

CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP

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

Date: Wednesday, 16th July, 2014

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 21st May, 2014 (herewith) (Pages 1 - 9)
3. Matters Arising.
4. Issues and Concerns (Pages 10 - 16)
Looked After Children's Council Update
Youth Cabinet Update

For Discussion:-

5. CSE Update
6. Multi Agency Thresholds (Pages 17 - 19)
- Clair Pyper to report
7. Neglect - Preparation for September Peer Review (Pages 20 - 23)
- Clair Pyper / Sue Wilson to present
8. Review of the CYPP (Pages 24 - 98)
- Sue Wilson to present
9. Multi Agency Inspection (Pages 99 - 172)
- Sue Wilson to present
10. SEND
Sue Wilson to present

For Information

11. Youth Cabinet (Pages 173 - 176)
minutes of meeting held on 15th May, 2014
12. Rotherham LSCB (Pages 177 - 197)
minutes of meeting held on 6th June, 2014
13. Any Other Business.
14. Date and Time of Future Meetings
Wednesday, 24th September, 2014, at 2.00 p.m.
19th November
14th January, 2015
18th March
27th May
15th July

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

CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP
Wednesday, 21st May, 2014

Present:- Councillor Lakin (in the Chair); Councillors Pickering and Roche; Richard Butterworth, David Clitheroe, Tracey Guest, Michael Holmes, Marian Langham, Jenny Lingrell, Rachel Nicholls, John Radford, Donald Rae, Dorothy Smith, Joyce Thacker, Sarah Whittle, Sue Wilson and Chrissy Wright.

Apologies for absence were received from Steve Ashley, Karen Etheridge, Jason Harwin, Julie Mott, John Radford, Karen Smith and Janet Wheatley.

269. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 19th March, 2014, were considered and approved as a correct record.

270. ISSUES AND CONCERNS

Youth Cabinet

- An e-mail name, suggested by the Youth Cabinet, had been selected for members of the public to contact them – Yourvoice@rotherham.gov.uk
- An e-mail had been sent to Michael Grove on behalf of a young person who attended St. Bernard's School regard exam stress in school
- Healthwatch had visited and would appreciate any ideas as to how they could work with them
- The Self Harm Sub-Group was to make a presentation at the LSCB on 5th June – Yorkshire and Humber Youth Voice was very interested in the work being done around the issue
- A young person was to carry out his work experience at SYPTE
- The new IYSS website was almost ready
- The Publicity and Promotion Group had presented the new and improved Welcome Packs. The Social Media Policy was to be the next piece of work
- Rotherham MYPs were hoping to visit a Head Teachers meeting to promote UKYP and Youth Voice. All Rotherham MYPs had a Lord to campaign on with regard to Votes at 16. They had also met with Sarah Champion's office to discuss the issue for her debate in the House of Commons
- Following a recent Quality Mark visit, the feedback had revealed that young people could not always communicate the impact of their involvement in the group and that there was no accreditation. The BYC had developed a Youth Voice ASDAN and the young people had that they would like to work towards the accreditation
- Representatives would be attending the anti-bullying conference to be held in Leicester on 28th June.
- A member of RYC was now a representative on the Yorkshire and

Humber Youth Voice Steering Group who worked closely with the British Youth Council to help run conventions

- Toni and Rebecca had been nominated in the National Diversity Awards

Parents and Carers Forum

- Premises secured at Parkgate

271. SPECIAL EDUCATIONAL NEEDS AND DISABILITY REFORMS - UPDATE

Donald Rae, SEND Strategic Lead, presented an update on the preparations to implement the Special Educational Needs and Disability Reforms in Rotherham.

The Children and Families Bill was enacted in March and a new version of the SEND Code of Practice published with the final version expected shortly.

This was the largest reform of how information and support was provided to children and young people with special educational needs and disabilities for over 20 years. It brought together the different systems in Early Years, Schools and Colleges and ensured better integration with health and care. It aimed to improve the support provided so that children and young people were able to live independent and fulfilling lives in adulthood. Placing the needs of parents and young people at its heart, the new system focussed on those aged 0-25 with new duties for local authorities, Clinical Commissioning Groups and Early Years Providers, Schools (of all types) and FE Colleges. Late amendments to the Bill had increased the role of the local authority in providing Mediation Services for education, care and health as well as bringing young people within Youth Offending institutions into the scope of the Act.

Organisations in Rotherham, including parents and young people, continued to work in partnership to implement the reforms. Key tasks which needed to be completed before September, 2014 included:-

- Putting children, parents and carers and young people at the heart of the new system
- Publish a Local SEND Offer
- Establish a new SEND Assessment Pathway for all of those aged 0-25 with Special Educational Needs or a disability, including plans to transfer those with a SEN Statement or Learning Difficulty Assessment (LDA) to the new Education Health and Care Plan
- Set up a new structure with the CCG to jointly commission education, care and health services for those with special educational needs or a disability
- Ensure parents and young people can receive support through a personalised budget if they request one
- Consultation on Rotherham's SEND Aspiration and Mission

Whilst the SEND Reforms were part of national legislation, it was important to be clear about what this meant for the children and young people in Rotherham. To help this process, consideration was being given to developing a consensus about the purpose of the SEND Reforms. Building on the Government's stated aims, the following have been proposed and discussion already started with many groups with the aim of reaching a final version in July, 2014:-

Rotherham's SEND Aspiration

"Rotherham children and young people with Special Educational Needs will achieve well in their early years, at school and in college; lead happy and fulfilled lives and have choice and control"

Rotherham's Special Educational Needs and Disability Mission

"Rotherham education, health and care services will create an integrated system from birth to 25. Help will be offered at the earliest possible point, with children and young people with special needs and their parents or carers fully involved in decisions about their support and aspirations"

This was a huge piece of work for all partners. Feedback from a visit from the DfE to establish Rotherham's preparations for the reforms had stated that all the correct structures, systems and personnel were in place to take them forward and impressed by the working relationship with the CCG.

Discussion ensued on joint commissioning:-

- The commitment and all the elements of joint commissioning were there and needed to be actioned
- Services had to be delivered more cost effectively and needed to be clear as to what joint commissioning meant in terms of any service reconfiguration and procurement and how it worked for the Local Authority as a large provider
- To the recipient of the Service it did not matter who was the commissioner of services it as long as they had the best outcome
- Education/schools needed to be brought into commissioning
- Communication strategy across all Services required

Resolved:- (1) That the report be noted.

(2) That the report be forwarded to the Health and Wellbeing Board for consideration.

272. CHILD POVERTY STRATEGY - RESPONSE TO GOVERNMENT CONSULTATION

Michael Holmes, Policy and Partnership Officer, presented a summary of the consultation on the Government's draft Child Poverty Strategy 2014-

17 together with a draft consultation response.

The 2010 Child Poverty Act had established targets for reducing child poverty by 2020 and required the Government to produce a Child Poverty Strategy every 3 years

The most widely used target was relative low income which was based on the proportion of children living in households with less than 60% of median income. The target was to reduce this to less than 10% by 2020/21 from a baseline of 18% in 2010/11. The latest available figures for 2011/12 showed that 17% of children were in relative income poverty.

The Act also placed a duty on local authorities and their partners to co-operate to tackle child poverty, preparing and publishing a Local Needs Assessment and producing a joint local Child Poverty Strategy.

A Child Poverty Needs Assessment had been carried out in 2010 which had shown that 64% of the then 12,745 Rotherham children living in poverty were in a lone parent household. However, the recent trend, due in part to the tightening of benefit eligibility criteria, was for more single parents to be in work, therefore, the Assessment required updating to gain an understanding of the current picture.

It was proposed that, rather than developing a separate Child Poverty Strategy, the Early Help Strategy, with its focus on preventative work with children and families, would serve as the primary vehicle for addressing or mitigating the effects of child poverty in Rotherham. Also Rotherham's Health and Wellbeing Strategy had a specific poverty priority focussing particularly on reducing health inequalities and improving the skills and work readiness of those disengaged from the labour market.

A strategy for building resilience in Rotherham was also in development which would seek to provide improved co-ordination of the various poverty related initiatives and actions.

The deadline for responses was 22nd May. A draft response had been prepared regarding the specific consultation questions that were to be used to shape the next three-year Strategy: -

1. To what extent do you agree that the draft strategy achieves a good balance between tackling poverty now and tackling the drivers of intergenerational poverty?
2. Considering the current fiscal climate, what is your view of the actions set out in the draft strategy?
3. At a local level, what works well in tackling child poverty now?
4. At a local level, what works well for preventing poor children becoming poor adults?
5. What more can central government do to help employers, local agencies and the voluntary and community sector work together to end child poverty?

Discussion ensued on the proposed response:-

- Schools should place great emphasis on the destination of school leavers and use as 1 of their success criteria
- Free school meals would be extended to FE colleges
- The Government had announced colleges would be funded 17.5% less for an 18 year old – potential impact on delivery and contact that would be provided

Resolved:- (1) That the key aspects of the Strategy be noted.

(2) That the draft response be approved subject to the proposed amendment suggested.

273. FAMILIES FOR CHANGE UPDATE

Jenny Lingrell, Troubled Families Co-ordinator, presented a report on the Families for Change work including how it had been implemented in Rotherham, how resources had been deployed and the impact on outputs and performance, leading to overall improved outcomes for children and families.

There was 1 year remaining until the current phase of Troubled Families ended. The Troubled Families Unit had secured funding for the delivery of at least 1 year of Troubled Families Phase 2 (a 5 year programme), however, details of how this would operate had not been published to date.

Rotherham was asked to work with 730 families over a 3 year period and adopt an approach to engaging families that delivered 5 family intervention factors – a dedicated workers, dedicated to a family; practical ‘hands on’ support; a persistent, assertive and challenging approach; considering the family as a whole and common purpose and agreed action.

The report highlighted:-

- Human resource infrastructure
- Commission arrangements
- Family Mediation pilot
- Case studies and payments by results
- Future delivery arrangements

Discussion ensued on the report with the following issues raised/clarified:-

- Approximately 600 people engaged with the project
- The Police had seen a reduction in the figures for anti-social behaviour and criminal damage and were very supportive of the project
- The infrastructure was funded by the Payment by Results which was one-off funding
- The Programme was to be extended from April, 2015 to a 5 year programme although the funding had only been confirmed for the first year. However, the indications were that it was had cross-Party support
- Details of the enhanced programme had not been announced as yet but there would be an expectation of working with an increased number of families with less funding
- Identification criteria would be much wider and would include family violence, specifically, domestic violence, health indicators and sharing the outcomes
- Troubled Families Unit had released a cost calculator to be used to demonstrate cost effectiveness
- The set total amount of money per family would be reduced from £4,000 to £1,800

Resolved:- (1) That implementation of the Families for Change Delivery Plan to date be noted.

(2) That a report be submitted as to how Phase 2 of the Troubled Families was to be delivered once the parameters were clearly defined by the Troubled Families Unit.

274. CSE LEARNING AND DEVELOPMENT PLAN

Joyce Thacker, Strategic Director, Children and Young Peoples Services, submitted the planned learning and development activity to raise awareness of the advent of, and actions required by officers to respond to, the sexual exploitation of children and young people.

In the absence of any clear guidance on learning and development provision or workforce definitions in the 2013 refresh of Working Together, the Rotherham Local Safeguarding Children's Board had opted to retain the definitions outlined in Working Together 2010 and had been included in the Learning and Improvement Framework. However, the remit of the LSCB's responsibilities for learning and development in relation to CSE

had been extended to include communication and general awareness raising.

Whilst distinct CSE training was being rolled out where required, it had also been incorporated into the existing learning and development offer to ensure it was an embedded component of broader practice developments.

320 individuals had undertaken CSE training in 2013/14 as well as 8 trained trainers who would be supported to deliver multi-agency training in 2014/15.

Resolved:- That the report be noted.

275. SEXUAL HEALTH SERVICES UPDATE

Further to Minute No. 237 of 20th November, 2013, Dr. John Radford, Director of Public Health, reported on the progress made to date on the development of care pathways and safeguarding reporting mechanisms for all young people accessing Sexual Health Services in Rotherham.

The Local Pharmaceutical Committee had agreed the necessary variation to the local contract to facilitate extension to the provision of Emergency Hormonal Contraception (EHC) at pharmacies to young women aged 14 to 16 years of age.

The protocols for the automatic referral from Pharmacy had now been developed and the electronic system was being modified so that it showed an automatic alert and details of the referral process. The Integrated Youth Service now had a draft protocol and an algorithm for referral.

A timetable for delivering training to Pharmacists in the use of the recording tool and the referral process was now being compiled. Once this had been delivered, the contract variation would be processed and Pharmacists signed up to the new contract would be able to operate the service extension.

The protocols in relation to under 16 year olds girls attending Genito-Urinary Medicine and Contraceptive and Sexual Health Clinics were in the process of being harmonised and Service Level Agreements with the Foundation Trust had been drawn up to reflect the integration of Sexual Health Services. The proposed algorithm for referral to the newly appointed Sexual Exploitation Nurse had now been circulated to professionals for comment and was currently being assessed. Once completed, the specialist protocols would be developed for use in general practice.

The IYSS would be notified when a pharmacist had prescribed EHC but notifying GPs had not been included. It was felt that GPs should be

informed at the same time.

Resolved:- That the report be noted with the addition of notification to GPs of any Emergency Hormonal Contraception prescribed by pharmacists.

276. CSE UPDATE

Joyce Thacker, Strategic Director, Children and Young Peoples Services, gave the following update:-

- The annual report was currently being compiled and would be submitted to the July meeting and to the LSCB
- GROW had managed to secure SRP funding for a further 2 years
- Consideration was to be given to Safeguarding training for taxi drivers using a training pack used by Sheffield City Council who had introduced it as a pre-requisite for their license
- Multi-Agency Safeguarding Hub would go live on 4th August at Riverside House. The CSE Team back office function would be re-located to Riverside and front facing work to the Eric Manns Building
- Induction for Elected Members would include Safeguarding training with CSE emphasis
- £20k had been secured from SRP for 2014/15 for the Voluntary Sector Consortium CSE Forum to deliver community based CSE training and awareness

277. ROTHERHAM LOCAL SAFEGUARDING CHILDREN'S BOARD

The minutes of the Rotherham Local Safeguarding Children board meeting held on 6th March, 2014, were noted.

278. ANY OTHER BUSINESS

DCLG

The DCLG was putting forward a Transformation Challenge Award where a local authority, on behalf of their partnerships, could submit a bid from the £105M available in 2015/16. The Strategic Leadership Team had requested that Directorates consider any opportunities to bid. Children and Young People's Services were considering a bid for MASH2, an information dashboard which brought together information from across the partnerships and built a single view of a child. Partners and agencies would still put information onto their systems and would draw the information out.

Only 1 bid for Local Authority was allowed. Any bids were to be

considered by the SLT on 2nd June.

Karen Smith

An e-mail had been received from Karen, Head Teacher, Meadowview Primary School, submitting her resignation from the Partnership due to the pressure of work.

A letter of thanks would be sent to Karen for her contributions to the Partnership.

Safe Haven

This was an anti-bullying project run by young people for young people. In conjunction with the incoming Mayor, there was to be a presentation event on 1st July.

279. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 16th July, 2014, commencing at 2.00 p.m. in Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Children, Young People & Families Partnership
2.	Date:	16th July 2014
3.	Title:	Looked After Children’s Council (LACC) Update
4.	Programme Area:	Integrated Youth Support Service.

Summary:

The Looked After Children’s Council (LACC) are currently meeting for Voice & Influence training and development sessions weekly at the MyPlace Building Rotherham. In addition, the LACC hold regular meetings on weekends and evenings to prepare presentations, and complete high profile project work. This quarter up to 15 Looked After and Leaving Care young people have attended meetings at any one time.

Over the past three months the LACC have engaged in a rich variety of Voice & Influence Sessions working on team building skills, self awareness and self-esteem. Young people have engaged in international visit preparation including completing individual risk assessments and delivering an open evening for Foster Carers, have actively engaged in an 8 day residential to Portugal. In addition, LACC sent Easter Cards containing ‘magic dust’ to all 63 Rotherham Borough Councillors to raise their awareness of the LAC Council. Engaged with Rotherham Youth Cabinet and UK Youth Parliament in a joint training day, have gratefully received 3 iPads and 2 laptops to work with at the LACC sessions, and delivered a recruitment event for looked after children to welcome them to the LAC Council at Myplace. Moreover, the LACC has welcomed visits from our Corporate Parents Joyce Thacker and Cllr Paul Lakin and delivered their Portugal presentation to the Corporate Parenting Panel on 2nd July.

Easter Celebrations

One of the LAC Council’s aims within their Terms of Reference is to improve the lives of Rotherham looked after and leaving care young people and to raise awareness of these groups. Therefore, in preparation for Easter members of the LACC wrote out and sent 63 Easter Cards containing ‘magic dust’ alongside LAC Council information to Rotherham Councillors to raise these Corporate Parents awareness of the LAC Council.

Youth Voice Vehicle Training Day – Young people from the Looked After Children’s Council alongside the UK Youth Parliament and Youth Cabinet worked together as part of the three strands of youth democracy in Rotherham which make up the Youth Voice Vehicle. The training day involved planning youth democracy projects over the following year and engaging in fun team building exercises, the groups created Easter Bonnets and Youth Portraits. A fun day was had by everyone.

International Residential to Portugal

The LAC Council members have been busy preparing for the international residential to Portugal, have engaged in individual, self and peer risk assessments for the trip, prepared a Portugal residential information booklet for carers and have delivered an open evening with presentation for all LAC Council foster carers to increase their awareness and allay any concerns around the trip. The group of 9 young people left Rotherham on Sunday morning April 20th travelling to Portugal and returned 8 days later on the evening of the 27th April. Young people had a fantastic opportunity to work together and engage with the group, having experiences outside of their everyday lives, including having to navigate around maps to find places, communicate with non-English speaking people, use foreign currency and understand its worth, try different foods and drinks, have an understanding of local customs and history etc. A number of the young people had never flown before or travelled abroad and three of the leaving care young people worked tirelessly as volunteers throughout the residential to support the other young people and staff team.

Corporate Parents Visit - Joyce Thacker and Cllr Paul Lakin were invited to visit the LACC in June to enable the LACC members to say a big thank you for funding to go on the International Residential to Portugal and for supporting the group in acquiring 3 iPads and 2 Laptops. The LACC have been using the new technology to create PowerPoint presentations and translate English into Portuguese etc. The group also took the opportunity to deliver a photographic presentation around the Portugal Residential and talk about the trip thanking them for the great opportunity they had been given. Here is what some young people had to say on the presentation:-

Just wanted to say thank you for this week. A lot of weight was lifted and stress was gone. Would never have happened without this holiday and I gained a lot of respect for the group and you wasn't expecting to have so much fun and can I just say BENCH!! Love Dale(19) & Reece(20)XX

**I liked being a member of staff because I felt older and wiser.
Zoe 21**

**I liked getting to spend more time with everyone and getting to know them better. We all worked well together
Jocelyn 17**

**I enjoyed learning to wristbind!
Mark 17**

***The pool was the best... I could swim any time I wanted
Brendon 15***

**I liked getting to know people better by spending more time with them.
Paislie 17**

**I've never flew before but I loved it.
Natascha 18**

**I enjoyed the whole thing!
Where are we going next year lol
☺ x Abbie 17**

LAC Council Open Evening Event – Three of the older LACC members have now found full time employment and can dedicate less hours to volunteering with the LACC. The reduction in numbers has led to an opportunity to recruit new members. On the 18th June the LACC members invited Rotherham looked after children to their open evening. LACC young people had worked hard to put together this event, sorting out timing, icebreakers games, delivery and materials etc. Five looked after children attended the event whereby existing LACC members explained all about what the LAC Council does including a brief whistle-stop tour through their Terms of Reference, Peer Consultations, National Participation in CiCC (Children in Care Council), Community Engagements, Day Trips and Residentials. All wrapped up in a fun evening of games and activities. Feedback from these potential new members has been extremely positive and all have said they definitely want to join the LACC.

Corporate Parenting Panel – The LAC Council were invited to engage in the Corporate Parenting Panel which took place on 2nd July. The LACC were treated to the more informal setting of the John Smith Room in the Town Hall to deliver their Portugal Presentation. Despite many apologies given from LACC members who could not support the presentation on the night, three young people bravely delivered the presentation to the panel members on behalf of the group to a receptive and responsive audience. A questions and answers session followed with a member of the panel suggesting the presentation should be delivered around other looked after children to show what the LACC does. However, one young person made the point that the LACC is not just about the residential but about all the other work the LACC does over the year and wouldn't want young people to join just because they thought there would be a residential. Paul Dempsey was asked whether there would be extra funding for a LACC residential for next year but he could not answer at this point. The LACC asked if he would get back to them. Cllr Paul Lakin asked if the LACC would ask other Looked After Children about their experiences of being in care and we told him we were already working on this and would feedback this information and any recommendations in the coming months. Cllr Lakin and other panel members praised the LACC for all their hard work and thanked them for their presentation.

Annual LAC Council Peer Consultation Feedback – Over the last couple of months young people have been engaging in peer consultation with looked after and leaving care young people asking them how they have experienced and perceived the service. This process is ongoing with LACC members due to visit local Residential Accommodation and Semi-Independent Units of Hollowgate and Nelson Street in Rotherham over the next couple of weeks. In addition, Social Care managers have been asked to support this process and given the LACC 'Have Your Say' form to distribute around young people they work with to encourage their voluntary engagement. This feedback will be collated and analysed by the LAC Council on 23rd July, and any recommendations written into a report and delivered to Joyce Thacker, Cllr Paul Lakin & Clair Pyper during a LACC meeting.

Youth Voice Vehicle Overnight Residential– The LAC Council alongside the UK Youth Parliament and Youth Cabinet are preparing to go on an overnight residential to Habershon House on 23rd & 24th July. Some of the residential will be given over to having fun including team building activities such as sand sculpting, and engaging in the Tropical Beach Party Theme. However, the LACC will also be taking a session to collate and analyse the feedback from looked after and leaving care young people and start to form the basis of their recommendations to improve their service.

Contact Name : Lisa Du-Valle
Voice & Influence Team
Looked After Children’s Council
Integrated Youth Support Service
Tel:- 07748143388 or (01709) 760817
Email:- Lisa.duvalle@rotherham.gov.uk

**Rotherham Youth Cabinet Meeting
Agenda
Tuesday 8th July 2014**

Summary of Minutes

**Chair – Josh Parker
Support - Toni Paxford**

Healthwatch - Sharon Cope

Not present, will attend next meeting.

Youth Cabinet PYPPO Rep - PC Paul Gray

Paul is a Police Young Peoples Partnership Officer and is one of 7 working in schools across Rotherham.

Paul said he was asked to become the representative for Youth Cabinet. He has no prescriptive role and is open to suggestions by young people and if young people have any points to raise with the Police or would like any other representatives to attend meetings, he is very happy to get involved and sort this out.

Self Harm update - Ann Berridge and Ruth Fletcher-Brown

Ann and Ruth fed back the report which they presented to Scrutiny on the ten recommendations Youth Cabinet had made and discussed what had been done and what they planned to do in the future.

Ruth thanked Youth Cabinet members for their work on this issue, especially for their involvement in the Suicide Prevention conference. She said that from the evaluations for the event, the Youth Cabinet input ranked the highest.

Anne said that at the OSMC there was a request from Councillor Currie that the presentation at the conference be taken to the Chair/Vice Chair of Governors meeting and asked if Youth Cabinet would go to Meeting to present their findings.

IYSS Website - Andrew Danylkiw, Jayne Bowns and John Kelly

The group were reminded of the consultation they did at the Rotherham Show last year around the IYSS Website and they were informed that there is currently a 'soft launch' of the new IYSS Website, with a full launch at the Rotherham Show later this year.

Young people were invited to look on their phones and on an iPad so they could give feedback about the site.

Residential and Summer Activities

Sarah gave out consent forms for the Habershon residential with LACC and discussed plans for it. Sarah also gave out a list of dates for training days throughout the summer break and informed the group they would be planning for their new manifesto, the Rotherham Show and promotion of Youth Cabinet.

Transport user group

Tom explained his role as Transport representative for Youth Cabinet. He is also currently doing work experience at SYPTE and is looking at how to include young people in changes to public transport schedules. The group had a discussion about transport issues and Tom gave out information around public transport news.

Michael Gove's emails – Exam Stress

Emilia has had two emails back from Elizabeth Truss from Michael Gove's office about exams and stress. The group discussed the contents and decided to send other emails to query some of the comments and points she made.

Treasurers update

Oliver gave an update on the budget and discussed the actual spend and predicted spend.

Publicity and Promotion Sub Group

Oliver and Brad gave figures for Twitter which has 319 followers and Facebook has 189 Likes. Oliver asked people to 'share' the social media links to keep people updated.

LACC Update

Lisa gave an update on LACC activities.

UKYP

Toni said they had started the Votes @ 16 campaign. With regard to the Curriculum for Life campaign, they were looking at PSHE in schools. They have reviewed one school and have another under review. They are starting to look at their local campaign and asked for any suggestions from the group.

Poland Group

Josh G gave an update and said they were preparing for a presentation on 25 July which was going well. The Poland group went to Beth Shalom last Tuesday which was a fantastic day. They met a holocaust survivor which was very emotional. They also looked at a genocide in Rwanda exhibition.

The Poland group, along with other Youth Cabinet members, went to Leicester for the Mini WE Day around anti bullying. Toni and Rebecca did presentations at the event and spoke about their experiences around bullying; Rebecca also sang. The presentations were very optimistic and emotional and Toni said she had never really told anyone her story before. They are also planning a visit to the Imperial War Museum in October to consolidate their learning around the holocaust and the war.

New Manifesto Aims

Sarah gave out a list of suggestions Youth Cabinet members had made so far for their new manifesto. Sarah asked for young people to pass any comments to her and that the group would work on these over the summer.

AOB

Josh P presented Emilia with a get well soon card as she will be having an operation tomorrow.

Debate:

The debate didn't take place as the meeting ran out of time.

Child Sexual Exploitation

Supplementary Multi-Agency Threshold Descriptors



Purpose

The risk indicators are a guide for all professionals to assist them in determining the level of risk of CSE in a consistent manner. This then allows for appropriate referral pathways to be progressed. This model is based on the Continuum of Need and does not replace the wider safeguarding children Multi-Agency Threshold Descriptors (MATD) which can be found at www.rscb.org.uk

Child Sexual Exploitation Risk Indicators

One vulnerable risk indicator	5 or more vulnerable risk indicators	Complex or Acute risk indicators
<p>If a child or young person presents with one vulnerable indicator, action is required. The earlier the intervention the better the chances of success. One indicator is unlikely to require Social Care or specialist services intervention unless it is an acute risk indicator. It may be appropriate to consider referrals into IYSS and/or Family CAF at this point.</p>	<p>If a child or young person presents with 5 or more vulnerable risk indicators a decision needs to be made as to whether they require specialist services or a Family CAF. Please note the list provided within the Multi Agency Threshold Descriptors is not exhaustive. The risk indicators are the most common indicators of CSE. If a child or young person presents with other factors, they need to be considered against the 'continuum of need' and the Multi-Agency Threshold Descriptors.</p>	<p>If a child or young person presents with Complex or Acute risk indicators, a referral should be made to Contact and Referral Team via the completion of a Multi-Agency Referral Form (MARF). Should this be more urgent, telephone contact should be made with CART in the first instance, and followed up with a MARF. The MARF needs to highlight the relevant risk indicators, along with any other factors as identified in the MATD, and provide as much information as possible in order to assist social care in determining the appropriate resource to meet the child or young person's needs.</p>

	UNIVERSAL	VULNERABLE	COMPLEX	ACUTE
Risk Indicators	<ul style="list-style-type: none"> Demonstrating usual teenage behaviour 	<ul style="list-style-type: none"> Regularly coming home late or going missing; Staying out overnight with no explanation Overt sexualised dress Sexualised risk taking including on the internet Associating with unknown adults Reduced contact with family, friends and other support networks Experimenting with drugs and/or alcohol Changes to usual pattern of social media use Poor self image Eating disorders Superficial self harm Attendance at GU Med or CASH clinic Being seen in CSE hotspots ie known houses or recruiting grounds Non school attendance or exclusion Breakdown of residential placement due to behaviour (Looked After Children) Repeat offending 	<ul style="list-style-type: none"> Getting into vehicles with unknown adults Associating with adults known to be linked to CSE Associating with other young people at risk of sexual exploitation or those known to be exploited Disclosure and/or withdrawal of a complaint of physical assault, with no substantiating evidence Reports of being involved in CSE through being seen at hotspots Adult 'boyfriend/girlfriend' Unaccounted for money or goods eg mobile phones, drugs and alcohol Sexual transmitted infections Previous victim of sexual abuse 	<ul style="list-style-type: none"> Rape Child under 13 years old engaging in sexual activity Pattern of street homelessness and staying with an adult believed to be sexual exploited them Child under 18 meeting different adults and exchanging or selling sexual activity Being taken to clubs and hotels by adults and engaging in sexual activity Disclosure of serious sexual assault and/or withdrawal of statement Abduction and forced imprisonment Being moved around for sexual activity Disappearing from the system with no contact or support and pre-existing CSE concerns Being bought/sold/trafficked Multiple miscarriages or terminations Indicators of CSE with chronic alcohol and drug use Indicators of CSE with serious self harming Evidence of internet exploitation eg. Exchanging of images Offering to have sex for money or other payment and then running before sex takes place ('Clipping') Gang member or association with gangs Receiving rewards of money or goods for recruiting peers into CSE

Important points to remember when assessing risk of CSE:

- Both girls and boys are at risk of CSE
- No child under the age of 13 should be considered in the 'vulnerable' category if there are indicators of CSE. The same applied for young people with learning disabilities.
- Abusers can be of either gender
- Abusers are often adults but can be children and young people, and their needs should be considered separately
- Children and young people are often loyal to their perpetrator despite the abuse they may experience
- Disclosure of information by the young person may take time and risks may only emerge during ongoing assessment, support or intervention.

Services	UNIVERSAL	VULNERABLE	COMPLEX	ACUTE
Service provision at this level	Child's needs are being appropriately met by universal services and no additional services are required	Child's needs may require additional support to prevent more complex issues arising from the unmet needs in the future.	Child's needs are multiple and may require statutory interventions from multiple agencies to ensure needs are met and positive outcomes are achieved.	Child's needs are immediate needing an urgent response to ensure safety and protection.
Who the services helps?	All children, young people and their families, and partner agencies	Children who are identified as at possible risk of being exploited; children who are vulnerable to CSE.	Children who are at risk of CSE; Children displaying a number of vulnerable and/or complex indicators;	Children at risk of significant harm through CSE; Looked After Children; trafficked and unaccompanied children where risk indicators are identified; children known to associate with groups and gangs
What framework could apply?	Universal assessments	Family CAF; Team around the Family; Statutory assessments; Advocacy	The Framework for the Assessment of Children and their families; MARF; Individual agency assessments; Graded Care Profile; Advocacy	Framework for the Assessment of Children and their families; Child Protection investigations (S47); Specialist Assessments; Multi Agency Support Panel (MASP); Legal Framework
Examples of services which may be involved	Education; School Nurse; GP's;	Education; Integrated Youth Support Service; Learning Support Service; Social Care: CAMHS, Barnardos, Victim Support	Social Care; Education; CAMHS; Police; Health; Probation; Integrated Youth Support Service; Education Welfare Officers, Barnardos, Victim Support	CAFCASS and Courts; Social Care; Police; Health; Education; CAMHS, Barnardos, Victim Support

Key contacts

Integrated Youth Support Service (IYSS)
☎ 01709 822560

Contact and Referral Team (CART)
☎ 01709 823987
✉ CYPs-CART@rotherham.qcsx.gov.uk

Out of Hours Team (after 5:30pm and weekends)
☎ 01709 336080

Immediate Safeguarding Concerns: If you are concerned that a child or young person is at immediate risk of harm then you should dial '999' and tell the Police. If you have any information which might help protect a child you should dial '101'.

UNIVERSAL	VULNERABLE	COMPLEX
<p>Child's needs are being appropriately met by universal services and no additional services are required</p> <p>All children, young people and their families</p> <p>Universal assessments</p>	<p>Child's needs may require additional support to prevent more complex issues arising from the unmet needs in the future.</p> <p>Hard to reach families; inexperienced parents; children with special educational needs; child who are not in education, employment or training</p> <p>Family CAF; Team around the Family; Statutory assessments</p> <p>CAMHS</p>	<p>Child's needs are multiple and may require statutory interventions from multiple agencies to ensure needs are met and positive outcomes are achieved.</p> <p>Children with disabilities; children with complex needs; children subject to a Child in Need or Child Protection plan; Children at risk of CSE; Children missing from home/education</p> <p>The Framework for the Assessment of Children and their families; MARF; Individual agency assessments; Graded Care Profile</p> <p>Social Care; Education; CAMHS; Police; Health; Probation; Integrated Youth Support Service; Education Welfare Officers</p>



The Rotherham Continuum of Need



Multi-Agency Threshold Descriptors

www.rscb.org.uk/

Key contacts

Early Help Assessment Team (EHAT)
☎ 01709 334905

Contact and Referral Team (CART)
☎ 01709 823987
✉ CYPs-CART@rotherham.gcsx.gov.uk

Out of Hours Team (after 5:30pm and weekends)
☎ 01709 336080

	UNIVERSAL	VULNERABLE	COMPLEX	ACUTE
HEALTH	<ul style="list-style-type: none"> Appropriate height and weight, and diet. Development checks, dental care and immunisations up to date No health conditions that significantly affect every day life Age appropriate physical, sexual and emotional development. Healthy lifestyle 	<ul style="list-style-type: none"> Fluctuation in weight Inadequate, unbalanced or restricted diet. Development delay. Not attending appointments or assessments, or seeking appropriate medical advice Frequent accidents/unusual pattern. Persistent unexplained minor health problems or accidents Emerging mental health issues - ADHD, autism, anxiety, eating disorders. Displaying emotional vulnerability. Continence problems Experimenting with substances/alcohol Young carer 	<ul style="list-style-type: none"> Excessive weight loss/gain. Poor diet adversely affecting health. Concerns about developmental progress Health concerns not addressed or poorly managed. Chronic health problems impact on everyday life. Learning significantly affected by health problem. Child has severe disability with complex needs. Exposed to Domestic Abuse. Self harming Escalating concerns relating to substance/ alcohol misuse 	<ul style="list-style-type: none"> Failure to thrive Weight causing severe concerns impairing health Lack of food. Developmental milestones not met and/or missing essential health appointments Refusing medical assessment and care. Repeated incidents of unexplained illness and/or accidents. Significant GP/A&E attendances Concern of fabricated or fictitious illness Children with special needs who have a profound level of difficulty not in receipt of appropriate services. Physical harm/suspected - non- accidental injury. Child is being sexually exploited and/orabused Witnessing physical/sexual abuse Acute mental health problems – threat of suicide/ psychotic episode/severe depression/anorexia Persistent substance misuse
EDUCATION	<ul style="list-style-type: none"> Good home/school link Good school/nursery attendance. Access to books, toys and appropriate stimulus Age appropriate communication / language development Age appropriate learning and development (physical, cognitive, social and emotional) Has appropriate social opportunities 	<ul style="list-style-type: none"> Inconsistent home/school link Inconsistent attendance and punctuality at school/nursery Some fixed term exclusions Not achieving learning potential Poor attention and concentration, low motivation Delayed communication / language development Delayed learning and development (physical, cognitive, social and emotional) Limited social opportunities Often appears to be tired / hungry Concentration and attention difficulties impacting upon social and learning situations 	<ul style="list-style-type: none"> Poor home/school link Deteriorating school/nursery attendance and punctuality. Significant attendance issues Under achieving despite potential Rarely engaged in play/learning. Few if any achievements High level special educational need Regular fixed term exclusions / at risk of permanent exclusion Limited participation in education, employment or training Poor concentration and attention difficulties impact upon social and learning situations 	<ul style="list-style-type: none"> No home/school link Few if any achievements – learning / social Little or no response to stimuli Little or no communication / language Little or no learning and development (physical, cognitive, social and emotional) No engagement with activities Puts peers at risk through behaviour Persistent absence from education / training Parental non – engagement / prosecution No school placement
EMOTIONAL & BEHAVIOURAL	<ul style="list-style-type: none"> Positive self esteem Good quality and appropriate attachment Demonstrates appropriate responses in feelings and actions Good emotional development Able to adapt to change Able to demonstrate empathy 	<ul style="list-style-type: none"> Experiences some difficulties with peer and family relationships Some evidence of inappropriate emotional responses and actions in social settings Difficulty in displaying empathy Early evidence of occasional anti social / criminal behaviour Social isolation Self harming Early sexual activity or awareness. 	<ul style="list-style-type: none"> Inability to maintain peer relationships Inappropriate/Insecure attachments Increasingly challenging behaviour Withdrawn/unwilling to engage or isolated Unable to display empathy Increase in self harming behaviour Engaging in offending and criminal activity Frequent unsafe sexual activity Significant emotional/ behavioural challenges. Overly challenging or anti social behaviour Unsafe sexual activity/CSE History of rejection 	<ul style="list-style-type: none"> Self esteem affecting all areas Persistent difficulty in forming/maintaining peer relationships Puts self or others serious danger eg physical harm, goes missing Persistent offending behaviour resulting in court orders / custodial sentences / ASBO Total withdrawal and isolation Serious abuse to others Life threatening self harm Indiscriminate sexual activity
IDENTITY	<ul style="list-style-type: none"> Positive sense of self Demonstrates feelings of belonging and acceptance Generally positive and wants to achieve. 	<ul style="list-style-type: none"> Displays some insecurities around identity Subject to discrimination Limited self confidence Experience of family breakdown Victim or perpetrator of bullying 	<ul style="list-style-type: none"> Demonstrates significantly low self esteem Experiences persistent discrimination Low in self confidence Signs of deteriorating emotional well-being Experience of being a child in care 	<ul style="list-style-type: none"> Self image distorted and may demonstrate fear of persecution by others Has internalised discrimination and behaviour, reflects poor self image Is socially isolated and lacks appropriate role models No confidence Mental health problems becoming evident Child in care / care leaver /Adopted A victim of crime
SELF CARE & PRESENTATION	<ul style="list-style-type: none"> Growing/Good level of competencies in practical, emotional skills and independent living skills appropriate to age eg feeding, dressing and social skills Appropriate confidence in social situations and sufficiently aware of the difference between 'safe' and 'unsafe' relationships. Appropriate dress for different settings Good level of hygiene 	<ul style="list-style-type: none"> Poor self-care Lacks independent self care skills Can be over familiar, withdrawn or isolated Inappropriate dress Poor hygiene and continence issues leading to bullying Problematic peer relationships 	<ul style="list-style-type: none"> Self care is neglected Self care is impacted by poor health. Often left alone for long periods (dependant on age) Inappropriate relationship with others Lacks confidence, watchful or wary Sexualised behaviour or appearance Emotionally/physically harmed from bullying May be aggressive in behaviour / appearance Presentation significantly impacts on all relationships Alienation and/or withdrawing from peers and family 	<ul style="list-style-type: none"> Child inappropriately left alone in the household Health prevents development of any self care skills Risk taking behaviour Frozen watchfulness Totally withdrawn Rejection or taunting by peers/Serious assault from bullying Actively engaged in CSE Appearance reflects poor care compromising general well-being.
FAMILY AND ENVIRONMENT	<ul style="list-style-type: none"> Positive relationships within family, including when parents are separated Experiences a stable family environment Strong family networks and friendships outside of the family unit Appropriate and safe accommodation which meets the needs of the family Parents / carers are to be able to manage their working or unemployment arrangements 	<ul style="list-style-type: none"> Poor parental/carer relationship Experienced loss of significant adult through bereavement or separation Limited support from family or friends Poor parenting history Fleeing violence Poor housing Isolated within the community Poor socio economic situation 	<ul style="list-style-type: none"> Incidents of domestic abuse Child is taking on a caring role Child included in parental conflict Trans generational involvement with social care Poor relationship with extended family or little communication Hostile, unsafe or overcrowded home environment Risk of eviction or prosecution Experiencing frequent housing moves/transient lifestyle No recourse to public funds and/or financial situation impacting on parenting capacity 	<ul style="list-style-type: none"> Significant family discord and persistent domestic abuse Privately fostered Parents with enduring health problems needing frequent hospitalisation Trans generational sexual abuse Destructive/unhelpful extended family Homeless/NRPF Inadequate accommodation presents danger Missing children Asylum seekers/Unaccompanied children Extreme poverty
PARENTING	<ul style="list-style-type: none"> Physical needs provided for Positive preparation for pregnancy, including engagement with antenatal care Ensures protection from danger or significant harm Demonstrates emotional warmth including praise and encouragement Positive relationship role models Supports cognitive development through play and interaction Enables child / young person to experience success and failure Provides experiences appropriate to age and interest through leisure, play, reading and activities Appropriate guidance provided Age appropriate boundaries and chastisement 	<ul style="list-style-type: none"> Inconsistency in provision of basic care needs Inappropriate and inconsistent care arrangements Parent's mental health, disabilities, or substance misuse impacts on their parenting capacity. Inappropriate or inconsistent supervision and guidance Lacks awareness of dangers/risks within and outside of the family home Inconsistent boundaries Teenage pregnancy Inappropriate parenting strategies Restriction of social opportunities and isolation. Parent has unrealistic expectations Poor role modelling Access to inappropriate adult materials Inability to support the child in maintaining healthy relationships with key people Complex family dynamics 	<ul style="list-style-type: none"> Basic care is deteriorating or unacceptable Poor coping skills due to parental vulnerabilities Parent's mental health, disabilities, or substance misuse significantly impacts on their parenting capacity and care provided Significant history of social care involvement Inappropriate care arrangements failing to meet the children's needs. No significant main carer identified for the child Level of supervision is inadequate for child's age Inappropriate chastisement Teenage pregnancy with other compounding factors Inappropriate parenting strategies exposing the child to significant harm Controlling home environment Unrealistic expectation of need for stimulation Erratic or inadequate guidance/boundaries provided Parent uses alcohol/substances to excess significantly impacting on parenting capacity. 	<ul style="list-style-type: none"> Basic care is absent and no boundaries in place Child at risk of significant harm as a result of parents neglectful parenting Parent's prioritise own needs over those of child Previous child has been removed from parent Parent refusing medical intervention which are agreed best interest of the child Concerning pattern of parent attending medical appointments Chronic and serious domestic violence or parent unable to restrict access to home by dangerous adults Child abandoned or left alone for long periods or overnight Previous or current child subject to child protection concerns Parental fictitious or fabricated illness Relationships characterised by rejection, abandonment or scapegoating Parents persistently deprives the child of stimulation– shuts child in a room / leaves child in cot for long periods Parent gives child / allows child to use illicit substances

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Children, Young People and Families Partnership
2.	Date:	16th July 2014
3.	Title:	Peer Review – The Impact of Childhood neglect
4.	Directorate:	Children and Young People’s Service

5. Summary

This report provides details to the Children, Young People and Families Partnership on the proposed Peer Review which is due to take place around the impact of childhood neglect in September 2014. It also covers the current profile of neglect cases in Rotherham.

6. Recommendations

- (i) That members of the Children, Young People and Families Partnership receive this paper and note plans for the peer review**

7. Proposals and Details

Sector Led Improvement

Members of the partnership will be aware that there is an expectation that local authorities provide each other with a level of support and challenge. In the Yorkshire and Humber Region the Directors of Children's Services work collaboratively with the support of a dedicated (shared funded) officer who facilitates and supports peer reviews for children's services (education and social care) across the region. Directors and Senior Managers in the region have undertaken specific training for them to undertake such peer reviews.

Peer Review – Neglect

It has been agreed that a Peer Review will take place in Rotherham during the week beginning 8th September which will be led by Eleanor Brazil, Director of Children's Services in Doncaster. The focus of this review will be childhood neglect, the impact that it has on the lives of children and what Rotherham are doing to combat this. It is anticipated that this will look at how partners respond to this issue including the role of our schools. Other members of the team are Mick Gibbs (North Lincolnshire) and Maxine Squire (York City).

The planning for this review has already commenced and officers have started pulling together key evidence and documents in readiness for the review, briefings are taking place with staff and partners and performance data is being analysed to allow officers to evidence to the peer review team what Rotherham's approach is to neglect cases.

Members of the commission will recall that during the OFSTED Child Protection inspection in July 2012 inspectors asked officers when “ enough is enough” in relation to children living with the effects of neglect after identifying a couple of cases where children had been living with long term neglect.

The RSCB then commissioned a review of neglect that was subsequently carried out, as a result of this review changes were made which included:

- Revised care plan to ensure social workers apply SMART methodology when planning interventions with families.
- Increased challenge by Safeguarding Conference Chairs and a re-developed “challenge procedure” for Chair's to more effectively challenge operational decision making.
- Roll out of a range of toolkits to aid practitioner reflection on neglect cases, included the Graded Care Profile.
- Improved legal gatekeeping at MASP to ensure that cases where Neglect is prevalent are escalated more swiftly
- Re-allocation of the Family Recovery Programme away from edge of care to be engaged at the point a child is placed on a child protection plan, to allow for early intensive intervention.

In addition, we have also revised our assessment forms as part of the roll out of our single assessment framework in social care, and the new format introduced will enable better quality assessment of need, balancing risks against strengths.

Neglect however is not an isolated issue or area of focus, and cuts across much of the work we deliver in CYPS. Whilst OfSTED challenged the LA on their tolerance of neglect at the acute end of the continuum of need (i.e. not removing children soon enough when subjected to child protection level neglect), we have also implemented strengthening measures at an earlier stage, which improve how we tackle neglect more quickly in the life of a child, which include, and the infrstcure we have put in place for professionals includes:

- Delivering a workforce development programme (Triple A), mandatory for all social workers, which focuses on improved assessment and analysis of families from day 1 of social work engagement.
- Development of the Early Help Support Panel to allow practitioners supporting families through early help services (e.g. via a Family CAF) to raise concerns and seek additional guidance/support before families hit crisis point and are referred to social care.
- Continued delivery of our Troubled Families programmes, providing targeted interventions for neglectful parenting that results in poor school attendance, ASB and worklessness
- Multi-agency learning and development provision rolled out, focused on Neglect.

OFSTED have recently published their report “ in the childs time: professional responses to neglect” findings from this are being used with managers in the service to inform the work of the service, key findings were :

- One third of neglect cases where social care have been involved for a long time have evidence of delay and or drift
- Assessments do not always take account of family history or the impact that neglect has on a child
- Engaging parents in child protection work is often difficult as they are likely to have complex issues of their own
- Non-compliance and disguised compliance of parents

Childhood Neglect In Rotherham

Neglect is often recognised throughout a gradual building picture where a number of factors then trigger interventions and support. It is however not just the responsibility of children’s social care and relies on our partners to recognise the signs and intervene early with support packages to avoid escalation into social care.

In 2013/14 there were 2916 referrals to children’s social care that progressed to assessment, 43% of these had a referral reason which referenced neglect or factors* considered to lead to neglect (domestic abuse, parental drug / alcohol use and mental health)

The Multi-Agency Support Panel considers complex cases where children need a high level of multi-agency resource, or a decision that they meet the threshold for legal intervention, and many of these include families where there has been substantial neglect. The involvement of key staff from agencies working with adults

(RDASH and IDVA, for example) has been instrumental in helping to create plans for children and young people which acknowledge the impact of their parents lifestyle on the children's wellbeing, including understanding the underlying reasons for neglect, and addressing those in cases where substance abuse and domestic abuse are leading to conditions of neglect.

As at 20th June, 34% (463) children in need had a referral reason on neglect or one of the factors* above

Once neglect becomes a significant concern children often become the subject of a child protection plan (CPP), as at 20th June 51% (185) of CPPs had a registration category which includes neglect.

Neglect is also an evident factor when children become looked after with 61% (236) of our current looked after children population having experienced some form of neglect during their life.

8. Finance

There are no significant costs to the peer review itself, other than incidental costs such as car parking costs, IT set up costs, refreshments etc. it's worth noting however that the LGA equivalent of these reviews are in the region of £20,000. These reviews will require officer time to support and preparation time in advance of the review itself in addition to time spent during the review itself (3 days in this instance)

It is clear however that the cost of neglect to CYPS is significant due to the number of cases that social workers are currently involved with.

9. Risks and Uncertainties

It is recognised as good practice to take part in a peer review as these external reviews often contribute to local improvement plans and assist with self assessments to be undertaken and evidence used.

OFSTED however would expect to be presented with previous peer reviews when they inspect children's services under their new framework

10. Policy and Performance Agenda Implications

Sector Led improvement is a valuable tool and one that the government recognise as good practice. OFSTED would expect to see a copy of such a report if they were to carry out an inspection in Rotherham

11. Background Papers and Consultation

OFSTED inspection report Rotherham 2012

OFSTED In the Child's time : professional responses to neglect, March 2014

Multi-Agency Review of Serious Neglect, August 2013

12. Contact Details

Clair Pyper, Director of Safeguarding, Children and Families,
clair.pyper@rotherham.gov.uk, Ext 23905

Sue Wilson, Performance and Quality Manager, sue-cyps.wilson@rotherham.gov.uk
Ext 22511

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

The Children and Young People's Plan action plan underpins the Plan on a Page which was developed around six joint key priorities and is linked into the Health and Wellbeing Strategy and Joint Strategic Needs Assessment.

Lead officers, high level actions and delivery milestones have been identified for each of the six joint key priorities.

The Children and Young People's Plan was approved by the children, young people and families partnership board in September 2013 and it was agreed that a progress report on the delivery milestones would be produced on a bi-annual basis.

This is the 1st of these progress reports and each of the delivery milestones has being ranked as one of the following:

- **Green - the delivery milestone is complete and/or is exceeding the identified target**
- **Amber – the delivery milestone is ongoing and/or there are no issues with the project**
- **Red – the delivery milestone is at risk of not being delivered within the timescales identified and/or there are issues with the project**
- **No information available or no update provided**

Pages 2 of the report provides an overview of the progress of the delivery milestones under each of the priorities.

Page 3 onwards provides details on the progress of each of the delivery milestones.

Overview					
Priority	Green	Amber	Red	Blue	Total
1: We will ensure children have the best start in life Strategic Lead/s: Frances Hunt/Joanna Saunders	12	28.5	11.5	0	52
2: We will engage with parents and families Strategic Lead/s: Sue Wilson	3.5	10	1.5	0	15
3: We will reduce the harm to children and young people who are exposed to domestic abuse, alcohol/substance misuse and neglect Strategic Lead/s: Clair Pyper	14	8	0	0	22
5: We will focus on all children and young people making good progress in their learning and development Strategic Lead/s: Karen Borthwick	4.3	23.3	2.3	0	30
6: We will target support to families in greatest need to help access learning/employment opportunities Strategic Lead/s: Warren Carratt	6	33	1	0	40
Total	40	103	16	0	159
%	25	65	10	0	

Please note: some of the delivery milestones have split RAG statuses which accounts for the above scoring.

Please note: Priority 4 –“We will work with partners to eradicate child sexual exploitation” has being excluded from this progress report as this is being managed through the LSCB child sexual exploitation strategy with each partner having in place its own agency action plan to support the overall delivery of the 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.

PRIORITY: 1	We will ensure children have the best start in life Strategic Leads: Frances Hunt, Assistant Head Of Ses: 0-7/Joanna Saunders, Head of Health Improvement – Rotherham Public Health
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ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
(i) We will ensure that parents receive good health information, advice and support during pre-birth and preschool	1. Rotherham midwives consistently and accurately assess levels of alcohol consumption during pregnancy by the systematic use of the screening tool Audit C	<ul style="list-style-type: none"> Discussions were started, however due to a change in personnel these are to be re-instigated 	Delivery - RFT Midwifery services Strategy - Anne Charlesworth
	2. Rotherham Midwives, where positive audit C complete full audit and refer to specialist midwifery service	<ul style="list-style-type: none"> As above Please also note that the 'Red Book' is to be amended from Autumn 2014 to include a copy of the Audit C/full AUDIT document 	
	3. Audits of mothers knowledge on infant feeding including dental health	<ul style="list-style-type: none"> No audits completed since NHS reorganisation 	Delivery RFT – Maternity and Health Visiting and Children's Centres and Early Years(Mary Smith) Strategy - Public Health Rebecca Atchinson Anna Clack
	4. Audits of professional knowledge on infant feeding including dental health	<ul style="list-style-type: none"> No audits completed since NHS reorganisation 	
	5. Distribution of toothbrush and paste at 6 to 9 month checks	<ul style="list-style-type: none"> 1195 distributed for the period Q3 and Q4, 2013/14 	
	6. Increase in breastfeeding initiation rates <ul style="list-style-type: none"> baseline 58% - 2012/2013 target 65.5% - 2013/2014 	<ul style="list-style-type: none"> Actual figure: 59.91% (2013/2014) Performance clinic being held on the 30th June 2014 with all partners and stakeholders 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	7. Increase in the number of Breastfeeding Friendly Public Places in Rotherham <ul style="list-style-type: none"> • baseline 61 - 2012/2013 • target 71 - 2013/2014 	<ul style="list-style-type: none"> • There are currently 67 Breastfeeding Friendly Public Places (BFPP) across Rotherham. Further outlets and settings are awaiting accreditation visits and certification • Once these outlets/settings are awarded this should bring the number of BFPP in line with the 2013/14 target 	
	8. Maintain the number of active breast buddies of 60	<ul style="list-style-type: none"> • There are currently 57 trained and active breast buddies to date (May 2014) • A further training programme is currently running with a further 8 breastbuddies soon to be active across the borough 	
	9. Progress against UNICEF accreditation for Hospital and Community Services	<ul style="list-style-type: none"> • Community services are at Stage1 and Maternity services are continuing to work to stage 3 of the Baby Friendly Initiative 	
	10. Increase the prevalence of breastfeeding at 6 – 8 weeks <ul style="list-style-type: none"> • baseline 30% - 2012/2013 • target 33.5% - 2013/2014 	<ul style="list-style-type: none"> • No available data (see initiation target comments) 	
	11. Launch and implementation of antenatal pathway	<ul style="list-style-type: none"> • The antenatal pathway was launched on the 16th September 2013 and is now fully implemented 	
	12. Review Children’s Centres registration process to enable more families to receive information about Children’s Centres services	<ul style="list-style-type: none"> • As at 1st April 2013, 13314 Rotherham children aged under 5 years were registered with a Rotherham Children’s Centre – 87%. • As at 1st April 2014 14211 Rotherham children aged under 5 years were registered with a Rotherham Children’s Centre – 91% 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	<p>13. Increase in Safe Sleeping Action Plans completed</p> <ul style="list-style-type: none"> • baseline 81% - 2012/2013 • target 85% - 2013/2014 	<ul style="list-style-type: none"> • A full review of the safe sleeping assessment via an audit will be conducted in July 2014 • A recent audit of new mother's records showed that a 100% of safe sleeping assessments had been completed • Due to the NHS reorganisation we have had difficulty in accessing the full assessment coverage information for all families • The assessment tool has been incorporated into the child patient held record 'red book' 	<p>Maternity – Emma Royle CCG</p> <p>Health Visiting Caroline Burrows NHS England</p>
	<p>14. Maintain access and uptake of Healthy Start Scheme including maternal and children's vitamins</p> <ul style="list-style-type: none"> • 4% women • 1% children 	<ul style="list-style-type: none"> • All children's Centres across Rotherham are distributing both maternal and children's Healthy Start Vitamins • There was a lapse in the availability of vitamins following the NHS reorganisation. However, since April 2014 120 maternal vitamins and 120 children's vitamins drops have been distributed across Rotherham • Percentage figures will be generated following a full quarter of distribution (July 2014) 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S																									
	<p>15. Fall in number of mothers who smoke at delivery</p> <p>Smoking in pregnancy trajectory</p> <table border="1" data-bbox="539 403 1144 746"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>21.2</td> <td>20.9</td> <td>20.6</td> <td>20.3</td> </tr> <tr> <td>2012/13</td> <td>20</td> <td>19.7</td> <td>19.4</td> <td>19.1</td> </tr> <tr> <td>2013/14</td> <td>18.8</td> <td>18.5</td> <td>18.2</td> <td>17.9</td> </tr> <tr> <td>2014/15</td> <td>17.6</td> <td>17.3</td> <td>17</td> <td>16.74</td> </tr> </tbody> </table> <p>16. Higher percentage of mothers who successfully give up smoking (baseline 45% of those who set a date to quit smoking are successful)</p>		Q1	Q2	Q3	Q4	2011/12	21.2	20.9	20.6	20.3	2012/13	20	19.7	19.4	19.1	2013/14	18.8	18.5	18.2	17.9	2014/15	17.6	17.3	17	16.74	<p>Update June 2014</p> <ul style="list-style-type: none"> • 13/14 outturn 19.7 smoking at delivery • The service has just transferred to sit within midwifery which we hope will improve ownership of the issue within community midwifery • Once staff transition has settled (Q2/Q3) PH and midwives will work together to audit data collection of SATOD data • It is recognised nationally that data quality can be poor and regional anecdotal reports suggest sometimes smoking status is copied from booking, despite women having quit • We want to assure our position and what action may need to be taken <ul style="list-style-type: none"> • Awaiting year end data of quitter numbers and quit rate • Mid-year performance suggests likely to achieve quitter numbers and be close to quit percentage. • Suggest revising this action to quitter numbers rather than percentage quitting – aim is to recruit more women into the service which evidence tells us is likely to reduce quit rate 	<p>Delivery - RFT</p> <p>Strategy - Alison Iliff</p>
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ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
(ii) We will provide support for new parents including help to develop their child's communication and language, social, emotional and physical development from birth	17. Parents of children in children's centres are effectively using "I Can/Thrive" strategies to support the development of their child's communication, language and PSED – impact on children's ages and stages <i>(linked to priority 5, delivery milestone 17)</i>	<ul style="list-style-type: none"> Parents of children in children's centres continue to effectively use Thrive strategies, to support the development of their child's PSED 	Frances Hunt Mary Smith
		<ul style="list-style-type: none"> In February 2014, the EYFS curriculum adviser was trained in London as an I CAN national trainer. Rotherham's I CAN trainer is at present coordinating future dates in order for her to then train further Rotherham's own I CAN trainers, this will include some lead teachers. These trainers will then train 39 EY practitioners each – who will then train parents This timeline has slipped due to the date in which the EYFS curriculum adviser could be trained by the national I CAN organisation, and the need to prioritise in the Autumn term 2013 improvements to the LA statutory EYFS Profile moderation processes and procedures, which the EYFS adviser has led on 	
	18. The new joint 2 year old Health and Education Review (Integrated joint Health/Education assessment) 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	<ul style="list-style-type: none"> The significant changes of children's centres that is underway has required us to work joint with Health to establish and build on integrated working across the borough As there is a now a focus on developing the F Years going forward, the learning from the pilot will be used to inform service development. High level agreement with TRFT is now established and a sub group is working on integrated arrangements and data sharing protocols The programme is well established at Aughton Early Years Children's Centre for children and families who attend the centre The joint review is becoming established for children who attend other settings in the reach area. It is well established for those who attend full day care provision, 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		but is still developing for children who attend sessional pre-school provision	
	19. Rollout to all children's centres by September 2013	<ul style="list-style-type: none"> All children's centres with day care are establishing the joint review It is working well at Maltby Stepping Stones and Wath Victoria Where children are already attending day care before they become 2 years old it is also working well in other centres However, many centre day cares are finding that by the time vulnerable 2 year olds take up their EEF entitlement in the term following their 2nd birthday Health have already completed their 2 year check so it is not possible to complete a joint review The EY Lead and the Health lead for the joint review are aware of this issue and investigating ways to ensure this can be overcome, one being through future Health service commissioning from April 15 	
	20. Rollout to all PVI by September 2014	<ul style="list-style-type: none"> This is occurring in the Aston Locality, through the impetus of practitioners and Health colleagues working effectively at the Aughton Early Years Centre The roll out has not yet begun for PVI settings in areas other than Aughton However, through the PVI annual evaluation process settings are indicating they would welcome this approach Due to the issues identified around the roll out to children's centres, this is being addressed as a priority before the wider roll out to the PVI sector begins In the interim all settings are encouraging parents to share the 2 year progress check with health visitors where the health 2 year check has not already taken place 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	21. Pilot with child minder's by September 2014 in preparation for a phased roll out to other areas	<ul style="list-style-type: none"> • Aughton EYC are piloting this at present • No further work on this has taken place yet 	
	22. We will ensure that every child with a diagnosed disability is offered help and supported to ensure a smooth transition to adult services	<ul style="list-style-type: none"> • Not all children with a diagnosed disability meet Adult services criteria. This is initially considered at the 14+ assessment (1986 act) but currently this data is not up to date • For those who meet criteria following assessment there are good links between IYSS and Adult services but these are not formalised. This is currently being reviewed and will be part of the EHC Assessment Pathway • Some provision is jointly funded and support and planning is shared across IYSS and Adult Social care • A transitions social care post exists which cuts across both children's and adults services, however, there are issues around capacity and resourcing this work • Some gaps have appeared within children's transitions arrangements due to loss of key posts. 	Jackie Parkin
(iii) We will continue to develop activities for all families that promote healthy eating and lifestyles	23. March 2016 - 55% of schools to have implemented a healthy packed lunch policy	<ul style="list-style-type: none"> • 91 + (74%) schools have a 'Food in schools Policy' which incorporates all food provision including packed lunches • Specific mention of packed lunches to be part of future Healthy Schools Re-accreditation (Whole School Review) update process, however, deadline for submission not until 23/05/14 	Kay Denton-Tarn
	24. Overweight and obesity in primary school age children in reception and year 6 will decrease (measured by National Child Measurement Programme)	<ul style="list-style-type: none"> • In terms of children, data from the National Child Measurement Programme (NCMP) indicates that among Reception year children, the prevalence of overweight pupils (12.6%) was greater than the prevalence of obese (9.6%) 	Delivery - RFT, Clifton Lane Medical Centre, MoreLife Ltd, DC Leisure

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S																				
	<p>25. Targets to be established in new service specifications for achievement of reduction in weight or weight maintenance for children accessing weight management services</p>	<ul style="list-style-type: none"> In Year 6, the opposite was true with prevalence of overweight children (14.0%) being lower than that of obese children (21.2%) Our rates compare favourably with the national average in Reception, but our rate is higher than the national average for children in Year 6 <ul style="list-style-type: none"> Weight Management Services in Rotherham are currently out to tender. However the current and future specifications clearly outline targets for the achievement of reduction in weight or weight maintenance for children accessing the services Current figures below are from March 2014 <table border="1" data-bbox="1077 715 1850 1337"> <thead> <tr> <th>Service</th> <th>Cumulative no. of referrals 2009 to date</th> <th>No. attending 1st session</th> <th>No. completing</th> <th>No. of completers achieving weight loss*</th> </tr> </thead> <tbody> <tr> <td>MoreLife Clubs/DCL Children T2 Data to 30/06/13**</td> <td>1,040</td> <td>908</td> <td>531</td> <td>516 97%</td> </tr> <tr> <td>RIO Children T3 Data to 08/11/13</td> <td>505</td> <td>505</td> <td>174</td> <td>112 64%</td> </tr> <tr> <td>MoreLife Camps Children T4</td> <td>176</td> <td>n/a</td> <td>168</td> <td>168 95%</td> </tr> </tbody> </table>	Service	Cumulative no. of referrals 2009 to date	No. attending 1 st session	No. completing	No. of completers achieving weight loss*	MoreLife Clubs/DCL Children T2 Data to 30/06/13**	1,040	908	531	516 97%	RIO Children T3 Data to 08/11/13	505	505	174	112 64%	MoreLife Camps Children T4	176	n/a	168	168 95%	<p>Strategy - Joanna Saunders</p>
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ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	26. Improve school meal process and promote service	<ul style="list-style-type: none"> Plans in place to provide Universal Infant Free School Meals from September 2014 Publicity/Marketing of this scheme commenced, booklets about the free meals will be distributed for parents/carers of eligible pupils 	Ron Parry
	27. Increase uptake of school meals (baseline 2012/2013 – 17,083 meals per day)	<ul style="list-style-type: none"> 2013-2014 average meals per day increased by 530 meals per day (excluding Wales High School from the baseline, private catering from Sept 2013) 17,087 meals per day increased from 16,553 	
	28. Maximise health impact school meals can have on children and young people	<ul style="list-style-type: none"> Menus are created to provide the nutrients recommended within the legislation 	
(iv) 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	29. Achieve above 90% across all areas of the childhood vaccination programme	<ul style="list-style-type: none"> Achieved for all the Childhood and adolescent vaccination programmes. The following are awaiting further information; <ul style="list-style-type: none"> The new Rotavirus vaccine, which has now been introduced across SY&B will not provide an accurate reflection of the coverage until further into the delivery of the programme. HPV annual survey (previously 91.5% uptake) 	Di Birkinshaw Fiona Jorden Kathy Wakefield Richard Hart
	30. Ensure babies identified at increased risk from TB or Hepatitis B is appropriately vaccinated. Follow up DNA's to maximise protection	<ul style="list-style-type: none"> A Hepatitis B clinical pathway has been developed for South Yorkshire & Bassetlaw The Screening and Immunisation Co-ordinators(NHSE) across SY&B are currently developing a BCG pathway 	
	31. Work with NHS England Area Team to ensure the appropriate commissioning of immunisation services	<ul style="list-style-type: none"> Performance issues and risks associated with screening and immunisation are being addressed through the South Yorkshire and Bassetlaw Screening and Immunisation Advisory Group and the local Vaccination and Immunisation Committee 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
(v) 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	32. Ensure that an increasing proportion of children regularly attend a dentist	<ul style="list-style-type: none"> The number of children attending a dentist in the two year period up to 31 December 2013 was 73.8% and up to 31 March 2014 was 73.7% The corresponding numbers were 41,385 and 41,363 so there has been a very small decrease in access in the most recent figures 	Kate Jones Ken Wragg Public Health England
	33. Identify children with special needs as early as possible, to enable an appropriate dental health preventive programme to be initiated for each child as early as possible	<ul style="list-style-type: none"> Children with special needs are referred to the CDS by Paediatricians, school nurses and health visitors Health professionals area aware of the referral pathway From July 2014 Special schools will be offered the opportunity of providing a brushing club to support children to continue to develop the skills of tooth brushing and increasing the exposure of their teeth to fluoride 	Louise Collins Rotherham Community Dental Service
	34. Increase knowledge and awareness of parents/carers to ensure dental disease is prevented as far as possible through sound dietary patterns and oral hygiene practices as part of everyday life	<ul style="list-style-type: none"> Currently Oral Health Promotion work with Children's Centres and other early years settings (including private settings) providing weaning and dental health training for staff. The team also provide input into the positive parenting programme provided through Children Centres along with other input to parents sessions on request Resources are available for loan that promote what happens at the dentists and include an inflatable dental chair, dental back drop and other resources such as books and games to promote positive dental message. However, even though it is recognised that this is not always targeted to the most disadvantaged areas or the most needy families the majority of the work is carried out by Children Centre's in the 11 disadvantaged areas Input into the positive parenting sessions target 'needy' 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<p>families and family workers use the dental knowledge gained and resources available from the oral health team to work with families individually</p> <ul style="list-style-type: none"> • Tooth Brushing clubs, where children brush their teeth during the day in the early years setting they go to, are also in operation throughout the 11 disadvantaged areas. This programme aims to increase the exposure of children's' teeth to fluoride and is meant as an additional opportunity for the children to brush their teeth. Consent is given by the parent or guardian to take part in the scheme and staff work with parents/guardians to remind them to brush regularly at home as well. The opportunity is also taken to promote the correct level of fluoride needed in the toothpaste used by the family • Oral Health Promotion also provides health visitors with tooth brushes and toothpaste to encourage tooth brushing at the 6 – 9 months health promotion contact. This is a universal offer across Rotherham and currently a cup is provided alongside the toothbrush/toothpaste to promote moving from a bottle to a cup by the age of one year so as to contribute to the development of the muscles for chewing and speaking. This is also used as an opportunity to discuss drinks and promote milk and water as well as avoiding costly sugary baby juices and drinks. • The new oral health service specification aims to ensure that we have improved impact and auditable information. The specification will be focused to the most disadvantaged areas to make as large an impact as possible on the oral health of Rotherham's children. The specification is now agreed and will begin 1st of July 2014 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
(vi) We will reduce teenage pregnancy	35. Increase the availability of support for those at risk of becoming teen parents	<ul style="list-style-type: none"> Rotherham has developed a Teenage Pregnancy Plan to further support and enhance services provided to those who may be vulnerable to teenage pregnancy Young people within IYSS who may be vulnerable are offered now offered one-to-one support Overall we have seen a reduction in teenage conception rates across Rotherham due to a range of interventions and targeted activity Rotherham's current teenage conception rate is at its lowest level for 10 years (rate: 30.0 per 1,000 births) 	<p>Ann Berridge H&WB Lead IYSS</p> <p>Anna Clack Public Health</p>
	36. Increasing breadth of access to contraception in the community	<ul style="list-style-type: none"> Education/information sessions have been provided by IYSS staff to vulnerable groups including LGBT, PRU, teenage parents, housing projects and ESOL provision. These sessions resulted in 1055 contacts being made with young people over and above the regular provision Sexual health services and provision in Rotherham are being reviewed by Public Health with a new service specification. As part of the Rotherham sexual health strategy and teenage pregnancy plan a review of contraceptive provision across the borough has been proposed to ensure that services are equitable across the borough and data will be collected about service coverage within contract The Hardwear Scheme is also co-ordinated from Youth Start giving young people, and in particular, young men, access to free condoms in their localities, aiming to reduce the spread of sexually transmitted infections and maintain the downward trend of teenage pregnancies. Additionally, in partnership with nurses from RCASH, workers from IYSS staff the network of youth clinics across the Borough, giving young women and men access to a wide range of sexual health education, resources and treatment 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<ul style="list-style-type: none"> Using the IYSS mobile provision, information awareness sessions have taken place targeting local Colleges, and communities where Youth Clinics are located to help to increase footfall within the sexual health provision Within the IYSS Youth Start offers young people access to a range of sexual health interventions and in particular focuses on sex and relationship education as a key component of the Early Help and CSE agendas 	
	<p>37. To engage teenage parents to provide education, advice and support around relationships and sexual health to prevent further (second time) teen pregnancies</p>	<ul style="list-style-type: none"> Rotherham IYSS have commissioned with Rotherham GROW to deliver a bespoke education programme for teenage parents to provide parenting education and develop skills and aspiration among this group of young people The GROW Pathway Project also provides a support service for pregnant young women and mothers (not only first time pregnancies), and their partners to improve their health and wellbeing. Workers take a holistic approach to identified needs of particularly vulnerable groups of young women and their partners. Since October 2010, 119 young women directly and 89 partners/extended family members both directly and indirectly The Rotherham teenage pregnancy plan has established milestones relating to the prevention of the second pregnancies There are also a range of programmes and services that are in place to support teen parents and prevent further second time pregnancies. The Family Nurse Partnership has been running since October 2011 and has the capacity to support 105 young women. There are 12 families due to graduate (complete) the programme in the next six months. The service 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		currently includes four full time nurses and a supervisor who are supporting 77 women across Rotherham. The service is in the process of recruiting a further full time nurse to increase the capacity to 130 places on the programme	
(vii) We will improve the mental health of children and young people by promoting resilience and mental wellbeing, and providing early and effective evidence based interventions for those who need it	38. Implementation of evidence based interventions for children and young people experiencing mental health issues and linking into locality based provision	<ul style="list-style-type: none"> • The Emotional Wellbeing & Mental Health Strategy for Children & Young People 2014-19 has identified the need to look at pathways into services for children and young people ensuring that they are evidenced based • A CAMHS pathways event is being held for stakeholders on the 26th June 2014 • Task and Finish Group of the Suicide Prevention and Self Harm Group working on a self-harm pathway to be used by Universal workers who have contact with children and young people who self-harm • Continued roll out of Youth Mental Health First Aid Training (Rotherham Public Health) 	Ruth Fletcher-Brown
	39. Increased easy access to mental health and emotional well-being services and interventions for children and young people	<ul style="list-style-type: none"> • The Emotional Wellbeing & Mental Health Strategy for Children & Young People 2014-19 has identified the need to: <ul style="list-style-type: none"> ○ investigate options for provision of web-based support for parents & young people ○ investigate provision for e-platforms (e-clinic), email and text based support ○ investigate options for provision of a 24/7 service including telephone and crisis support • The development of family focused children and adolescent mental health services will see services focus on self-help, self-referral, flexible appointment times and consultation with young people and families regarding choice and location of services (The Emotional Wellbeing & Mental Health Strategy for 	Ruth Fletcher-Brown

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<p>Children & Young People 2014-19)</p> <ul style="list-style-type: none"> • Work has been undertaken by the Youth Cabinet to improve access for young people seeking help and support around self-harm. The recommendations from the review were endorsed by OSMB at its Children's Commissioner Day meeting of February 27, 2014 were forward to Cabinet In April for its consideration 	
		<ul style="list-style-type: none"> • The GP Top Tips is now complete and has being available to GP's for the last year. It is currently being updated • The directory of mental health/emotional health is completed and services and was launched with universal workers from January 2014. This is also currently being updated 	Nigel Parkes
	40. Increase access to counselling through provision of drop –in sessions including self-referral for secondary school students	<ul style="list-style-type: none"> • Currently working with: <ul style="list-style-type: none"> ○ 4 secondary schools ○ 11 Primary schools • Previous update (Dec 2013) was working with: <ul style="list-style-type: none"> ○ 10 secondary schools ○ 1 PRU ○ 15 primary schools (this will rise to 17 in January 2014) 	Rebecca Bates
41. Sustained delivery of 1:1 mental health support and counselling by Rotherham & Barnsley Mind in Rotherham Schools, including primaries		<ul style="list-style-type: none"> • This forms part of the pathway development • A CAMHS pathways event is being held for stakeholders on the 26th June 2014 	Rebecca Bates

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	42. Continue to improve the transition for children and young people from CAMHS to adult services	<ul style="list-style-type: none"> This forms part of the pathway development A CAMHS pathways event is being held for stakeholders on the 26th June 2014 	Ruth Fletcher-Brown
(viii) We will have robust and effective joint commissioning of services. These include maternity, hospital and community services for ill children including those with complex health needs, continuing care needs and child and adolescent mental health services (CAMHS)	43. All CAMHS referrals are assessed within 24 hours in A & E	<ul style="list-style-type: none"> RDaSH have consistently met this target since October 2013 	Nigel Parkes Sarah Whittle
	44. Implementation of the maternity tariff which will increase the link between payment and quality of care, therefore improving best clinical practice and better patient outcomes	<ul style="list-style-type: none"> Tariff commenced in March 2013 in line with national target Payment is now based on the pathway implemented 	
	45. Implementation of national service specification for asthma, epilepsy and diabetes which will raise the quality of care for long term conditions	<ul style="list-style-type: none"> Top tips for GPs have being developed including:- fever, constipation, enuresis, faltering growth, ITI and gastro-oesophageal reflux Still awaiting national guidance for epilepsy The care closer to home group works on this 	
	46. Monitoring of the percentage of CAMHS staff accessing safeguarding training	<ul style="list-style-type: none"> Monitor figures relating to the percentage of CAMHS staff who access safeguarding training, but these are for RDaSH as a whole and not just Rotherham services 	
	47. Supporting care closer to home by investing in the paediatric community nurse team	<ul style="list-style-type: none"> A programme has being developed and is now implemented 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	48. Training of staff in commissioned services to deliver psychological therapies to children and young people	<ul style="list-style-type: none"> This is happening through the CYP IAPT initiative which involves RDaSH and CAMHS This initiative also includes Rotherham & Barnsley MIND 	
(ix) We will ensure that all parents of all eligible children are aware of and supported to take up their 2 year old early education entitlement	49. Work with partner organisations to roll out a core service offer for children 0 – 5 to ensure children get the best start in life	<ul style="list-style-type: none"> Developing this work further through the Foundation Years' Service A strategic foundation years group has been established and this action is to be mandated to one of the task groups, and will form part of the core offer delivered by children's centres from April 1st 2015 The birth and beyond programme work is being considered as part of this 	Mary Smith
	50. Ensure there is adequate provision to enable eligible children to take up a place <i>((Linked to priority 5 delivery milestones 13 and 19))</i>	<ul style="list-style-type: none"> Capital funding has been awarded to a total of 14 providers to create 443 new 2 year old places in areas of need There is currently one area which still has insufficiency capacity to accommodate eligible two year olds Sufficiency data is currently being gathered to inform ongoing requirements The number of Childminders contracted to delivery early education places has risen dramatically over the last year to a total of 62 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	51. Ensure that eligible parents are aware of their entitlement through direct contact and through partner organisations	<ul style="list-style-type: none"> • The DfE now provides details of eligible children on a termly basis • The Families Information Service (FIS) makes contact with families to raise awareness of the entitlement and also shares the information with Children's Centres who support in awareness raising • Promotional banners have been produced for all childcare providers to promote availability of free places • Ongoing communication takes place with childcare providers and partner organisations to support the promotion of awareness raising 	
	52. Work with Children's Centre to support families to take up their entitlement	<ul style="list-style-type: none"> • The FIS shares the information on eligible children with Children's Centres so 1:1 support can be provided to support parents to take up their entitlement where needed 	

PRIORITY: 2

**We will engage with parents and families
Strategic Lead: Sue Wilson, Performance & Quality Manager**

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
(i) We will identify and work with 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	1. Develop a performance management framework for Early Help within the LA (August 2013)	<ul style="list-style-type: none">• Early Help Dashboard has been published and is received regularly by Think Family Steering Group and RLSCB Performance Sub-Group	Warren Carratt
	2. Established an Early Help Support Panel to provide a point of escalation for “stuck” families (June 2013)	<ul style="list-style-type: none">• Panel has been established and meets on a monthly basis	
	3. Provide an annual review of the progress made and identify gaps (March 2014)	<ul style="list-style-type: none">• Due to the relative low number of cases referred to EHSP to date, it is difficult to provide evidence of significant impact for a wide range of cases• However, the minutes of each panel meeting identify actions and these are checked at subsequent meetings	
	4. Review the effectiveness of the Early Help Prospectus offer and report to the LSCB on partner engagement (March 2014)	<ul style="list-style-type: none">• Report went to Learning & Improvement Sub-Group in February and updates are included as a standing item	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
(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	5. Work to take place with key partners to ensure that systems are in place to capture the voice of the child and their families	<ul style="list-style-type: none"> • Significant work has taken place around the wishes and feelings and satisfaction testing for safeguarding children and families and is currently being embedded and tested out through an audit process • Work has now commenced around SEND services as part of the service transformation and reforms • Further work is now due to start with Health Colleagues and Voluntary sector to explore how this is approached within these organisations 	Sue Wilson
(iii) We will improve parent and carer satisfaction by implementing the Charter for Parent and Child Voice across schools, children's centres, early years settings and services	6. Every Rotherham school and service to be working towards the Charter (in some way) by 2015	<ul style="list-style-type: none"> • The aspiration for all schools to work towards the Charter by 2015 has been reviewed by the team. It has been agreed that for schools to embed the Charter principles of genuine partnership/co-production advocated by the SEND reforms a two year process of training, gathering feedback and monitoring is required • There is insufficient capacity within the team (a co-productive partnership involving parents, services and schools) to deliver the programme simultaneously to large numbers of schools. The risk of attempting shortcuts to enable all schools/settings to achieve Charter status quickly is a loss in parental confidence if they are found to then fall short of expectations. The preferred option is to increase the numbers of schools more slowly to ensure parental confidence in our schools is strengthened and to promote the Charter culture more widely from a more secure base 	Jayne Fitzgerald Rotherham Parent/Carer Forum

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<ul style="list-style-type: none"> • However, the number of Charter schools working towards Charter Gold accreditation is growing steadily: <ul style="list-style-type: none"> ○ The first 6 schools will formally receive Charter Gold accreditation 18th June in a Charter Celebration event as part of the Children's Festival ○ A further 14 schools/settings are at different stages of the two year process (working towards Charter Gold accreditation) ○ 4 schools and 1 setting have enquired about starting the process in the autumn term • It is hoped that the Charter process will also be extended to include settings 0-25 and services as part of Rotherham SEND strategy (pending funding), as recommended by Donald Rae. This has already started with a period of research and it is hoped that developments for services will evolve a similarly robust if leaner model that is still fit for purpose, continues to promote co-delivery and flexibly meets the needs of a range of services • To reflect the wider scope of the Charter the name has changed to simply the Rotherham Charter and the strapline: Genuine Partnership with Parents, Carers, Children and Young People. • A Charter Awareness Raising Event held in May 2014 was well attended by settings 0-25 and a wide range of services including health. Feedback illustrated the demand for the roll 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<p>out</p> <ul style="list-style-type: none"> The team will present to medical practitioners in July. CAMHS and the VI service have expressed an interest in piloting any model being developed The aim is that the Rotherham Charter process will be promoted to services and settings as part of Rotherham's Local Offer 	
(iv) We will work together to support young carers and their families to ensure that they are identified and provided with the appropriate support	7. Identify and evaluate what support Integrated Youth Support (IYSS) offer young carers	<ul style="list-style-type: none"> IYSS staff provided with Young Carers service referral information Barnardos/IYSS auditing a sample of care plans to determine how joint working can be more effective 	Kay Denton Paul Theaker Rachel Nicholls
	8. Promote a Family CAF to identify health needs and wider Early Help support for young carers	<ul style="list-style-type: none"> Barnardos Young Carers service currently have 12 Family CAFs CAF Team undertaking a review of the quality of these CAFs and also of the identification of young carers within wider CAFs 	
	9. Run short courses for young carers (e.g. cookery classes)	<ul style="list-style-type: none"> This will form part of the Rotherham Carers' charter and action plan 	
	10. Support the Rotherham UK Youth Parliament Members in developing a Young Carers Card – to be reviewed September 2013	<ul style="list-style-type: none"> The Young Carers Card was launched in September 2013 A pilot project is taking place in three secondary schools and evaluation is to take place in October 2014, with rollout to all schools thereafter 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
<p>(v) We will ensure Children & Young People's Services delivering the spectrum of universal to complex services make the best possible use of the specialist substance misuse services</p>	<p>11. Ensuring CYPS systematically screen on drug and alcohol use making referrals and asking for specialist help at the earliest possible stage</p>	<ul style="list-style-type: none"> • IYSS use several tools to capture relevant information on substance misuse to focus the delivery of advice and information and facilitate referrals to specialist services, these include the local 'Where are you at' screening tool • A local pathway within A&E is established for those aged up to 16 and the development of a pathway for 16+ is underway. • CAMHS – There is no use of a universal screening tool used. There is new post to educate staff in service to undertake and ask about drug and alcohol use • A reporting mechanism will be required to gain information on of this is happening on a wider basis 	<p>Delivery – CYPS Strategy – CYPS/Public Health</p>
	<p>12. Substance misuse services engagement with core groups, and reviewing processes including specialist Midwifery Services</p>	<ul style="list-style-type: none"> • The drug/alcohol service manager/team leader attend the RMBC MASP panel on a fortnightly basis 	<p>Delivery - Public Health Strategy – CYPS</p>
<p>(vi) We will support services working with adults who are misusing substances, and who also have children to engage in family based activities as part of their recovery</p>	<p>13. Continue to expand and support families in attending at venues such as the funky monkey recovery café</p>	<ul style="list-style-type: none"> • The cafe continues to run within the town centre – away from service premises – this will continue until the new 'Recovery Hub' is up and running and then will re-locate • The recovery hub is a capital initiative from Public Health England, Rotherham were successful in securing a £875,000 bid to develop this) 	<p>Delivery - Matt Pollard RDASH Strategy - Anne Charlesworth</p>

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	14. Encourage families to attend events such as the regional celebration of recovery	<ul style="list-style-type: none"> • Service Users and families are being recruited for the 'Empower Cup', 5 aside recovery orientated football event in Scunthorpe • The services continue to support service users and families to participate in Recovery Walks, games and similar activities throughout the year 	
	15. Maintain and expand the women's group and child care provision	<ul style="list-style-type: none"> • There is a new programme in place for the next 12 months of group delivery • This includes invites to women from other services and professionals in order to normalise the issues raised for example Breast Care, Sexual Health 	

PRIORITY: 3	We will reduce the harm to children and young people who are exposed to domestic abuse, alcohol/substance misuse and neglect Strategic Lead: Clair Pyper, Interim Director of Safeguarding Children and Families
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ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
(i) We will maximise opportunities for early intervention and prevention approaches to alcohol and substance misuse across the partnership	1. All partners who deliver alcohol messages to adopt the single alcohol message and ensure delivery reflect this	<ul style="list-style-type: none"> Alcohol awareness was delivered to 250 attendees of Rotherham IYSS conference on the 8th February 2014 and as an update to 65 attendees at an update event for those who have completed Family CAF training Young Peoples Substance Misuse Education and Prevention group have agreed to develop an alcohol awareness week pack with themed days that can be delivered by any partner 'off the shelf'. This will be developed by September 2014 and will incorporate the single message 	Delivery – Mel Howard Strategy - Anne Charlesworth
	2. Partners to have completed and promote Call it a Night (CIAN) e learning	<ul style="list-style-type: none"> Ongoing promotion of the site and e-learning Promoted further via the updated 'making every contact count' pack 	
	3. Re instate the substance misuse scenario in Crucial Crew	<ul style="list-style-type: none"> Agreed in principle - details of delivery to be agreed by the 5th June. Melanie Howard to attend Crucial Crew to gain further information Action also now part of Young Persons Substance Misuse Education and Prevention Group. Agreed completion time for next Rotherham round of crucial crew 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	4. Re-commission tier 2 alcohol services to deliver more preventative work and Training/education opportunities	<ul style="list-style-type: none"> In addition to the previous update, the following number of individuals have had alcohol awareness training delivered in the period Nov 2013 – March 2014 <ul style="list-style-type: none"> Workforce Events Number People Trained – 189 Community Training Number People Trained - 1095 	
(ii) We will ensure adult substance misuse services are undertaking appropriate safeguarding checks with all clients, including undertaking home visits as necessary within the agreed protocols	5. Annual audit process - to monitor compliance with existing safeguarding protocols	<ul style="list-style-type: none"> Audit in March 2014 showed further improvement in compliance A further audit will take place in October 2014 	Delivery - Matt Pollard RDaSH Strategy – Anne Charlesworth
(iii) We will maintain the Know The Score specialist young people's service and capacity. Enabling continued delivery of both casework with individual young people using substances, supporting CYPS and schools in delivering preventative messages	6. Enhance tier 1 + 2 reporting	<ul style="list-style-type: none"> Know The Score is now fully integrated into CAMHS Regular reporting established on Tier 1 and Tier 2 numbers 	Delivery - Matt Pollard RDaSH, Neil Power, CAHMS RDASH
	7. Maintain tier 3 treatment data and level	<ul style="list-style-type: none"> Service responding to changing local needs 	Strategy – Anne Charlesworth
	8. Secure funding for 2014/15	<ul style="list-style-type: none"> No plans to reduce service 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
(iv) We want to identify baseline information on the percentage of cases of children in the CAF and broader social care process where parent/carer substance misuse is a concern	9. 2013/14 to establish a mechanism for collecting this information and establishing a baseline, going on to identify the trends of substance of choice, level of use, referrals onto services and the overall level of the presenting issue. Using this information to subsequently plan to meet the need. For example provision of alcohol identification and brief advice training to all social care staff and lead professionals in the CAF process	<ul style="list-style-type: none"> Information now included in the Family CAF paperwork, and is factored into commissioning activity in response to the Government's Troubled Families initiative Update reports on FCAF and Troubled Families received at Think Family Steering Group as stranding agenda items Annual reports submitted to CYP&F Partnership on Troubled Families progress 	Warren Carratt Anne Charlesworth
	10. 2014/15 onwards to look towards reducing or at least maintaining this position as established	<ul style="list-style-type: none"> Work continues in line with the above, and future developments of Troubled Families Financial Framework should provide greater freedoms locally to determine indicators of need, though as above substance misuse is a local priority already in planning/commissioning 	
(v) We will continue to develop domestic abuse awareness in schools and children's centres	11. Promote agencies where support and advice can be sought	<ul style="list-style-type: none"> Childline input for primary schools outlined & promoted and a clip to show C&YP what happens when childline is accessed covered at PSHE Leads meetings National & local helping organisations for general support circulated to secondary schools in updated exam stress leaflet to disseminate to students Samaritans assemblies promoted in secondary PSHE leads meeting Wellbeing Roadshow opportunity for agencies to promote services in schools & children's centres; up to DA agency if they attend events 	Kay Denton-Tarn

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	12. Promote appropriate resources e.g. 'Expect Respect' Women's Aid curriculum resource, to all phases	<ul style="list-style-type: none"> 'This is abuse' and 'consent' campaigns promoted at the secondary PSHE Leads meeting, to reinforce positive teenage relationships work. CEOP resources linked to CSE also promoted in both PSHE Leads meetings National supplementary Guidance for SRE outlined in PSHE Leads meetings and the importance of DA work, consent, abuse etc. highlighted New additions to support relationships work in Primary SOW highlighted 	
(vi) Deliver training to the children and young people's workforce to raise awareness of the impact of domestic abuse on children and young people	13. April 2013 - launch of the Early Help Prospectus for low level DA training, and the RLSCB Prospectus for Module 2 training	<ul style="list-style-type: none"> Prospectuses re-published in April 2014 and are inclusive of relevant workshops 	Warren Carratt
	14. Next milestone will be September 2013 and six months thereafter, reviewing progress of update and evaluation on a regular basis	<ul style="list-style-type: none"> Updates provided to LSCB L&I sub-group and wider LSCB as part of Sub-Group Chair's report Establishment of MASH will be next operational millstone that will require workforce development input, and this is included in the MASH project plan 	
(vii) We will work together to safeguard children and young people by identifying signs of neglect and taking appropriate action and support to prevent escalation	15. July 2013 – improved step down of CIN/CP cases into early help by utilising Troubled Families contracts (YWCA)	<ul style="list-style-type: none"> Process now in place, and lead worker network meetings helping to provide QA check on compliance, with deviations escalated to the Head of Service where required Additional services commissioned as part of 2014-15 Troubled Families Plan 	Warren Carratt

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	16. August 2013 – Analysis of long term neglect case longitudinal study following multi-agency review of selected cases	<ul style="list-style-type: none"> Analysis has taken place and a report delivered to the CYPS Improvement Panel & LSCB Monitoring of Neglect a priority for LSCB in 14-15 	
	17. August 2013 – Establishment of Early Help Support Panel to ensure robust packages of support are in place where neglect is manifestation of need <i>(Linked to priority 2 delivery milestone 3)</i>	<ul style="list-style-type: none"> Panel has been established and meets on a monthly basis 	
	18. September 2013 - Improved performance management systems in place to capture step down to Early Help Assessment Team where contacts are made to CART <i>(Linked to priority 2 delivery milestone 1)</i>	<ul style="list-style-type: none"> Early Help Dashboard has been published and is received regularly by Think Family Steering Group and RLSCB Performance Sub-Group 	
	19. September 2013 – consultation of draft local protocol, which will provide a localised approach to multi-agency safeguarding practices	<ul style="list-style-type: none"> Protocol signed off by LSCB in December 2013 Working draft in place by September 2013 Full implementation planned by end of May 2014 	
	20. We will respond quickly and effectively to Serious Case Review and Lesson Learned recommendations	<ul style="list-style-type: none"> Work of the SCR sub-group and case review group continues to review cases and issues of lesson's learned, and responsive actions are planned e.g. recent Suicide Prevention Conference has been held following lessons' learned review. 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	21. We will increase in-house provision for Looked after Children, providing the best possible outcomes for child permanence, be that fostering, adoption or residential	<ul style="list-style-type: none"> • The Fostering Service succeeding in achieving a net gain of 20 foster carer households in 2013/14 • The Adoption Service increased the number of adoptive families recruited from 18 in 2012/13 to 31 in 2013/14 	Paul Dempsey
	22. We will ensure all contacts, referrals and assessments are dealt with in a timely manner	<ul style="list-style-type: none"> • A new duty rota has been developed and implemented from March 2014 to build in 'protected days' to allow time for assessments to be written up in a timely manner. • A new manager has been appointment to CART and took up post on the 9th June 2014 • Capacity in CART has been strengthened with additional social work staff by moving staffing resources around • Contacts timeliness is now being measured as a performance indicator as this had not been the case previously • Performance team attend Borough wide managers meeting, as well as SMT • Plans for a Multi-Agency Safeguarding Hub (MASH) are progressing, due to go live on 4th August 2014 • The new single assessment was introduced to the duty teams in March 2014 and is now being implemented wider across Social Care • The RAG rating that was on contacts has been amended electronically to reflect 24 hours as specified in Working Together 2013 • Work is ongoing to address the inconsistencies in quality of MARF's received 	Kelly White

PRIORITY: 5

**We will focus on all children and young people making good progress in their learning and development
Strategic Lead: Karen Borthwick, Head of School Effectiveness Service**

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
<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	1. All schools to be judged by OFSTED as good or outstanding overall effectiveness grade within the next three years	<ul style="list-style-type: none">• 74% of all schools judged to be good or outstanding for overall effectiveness compared to the national average of 79%. (Data source, OFSTED Data View - as of 31/12/2013), this is the latest comparison to the national average• The current profile for Rotherham is 75% of all schools judged to be good or outstanding and 78% of pupils attending a good or outstanding school (as of 30/04/2014)	Karen Borthwick Dorothy Smith
	2. All schools to be judged by OFSTED with a good or outstanding quality of teaching grade within the next three years	<ul style="list-style-type: none">• 75% of all schools judged with a good or outstanding quality of teaching grade compared to the national average of 79%. (Data source, OFSTED Data View – as of 31/12/2013), this is the latest comparison to the national average)• The current profile for Rotherham is 76% of all schools judged with a good or outstanding quality of teaching grade and 78.5% of pupils attending schools judged with a good or outstanding quality of teaching grade (as of 30/04/2014)	
	3. Continue to increase the OFSTED grade of PVI childcare provision	<ul style="list-style-type: none">• Since October 31st 2013, the percentage of Childminders achieving a Good or Better Ofsted outcome has increased from 70.3% to 73.2%• Inspection of childcare in before and after school provision good inspections has risen	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<p>from 66.7% to 71.4%</p> <ul style="list-style-type: none"> All childcare inspections from 73.3% to 75.5%. Children Centre inspections good risen from 84.2% to 85% Super group total has risen from 73.9% to 76.1% 	
	4. Increase uptake of 2,3,4 year old early education provision	<ul style="list-style-type: none"> A total of 767 two year olds were taking up their early education entitlement in the Spring term 2014 - this is an increase of 8% on the previous term Take- up of early education by 3/4 year olds was at 96% in the Spring Term 2014. The eligible cohort has increased this year but the take-up levels have been maintained at the same level as in 2012/13 	
	5. No secondary schools below the DfE floor standard in 2013	<ul style="list-style-type: none"> In 2013 one secondary school was below the DfE KS4 floor standard, this school was also below in 2012. Executive Headteacher system leadership arrangements are in place and the sponsor-led academy conversion process has begun 	
	6. Reduce the FSM gap to the national average FSM gap by 2013	<ul style="list-style-type: none"> At KS2 the gap between FSM and non FSM pupils at L4+ in reading, writing and mathematics was reduced by 3.0% to 22% The national average gap remained at 19% At KS4 the gap between FSM and non FSM pupils at 5+A*-C inc E&M increased by 2.8% to 34.4% in 2013. This is 7.8% above the national gap By the end of EYFS the attainment gap between FSM and non FSM pupils at the age 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<ul style="list-style-type: none"> of 5 has narrowed In Ofsted's annual report Early Years 2012/2013 Rotherham was identified as joint 33rd highest LA out of all LA's nationally with regard to the percentage of children on FSM achieving a good level of development by the end of the EYFS in 2013 	
	<p>7. Reduce the number of primary schools below the new DfE floor standard to 5 schools in 2013</p>	<ul style="list-style-type: none"> The DfE floor standard changed in 2013, the reading test, writing teacher assessment and maths test combined attainment and progress measures for each of these subjects will be part of the floor standard The number of primary schools below the more challenging floor standard was 8 in 2013 Two of the schools below the floor standard are sponsored-led primary academies 	
	<p>8. 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</p>	<ul style="list-style-type: none"> In 2013 KS2-KS4 progress by 3 levels in mathematics increased by 4.4% to 70.4%. National averages increased by 1.7% to 70.7% Rotherham has reduced the gap to national averages to 0.3% 	
	<p>9. To continue to exceed the national average in the expected levels of progress from the end of KS2 to KS4 in English</p>	<ul style="list-style-type: none"> In 2013 KS2-KS4 progress by 3 levels in English increased by 3.5% to 75.5%. National averages increased by 2.4% to 70.4% Rotherham exceeds the national average by 5.1% 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	10. 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	<ul style="list-style-type: none"> • KS1-KS2 progress by 2 levels in reading decreased by 3% to 83% • National averages decreased by 2% to 88%, the gap to national averages increased by 1% to 5% <ul style="list-style-type: none"> • KS1-KS2 progress by 2 levels in writing increased by 1% to 89% • National averages also increased by 2% to 92%, the gap to national averages increased to 3 <ul style="list-style-type: none"> • KS1-KS2 progress by 2 levels in mathematics increased by 4% to 88% • National averages increased by 1% to 88% • Rotherham met the national average for the first time in 2013 	
(ii) We will work with schools, young people and families to ensure a high level of attendance and engagement in learning	11. Local Authority and school level primary and secondary attendance rates to be in line with the national average	<ul style="list-style-type: none"> • Nationally, the latest figures (Autumn Term 2013 Data) show that there has been an increase in the overall attendance rates across state funded primary and secondary schools • Despite Rotherham's overall attendance rate being below the National Average, the recorded attendance rates are at their highest since Autumn 2006, when termly data was first collected: <ul style="list-style-type: none"> ○ Rotherham LA: KS1 – KS2 – Overall Attendance Rates in Primary increased from 95.0% in Aut 2012 to 95.7% in Autumn 2013 ○ Rotherham LA: KS3 – KS4 – Overall 	Karen Borthwick Dorothy Smith

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<p>Attendance Rates in Secondary show an increase of 0.9% from 93.8% in the Autumn Term 2012 to 94.7% in the Autumn Term 2013</p>	
	<p>12. Persistent absence to be in line with the national average</p>	<ul style="list-style-type: none"> • Nationally, the latest figures (Autumn Term 2013 Data) show that in state funded primary and secondary schools, the percentage of pupils who are, or may become persistent absentees has • Rotherham LA: KS1 – KS2 – The percentage of pupils who are, or may become, persistent absentees fell from 6.7% in Aut Term 2012 to 5.1% in Aut Term 2013. • Rotherham LA: KS3 – KS4 – Secondary Schools saw a slightly bigger decrease in Persistent Absentee rates than primary schools. The percentage of pupils who are, or may become, persistent absentees fell from 9.6% in Aut 2012 to 7.2% in Aut 2013 	
	<p>13. Raising awareness and increasing take up by parents of early education for children at the age of 2, 3 and 4 <i>(Linked to priority 1 delivery milestone 50 and priority 5 delivery milestones 19)</i></p>	<ul style="list-style-type: none"> • Awareness raising methods continue to be developed. <ul style="list-style-type: none"> ○ Banners outside childcare provision ○ Direct contact with eligible families ○ FIS / Children’s Centre Facebook pages ○ Posters / flyers in community venues ○ Providing a range of ways for parents to check their eligibility: telephone, online, post ○ Sharing of details of eligible children with Children’s Centres 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	14. We will improve achievement and standards across all key stages of education, with particular focus on key stage 2	<ul style="list-style-type: none"> No update as the results from the year are not published until July 2014 	
(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	15. Development of bespoke packages with other agencies and utilising VCS	<ul style="list-style-type: none"> 22 Packages developed - the packages include Training Providers, FE Colleges, Specialist Providers, VCS agencies and IYSS staff/ services Feedback from families is very positive. All young people are engaged in the packages and are continuing to have educational and other appropriate interventions 	Fiona Featherstone
	16. Learning Disability assessment completed for learners with Statements or those with significant additional needs	<ul style="list-style-type: none"> 96.4% completed (2013 leavers) 2014 leavers are currently being completed 	
	17. Mapping of provision to identify gaps in LDD post 16 Offer	<ul style="list-style-type: none"> Provision continues to be mapped and new options considered Gaps identified are around complex ASC, and behavioural and emotional difficulties Packages are being developed for 2014 leavers to meet some of the more complex needs 	
	18. Work with schools to identify future need	<ul style="list-style-type: none"> Work is continuing and linking to the new SEN legislation and requirements 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
(iv) We will continue to narrow the gap in the education of our most vulnerable groups	19. Create sufficient early education provision to enable eligible 2 year olds access to their entitlement and increase take up <i>(Linked to priority 1 delivery milestone 50 and priority 5 delivery milestone 13)</i>	<ul style="list-style-type: none"> Capital funding has been awarded to a total of 14 providers to create 443 new 2 year old places in areas of need 	Collette Bailey Elenore Fisher Karen Borthwick Dorothy Smith
	20. Improved attainment of children by the age of 5	<ul style="list-style-type: none"> The national EYFS Profile assessment system has changed in 2013., so no comparison can be made to previous years attainment levels However, in 2013 56% of children achieved a good level of development, compared to the national average of 52% 	
	21. Improve the outcomes of all vulnerable groups	<ul style="list-style-type: none"> No update as the results from the year are not published until July 2014 	
	22. 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	<ul style="list-style-type: none"> At KS2 the proportion of pupils eligible for free school meals (FSM) achieving level 4+ reading, writing and mathematics combined has increased by 4.6% to 53.9% in 2013 compared to the national average increase of 1%. Rotherham averages are 6% below the national average. At KS4 the proportion of pupils eligible for free school meals (FSM) achieving 5+A*-C inc E&M increased by 1.8% to 34.7% in 2013 compared to the national average increase of 1.7% to 38%. Pupils not eligible for FSM were 4.5% above the national average 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	23. Vulnerable groups are not over-represented in the NEETs category	<p><u>April 2014 (NCCIS)</u></p> <ul style="list-style-type: none"> • Overall picture of NEET academic age 16-18 • 6.1% against a target of 6.5% and improvement on the position at the same time last year (8.1%) • LDD NEET is 8.1% showing a continued reduction on the picture last year (12.6%) • LAC Care leavers for whom RMBC holds corporate responsibility 23.3% NEET improvement on last year (27.7%) – the majority of whom are aged 18 or above. • Teenage mothers NEET stands at 65% a reduction on the position at the same time last year 75%. No change from last year, the significant majority of these are aged 18 and 19 • Young offenders currently on orders – 40.4% NEET in comparison to 47.7% at the same point last year 	
	24. Customer and Cultural Services will work with partners to deliver family learning activities in locations across the Borough	<ul style="list-style-type: none"> • Attendance at skills based activity sessions in Libraries/Customer service centres during 2013-14 was 32,352 • Attendance at skills based activity sessions in Clifton Park Museum, Boston Castle during 2013-14 was 1,403 	
(v) We will continue to focus on the improvement of communication, language and literacy skills of children and young people	25. "I Can" trainers to cascade their training to lead teachers of children's centres/PVI practitioners/child care officers at a local level by March 2014 <i>(linked to priority 1 delivery milestone 17)</i>	<ul style="list-style-type: none"> • In February 2014, the EYFS curriculum adviser was trained in London as an I CAN national trainer. Rotherham's I CAN trainer is at present coordinating future dates in order for her to then train further Rotherham's own I CAN trainers, this will include some lead 	Elenore Fisher Frances Hunt Dorothy Smith

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<p>teachers. These trainers will then train 39 EY practitioners each – who will then train parents</p> <ul style="list-style-type: none"> • This timeline has slipped due to the date in which the EYFS curriculum adviser could be trained by the national I CAN organisation, and the need to prioritise in the Autumn term 2013 improvements to the LA statutory EYFS Profile moderation processes and procedures, which the EYFS adviser has led on 	
	<p>26. 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</p>	<ul style="list-style-type: none"> • Summer 2013: 2,212 starters and 1,320 completed the challenge 	
	<p>27. 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</p>	<ul style="list-style-type: none"> • Total number of packs delivered 2013-14 was 5,769 	
	<p>28. 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</p>	<ul style="list-style-type: none"> • 2013-14: these are now taking place in Riverside House, Aston library/customer service centre, Dinnington library/customer service centre, Maltby library, Mowbray Gardens library, Thurcroft library, Wath library, Wickersley library 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	29. 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	<ul style="list-style-type: none"> • Total visits 2013-14: <ul style="list-style-type: none"> ○ 15,702 pupils visited libraries in class visits ○ 647 pupils visited Clifton Park Museum and Boston Castle 	
	30. We will offer song, story and simple craft activities for preschool children in Libraries & Customer Service Centres	<ul style="list-style-type: none"> • Total visits 2013-14: <ul style="list-style-type: none"> ○ 7,353 attendances at RhymeTime sessions in libraries/customer service centres 	

PRIORITY: 6

**We will target support to families in greatest need to help access learning/employment opportunities
Strategic Lead: Warren Carratt, Service Manager - Strategy, Standards & Early Help**

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
<p>(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</p>	<p>Care Leavers</p>	<ul style="list-style-type: none"> • LAC/Care leavers continue to access the youth work curriculum through group work and a residential to Portugal that took place during the Easter holiday (9 young people) • 500 letters sent out to foster carers and social workers to promote the LAC Council • An Easter card sent to all elected members by LAC Council to thank councillors for being a corporate parent and to raise awareness of LAC/Care leavers • Voice and Influence worker has met with foster care teams in each locality • Youth Support Workers have supported LAC young people to access NCS and have accompanied LAC/Care Leavers on youth work residentials to enhance their life experience • Work is ongoing to integrate LAC/Care leavers into activities within their own locality in order to encourage the development of confidence and social skills 	<p>Carole Davison Kerry Byrne Paul Dempsey Sandra Gabriel</p>
	<p>1. Improve access of LAC / Care leavers to the youth work curriculum to build their confidence and social skills</p>		
	<p>2. Provide work experience pre 16 and work trials post 16 through liaison with schools the Get Real team and Action for Children</p>	<ul style="list-style-type: none"> • RMBC continues to provide work experience pre 16 and work trials post 16 through liaison with schools, the Get Real team and Action for Children 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	<p>3. Provide support intensive mentoring activity in year 12 to improve retention and transitions at the end of year 12</p>	<ul style="list-style-type: none"> • There is IYSS liaison between the Leaving Care Team/colleges and training providers to ensure that young people who are not attending provision or showing signs of wanting to leave provision are provided with information, advice and support to remain in learning and/or find an alternative learning opportunity which best suits their needs and • Percentage of academic age 17 in learning has increased from 83.8% in April 2013 to 86.6% April 2014 	
	<p>4. Work with employers to provide bespoke opportunities to our most vulnerable young people to develop employability skills</p>	<ul style="list-style-type: none"> • Human Resources continue to work with the Leaving Care Service to offer, when referred by a Key Worker, a personalised and well supported 30 day work experience to LAC/Care leavers in appropriate and varied areas of RMBC and partner organisations Wilmott Dixon and Morrison • Since Jan 2014 this opportunity has being offered to 6 young people inc 1 commencing w/c 9th June and 2 in process of arranging 	
	<p>5. Develop a grant /bursary fund to support care leavers to access work experience and employment opportunities</p>	<ul style="list-style-type: none"> • Care leavers are supported through grant funding to access employment and work experience opportunities • Funding covers things such as transport to work and interview costs, interview clothing and work clothing costs, such as suits or steel toe capped boots, costs related to gaining health and safety or building site certificates/cards etc 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	<p>6. Work closely with Job Centre plus to source vacancies and support young people leaving care to access and secure jobs</p>	<ul style="list-style-type: none"> • RMBC has recently secured a data sharing agreement with JC plus and they have committed to providing intensive support to care leavers • The Ambition programme will commence in June 2014 and this will support 18-24 year olds to access work experience and employment 	
Integrated Youth Support			<p>IYD Managers Learning Partnership and Youth Offending IYSS Managers</p>
	<p>7. Support engagement and progression of vulnerable groups aged 11- 19 in learning through integrated case working at locality level to overcome barriers and address needs</p>	<ul style="list-style-type: none"> • During the period April 2013 to 31 March 2014 <ul style="list-style-type: none"> ○ IYSS have provided one to one support for 5231 young people aged 11-19 ○ IYSS are currently working with 573 young people aged 11-19 through early intervention ○ Overall academic age 16-18 in learning has increase by 3.1% to 84.8% • SEN reviews, S139a assessments, CAF meetings, Core Group meetings, Case Conferences, RONI support in Y11, Early Intervention referrals, careers interviews. • Explore and refer to appropriate provision, including bespoke training/education, e.g. LEAP (Morthyng). • Arrange visits to and attend college/training provider interviews with young people. • Tracking of young people known to have left provision – school, college and training provision. • Close partnership working with key school staff, Year Managers, ASD Resource staff, 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		attendance, achievement, exclusion etc. <ul style="list-style-type: none"> Partnership working with Social Care (and any other relevant agencies) Team work with locality colleagues and IYSS partners to address specific needs – <i>(Please see appendix one for examples)</i>	
	8. Work with the local authority RPA team and all learning providers to re-engage those who are disengaged from learning aged 11- 16 or NEET aged 16-18	<ul style="list-style-type: none"> Overall picture of NEET academic age 16-18 6.1% - a 2% reduction on the position at the same time last year (8.1%) 	
	9. Involve young people in the design, delivery and evaluation of the service	<ul style="list-style-type: none"> Consultation with young people about the recent realignment of IYSS (via open access provision) Discussion with young people both on a one to one basis and in groups about the service and how it is delivered within localities and encouraging them to feed back any ideas for changes/improvements in the current planning process Young People's evaluation of careers interviews in school 	
	Raising Participation		Anthony Evans Collette Bailey Ewan Cumming Fiona Featherstone Janet Andrew
	10. Develop progression pathway protocols with post-16 providers to ensure that entry criteria and data sharing needs are agreed and acted upon across the partnership	<ul style="list-style-type: none"> LA data sharing protocols have been updated, shared and discussed with the three colleges, as the largest providers The LA securely shares appropriate data and usage of the portal has improved significantly 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	11. Develop partnership arrangements with schools and colleges regarding coordinated delivery of targeted support to vulnerable students to ensure that all young people are fully supported to engage in learning and make a sustainable transition to post 16 learning	<ul style="list-style-type: none"> Partnership agreements are in the process of being updated with schools and colleges Targeted work with schools Transition passport will be implemented for all year 11 vulnerable young people worked with by IYSS 	
	12. Develop apprenticeship pathways and transition support for 16,17 and 18 year olds	<ul style="list-style-type: none"> Apprenticeship programmes are embedded into the LA recruitment policies, thus modelling the process for our partners The LA continues to work closely with NAS, employers, schools, training organisations and the city region to maintain this momentum Advice and guidance is provided by IYSS The LA continues to design additional programmes that support pathways and transition when funding is available The LA is currently developing a vacancy bulletin to address the mismatch in supply and demand between vacancies and recruitment of young people 	
	13. Develop and publish the post 16 Rotherham Offer for students with LDD	<ul style="list-style-type: none"> Work is ongoing with the Offer as required by the new SEN legislation The Post 16 element will form part of this work 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	14. Ensure that tailored provision is developed around traineeships ESF, and Youth Contract to address the learning needs of all Rotherham's young people not in education employment and training , with a particular focus on the most vulnerable young people in the borough	<ul style="list-style-type: none"> • Youth Contract continues to perform well, up until May 2014: <ul style="list-style-type: none"> ○ 181 young people have engaged with workers and signed up to the programme ○ 133 have been supported to re-engage in learning - 73% success rate ○ 33 to date have stayed in learning for more than 6 months - 25% success rate ○ 16 -1 9 year old NEET is 6.1% - its lowest rate for the past 5 years 	
	15. Implement managed transitions for young people with LDD, utilising the S139a and managed moved protocols	<ul style="list-style-type: none"> • Successful transition has taken place for 2013 leavers - 96.4% of S139a completed • In April 2014 3.4%% of 16, 17 and 18 year old LDD were not known (target of 5%) and 88.6 % were in learning (target 82%) • This is better than the national trends 	
	16. Manage the September Guarantee for 16 and 17 year olds and ensure offers lead to participation in line with RPA	<ul style="list-style-type: none"> • Y11 – 72.5% already have recorded offers (awaiting TRC offer data which should have significant impact on this figure) • 17 year old – cohort currently being set so no robust data yet available • The final Intended Destination return for the 2014 Y11 leavers showed that 99% had a recorded Intended Destination (up on last year's figure which was 98%) 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	Teenage Parents		Carole Davison Collette Bailey Kerry Byrne
	17. Provide support to young parents to access tailored, accredited and non-accredited, personal and social development opportunities to improve motivation, confidence, aspiration, life and employability skills including volunteering and enterprise	<ul style="list-style-type: none"> • GROW have been awarded the specification to design a bespoke programme for 16-19 year olds, this will be monitored on a quarterly basis • GROW are tasked to engage young parents aged 17 and 18 to engage them in personal development and accredited learning opportunities. This commenced in April 2014 and the project is currently recruiting young people • Young parents have informed the development of the bespoke programme that will be accredited through AQA • NEET follow up – offering ongoing access to support via drop-in in the youth centre or one to one interviews in a convenient location within the locality, including home visits • Referral to and partnership working with locality Children’s Centres - using updates every month from local Children’s Centres about their provision sharing with IYSS colleagues and young people <p><i>(Please see appendix two for examples)</i></p>	
	18. Provide intensive transitional support to ensure successful retention, achievement and progression to post 16 opportunities including information on care to learn	<ul style="list-style-type: none"> • All teenage mothers have an allocated caseworker to support progression to post 16 • Data for April 2014 shows 29.8% of teenage mothers aged 16-18 are in learning which is an improvement of 7.5% at the same point last year 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	19. Deliver locality based targeted work with young women at risk of early pregnancy and young men at risk of early fatherhood, with particular emphasis on the 11 highest deprivation neighbourhoods	<ul style="list-style-type: none"> • In Rother Valley South IYSS staff are trained in Hardwear and deliver a weekly health clinic in Dinnington School where sexual health and contraception information is discussed and provided • There is also weekly clinic delivery over the Wentworth North and South area (Thyrbergh, Wath, Rawmarsh, Swinton, Dearne Valley College) • There is a young men's drop in at Wath Young People's Centre weekly • A residential experience for young women from the Rawmarsh and Thrybergh area • around Child Sexual Exploitation took place in April <p><i>(Please see appendix three for examples)</i></p>	
(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	20. Delivery of Healthy activities through Children Centre service delivery	<ul style="list-style-type: none"> • Between 1.4.13 and 31.4.14, 79% of families accessed activities at a Children's Centre to promote health and wellbeing 	Frances Hunt
	21. Parenting Programmes in Children's Centres	<ul style="list-style-type: none"> • Central point of coordination for all parenting programmes in the borough now established, and improved links being made with GPs and other universal providers 	
(iii) We will support adults to access learning to improve their chances of securing or	22. Completion of Community Learning Strategy and delivery of associated actions	<ul style="list-style-type: none"> • Learning strategy for 2014/15 in development will be completed by August 14 	Elenore Fisher Julie Roddis Karen Borthwick

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
retaining employment	23. Delivery of adult learning through children's centre delivery	<ul style="list-style-type: none"> Project developed to focus on target centres some work has already taken place but needs further development 	Mary Smith Sue Skalycz (DWP)
	24. Increase the use of children's centres, Libraries & Customer Service Centres as places to access information and improve skills, including offering free access to and assistance to use the internet	<ul style="list-style-type: none"> Community Learning currently in process of implementing a timetable of learning support in libraries supporting the development of digital skills and complementing activity of library staff 	
	25. Offer opportunities for apprenticeships, placement and volunteering within Customer and Cultural Services	<u>2013-14</u> <ul style="list-style-type: none"> Annual total of volunteer hours – libraries = 1,670 Heritage Services – 48 volunteers Theatres Service – 36 volunteers 	
	26. Provide assessment of need, in particular with regard to basic skills and ESOL, referrals to information, advice and guidance and appropriate use of training	<ul style="list-style-type: none"> ESOL sessions taking place weekly in Mowbray Gardens library Attendance 2013-14 was 1,745 	
	27. Provide work clubs in children's centres, customer services centres and libraries and access to/signposting parents to adult learning opportunities	<u>2013-14</u> <ul style="list-style-type: none"> 2,387 attended work clubs or accessed advice on employment in libraries and library/customer service centres 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	28. Attendance rates will rise and participation in the earliest forms of education – e.g. children’s centres	<ul style="list-style-type: none"> • Registration as at 1.4.13 was 87% - this has increased to 91% at 1.4.14 • 10571 (69%) of children and their families accessed children’s centre services between 1st April 2013 and 31st March 2014, this is an increase from 2013 the previous year where 62% (10053) of children and their families accessed children’s centre 	
(iv) Further develop the partnership response to respond to the needs of the ROMA community and new arrivals	29. Deliver and evaluate a pilot multi-agency ‘family induction day’ at Lifewise – Sept 2013	<ul style="list-style-type: none"> • The second multi-agency ‘family induction day’ was held on the 10th February 2014 with 20 parents in attendance and the next one is planned for the 15th October 2014 	Dorothy Smith
	30. Engage key relevant Headteachers and senior staff from within CYPS to discuss long term strategy to accommodating New Arrivals	<ul style="list-style-type: none"> • Head teachers and Director of Schools and Lifelong Learning attend EU/Roma Strategic Group meetings 	
	31. Extend the Strategic Management Group to include key representatives from schools and the Director of Lifelong Learning - June 2013	<ul style="list-style-type: none"> • Following a meeting of the Chief Executive Officers Group 01/05/14 – the District Commander for Rotherham is taking the lead on EU Migration Strategic Group • New terms of reference are in the process of being developed 	
	32. Implement the Roma Matrix delivery plan, meeting key deliverables and outcomes with the Roma Community as per funding requirements and delivery plan. –June 2013 to March 2015	<ul style="list-style-type: none"> • An updated delivery plan has been produced for Year 2 activities <ul style="list-style-type: none"> ○ Key objectives delivered to date include: ○ Pathways to employment programme has engaged 30 Roma young people in pre-apprenticeship activity ○ 2 Roma Youth Work apprentices have been recruited and in post from April 2014 ○ Cross community mediation activity has 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<p>taken place in the Eastwood area</p> <ul style="list-style-type: none"> ▪ 2 Community Clean up events including all sections of the community have taken place ▪ Planning is underway for the formation of a parents group in Ferham ▪ Members of the Roma community are involved in the planning group for Eastwood Funfest <ul style="list-style-type: none"> ○ REMA have been commissioned to provide Community Engagement activity to Roma Matrix activities until March 2015 ○ Planning and student identification taken place for workshops with children who are not in school. This will be a joint enterprise between Families for Change team, Education Welfare/CME team and IYSS 	
	<p>33. Reduce the number of Roma/EU Migrant children who are not accessing full-time education</p>	<ul style="list-style-type: none"> • Unfortunately the EU Migrant Community Engagement Officer has being on long term sick since December 2013 and this work has not being covered in her absence • As a result there are no further updates on CME cases and the admissions and appeals process for EU Migrant families 	

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
	34. Overall NEETs profile will continue to improve with no disproportionate increase for this community	<ul style="list-style-type: none"> Rotherham's overall NEET picture has improved significantly in the past 12 months reducing from 7.8% in May 2013 to 6.2% in May 2014 (reduction of 162 young people) The BME NEET % for the same time period has also shown the same rate of decrease from 12.9% in May 2013 to 7.0% in May 14 (a reduction of 14 young people) NCCIS figures do show a NEET % for those of White Gypsy/ROMA denomination of 31.3% in May 2013 reducing to 29.8% in May 2014, and therefore following the same trend as the overall and BME figures The White Gypsy/ROMA figures should, however be treated with some caution as this community has proved difficult to identify in any robust way due to the diverse ethnicity declarations used. Work needs to be undertaken to ensure an accurate baseline is established across all services 	
(v) We will reduce the inequalities gap in outcomes for the boroughs most deprived communities	35. We will look at new ways of assisting those disengaged from the labour market to improve their skills and readiness for work to align with action 2 of the poverty theme of the HWB strategy	<u>Adult Skills</u> <ul style="list-style-type: none"> Review of adult skills provision across all disadvantaged communities identified that wide range of providers are delivering relevant courses (English, maths, IT) at a variety of local venues to support people back into work. However, all areas experience the same issues of low recruitment to courses, retention of those learners once recruited, progression on to further learning and mobility i.e. the unwillingness of learners to travel in short distances in order to access provision In order to investigate these issues further a 	Andrea Peers Malc Chiddey Waheed Akhtar Zaidah Ahmed

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<p>pilot project has been developed by the Boston Ward Community First Panel to provide an outreach worker to work with a targeted group of people to offer support to access provision. The project runs until March next 2015</p> <ul style="list-style-type: none"> The learning from the project will be shared across the DC's <p><u>Employment:</u></p> <ul style="list-style-type: none"> Due to the higher number of people claiming disability related benefits in the East Dene area, a Disability Employment Advisor (DEA) is based in Mowbray Gardens Library on Thursday afternoons. The adviser will help the individual job-seeker address any health or disability related barriers to employment. 43 people have used the advice service over a two month period between January and March 2014. Although there are,as yet, no direct employment outcomes this has helped in providing stepping stones for individuals back towards employment The Rotherham Growth Plan is being developed and this includes a priority on deprived neighbourhoods An Access to Employment has been established to influence and improve pathways between education, skills and employment within Rotherham. The underlying purpose of this work is to improve opportunities for local people to increase their financial wellbeing and avoid poverty. It will sit under the auspices of the Health and Wellbeing Board, but report where appropriate 	

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		to a range of other relevant bodies, including the economy board. The group has carried out a mapping exercise on existing training	
	36. We will recruit and train people within the community to become Community Advocates whose role will be to act as liaisons between the various organisations, charities and groups to help promote skills, training and employability services to the wider community	<ul style="list-style-type: none"> • Co-ordinating the “Count me in” campaign with turning June into Volunteers month to raise the profile of volunteering and its benefits as well as supporting the quality of volunteering opportunities on offer • Increased reach into deprived neighbourhoods in Rotherham with the use of new publicity materials, highlighting the benefits of volunteering particularly those who are furthest from the labour market • Promoted Volunteering to a number of groups supporting young people, including South Yorkshire Housing, Target Housing, and RCAT, TARA’s, and Dearne Valley College • Recruited 6 Community Volunteer Ambassadors (CVA) from diverse communities in Rotherham. Part of their focus is to promote volunteering as a route to increase employability skills to those who would not usually engage, i.e. those from BME backgrounds, those furthest from the labour market. All our CVA’s have undergone induction and received publicity packs. Each week they promote the benefits of volunteering as a route to employment to a number of groups • Signed up to support the Headstart programme, supporting those furthest from the labour market and our deprived communities to access an holistic programme 	Janet Wheatley VAR

ACTION	DELIVERY MILESTONES	Update June 2014	LEAD/S
		<ul style="list-style-type: none"> of support including volunteering Worked with Jobcentre Plus to highlight the implications of volunteering for those on benefits, exploring the difference between work placements, work trials and volunteering 	
	<p>37. We will support families by getting them work ready and encouraging a stable and supportive family life through the Families for Change programme</p>	<ul style="list-style-type: none"> The Families for Change programme has achieved outcomes with 355 families (out of a possible 730 by April 2015) 324 outcomes are based on sustained improvement in school attendance and a sustained reduction in involvement in ASB or youth crime In 13 families an adult has entered employment, and in 16 families an adult has made progress to work In 1 family an adult has sustained employment throughout the period of intervention 	Jenny Lingrell
	<p>38. We will increase the engagement of vulnerable families through targeted deployment of our children's centre staff and the Families for Change delivery plan</p>	<ul style="list-style-type: none"> As of March 31st 2014, 644 families were engaged as part of the Families for Change Programme 	Jenny Lingrell
	<p>39. We will increase the support available across all communities in respect of benefit and welfare advice</p>	<ul style="list-style-type: none"> A module related to benefits and welfare advice has been developed and delivered as part of the Early Help Development Prospectus. This will up-skill the Early Help workforce and ensure that they can effectively access benefit and welfare advice on behalf of the families they work with Work to support families affected by the Benefits Cap has made important links 	Jenny Lingrell

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		<p>between CYPS and the Advocacy & Appeals and Financial Inclusion teams within RMBC Phase 1 of this work (externally funded) will end in June 2014</p> <ul style="list-style-type: none"> • Solutions to achieve a sustainable roll-out of the work are currently under consultation 	
	<p>40. We will ensure there is sufficient high quality childcare and early education, particularly in areas of deprivation</p>	<ul style="list-style-type: none"> • Childcare sufficiency is assessed on an annual basis • Based on the current sufficiency analysis there is adequate provision to meet current needs • However additional provision will be required to meet the new 2 year early education entitlement Capital funding has been awarded to a total of 14 providers to create 443 new 2 year old places to meet the anticipated needs 	<p>Frances Hunt Mary Smith</p>

Appendix One – Priority 6: Delivery Milestone 7

Support engagement and progression of vulnerable groups aged 11- 19 in learning through integrated case working at locality level to overcome barriers and address needs

Example 1

The school based Youth Support Worker (YSW) made contact with mum after failing to locate A in school after he was identified at being at risk of NEET. A. said that he was on a part time table because he refused to attend mainstream classes after being bullied. Although attending ‘the base’ sporadically, A had become disengaged from school despite being predicted C’s and above in his subjects. The YSW agreed a meeting with A to establish the support he needed. A had no aspirations in terms of a career, work or learning after year 11. Despite applying to college he had failed to attend his interviews and had since decided that he no longer wanted to go. A was at risk of being withdrawn from exams due to his attendance and lack of commitment. A said that although he was attending the base 1 hour per day that he had received no work to help him with his revision. The YSW emailed A’s teachers and progress manager requesting revision work for A. Despite A missing a number of meetings with his YSW she maintained contact with him by telephone. The YSW liaised with the schools exam officer to clarify A’s exam timetable and agreed to encourage A to attend – collecting him to bring in for exams where possible. The exams officer was delighted when A turned up for his first exam in full uniform and used allocated time in full to complete his exam. The YSW agreed to accompany the Families for Change Coordinator on a home visit as both A and his older brother who was NEET were on her list. The YSW arranged an interview for A’s older brother at Community Training Services and agreed to collect A and help him to do a CV and letter so that he could apply for apprenticeships.

Outcome:

Both boys are engaging well – the YSW is working intensively with both of them.

A’s older brother started at CTS (training organisation) and is meeting with the YSW to discuss progress and other issues and is no longer NEET.

After agreeing with A, the YSW picked him up from home and worked with him at Rawmarsh Customer Service Centre to complete his CV and letter, set up an account on the national apprenticeship service and help him apply for a vacancy. The YSW has discussed A’s worries and concerns around confidence following bullying incidents and has agreed to take him on a visit to the Advanced Manufacturing Research Centre to raise help his aspirations and a music recording studio to help build his confidence.

Example 2

The school based YSW managed to make contact with mum in April 14 following a number of phone calls and a home visit. Mum finally responded to a letter sent to both her and her son by the YSW. Mum said that she had disengaged from taking calls from school and services as she felt bombarded after her son had become disengaged from school after becoming ill following changes to his timetable. Z had stopped attending his CAHMS session at Rowan and had not been seen since Nov 13. The YSW agreed a home visit with mum and met with both mum and Z to tell them about the transition support available. Z said that he had no aspirations or ideas for learning or work after he left Y11.

Outcome: The family are now engaging with the YSW who has agreed a further home visit to work with Z to establish careers that match his likes/dislikes and provide information about learning and work opportunities.

Example 3

I have been working with a young man year 10 (aged15) I have worked closely with school and supported him by visiting Get Sorted Music Academy to add this into the provision that school offer. He is on a part time table and is at risk of becoming involved in crime. I have also supported him to access a worker through Know the Score to gain support for substance misuse.

Example 4

I have been working with a young man for 6 months doing work around a youth caution he received. This has been successful and he has not reoffended. As part of our work I have supported him in visiting colleges and training providers for when he leaves school (He is year 11). I am going to refer him to the Youth Contract team soon to gain extra support around his education in the future.

Example 5

Through our locality-based drop-in "Job-shop", we identified a group of local young men (East Herringthorpe and Dalton) who were NEET. They had all previously been worked with via the Early Intervention Team so had been supported by and had developed a trust of workers. They had been signposted towards various other training opportunities, some of which were more successful than others. However, this particular group of half a dozen young men were also involved in Anti-Social Behaviour in the community and there were issues with them as a collective, identified via the Safer Neighbourhood Team.

Example 6

At the Job-shop, we introduced them to the Rotherham United Community Sports Trust Development worker. As the group were reluctant at that point to move too far out of the area, it was decided they could do some sessions at Dalton Youth Centre to familiarise them with a course, the Level 1 Sports Course, in conjunction with Dearne Valley College. The young men all signed up, supported by the workers in the session and began their course, which would run through to July.

Since then, two of the young men have dropped off the course but the rest have remained. From being based solely in Dalton, they now travel to Dearne Valley College, have been on a residential and have undertaken some placements in community sports. They will be on the course until the summer, by which time they will have gained their Level 1 Diploma and been part of the National Citizen Service programme. They have joined with another group of young people from other areas, a real bonus in itself, and two of the group in particular are certain to go on to positive destinations at Level 2 and 3 in the field of sport and coaching and the others are felt to be much more ready for other training or employment.

The group have also undertaken functional skills and had workshops on crime and consequence, delivered by our Youth Support Worker for Justice, and drugs and alcohol as well as taking part in teamwork-building sessions.

The young men still meet weekly at Dalton youth centre for one of their sessions and for some of them, this is the longest they have sustained on any kind of training course.

The feedback from the group has been that they would not have attended had it not been for individuals working together to address their needs and listen to their concerns about where the course was initially based. They have gained confidence through being out and about in the Rotherham area and are involved in fewer ASB incidents. All the group are now actively looking for progression into another course, apprenticeships or training.

Other Examples

MS is a young man at Dearne Valley College. The family wanted him to go out of area but we have put in place a programme with a youth worker and college that means M accesses appropriate education and also develop his personal and social skills. He see the youth worker weekly and does cooking and accessing local community provision. By doing this he has also managed to start attending music sessions at Herringthorpe on his own after some initial support. He is accessing and developing social needs as well as accessing college provision.

JR is at Rotherham College. He left Hilltop early and we had some temporary placements till we got a programme together. He now has a programme based at Rotherham College but with work experience and also a taught session at Get Sorted. He also has support from a youth worker and they do appropriate social activities for his age. He needs to have positive role model (male) and look at positive activity as he is at risk of being pulled into inappropriate behaviours in his local community.

Roma young woman who came from Glasgow. Was in school but as 17+ in Rotherham we looked at College. Support from Youth Support Worker to link with the family, encourage independent travel and encourage the young woman to attend appropriate provision. She is now attending college and the Youth Support Worker still has contact to maintain the placement.

Young man at Freeman who has a lot of emotional and behavioural difficulties as well as ASD. He has been funded for 4 years exceptionally. Joint work with locality team, Vulnerable Persons Unit (VPU) and colleges mean we have a transition plan in place to try to meet his needs. It is early days but the aim is supported time in local college, supported work experience via Speak Up and also support from VPU and the locality worker to make him as busy and safe as we can.

Appendix Two – Priority 6: Delivery Milestone 17

Provide support to young parents to access tailored, accredited and non-accredited, personal and social development opportunities to improve motivation, confidence, aspiration, life and employability skills including volunteering and enterprise

Example 1

Although provided with information on learning opportunities and the Children's Centre whilst in school S had not engaged in learning since leaving school in June 12 and having her baby in Aug 12. The school based Youth Support Worker (YSW), who had previously built up a relationship whilst in school with S offered to go with her to visit the Children's Centre with her now 2 year old during ad hoc home visit. S was also provided with information about Care to Learn and free nursery places. The YSW walked with the S and her toddler to the Children's Centre where she was provided with information about the services and trips. The YSW offered to arrange a supported visit to Rotherham College to look at facilities and courses and agreed to make contact with S's friend who also lived in the area and was expecting a baby. The YSW will support both young parents to engage them with the Children's Centre and learning opportunities, which will be beneficial to both young parents and their babies in terms of developing confidence and skills.

Example 2

J responded to a follow up letter sent and said that she wanted help finding training or work. The area YSW contacted J who said that she would like help applying to college. The YSW agreed to send information about the course of interest and Care to Learn and followed this up with a further call to ask if J would like to meet to help her complete the application form. The YSW offered to meet at Rawmarsh Customer Service Centre, which was within walking distance and more convenient for J than getting on the bus with her toddler. The YSW met J and helped her complete her application form and advised her how to declare her criminal record. She also offered a supported visit to the Children's Centre for information about childcare courses. J was unable to go that day so the YSW called in at the Children's Centre and asked them to send information about free childcare places to J who had agreed they could be given her address.

Other Examples

We have supported a young dad into employment through the Creative Arts Apprenticeship programme. The young man suffers from low self-esteem and was not in education, employment or training. Our support enabled him to develop his confidence, encourage job search and raise his aspiration levels. Throughout the process we have supported the young man around parental access, patriarchal rights and parental mediation.

New centre based group in Treeton which is starting with the basic Voice and Influence approach...how do young people want to see the centre running, what activities?

A group in Thurcoft is involved with IYSS and the Big Local in developing a youth work centre based provision.

From 1st July we will be targeting referred young people to be part of our “issue based” group and will be enabling and encouraging them to have an influence on the format and running of the group.

Appendix Three – Priority 6: Delivery Milestone 19

Deliver locality based targeted work with young women at risk of early pregnancy and young men at risk of early fatherhood, with particular emphasis on the 11 highest deprivation neighbourhoods

The Youth support Worker is working with two groups of young women around staying safe, relationships etc....one in Aston and one in Thurcroft.

Detached Youth Work provision in Thurcroft with young men examines their use of pornography and their treatment and view of women.

Detached workers have delivered Hard Wear training in Aston and from the Youth Bus in Thurcroft ... a total of approx. 30 young people

In terms of one to one work another Youth Support Worker has worked with a young woman who is pregnant but she has made sure she has a Family Nurse Partnership worker to work with her for two years so they will talk to her about subsequent pregnancies etc.

Children and Young People's Action Plan 2013 – 2016

Highlights and Issues from the 2nd Progress
Report: June 2014

Priority 1: We will ensure children have the best start in life

All CAMHS referrals are assessed within 24 hours in A & E – RDASH have consistently met this target since October 2013

Plans in place to provide Universal Infant Free School Meals from September 2014
Publicity/Marketing of this scheme commenced
- booklets about the free meals will be distributed for parents/carers of eligible pupils

The GP Top Tips is now complete and is available to GPs

Parents of children in children's centres continue to effectively use Thrive strategies, to support the development of their child's PSED

Weight Management Services in Rotherham are currently out to tender. The current and future specifications clearly outline targets for the achievement of reduction in weight or weight maintenance for children accessing the services

The Supporting care closer to home programme has being developed and is now implemented

The antenatal pathway which was launched on the 16th September 2013 is now fully implemented

2013-2014 average school meals per day increased by 530 meals per day (excluding Wales High School from the baseline, private catering from Sept 2013) 17,087 meals per day increased from 16,553

There are currently 67 Breastfeeding Friendly Public Places (BFPP) across Rotherham.
Further outlets and settings are awaiting accreditation visits and certification
Once these outlets/settings are awarded this should bring the number of BFPP in line with the 2013/14 target of 71

91 + (74%) schools have a 'Food in schools Policy' which incorporates all food provision including packed lunches
Specific mention of packed lunches to be part of future Healthy Schools Re-accreditation (Whole School Review) update process

The directory of mental health/emotional health is completed and services and was launched with universal workers from January 2014.

Priority 2: We will engage with parents and families

The Early Help Dashboard has been published and is received regularly by Think Family Steering Group and RLSCB Performance Sub-Group

There is a new programme in place for the next 12 months for the women's group This includes invites to women from other services and professionals

The Early Help Support Panel now meet on a monthly basis

Service Users and families are being recruited for the 'Empower Cup', 5 aside recovery orientated football event in Scunthorpe

Significant work has taken place around the wishes and feelings and satisfaction testing for safeguarding children and families and is currently being embedded and tested out through audit process

The Young Carers Card which was launched in September 2013 is now being piloted in three secondary schools Evaluation will take place in October 2014 and the plan is to rollout to all schools following this evaluation

The number of Charter schools working towards Charter Gold accreditation is growing steadily:

- The first 6 schools will formally receive Charter Gold accreditation 18th June in a Charter Celebration event as part of the Children's Festival
- A further 14 schools/settings are at different stages of the two year process (working towards Charter Gold accreditation)
- 4 schools and 1 setting have enquired about starting the process in the autumn term

To reflect the wider scope of the Charter the name has changed to simply the Rotherham Charter and the strapline: Genuine Partnership with Parents, Carers, Children and Young People. A Charter Awareness Raising Event held in May, well attended by a wide range of services including health. Feedback illustrated the demand for the roll out

The aim is that the Rotherham Charter process will be promoted to services and settings as part of Rotherham's Local Offer

Priority 3: We will reduce the harm to children and young people who are exposed to domestic abuse, alcohol/substance misuse and neglect

The Fostering Service succeeding in achieving a net gain of 20 foster carer households in 2013/14
The Adoption Service increased the number of adoptive families recruited from 18 in 2012/13 to 31 in 2013/14

Audit in March 2014 showed further improvement in compliance of existing safeguarding protocols
A further audit will take place in October 2014

A new duty rota has been developed and implemented from March 2014 to build in 'protected days' to allow time for assessments to be written up in a timely manner.

The new single assessment was introduced to the duty teams in March 2014 and is now being implemented wider across Social Care

Promotion of the Call it a Night (CIAN) e-learning. Is ongoing and is now included in the 'making every contact count' pack

Plans for a Multi-Agency Safeguarding Hub (MASH) are progressing, due to go live on 4th August 2014

Know The Score is now fully integrated into CAMHS

Young Peoples Substance Misuse Education and Prevention group have agreed to develop an alcohol awareness week pack with themed days that can be delivered by any partner 'off the shelf'. This will be developed by September 2014 and will incorporate the single message

Alcohol awareness was delivered to 250 attendees of the Rotherham IYSS conference on the 8th Feb. 2014

'This is abuse' and 'consent' campaigns promoted at the secondary PSHE Leads meeting, to reinforce positive teenage relationships work
CEOP resources linked to CSE also promoted in both PSHE Leads meetings

Work is ongoing to address the inconsistencies in quality of MARF's received

Priority 4: We will work with partners to eradicate child sexual exploitation

- In March the Rotherham partnership receive a prestigious national award for their ongoing work tackling CSE. The multi-agency team were recognised by the NWG Network for undergoing 'the longest journey under challenging conditions'.
- Over 2013/14 there were 179 CSE related contacts to social services relating to 163 young people. 91 assessments were completed
- At the end of March there were 51 cases open to the CSE team with a further 51 cases open to other social care teams being supported by CSE workers

- A Police analyst has joined the CSE team. They will lead the development and delivery of a monthly multi-agency tactical assessment which combines statistics and narrative regarding, current operations, impact and areas of risk.
- Crime prosecution service has raised awareness of the increased reporting and investigation of CSE cases and in response has held events to raise awareness of the lawyers dealing with the cases in terms to improve their understanding of the issues which victims face in such cases
- CSE Multi Agency Threshold Descriptors completed in and sent out to Silver and Gold. The document is a simple and easy to understand tool for referring agencies to use to assess concerns regarding potential or actual CSE. These are supplementary to the wider safeguarding descriptors.

- 1911 partnership staff, business representatives, parish councillors and young people attended CSE workshops over 2013/14
- 7121 young people have attended specific CSE workshops or participated in informal curriculum sessions on CSE and related issues over 2013/14
- CSE has been incorporated into a variety of different units and themes within the school curriculum so it is not taught in isolation eg online safety, positive relationships, domestic abuse

- The independent inquiry commissioned by RMBC to review the previous ways of working and outcomes of CSE cases which were open between 1997 to January 2013 is near completion to be published in July

- The CSE strategy was implemented in April 2013 and the action delivery plan has been reviewed and refreshed for 2014 informed by a range of new and existing needs analysis work
- The performance dataset and associated reports are in place but will continue to develop and be further refined over time to ensure we are making a difference to the lives of CYP at risk or victims of CSE.
- Pathways between IYSS and CSE Team are being clarified and documented to further support the CSE Multi-agency Threshold Descriptors
- Development of young people's Voice and Influence within the CSE Team has started but more needs to be done to ensure this becomes routine practice
- South Yorks launch of the national 'See something, say something' campaign held at New York Stadium in Feb

Priority 5: We will focus on all children and young people making good progress in their learning and development

The current profile for Rotherham is 75% of all schools judged to be good or outstanding and 78% of pupils attending a good or outstanding school (as of 30/04/2014)

The following activities have taken place in Libraries & Customer Service Centres:

- 2013-14: 7,353 attendances at Rhyme Time
- 15,702 pupils visited libraries in class visits
- 32,352 attending skills based activity sessions

In 2013 KS2-KS4 progress by 3 levels in mathematics increased by 4.4% to 70.4%. National averages increased by 1.7% to 70.7%. Rotherham has reduced the gap to national averages to 0.3%

In 2013 KS2-KS4 progress by 3 levels in English increased by 3.5% to 75.5%. National averages increased by 2.4% to 70.4%. Rotherham exceeds the national average by 5.1%

Capital funding has been awarded to a total of 14 providers to create 443 new 2 year old places in areas of need

Rotherham LA: KS1 – KS2 – The percentage of pupils who are, or may become, persistent absentees fell from 6.7% in Autumn Term 2012 to 5.1% in Autumn Term 2013.

Rotherham LA: KS3 – KS4 – Secondary Schools saw a slightly bigger decrease in Persistent Absentee rates than primary schools. The percentage of pupils who are, or may become, persistent absentees fell from 9.6% in Autumn 2012 to 7.2% in Autumn 2013

96.4% of 2013 Learning Disability assessment completed for learners with Statements or those with significant additional needs 2014 currently being completed

22 Bespoke packages have being developed for post 16

The packages include Training Providers, FE Colleges, Specialist Providers, VCS agencies and IYSS staff/ services

Overall picture of NEET academic age 16-18 is 6.1% against a target of 6.5% and improvement on the position at the same time last year (8.1%)

Since October 31st 2013, the percentage of Childminders achieving a Good or Better Ofsted outcome has increased from 70.3% to 73.2%

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

GROW have been awarded the specification to design a bespoke programme for 16-19 year olds, this will be monitored on a quarterly basis
GROW are tasked to engage young parents aged 17 and 18 to engage them in personal development and accredited learning opportunities
This commenced in April 2014 and the project is currently recruiting young people

Youth Contract continues to perform well, up until May 2014:

- 181 young people have engaged with workers and signed up to the programme
- 133 have been supported to re-engage in learning - 73% success rate
- 33 to date have stayed in learning for more than 6 months - 25% success rate
- 16 -19 year old NEET is 6.1% - its lowest rate for the past 5 years

Between 1.4.13 and 31.4.14 79% of families accessed activities at a Children's Centre to promote health and wellbeing

Central point of coordination for all parenting programmes in the borough now established, and improved links being made with GPs and other universal providers

Successful transition has taken place for 2013 leavers - 96.4% of S139a completed
In April 2014 3.4% of 16, 17 and 18 year old LDD were not known (target of 5%) and 88.6 % were in learning (target 82%)
This is better than the national trends

Learning strategy for 2014/15 in development and will be completed by August 14

ESOL sessions taking place weekly in Mowbray Gardens library, attendance 2013-14 was 1,745

Rotherham's overall NEET picture has improved significantly in the past 12 months reducing from 7.8% in May 2013 to 6.2% in May 2014 (reduction of 162 young people)
The BME NEET % for the same time period has also shown the same rate of decrease from 12.9% in May 2013 to 7.0% in May 14 (a reduction of 14 young people)

The second multi-agency 'family induction day was held on the 10th February 2014 with 20 parents in attendance and the next one is planned for the 15th October 2014

Key Issues Identified

Priority One

- Discussions with Rotherham midwives to ensure they consistently and accurately assess levels of alcohol consumption during pregnancy by the systematic use of the screening tool Audit C have being delayed due to a change in personnel. These are to be re-instigated
- Breastfeeding initiation target rates for 2013/2014 was 65.5%, actual figure is 59.91%. A Performance clinic is to be held on the 30th June 2014 with all partners and stakeholders
- There is no data available on the increase of the prevalence of breastfeeding at 6 – 8 weeks
- The target of the number of mothers who smoke at delivery has not being met. The service has just transferred to sit within midwifery which we hope will improve ownership of the issue within community midwifery. Once staff transition has settled (Q2/Q3) PH and midwives will work together to audit data collection of SATOD data
- The rollout of joint 2 year old Health and Education Review has not yet begun for PVI settings in areas other than Aughton. However, through the PVI annual evaluation process settings are indicating they would welcome this approach. Due to the issues identified around the roll out to children's centres, this is being addressed as a priority before the wider roll out to the PVI sector begins
- No audits have being completed on mothers knowledge on infant feeding including dental health or professional knowledge on infant feeding including dental health
- Increase access to counselling through provision of drop –in sessions including self-referral for secondary school students has reduced
- The number of children attending a dentist in the two year period up to 31 December 2013 was 73.8% and up to 31 March 2014 was 73.7%. The corresponding numbers were 41,385 and 41,363 so there has been a very small decrease in access in the most recent figures

Key Issues Identified

<p>Priority Two</p>	<ul style="list-style-type: none"> • Due to the relative low number of cases referred to EHSP to date, it is difficult to provide evidence of significant impact for a wide range of cases. However, the minutes of each panel meeting identify actions and these are checked at subsequent meetings • The aspiration for all schools to work towards the Charter by 2015 has been reviewed by the team. It has been agreed that for schools to embed the Charter principles of genuine partnership/co-production advocated by the SEND reforms a two year process of training, gathering feedback and monitoring is required. There is insufficient capacity within the team (a co-productive partnership involving parents, services and schools) to deliver the programme simultaneously to large numbers of schools. The risk of attempting shortcuts to enable all schools/settings to achieve Charter status quickly is a loss in parental confidence if they are found to then fall short of expectations. The preferred option is to increase the numbers of schools more slowly to ensure parental confidence in our schools is strengthened and to promote the Charter culture more widely from a more secure base
<p>Priority Three</p>	<ul style="list-style-type: none"> • No delivery milestones identified as having a RED Rag status
<p>Priority Four</p>	

Key Issues Identified

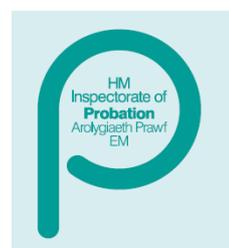
<p>Priority Five</p>	<ul style="list-style-type: none"> • In 2013 one secondary school was below the DfE KS4 floor standard, this school was also below in 2012. Executive Headteacher system leadership arrangements are in place and the sponsor-led academy conversion process has begun • KS1-KS2 progress by 2 levels in reading decreased by 3% to 83%. National averages decreased by 2% to 88%, the gap to national averages increased by 1% to 5% • In February 2014, the EYFS curriculum adviser was trained in London as an I CAN national trainer. Rotherham's I CAN trainer is at present coordinating future dates in order for her to then train further Rotherham's own I CAN trainers, this will include some lead teachers. These trainers will then train 39 EY practitioners each – who will then train parents. This timeline has slipped due to the date in which the EYFS curriculum adviser could be trained by the national I CAN organisation, and the need to prioritise in the Autumn term 2013 – improvements to the LA statutory EYFS Profile moderation processes and procedures, which the EYFS adviser has led on
<p>Priority Six</p>	<ul style="list-style-type: none"> • The EU Migrant Community Engagement Officer has being on long term sick since December 2013 and this work has not being covered in her absence

Integrated inspections of services for children in need of help and protection, children looked after and care leavers and joint inspections of the Local Safeguarding Children Board

Consultation document

This is a joint consultation document on proposals for the integrated inspection of services for children in need of help and protection, children looked after and care leavers and the joint inspections of Local Safeguarding Children Boards.

The closing date for this consultation is 12 September 2014.



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Purpose and background to the consultation

1. The Office for Standards in Education, Children's Services and Skills (Ofsted), the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation (HMI Prob) and Her Majesty's Inspectorate of Prisons (HMIP) are committed to the introduction of a new integrated inspection of the arrangements for the help, care and protection of children in England. These inspections will focus on the effectiveness of local authorities' and partners' services for children who may be at risk of harm, including the effectiveness of early identification and early help and the effectiveness of the response of services to children looked after and care leavers. In addition, the inspectorates propose to conduct a joint inspection of the effectiveness of the Local Safeguarding Children Board (LSCB).
2. In 2012, the inspectorates consulted on proposals for the development of inspections in two key areas of children's services: multi-agency arrangements for the protection of children; and services for children and young people looked after and care leavers. The former was a joint consultation between all the inspectorates and the latter between Ofsted and CQC.
3. The consultation on the multi-agency arrangements for the protection of children focused on local authority and partnership arrangements for children and young people who are being harmed or who may be at risk of harm, including the provision and effectiveness of early help.
4. In respect of the services for children and young people looked after and care leavers, Ofsted proposed to replace three separate inspection frameworks with a single inspection to focus on local authority performance of its statutory responsibilities for children looked after and care leavers.¹ This was planned as a joint inspection with CQC.
5. Three pilots for services for children looked after and care leavers took place, alongside five pilots for multi-agency child protection arrangements. Although these pilots were successful in part, they also highlighted methodological challenges that needed to be resolved, including the transparency and accountability of judgements across all statutory partners with a responsibility for the protection and care of children.
6. The learning from our pilots and the concerns expressed regarding the use of a single judgement for a complex multi-agency system led to Ofsted taking the decision to defer the multi-agency inspection of child protection and, instead, implementing an Ofsted-only inspection of services for children in need of help and protection, children looked after and care leavers from November 2013.

¹ As defined in Children Act 1989; Children (Leaving Care) Act 2000 and Adoption and Children Act 2002.

Current inspection programmes

7. Valuable lessons were learnt from the joint consultation exercises and joint piloting in 2012/13; many of the positive elements were incorporated into the next phase of work by each of the inspectorates.
8. The Ofsted 'single inspection framework',² implemented in November 2013, focuses on:
 - the effectiveness of local authority services and arrangements to help and protect children
 - the experiences and progress of children looked after, including permanence for children who are looked after and the experiences and progress of care leavers
 - adoption
 - fostering
 - the use of residential care
 - the experiences of children who return home.
9. The leadership, management and governance judgement addresses the effectiveness of leaders and managers and the impact they have on the lives of children and young people and the quality of professional practice locally. Ofsted makes judgements on a four-point scale of 'outstanding', 'good', 'requires improvement' and 'inadequate', and identifies areas for improvement. This is a universal three-year programme. At the same time, Ofsted undertakes a review of the effectiveness of the Local Safeguarding Children Board.³
10. CQC launched a two-year single agency programme of reviews in September 2013. These inspections evaluate the effectiveness of health services for children looked after and care leavers and the effectiveness of safeguarding arrangements within health services for all children.⁴
11. CQC are inspecting those areas where there is the greatest risk within health services, and where there have been deficiencies in the effectiveness of safeguarding arrangements and services for looked after children in the NHS. The inspections focus on the experiences of children and their families in contact with health services. CQC publishes its findings and makes recommendations in a report for each local area. This does not include a grade

² These inspections are conducted under section 136 of the Education and Inspections Act, 2006; www.legislation.gov.uk/ukpga/2006/40/section/136.

³ These reviews are conducted under section 15A of the Children Act 2004; www.legislation.gov.uk/ukpga/2004/31/section/15A.

⁴ These reviews are conducted under section 48 of the Health and Social Care Act 2008; <http://www.legislation.gov.uk/ukpga/2008/14/section/48>.

or rating. At the end of the inspection cycle, CQC will also publish a national report that brings together findings from across the country.

12. During 2013, HMIC, as a single inspectorate:
 - conducted a number of child protection inspections of individual police forces
 - carried out a thematic inspection of how the police service across England and Wales responds to online child sexual exploitation
 - worked jointly with Her Majesty's Crown Prosecution Service Inspectorate to inspect the Investigation and Prosecution of Child Sexual Abuse
 - worked jointly with Her Majesty's Inspectorate of Probation to complete a thematic inspection of child protection within probation trusts and youth offending teams across England and Wales.
13. The report for the response to online child sexual exploitation will be published in summer 2014. Other child protection reports can be found on the HMIC website.
14. In April 2014, HMIC began its own national child protection inspection programme, which will cover all police forces in England and Wales. The programme draws on the principles developed during earlier multi-agency child protection inspection work.
15. HMI Probation has completed a thematic inspection on child protection arrangements in probation trusts and youth offending teams. In addition, child protection has been the topic in the most recent round of performance inspections of probation trusts. The thematic report and the aggregate findings of the performance inspection of probation trusts will be published in summer 2014.
16. HMI Prisons conducts regular inspections of juvenile establishments and from 2014 will increase the frequency of these to approximately once a year. HMI Prisons routinely examine the arrangements in custody and in detention for safeguarding, child protection and looked after children. Arrangements have recently been made to examine how the needs of care leavers are addressed.

Integrated inspection

17. The inspectorates agreed that, from April 2015, we would work jointly together to examine the impact of professional practice on the lives of our most vulnerable children. We have taken account of our joint pilot inspections, the consultation responses and the learning from our own individual inspection programmes. We believe that it is more appropriate to describe our intended work together as an integrated inspection as we bring together the best ways of working from each of the inspectorates own inspection programmes into an integrated approach.

18. Ofsted intends to continue with its three-year programme of local authority inspections using the single inspection framework that was launched in November 2013. CQC and HMIC are also committed to continuing their existing programmes as outlined in earlier paragraphs. HMI Probation will also continue to incorporate safeguarding/child protection in their core inspection programmes of adult and youth offending work.
19. Alongside these existing programmes, services in a small number of local authority areas will have an integrated inspection. In some cases, the integrated inspection will replace an agency inspection.⁵ The Ofsted single inspection programme will continue and so all local authorities will continue to be judged against these published criteria. The single inspection will be the 'spine' of the integrated inspection. The other inspectorates will carry out their own inspection within the same four-week period as Ofsted to evaluate the contribution of other agencies to the help, care and protection of children in the local authority area.
20. Children and young people who are in need of help and protection, or who are looked after, are vulnerable and face considerable disadvantages. They deserve to be protected and cared for by people and services whose practice is judged to be at least good. We are proposing that we will make individual judgements about the contribution of the local authority, health services and the police to the help, care and protection of children and young people. These criteria will be relevant and specific to each of these agencies inspected.
21. Ofsted is not consulting on the descriptors of a 'good' local authority, as this will remain the same as in the current single inspection of local authorities. However, Ofsted thinks that working on site with the other inspectorates will enhance our understanding of the impact and effectiveness of the local authority and give a better picture of where the strengths and weaknesses in the multi-agency system lie.
22. The proposed new integrated inspection framework will set out the characteristics of 'good' for the local health services and the police. This is the standard that children, young people and their families and carers have a right to expect. The framework will also set out the criteria against which the quality of work will be assessed for:
 - youth offending teams
 - providers of probation services (National Probation Service and Community Rehabilitation Companies)
 - custodial establishments and places where children are detained.

⁵ This does not preclude any of the inspectorates from conducting follow-up inspection or regulatory activity in line with their findings and statutory obligations.

23. During this period, CQC is consulting separately on its new approach to the inspection of the services it regulates under Section 60 of the Health and Social Care Act 2008.⁶ This includes the inspection framework for NHS services and descriptors for 'good' against the five domains of safe, effective, caring, responsive and well-led. While the two consultations relate to separate frameworks, underpinned by different legislative powers, CQC is committed to addressing issues of consistency of judgement across inspection programmes.
24. The inspectors will work together to share and triangulate their findings throughout the inspection process. In addition, each inspectorate will report on their individual findings about agencies, identifying the key strengths and weaknesses that support the individual agency judgements and identifying any areas for improvement.
25. We will not make an aggregate judgement about the experiences and progress of children and young people in the local area, but we will bring together the key findings from all agencies about the help, protection and care of children and young people into a summary report that makes clear the experiences of children and young people in the local area.
26. We will make a shared judgement about the effectiveness of the Local Safeguarding Children Board (LSCB).
27. Following consultation and piloting, we propose to implement the integrated inspection from April 2015. We will use the information gathered from the consultation to finalise the revised arrangements for inspection. We will publish the findings from the consultation on each of our websites.
28. This consultation seeks your views on the proposed new integrated arrangements for inspecting services for children in need of help and protection, children looked after and care leavers and for the joint inspections of the effectiveness of the LSCB. We want to base that on the knowledge and experience of all those with an interest in the protection of children and children looked after. Your views will help to refine and develop the framework for inspecting these services.

What does an integrated inspection mean?

29. From April 2015, the following will apply.
 - The Ofsted three-year programme of single local authority inspections will continue.
 - Some local authority areas will have their single inspection as part of the integrated inspection. The grade descriptors and judgements for local

⁶ This consultation will open in July 2014.

authority performance will remain the same, irrespective of whether it is an Ofsted-only or an integrated inspection.

- The local authority, the police and the contribution of health services in the local area will be evaluated against the four-point judgment scale: outstanding, good, requires improvement and inadequate.
- The integrated framework will include grade descriptors to describe 'good' in each of the agencies: the local authority, health and the police.
- For these agencies, the framework will also include grade descriptors for 'outstanding', 'requires improvement' and 'inadequate' that are derived from 'good' as the benchmark.
- The work of youth offending teams, the providers of probation services and the contribution of the providers of custodial or detention services will be assessed against a set of criteria. Grade descriptors will not be used because of the small size of the inspection samples in these organisations.
- HMI Probation and HMI Prisons will contribute to the integrated inspection by providing a narrative account of the strengths and weaknesses of the contribution of their respective agencies to the help, care and protection of children and young people in the local area.
- HMI Prisons will be part of the inspection team where there is a custodial or detention facility in the local area, or when requested to provide advice where risks are identified involving children placed in the area being inspected.
- In each local authority area there will be a joint inspection of the effectiveness of the Local Safeguarding Children Board, which will result in a graded judgement of the effectiveness and impact of the board.
- Each inspectorate will carry out its part of the integrated inspection in accordance with their legislative powers and functions using their own legislative powers. The inspection of the LSCB will be carried out under section 20 of the Children Act 2004.⁷

30. We are seeking your views on six specific proposals.

- The first proposal outlines how we will undertake the integrated inspections and how we will select which local authority areas to inspect in this way.
- The second proposal sets out the judgement structure for the integrated inspection.
- The third proposal concerns the grade descriptors for the judgement of 'good' in each of the health services and the police force. We want to know if they describe what children and young people should experience; the

⁷ Section 20 of the Children Act 2004; www.legislation.gov.uk/ukpga/2004/31/section/20.

help, protection and care they should receive; and the progress they should make.

- The fourth proposal concerns the criteria that will be used to evaluate youth offending teams, providers of probation services and providers of custodial and detention services. We want to know if they accurately describe how these providers help to protect children, including children looked after, and whether the governance and management arrangements are effective.
- The fifth proposal is that we will produce a summary of key findings from across the local agencies. In addition, each inspectorate will produce a separate report outlining their detailed findings within their own agency.⁸ These reports will also be published as a single document.
- The sixth proposal is that we will jointly inspect the LSCB to evaluate the effectiveness and impact of the LSCB in meeting its statutory objectives as set out in section 14 of the Children Act 2004⁹:
 - to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
 - to ensure the effectiveness of what is done by each such person or body for those purposes.

Responding to this consultation

31. The consultation questions that we would like you to answer are in our online survey that can be located via: www.surveymonkey.com/s/IntegratedInspection
32. You can also download a version of the questions from any of the inspectorate's websites at the links below. You can complete this questionnaire and either email or post to us:
 - **Ofsted:** www.ofsted.gov.uk/resources/140112
 - **CQC:** <http://www.cqc.org.uk/content/consultation-integrated-multi-agency-inspections-childrens-services>
 - **HMIC:** www.hmic.gov.uk/publication/integrated-inspection-of-child-protection-services-consultation/
 - **HMI Probation:** <http://www.justiceinspectorates.gov.uk/hmiprobation>
 - **HMI Prisons:** <http://www.justiceinspectorates.gov.uk/hmiprison>

⁸ Under their respective legal powers.

⁹ Section 14 of the Children Act 2004; www.legislation.gov.uk/ukpga/2004/31/section/14.

Proposal 1: How and where we will inspect

Proposal 1a: How we will inspect

33. Inspectors will look closely at the experiences of children and young people who have needed or still need help and/or protection. This includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults. Inspectors will consider the quality of work and the difference adults make to the lives of children, young people and families. They will read case files, observe how professional staff work with families and each other and discuss the effectiveness of help and care given to children and young people. Wherever possible, they will talk to children, young people and their families.
34. In addition, the inspectors will try to understand what the local authority and the partner agencies know individually and collectively about how well they are performing and the difference they are individually and collectively making for the children and young people they are trying to help, protect and look after.
35. Each inspectorate will gather evidence in line with their own criteria, as outlined in this consultation document. Throughout the inspection process, the inspectorates will share findings and lines of enquiry to triangulate evidence and fully understand the experiences and progress of children and young people in that local authority area.
36. Inspectors from each of the inspectorates will be on site at the same time. Ofsted inspectors will be on site across a four-week period, just as they are in the current single inspection. Inspectors from the other inspectorates will be deployed across the same inspection window. The number of inspectors and/or time on-site will be based on contextual factors such as the size of the local authority area or complexity of local service structures. It is not anticipated that all inspectors will be on site for the whole inspection, but the team will make sufficient opportunities to share findings and inform each other's lines of enquiry.
37. Each inspectorate will provide detailed feedback to their respective agency at the end of their respective inspection activity.

Proposal 1b: the criteria for choosing where we will go

38. Ofsted is committed to inspecting each local authority in a three-year cycle. The cycle commenced in November 2013 and will complete in autumn 2016. The CQC is also continuing with their programme of single inspections. This means that, for some local authorities and some Clinical Commissioning Groups, inspections by Ofsted and CQC will be part of an integrated inspection. We are proposing that we will inspect 20–25 local authority areas in this way between

April 2015 and November 2016. We will identify these local authority areas in a number of ways:

- where Ofsted would be returning following a previous inadequate inspection judgement, these local authority areas will all be subject to an integrated inspection so that we can evaluate not just the improvement of the local authority but the contribution of other agencies to the experiences and progress of children and young people
- where other inspectorates have concerns about practice that suggest we should evaluate the quality of multi-agency working
- a sample of local authority areas that do not meet these criteria. This is so we can disseminate good practice and identify where agencies are working well together. We are proposing that at least 25% of the local areas will be selected in this way as we want to ensure that we have the opportunity to disseminate learning from a range of local authority areas.

39. We would like to know what you think of these two related proposals.

Proposal 2: the judgement structure

40. We propose that Ofsted, CQC and HMIC will all make separate judgements on their respective agencies using the same judgement structure.
41. We propose that the judgement structure used by CQC and HMIC will mirror the judgement structure used by Ofsted in its single inspection:¹⁰
- **The overall effectiveness of services and arrangements for children** – one on each of the local authority, health services and police force.
This is a cumulative judgement for each of the local authority, health service and police derived from:
 - **The experiences and progress of children who need help and protection** – one on each of the local authority, health services and police force
 - **The experiences and progress of children looked after** – one on each of the local authority (including 'achieving permanence', 'adoption performance' and 'the experiences and progress of care leavers' as outlined in the current single inspection) and health services (including care leavers).
 - **Leadership, management and governance** – one on each of the local authority, health services and police force.
- And at the same time:
- **A shared judgement about the effectiveness of the Local Safeguarding Children Board¹¹** (local authority, health services, police force, probation, youth offending team and prison service (where relevant)).
42. To help the reader understand each of these judgement areas, the inspectorates have agreed the content of the blue boxes below. In our view these describe the territory and parameters of each of these judgement areas. While some areas are more relevant to some agencies than others, they illustrate the joint territory of these inspections and the scope of the final joint summary report.

¹⁰ Ofsted's judgement structure is not subject to consultation.

¹¹ Please see Proposal 6 for more detail on the proposals for this joint inspection.

Summary: The experiences and progress of children who need help and protection¹²

43. This summary applies to judgements made on the local authority, health services and the police.

Children and young people who are, or who are likely to be, at risk of harm or who are the subject of concern are identified and protected. Help is provided early in the emergence of a problem and is well coordinated and recorded through multi-agency arrangements. Thresholds between early help and statutory child protection work are appropriate, understood and operate effectively. Records of action and decision are clear and up to date. Children and young people are listened to and heard. Social workers build effective relationships with them and their families in order to assess the likelihood of, and capacity for, change. Police officers, police staff members and health professionals provide timely and effective help and protection. Risk is well understood and managed and regularly reviewed. Children and young people experience timely and effective multi-agency help and protection through risk-based assessment, authoritative practice, planning and review that secures change.

¹² This judgement includes the help and protection of children and young people who are looked after and live in the local area irrespective of whether the local authority is the placing authority.

Summary: The experiences and progress of children looked after including care leavers

44. This summary applies to judgements made on the local authority¹³ and health services.

Decisions about children and young people becoming looked after are made using high-quality assessments about the risk of harm or actual harm to them and the likelihood of change in their family. Thresholds are clear and applied appropriately. Children and young people are listened to by social workers and professionals who know them well. Adults working with children and young people help them to understand and manage their early childhood experiences, to progress well and achieve educationally, and to influence decisions about their future. They return home with the support they need and when it is safe for them. If this is not possible, they live in stable placements where they are helped to build positive relationships and maintain contact with their family and friends where this remains in their best interests. Care plans are regularly reviewed to ensure that the child or young person's current and developing needs continue to be met.

Permanent homes and families are found for children and young people without unnecessary delay. Their needs are met and they live with their brothers and sisters if that is assessed as being in their best interests. They do not experience placement moves unless they are part of a planned return home or in accordance with plans for their future. Their education is not disrupted unless it is in their best interests and plans for their schooling provide any extra help they need to make up time and learning that has been missed. They develop safe and secure relationships with adults that persist over time. Their health is assessed, taking account of their family history when they become looked after and their health needs are met in a coordinated way. When they leave care they have information and support and the skills and confidence to take responsibility for their own health. When support is needed, children, young people and families are able to access it for as long as it is needed, throughout their childhood and beyond.

¹³ Including achieving permanence and adoption performance for the local authority.

Summary: Leadership, management and governance

45. This summary applies to judgements made on the local authority, health services and the police.

Leadership, management and governance arrangements comply with statutory guidance¹⁴ and together establish an effective strategy and good-quality services for children, young people and their families. There is a clear and up-to-date strategy for commissioning and developing services delivered by a suitably qualified and experienced workforce that meets the needs of local children and young people and families. The Director of Children's Services (DCS), the lead elected member and the senior management team in the local authority, the police and health commissioners and providers have a comprehensive knowledge about what is happening at the frontline to enable them to discharge their responsibilities effectively. They know and understand the difference that help, care and protection are making. They oversee systematic performance management and, monitoring that, demonstrate rigorous and timely action in response to service deficiencies or new demands.

Through working in partnership, the local authority, health service and police force deliver early help, protect children and young people, improve educational attainment and narrow the gap for the children looked after and care leavers. The local authority acts as a strong and effective corporate parent for children looked after and those leaving or who have left care. Leaders, both professional and political, drive continuous improvement so that the local authority is consistently effective as the lead agency for the protection and care of children and young people and as a corporate parent, and partner agencies are consistently effective in their role to help and protect children and young people. Partnerships are supported by transparent and rigorous governance between the local authority and key statutory, private and voluntary organisations. Shared priorities are clear and resourced. There is effective engagement across the relevant local partnerships including the Health and Well-being Board.

The DCS works closely with the LSCB chair and the local authority chief executive holds the LSCB chair to account for the effectiveness of the LSCB.

¹⁴ *Statutory guidance on the roles and responsibilities of the Director of Children's Services and the lead member for children's services*, Department for Education, 2012; www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00034-2012 and *Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework*, March 2013; www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf.

Proposals 3 and 4: the evaluation criteria

46. We would like to know if:
- the characteristics of 'good' as they are set out describe the help, care and protection that children and young people should experience and the progress they should make
 - the 'outstanding' criteria capture well the effectiveness of those agencies that are making an exceptional and enduring difference to the lives of children and young people
 - the 'requires improvement' and 'inadequate' criteria clearly draw the distinction between those agencies that are not yet good and those agencies that are failing to help, care for and protect children and young people and/or have inadequate leaders and managers.

Proposal 3a: The local authority

47. Ofsted will continue to make judgements using the evaluation criteria outlined in the single inspection framework.¹⁵
48. The evidence to support these judgements will be triangulated with the findings of the other inspectorates where relevant to ensure that any strengths and weaknesses in practice are attributed to the right part of the system.

Proposal 3b: Health agencies

49. CQC's contribution builds on its existing programme to review how health services safeguard children and meet the health needs of children looked after and young people leaving care. CQC examines the experiences and outcomes for children receiving health services within the geographical boundaries of the local authority area and reports on the contribution of health providers, Clinical Commissioning Groups (CCGs) and the NHS England Area Team.
50. Where the findings relate to children in other local authority areas, cross-boundary arrangements are considered and commented on. Arrangements for the health-related needs and risks for children placed out of area are also included.
51. The CQC inspection programme is conducted using Section 48 of the Health and Social Care Act 2008, which gives CQC powers to conduct a special review. This allows CQC to review the provision of NHS care and the exercise of

¹⁵ *Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers (single inspection framework) and reviews of Local Safeguarding Children Boards (130216)*, Ofsted, 2014; www.ofsted.gov.uk/resources/130216.

functions of NHS England and CCGs, both of whom play an important strategic role in child safeguarding.

52. For this inspection programme, the key lines of enquiry focus specifically on health service child safeguarding responsibilities. The individual inspection reports provide a commentary for the health system within a local authority geography, with recommendations directed to specific providers, the CCGs and NHS England. The programme will include a national report of the findings and examples of best practice.
53. CQC has the power under s48 to review the provision of children's healthcare which is commissioned by NHS England or CCGs and to healthcare provided under s75 NHS Act 2006 agreements.
54. CQC does not have the power, under Section 48, to review children's health services that are commissioned by local government. Those services form an integral part of the provision of health services for children: school nursing, health visiting, contraception and sexual health (CASH) services and substance misuse services for children. The integrity of the inspection of health services in relation to safeguarding is compromised if CQC does not include them in the integrated inspection.
55. CQC is therefore proposing to include these services in their review of child safeguarding as part of the integrated inspection programme. Further consideration is needed about the information provided to Directors of Public Health prior to a review, the conduct of the review itself and how findings will be reported to the Directors of Public Health. CQC is consulting with Public Health England (PHE) and Directors of Public Health on the way in which this is managed. CQC and PHE will be jointly writing to all Directors of Public Health to seek their views on this point.
56. The CQC inspection methodology incorporates feedback from the previous multi-agency consultation and the experience of the multi-agency pilot inspections conducted in 2012/13. A significant difference from the framework used by Ofsted, HMIC and other inspectorate partners is that this review looks across a whole health system and how organisations work both individually and together for children who need help, care and protection. The health agency report focuses on the contributions made by a number of organisations and services to the experiences and outcomes for children. The report is in the form of a commentary and recommendations are specifically directed to the organisation(s) where action is required.
57. In the single agency programme, CQC does not progress its judgements to a grade or rating. It is proposed, for the integrated programme only, to additionally express the judgement as a grade for each of the three areas of activity reviewed and a grade for overall effectiveness. This is not a rating for individual health providers. CQC's comprehensive inspection programme for all services provided by hospitals and primary care will be the means by which

CQC awards ratings to individual providers. The findings of both the integrated and single agency inspections will be used as intelligence to inform that process.

58. The characteristics of 'good' in the CQC proposals have been developed from their single agency inspection programme key lines of enquiry. To ensure that there is a coherent approach across inspectorates, this has to include some additional detail and, once the characteristics have been finalised, there will be a review back to the single agency methodology to update the key lines of enquiry and ensure consistency in the areas of activity assessed.

The judgements

59. CQC will make the following judgements about the contribution of health agencies to the help, care and protection of children and young people:
- The overall effectiveness of health services and arrangements for children
 - This is a cumulative judgement derived from:
 - The experiences and progress of children who need help and protection
 - The experiences and progress of children looked after¹⁶
 - Leadership, management and governance
60. Health services will be judged against the criteria applied in the CQC single agency inspection programme.
61. The characteristics for 'good' are aligned to the key lines of enquiry that are used on all inspections and are described for each of the three judgements above.
62. Overall effectiveness is also aligned with CQC's generic descriptors from the comprehensive inspection programme. The findings from this programme are shared with hospital and GP inspection teams.

Overall effectiveness

63. The overall effectiveness of health services is outstanding when the following apply:
- a. There are consistently positive views from children and young people and their families about the quality of service they receive.
 - b. The views and experiences of children, young people and their families are listened to and are at the centre of service design, influence development and strategic thinking.

¹⁶ CQC does not review 'achieving permanence'.

- c. There is strong evidence of innovation and a proactive approach to performance improvement. Health services are responding to the changing needs of its local communities. Change and improvement are consistently and effectively implemented and reviewed for their impact. Children, young people and families clearly benefit from improvements that are made and the impact of their feedback is well evidenced.
 - d. There is strong evidence of research and an embedded ethos of shared learning that improves professional practice. This is sustained over time.
 - e. There is a consistent track record of high quality, responsive practice delivering measurably improved outcomes for children, young people and their families.
 - f. Service delivery is consistently in line with evidence-based, best practice guidance and the highest professional standards.
 - g. A health and social care economy-wide collaborative approach is taken, working with other agencies to improve outcomes for children and families, tackling health inequalities, planning, and delivery of high quality coordinated services.
 - h. Staff feel respected, valued and supported by their organisations and are actively engaged.
 - i. There is a positive culture of openness and candour with a collective responsibility for quality, effectiveness and service improvement. Leaders are visible and effective. They innovate and promote creative ideas to sustain the highest-quality services, including early help services, for all children and young people.
 - j. There is a lack of concerns from other external bodies such as the independent assessment of other regulators.
64. Health services provided in an area are good when the following apply:
- a. Children and young people are protected, the risks to them are identified and managed through timely decisions and the help provided reduces the risk of, or actual, harm to them.
 - b. Children and young people looked after have their health assessed, taking account of their family history, and their health needs are met in a coordinated way.
 - c. Young people leaving care or who have left care receive help and support tailored to their individual health needs. They have information and support and the skills and confidence to take responsibility for their own health.
 - d. Leadership, management and governance arrangements deliver strong, strategic local leadership that measurably improves outcomes for children who need help, care or protection.

65. Health services provided in an area are judged as requires improvement when the following applies:
- There are no widespread or serious failures that create or leave children being harmed or at risk of harm. The health and well-being of children looked after is safeguarded and promoted. However, health services in the area are not yet delivering good protection, help and care for children, young people and families.
66. Health services provided in an area are inadequate when the following applies:
- There are widespread or serious failures that create or leave children being harmed or at risk of harm and/or the health and well-being of children looked after is not safeguarded and promoted.
67. A judgement of inadequate is likely to be made if any of the following are judged inadequate:
- the experiences and progress of children who need help and protection
 - the experiences and progress of children looked after and care leavers
 - leadership, management and governance.

The experiences and progress of children who need help and protection

68. Health services are likely to be judged good if the following apply:

The experiences and views of children and their families

- a. Children and their families or carers tell us about:
- their good experiences of using local health services
 - how the support they receive is helping to improve their health and well-being
 - being given clear and timely information about how local health services can help them
 - ease of getting help from local health services (universal, targeted or specialist) and that services communicate with each other
 - how they have been involved in planning, agreeing and reviewing the help they need from local health services
 - whether they would recommend their local health services to others.

Assessing need and providing early help

- b. Health professionals (all sectors) are able to demonstrate clear and effective systems to identify and support children and families who would benefit from early help.

- c. Communication, information sharing and partnership working between health services, children and their families, and with other agencies is timely, specific and effectively coordinated and takes full account of the requirements set out in legislation and guidance about the need to obtain parental consent for enquiries to be made, except where in seeking that consent a child is likely to suffer significant harm or further harm.
- d. Early help work led by health staff safeguards children and secures demonstrable improvements in their health and development.
- e. Health assessment, care planning and review arrangements are well targeted, child-centred, and recognise the diversity of children's needs and family circumstances.
- f. Barriers to the effective delivery of early help health services are recognised and effectively addressed. For example, working with families who are difficult to engage or practical obstacles to families accessing services.

Identifying and supporting children in need

- g. Health professionals (all sectors) are able to demonstrate clear systems to identify and support children in need and their families that make a difference to the child/children's lives.
- h. Assessments, care plans and 'child in need' reviews demonstrate effective joint working between local healthcare services and partner agencies.
- i. Health professionals effectively involve children and their families in work to address areas of concern.
- j. Deterioration in the physical, emotional, mental health and behavioural needs of children and young people (all ages) is effectively identified and addressed.
- k. Organisations ensure that professional accountabilities for managing risk are clearly identified, understood by health professionals and actions taken to reduce risk to children and young people are well targeted, effective and proportionate.
- l. Health professionals can evidence effective interventions that lead to improved outcomes for children in need and their families.

The quality and impact of child protection arrangements

- m. Health professionals can describe local thresholds and their professional accountabilities for keeping children and young people safe.
- n. Assessment of needs and risks to children are well documented in appropriate referrals made by health professionals.
- o. Health professionals effectively contribute to multi-agency safeguarding units (e.g. MASH), where they exist:

- there is timely and appropriate follow-up of risks to the health, safety, development and well-being of children
 - there are appropriate safeguards for managing confidentiality and consent.
- p. There is timely and effective access to health professionals out of hours when an urgent response is needed.
 - q. Assessment of children’s needs, their family circumstances and risks is dynamic, comprehensive and informs the development of appropriate, individually tailored, outcome focused health plans delivered as part of multi-agency child protection plans. Authoritative action is taken when change isn’t secured.
 - r. Health staff are appropriately engaged in all aspects of child protection activity; for example, identifying children at risk, effectively contributing to strategy meetings, case conferences, core group meetings and multi-agency risk assessment conferences (MARAC)¹⁷
 - s. The wishes and experiences of children, young people and their families are clearly recorded, taken account of and reviewed.
 - t. Systems for tracking children and their families who move between different health teams and services are effective and well managed.
 - u. Health staff understand the risks and identify children and young people who are missing from home, care or full-time education and those at risk of sexual exploitation and trafficking. They work effectively with multi-agency colleagues to ensure that they are safe and minimise risk.
 - v. Local health safeguarding arrangements take account of the continuity needed to minimise the risks to the health and well-being of children looked after.
 - w. The healthcare and treatment of vulnerable children meets practice guidance and standards (from NICE, Royal Colleges and including lessons from research).

Outstanding

- The experiences and progress of children who need help and protection is likely to be judged outstanding if, in addition to meeting the requirements of a ‘good’ judgement, there is evidence that professional practice exceeds the standard of ‘good’ and results in sustained improvement to the lives of children, young people and their families. Research-informed practice, some of which will be innovative, continues to develop from a strong and

¹⁷ Multi-agency risk assessment conferences (MARACs) are meetings where information about high-risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, a risk-focused, coordinated safety plan can be drawn up to support the victim and their child/ren.

confident base, making an exceptional difference to the lives and experiences of children and young people.

Requires improvement

- The experiences and progress of children who need help and protection is likely to 'require improvement' if there are no widespread or serious failures that create or leave children being harmed or at risk of harm. However, health services are not yet delivering good help and protection for children, young people and families.

Inadequate

- The experiences and progress of children who need help and protection is likely to be inadequate if there are widespread or serious failures which leave children being harmed or at risk of harm.

The experiences and progress of children looked after and care leavers

69. Health services are likely to be judged good if the following apply:

The experiences and views of children and their families, young people and care leavers

- a. Children and their families or carers, young people and care leavers tell us about:
 - their good experiences of using local health services
 - how the support they receive is helping to improve their health and well-being
 - health professionals who know them well and have developed positive relationships with them
 - being given clear and timely information about how local health services can help them
 - ease of getting help from local health services (universal, targeted or specialist) and that services communicate with each other
 - how they have been involved in planning, agreeing and reviewing the help they need from local health services
 - whether they would recommend their local health services to others.

The quality of health services and outcomes for children who are looked after and care leavers

- b. Health assessments, adoption medicals, health plans and review arrangements are comprehensive, child-centred and within statutory timescales and plans are implemented.

- c. Communication, information sharing and partnership working between health commissioners, healthcare providers, children and their carers is timely, effectively coordinated, and promotes improvement in the health and well-being of children who are looked after and care leavers:
 - confidentiality and consent is well managed
 - health staff are appropriately engaged in assessment and review arrangements for children looked after
 - health needs of care leavers are clearly assessed, prioritised and met
 - child and young people’s health outcomes are closely monitored and risks are escalated
 - transition from children’s to adult health services is well managed; care leavers have access to their full health history and provided with key documents.
- d. The needs and risks to the health and development of children and young people placed out of area are clearly identified and address immediate access to health services.
- e. There is timely and effective access to health professionals out of hours when an urgent response is needed.
- f. There is effective and targeted work, child and adolescent mental health services (CAMHS) provision and therapeutic help and services for with children and young people at risk of sexual exploitation, those with emotional, mental health and behavioural needs, and those with disabilities and complex health needs. Services are available when needed and for as long as they are required.
- g. Health support for teenage parents is well targeted and effective in driving improved outcomes for young people and their unborn/new born babies.
- h. Barriers to the effective delivery of healthcare for children looked after and care leavers are recognised and effectively addressed.

Outstanding

- The experiences and progress of children looked after is likely to be judged outstanding if, in addition to meeting the requirements of a ‘good’ judgement, there is evidence that professional practice in health services exceeds the standard of ‘good’ and results in sustained improvement to the lives of children, young people and their families. Research-informed practice, some of which will be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children and young people.

Requires improvement

- The experiences and progress of children and young people looked after are judged as requires improvement when there are no widespread or serious failures or unnecessary delays that result in the health of children looked after not being promoted. However, health services are not yet delivering good help and care for children looked after and young people leaving care.

Inadequate

- The experiences and progress of children and young people looked after and achieving permanence is likely to be inadequate if there are widespread or serious failures including unnecessary delays which result in their health not being promoted.

Leadership, management and governance

70. Health services are likely to be judged good if the following apply:

Leadership and management

- a. Clinical Commissioning Groups (CCGs) and NHS England Local Area teams provide good leadership in work to continuously improve health safeguarding and children looked after arrangements. They work effectively with the local authority and the LSCB to promote and secure a sufficient range of good quality provision to meet local needs.
- b. Individual and collective statutory responsibilities are discharged.
- c. Partnership working between NHS trusts, GPs, and child and adult health services is well coordinated and supports effective use of organisational capacity and expertise.
- d. Management oversight and review supports effective tracking of risks to children and improvements in child health outcomes, and ensures that systems and legal proceedings minimise delays for children.
- e. Leaders and managers have a comprehensive and current knowledge of what is happening at the frontline.
- f. Workforce planning is highly developed and responsive to changes in demand and gaps in organisational capacity are effectively managed.
- g. It has a track record of dealing rigorously and effectively with areas for development.
- h. Organisations are learning organisations and can demonstrate evidence of practice that is informed, modified and sustainably improved by feedback, research and intelligence about the quality of services and the experiences of children, young people and families who use them.

Governance

- i. Lines of accountability/governance arrangements for safeguarding children, including support for children who are looked after, are clear and effectively managed within the work of health commissioners and providers.
- j. Trust performance reports provide a clear picture of the effectiveness of local arrangements for safeguarding and improving the health and well-being of children and young people.
- k. Children and young people are encouraged to regularly share their views and experiences in evaluating the quality and impact of local health services.

Training and supervision

- l. Health staff are well trained in safeguarding and children looked after work and their competences are checked to support compliance with Working Together and inter-collegiate guidance.
- m. Learning from serious case reviews and previous inspections is supporting measurable improvements in practice.
- n. Research is effectively used to inform practice and promote innovative work with children and their families.
- o. There is effective organisational support for professionals development and leaders provide the right environment for good practice to take place.

Outstanding

- Leadership, management and governance are likely to be outstanding if, in addition to meeting the requirements of a 'good' judgement, there is evidence that leaders (both professional and political) and managers are inspirational, confident, ambitious and influential in changing the lives of local children, young people and families, including children who are looked after and those who have left or who are leaving care. They innovate and generate creative ideas to sustain the highest-quality services, including early help services, for all children and young people. They know their strengths and weaknesses well and can provide evidence of improvement over a sustained period of time. Professional relationships between health organisations, the local authority and other partners are mature and well developed. Accountabilities are embedded and result in confident, regular evaluation and improvement of the quality of help, care and protection that is provided.

Requires improvement

- Leadership, management and governance are judged as requires improvement when any widespread or serious failures have been identified by health services and are being effectively addressed, but the characteristics of good leadership are not in place.

Inadequate

- Leadership, management and governance are likely to be inadequate if either of the two main judgements is inadequate and leaders and managers have not been able to demonstrate sufficient understanding of the failure. They have been ineffective in prioritising, challenging and making improvements.

Proposal 3c: The police force

71. HMIC will make judgements about the experiences and progress of all children in need of help and protection including those looked after. However, we will not specifically gather evidence around the achieving of permanence for children who are looked after.
72. HMIC's contribution to the integrated approach includes the review of the overall service that is provided by forces to safeguard children who need help and protection. HMIC will focus on the experiences and outcomes of children within the geographical boundaries of the local authority area and report on the performance of the police serving that area.
73. Where the findings relate to children in other local authority areas within the force area or cross force border, arrangements will be considered and may be commented on.
74. HMIC will make the following judgements about the contribution of the police force to the help and protection of children and young people:
 - the overall effectiveness of the force and its response to children who need help and protection.
The overall effectiveness judgement is a cumulative judgement derived from:
 - the experiences, progress and outcomes for children who need help and protection
 - leadership, management and governance.

Overall effectiveness

75. In an outstanding police force, the following apply:
 - a. The interaction between police officers/police staff with children, young people and families is of the highest quality and is delivering measurably improved outcomes. For some children and families, the help and protection provided exceeds expectations.
 - b. Inspirational, confident, ambitious and influential leadership affects the lives of local children, young people and families who are in need of help and protection. Leaders are visible and effective. They innovate and promote creative ideas to sustain the highest-quality services, across all areas of policing that contribute towards child protection.
 - c. Professional relationships between the force and partner organisations are mature and well developed. Accountabilities are embedded and result in confident, regular evaluation and improvement in the quality of help and protection that is provided.

- d. The force is proactive and accurate in identifying and responding to the changing needs of its local communities and the performance of its officers and staff. Change and improvement are consistently and effectively implemented and reviewed for their impact. Children, young people and families clearly benefit from improvements that are made and the impact of their feedback is evidenced.
 - e. Effective and continuous learning improves professional practice. This is sustained over time. Professional challenge and leadership ambition inspires high-quality work that helps, protects and promotes the welfare of all children and young people, particularly those who are most vulnerable.
 - f. The views and experiences of children, young people and their families are at the centre of service design and influence development and strategic thinking.
76. In a good police force, the following apply:
- a. Children and young people are protected, the risks to them are identified and managed through timely decisions and the help provided reduces the risk of, or actual, harm to them.
 - b. Leadership, management and governance arrangements deliver strong, strategic local leadership that measurably improves outcomes for vulnerable children. The force works with partners to help and protect children and young people.
 - c. There is a clear and up-to-date strategy for child protection and there are sufficient resources to meet the needs of children and young people in the force area. Leaders drive continuous improvement so that the force is consistently effective.
77. In a police force that requires improvement, the following applies:
- There are no widespread or serious failures that create or leave children being harmed or at risk of harm. However, the force is not yet delivering good help and protection for children, young people and families.
78. In a police force that is inadequate, the following applies:
- There are widespread or serious failures that create or leave children being harmed or at risk of harm.
79. A judgement of inadequate is likely to be made if either of the following are judged inadequate:
- the experiences, progress and outcomes for children who need help and protection
 - leadership, management and governance.

The experiences and progress of children who need help and protection

80. A police force is likely to be judged good if the following apply:
- a. Children and young people are listened to, the police response is focused on their needs and experiences and influenced by their wishes and feelings or, where they cannot represent their view themselves, those advocated on their behalf.
 - b. Children, young people and families benefit from supportive and meaningful relationships with police officers and police staff members. They are engaged in all actions and decisions and understand the intentions of the officers and staff working with them. Where victims and/or families refuse to engage, there are continued attempts to do so.
 - c. Children, young people and families are referred into the agencies that provide early help when needs and/or concerns are first identified.
 - d. Information-sharing between agencies and professionals is timely, specific and effective and takes full account of the requirements set out in legislation and guidance.
 - e. Children and young people in need of help and protection are identified by all police officers and police staff coming into contact with them, and appropriate referrals are made to children's social care or other relevant partners. There is a timely and effective response outside of the hours when specialist staff are working.
 - f. Thresholds for intervention accord with the requirements of legislation and are appropriate, understood by partners, consistently applied, well embedded, and reviewed and updated regularly.
 - g. Children and young people receive help that is proportionate to risk; children and families are not routinely subjected to formal child protection investigations if these are not necessary.
 - h. Child protection enquiries are thorough, timely and informed by a decision made in a strategy meeting, except in emergencies where there must be evidence of immediate risk of harm to a child. They are always led by a suitably qualified and experienced police officer or police staff member. Findings in relation to significant harm are clear and result in urgent action to protect children and young people.
 - i. Decision-making is undertaken by suitably qualified and experienced police officers, police staff and supervisors. All decisions, actions and engagement with the victim, family and other professionals are clearly recorded.
 - j. Children and young people are protected through effective multi-agency arrangements. Case conferences, strategy meetings, core groups and multi-agency risk assessment conferences (MARAC) are attended by key participants and are effective forums for timely information-sharing, planning and risk-based decision-making.

- k. Children and young people who live in households where at least one parent or carer misuses substances or suffers from mental ill-health, or where there is domestic violence, are helped and protected. Incidents are monitored and multi-agency responses are effective and coordinated between agencies, including management through MARAC.
- l. Children and young people who are missing from home and those at risk of sexual exploitation and trafficking receive well-coordinated responses that reduce the harm or risk of harm to them. Risks are well understood and minimised. Local authorities, schools and local police are aware of, and implement in full, the requirements of the statutory guidance for children and young people who are missing. Comprehensive records are held and shared between agencies to help and protect children and young people. Together, they take steps to ensure that all children, including those who are excluded from school, are safe and that for those who are missing or often missing there is a clear plan of urgent action in place to protect them and to reduce the risk of harm or further harm.
- m. Allegations of abuse, mistreatment or poor practice by professionals and carers are taken seriously. Steps are taken to protect children and young people and the management of allegations is robust and effective.
- n. Police officers and police staff conduct effective criminal investigations, maximising evidential opportunities and making decisions over how to proceed with offenders, taking into account the potential outcomes for children and young people.
- o. Evidence is gathered from child victims and witnesses in the most appropriate manner, taking into account the wishes of children and their families. Police officers and police staff work in line with national guidance for 'Achieving Best Evidence' interviews and routinely work with social workers during the interview phase of child victims.
- p. Child victims and witnesses are actively supported towards and through any criminal court proceedings and any therapy a victim requires is not delayed or affected.
- q. Police officers and police staff complete effective risk assessments in respect of registered sexual offenders and other offenders who present a risk of harm to children and young people. Risk management plans are created, implemented and shared across partnerships to remove or reduce all potential risks.
- r. Practice is informed by feedback from children and their families about the effectiveness of the help and protection they receive.
- s. Children, young people and families have timely access to, and use the services of, an advocate where appropriate.
- t. Children and young people are only detained in police custody centres in line with the legislative requirements of the Police and Criminal Evidence Act 1984. Efforts are made with partners to accommodate children detained

under Section 136 the Mental Health Act 1983 in facilities other than police custody centres.

- u. Children and young people detained in police custody centres have timely access to appropriate adults and are treated sensitively while they are detained.
- v. Help and protection for children and young people is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.

Outstanding

- 'The experiences, progress and outcomes for children who need help and protection' is likely to be judged outstanding if, in addition to meeting the requirements of a 'good' judgement, there is evidence that professional practice exceeds the standard of 'good' and results in sustained improvement to the lives of children, young people and their families. Objectively developed practice, some of which will be innovative, continues to develop from a strong and confident base, making an exceptional difference to the lives and experiences of children and young people.

Requires improvement

- 'The experiences, progress and outcomes for children who need help and protection' is likely to 'require improvement' if there are no widespread or serious failures that create or leave children being harmed or at risk of harm. However, the force is not yet delivering good help and protection for children, young people and families.

Inadequate

- 'The experiences, progress and outcomes for children who need help and protection' is likely to be inadequate if there are widespread or serious failures that leave children being harmed or at risk of harm.

Leadership, management and governance

81. The police force is likely to be judged good if the following apply:

- a. The force's senior managers and leaders ensure that the force discharges its statutory responsibilities. There are clear lines of accountability and governance. Leaders have a comprehensive and current knowledge of what is happening at the front-line and how well children and young people are helped and protected.
- b. The force works effectively with other strategic bodies such as LSCBs, Community Safety Partnerships and the Health and Well-being Boards to promote and provide effective responses for children and young people in need of help and protection.

- c. The force contributes to joint strategic needs assessments, ensuring that the range of available services respond to and meet the needs of local children, young people and families in need of help and protection.
- d. The force is an active and fully contributing member of all LSCBs within its boundaries.
- e. The force, through performance management and monitoring, has an accurate and systematically updated understanding of its effectiveness. It demonstrates a track record of dealing rigorously and effectively with areas for development. Leaders have a comprehensive and current knowledge of what is happening at the front-line and a track record of responding appropriately and quickly to gaps within the force or new demands
- f. Supervisory oversight of practice, including senior managers, is established, systematic and demonstrably used to improve the quality of decisions and how children and young people are helped and protected.
- g. The force is a learning organisation and can demonstrate evidence of a response that is informed, modified and sustainably improved by feedback, research and intelligence about the quality of service delivery and the experiences of children, young people and families who use them.
- h. The police workforce is sufficient, stable, suitably qualified and competent to deliver high-quality services to children and their families. Managers and practitioners are experienced, effectively trained and supervised and the quality of their response improves the lives of vulnerable children, young people and families. There is effective organisational support for the professional development of police officers and police staff and leaders provide the right environment their staff to perform well.
- i. The force leadership is aware of areas of policing where children are potentially adversely affected, i.e. police custody centres, and have ensured that all children are fairly and properly treated.

Outstanding

- Leadership, management and governance are likely to be outstanding if, in addition to meeting the requirements of a 'good' judgement, there is evidence that leaders and managers are inspirational, confident, ambitious and influential towards children and young people who are in need of help and protection. Leaders are visible and effective. They innovate and promote creative ideas to sustain the highest-quality services across all areas of policing that contribute towards child protection. They have identified their strengths and weaknesses and can provide evidence of improvement over a sustained period of time. Professional relationships between the force and partner organisations are mature and well developed. Accountabilities are embedded and result in confident, regular evaluation and improvement of the quality of help and protection that is provided.

Requires improvement

- Leadership, management and governance require improvement when any widespread or serious failures have been identified by the force and are being effectively addressed, but the characteristics of good leadership are not in place.

Inadequate

- Leadership, management and governance are likely to be inadequate if the judgement for 'the experiences and progress of children who need help and protection' is inadequate and leaders and managers have not been able to demonstrate sufficient understanding of the failure. They have been ineffective in prioritising, challenging and making improvements.

Proposal 4a: Providers of probation services and youth offending teams

82. HMI Probation will inspect a small sample of cases held by providers of probation services and youth offending teams in the local authority area. We are proposing that the quality of the work to protect children, including, in the case of youth offending services, children looked after, will be assessed against the criteria set out below. We will also assess the quality of the governance and management arrangements in the relevant agencies.
83. We want to know if the criteria set out are likely to achieve these aims.

Criteria for protecting children: National Probation Service and Community Rehabilitation Companies

84. Children in need of protection are identified at an early stage:
- a. At the start of sentence, the offender's previous and current circumstances and relationships are fully ascertained and the nature of any contact with children is identified.
 - b. Where necessary, full details of the children, including age, gender, address and relationship, are obtained together with their current home circumstances.
 - c. Checks are made with children's social care services to determine whether the children are already known to child protection agencies.
 - d. Where the child is known to children's services, they are advised of the involvement of the National Probation Service (NPS)/Community Rehabilitation Companies (CRC).
 - e. An initial screening is carried out to determine whether a risk is posed by the offender to a child or, conversely, whether the offender is a protective factor.
85. Timely assessments of potential risk to children are carried out and other agencies alerted immediately where necessary
- a. Where a potential risk to children from an offender is identified, a full assessment of the risk posed is carried out promptly. The assessment clearly states the nature and level of the risk posed.
 - b. Where an imminent risk is posed to an identified child by the offender, children's social care services are alerted immediately.
 - c. Where appropriate, assessment should include a home visit and discussion with the parent/carer of the child at risk.
 - d. Information is shared with appropriate agencies in a clear and timely manner.

- e. Changes in circumstances are monitored and assessments are reviewed regularly.
86. Formal referrals are made to appropriate child protection agencies. The response is effectively monitored and followed up where necessary
- a. A timely formal referral, using agreed format and channels, is made to children's social care services where a risk to a child has been identified.
 - b. Full details of the child in need of protection, including name, age, address, gender, nature of the risk posed and the details of the adult or young person posing the risk, are included in the referral. Where further details are requested, these are provided promptly.
 - c. The response to the referral is monitored and chased, where necessary, within an appropriate timeframe.
 - d. Where the response is judged to be inadequate, escalation takes place within an appropriate timeframe and is pursued until an adequate response is obtained.
87. Planning is in place, and is shared with other agencies, to ensure that children in need of protection are, and continue to be, protected
- a. NPS/CRC plans clearly identify the child in need of protection, state the nature and level of the risk posed and specify the actions to be taken to protect the child.
 - b. Other relevant agencies involved are clearly identified in the NPC/CRC plan and the arrangements for information-sharing and joint work are specified.
 - c. Parents/carers and other appropriate adults who can contribute to the protection of the child should be included in planning.
 - d. Where appropriate, a copy of the child protection plan is on file. The contribution from the NPS/CRC is clearly stated and is appropriate to the needs of the case.
 - e. Plans are regularly reviewed and changes in circumstances fully taken into account.
88. There is work by individual agencies and jointly with others to manage the risk posed and to protect children
- a. Where an imminent risk is identified, action is taken swiftly and all agencies work together to protect the child/children at risk.
 - b. Work undertaken with adult offenders is designed to reduce any identified risk of harm to children and young people that may stem from their offences or their role as parent/carer.

- c. Staff work effectively with other agencies and take an active role, where necessary, including through effective contribution to relevant multi-agency meetings (including core groups) to protect children.
 - d. Changes in levels of risk are identified swiftly and acted on appropriately.
 - e. Purposeful home visits are carried out in accordance with any child protection plan, and to support continuing assessment, throughout the course of the sentence.
 - f. Multi-agency responses to children and young people facing risks posed by adult and adolescent offenders, such as Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC), are effective.
89. There is effective operational management oversight of the identification, assessment and work with children in need of protection
- a. Managers ensure that all children and young people at risk of harm are identified at the earliest stage and services to protect them are delivered as required.
 - b. Operational management of work to protect children and young people is effective, ensuring that the quality of practice is sufficient, work is recorded and undertaken within a clear policy and practice framework with responsibilities understood and applied by all relevant staff and agencies.
 - c. Where necessary, managers are appropriately and effectively engaged in escalation processes.
90. Positive leadership, effective management and partnership work ensures that children are protected
- a. There are clear strategic accountabilities and responsibilities for the protection of children within individual agencies. Clear and effective leadership ensures that priority is given to protecting children and young people.
 - b. The agency makes an effective contribution to the protection of children through active participation in the local safeguarding children board (LSCB).
 - c. There are clear, well understood procedures within the agency to protect children.
 - d. Managers ensure that access arrangements and thresholds for referral to other social care services are in place and are clear and well understood by Probation/CRC staff.
 - e. Performance management information, serious case reviews and other learning are used actively to improve services.

Criteria for protecting children: youth offending teams

91. Children in need of protection are identified at an early stage
 - a. Checks are made with children's social care services to determine whether the children/young people are already known to child protection agencies.
 - b. Where the child/young person is known to children's services, they are advised of the involvement of the youth offending team.

92. Timely assessments of potential risk to children are carried out and other agencies alerted immediately where necessary
 - a. Timely and good quality assessment by the youth offending team (YOT) establishes the level of the child's safety and the need for formal child protection processes. Where a risk is identified, the assessment clearly states the nature and level of the risk posed.
 - b. The YOT assesses the vulnerability of the child to harm through offending behaviour and self-harm. Where it is assessed as posing a serious risk to the safety of the child, this specific information is highlighted appropriately to child protection and other agencies.
 - c. Where appropriate, assessment should include a home visit and discussion with the parent/carer of the child at risk.
 - d. Where there is an imminent risk identified, the YOT case manager alerts children's social care services immediately.
 - e. Information is shared with appropriate agencies in a clear and timely manner.
 - f. Changes in circumstances are monitored and assessments are reviewed regularly.

93. Formal referrals are made to appropriate child protection agencies. The response is effectively monitored and followed up where necessary
 - a. A timely formal referral, using the agreed format and channels, is made to children's social care services where a risk to a child has been identified.
 - b. Full details of the child in need of protection, including name, age, address, gender, nature of the risk posed and the details of the adult or young person posing the risk, are included in the referral. Where further details are requested, these are provided promptly.
 - c. The response to the referral is monitored and chased, where necessary, within an appropriate timeframe.
 - d. Where the response is judged to be inadequate, escalation takes place within an appropriate timeframe and is pursued until an adequate response is obtained.

94. Planning is in place and is shared with other agencies to ensure that children are, and continue to be, protected
 - a. YOT plans clearly state the nature and the level of the risk and specify the actions to be taken to protect the child.
 - b. Other agencies involved are clearly identified in the YOT plan and the arrangements for information-sharing and joint work are specified.
 - c. Parents/carers and other appropriate adults who can contribute to the protection of the child should be included in planning.
 - d. Where appropriate, a copy of the child protection plan is on file. The contribution from the YOT is clearly stated and is appropriate to the needs of the case.
 - e. Plans are reviewed regularly and changes in circumstances fully taken into account.

95. There is work by individual agencies and jointly with others to manage the risk posed and to protect children
 - a. Where an imminent risk is identified, action is taken swiftly and all agencies work together to protect the child/children at risk.
 - b. Staff work effectively with other agencies and take an active role, where necessary, including through effective contribution to relevant multi-agency meetings (including core groups), to protect children.
 - c. Changes in levels of risk of harm to self and others are identified swiftly and acted on appropriately.
 - d. Purposeful home visits are carried out in accordance with any child protection plan, and to support continuing assessment, throughout the course of the sentence.
 - e. The YOT offers emotional support to children on child protection plans and makes referrals to other agencies where appropriate.
 - f. Multi-agency responses to children and young people facing risks posed by adult and adolescent offenders, such as Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC), are effective.
 - g. Young people are effectively supported to reduce the likelihood of them placing themselves at risk of significant harm through offending or re-offending and are diverted from custody.

96. There is effective operational management oversight of the identification, assessment and work with children in need of protection
- a. Managers ensure that all children and young people at risk of harm are identified at the earliest stage and that services to protect them are delivered as required.
 - b. Operational management of work to protect children and young people is effective, ensuring that the quality of practice is sufficient, work is recorded and undertaken within a clear policy and practice framework, with responsibilities understood and applied by all relevant staff and agencies.
 - c. Where necessary, managers are appropriately and effectively engaged in escalation processes.
97. Positive leadership, effective management and partnership work ensures that children are protected
- a. There are clear strategic accountabilities and responsibilities for the protection of children within individual agencies. Clear and effective leadership ensures that priority is given to protecting children and young people.
 - b. The agency makes an effective contribution to the protection of children through active participation in the Local Safeguarding Children Board (LSCB).
 - c. There are clear, well understood procedures within the agency to protect children.
 - d. Managers ensure that access arrangements and thresholds for referral to other social care services are in place and are clear and well understood by YOT staff.
 - e. Performance management information, serious case reviews and other learning are used actively to improve services.

Proposal 4b: Providers of custodial and detention services

98. The contribution of HMI Prisons to the integrated approach considers the way children are treated and the conditions they live in, in custody and in detention.
99. The quality of the work HMI Prisons inspect to protect children will be assessed against the published criteria in *Expectations: criteria for assessing the treatment of children and young people and conditions in prisons*.¹⁸ Expectations have been produced to cover all aspects of the way young people are treated in custody. The areas cited below are the most directly concerned with children in need of help and protection, and children looked after and care leavers. Given the large number of different home areas where children in custody originate from, the criteria will not be used to make an overall judgement.
100. When an integrated inspection is carried out where there is a custodial establishment or detention facility within the local authority area, HMI Prisons will endeavour to align its own inspection schedule so that the work can be completed simultaneously. It is envisaged that HMI Prisons inspectors would be present for week three of the integrated inspection.
101. If required, HMI Prisons will also provide advice where there is no custodial or detention facility in an inspected area, but where risks are identified involving children that are held in custody or detention outside of their home area.
102. A narrative account covering strengths and areas for improvement will be produced to inform the overall inspection report.

Care and protection of children and young people

Safeguarding

103. The establishment promotes the welfare of children and young people, particularly those most at risk, and protects them from all kinds of harm and neglect.

Expectations

- Children and young people, particularly those most at risk, are provided with a safe and secure environment that protects them from harm and neglect. They receive services that are designed to ensure safe and effective care and support.

¹⁸ *Expectations: criteria for assessing the treatment of children and young people and conditions in prisons*, Her Majesty's Inspectorate of Probation, 2012; www.justiceinspectorates.gov.uk/prisons/wp-content/uploads/sites/4/2014/02/expectations-children-young-people.pdf

Indicators

- a. There are a range of policies in place that have been agreed by the Local Safeguarding Children Board (LSCB) and are jointly reviewed and monitored. Policies cover:
 - child protection
 - suicide and self-harm prevention
 - bullying and violence reduction
 - young people who struggle to cope in custody
 - all aspects of behaviour management
 - public protection
 - staff recruitment (vetting and barring)
 - training and information sharing
 - use of separation/segregation
 - restraint
 - strip-searching.
- b. The implementation of policies is efficiently monitored by a committee which includes a representative from the LSCB and senior staff from all departments in the establishment.
- c. Relevant staff have access to up-to-date ASSETs (Youth Justice Board assessment documentation) and vulnerability assessments to ensure that they have all the relevant information about the young people in their care in order to protect them and promote their welfare.
- d. All staff are trained in safeguarding procedures and are knowledgeable about how to implement the establishment's procedures.
- e. Injuries and incidents of violence, including bullying and self-harm, are closely monitored. There is good data collection and analysis at regular intervals to help identify patterns and trends and to implement preventive measures.
- f. Arrangements are in place to provide appropriate support to young people from trained staff during investigations of allegations of abuse in custody or historic abuse.
- g. Young people's families, carers, friends, legal representatives and external agencies are encouraged, through local arrangements, to provide sources of information that may help to identify and support those young people who are vulnerable, likely to be bullied or who have a history of self-harming behaviour.

Children and young people who have been identified as being particularly vulnerable or as having different needs, or who have been displaying difficult or challenging behaviour, have an individual care plan to meet their assessed needs

Indicators

- h. Individual care plans are in place to address young people's assessed needs. Contents of plans should always be properly linked to any other existing plans involving young people.
- i. Care plans are thorough, include all aspects of young people's vulnerability, and are quality-assured.
- j. Care plans include regular and good quality entries that evidence interaction and engagement with young people.
- k. Reviews of young people's care take place regularly, involving relevant staff. They are recorded and quality-assured.

Children and young people are consulted and involved in determining how their lives in the establishment can be made safer

Indicators

- l. Young people are consulted regularly and safety is given a high profile at young people's forums to strengthen the whole establishment approach.
- m. Effective young people's surveys establish their perceptions of safety and the findings are used to inform regular reviews of all strategies.

Child protection

104. The establishment protects children and young people from maltreatment by adults or other children and young people.

Expectations

- Children and young people are protected from maltreatment by adults or other children and young people.

Indicators

- a. There is a policy that sets out how concerns that are raised by staff about young people are dealt with through agreed child protection procedures.
- b. Staff feel confident and safe to raise concerns about the conduct of any other member of staff in relation to the treatment and management of children.
- c. Any allegation of maltreatment of a young person by a member of staff is referred to the local authority designated officer whose role is clearly described in the child protection policy as agreed by the LSCB.

- d. When abuse is alleged or suspected to have occurred, prompt and appropriate action is taken to protect the young person.
- e. Referral procedures and subsequent arrangements for investigation by the local authority are clearly set out in the child protection policy.
- f. Referral criteria take account of the specific needs of young people in custody.
- g. There is a robust 'checks and balances' system that ensures that all allegations of maltreatment are quality-assured by more than one senior person who has the expertise and independence to deal with the allegations objectively.
- h. Staff are aware of their personal and professional duty of care to young people and undergo appropriate training.
- i. Staff receive specific training on how to handle a disclosure of abuse made to them by a child or young person. Staff are offered ongoing supervision and support following their involvement in a disclosure.
- j. Visitors and families know how to make a referral directly to the local authority if they are concerned that a child or young person is being, or has been, maltreated while in custody.
- k. Young people are able to raise concerns with a range of people and services outside the establishment, such as family members, their youth offending team or their social worker. They are also told about the help they can receive for themselves or others from independent advocacy services, external mentors, local authority children's services and organisations such as ChildLine.
- l. The establishment provides a range of therapeutic, counselling and advice services, either directly or through external providers, which are available to young people who have suffered any form of abuse.
- m. The child protection database records all child protection referrals, the outcomes of investigations and the stage that those yet to be completed have reached. It is held securely so that an appropriate level of confidentiality is maintained with access granted to the duty governor as required.

Victims of bullying and intimidation

105. Everyone feels safe from bullying and victimisation. Children and young people at risk/subject to victimisation are protected through active and fair systems known to staff, young people and visitors that inform all aspects of the regime.

Expectations

- Children and young people at risk or who have been subject to bullying or victimisation are protected by staff from any further victimisation.

Indicators

- a. Young people feel confident to report bullying and it is easy and safe for them to do so without fear of further intimidation.
- b. Staff are aware of all forms of bullying and victimisation, including verbal and racial abuse, theft, threats of violence and assault.
- c. Particular attention is given to identifying and protecting vulnerable young people who may be victimised due to the nature of their offence or personal circumstances.
- d. The violence reduction strategy is explained to young people during induction and they know where they can get help to report bullying and victimisation.
- e. Young people are protected by cell sharing risk assessments that are regular, comprehensive and monitored effectively.
- f. Opportunities for bullying are minimised through a range of protective measures.
- g. Young people who report bullying are protected from further intimidation or victimisation through a care plan that addresses their individual needs.
- h. Young people's families/carers and friends are able to report any concerns they have about bullying. A visitor's survey asks about safety.

Suicide and self-harm prevention

106. The establishment provides a safe and secure environment which reduces the risk of self-harm and suicide. Children and young people are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

Expectations

- Children and young people at risk of self-harm or suicide receive personal and consistent care and support to address their individual needs and have unhindered access to help.

Indicators

- a. A detailed care and support plan is prepared with input from the young person that identifies needs as well as the individual staff members responsible for supporting them, including a 'named' officer/key worker and deputy.
- b. All possible sources of help and support are considered as part of the care plan.

- c. Personal factors or significant events that may be a trigger to self-harm are identified and included in the young person's care plan.
- d. Young people are encouraged to express any thoughts of suicide and/or self-harm and are given the opportunity and assistance to make a written contribution to their review, identifying their own support needs.
- e. Arrangements are made to support young people with communication difficulties who may have difficulty discussing their problems.
- f. Families/carers and relevant others are involved in care plan assessments and reviews.
- g. All incidents of self-harm or attempts to self-harm are routinely referred to the child protection coordinator.
- h. All staff, including night staff, are appropriately trained in suicide prevention and understand what to do in an emergency. A programme of refresher training is in place.
- i. Young people are never placed in strip clothing as an alternative to constant observation by and engagement with staff.
- j. Serious incidents are thoroughly and properly investigated to establish what lessons can be learnt to promote good practice.
- k. Where appropriate, family, friends or the local authority for children looked after are informed and are invited to contribute to the young person's care.
- l. An action plan is devised and acted on promptly as a result of an investigation into an apparent self-inflicted death. This is reviewed following the subsequent findings of an inquest jury and/or Prisons and Probation Ombudsman investigation and/or a local authority Part 8 review.
- m. Arrangements are in place for following up after a care and support plan has been closed.
- n. Young people are assessed following a post-closure review to ascertain whether a further care plan is required.
- o. All information about young people at risk of self-harm or suicide and nearing release is, subject to the young person's consent, communicated to people who are able to offer support in the community.

Children looked after

Expectations

107. The specific needs of children and young people who have looked after status are managed appropriately so that they receive their full entitlements while they are in custody and on release.

Indicators

- a. There is a dedicated lead in the establishment with responsibility for developing policies and procedures for children looked after and maintaining links with local authorities to ensure that the specific needs of children looked after are met.
- b. There are clear procedures that set out how young people with looked after status are managed.
- c. The procedures ensure that there are systems in place to identify children looked after on reception, inform their local authority and conduct statutory children looked after reviews as required.
- d. Training plans and any other relevant plans take full account of the specific needs of young people with looked after status and involve their local authority at all stages.

Proposal 5: How we will report

108. We will not make an aggregate judgement, but we will bring together the key findings from all agencies about the help, protection and care of children and young people into a summary report that evaluates the extent to which, agencies work together to improve the well-being of children and young people in the local area.
109. In addition, we intend to produce individual agency reports that will focus on the key strengths and weaknesses in the individual agencies, identifying where practice is good and where practice can improve.
110. The summary report and individual agency reports will be published as one combined document.
111. We would like to know what you think about this proposal.

Proposal 6: Inspecting the effectiveness of the LSCB

112. Section 14(1) of the Act defines the objective of an LSCB as:

- '(a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established, and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.'

113. We will together evaluate the effectiveness and influence of the LSCB and the contribution of partners to making a difference to the lives of children and young people locally. We will make a shared judgement and produce a joint report. This will be published on the Ofsted website and on the website of the other inspectorates at the same time.

114. The box below outlines the agreed scope of this judgement. We then set out our shared criteria for evaluating the effectiveness of the LSCB. We want to know what you think about these proposals.

The Local Safeguarding Children Board (LSCB) complies with its statutory responsibilities in accordance with the Children Act 2004¹⁹ and the Local Safeguarding Children Board Regulations 2006.²⁰ The LSCB is able to provide evidence that it coordinates the work of statutory partners²¹ in helping, protecting and caring for children in its local area and there are mechanisms in place to monitor the effectiveness of those local arrangements. The LSCB takes action to ensure the effectiveness of what is done by each person in line with its objectives. Multi-agency training in the protection and care of children is effective and evaluated regularly for impact on management and practice. The LSCB checks that policies and procedures in respect of thresholds for intervention are understood and operate effectively and identifies where there are areas for improvement. Challenge of practice between partners and casework auditing are rigorous and used to identify where improvements can be made in front-line performance and management oversight. Serious case reviews, management reviews and reviews of child deaths are used by the local authority and partners as opportunities for learning and feedback that drive improvement. The LSCB provides robust and rigorous evaluation and analysis of local performance that influence and inform the planning and delivery of high-quality services.

¹⁹ The Children Act 2004; www.legislation.gov.uk/ukpga/2004/31/contents.

²⁰ The Local Safeguarding Children Boards Regulations 2006; www.legislation.gov.uk/uksi/2006/90/regulation/5/made.

²¹ Children Act 2004, section 13; www.legislation.gov.uk/ukpga/2004/31/section/13.

115. The LSCB is likely to be judged to be good if the following apply:

- a. The governance arrangements enable LSCB partners (including the Health and Well-Being Board and the Children's Trust) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people. The LSCB effectively prioritises according to local issues and demands and there is evidence of clear improvement priorities identified that are incorporated into a delivery plan to improve outcomes.
- b. Regular and effective monitoring and evaluation of multi-agency front-line practice to safeguard children²² identify where improvement is required in the quality of practice and services that children, young people and families receive. This includes monitoring the effectiveness of early help.
- c. Partners hold each other to account for their contribution to the safety and protection of children and young people (including children and young people living in the area away from their home authority), facilitated by the chair.
- d. Safeguarding is a priority for all of the statutory LSCB members and this is demonstrable, such as through effective section 11 audits. All LSCB partners make a proportionate financial and resource contribution to the main LSCB and the audit and scrutiny activity of any sub-groups.
- e. The LSCB has a local learning and improvement framework with statutory partners. Opportunities for learning are effective and properly engage all partners. Serious case reviews are initiated where the criteria set out in statutory guidance are met and identify good practice to be disseminated and where practice can be improved. Serious case reviews are published.
- f. The LSCB ensures that high-quality policies and procedures are in place (as required by 'Working together to safeguard children')²³ and that these policies and procedures are monitored and evaluated for their effectiveness and impact and revised where improvements can be made. The LSCB monitors and understands the application of thresholds locally.
- g. The LSCB understands the nature and extent of the local issues in relation to children missing and children at risk of sexual exploitation and oversees effective information sharing and a local strategy and action plan.
- h. The LSCB uses case file audits including joint case audits to identify priorities that will improve multi-agency professional practice with children and families. The chair raises challenges and works with the local authority and other LSCB partners where there are concerns that the improvements

²² This applies to all children and includes having an understanding of the local safeguarding response to deaf and disabled children in all aspects of the LSCB functioning.

²³ Working together to safeguard children, Department for Education, 2013;

www.gov.uk/government/publications/working-together-to-safeguard-children

are not effective. Practitioners and managers working with families are able to be involved in practice audits, identifying strengths, areas for improvement and lessons to be learned. The experiences of children and young people are used as a measure of improvement.

- i. The LSCB is an active and influential participant in informing and planning services for children, young people and families in the area and draws on its assessments of the effectiveness of multi-agency practice. It uses its scrutiny role and statutory powers to influence priority setting across other strategic partnerships such as the Health and Well-being Board.
- j. The LSCB ensures that sufficient, high-quality multi-agency training is available and evaluates its effectiveness and impact on improving front-line practice and the experiences of children, young people, families and carers. All LSCB members support access to the training opportunities in their agencies.
- k. The LSCB, through its annual report, provides a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness and the causes of those weaknesses, and evaluates and, where necessary, challenges the action being taken. The report includes lessons from management reviews, serious case reviews and child deaths within the reporting period.
- l. The LSCB effectively scrutinises the performance of custodial and detention facilities within the local authority area.

116. The LSCB is likely to be outstanding if the following applies:

- In addition to meeting the requirements for a good judgement, it provides evidence of being a highly influential strategic arrangement that directly influences and improves performance in the care and protection of children. That improvement is sustained and extends across multi-disciplinary practice with children, young people and families. Analysis and evaluation of performance is exceptional and helps the local authority and partners to properly understand the impact of services, the quality of practice and the areas for improvement. There is a comprehensive range of training for managers and practitioners that is directly related to multi-agency improvement priorities. The LSCB creates and fosters an effective learning culture locally that extends to front-line practitioners.

117. The LSCB is likely to be judged as requires improvement if the following applies:

- It is not yet demonstrating the characteristics of good.

118. The LSCB is likely to be inadequate if the following applies:

- it is not demonstrating that it has effective arrangements in place and the required skills to discharge its statutory functions set out in Working together to safeguard children, the Children Act 2004 and the LSCB regulations 2006. The LSCB does not understand the experiences of children and young people locally and fails to identify where improvements can be made.

RMBC - CYPS OfSTED consultation

Integrated inspections of services for children in need of help and protection, children looked after and care leavers and joint inspections of the Local Safeguarding Children Board

Start date 23/06/14

Closing date 12/09/14

Consultation questionnaire

Integrated inspection of services for children in need of help and protection, children looked after and care leavers and joint inspection of the local safeguarding children board

Office for Standards in Education Children's Services and Skills (Ofsted)

The Care Quality Commission (CQC)

Her Majesty's Inspectorate of Constabulary (HMIC)

Her Majesty's Inspectorate of Probation (HMI probation)

Her Majesty's Inspectorate of Prisons (HMI Prisons)



Responding to this consultation

This document should be read alongside the full consultation document available at <http://www.ofsted.gov.uk/resources/140112>

The consultation will be open until 12 September 2014.

There are three ways of completing and submitting your response:

- Complete the online questionnaire:
<https://www.surveymonkey.com/s/IntegratedInspection>
- Download this document from: <http://www.ofsted.gov.uk/resources/140112>
complete it on your computer and email it to socialcare@ofsted.gov.uk
- Print this document, complete it by hand and post it to

Ofsted, Social Care Policy Team
Floor 8, Aviation House
125 Kingsway
London
WC2B 6SE.

Confidentiality

The information you provide will be held by us. It will only be used for the purposes of consultation and research to help us to become more effective, shape policies and inform inspection and regulatory practice.

We will treat your identity in confidence if you disclose it to us. However, we may publish an organisation's views.

Are you responding on behalf of an organisation or as an individual?

Individual response	<input type="checkbox"/>
On behalf of an organisation, please specify	

Do you work in any of the following areas?

Social care	<input type="checkbox"/>	Education	<input type="checkbox"/>
Health services	<input type="checkbox"/>	Policing	<input type="checkbox"/>
Probation services	<input type="checkbox"/>	Youth offending team	<input type="checkbox"/>
Provider of custodial or detention services	<input type="checkbox"/>	For a charity	<input type="checkbox"/>
For a voluntary sector organisation	<input type="checkbox"/>	None of these	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		
Other (please tell us)			

Are you a:

local authority Director of Children's Services	<input type="checkbox"/>	local authority Chief Executive	<input type="checkbox"/>
Local Safeguarding Children Board Chair	<input type="checkbox"/>	Other local authority director or assistant director	<input type="checkbox"/>
practitioner in education	<input type="checkbox"/>	senior manager in education	<input type="checkbox"/>
practitioner in social care	<input type="checkbox"/>	senior manager in social care	<input type="checkbox"/>
General practitioner	<input type="checkbox"/>	other primary care professional	<input type="checkbox"/>
Other practitioner in health	<input type="checkbox"/>	other senior manager in health	<input type="checkbox"/>
Office of Police and Crime Commissioner	<input type="checkbox"/>	Police Officer/staff – Child Protection Specialist role	<input type="checkbox"/>
Police Officer/staff – other	<input type="checkbox"/>	Senior Police Manager	<input type="checkbox"/>
YOT practitioner	<input type="checkbox"/>	YOT manager	<input type="checkbox"/>
CRC practitioner	<input type="checkbox"/>	CRC manager	<input type="checkbox"/>
NPS practitioner	<input type="checkbox"/>	NPS manager	<input type="checkbox"/>
Practitioner in custodial services	<input type="checkbox"/>	Senior manager in custodial services	<input type="checkbox"/>
Practitioner in detention services	<input type="checkbox"/>	Senior manager in detention services	<input type="checkbox"/>
Lawyer	<input type="checkbox"/>	Elected representative	<input type="checkbox"/>
Child or young person	<input type="checkbox"/>	Parent/carer	<input type="checkbox"/>
No / Prefer not to say	<input type="checkbox"/>		
Other (please tell us)			

Proposal 1: How and where we will inspect

How we will inspect?

Inspectors will look closely at the experiences of children and young people who have needed or still need help and/or protection This includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors will try to understand what the local authority and the partner agencies know about how well they are performing and the difference they are individually and collectively making for children and young people.

Each inspectorate will gather evidence in line with their own criteria. Throughout the inspection, the inspectorates will share findings and lines of enquiry

See paragraphs 33–37 of the full consultation document for further detail

Q1a. To what extent do you agree or disagree with our proposal for how we will conduct the integrated inspection?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Where we will inspect?

We will conduct an integrated inspection in 20–25 local authority areas between April 2015 and November 2016. These local authority areas will be identified in a number of ways:

- where Ofsted would be returning following a previous inadequate inspection judgement
- where other inspectorates have concerns about practice that suggest we should evaluate the quality of multi-agency work
- a sample of areas that don't meet these criteria will be inspected so that good practice can be identified and disseminated.

See paragraphs 38–39 of the full consultation document for further detail.

Q1b. To what extent do you agree or disagree with the criteria to identify the local authority areas where we will conduct an integrated inspection?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Proposal 2: the judgement structure

We propose that the judgement structure used by CQC and HMIC will mirror the judgement structure used by Ofsted in its single inspection:

- The overall effectiveness of services and arrangements for children – one on each of the local authority, health services and police force.

This is a cumulative judgement for each of the local authority, health service and police derived from:

- The experiences and progress of children who need help and protection – one on each of the local authority, health services and police force
- The experiences and progress of children looked after and care leavers – one on each of the local authority and health services
- Leadership, management and governance – one on each of the local authority, health services and police force.

See paragraphs 40–45 of the full consultation document for further detail.

Questions on the specific evaluation criteria are asked later in this questionnaire.

Q2a. To what extent do you agree or disagree that Ofsted, CQC and HMIC should use the same judgment structure?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

At the same time all five inspectorates will make a shared judgement about the effectiveness of the Local Safeguarding Children Board (LSCB). This shared judgement will take account of the contribution of the local authority, health services, police force, probation services and (where relevant) the prison service.

See paragraph 42 of the full consultation document for further detail.

A question on the specific evaluation criteria is asked later in this questionnaire.

Q2b. To what extent do you agree or disagree that the inspectorates should make a shared judgment about the effectiveness of the LSCB?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Proposals 3 and 4: the evaluation criteria

Ofsted

Ofsted will continue to make judgements using the evaluation criteria outlined in the single inspection framework: <http://www.ofsted.gov.uk/resources/130216>

The evidence to support these judgements will be triangulated with the findings of the other inspectorates where relevant to ensure that any strengths and weaknesses in practice are attributed to the right part system.

See paragraphs 47–48 of the full consultation document for further detail.

Q3a. To what extent do you agree or disagree that Ofsted should continue to use the judgement criteria outlined in the single inspection framework when conducting an integrated inspection?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

The Care Quality Commission

The characteristics of 'good' in the CQC proposals have been developed from their single agency inspection programme key lines of enquiry. To ensure that there is a coherent approach across inspectorates, this has to include some additional detail. Once the characteristics have been finalised, there will be a review back to the single agency methodology to update the key lines of enquiry and ensure consistency in the areas of activity assessed.

See paragraphs 49–70 of the full consultation document for CQC's proposals.

Q3b. To what extent do you agree or disagree with the criteria CQC propose for evaluating the effectiveness of health services:

The overall effectiveness of health services? (paragraphs 63–67)

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

The experiences and progress of children who need help and protection – health services (paragraph 68)

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

The experiences and progress of children looked after and care leavers – health services? (paragraph 69)

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Leadership, management and governance – health services? (paragraph 70)

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Her Majesty's Inspectorate Of Constabulary

HMIC's contribution to the integrated inspection includes the review of the overall service that is provided by police forces to safeguard children who need help and protection. HMIC will focus on the experiences and outcomes of children within the geographical boundaries of the local authority area and report on the performance of the police serving that area.

See paragraphs 71–81 of the full consultation document for HMIC's proposals.

Q3c. To what extent do you agree or disagree with the criteria HMIC propose for evaluating the effectiveness of the police force:

The overall effectiveness of the police force? (paragraphs 75–79)

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

The experiences and progress of children who need help and protection – the police force? (paragraph 80)

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Leadership, management and governance – the police force? (paragraph 81)

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Her Majesty's Inspectorate of Probation

HMI Probation will inspect a small sample of cases held by providers of probation services and youth offending teams in the local authority area. We are proposing that the quality of the work to protect children, including, in the case of youth offending services, children looked after, be assessed against the criteria set out in the full consultation document.

See paragraphs 82–97 of the full consultation document for HMI Probation's proposals.

Q4a. To what extent do you agree or disagree with criteria HMI Probation propose for evaluating the effectiveness of:

The National Probation Services and Community Rehabilitation Companies?
(paragraphs 84–90)

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Youth offending teams? (paragraphs 91–97)

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Her Majesty's Inspectorate of Prisons

When an integrated inspection is carried out where there is a custodial establishment or detention facility within the local authority area, HMI Prisons will endeavour to align its own inspection schedule so that the work can be completed simultaneously.

See paragraphs 98–107 of the full consultation document for HMI Prison's proposals.

Q4b. To what extent do you agree or disagree with the criteria HMI Prisons propose for evaluating the effectiveness of custodial and detention services?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Proposal 5: how we will report

We will not make an aggregate judgement, but we will bring together the key findings from all agencies about the help, protection and care of children and young people into a summary report.

In addition, we intend to produce individual agency reports that will focus on the key strengths and weaknesses in the individual agencies.

The summary report and individual agency reports will be combined into one document for publication.

See paragraphs 108–111 of the full consultation for further detail.

Q5. To what extent do you agree or disagree with our proposals for how we will report our findings?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

Proposal 6: joint inspection of the LSCB

All the inspectorates will together evaluate the effectiveness and influence of the Local Safeguarding Children Board (LSCB) and the contribution of partners to making a difference to the lives of children and young people locally. We will make a shared judgement and produce a joint report.

See paragraphs 112–118 of the full consultation document for our full shared criteria for the inspection of the LSCB

6. To what extent do you agree or disagree with our shared criteria for evaluating the effectiveness of the LSCB?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	No answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments on our proposal

What did you think of this consultation?

Thank you for taking part in our consultation.

Please tell us what you thought of this consultation. Your views will help us to improve our consultations.

How did you hear about this consultation?

- Ofsted
- CQC
- HMI Constabulary
- HMI Probation
- HMI Prisons
- Other (please specify)

	Agree	Neither agree or disagree	Disagree	Don't know
I found the consultation information clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the consultation easy to find.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough information about the consultation topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would take part in a future Ofsted consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything you would like us to improve on or do differently for future consultations? If so, please tell us below.

Additional questions about you

Your answers to the following questions will help us to evaluate how successfully we are gathering views from all sections of society. We would like to assure you that all responses are anonymous and you do not have to answer every question.

Please tick the appropriate box.

1. Gender

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
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2. Age

Under 14	14–18	19–24	25–34	35–44	45–54	55–64	65+
<input type="checkbox"/>							

3. Ethnic origin

(a) How would you describe your national group?

British or mixed British	<input type="checkbox"/>	English	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Other (specify if you wish)	<input type="checkbox"/>		

(b) How would you describe your ethnic group?

Asian		Mixed ethnic origin	
Bangladeshi	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Black African and White	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Black Caribbean and White	<input type="checkbox"/>
Any other Asian background (specify if you wish)	<input type="checkbox"/>	Any other mixed ethnic background (specify if you wish)	<input type="checkbox"/>

Black		White	
African	<input type="checkbox"/>	Any White background (specify if you wish)	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Any other ethnic background	
Any other Black background (specify if you wish)	<input type="checkbox"/>	Any other background (specify if you wish)	<input type="checkbox"/>
Chinese			
Any Chinese background (specify if you wish)	<input type="checkbox"/>		

4. Sexual orientation

Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Gay <input type="checkbox"/>	Bisexual <input type="checkbox"/>
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5. Religion/belief

None	<input type="checkbox"/>	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Any other, please state:	<input type="checkbox"/>

6. Disability

Do you consider yourself to be disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**ROTHERHAM YOUTH CABINET MEETING
THURSDAY 15TH MAY 2014
MINUTES**

BRIEF SUMMARY

Chair: **Toni Paxford**
 Tom Jackson

Present

Tom Jackson, Toni Paxford, Rebecca Parkin, Emilia Ashton, Paige Hobson, Jake Vickers, Josh Parker, Josh Grundy, Elisha Haywood, Shannon Worthington, Brad Sargeson, Ellie Woodcock,

Apologies

Oliver Blake, Megan Stagles, Alisha Wilson, Haleema Ali, Chalea Lynch, Rebecca Ryder, Rumbi Kambarami.

Minutes of Last Meeting

The Commissioning Team had selected an email name for members of the public to email them, which was suggested by Youth Cabinet member Emilia – Yourvoice@rotherham.gov.uk.

Rebecca emailed Michael Gove regarding a request from a young person from St Bernard's School regarding exam stress in school, and the Under Secretary replied. She read out the letter from Michael Gove's office.

Sharon Cope from Healthwatch

Sharon introduced herself and said the work Youth Cabinet had done around Self Harm was really good and she felt she would want to work with the group. She explained what Healthwatch did and said she would arrange to come back in future and would appreciate any ideas to work with the group.

Self Harm Update

Young people gave an update about what the sub group have been doing.

The group had been asked to do a short presentation at the LSCB meeting on 5 June.

Yorkshire and Humber Youth Voice are very interested in work being done around self harm.

Transport

Brad gave an update on the work of the Transport User Group.

Tom said he will be doing his work experience with SYPTTE .

IYSS Website

Sarah said that the new website was almost ready.

Treasurers Update

The group had a discussion on expenditure over the last month.

The Treasurers have developed a policy to monitor what members are proposing and how this spend will benefit young people. The group will discuss this further at the next training day.

Publicity and Promotion Group

Brad showed the new and improved Welcome Packs that the sub group had worked on. Ashley has another policy – Rotherham Youth Cabinet social media policy, which was needed to ensure the proper use of social media within Youth Voice, with the main aim to making sure the group are working together as one group, not as individuals.

A poster has been created which hopefully will go into Youth Centres, schools etc to try to promote the group and to let young people know how to make contact with Youth Cabinet and UKYP.

LACC

Lisa gave an update and said they had been working for some time on going to Portugal for young people who are looked after or leaving care to go on a holiday. The money was to organise their own trip and have a family holiday. They had a fantastic time and lots of new fantastic experiences. The group are currently creating a report and presentation.

UKYP Update

Ashley said Rotherham MYPs were hoping to visit a Head Teachers meeting to promote UKYP and Youth Voice. With regard to Votes at 16, the BYC have a scheme where you adopt a Lord and all Rotherham MYPs now have a Lord to campaign on around Votes at 16. They also met with Sarah Champions office last Friday to discuss Votes at 16 for her debate in the House of Commons. Oliver and Toni's names were mentioned in her speech. Sarah Champion has offered to support Youth Cabinet with anything.

The Curriculum for Life is a national campaign where young people believe the curriculum for PHSE needs reforming and campaigns for what young

people think should be in there. All MYPs have a task to review their own schools, which have a certain criteria to fulfil.

Make your Mark is a national ballot which takes place across the whole of the UK and NI. Young people vote for which issues they believe are the top issues out of twelve. The top three go to House of Commons debate and are debated to be the national campaign for next year.

RULED OUT CAMPAIGN

Rebecca explained what the Ruled Out Campaign was and asked if people wanted to continue with the work. Rebecca explained that it focuses on why young people with autism miss out on education. The campaign wants to raise awareness of this issue.

Quality Mark Visit Feedback

Following a recent Quality Mark visit, feedback was that young people could not always communicate the impact of their involvement in the group and that there was no accreditation. Sarah said that the BYC had developed a Youth Voice ASDAN and gave our packs to the group. She asked if young people would like to work towards this accreditation and many of the group responded positively.

Poland Visit

The group showed photos about the trip to Poland and explained about the photos and the visit.

They will be doing a presentation to councillors, going to Beth Shalom and The Imperial War Museum, along with support the next group of young people who may go to Poland.

Josh G said It was fantastic, very emotional and eye opening and was thankful for having the opportunity.

AOB

Rebecca explained about the Mini WE day which will be held in Leicester on 28 June. The event is an anti-bullying conference and Rebecca and Toni will be speaking on the day.

Ashley said that he is now the Rep for Rotherham for the Yorkshire and Humber Youth Voice Steering group. This is a group of reps from each local authority in Yorkshire and Humberside who work closely with the British Youth Council to help run conventions. Ashley will be doing a workshop on Team Management.

Sarah updated the group on NCS and asked if any further members were interested in getting involved, that she had forms to fill in.

Sarah said that Toni and Rebecca had been nominated in the National Diversity Awards and encouraged people to vote for them.

Debate

Costa or Starbucks
Costa definite winner

Private/Home schooled v Public School
(debate was not fully debated and concluded as ran out of time.

Rotherham Local Safeguarding Children Board (RLSCB)

**Minutes from the meeting of Rotherham Local Safeguarding Children Board, held on
Thursday 5th June 2014, 1pm – 4pm at Riverside House**

In attendance:

Steve Ashley - Chair	Independent Chair, Rotherham Local Safeguarding Children Board
Sonya Chambers - Minutes	Administrative Officer, 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, Rotherham Council
Richard Burton - Member	Lay Member, Rotherham Local Safeguarding Children Board
Gill Brooks – in attendance to present agenda item 4	Local Authority Designated Officer (LADO) and Child Protection Conference Chair, Safeguarding Children Unit, Rotherham Council
Councillor Paul Lakin – participating observer	Lead Member for Children and Young People's Services, Rotherham Council
Sue Wilson – in attendance to present agenda item 7.4.1	Performance and Quality Manager, Rotherham Council
Marie Boswell – in attendance to present agenda item 3	Raising Participation Team/Elective Home Education, Children and Young People's Services, Rotherham Council
Phil Morris - Advisor	Business Manager, Rotherham Local Safeguarding Children Board
John Radford - Member	Director of Public Health, Rotherham
Sue Cassin - Member	Executive Lead for Safeguarding, Rotherham Clinical Commissioning Group
Dawn Peet - Member	Safeguarding Officer, South Yorkshire Fire and Rescue
Tracey McErlain-Burns - Member	Chief Nurse, The Rotherham NHS Foundation Trust
Pete Horner - Member	Public Protection Unit Manager, South Yorkshire Police
Sherif El-Reftee - Advisor	Designated Doctor, Rotherham Clinical Commissioning Group
Sarah Bellamy – in attendance to present agenda item 5	Voice and Influence Team, Integrated Youth Support Service
Lisa Duvalle – in attendance to present agenda item 5	Voice and Influence Team, Integrated Youth Support Service
Deborah Wildgoose - Member	Interim Service Director, Children's and Community, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)
Warren Carratt - Advisor	Service Manager for Strategy, Standards and Development, Children and Young People's Services, Rotherham Council, and Rotherham Local Safeguarding Children Board
Shona McFarlane - Member	Director of Health and Wellbeing, Neighbourhoods and Adult Services, Rotherham Council
Joyce Thacker - Member	Strategic Director of Children and Young People's Services, Rotherham Council
Catherine Hall - Advisor	Designated Nurse for Safeguarding Children, Rotherham Clinical Commissioning Group
Anne Riley - Member	Service Manager, Children and Family Court Advisory and Support Service (CAFCASS)
Jason Harwin - Member	Chief Superintendent, District Commander for Rotherham, South Yorkshire Police
Tracy Holmes - Advisor	Head of Corporate Communications and Marketing, Environment and Development Services, Rotherham Council
Clair Pyper - Member	Interim Director of Safeguarding Children and Families, Children and Young People's Services, Rotherham Council
Tracey Slater - Member	Patient Experience Manager, Nursing Directorate, NHS England (South Yorkshire and Bassetlaw)
Sarah Mainwaring - Member	Assistant Chief Officer for North East Division, National Probation Service
Sue Wynne - Member	Rotherham Women's Refuge, Voluntary Sector Consortium

Apologies:

Paul Grimwood - Member	Youth Offending Services Manager, Rotherham Council
Maryke Turvey - Member	Assistant Chief Officer, Rotherham/Doncaster Cluster, The South Yorkshire Community Rehabilitation Company
Dorothy Smith - Member	Director of Schools and Lifelong Learning, Children and Young People's Services, Rotherham Council
Nick Whittaker - Member	Headteacher, Hilltop and Kelford Schools
Robin Williams – Advisor	Service Solicitor for Children and Young People's Services, Rotherham Council

Agenda item:**Action:**1. Welcome / apologies and introductions

Introductions were made and apologies and attendance were recorded as above.

2. Previous RLSCB minutes from 06.03.2014 and matters / actions arising

As agreed at the previous meeting, any amendments to RLSCB minutes need to be submitted within one week of circulation of the draft copy. After this period, the minutes are uploaded to the RLSCB website.

Please refer to Appendix One for updates on action points.

3. Elective Home Education – Marie Boswell

Marie Boswell had been invited to today's meeting to present her report on elective home education and to explain the safeguarding concerns relating to this. She introduced herself and stated that she was happy to talk to organisations outside today's meeting if anyone required any further information.

Marie Boswell was particularly eager to know of any ways in which RLSCB member organisations could support the work of her team, and thereby establish useful links between relevant services.

A national paper was recently published stating that elective home education should no longer be part of the Education Welfare Service, therefore these two services are now separate in Rotherham but they still work together when necessary.

In Rotherham, the Elective Home Education Team comprises three staff members, including an administrative post which acts as a central contact – this arrangement is working well.

A new policy has been drawn up with regard to elective home education and this was recently taken to Rotherham Council's Directorate Leadership Team, so will hopefully be published soon.

Nationally, there has been a massive increase in home education. In Rotherham, the increase has been gradual compared to other local authorities, and the trend seems to be more predominant in those areas that have a larger travelling community.

The team is currently receiving calls from concerned parents of year six pupils, who are worried about their children coping at secondary school - particularly if their child is on the autistic spectrum but not severe enough for them to have a statement recommending special school education. Therefore these parents are considering home education as an option.

If a parent writes to a school to state that they wish to remove their child, then the school has to take the child off the school role. If the team can intervene prior to the parent contacting the school, this can be prevented.

Once a parent chooses to home educate their child, that child receives no

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funding for their education, they don't have to follow a curriculum or timetable, and the local authority doesn't have to visit the child at home – they have no duty or right to see these young people. In order to try and ensure the welfare of these children in Rotherham, the team puts together a list, once a term, of all young people for whom no response has been received, then a meeting is held with Joyce Thacker, Strategic Director of Children and Young People's Services and Dorothy Smith, Director of Schools and Lifelong Learning. Going back to her earlier point, Marie Boswell requested help from RLSCB member organisations to triangulate any information they may have to try and locate these young people and check their welfare.

Referring to the figures in her report, Marie Boswell reported that one young person who did go to college after being educated at home subsequently dropped out as they were struggling to cope with the college environment, and instead opted to continue their studies at home. This raises the issue of young people who self-nominate to be home educated and the question of how we can address this.

Steve Ashley exclaimed that this was a 'national time bomb' and thanked the local authority for funding this work, as a lot of areas don't have this valuable resource. He went on to say that schools provide a safeguarding environment and for the children outside of this environment, we cannot be sure about their welfare. However, he emphasised that parents who do educate their children at home are not breaking the law, but he argued that it was essential to keep the work of the Elective Home Education Team going given the lack of safeguarding for these children.

Referring to the recent proposal to close the school at the hospital, Richard Burton said that the public felt concerned about this and he asked whether parents whose children were in hospital would be supported to educate them if the current provision was no longer available. Joyce Thacker wanted to dispel the myths about this and pointed out that the vast majority of children are in hospital for no longer than a few days, and the time for teaching a child during their stay is miniscule – two hours a day, therefore it is questionable what real benefit this actually provides. For longer term illness, the option of home tutoring provided by the local authority is being looked at. Joyce Thacker clarified that the budget is not being taken away but is going to be used differently as it has been identified that the classroom at the hospital is not being used enough.

Phil Morris sought clarification on the following statement from the bottom of page two of the report: *'The time implications for addressing cases which may or may not become official EHE has been significant'*. He asked whether this included cases where parents were considering home education for a temporary period when their child might be out of school. Marie Boswell replied that many EHE cases are religious families who have been home educating for years and are happy to receive home visits and provide evidence. With regard to other cases, the number would have been higher had it not been for the work and intervention of the team.

Clair Pyper made the point that there is evidence from previous serious case reviews nationally (including Victoria Climbié) that home education is a risk factor, so this is not an unfounded worry.

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John Radford asked about the access of home educated children to the School Nursing Service, and Joyce Thacker replied that she had looked at the proposed policy but cannot approve this as it must be approved by councillors – the local authority will then implement the policy once agreed. However, she gave the assurance that parents will not be given the option to opt out of the School Nursing Service, and work is currently underway to ensure all children are being seen.

Jason Harwin asked for clarification on the timescales of when children educated at home were last seen by Health Services. Marie Boswell answered that the team was still trying to catch up on the backlog of this but in a recent case, a little boy was last seen in January of this year. As the numbers of home educated children in Rotherham are not particularly high, Jason Harwin and Pete Horner said that the Police would be happy to help with the team's work by asking to see children on a home visit and then undertaking subsequent checks to provide the team with any further information which may be of use.

Councillor Paul Lakin stated that what was ultimately required here was a change in legislation. He therefore asked that Steve Ashley write a formal letter to government ministers to this effect – this was agreed.

Action
1

Marie Boswell reported that she had recently attended a meeting about elective home education in London with lots of representatives from other local authorities, at which local authorities were encouraged to work together to form strong networks. A Yorkshire and Humber network was subsequently set up and has already met – this provides the area with a voice to feed directly into government.

Councillor Paul Lakin said that he will also raise this issue at the Yorkshire and Humber Lead Members forum that he chairs, and Steve Ashley undertook to raise it at the Police and Crime Commissioner's Meeting as well.

Action
2

John Radford emphasised that School Nursing is a universal service with a pastoral role. He argued that if children educated at home are regarded as an at risk group, then there is no reason why specific provision for them cannot be built into the School Nursing Programme.

Steve Ashley reiterated the need to ensure that children educated at home are being properly educated, cared for and are safe. He emphasised that it is not wrong to home educate but it is essential that appropriate safeguards are in place, e.g. that professionals such as School Nurses and Education Welfare Officers are allowed home visits.

Marie Boswell added that another duty missing from legislation is the appropriateness of the education provided at home – i.e. whether it is age appropriate and whether it adequately prepares the child for society.

Tracey Slater pointed out that there are other Health Services that children have access to in school as well as School Nursing, which could be tapped into with regard to home educated children, e.g., audiology. Marie Boswell and Joyce Thacker assured her that they had already considered other Health Services and had tried to cover everything.

Agenda item:**Action:**4. Management of Allegations against Professionals and Carers – Gill Brooks

Gill Brooks introduced herself and explained that she would be presenting this report on behalf of her manager, Linda Alcock, who was unable to attend today's meeting.

Gill Brooks informed the LSCB that she had been Rotherham's Local Authority Designated Officer (LADO) since March 2013 under Linda Alcock's supervision, and that this report had been put together by both of them.

There has been a steady increase in the number of contacts to the LADO, but not all of these have resulted in a full investigation. This increase demonstrates good partnership working and an increased awareness of the LADO role. However there are some sources from whom there have been very few contacts, but the LSCB was assured that this is being addressed via training and awareness raising.

It was confirmed that a system is in place to ensure that those involved are kept up to date and are not left wondering about the progress of a LADO investigation, e.g. if staff have been off on long term sick, the case has gone to the Crown Prosecution Service, etc.

Gill Brooks reported that she had started to network with other regional LADOs and there is a national LADO network. This year she is hoping to benchmark against LADO data from other areas to see if Rotherham's figures are in line with expectations and to determine what further work is needed e.g. around thresholds.

By establishing a dedicated LADO position in Rotherham, this has helped to raise the profile of this area of work.

Steve Ashley thanked Gill Brooks for this report and said that Rotherham was very lucky to have a dedicated person in the LADO role. He was pleased to see the increase in contacts as this shows that confidence and awareness has increased across agencies in terms of making referrals.

5. Youth Cabinet Review of Access to support for issues relating to Self-Harm – Sarah Bellamy and Lisa Duvalle

Sarah Bellamy and Lisa Duvalle from Rotherham's Integrated Youth Support Service had been invited to today's meeting to share a presentation about self-harm, put together by Rotherham Youth Cabinet.

Rotherham Youth Cabinet is a group of young people who represent their peers across the borough. They meet six times a year at Rotherham Town Hall, and in between Cabinet meetings they hold sub groups and other activities.

The Youth Cabinet produces its own manifesto, which usually contains around four key aims - a review of self-harm being one of these. The Youth Cabinet wanted to look at what support services there are in Rotherham for self-harm.

During the course of their research, the young people discovered that the 1st of March is Self-Harm Awareness Day, therefore they proceeded to promote

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this and raise awareness.

Self-harm was chosen as the subject of this review as it is a growing issue amongst young people. Rotherham Youth Cabinet wanted to try and reduce the barriers to young people accessing services and also to break down the stigma associated with self-harm.

The Youth Cabinet has now set up a Self-Harm Awareness Sub Group, which has collected some real life case studies.

The young people from Rotherham Youth Cabinet took part in an awareness session with the mental health charity MIND and Rotherham Public Health to better inform themselves about self-harm.

The review resulted in ten recommendations (see copy of report for details). The Youth Cabinet put the report together with help from Scrutiny and it was subsequently submitted to Cabinet. The Youth Cabinet was also invited to present at the recent Suicide Prevention Conference.

Steve Ashley stated that this was a very impressive piece of work. Councillor Paul Lakin added that Cabinet will have to provide a response back to Scrutiny regarding the report within two months. Joyce Thacker clarified that the report will be considered at Cabinet on the 18th of June, then an action plan will be produced which Cabinet will request a progress update on.

With regard to pathways for self-harm and suicide, Clair Pyper reported that an existing process is in place and has been used to support young people affected by a recent suicide. Therefore this is a demonstration of what has been done in practice and is a good example of collective work undertaken to support young people.

Jason Harwin asked Steve Ashley to write back to Rotherham Youth Cabinet to thank them for this review – this was agreed. Steve Ashley added that he would very much like to meet with them personally as he is very impressed by their work, particularly as they do not shy away from difficult issues.

Action
3

Richard Burton asked how obvious it was to people who they should ring if they have concerns that a young person may be hurting themselves. Steve Ashley answered that this would be medical services initially, who would then signpost to the appropriate support services.

6. Rotherham Domestic Abuse Action Plan – Joyce Thacker

Joyce Thacker chairs the Domestic Abuse Priority Group, which has done some good work over the past year, particularly in terms of agencies working much more collectively. Phil Morris sits on the group as well and most of the agencies on the LSCB are also represented at the Domestic Abuse Priority Group.

In addition, Jason Harwin jointly chairs meetings of the Safer Rotherham Partnership and RLSCB received minutes from these meetings, so appropriate links are in place.

It is important to protect children from the impact of domestic abuse, as this can have a significant effect on their lives.

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It was confirmed that a Domestic Abuse Hub will form part of the new Multi-Agency Safeguarding Hub, soon to be established in Riverside House.

If a child is involved in a domestic abuse incident in the evening or at the weekend, a system is being planned to inform the child's school so that staff are aware and are able to anticipate changes in behaviour and offer appropriate support.

The Domestic Abuse Priority Group also looks at Domestic Homicide Reviews, and fortunately there have been no child victims.

The Joint Strategic Needs Analysis has an analysis of need in relation to domestic abuse in making sure that it features in all strategic frameworks.

Work has been done with perpetrators of domestic abuse – Probation and the Police have been involved with this. Outcomes have shown a significant drop in repeat offences.

Joyce Thacker was pleased to report that the Domestic Abuse Action Plan has no 'red' actions, meaning everything is on track.

One of the children's centres in Rotherham has produced a DVD about domestic abuse and the intention is for this to be rolled out to college settings as well. Joyce Thacker commented that this was a really good piece of work.

Joyce Thacker finished by saying that there had been excellent support from Adult Services in tackling the issue of domestic abuse.

7. RLSCB Sub Group progress reports:

7.1 Serious Case Review Sub Group – Pete Horner

Pete Horner thanked Phil Morris for writing this report on his behalf as he had been away on annual leave.

Phil Morris pointed out that the terms of reference for the current serious case review had been attached to this report.

With regard to the serious case review, Phil Morris was pleased to report that the Police have now confirmed that he and the overview report author can meet with the family.

The individual management reviews (IMRs) from agencies are due in next week, and it has already been agreed that any issues / lessons to learn from these shall be acknowledged and dealt with as and when they arise, rather than waiting until the overview report has been published.

Richard Burton asked whether the serious case review will take into account any lessons learned from national serious case reviews. Steve Ashley commented that the issue at the moment is that serious case reviews are being pushed towards being an investigation, which they're not supposed to be.

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Pete Horner reported that an issue regarding the Significant Incident Learning Process (SILP) had been raised in other areas, and this was the concern about case discussions taking place at the same time as the Police investigation. Steve Ashley acknowledged this point and said it was important that the Police are kept informed of any meetings that have been arranged and what is being discussed. He added that there needs to be an acceptance that key witnesses ought to be excluded from the SILP learning event if appropriate.

7.2 Child Sexual Exploitation Sub Group – Jason Harwin

The Child Sexual Exploitation Sub Group is currently compiling its annual report which will come back to the LSCB. Joyce Thacker asked if it was okay for the annual report to go to Cabinet in July, before the September RLSCB meeting, and Steve Ashley agreed this.

Action
4

Joyce Thacker anticipated a potential increased demand following post abuse support work, in terms of new people coming forward. Jason Harwin added that this is a county wide issue and has already been discussed at the County Wide Forum.

Clair Pyper mentioned Rotherham had recently received interest from the BBC programme, Panorama. Jason Harwin said that he had been working with the Police's media contacts regarding this. Clair Pyper added that the media have been asking questions of staff therefore the LSCB needs to be aware that this is happening. Jason Harwin said that legal services are involved as well and they are looking to write to the BBC to outline what the implications will be if the media publishes a report before the Police investigation has concluded.

Clair Pyper informed the LSCB that the BBC has recently submitted a number of Freedom of Information requests.

Richard Burton questioned Jason Harwin about recent joint patrols between Police officers and social workers, saying that the public perceive this to be a sign that the issue of child sexual exploitation is getting worse. Jason Harwin gave the assurance that this is targeted support for specific areas – not general patrols.

7.3 Quality Assurance Sub Group – Tracey McErlain-Burns

Tracey McErlain-Burns reported that the Quality Assurance Sub Group had received its first case study at the start of the previous meeting. These case studies have been established to ensure that the sub group retains a child-centred focus. The next meeting will receive a case study from the Practice Review Group. This process will be evaluated as the sub group matures.

The sub group has done its work plan for the next eighteen months and this identifies certain topics for particular attention e.g. the Multi-Agency Risk Assessment Conference (MARAC) process, Family Common Assessment Frameworks (Family CAFs), and child neglect.

The sub group has set itself a mission over the course of the next twelve months to resolve the lack of school engagement with the child protection conference process during school holidays.

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The issue was raised at the previous meeting of reports and presentations being duplicated at different forums, as the sub group received a report on the Children's Advocacy Service, with the intention for it to come to the LSCB as well. Tracey McErlain-Burns commented that this report demonstrated the hugely impressive work undertaken by the service, which has since been decommissioned with Barnardo's being appointed to continue the work. Concern was expressed that after the original service was decommissioned, children were left without any provision for a month until Barnardo's took over. Clair Pyper explained that this was because the decision making regarding commissioning was only finalised late in March and there had been IT problems with regard to information sharing. She added that whilst this has since been resolved, a lesson has been learned in that newly commissioned services need to be ready to start as soon as the previous provision has ceased, as it is not an effective use of money if there is a gap in service provision. However, it was clarified that it is the handover process that is the issue, not the commissioning process.

7.4 Performance Sub Group – Steve Ashley

Steve Ashley was disappointed that this sub group did not have a Police representative, but this has since been addressed in terms of future meetings.

Steve Ashley was pleased to report that the sub group will now receive performance data from the Police and from Health Services as well as Social Care.

A new chair is required for this sub group as Steve Ashley only agreed to chair it on an interim basis to get it started, but it is not appropriate for him to continue to do so given that he is also LSCB chair, as this means that he is effectively holding himself to account. He therefore requested that all LSCB members consider putting themselves forward for the post.

Action
5

7.4.1 Safeguarding Children Performance Update Report – Sue Wilson

Sue Wilson explained that the data within this report was provisional as her team was currently in the process of doing year end returns, therefore the information may change slightly.

This report had been written on an 'exception reporting' basis, meaning that only areas of under-performance (those rated 'red') have been highlighted for the LSCB's attention.

It was pointed out that the recent change to a single child assessment should address the under-performance relating to assessments and this is already having an impact with more positive performance being seen in the first two months of its use.

Performance relating to adoption is improving overall. However, the Department for Education has recently changed the performance measure for this therefore further improvement will need to be made for a further year. On a positive note, the Department for Education is pleased with Rotherham's progress so far.

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With regard to the performance indicator that measures those children who have been on a child protection plan for two years or longer, Steve Ashley was not concerned as long as this was in the best interests of the child and we have written up rationales as to why these children have been on a plan for as long as they have.

It was received as good news that the children's assessment performance has seen improvements and that the "drag" is being cleared and the expected progress has been made. However, Steve Ashley emphasised the need to keep on top of performance measuring during the changeover period to make sure that this is not used as an excuse for falling behind with the assessments

Clair Pyper confirmed that the new process will be rolled out on 9th June to other teams The Social Care Duty Teams that have already used the new assessments have been supporting other locality teams through the process. However, Clair Pyper said that unfortunately there were some IT system issues which were not helping matters, as this was hampering work.

7.5 Learning and Improvement Sub Group – Clair Pyper

The focus of this sub group has been the development and dissemination of training courses, including Early Help and Child Sexual Exploitation. Clair Pyper wished to thank Warren Carratt's team for all their work on this.

The sub group is looking to establish a process for looking at the outcomes of training and to this end has been looking at samples to try and assess the impact. However, the group has acknowledged that it needs to do more on outcomes and impact.

Phil Morris recently presented to the group two case studies from the Child Death Overview Panel, which highlighted some differences in the way that agencies had responded to two families from two different ethnic groups. Agencies took away individual actions from this.

The sub group has also looked at the recent Daniel Pelka serious case review published nationally and each agency has taken lessons back from this. This answers the question raised earlier by Richard Burton at item 7.1 regarding whether Rotherham seeks to learn lessons from reviews undertaken in other areas.

The sub group has identified that it has some gaps in its membership, as there is currently no representation from South Yorkshire Police, NHS England or GP services. The group has recognised that it would be useful to have some members who have regular, general contact with families, i.e. not just safeguarding specialists.

7.6 Child Death Overview Panel (CDOP) – John Radford

John Radford reported that he had now completed the CDOP annual report which he will bring to the next LSCB meeting, although it will go to the Children's Board first.

Action
6

Peter Macfarlane, Consultant Paediatrician and Designated Doctor for Child Death has announced his retirement, therefore a discussion is required on

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the way forward as regards the Rapid Response Protocol. John Radford voiced his support of the current model which he felt was very good, and he would like support to continue with this.

It is positive to note that there has been an apparent reduction in sudden infant death syndrome since the safe sleeping message was reiterated. Even in the case of a recent child death, mother was nevertheless clearly aware of the safe sleeping message, as she had been using a Moses basket.

There has been a recent child death from whooping cough, therefore there is a need to review take up of vaccinations.

The issue of congenital abnormalities resulting from consanguinity has also given rise to concerns, and this is very difficult to address given the cultural sensitivities.

In response to a query from Richard Burton, John Radford explained that the aim was to try and keep the safe sleeping message consistent across all services e.g. Social Care, Health Visiting, etc. The key point of the current advice is for parents and carers not to co-sleep with a child.

John Radford circulated hard copies of the CARE suicide pathways.

8. RLSCB Business Plan – Phil Morris

The RLSCB Business Plan had not been enclosed with today's meeting papers. Phil Morris reported that it had had a minor refresh and he reminded people that it is a dynamic document, which is refreshed quarterly.

In preparation for the LSCB Annual Report and for Ofsted's inspection of the LSCB, a self-assessment of the LSCB has been undertaken. By September this year, the LSCB Business Plan should be finalised and fit for purpose.

Action
79. For information:9.1 Budget update report – Karen Potts

This report was accepted and no issues were raised.

9.2 Minutes from meeting of RLSCB Sub Group Chairs

These minutes were accepted and no issues were raised.

9.3 Minutes from Rotherham Safeguarding Adults Board – no meetings held since January 2014

Steve Ashley reported that he had spoken to Pat Cantrill, who chairs Rotherham Safeguarding Adults Board, regarding the fact that no meetings had been held since January, and it was confirmed that this meeting would resume in due course.

9.4 Minutes from Safer Rotherham Partnership

These minutes were accepted and no issues were raised.

Agenda item:**Action:**10. Ofsted scrutiny of the LSCB

A discussion took place and it was confirmed that work has already been done in preparation of this, which will be sent out for comment.

Joyce Thacker added that she would like to invite all agencies to the Ofsted set up meeting should we get the 'call' from Ofsted to facilitate a strong partnership response. Joyce Thacker will therefore email out the details in due course.

Action
811. Any other business11.1 Briefing regarding Peer Review – Clair Pyper

It has been decided that the Peer Review will focus on the issue of child neglect, and the terms of reference are currently being drawn up. The review will be led by people independent from Rotherham and is based on the neglect review that Kevin Stevens has already undertaken.

The 9th, 10th and 11th of September have been agreed as the dates of the review. Notification is currently being awaited of who will be in the review team and both Clair Pyper and Joyce Thacker said it was important to have representatives from school and early help.

Joyce Thacker explained that the review would look at how different agencies recognise neglect i.e. how do we enable non-safeguarding staff such as Housing Officers to recognise the signs of child neglect.

Joyce Thacker added that some guidance should be ready by 25th June for managers to roll out to staff.

Tracey McErlain-Burns pointed out that the Peer Review was a good opportunity to work with the Safeguarding Adults Board, given that there are current issues in relation to adult neglect as well.

11.2 Feedback from the general public – Richard Burton

Richard Burton provided the following feedback from the general public:

- On a personal note, he thanked Clair Pyper for all her work in Rotherham, as this was to be her last RLSCB meeting before she finishes in post.
- He asked if it was true that the Police are going to use lie detector tests for sex offenders and it was confirmed that this option is currently being considered. Richard Burton reported that the public was pleased about this.
- He asked about the ceasing of the Lifeline charity due to a lack of funds, as this charity help families therefore he questioned what the knock on effect would be for the council. Joyce Thacker understood that appropriate arrangements were in place to support these families.
- He drew the LSCB'S attention to recent newspaper reports about Roma girls being involved in child sexual exploitation. This is being tackled and Clair Pyper emphasised that the proportion of Roma girls affected is no greater than the proportion of white girls. Jason Harwin added that the challenge with Roma and any other ethnic group is that this often leads to a more complex investigation.

Agenda item:**Action:**

- He reported that the public is still very concerned about the changes to Probation, in terms of the rumours about who will be doing what.
- He reported that the response to the recent teenage suicides in Rotherham had been very positively received, and he thanked John Radford for his work on this.
- He challenged a press release about the recruitment of foster carers, as the public felt that people may be more attracted to the money paid for this role and forget to appreciate what a demanding job it actually is.
- He asked what would happen with all of these comments, and Steve Ashley assured him that they would be followed up and a formal response can be fed back at each subsequent meeting to ensure this is recorded.

Action
911.3 Clair Pyper

As today was Clair Pyper's last RLSCB meeting before she finishes in post, Steve Ashley formally thanked her on behalf of RLSCB for all her hard work in Rotherham and wished her well for the future.

11.4 RLSCB Annual Report

Steve Ashley confirmed that he was currently in the process of writing the RLSCB Annual Report, which he was trying to do in a more user friendly style. He put out a plea to all agencies to feed any good news stories to Phil Morris for inclusion, to ensure that positive news is promoted.

Action
1011.5 Joyce Thacker's charity appeal

Joyce Thacker will be walking across the Sahara desert to raise money for Safe @ Last, a local charity that provides support to young runaways. Any sponsors would be gratefully received for this worthwhile cause.

11.6 RLSCB Independent Chair – annual appraisal

Joyce Thacker mentioned that the time was approaching for the annual appraisal of the RLSCB Independent Chair. Further information will be sent out to RLSCB members in autumn.

12. Future agenda items

- Child Sexual Exploitation Sub Group Annual Report
- Child Death Overview Panel Annual Report
- RLSCB Business Plan
- Neglect – standing item
- Process for children detained under the Mental Health Act

13. Dates of future meetings:

- Thursday 4th September 2014
- Thursday 4th December 2014

All meetings will be held 1pm – 4pm in Meeting Rooms 5a and 5b combined, Wing B, 4th Floor, Riverside House

Appendix One**Actions Points Raised / On-Going as at 05.06.2014**

No:	Owner:	Details:	Update:
Actions raised on 05.06.2014			
1.	Steve Ashley	Councillor Paul Lakin stated that a change in legislation was required in relation to elective home education. He therefore asked that Steve Ashley write a formal letter to government ministers to this effect – this was agreed.	
2.	Paul Lakin & Steve Ashley	Councillor Paul Lakin undertook to raise concerns about a lack of safeguarding for children educated at home at the Yorkshire and Humber forum that he attends, and Steve Ashley undertook to raise it at the Police and Crime Commissioner's Meeting as well.	
3.	Steve Ashley	Jason Harwin asked Steve Ashley to write back to Rotherham Youth Cabinet to thank them for their review of self-harm – this was agreed. Steve Ashley added that he would very much like to meet with them personally as he is very impressed by their work, particularly as they do not shy away from difficult issues.	
4.	Jason Harwin (Sonya Chambers to add to September's RLSCB agenda)	The Child Sexual Exploitation Sub Group is currently compiling its annual report which will come back to the LSCB.	
5.	All RLSCB members	A new chair is required for the Performance Sub Group - Steve Ashley therefore requested that all LSCB members consider putting themselves forward for the post.	
6.	John Radford (Sonya Chambers to add to September's RLSCB agenda)	John Radford reported that he had now completed the CDOP annual report which he will bring to the next LSCB meeting, although it will go to the Children's Board first.	
7.	Phil Morris (Sonya Chambers to	By September this year, the LSCB Business Plan should be finalised and fit for purpose.	

No:	Owner:	Details:	Update:
	add to September's RLSCB agenda)		
8.	Joyce Thacker	Joyce Thacker would like to invite all agencies to the set up meeting regarding Ofsted scrutiny of the LSCB. She will therefore email out the details in due course.	Sue Wilson emailed out to all Board Members giving details.
9.	Steve Ashley	Richard Burton asked what would happen with all of his comments, and Steve Ashley assured him that they would be followed up and a formal response can be fed back at each subsequent meeting to ensure this is recorded.	
10.	Everyone	Steve Ashley confirmed that he was currently in the process of writing the RLSCB Annual Report, which he was trying to do in a more user friendly style. He put out a plea to all agencies to feed any good news stories to Phil Morris for inclusion, to ensure that positive news is promoted.	
Actions ongoing as at 05.06.2014			
11.	Steve Ashley	Steve Ashley undertook to bring a proposal back to the next meeting regarding a multi-agency forum for the discussion of neglect.	<p>05.06.14 As there will now be a Peer Review on neglect, this will generate an action plan which means the LSCB will have a clearer idea on progress by September.</p> <p>New action: Sonya Chambers to add this as a standing agenda item for the LSCB.</p>
12.	Joyce Thacker & Pete Horner	The CSE Sub Group has produced a CSE victim profile and there are now plans to produce a perpetrator profile. Pete Horner responded that the Office of the Children's Commissioner (OCC) was currently looking at a perpetrator profile so it might be worth contacting them – Joyce Thacker and Pete Horner agreed to discuss this further outside of the meeting, as it will be useful to link in and triangulate with any existing work rather than duplicate anything unnecessarily.	<p>05.06.14 There will be a discussion at next week's CSE Sub Ground about profiles. Joyce Thacker reported that Rotherham has offered to be part of some university research but no response has yet been received about this.</p> <p>New action: Pete Horner therefore undertook to chase this up as it would be good to participate in this.</p>
13.	Steve Ashley	Richard Burton requested that consideration be given to a standing agenda item for the Lay Members, arguing that he currently has to wait	<p>05.06.14 Steve Ashley had considered this but concluded he was happy that Richard Burton's views were clearly minuted</p>

No:	Owner:	Details:	Update:
		<p>until 'any other business' at the end of the meeting, when people start to leave. Steve Ashley agreed to consider this.</p>	<p>anyway, so there was no need for a separate section.</p> <p>New action: Phil Morris will speak to Richard Burton outside the meeting about including a Lay Member section within the RLSCB Annual Report. Steve Ashley added that the LSCB will shortly be recruiting for another Lay Member.</p>
14.	Pete Horner	<p>John Radford asked whether we are clear on the process for CAMHS level four, relating to children detained under the mental health act, e.g. how long they are detained for, what they are detained for, etc. Joyce Thacker said that she didn't think a clear process was in place and she asked Pete Horner to check the situation, as there is a real need for clarity on this. Richard Butterworth confirmed that a triage process is already in place.</p>	<p>05.06.14</p> <p>Pete Horner confirmed that clear guidance was already in place, but he requested to postpone discussion of this until the next RLSCB meeting, as the Police have undergone a recent inspection and he would like to provide feedback from this.</p> <p>New action: Sonya Chambers will add this to September's RLSCB agenda.</p> <p>John Radford stated that clarification is needed from NHS England regarding these arrangements. Clair Pyper answered that a meeting had already been pulled together between herself, Tracey McErlain-Burns and Margaret Kitching to discuss links between CAMHS, CAMHS 4 and the Police.</p> <p>New action: Clair Pyper will speak to Pete Horner outside of the meeting regarding this.</p> <p>John Radford asked what telephone number to ring when out of hours CAMHS support is needed for a child – Clair Pyper replied that this was CAMHS 3, i.e. RDASH, so the gateway is via RDASH. But it was then clarified that this is not the correct route for calls about a distressed child therefore this still requires further clarification. Tracey McErlain-Burns agreed and said it's not helpful for these children to be referred to paediatrics as they would not then receive appropriate therapeutic support. Neither it is appropriate to hold these children in police cells. John Radford argued again that this is clearly NHS England's responsibility as they commissioned CAMHS 4.</p>

No:	Owner:	Details:	Update:
			<p>New action: Steve Ashley undertook to write to NHS England for clarification. The first step is to clarify what the process is, then agencies can report if this is working in practice. Tracey Slater said that as NHS England's representative on the LSCB, she will take this back to Margaret Kitching. But she said that it would still be helpful for Steve Ashley to write as she will be on leave after today.</p> <p>Deborah Wildgoose commented that this is a national issue.</p> <p>John Radford stated that there needs to be a clear default mechanism in place for children in crisis. Deborah Wildgoose answered that there is no appropriate default system at the moment. She added that a regional event is planned for 1st July and it will be interesting to hear NHS England's response.</p> <p>Sherif El-Reftee expressed concern that there doesn't appear to be anyone bridging the gap in the interim. Clair Pyper replied that a current piece of work commissioned by Rotherham CCG was to look at this and she has fed into this. The Police should have the opportunity to feed into it as well.</p>
15.	Paul Grimwood & Pete Horner	Paul Grimwood fed back a potential risk identified from the recent HMIC inspection of Youth Offending Services, which Steve Ashley said would be worth Pete Horner raising at the Child Sexual Exploitation Board chaired by the Police and Crime Commissioner. Therefore Paul Grimwood undertook to send Pete Horner the spreadsheet containing full details.	<p>05.06.14</p> <p>It was unclear whether or not this action had been completed.</p>

Actions Points Discharged on 05.06.2014

No:	Owner:	Details:	Update:
16.	Warren Carratt	An update on the children's advocacy service to be brought to RLSCB on 05.06.2014, to evidence the good work that has been done.	<p>05.06.14</p> <p>This report was taken to the Quality Assurance Sub Group and Tracey McErlain-Burns provided an update as part of the QA Sub Group update report at agenda item 7.3 of these minutes.</p> <p>DISCHARGED</p>
17.	Steve Ashley	Further to concerns raised about the lack of engagement of school staff with safeguarding services during school holidays (e.g. in relation to child protection conferences), Steve Ashley to look at obtaining another education representative for RLSCB.	<p>05.06.14</p> <p>There is an issue regarding representation from schools on the LSCB. Steve Ashley has discussed this with Joyce Thacker but they are unsure if there is a practical solution to this i.e. in terms of nominating one person to represent all schools. Therefore as an alternative way of creating a link between the LSCB and schools, Steve Ashley has arranged to be invited to the Cross Phase School meeting.</p> <p>DISCHARGED</p>
18.	Sonya Chambers	Sonya Chambers to re-circulate the RLSCB constitution with a request for up to date signatures.	<p>05.06.14</p> <p>This was re-circulated.</p> <p>DISCHARGED</p>
19.	Phil Morris & Kevin Stevens	Phil Morris and Kevin Stevens undertook to look at the contact and referral rate to CART and the source of each contact and referral to see what percentage from each agency end up leading to no further action. This exercise will provide an important baseline analysis, and will be shared with the Performance Sub Group / Quality Assurance Sub Group / Learning and Improvement Sub Group as appropriate before coming back to the LSCB.	<p>05.06.14</p> <p>Hard copies of this data were passed round. In terms of the headline facts, Kevin Stevens reported that 48% of all contacts into CART did not meet the Social Care threshold for referral. Of this 48%, 38% were for domestic abuse.</p> <p>Steve Ashley commented that just because not all contacts meet the threshold, this doesn't mean that good information is not coming through. But he questioned what we do with this information if the threshold has not been met – Phil Morris answered that it is recorded in a structured way to enable the history to be tracked when a perpetrator moves to a different family.</p> <p>Phil Morris explained that the figures are somewhat misleading as each</p>

No:	Owner:	Details:	Update:
			<p>referral / contact is copied across all siblings which makes it look like there are more.</p> <p>Jason Harwin emphasised the importance of providing the agency that made the contact / referral with feedback, as it is important that lessons are learned. Warren Carratt replied that efforts have been made to try and improve learning from contacts and referrals and he added that the development of the MASH should improve this process.</p> <p>John Radford asked whether all referrers receive feedback and the answer was no. He stated that professionals need support if they have made a referral which has been turned down, and they feel this is the wrong decision and wish to challenge this. Kevin Stevens pointed out that there is already an escalation process in the TriX procedures for this. Steve Ashley said there is a need to ensure that the escalation process forms part of the feedback to referrers so that the referrer is aware of what support is available should they wish to challenge the decision. Going back to John Radford's original question, Kevin Stevens said that it is difficult to provide feedback to all referrers given the volume that is received – not that this shouldn't happen ideally, but realistically, there is only a team of four to deal with this work. Pete Horner said that it is important to get the process right from the beginning to prevent unnecessary referrals, so fewer are received in the first instance – hopefully MASH should solve some of this problem.</p> <p>DISCHARGED</p>
20.	Sue Wilson	Warren Carratt suggested that a performance improvement report is taken to the Performance Sub Group before being presented to the LSCB – Steve Ashley agreed.	<p>05.06.14 This process is now in place.</p> <p>DISCHARGED</p>
21.	Warren Carratt	In relation to the results of the Lifestyle Survey, Phil Morris asked whether, in	<p>05.06.14 Steve Ashley confirmed that all of the</p>

No:	Owner:	Details:	Update:
		cases of racist bullying, the racist bullying incident process has been triggered, and also whether the Police Young Person's Police Officer (PYPPO) was involved - this information would be useful to know. Warren Carratt undertook to look at PYPPO involvement and report back.	actions relating to the Lifestyle Survey are now in hand as the information is being fed into next year's survey. DISCHARGED
22.	Bev Pepperdine	Bev Pepperdine agreed to a suggestion from Phil Morris to look at adapting the bullying question in the Lifestyle Survey to ask young people whether they were being bullied at school or out of school.	05.06.14 DISCHARGED
23.	Bev Pepperdine	Some of the young people from the Youth Cabinet have fed back that Sheffield has better questions for their Lifestyle Survey than Rotherham, so this is something to look at.	05.06.14 DISCHARGED
24.	Joyce Thacker	Richard Burton then asked if the Lifestyle Survey captured anything about young people's attitudes to porn. Joyce Thacker said that the term 'porn' would not be used in the survey as it was not age appropriate, but she agreed that consideration needed to be given to getting appropriate messages across to children without offending parents as well. Joyce Thacker undertook to speak to Kay Denton regarding this point.	05.06.14 DISCHARGED
25.	Sue Wilson to forward to Sonya Chambers for sharing with the group	Richard Butterworth asked if there was a multi-agency action plan from the Lifestyle Survey, and Sue Wilson answered yes – it was agreed that the action plan would be shared with these minutes. The action plan provides a 'litmus test' to see what has changed in a year's time.	05.06.14 Sue Wilson apologised that this action plan had not yet been sent out and it will be circulated with these minutes. Sonya Chambers has now added Sue Wilson to the RLSCB circulation list to ensure she receives the minutes and actions. DISCHARGED
26.	Steve Ashley	Steve Ashley undertook to look at the Lifestyle Survey action plan and feed back via the LSCB to Bev Pepperdine about what actions have been done.	05.06.14 DISCHARGED
27.	Sonya Chambers	Steve Ashley proposed that from now on, the completed draft minutes will be circulated to all LSCB members and advisors allowing one week for any comments before they are uploaded to the LSCB website. This will avoid the current delay caused by waiting until the following meeting for the minutes	05.06.14 This process is now in place. DISCHARGED

No:	Owner:	Details:	Update:
		to be formally approved. Tracey McErlain-Burns agreed with this proposal but requested that the minutes are circulated to everyone via the 'BCC' email option to avoid people receiving subsequent unnecessary emails by people using the 'reply all' option.	
28.	Steve Ashley	Steve Ashley undertook to discuss the format of LSCB meeting further with attendees outside of the meeting.	<p>05.06.14</p> <p>Steve Ashley reported that this was discussed at the previous Sub Group Chairs' meeting, and it was proposed that items such policies and procedures that are brought to the LSCB for sign off could be signed off at the Sub Group Chairs' meeting instead to alleviate pressure on the LSCB agenda.</p> <p>A significant issue that has been identified is the duplication of work within the sub groups – the chairs need to be clear on what work is being undertaken across the sub groups and to liaise with each other. This especially applies to the CSE Sub Group (strategic) and the CSE Silver Group (operational). Jason Harwin assured the LSCB that the Silver Group has now grown, and the CSE Sub Group is now more strategy focused with the Silver Group retaining its tactical focus.</p> <p>Steve Ashley emphasised the need to ensure that work is going to the most appropriate forum to ensure that LSCB meetings are focused and efficient.</p> <p>DISCHARGED</p>
29.	Phil Morris	Steve Ashley fed back a request from Councillor Paul Lakin for the LSCB to consider licensing issues – Phil Morris will be the link for this.	<p>05.06.14</p> <p>This issue has now been resolved.</p> <p>DISCHARGED</p>
30.	Steve Ashley	Richard Butterworth suggested a ten to fifteen minutes presentation at the next LSCB meeting on the 'channel process' – Steve Ashley agreed to consider this.	<p>05.06.14</p> <p>Jason Harwin was no longer sure that this needed to come to the LSCB as it is being looked at again nationally.</p> <p>DISCHARGED</p>