement of a balanced budget and there are several current actions within the plan to which a contribution is being made, these include but are not restricted to:

- Review Commissioning activities across CYPS
This work involves mapping all commissioning activity across CYPS and ensuring that these meet financial regulations and standing orders. Also that the statutory requirement for inclusion on the contracts register is met
- EFQM review of statutory services
Consideration of statutory minimum and non statutory services and impact on deprived areas
- Feasibility study of outdoor education; Habershon and Crowden
For Crowden this includes review of current partnership arrangements with the YHA and for Habershon developing proposals for future provision

e) Health and Wellbeing Board outcomes

The role of Strategic Commissioners contributes to achieving the outcomes for the Health and Wellbeing Strategy, including:

○ **Joint Strategic Needs Analysis (JSNA)**

The JSNA has been developed with partners and is currently subject to a refresh and will include enhanced information relating to children and young peoples needs. This statutory document is of critical importance to strategic commissioners and relevant key findings include:

- The relative position of Rotherham has slipped and is now the 51st most deprived borough out of 326. The impacts of benefits changes are likely to be more profound in Rotherham because of the pre-existing levels of disadvantage. The links between poverty and ill health are well established and the pace of improvement in health is likely to be threatened leading to widening inequalities. The emphasis on narrowing inequalities, targeting resources towards areas of greatest need and poverty reduction are focuses for the Joint Health and Wellbeing Strategy.
- Rotherham has a relatively small black and minority ethnic (BME) community but one that is growing and becoming increasingly diverse. The single largest minority ethnic group is Pakistani (Kashmiri) and the second is White Other which includes EU migrants.
- In 2010/11, 8.3% of children at Reception were classed as obese or overweight which is significantly lower than the national average; however, 21.6% of children at Year 6 were classified as obese/overweight
- Maternal, infant and childhood health give quite considerable cause for concern, with smoking in pregnancy, low birth weight, breast feeding initiation and teenage pregnancy being significantly worse than the national average. This remains a significant barrier to Rotherham achieving the best start in life for its citizens.
- There is an increase in the number of younger carers

Lead Officer Chrissy Wright

○ **Collaboration with Public Health on commissioning activities**

Develop a coordinated approach to improving health inequalities that particularly impact on children and their families and on communities in deprived localities.

Lead Officer Chrissy Wright

7.2.iii Strategic Commissioning Work Plan

As set out above for 2013/14 all commissioning activity and reviews not included in the priorities will be set out in a Strategic Commissioning work plan. This plan is dynamic and will, without doubt, grow with new activities and change as work progresses and is completed throughout the year. The list below is not definitive but the areas of work will include:

Ongoing

- IYSS – continued support until full implementation of new service
- LAC Transport review – conclusion of policy for in-house provision
- Traded Services – completion of agreed approach
- Youth Restorative Justice – completion of sub regional commissioning
- Adult Safeguarded Learning - commissioning activity and contribution to improvement plan
- Review of in-house residential capacity & provision – void outturn following change in statement of purpose
- Quality Assurance of residential provision – contracting concerns database review of outturn
- Review of quality of provision for children and Young People involved in Domestic Violence – comments and recommendations on current provision
- Local Account – to be presented in June 2013
- Carers Charter – ongoing influence for young carers

New for 2013/14

- Quality Assurance process for independent residential placements
- Speech and Language therapy joint approach with CCG
- Standard contract for CYPS
- Care Cost Calculator for CYPS
- Apprentice for Children's and Adults Strategic Commissioning
- Implementation of LAC placement review actions
- Commissioning Advocacy for Children and Young People

8. Finance

There are no financial implications arising from this report

9. Risks and Uncertainties

That should the commissioning priorities not be agreed there is a risk that the outcomes set out in the Health and Wellbeing strategy will not be achieved.

10. Policy and Performance Agenda Implications

Link to the Health and Wellbeing Strategy and the JSNA is a statutory responsibility of this Board

12. Background Papers and Consultation

Health and Wellbeing Strategy 2012
JSNA 2011

Contact Name: Chrissy Wright, Strategic Commissioning Manager, 01709 822308, chrissy.wright@rotherham.gov.uk



Every Disabled Child Matters,
c/o Council for Disabled Children,
8 Wakley Street, London,
EC1V 7QE
+44 (0)20 7843 6082
www.edcm.org.uk / info@edcm.org.uk

Dear Cllr Ken Wyatt,

Every Disabled Child Matters and The Children's Trust, Tadworth have created a Disabled Children's Charter for Health and Wellbeing Boards. We write to invite Rotherham Health and Wellbeing Board to sign up to this Charter, and to ask you, as Chair, to act as signatory.

Every Disabled Child Matters (EDCM) and The Children's Trust, Tadworth have developed this Charter to support Health and Wellbeing Boards to meet their responsibilities towards disabled children, young people and their families, including children and young people with special educational needs (SEN) and health conditions. As a previous signatory to EDCM's Local Authority Disabled Children's Charter, we know that Rotherham Metropolitan Borough Council is committed to disabled children, young people and their families, and we hope you take this opportunity to renew this commitment during a time of considerable change.

The importance of disabled children and young people

The Government recently responded to the report of the Children and Young People's Health Outcomes Forum by releasing Better Health Outcomes for Children and Young People: Our Pledge. This set out the shared ambitions for all actors in the new health system to improve the health outcomes of children and young people in England. This Charter provides a tool for Health and Wellbeing Boards to deliver on these ambitions for a key group of its local population.

Disabled children, young people and their families access services across multiple agencies, and therefore are disproportionately affected by poor integration between health, social care and education services and a lack of coordinated commissioning. This results in additional financial costs, poor outcomes, significant health inequalities and considerable distress for children and families. The transition to a new health system risks disrupting the support they receive still further, and we are concerned that this could mean that some children and families fall through gaps in provision. Health and Wellbeing Boards will play a crucial role in tackling these challenges by providing the strategic direction and leadership for local commissioners and services.

Disabled children and young people will provide a crucial test of the effectiveness of the new health system. If a Health and Wellbeing Board can improve integration for local disabled children and young people, who frequently test the interface between multiple services and agencies, it can deliver for all children and make a positive impact throughout their lives.

How the Charter can support Health and Wellbeing Boards

Signing the Charter will help your Health and Wellbeing Board to articulate a vision for improving the outcomes experienced by disabled children and young people to the public, commissioners, service providers and local partners including Parent Carer Forums. It will reassure parent carers that their Health and Wellbeing Board will use its influence to ensure the new health system delivers for disabled children, young people and their families in their area. Health and Wellbeing Boards can be confident they are taking the necessary steps to meet these aspirations.

- The Charter is accompanied by the following document: *Why sign the Charter?* This guidance demonstrates the value of the Charter commitments with reference to statutory duties and powers, and signposts Health and Wellbeing Boards to resources that will help them fulfil each commitment. Health and Wellbeing Boards will be asked to provide evidence of how they have met their commitments a year after signing the Charter. This guidance sets out evidence that Health and Wellbeing Boards may provide to demonstrate how they have met the Charter commitments.

If you agree to sign the Charter, EDCM will help you publicise this commitment by:

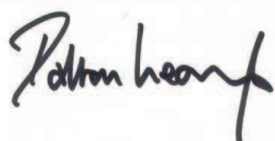
- Providing you with a template media release, including a statement from Christine Lenehan, EDCM board member. We will happily liaise with your media team to provide any further assistance required to promote to local press.
- Recording all of the Health and Wellbeing Boards who sign the Charter on the EDCM website so that parent carers can find out if their Health and Wellbeing Board is a signatory.
- Publishing information provided by Health and Wellbeing Boards on the EDCM website so that parent carers know the steps their Health and Wellbeing Board has taken to meet its Charter commitments.

About us

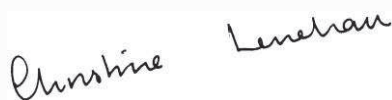
As you may know, EDCM is the campaign for rights and justice for disabled children and their families. EDCM is a consortium campaign run by four of the leading organisations working with disabled children and their families: Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. The campaign partners represent over 770,000 disabled children and young people in the UK. The Children's Trust, Tadworth is the leading UK charity for children with acquired brain injury, multiple disabilities and complex health needs.

Please don't hesitate to contact peter@edcm.org.uk with any questions you have about the Disabled Children's Charter for Health and Wellbeing Boards. Please send a copy of the signed Charter to EDCM at the above address or email a scanned copy to info@edcm.org.uk.

Yours sincerely,



Dalton Leong
Chief Executive
The Children's Trust, Tadworth



Christine Lenehan
Director
Council for Disabled Children



Julie Jennings
Chair
Special Educational Consortium



Srabani Sen
Chief Executive
Contact a Family



Emma Harrison
Assistant Director for External
Relations
Mencap



Brian Lamb OBE
EDCM Special Advisor



Disabled Children's Charter for Health and Wellbeing Boards

The **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by Date

Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: [Why sign the Charter?](#)

**every disabled
child matters**

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk


**The
Children's Trust
Tadworth**
For children with multiple disabilities

Why sign the Disabled Children's Charter for Health and Wellbeing Boards?

Benefits to Health and Wellbeing Boards of signing the Charter and meeting its commitments:

- Publicly articulate a vision for improving the quality of life and outcomes for disabled children, young people and their families
- Understand the true needs of disabled children, young people and their families in your local area and how to meet them
- Have greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Support a local focus on cost-effective and child-centred interventions to deliver long-term impacts
- Build on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Develop a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families
- Demonstrate how your area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes For Children and Young People: Our Pledge' for a key group of children and young people¹

Who are we talking about?

The Disabled Children's Charter for Health and Wellbeing Boards and this accompanying document have been developed to support Health and Wellbeing Boards (HWBs) meet the needs of all children and young people who have disabilities, special educational needs (SEN), health conditions, and their families. In this document, when we talk about disabled children and young people we are referring to all the children and young people in this group.

¹ Department of Health (2013), Better Health Outcomes for Children and Young People: Our Pledge

Commitment 1: We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs

Statutory drivers

Health and Social Care Act 2012

Duty to prepare assessment of needs (JSNA) in relation to local authority area and have regard to guidance from Secretary of State

Information

The quality of data and information used to underpin the planning, commissioning and delivery of services for children and young people with very complex needs is often poor. The difficulty of developing accurate, robust data in a standard format about disabled children and young people is an enduring issue for local areas and for national agencies. Reliable performance information about the use and value of services is critical to commissioning decisions. The Children and Young People's Health Outcomes Forum identified the lack of accurate data as the single biggest challenge in relation to the development of outcomes for children with long-term health conditions, disabilities and life limiting conditions².

In March 2012, the CQC released a report entitled 'Healthcare for disabled children and young people'³. This report gave details of primary care trust (PCT) replies to a self assessment questionnaire on services for disabled children.

PCTs demonstrated an extremely worrying lack of awareness of the needs of local disabled children:

- **Five PCTs** claimed that **no disabled children and young people lived in their area**
- **Fifty five PCTs did not monitor whether services allocated as a result of Common Assessment Framework were delivered**
- **Sixty three PCTs didn't know how many children were referred for manual wheelchairs** and **nine said children were waiting over 51 weeks for wheelchairs**
- **Fifteen PCTs** said they **didn't provide short breaks services**

Due to the lack of reliable data on disabled children and young people, their strategic involvement and that of their parents is essential to gain a good understanding of the profile of this group

2 Children and Young People's Health Outcomes Forum (2012), Report of the long term conditions, disability and palliative care subgroup p.2

3 Care Quality Commission (2012), Healthcare for Disabled Children and Young People

and the particular challenges and experiences they face. Their views remain underrepresented in surveys and public and patient involvement in the health service.

Meeting Needs

One of the primary tools Health and Wellbeing Boards have to drive strategic commissioning in their areas is the Joint Strategic Needs Assessment (JSNA). The JSNA will assess the current and future health and care needs and assets of a local population and will underpin a Joint Health and Wellbeing Strategy (JHWS). It will interpret available data to develop an understanding of the causes of health inequalities and a narrative of the evidence.

The JSNA can only be an effective tool for evidence-based decision making if it is based on accurate and meaningful data. The bodies Health and Wellbeing Boards delegate collecting data to as part of the JSNA process, must focus on improving the quality and scope of information on disabled children and young people which they use, including: available national data sets; local information sources such as data from Common Assessment Frameworks; qualitative information from direct engagement with service users.

The JSNA process must develop an understanding of the local population which is sufficiently differentiated to understand the needs of all groups of children, particularly those who face the greatest inequalities or experience multiple disadvantages.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- The full range of sources of information collected on disabled children, young people and their families which will be used to inform the JSNA process
- The quality assurance process used to ensure that information and data on disabled children, young people and their families used to inform commissioning is sufficiently detailed and accurate
- The way in which the JSNA will be used to assess the needs of local disabled children, young people and their families
- The way in which information on any hard to reach groups is sourced, and action taken to address any gaps of information with regard to local disabled children, young people and their families
- The way in which disabled children, young people and their families are strategically involved in identifying need, and evidence and feedback on their experiences is used to inform the JSNA process
- Public information on how the HWB will support partners to commission appropriately to meet the needs of local disabled children, young people and their families

Key resources for meeting this Charter commitment

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Statutory guidance to support Health and Wellbeing Boards and their partners in understanding the duties and powers in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

NHS Confederation, Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Paper designed to support areas to develop successful Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Child and Maternity Health Observatory: support for commissioners

Help to find the right tools, data and evidence to review, plan and improve services in your local area.

Child and Maternity Health Observatory: tools and data

ChiMat provides easy access to a wealth of data, information and intelligence through a range of online tools designed to support decision-making.

Rightcare (2012), NHS Atlas of Variation in Healthcare for Children and Young Adults

Variations across the breadth of child health services provided by NHS England are presented together to allow clinicians, commissioners and service users to identify priority areas for improving outcome, quality and productivity.

LGA (2011), Joint Strategic Needs Assessment: Data Inventory

Offers practical help to councils, clinical commissioning groups and other members of health and wellbeing boards.

Children and Young People's Health Outcomes Forum (2012), Making data and information work for children and young people

Factsheet on making data and information work for children and young people, including resources.

Contact A Family (2012), Health and Wellbeing Boards: making the case to target disabled children services

Briefing for Parent Carer Forums on the reasons why the Health and Wellbeing board in their area should target disabled children in their Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing strategy (JHWS).

Commitment 2: We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

Statutory drivers

Health and Social Care Act 2012

Duty to involve third parties in preparation of the JSNA:

- Local Healthwatch
- people living or working in the area
- for County Councils – each relevant DC

Duty to involve third parties in preparation of the JHWS:

- Local Healthwatch
- people living or working in the area

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC)

- The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

Article 7 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD)

- Children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realise that right.

Health and Wellbeing Boards should ensure that the voice of disabled children and young people is always heard when decisions are being made that affect them. Health and Wellbeing Board members should use their influence to embed engagement with disabled children and young people throughout the health and care system and in the context of a continuous and current partnership.

The benefits of embedding participation of disabled children and young people are huge: better services will be developed driven by feedback from the people who know and use them; resources are not wasted on services that are not taken up or valued; services will be more child and young person friendly and accessible; disabled children and young people will have insight into the diverse needs and barriers faced by marginalised and vulnerable groups; improved accountability to children and young people as stakeholders; and direct benefits to disabled children and young people themselves such as increased knowledge of services,

confidence, and skills⁴.

It should be recognised that many disabled children and young people may face significant barriers to their involvement, particularly in mainstream settings. Recent research from the VIPER project found that young disabled people's participation is still not embedded at a strategic, service level or individual decision-making. It found barriers to participation including a lack of understanding of what participation is and how you make it happen, lack of funding, inclusive practice, resources, time and training, and lack of consistent systems and structures⁵.

All disabled children and young people communicate and have a right to have their views heard and this may require targeted approaches and the involvement of Voluntary Sector Organisations (VSOs).

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the preparation and delivery of the Joint Health and Wellbeing Strategy (JHWS), and next steps for JHWS engagement
- Evidence of partnership working with any local groups of disabled children and young people

Key resources for meeting this Charter commitment

[The NHS Confederation, Royal College of Paediatrics and Child Health and Office for Public Management \(2011\), Involving children and young people in health services](#)

This report highlights the key findings and recommendations from an event held in September 2011 to discuss the key priorities for child health.

[VIPER \(Voice.Inclusion.Participation.Empowerment.Research\)](#)

VIPER is a three-year project funded by the Big Lottery Fund, to research young disabled people's participation in decisions about services. It began in Summer 2010.

[VIPER \(2012\), The Viper project: what we found](#)

Findings and key messages arising from the research activities of the VIPER project.

[VIPER \(2012\), The Viper project: what we found from the survey](#)

Summary of the findings and key messages from the research activities. The research summarised in this report was carried out between 2010 and 2012.

4 Participation Works (2008), How to involve children and young people in commissioning, p.6.

5 VIPER (Voice, Inclusion, Participation, Empowerment and Research) (2013), Hear Us Out, p.23.

Participation Works

Enables organisations to effectively involve children and young people in the development, delivery and evaluation of services that affect their lives.

Participation Works (2008), How to involve children and young people in commissioning

An introduction to commissioning from a variety of perspectives. It describes the different parts of the process and ways to support children and young people to participate in all aspects of commissioning.

Participation Works (2008), How to build a culture of participation

Information and practical ideas about how to embed participation throughout your organisation in a way that brings about change.

Participation Works (2010), Listen and Change - a guide to children and young people's participation rights

Aims to increase understanding of children and young people's participation rights and how they can be realised in local authority and third sector settings.

Making Ourselves Heard (MOH)

MOH is a national project to ensure disabled children's right to be heard becomes a reality.

Council for Disabled Children (2009), Making Ourselves Heard

Based on a series of eight seminars with local authorities this book sets out the current policy context for disabled children and young people's participation, outlines the barriers and challenges to effective participation and highlights what is working well.

Franklin, A. and Sloper, P. (2009) Supporting the participation of disabled children and young people in decision-making

Presents research exploring factors to support good practice in participation and discusses policy and practice implications.

DfEs (2003), Building a culture of participation: research report

Many of the case studies in this research are attempting to make participation more integral to their organisation.

Commitment 3: We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board

Statutory drivers

Health and Social Care Act 2012

Duty to involve third parties in preparation of the JSNA:

- Local Healthwatch
- people living or working in the area
- for County Councils – each relevant DC

Duty to involve third parties in preparation of the JHWS:

- Local Healthwatch
- people living or working in the area

The purpose of parent participation is to ensure that parents can influence service planning and decision making so that services meet the needs of families with disabled children. Effective parent participation happens when parents have conversations with and work alongside professionals, in order to design, develop and improve services⁶.

The benefits of effective parent participation are well established: resources are not wasted on services that are not taken up or valued; parent carers' insight can help develop cost-effective solutions to local problems; a shared view can be developed between parents and professionals of how to support families within funding limitations; more costly interventions can be avoided in the future; and complaints can be reduced by Parent Carer Forums monitoring services and alerting commissioners and managers if problems occur. The Contact A Family resources below contain a wealth of evidence and case studies into how effective parent participation has benefited the local areas where it has been implemented.

Health and Wellbeing Boards should ensure that parent carers are involved in decisions that affect them at a strategic and service level. Health and Wellbeing Board members should use their influence to embed engagement with parent carers throughout the health and care system and in the context of a continuous and current partnership.

It should be recognised that parent carers may face significant barriers to their participation in mainstream settings but that this should not prevent their involvement in decision-making.

⁶ Definition from Together for Disabled Children (2010), How to guide to parent carer participation: Section 1 – parent participation as a process, p.2.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement
- Evidence of partnership working with local parent groups, including the local Parent Carer Forum(s)

Key resources for meeting this Charter commitment

Together for Disabled Children (v2.0 2010), Parent carer participation: How to guide.

A guide to support parent carer forums, commissioners and managers to develop parent carer participation. It can be downloaded in the following separate sections:

[Section 1 - The Process](#)

[Section 2 - producing information](#)

[Section 3 - consultation](#)

[Section 5a - successful meetings Together for Disabled Children](#)

[Section 5b - how to reach and engage parents](#)

[Section 5c - supporting parent representatives](#)

[Section 6b- for strategic leaders](#)

[How parent participation and parent carer forums leads to better outcomes for disabled children, young people and their families 2011](#)

[Contact A Family \(2012\), Parent Carer Participation: An overview](#)

This short guide provides examples of successful parent carer participation

[Contact A Family, Improving Health Services](#)

Resources to support the commissioning and management of health services.

[Contact A Family, Resources](#)

Resources, case studies and information for professionals to help them improve how services are delivered, so they better meet families' needs.

[Contact A Family \(2013\), Parent carer forum involvement in shaping health services - second report](#)

Report into Parent Carer Forum involvement with the health service in the lead up to the new health system coming into effect.

Commitment 4: We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account

Statutory drivers

Health and Social Care Act 2012

Duty to prepare a JHWS for meeting needs included in JSNA in relation to LA area and to have regard to guidance from Secretary of State

Power of the HWB to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNA and JHWS

CCG is under a duty to involve HWB in preparing or significantly revising the commissioning plan – including consulting it on whether the plan has taken proper account of the relevant JHWS

Duty to provide opinion on whether the CCG commissioning plan has taken proper account of the JHWS. Power to also write to NHS England (formerly the NHS Commissioning Board) with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG). Duty to review how far the CCG has contributed to the delivery of any JHWS to which it was required to have regard and to consult HWB on this

Duty in conducting the performance assessment, to assess how well CCG has discharged duty to have regard to JSNA and JHWS and to consult HWB on its view on CCGs' contribution to delivery of any JHWS to which it was required to have regard (when conducting its annual performance assessment of the CCG)

In response to the report of the Children and Young People's Health Outcomes Forum, the Government set out its ambitions for improving health outcomes for children and young people by launching 'Better Health Outcomes For Children And Young People: Our Pledge'⁷. Health and Wellbeing Boards will play a key role in delivering on these ambitions.

Disabled children and young people will provide a crucial test of the effectiveness of the new health system and improving the outcomes they experience, including those in the NHS and Public Health Outcomes frameworks, will require concerted strategic leadership. However, if a Health and Wellbeing Board can improve integration for local disabled children and young people, who frequently test the interface between multiple services and agencies, it can deliver for all children and young people.

For the JSNA and JHWS process to make a positive impact on the outcomes faced by disabled children, young people and their families, it is essential that the evidence collected through the JSNA process reflects the outcomes that are most meaningful to them. Health and Wellbeing Boards should use the JSNA process to develop a shared understanding of the needs of disabled children, young people and their families, and the causes of the poor outcomes and inequalities

⁷ Department of Health (2013), Better Health Outcomes for Children and Young People: Our Pledge

they experience. They should set clear strategic outcomes for partners to meet and ensure that mechanisms are in place to measure and monitor progress towards achieving them.

The JHWS should address how the needs of disabled children, young people and their families should be met and make recommendations on cost-effective approaches to reducing the health inequalities they experience. However, if this group is not identified as a priority in the JHWS, the Health and Wellbeing Board should demonstrate how it is providing strategic direction for partners to meet the needs of disabled children and young people.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Public information on the status of outcomes for local disabled children and young people based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc.
- Public information on the strategic direction the HWB has set to support key partners to improve outcomes for disabled children and young people. This may be encompassed by the JHWS, but would need to be sufficiently delineated to demonstrate specific objectives and action for disabled children and young people.

Key resources for meeting this Charter commitment

[NHS Confederation \(2012\), Children and young people's health and wellbeing in changing times](#)

The purpose of this report is to support implementation of the health reforms to improve children and young people's health and wellbeing.

[Report of the Children and Young People's Health Outcomes Forum \(2012\)](#)

The Children and Young People's Health Outcomes Forum was established by the Secretary of State for Health and tasked with responding to the challenges set out in Sir Ian Kennedy's report published in 2010 'Getting it right for children and young people'.

[Report of the Children and Young People's Health Outcomes Forum - report of the long-term conditions, disability and palliative care sub-group \(2012\)](#)

Report discussing the challenges around improving outcomes for this group of children.

[Report of the Children and Young People's Health Outcomes Forum - inequalities in health outcomes and how they might be addressed \(2012\)](#)

Report commissioned by the co-chairs of the Children and Young People's Health Outcomes Forum from Maggie Atkinson, Children's Commissioner for England.

[Children and Young People's Health Outcomes Forum \(2012\), Health and wellbeing boards and children, young people and families](#)

Poster produced in June 2012 by the health and wellbeing board learning set for children and young people.

Children and Young People's Health Outcomes Forum (2012), Commissioning in the new NHS for children, young people and their families

Poster setting out the Children and Young People's Health Outcomes Forum's vision for successful commissioning for children, young people and their families in the new NHS.

Department of Health (2013), Improving Children and Young People's Health Outcomes: a system wide response

The Children and Young People's Health Outcomes Forum report made recommendations, aimed at DH, DfE and a wide range of health system organisations, to improve health outcomes for children and young people. This document contains the system-wide response setting out the action already undertaken, in progress and planned in response to the recommendations.

Department of Health (2013), Better health outcomes for children and young people: Our Pledge

Government response to the report of the Children and Young People's Health Outcomes Forum, setting out shared ambitions across the NHS to improve outcomes and services for children and young people.

Contact A family and Strategic Network for Child Health and Wellbeing in the East of England (2012), Principles for commissioning and delivering better health outcomes and experiences for children and young people so that they are comparable with the best in the world

Poster showing 6 principles for commissioning and delivering better health outcomes and experiences for children and young people, developed by the Strategic Network for Child Health and Wellbeing in the East of England.

Department of Health (2010), The NHS Outcomes Framework 2011/12

The outcomes and indicators which make up the first NHS Outcomes Framework, following the consultation Transparency in outcomes – a framework for the NHS.

Commitment 5: We promote early intervention and support smooth transitions between children and adult services for disabled children and young people

The report of the Children and Young People's Health Outcomes Forum emphasised the importance of early intervention and transitions within a life-course approach to reducing health inequalities⁸. This is particularly significant for disabled children and young people and their families, who often struggle to obtain a diagnosis and access appropriate support at an early age and when transitioning to adult services, which affects their outcomes throughout their lives.

It should be emphasised that disabled children and young people may transition to adult services up to the age of 25. Health and Wellbeing Boards should consider the needs of disabled children and young people from 0-25 as well as ensuring smooth transitions to adult services.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- The way in which the activities of the HWB help local partners to understand the value of early intervention
- The way in which the activities of the HWB ensure integration between children and adult services, and prioritise ensuring a positive experience of transition for disabled young people

Key resources for meeting this Charter commitment

[Graham Allen MP \(2011\), Early Intervention: The Next Steps](#)

An independent report to Government, which argues that many of the costly and damaging social problems for individuals can be eliminated or reduced by giving children and parents the right type of evidence based programmes between 0-18 and especially in their earliest years.

[Graham Allen MP \(2011\), Early Intervention: Smart Investment, Massive Savings](#)

Graham Allen MP's second independent report to the Government sets out how early intervention programmes can be paid for within existing resources and by attracting new non-government money.

[Child and Maternity Health Observatory, Knowledge Hub: Transitions](#)

The transitions to adulthood hub brings together a range of resources and evidence relating to young people's transition process into the adult world. It is constantly updated with new resources.

Early Support

A way of working, underpinned by 10 principles that aim to improve the delivery of services for disabled children, young people and their families. It enables services to coordinate their activity better and provide families with a single point of contact and continuity through key working.

[Early Support \(2012\), Key working: improving outcomes for all - Evidence, provision, systems and structures](#)

A summary of the key evidence and consistent elements of a key working approach. It presents an analysis of the implications of key working that cuts across health, social care and education.

[Ofsted \(2013\), Good practice resource - Early intervention through a multi-agency approach: Sheffield City Council](#)

Sheffield City Council has developed a creative and innovative approach across the children's workforce by introducing a multi-agency perspective in providing preventative services to children and families.

[C4EO, Improving the wellbeing of disabled children through early years interventions \(age 0–8\)](#)

This section contains the following resources in support of improving the wellbeing of disabled children through early years interventions (age 0–8) priority: links to online tools; key online publications from C4EO partners and other organisations.

[Institute of Public Care \(2012\), Early Intervention and Prevention with Children and Families: Getting the Most from Team around the Family Systems](#)

Briefing paper arguing that effective local systems to identify families who would benefit from additional support and to coordinate support from a range of agencies is as important as delivering effective services.

Transition Information Network (TIN)

An alliance of organisations and individuals who come together to improve the experience of disabled young people's transition to adulthood. TIN is a source of information and good practice standards for disabled young people, families and professionals.

[TIN Resource Library](#)

You can use the search form to find a range of resources that can help you to improve your provision for disabled young people in transition to adulthood.

Preparing for Adulthood (PfA)

A 2 year programme funded by the Department for Education as part of the delivery support for 'Support and aspiration: A new approach to special educational needs and disability' green paper. It provides knowledge and support to all local authorities and their partners, including families and young people, so they can ensure young people with SEN and disabilities achieve paid work, independent living, good health and community inclusion as they move into adulthood.

Preparing for Adulthood (2012), PfA resource list

Created for the PfA 'How are you doing?' events which took place in June and July, 2012. Resources are listed under: Paid employment; Independent living; Good health; Community inclusion.

Sloper, P., Beecham, J., Clarke, S., Franklin, A., Moran, N. and Cusworth, L. (2011) Transition to adult services for disabled young people and those with complex health needs, Research Works, 2011-02, Social Policy Research Unit, University of York, York

This research aimed to provide evidence of what works well in developing and implementing multi-agency coordinated transition services for disabled children and those with complex health needs and their families. It also assessed the costs of the services.

Commitment 6: We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners

Statutory drivers

Health and Social Care Act 2012

Duty to encourage integrated working:

- between commissioners of health services and commissioners of social care services
- in particular to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006

Power to include in the JHWS a statement of views on how the commissioning of health and social care services, and wider health-related services, could be more closely integrated – i.e. the ability for the JHWS to look more broadly than health and social care in relation to closer integration of commissioning

Disabled children and young people access services across multiple agencies, and therefore are disproportionately affected by poor integration between health and social care services and a lack of coordinated commissioning. Health and Wellbeing Boards must work with key partners to meet the needs of disabled children and young people, including: education providers and schools; safeguarding boards, local children's trust arrangements; learning disability partnership boards; and others. Health and Wellbeing Boards should make recommendations to ensure that disabled children and young people experience seamless integration between the services they access.

In particular, Health and Wellbeing Boards should consider how they engage with education services, including schools and colleges, because of the significance of joined up-working between health, education and social care to disabled children and young people's outcomes.

To promote integrated commissioning Health and Wellbeing Boards will also need to consider how specialised health services commissioned by NHS England are joined up with locally commissioned services and ensure they are taken into account by their JSNA and JHWS.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Details of the way in which the HWB is informed by those with expertise in education, and children's health and social care
- Details of the way the HWB engages with wider partners such as housing, transport, safeguarding and the youth justice system
- Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families

Key resources for meeting this Charter commitment

[Together for disabled children \(2009\), Facilitating integrated practice between children's services and health](#)

This report contains examples of innovative working practice where services are integrated with health.

[Council for Disabled Children \(2006\), Pathways to success: Good practice guide for children's services in the development of services for disabled children - evidence from the pathfinder children's trusts](#)

This project ran from April 2004 to March 2006 and set out to work alongside the pathfinder children's trusts in developing new ways of working and to capture the learning from their work. The work covered: strategic planning; commissioning services, pooling budgets; joint working and co-location; assessment process and information sharing.

[East Midlands, Everybody's learning \(2012\), Assured safeguarding: GP and Health Leader edition](#)

Resource to help commissioners and health providers reassure themselves they are doing everything possible to ensure that children within the services for which they are responsible are as safe as possible.

[Ofsted \(2012\), Improving outcomes for disabled children by integrating early support and prevention services: Luton Borough Council](#)

Luton's services for disabled children and their families bring together practice across health, social care and education services, alongside innovative short break and early support provision. The development of an extensive range of integrated early support and prevention services is improving outcomes for disabled children and preventing situations deteriorating so that child protection or looked after services become necessary.

Commitment 7: We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners

Statutory drivers

Health and Social Care Act 2012

Power to encourage close working (in relation to wider determinants of health):

- between itself and commissioners of health-related services
- between commissioners of health services or social care services and commissioners of health-related services

Power to appoint additional members to the board as deemed appropriate

Power for HWB to request information for the purposes of enabling or assisting its performance of functions from:

- the local authority
- certain members or those they represent with a duty to provide

Children Act 2004

Requirement for each local authority to have a children's trust board which must include representatives of the local authority and each of the children's trust 'relevant partners'

Local safeguarding children's boards put on statutory footing

Children and Families Bill 2012-13 (currently in Parliament)

(Clause 25) Local authorities must promote the integration of special education, health and care provision.

(Clause 26) Local authorities and their partner CCGs must make arrangements for the joint commissioning of education, health and care provision for children and young people with SEN.

(Clause 27) Local authorities must keep under review special education provision and social care provision for children and young people with SEN and consider the extent that it is sufficient to meet their needs.

(Clause 30) Local authorities must publish a Local Offer containing information about services available for children and young people with SEN, including education, health and care provision.

The role of the Health and Wellbeing Board must be understood in relation to new and existing partnerships, including: local children's trust arrangements; local safeguarding children's boards; learning disability partnership boards; and others. A clear local framework on how these partnerships interact needs to be established to avoid the duplication of effort or even

competing for resources.

The JSNAs and JHWS need to be aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block⁹; safeguarding arrangements; child poverty strategies; and children and young people's plans if they are still used.

Additionally, the Children and Families Bill currently in Parliament contains clauses for promoting integration between special educational provision, health and social care provision (25), making joint-commissioning arrangements (26), keeping education and care provision under review (27), and producing a local offer (30), for children and young people with SEN. These new duties on local authorities all have a clear relevance to the functions of the Health and Wellbeing Board to encourage integrated working, promote close working and undertake a JSNA and JHWS. This is particularly important as CCGs will be under a new duty to secure specific services in education, health and care plans for children and young people with SEN¹⁰. Indicative regulations also make clear that local authorities must consult Health and Wellbeing Boards when preparing and reviewing its Local Offer¹¹.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Information on links to other local integration forums which set strategic direction for disabled children's services, e.g. the local children's trust arrangements, the local safeguarding board, the learning disability partnership board, the school forum, etc.
- Evidence of how the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies, etc.

Key resources for meeting this Charter commitment

[NHS Confederation \(2012\), Children and young people and health and wellbeing boards: putting policies into practice](#)

Developed by the health and wellbeing board learning set for children and young people, part of the National Learning Network for health and wellbeing boards, to give HWB members some ideas of how other boards are organising themselves to deliver coordinated services for children and young people.

9 See Department for Education (2012), [School funding reform 2013-14](#), pp. 16-20

10 See Department for Education website (2013), [Children and young people with special educational needs to benefit from new legal health duty](#)

11 The Special Educational Needs (Local Offer) (England) Regulations 2014: <http://media.education.gov.uk/assets/files/pdf/c/clause%2030%20draft%20regulations%20sen%20local%20offer.pdf>

Children and Young People's Health Outcomes Forum (2012), Health and wellbeing boards and children, young people and families

Poster produced in June 2012 by the health and wellbeing board learning set for children and young people.

Easton, C.; Hetherington, M., Smith, R., Wade, P., Aston, H. and Gee, G. (2012). Local Authorities' Approaches to Children's Trust Arrangements (LGA Research Report)

The Local Government Association commissioned the National Foundation for Educational Research (NFER) to investigate local authorities' approaches to their children's trust arrangements and how they are fulfilling their duty to promote cooperation with partners to improve children and young people's health and wellbeing.

General resources

[The Marmot Review \(February 2010\), Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010](#)

Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England.

[Kennedy, Prof Sir Ian \(September 2010\) Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs](#)

An independent review of services provided by the NHS to children and young people, concentrating on understanding the role of culture in the NHS. It focuses on areas where there are cultural barriers to change and improvement and makes recommendations.

[NHS Confederation - Resources for Health and Wellbeing Boards](#)

The NHS Confederation has been working with each health and wellbeing board learning set in collaboration with the NHS Institute for Innovation and Improvement, Department of Health and Local Government Association to produce publications which summarise their key points of learning and which will be shared with other shadow health and wellbeing boards.

[NHS Confederation \(2012\), Children and young people's health and wellbeing review of documents](#)

Briefing summarising the key policy documents on children and young people's health and wellbeing that have been published over the last two years."

[NHS Confederation \(2012\), Support and resources for health and wellbeing boards](#)

Summary of the support available to spread networking and learning opportunities for Health and Wellbeing Boards

[NHS Confederation \(2012\), National learning network for health and wellbeing board publications 2012](#)

A list of publications produced by The National Learning Network for health and wellbeing boards to share learning and support the establishment of well functioning boards.

[Local Government Association - Resources for Health and Wellbeing Boards focusing on children, young people and family issues](#)

The Health and Wellbeing Board learning set for children and young people looked at the issues important to the development of Health and Wellbeing Boards. The learning sets are a part of the Department of Health's development and support programme for Health and Wellbeing Boards which is supported by the LGA, NHS Confederation and NHS Institute. Nine learning sets focused on a number of themes including governance, resources and public engagement.

[Getting the Best Out of Your Health and Wellbeing Board Leadership Development Offer - Health and Wellbeing Board Information Resource](#)

This document brings together information about publications and websites which should be of value to Health and Wellbeing Boards.

Child and Maternity Health Observatory

ChiMat was established in 2008 as a national public health observatory to provide wide-ranging, authoritative data, evidence and practice related to children's, young people's and maternal health.

National Voices

The national coalition of health and social care charities in England. They work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them.

Regional Voices

Supports the voluntary sector to successfully influence local strategic decision making in health and social care. This group of pages links to a variety of resources to support you develop strategies to influence in your local area.

About Us



Every Disabled Child Matters is the national campaign to get rights and justice for every disabled child. It is run by four leading organisations working with disabled children and their families: Contact a Family, Council for Disabled Children, Mencap and the Special Educational Consortium.



The Children's Trust, Tadworth is the leading UK charity for children with acquired brain injury, multiple disabilities and complex health needs. The Trust's services include the UK's largest rehabilitation centre for children and young people with acquired brain injury, nursing care for technology-dependent children, and education for children and young people with profound and multiple learning difficulties and complex health needs.

Rotherham Local Safeguarding Children Board (RLSCB)

Minutes from the meeting of Rotherham Local Safeguarding Children Board (RLSCB), held on Friday 15th March 2013, 11:30am – 3:00pm at Riverside House

In attendance:

Alan Hazell - Chair	Independent Chair, Rotherham Local Safeguarding Children Board
Sonya Chambers – Minute Taker	Administrative Officer, Rotherham Local Safeguarding Children Board
Deborah Wildgoose - Member	Deputy Director of Nursing, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)
Phil Morris - Advisor	Business Manager, Rotherham Local Safeguarding Children Board
Kevin Stevens - Advisor	Safeguarding Quality Assurance Officer for Rotherham Local Safeguarding Children Board and Children and Young People's Services
Zafar Saleem - Advisor	Community Engagement Manager, Community Engagement Team, Rotherham Metropolitan Borough Council
Steve Pearson - Advisor	Communications and Media Manager, Rotherham Metropolitan Borough Council
Sue Wilson – Observer	Performance and Quality Manager, Resources Directorate, Rotherham Metropolitan Borough Council
Clair Pyper - Member	Interim Director of Safeguarding Children and Families, Children and Young People's Services, Rotherham Metropolitan Borough Council
Karen Potts - Advisor	Think Family Business Development Officer, Strategy, Standards and Development, Children and Young People's Services, Rotherham Metropolitan Borough Council
Joyce Thacker - Member	Strategic Director of Children and Young People's Services, Rotherham Metropolitan Borough Council
Kelly White – in attendance to present agenda item 5	Service Manager – Borough Wide, Children and Young People's Services, Rotherham Metropolitan Borough Council
Richard Burton - Member	Lay Member, Rotherham Local Safeguarding Children Board
Dorothy Smith - Member	Director of Schools and Lifelong Learning, Children and Young People's Services, Rotherham Metropolitan Borough Council
Councillor Paul Lakin – Participating Observer	Lead Member for Children and Young People's Services, Rotherham Metropolitan Borough Council
Shona McFarlane - Member	Director of Health and Wellbeing, Neighbourhoods and Adult Services, Rotherham Metropolitan Borough Council
Warren Carratt - Advisor	Service Manager - Strategy, Standards and Development, Children and Young People's Services and Rotherham Local Safeguarding Children Board
Martin Kimber - Participating Observer	Chief Executive, Rotherham Metropolitan Borough Council
Claire Edgar - Participating Observer	Team Manager, Child Sexual Exploitation Team, Rotherham Public Protection Unit
Nick McPartlan – in attendance to present agenda item 2	Service Manager, Blackburn Engage
Mark Whelan – in attendance to present	Detective Superintendent, Lancashire Police

agenda item 2	
Paul Grimwood - Member	Youth Offending Services Manager, Rotherham Metropolitan Borough Council
Maryann Barton - Member	Service Manager, Action for Children
Anne Riley - Member	Service Manager, Children and Family Court Advisory and Support Service (CAFCASS)
Sue Cassins - Member	Executive Lead for Safeguarding at the Clinical Commissioning Group, Rotherham
Catherine Hall - Advisor	Nurse Consultant for Safeguarding Children, Clinical Commissioning Group, Rotherham
Pete Horner - Member	Public Protection Unit Manager, South Yorkshire Police
Sherif El-Refee - Advisor	Designated Doctor, The Rotherham NHS Foundation Trust
David Polkinghorn - Member	General Practitioner, Clinical Commissioning Group, Rotherham
Shaun Wright – in attendance to present agenda item 3	South Yorkshire Police and Crime Commissioner
Phil Etheridge – in attendance to present agenda item 4	Temporary Detective Superintendent, Major Investigation Team, South Yorkshire Police
Sue Gittins - Observer	Senior Manager and Strategic Lead for Universal Services and Services for Vulnerable Children and Young People
Sally Parker - Observer	South Yorkshire Police and Crime Commissioner's Office
Sarah Mainwaring - Member	Head of Probation – Rotherham, South Yorkshire Probation Trust
Dave Stopford - Member	Detective Chief Inspector, South Yorkshire Police

Apologies:

Yvonne Weakley – Deputy for Juliette Greenwood	Service Director, Integrated Children and Young People's Health services, The Rotherham NHS Foundation Trust
Dawn Peet – Deputy for Steve Green	Safeguarding Officer, South Yorkshire Fire and Rescue
Mark Monteiro – Deputy for Dave Stopford	Detective Inspector, Rotherham Public Protection Unit, South Yorkshire Police
John Radford - Member	Director of Public Health, Rotherham Public Health
Nick Whittaker - Member	Headteacher, Hilltop and Kelford Schools
Steve Green - Member	Group Manager, Emergency Response and Intervention, South Yorkshire Fire and Rescue
Jane Skupien - Member	Headteacher, Sitwell Infants School
Juliette Greenwood	Chief Nurse, The Rotherham NHS Foundation Trust

Agenda item:

1. Safeguarding Children Consultation from Voice and Influence Team - presentation

Sarah Bellamy, Showcat Ali and Lisa Duvalle from Rotherham Council's Voice and Influence Team introduced themselves along with Jess, one of the young people

Action:

Agenda
item:

Action:

involved in the Safeguarding Children Consultation.

The team explained that Rotherham LSCB had commissioned a consultation with young people in Rotherham to find out what safeguarding concerns they have, and as part of this exercise, made a DVD to capture the views of the young people on film.

A total of 525 young people took part in the consultation, which identified that the most important safeguarding concerns for the majority of young people in Rotherham came under the umbrella of personal safety whilst 'out and about'. Three key themes were identified under this umbrella – public transport, Rotherham parks and town centre stranger danger areas.

Different groups of young people were asked to look at the three key themes in more detail, with their views being captured for the DVD. A group from Dinnington looked at public transport, a group from Kiveton Park looked at Rotherham parks and a group from Eastwood looked at the town centre and stranger danger areas.

The film of the young people's findings was played to RLSCB, and key concerns included the following:

Public Transport

- 'Drunken' people using public transport – intimidating.
- Long waiting times – the young people felt especially vulnerable when waiting in the dark.
- Left stranded if they'd forgotten bus pass and didn't have sufficient money for full fare.

Rotherham Parks

- Intimidating behaviour from groups of other young people, e.g. alcohol and drugs.
- Not fair for mothers with young children who want to use park facilities.
- Broken glass from people drinking.
- People riding motorbikes through parks.
- The young people found parks to be especially intimidating at night, with reports of swearing, racist comments, shouting, etc.
- The young people questioned said that if they were parents themselves, they wouldn't let their children go to a park alone.

Town Centre and Stranger Danger Areas

- Clash of different cultures.
- Groups congregating on street corners and outside shops – intimidating.
- Attempts to steal mobile phones.

Agenda
item:Action:

- Lack of jobs and work experience opportunities.

After the film had been shown, Alan Hazell reminded RLSCB members and advisors that young people from Rotherham's Youth Cabinet had voiced very similar safeguarding concerns at a RLSCB Development Day held over two years ago on 12.11.2010. Therefore it was evident that young people were still worried about the same issues. Mr Hazell questioned what measures could be taken to address the three particular areas of concern covered in today's film (public transport, Rotherham parks, town centre stranger danger areas), suggesting that public transport would probably be the easiest to address, then parks, then the town centre less so.

There has been some follow up to the concerns regarding public transport. Sarah Bellamy reported that following the identification of this as an area of concern by Rotherham Youth Cabinet a couple of years ago, it was used by them as a theme for their Takeover Day. Ms Bellamy reported that she would be meeting with the manager of Rotherham interchange on 5th April to discuss safety at the interchange, CCTV, and what is being done / can be done to address concerns, bearing in mind that young people often have a different perspective of safety. Ms Bellamy added that a 'Young People's Transport Summit' was planned for 27th April in Sheffield, and that young people had been involved in organising workshops for this event. Ms Bellamy reported that the young people with whom she works feel that they are starting to be listened to, and would be happy to reconvene in about six months' time to see if young people had been reassured.

Richard Burton reported that young people had the same concerns about Rotherham interchange nearly a decade ago when he worked in a children's home.

With regard to young people's concerns about local parks, Pete Horner warned of the need to be mindful of perception versus reality, as someone's perception of a situation can be much worse than the reality. It may be that the focus needs to be on addressing what is behind the perception and providing more reassurance. Zafar Saleem agreed and said that crime is actually falling and positive work has been done, is therefore hopeful that the views captured within the next Lifestyle Survey will reflect this and show an improved perception.

Joyce Thacker pointed out that young people who witness crime / anti-social behaviour in parks will not necessarily report these incidents as they may not see the point or think they won't be listened to. Indeed, many young people are now so used to instances of anti-social behaviour that for

Agenda
item:

Action:

many, it has become the norm and they have become somewhat desensitised to such behaviour.

Richard Burton said that the presence of park rangers can be an effective deterrent to anti-social behaviour. Paul Grimwood reported that there have been some joint patrols between the Police and Youth Offending Services to address this issue, but said that more needed to be done to break down barriers and connect troublesome young people with those who have raised concerns about their behaviour.

Picking up on Joyce Thacker's earlier point, Clair Pyper said that it was not just young people who would avoid reporting anti-social behaviour in parks, but also older people, e.g. parents with children, who may simply just stop using the parks. Alan Hazell said there was a need to encourage people to report anti-social behaviour by reassuring them that their concerns will be listened to and acted upon.

David Polkinghorn raised the question of how to equip young people with confidence. Young people often say that they have nothing to do, yet as part of his community work in Wath upon Dearne, Dr Polkinghorn advises young people that there is actually plenty to do, e.g. libraries, sports facilities, etc. Joyce Thacker added that this is where the Family Information Service also comes in useful, and mentioned that they have their own website which has details of many local activities for children, young people and families.

Joyce Thacker commented that it was encouraging to see in the film that the young people had identified ways of keeping themselves safe, e.g. walking home in pairs. Ms Thacker added that it would be worth showing the film to the Safer Rotherham Partnership, and that it would also be helpful to seek a meeting with Rotherham park rangers to discuss the young people's perception of local parks.

As RLSCB had commissioned the DVD, Lisa Duvall asked for RLSCB's permission to use the DVD for educational purposes – this was agreed, and Alan Hazell offered to attend any educational sessions as a representative of RLSCB. Joyce Thacker suggested putting a link to the film on the RLSCB website as well.

Richard Burton mentioned that there is a Clifton Park interest group, and suggested that it would be worth making contact with them as well.

Alan Hazell proposed a review in one year's time to see if the young people's perception of the safeguarding issues they had identified had improved. Joyce Thacker said that this would be picked up via the Lifestyle Survey, and would

Agenda item:

make interesting reading. Mr Hazell said that the questions of the Lifestyle Survey could perhaps be amended as appropriate to accurately capture young people's perception of safeguarding issues.

Pete Horner emphasised the importance of agencies listening to what solutions young people would like to see to their concerns, as the agencies' own solutions may not go far enough to address the issues and provide reassurance.

Alan Hazell requested that an update on young people's safeguarding concerns is provided to RLSCB in twelve months' time, to assess what progress has been made.

Action:

Voice and Influence Team / Lifestyle Survey

2. Safeguarding Children Performance - update report (standing item) – Sue Wilson

Sue Wilson explained that this safeguarding children performance report was written from the perspective of Rotherham Council, but that RLSCB's Performance and Quality Assurance Sub Group is now starting to look at safeguarding performance from a multi-agency perspective.

This report covers the period up until the end of December 2012 – i.e. quarter three. Ms Wilson explained that the performance data tabled at Appendix A is produced on a monthly basis for Clair Pyper's management team, and that the management team receives further information and analysis to inform their decision making.

Clair Pyper reported that work is already underway to address particular problem areas, e.g. those performance indicators rated as 'red' (below local target and below national average). For example, with regard to the national indicator, NI63 – 'Stability of placements of looked after children: length of placement', currently rated as red, it is ensured that it is recorded whenever children have moved placement twice or more, and that previous child protection planning is taken into consideration. Ms Pyper emphasised the importance of knowing what work is needed to address the needs of individual families, not just ensuring that performance targets are met.

Catherine Hall challenged the information relating to looked after children health assessments on page four of the report, stating that it was not correct. Alan Hazell asked Sue Wilson where this information had come from, and Ms Wilson explained that this was taken from the Social Care database, so had not therefore come directly from Health. The issue here is that if Social Care's records are not up to date, this then affects the information provided in the performance report.

Agenda
item:Action:

There was some confusion regarding 'year end' health assessments. Deborah Wildgoose explained that if health assessments were not due at the time of performance reporting, then this could have an adverse effect on the figures. However, reassurance was given that Health is monitoring this particular area of performance and ensuring that health assessments are happening as they should be.

Clair Pyper said that work is also being done to ensure the quality, as well as the quantity, of Personal Education Plans for looked after children, and that there has been an improvement since this report was written.

Phil Morris raised the issue that dental checks for looked after children were still low, despite a significant improvement in performance compared to the previous quarter. Maryann Barton questioned whether it could be the case that looked after children are receiving good dental care but that this just has not been captured and recorded.

Alan Hazell reiterated that RLSCB needs to receive safeguarding performance update reports based on what the government has stated are important indicators.

3. Previous RLSCB minutes from 07.12.2013 and matters / actions arising

As per an action from the previous minutes, Sue Wilson had analysed the data from the Children and Young People's Complaints Report 2011-12 to further break down the information relating to different ethnicities of the complainants. The ethnicity breakdown was as follows:

- 52% White British
- 33% Dual Heritage – White and Asian
- 6% Dual Heritage – Other White
- 3% Asian – Pakistani
- 3% Other

It was reported that the Performance and Quality Assurance Sub Group had made a start on collecting complaints data from other agencies (i.e. not just Children and Young People's Services) and the group is currently looking at putting together a multi-agency template for agencies to submit complaints data, to ensure that the group is able to compare 'like with like'.

One of the actions from the previous minutes was for Sue Wilson's team to look at capturing customer involvement from the perspective of the child and parent, and it was proposed that feedback on this would be provided to Rotherham LSCB via the Performance and Quality Assurance Sub Group – this information was indeed fed back when the Sub Group last met on 01.02.2013. Ms

Agenda
item:Action:

Wilson added that this was also a key action in terms of preparation for the multi-agency inspection of child protection services, and would mean some work for Clair Pyper's management team.

Joyce Thacker and Alan Hazell reported that they had met with Shaun Wright, the new Police and Crime Commissioner, and discussed the positive proposal for the setting up of a new group to meet and look at child sexual exploitation across South Yorkshire.

With regard to the request from Councillor Paul Lakin at the previous meeting for an update on private residential children's homes, Clair Pyper replied that there weren't any in the Rotherham area, but that if any new ones did open, they should be picked up by the local authority. However, there is no obligation for these establishments to inform the local authority when they open. Councillor Lakin said his concern was that, given the fall in property prices, the creation of private residential children's homes offers a potentially lucrative business opportunity, with the risk of attracting investors who are more interested in financial gain than in the welfare of the children.

Kevin Stevens reported that an audit had been undertaken on referrals where there had been no further action (NFA), and he was now working with Vanessa Naylor, Early Help Assessment Team Manager, to learn what actually happens in practice with cases referred to Early Help.

Agencies were reminded that they needed to send in their completed Section 11 audits and to book a slot for a Section 11 audit 'challenge meeting' on either the 24th or 25th of April. Deborah Wildgoose said that she was unable to attend on either date as she would be on annual leave all that week – Alan Hazell agreed that alternative arrangements would be made to accommodate anyone unable to attend on the 24th / 25th April.

Phil Morris reported that he had contacted the Department for Education (DfE) again to ask them to provide an update on the Child S Serious Case Review within 24 hours, for the purpose of feeding back to last week's Child Sexual Exploitation Conference. However, the DfE said that they could not yet provide a definitive answer on the redacted overview report. After what has already been such a lengthy delay in awaiting the DfE's response, Alan Hazell proposed writing back to the DfE soon stating that Rotherham LSCB intended to go ahead and publish the Child S overview report on a set date, unless it could be justified why this should not happen. Mr Hazell emphasised the need to publish for the family's sake. Speaking from the perspective of the general public, Richard Burton said that the DfE had

Agenda
item:

delayed far too long, and that the issue of lost paperwork was unacceptable.

Joyce Thacker reported that Rotherham Council was in discussion with Rotherham Public Health regarding funding for a Sexual Health Worker to work as part of the Child Sexual Exploitation Team.

Dorothy Smith was pleased to report that exemplary work had been done with schools regarding child sexual exploitation, and that all schools, including faith schools, were now signed up to training.

With regard to the reporting of private fostering cases, Clair Pyper expressed concern that referrals were still not coming through to Children's Social Care from partner agencies. Staff in schools and health services are particularly well placed to spot possible cases of private fostering, and to identify if someone is a child's birth/legal parent. Ms Pyper said that many leaflets had already been distributed to schools and health services to try and raise awareness about private fostering, but Zafar Saleem argued that a lot of people don't pick leaflets up, and that it would therefore be worth adopting a more targeted approach.

Catherine Hall gave the reassurance that health services are carrying out checks with regard to private fostering. David Polkinghorn said that the awareness was there, but that lessons could be learned from Blackburn with Darwen Borough Council, as they seem to have a good understanding of the pathways that children go through and what loop holes there are.

Deborah Wildgoose said that it would be useful to have electronic versions of the private fostering leaflets for ease of circulation.

Kevin Stevens reported that he had previously done some research into private fostering and said that the point at which parents make contact with professionals is vital, in terms of the parents being asked the relevant and appropriate questions and effective follow up action being taken. The questioning is particularly important as private fostering is not always seen as a particular issue by some parents.

On page 12 of the previous minutes, it was recorded that Sarah Mainwaring would confirm the main points from the presentation she gave on the safeguarding findings from the Offender Management Inspection 2 and email these to Sonya Chambers for circulation to RLSCB members and advisors. Mrs Chambers reported that she had not received this information so undertook to remind Ms Mainwaring of

Action:

Clair Pyper

Sonya Chambers
& Sarah
Mainwaring

Agenda
item:Action:

this action.

Warren Carratt clarified that NHS Rotherham's proposed contribution of £22,000 to the RLSCB learning and development budget was not an 'in kind' contribution as stated in the previous minutes, but a cash contribution. Mr Carratt also clarified that changes to school funding need to be reviewed but this is not as yet 'set to change' with schools to make their own contributions, as stated in the previous minutes.

With regard to the Disclosure Review discussed at the previous meeting, which is a joint review between the Police, Rotherham Council and RLSCB to look at the safe storage and sharing of sensitive information across different agencies, Joyce Thacker explained that due to a delay in interviewing people because of absence / annual leave, the timescale for this piece of work had been extended to the end of April.

At the previous meeting, Pete Horner had reported that the Criminal Investigation Department of South Yorkshire Police was undergoing a restructure, which would affect the Public Protection Unit. Mr Horner was to provide an update to today's meeting, but he explained that the proposals regarding the centralisation of the management team firstly need to go to the Senior Management Team on Monday. Once an agreement has been reached, Mr Horner will report back to RLSCB.

Pete Horner

In the previous minutes, it was recorded that Paul Grimwood would provide an update to today's meeting regarding criticisms from inspectors following a recent inspection of Youth Offending Services. Mr Grimwood explained that following the identification of these concerns, the service had put together an action plan which is being monitored by Rotherham Council's Improvement Panel. Mr Grimwood added that areas for improvement are also covered in the Section 11 self-audit for Youth Offending Services.

4. Multi Agency Child Protection Inspection (presentation) – Alan Hazell

Alan Hazell said that he would instead present this item at the RLSCB Development Day planned for 20.05.2013.

5. Multi-Agency Threshold Descriptors, Practice Resolution Protocol, Multi-Agency Referral Form – Warren Carratt

Clair Pyper presented this item on behalf of Warren Carratt, who had had to leave the meeting early. These three documents have already been out to agencies for consultation and have been brought to today's meeting for

Agenda
item:Action:

ratification from RLSCB, as it is important that they are implemented and in use as soon as possible.

Ms Pyper explained that for many years, different agencies have been working to different child protection thresholds. Therefore the Multi-Agency Threshold Descriptors have been developed with a view to adopting a more consistent approach.

The Multi-Agency Referral Form had also been sent out for consultation, and agency feedback was that the original version was too lengthy, and this had therefore been addressed. This form had to align with the Common Assessment Framework (CAF) process, and was developed in response to problems being created by poor / sparse referrals being made to Children's Social Care.

The Practice Resolution Protocol was developed in response to the need for a systematic process for challenging professional practice.

It was clarified that these are not stand alone documents, but they are part of a RLSCB suite of documents available as guidance for professionals.

Alan Hazell asked why a Multi-Agency Referral Form (MARF) would need to be completed if a CAF has already been done. Clair Pyper explained that in such instances, relevant information from the CAF could be transferred to the MARF, rather than starting the MARF from scratch. It was clarified that the CAF form is not for making referrals, hence the creation of the MARF to capture the relevant safeguarding information required for a referral. Kevin Stevens explained that the MARF allows for the analysis required in a referral which the CAF doesn't cover. Ms Pyper added, however, that if a CAF has been completed then it can be attached to the referral as additional information.

Following ratification from RLSCB, these three documents need to be formally launched to publicise their availability to agencies. In addition, RLSCB members and advisors have a responsibility to ensure that front line staff in their agencies are aware of these documents and start to use them.

David Polkinghorn emphasised the importance of feedback being provided to those making referrals to Children's Social Care, and also the timeliness of this feedback. Clair Pyper said recent audits had shown that only 50% of referrers receive timely feedback. Pete Horner added that the referrer should be informed of the decision within 24 hours, and that the difference between a 'notification' and a 'referral' needs to be clarified to avoid unnecessary form filling. Deborah Wildgoose agreed and said that forms should also be

Agenda
item:

Action:

available electronically to avoid the need to scan / fax documents, which can be quite time consuming.

Clair Pyper reiterated that these documents were subject to multi-agency consultation and were designed by a multi-agency group. Joyce Thacker added that the documents had already been agreed by the multi-agency working group and now just needed to be signed off by RLSCB.

Phil Morris clarified that the Multi-Agency Threshold Descriptors are not prescriptive and should be used as guidance. Each case is different and professionals should use their own judgement.

Anne Riley said that CAFCASS have their own referral template - Maryann Barton said that Action for Children do as well, but that they will simply cross reference information from their own form onto the MARF, adding any extra information as required. Ms Riley said that the CAFCASS form should provide all the information required by the MARF, but will discuss with Clair Pyper after the meeting.

Paul Grimwood reported that he found the Multi-Agency Threshold Descriptors very useful.

As one of the stages within the Practice Resolution Protocol is escalation to Director level, Shona McFarlane raised the issue of whistleblowing when the problem is in fact with the Director in question, and the awkwardness that this would create. Ms McFarlane appreciated that each agency would likely have their own policy on whistleblowing and did not wish for there to be any duplication on this, but just wanted to warn people to be mindful of any potential pitfalls. Phil Morris confirmed that the Practice Resolution Protocol was not intended to replace agencies' own policies and procedures – indeed, this is stated on the first page of the protocol. However, Mr Morris acknowledged that the Practice Resolution Protocol did not cover whistleblowing and this could therefore be added.

Taking on board the comments made at today's meeting, RLSCB agreed to formally sign off the Multi Agency Threshold Descriptors, Practice Resolution Protocol and Multi Agency Referral Form.

Clair Pyper proposed that usage of these three documents is audited. David Polkinghorn suggested that a random approach would be better in terms of quality assurance.

It was agreed that these documents would now be formally launched and uploaded to the RLSCB website for other agencies to be able to access.

Agenda item:6. Children and Young People's Plan 2013 – 2016 - Update (standing item) – presentation – Sue Wilson

Sue Wilson requested that the papers accompanying this item (i.e. a copy of the presentation and the 'plan on a page') are sent out with these minutes.

Ms Wilson explained that the Rotherham Children and Young People's 'Plan on a Page' 2013 – 2016 was pulled together by the Rotherham Children and Young People's Partnership. Production of a Children and Young People's Plan is no longer a requirement, so the idea behind having the plan on a page was to keep it simple.

The vision of the plan is still based on the 'Four Big Things' from the previous Children and Young People's Plan 2010-2013, i.e.:

1. Keeping children and young people safe.
2. Prevention and early intervention.
3. Tackling inequality.
4. Transforming Rotherham learning.

One of the sections on the new plan on a page is the 'needs assessment'. This is a list of key issues of concern within Rotherham, highlighted in the Health and Wellbeing Strategy.

Alan Hazell observed that the plan on a page was very 'health' focused, but acknowledged that as the plan became more evidence based, the Joint Safeguarding Needs Assessment (JSNA) would pick up other areas.

The next step will be the development of an action plan to underpin the plan on a page, along with a performance management framework to monitor progress against the action plan. Alan Hazell asked what the timescales were for this work, and Joyce Thacker replied that the aim is to have the action plan in place in six weeks' time. The action plan will be raised at other forums as appropriate.

7. RLSCB Sub Group Interim / Annual Reports:7.1 Performance and Quality Assurance Sub Group Annual Report – Juliette Greenwood

Phil Morris presented this item on behalf of Juliette Greenwood, who was unable to attend today's meeting.

Mr Morris said that in recognition of its increased workload, the Performance and Quality Assurance Sub Group had lengthened its meetings. However, there continues to be a very full agenda.

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Sonya Chambers

Agenda
item:Action:

This Sub Group is well attended by partner agencies. In terms of partner accountability with regard to quality assurance and audit work for Ofsted, any safeguarding findings by different agencies should be submitted to RLSCB via the Performance and Quality Assurance Sub Group. Likewise, any complaints data from other agencies should be looked at by the Performance and Quality Assurance Sub Group and any key themes identified. The Sub Group has already started to receive multi-agency complaints data, and a template is being developed to ensure that this information is in future reported in a consistent manner.

In terms of its quality assurance remit, the Sub Group has received written assurance from Health Services following the Jimmy Savile media coverage.

Another key piece of work undertaken by Kevin Stevens on behalf of the Sub Group was an audit of GPs' contributions to the Child Protection Conference process - i.e. not just whether or not a GP attended conference, but if they provided a report in the required format. Phil Morris explained that the audit also looked at how much notice GPs were given by the Safeguarding Children Unit that a conference would be taking place, and found that in some cases, sufficient notice was not provided, although it was very difficult to ascertain why.

The Sub Group has also been looking at the quality of agency referrals to the Contact And Referral Team (CART).

Other quality assurance work that the Sub Group has been involved with is the multi-agency review of Serious Neglect Cases, and the initial findings from this review have been reported to Rotherham Council's Improvement Panel. A summary report, pulling together key themes, has yet to be formulated.

The Sub Group was pleased to see that since 2010, there has been a continued improvement in the consistency of the chairing of Child Protection Conferences. Richard Burton asked whether the previous lack of consistency was because of a reliance on agency Conference Chairs – Clair Pyper agreed that this had had an impact, but was pleased to report that the service was now close to full capacity of permanent staff. Kevin Stevens added that the Safeguarding Children Unit is now looking to allocate cases directly to Conference Chairs to ensure consistency and continuity.

Phil Morris said that the Performance and Quality Assurance Sub Group needs to identify what its priorities are in terms of audits and overall workload, (e.g. child sexual exploitation) as capacity is limited. Richard Burton asked whether the

Agenda
item:Action:

Sub Group's limited resource was because there is no longer an Assistant LSCB Manager post, but Alan Hazell replied that quality assurance was not solely the responsibility of the LSCB Business Manager but of LSCB as a whole, and that the issue was more to do with allocation of time for this area of work. This should be addressed at the next Development Day.

Shona McFarlane asked about accountability in terms of ensuring that lessons have been learned by the LSCB – i.e. so what happens now in terms of 'closing the loop' on quality assurance? An audit is not enough in itself. Also, it needs to be ensure that the vast amount of good work done is not lost – Joyce Thacker agreed and said that this would be a good point for the Performance and Quality Assurance Sub Group to consider, particularly as it links in to Professor Eileen Munro's 'double loop' learning.

7.2 Policy and Procedures Sub Group Annual Report – Karen Hockley

Phil Morris presented this item on behalf of Karen Hockley, who was unable to attend today's meeting.

Mr Morris drew everyone's attention to the bullet points at 7.3 of the report, which was a list of the policies and procedures already reviewed by the group, as some of these were brand new documents, e.g. Surrogacy, Safe Sleeping, Multi-Agency Threshold Descriptors, Practice Resolution Protocol, Family CAF, and Cross (International) Border Cooperation in Child Protection Cases.

7.3 Learning and Development Sub Group Annual Report – Clair Pyper

Clair Pyper was pleased to report that since 2011/12, almost double the amount of people had received RLSCB training.

The workshop that was held to learn lessons from the Child S Serious Case Review generated a lot of interest and was very well attended.

A key challenge for the Learning and Development Sub Group is how it will measure the impact that training has had on practice, as currently there is a lot of quantitative data but not much qualitative data. The Sub Group will therefore address this and report back to RLSCB.

Learning and
Development
Sub Group

7.4 Child Death Overview Panel Annual Report – John Radford – deferred from 07.12.2012

John Radford had given apologies for today's meeting so was unavailable to present this item.

Agenda
item:Action:

Richard Burton fed back that these were very good, very professional and very constructive meetings, taking into account the upsetting subject matter.

8. RLSCB Budget - update report (standing item) – Karen Potts

Karen Potts explained that this was the first budget report to capture and report on the Munro monies for learning and development activity. Currently, there is a £1,904 balance still available within the learning and development budget. It was agreed that if this is still not spent by 31 March.2013, it will be carried forward separately to help fund the Early Help training that is currently being commissioned. It was clarified that Early Help learning and development activity has not previously been undertaken by RLSCB, but that this satisfies the 'additional' criteria of the grant – the grant criteria stipulate that at least 50% of the funding has to be used by LSCBs on additional training activity.

In December 2012, a meeting took place to discuss the funding arrangements for learning and development activity between NHS Rotherham and Children and Young People's Services. The current agreement is that NHS Rotherham contributes £22,000 and Children and Young People's Services matches this 'in kind'. At this meeting, it was agreed that the 2013/14 RLSCB budget would be raised at the Rotherham Partnership Chief Executive Officer Group (CEOG) on 10.01.2013. CEOG subsequently agreed for funding to be maintained at current levels with Health and Police colleagues to ensure that this is addressed within their new structures.

Pete Horner asked where the money would come from for Serious Case Reviews. Karen Potts replied that it was already agreed that Rotherham Council would provide two thirds of the funding, with Health to provide the remaining one third.

RLSCB agreed all of the recommendations in this report.

9. RLSCB Business Plan 2013-16 (standing item) and plan for Annual Report – Phil Morris

Phil Morris reported that the Business Plan had recently been refreshed against its objectives and actions, and a gap was identified in that there was no objective specifically regarding child sexual exploitation.

Section 1D of the Business Plan makes explicit RLSCB's duty to effectively monitor, scrutinise and challenge.

Agenda item:

Action:

With regard to action 1.6 of the Business Plan, Deborah Wildgoose asked what was to be audited – Phil Morris clarified that this was the DASH tool.

Mr Morris explained that the RLSCB Sub Group Work Plans are led by the RLSCB Business Plan.

An accompanying RLSCB Annual Report should be available by May 2013.

10. Any other business

10.1 Alan Hazell reported that he had met with Phil Morris and Richard Burton to discuss the Lay Member Protocol, given that there is now a need to appoint a new Lay Member following the resignation of Gary and Diane Smith. Changes were subsequently made to the protocol, which will now go out for comment. Once the document is finalised, the recruitment process can begin.

10.2 Pete Horner reported that South Yorkshire Police had been contacted by makers of the TV programme Panorama, with regard to taking part in a programme on missing children and looked after children. Mr Horner clarified that the programme would not be focused on South Yorkshire, but would be looking at the issues from a nationwide perspective – South Yorkshire have simply been invited to participate.

10.3 Richard Burton asked for a thank you to former RLSCB member Karen Hockley to be formally recorded, for the work that she contributed whilst in post, which including chairing the Policy and Procedures Sub Group for a period.

10.4 Richard Burton once again raised the issue of the problems that visitors to Riverside House experience when reporting to reception, which is repeatedly resulting in meetings not being able to start on time. This is very embarrassing for the meeting organisers and remains unresolved. Phil Morris / Sonya Chambers to follow this up.

Phil Morris /
Sonya Chambers

11. Future agenda items

- An update on young people's safeguarding concerns to the March 2014 meeting of RLSCB, to assess what progress has been made – Voice and Influence Team / Lifestyle Survey
- Multi-Agency Child Protection Inspection – presentation to RLSCB Development Day on 20.05.2013 – Alan Hazell
- RLSCB Annual Report – June 2013 meeting of

Agenda
item:

RLSCB

Action:

13. Date of next meeting:

Friday 14th June 2013, 10am – 12.30pm in Meeting Room
5a and 5b combined, Wing B, 4th floor, Riverside House

DRAFT