

## CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP

**Venue:** Town Hall, Moorgate Street, Rotherham. S60 2TH  
**Date:** Wednesday, 19th November, 2014  
**Time:** 2.00 p.m.

### A G E N D A

1. Apologies for Absence.
  - Dorothy Smith, Director for Schools and Lifelong Learning.

#### For Decision:-

2. Minutes of the Previous Meeting held on 24th September, 2014 (herewith). (Pages 1 - 15)
3. Matters Arising.
4. Issues and Concerns

#### For Discussion:-

5. Budget analysis across all agencies.
  - Joanne Robertson.
6. LSCB annual report. (Pages 16 - 71)
  - Steve Ashley / Phil Morris.
7. Oral health report and oral health strategy. (Pages 72 - 79)
  - Rebecca Atchison.
8. Terms of reference. (Pages 80 - 81)
  - All.

#### For Information:-

9. Children and Young People's Services Performance Indicator Report - Qtr1 2014-15 (Pages 82 - 90)
  - Sue Wilson.
10. Children and Young People's Services Performance Indicator Report - Qtr2 2014-15 (Pages 91 - 98)
  - Sue Wilson.
11. Looked After Children's Council (LACC) Update. (Pages 99 - 101)
  - Lisa DuValle.
12. CSE update.
  - Jane Parfremment.
13. Rotherham LSCB minutes, 4th September, 2014. (Pages 102 - 114)
  - Attached.
14. Any Other Business.
15. Date and Time of Next Meetings.

Dates for future meetings: -

- 14<sup>th</sup> January, 2015;
- 18<sup>th</sup> March, 2015;
- 27<sup>th</sup> May, 2015;
- 15<sup>th</sup> July, 2015.

All meetings will be held in the Rotherham Town Hall to start at 2.00 p.m..

**CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERSHIP**  
**Wednesday, 24th September, 2014**

Present:- Councillor Beaumont (in the Chair); Councillor Roche, Karen Borthwick, Tracey Guest, Anne Hawke, Ian Hill, Michelle Hill, Michael Holmes, Catherine Homer, Jenny Lingrell, Joanna Robertson, Joanna Saunders, Dorothy Smith, Paul Theaker, Janet Wheatley and Sarah Whittle

Apologies for absence were received from Steve Ashley, Jason Harwin, Martin Kimber, Julie Mott, Rachel Nicholls and Dr. John Radford.

**292. MINUTES OF THE PREVIOUS MEETING**

Resolved:- That the minutes of the previous meeting held on 16<sup>th</sup> July, 2014, be approved as a correct record.

It was noted that the Cabinet Member for Children and Education Services had approved the Elective Home Education Policy at her meeting on 16<sup>th</sup> September, 2014 (Minute No. 3 refers).

Arising from Minute No. 281(2) (Foundation Years' Service for Young Children) it was noted that work was progressing well and would be submitted to the Partnership in the New Year.

The Chair reported that she had attended the Child Sexual Exploitation training session (Minute No. 282 refers).

**293. ISSUES AND CONCERNS**

Dorothy Smith, Director of Schools and Lifelong Learning, reported that the Service was currently being inspected by Ofsted following the publication of the Jay report. The inspection was in 2 parts, firstly focussing on Child Sexual Exploitation and secondly on the Safeguarding Service.

An update would be given at the next Partnership meeting.

**294. NATIONAL CHILD MANAGEMENT PROGRAMME - CHILDHOOD OBESITY DATA**

Catherine Homer and Joanna Saunders, Public Health, gave the following powerpoint presentation on the National Child Measurement Programme – Rotherham summary 2006/07 to 2012/13:-

- The Programme measured the weight and height of children in Reception class (4-5 years of age) and Year 6 (10-11 years of age)
- It assessed overweight children and obese levels within primary schools
- Operational since 2006

- It had been the responsibility of Primary Care Trusts to collect the data but had now passed to local authorities
- Trend data now available for the 7 years 2006-07 to 2012/13

#### Participation Rates

- Robustness of the data was highlighted using participation rates comparing Rotherham against England and statistical neighbours
- Rotherham's Reception Year participation rate had increased from 87.6% to 95.5% in 2012/13 comparing well with England (94.0% in 2012/13) and its main statistical neighbours
- Rotherham's Year 6 rate had increased from 78.6% to 92.8%. This was almost identical to the England average for 2012/13 and was second highest among its main Statistical Neighbours.

#### Prevalence of Overweight and Obese Children in Reception and Year 6

- Performance had fluctuated over the 7 year period
- It was cohort data and therefore did not measure the same children year on year
- Reception
  - Percentages for Rotherham for obese and overweight/obese combined increased sharply in 2012/13 reversing a prolonged downward trend in previous years
  - No explanation but needed to be kept under review to ascertain if it was a reversing trend
  - Percentage for overweight and obese combined was now the same as the England average at 22.2%
- Year 6
  - Prevalence of obesity and overweight combined in Rotherham was higher (35.5%) than the England average (33.7%)
  - It was clear that the increase in levels of excess weight was from Reception to Year 6 and was an area of focus
  - Whilst some children in 2012/13 would have been weighed and measured in Reception and Year 6, their first measurement was when the NCMP was in its infancy and participation rates were lower
  - Data over the coming years was much more robust with over 90% participation rates of measurements. This would give a clearer picture of the change in weight between Reception and Year 6

#### Excess Weight Prevalence amongst Children in Reception Year and Year 6

- The chart showed Reception excess weight prevalence by Rotherham Wards (based on residence of the children) 2010/11 to 2012/13 – residence data not available prior to those years
- Highlighted the variation by Ward and whether the Ward percentage was significantly different from the Rotherham average
- As the majority of children would attend their local school this also indicated which Wards had schools with greater levels of obesity (excluding schools with wide catchment areas e.g. Catholic schools)
- Need to continue working with schools across the Borough with a

focus on these areas

- The HWF Services would be requested to target those areas in the marketing of their services

#### Rotherham Healthy Weight Framework

- Current Framework to help reduce levels of excess weight
- The tiered model included a range of interventions to support children and their families to lose excess/maintain weight
- Tier One – non-commissioned activity – NCMP Programme sat within their Tier. Children identified as being overweight/obese were given information about the interventions in the HWF
- Tier Two – MoreLife Clubs (1,056 children). Weekly club base session with 1 hour intense physical activity and 1 hour of educational input. It was a very structured programme that lasted for 12 weeks
- Tier Three – Rotherham Institute for Obesity (712 children). Much more specialised and led by a GP. It included physical activity, support of nurses and specialist GP dietary support
- Tier Four – MoreLife Residential Camps (176 children). 20 children had gone to the camp this year where they received very intensive intervention and achieved very good results. When they returned they were put onto Tier 2 to maintain the weight loss
- The numbers showed how many children had access the Service in Rotherham since 2009
- The Framework was commissioned until 31<sup>st</sup> December and was currently subject to the procurement process
- The new Service specifications had been extended to include children from the age of 4 years to tackle the number of children that became overweight or obese between Reception and Year 6

#### Foresight Report

- The slide highlighted the need for a systems approach to reduce levels of excess weight
- The HWF was a small part of the map but, moving forward, needed to continue to ensure that obesity and obesogenic environment was a part of everyone's role

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

- There was a 97% participation rate across Rotherham's educational establishments for the whole year cohort
- The link between rates of obesity and deprivation was a means of analysing need and targeting resources to reduce inequality
- The figures for Reception was based on a smaller cohort as there had only been access to statistics from 2010
- A substantial data audit had taken place approximately 15 months ago which had shown that the work was reaching the most deprived areas of the Borough but more work was required with the ethnic and

minority community

- Service providers met with schools and children's centres and had received a good reception. They were given a sense of what service would be provided if they joined the Service
- The statistics did not reflect the impact of Welfare Reform as yet
- There had to be some caution until the data set was more robust – a lot of work was taking place nationally to iron out some of the discrepancies

Catherine and Joanna were thanked for their presentation.

## **295. FAMILIES FOR CHANGE PROGRESS REPORT**

Jenny Lingrell, Troubled Families Co-ordinator, reported that since the previous report in May, 2014, an additional payment by results claim had been submitted and further information published regarding the expansion of the programme.

Rotherham had submitted 5 payment by results claims (July and October, 2013, February, May and August, 2014) for families who had achieved the outcomes set out in the Troubled Families Financial Framework.

An outcome was achieved if school attendance for all children in the family had increased to more than 85% and had been sustained across 3 school terms. It was also possible to claim an outcome for school leavers; the improvement needed to have been achieved in conjunction with a sustained reduction in involvement in crime or anti-social behaviour.

An additional payment was available where an adult family member had engaged with Employment Support (Wiseability) or the Work Programme. If they had entered or sustained employment for a period of 6 months it was possible to claim an outcome regardless of the progress in relation to attendance and anti-social behaviour.

The total outcome achieved so far represented 64.7% of the total cohort 'turned around'. The trajectory for Payment by Results claims remained above the projected outcomes and on target to claim 730 outcomes by May, 2015, despite the complexities associated with families who had an inter-generational history of dysfunction.

Partnership arrangements were working well particularly with South Yorkshire Police. A single point of contact had been established to enable information sharing on a family by family basis where needed. A review of the Police and Young Peoples' Partnership Officer had been completed and new management arrangements would become operational in September, 2014.

Capacity to deliver the role of lead worker for the Family Common Assessment Framework remained an issue. There was often reluctance to take on the role particularly from some schools and health providers. A

proposal to inject extra capacity to deliver the leadworker role would be considered by chief officers in October.

Despite significant effort to join up employment support provision and the work of the Families for Change to deliver high quality support to individual family members, the number of families who were finding continuous employment was below expectations. The Troubled Families Unit target was for employment outcomes to represent 1% of total outcomes claimed, therefore, this must be an area of focus for future payment by results claims. Rotherham's performance as at May, 2014 was 4% but had increased to 8% in August. The ESF provision would end in March, 2015, and the design of delivery of the new provision would be led by the Local Enterprise Partnership. This would potentially deliver better outcomes with this cohort of families especially if the Ambition Project proved successful and expanded similar model was adopted to meet the needs of families with multiple problems.

The expanded programme would be based on a cluster of 6 headline problems:-

- Parents and children involved in crime or anti-social behaviour
- Children who had not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems

Preliminary work would be led by the Troubled Families Co-ordinator to assess the most effective way to target the work in order to identify a cohort of approximately 2,555 across a 5 year period. The work would review strategic plans and priorities alongside existing available data sets in order to make a recommendation about how best to deliver the programme.

It was noted that Jenny was to meet with Voluntary Action Rotherham to discuss ESF funding and was also in touch with the Rotherham Partnership with regard to possibly influencing the LEP.

Resolved:- (1) That the information about Rotherham's performance against the expectations of the current Troubled Families Financial Framework be noted.

(2) That the successful completion of phase 1 of the programme and commit to supporting delivery of the expanded programme, beginning in January, 2015, be supported.

(3) That feedback be provided to the Troubled Families Co-ordinator in relation to the local design of the expanded programme.

**296. CSE UPDATE**

In light of the Ofsted inspections taking place there was no update given at the meeting.

**297. CHILD POVERTY NEEDS ANALYSIS**

Consideration was given to a report by Michael Holmes, Policy and Partnership Officer, setting out the approach and progress to date in refreshing the Borough's 2011 Child Poverty Needs Assessment (CPNA).

Rotherham's first CPNA was produced in 2011 and informed the Early Help Strategy. Although there was no specific guidance indicating how regularly CPNAs should be updated it was felt that, given the economic downturn and the introduction of a significant Government Reform Programme, particularly Welfare Reform, it was appropriate.

The initial approach to developing an updated Needs Assessment had considered whether it should be expanded to provide a more comprehensive analysis of poverty in the Borough i.e. to look at issues for those without dependent children. There was a range of existing and emerging data that indicated large numbers of people without children were struggling to make ends meet. Whilst still being underpinned by relevant statistics, the Assessment should centre on a small number of key areas. The suggested focus was:-

- Employment status (unemployed, long term unemployed, part-time work, casual works, skills)
- Family composition (lone parents, number of children)
- Household income (wage levels, benefit levels, pensions)
- Disability
- Health (including mental health and drug/alcohol dependency)
- Teenage pregnancy

Initial discussions had also taken place with Age UK Rotherham to ascertain how issues for struggling older people could be effectively captured in the Needs Assessment with the emphasis probably more on qualitative information rather than statistics.

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

- There was some value in looking at inequality across the Borough to fully capture the picture of child poverty
- In the most deprived areas child poverty was at 50% - in others it was 3%
- The Assessment would include an update on the "500 babies"
- Resource capacity was an issue – updating the current assessment would be easier than broadening it out into a much wider assessment
- Pensioner poverty was increasing and ought to be included

Resolved:- That the proposed approach for the update of the Poverty Needs Assessment be approved.

## **298. EMOTIONAL WELLBEING AND MENTAL HEALTH STRATEGY**

Paul Theaker, Operational Commissioner, presented the final draft of the Emotional Wellbeing and Mental Health Strategy and associated action plan which had been widely consulted upon.

The draft Strategy had drawn on national and local guidance, local needs information, surveys of local Emotional Wellbeing and Mental Health Services and information from key stakeholders.

The responses from the consultation had been evaluated and the draft Strategy amended to take into account comments made. Also the Health Watch Rotherham report on Child and Adolescent Mental Health Services was reviewed to ensure that the key findings were addressed.

The key recommendations outlined within the Strategy were:-

Recommendation 1 – ensure that services are developed which benefit from input by young people and parents/carers

Recommendation 2 – develop multi-agency care pathways which move service users appropriately through services towards recovery

Recommendation 3 – develop family focussed services which are easily accessible and delivered in appropriate locations

Recommendation 4 – ensure that the services being delivered are effective, appropriate and represent the best value for money for the people of Rotherham

Recommendation 5 – ensure that the services being provided are delivered at the appropriate time as required and not restricted to normal operating hours

Recommendation 6 – ensure that services across all tiers of provision are delivered by appropriately training staff and that training and support is provided to Universal/Tier 1 services to ensure that patients do not unnecessarily move to higher tiers of provision

Recommendation 7 – ensure well planned and supported transition from Child and Adolescent Mental Health Services to Adult Services

Recommendation 8 – Explore the option of a multi-agency single point of access to Mental Health Services for children and young people to ensure that appropriate referral pathways are followed

Recommendation 9 – ensure that services are better able to demonstrate improved outcomes for children and young people access Mental Health Services

Recommendation 10 – promote the prevention of mental ill health

Recommendation 11 – reduce the stigma of mental illness

Recommendation 12 – ensure that patients do not face inappropriate delays in accessing services, across all tiers, for assessment and treatment which adversely affect their recovery

The Strategy would be considered by the CYPS Leadership Team, Youth Cabinet, Cabinet Member as well as the CCG and their various governance routes. It would then be submitted to the Health and Wellbeing Board for approval at its November meeting.

Resolved:- That the final draft of the Emotional Wellbeing and Mental Health Strategy 2014-19 be endorsed.

## **299. YOUNG CARERS**

Paul Theaker, Operational Commissioner, presented a report on how young carers were directly supported in Rotherham.

The commissioned Barnardo's Young Carers Service had provided a successful statutory Young Carers Service for the past 7 years on behalf of the Local Authority for young carers aged 8-18 years. The person cared for would usually be a family member such as a parent, grandparent, sibling or someone very close to the family. Through a process of assessment planning and review, the Service sought to minimise any negative impact of the caring role thus enhancing the opportunities for young carers to achieve their full potential. This included taking appropriate action when the caring role was such that it posed significant safeguarding concerns.

Service support was delivered through assessed need for individual work.

During the year the Service had re-established the Rotherham Young Carers Committee and had been working in partnership with the UK Youth Parliament to introduce a local Young Carers Card to enhance support for young carers in their place of education.

For many of the young carers and families supported, the process of achieving improved outcomes could be erratic. This was reflected in the "no change" and the deteriorating scores. Change within the family had been a major factor in decreasing scores. The Service had seen a huge increase in deprivation with families regularly presenting with issues of food, fuel poverty and debt. The Service distributed food vouchers to young carers' families during the difficult times and worked in partnership

with agencies to find solutions to their hardship.

Resolved:- That the report be noted.

### 300. KEY STAGE 2/KEY STAGE 4 INDICATIVE OUTCOMES

Karen Borthwick, Head of School Effectiveness, presented a summary of the available performance data for the academic year 2013/14. The data had not been validated and national comparative data was not yet available.

The 2014 assessment results showed improvements at every key stage:-

#### Early Years Foundation Stage

- Rotherham's performance for a good level of development had increased by 6.5% to 62.2% - 2% above the national average at 60.3%
- Average Total Points had increased by 1.3 to 34.3 and 0.5 above the national average of 33.8
- The percentage inequality gap reduced by 3.2% to 32.5% - 4.1% below the 2013 national average

#### Phonics

- 68.7% of Y1 pupils achieved the standard mark in the 2014 national phonics screening check – an increase of 6.2% - national figure of 74%
- Gap to the national average reduced slightly to 5.3%

#### Key Stage One

- Improvement in overall results in Rotherham was in all subjects and levels
- Improvement at L2+ was below the national average improvement – widened gap
- Gaps to the national average for all pupils' range from inline at L3+ writing to 6.1% below at L2+ reading
- Gap wider at L2+/L2b+ than at L3+

#### Key Stage Two

- Increase in all subjects at all levels
- Rise between 2.4% and 5.3% at L4+, between 6.7% and 7% at L4b+ and between 3.9% and 8.3% at L5+
- Progress measures had increased by 5% in reading, 2% in writing and 2% in mathematics
- Gap to national averages had narrowed in all subjects at all levels and above the national average in mathematics for the first time
- Significant improvement at L4b+ in all subjects had shown an increase of 6.9% in the Government's 'good level 4' outcome

#### Key Stage Four

- Provision 5+A\*-C including English and Mathematics – average 60.1%
- Provisional 5+A\*-C – average 67.1%

#### Narrowing the Gaps

- Girls continued to outperform boys in reading and writing at all key stages but the gap had narrowed
- Significant improvement in boys' attainment at KS2 in reading and L4b+ mathematics which had impacted on the improvement in the L4b+ reading, writing and mathematics combined outcome
- Attainment at KS1 for those eligible for Pupil Premium had increased at L2+ and L2b+
- Attainment at KS2 for those eligible for Pupil Premium had increased at all levels in all subjects with a significant improvement in reading and L5+ mathematics
- Percentage of pupils in good or better school – 78.8% (72.2% primary, 87% secondary and 100% special schools)

#### Key Stage 5 (A Level Results)

- Overall pass rate on results day was 98.6% - national average 98%
- -0.1% lower for Rotherham than in 2013 but reflected a national trend with the pass rate reported to be down for the first time in over 30 years

Resolved:- That the report be noted.

### **301. PARTNERSHIP ARRANGEMENTS TO DELIVER SCHOOL IMPROVEMENT**

Karen Borthwick, School Effectiveness Service, gave the following powerpoint presentation:-

The Local Authority Champions Educational Excellence by

- Building strong and effective working relationships with education leaders in their area and encourage school and setting leaders to support and challenge others
- Understanding the performance on schools and settings in Rotherham, using data and wider intelligence to identify those schools and settings that require improvement and intervention
- Take swift and effective action when failure occurs in a maintained school or setting using Warning Notices and Interim Executive Boards whenever necessary to get leadership and standards back up to at least 'good'
- Intervening early where the performance of a maintained school or setting is declining ensuring that they secure the support needed to improve to at least 'good'
- Encouraging good and outstanding schools and settings to take responsibility for their own improvement and to support other schools and settings

- Supporting the development of a diverse market of excellent providers to support school improvement
- Signposting where schools and settings can access appropriate support
- Securing strong leadership and governance for schools and settings that are not providing a good enough education

#### Vision

- Working in partnership to ensure that all schools or settings are good or better so that every child or young person is given the very best start in life

#### Principles

- We are all responsible for all Rotherham's children and young people
- Schools are responsible for their own improvement
- All Rotherham learners will achieve; no-one will be left behind
- Learning is the core business; investment, policy and strategy must be driven by opportunities for learners

#### Partners in School Improvement

- School Effectiveness Service
- Learning communities
- Wider School Improvement Community which includes  
Learners First Schools Partnership  
Outstanding Schools  
Teaching School Alliances

#### School Effectiveness Service

- Maintain a robust system for the collection and analysis of school performance data to ensure the effective risk assessment of schools
- Deliver effective strategies for early intervention when schools or setting show signs of declining performance. This will include the use of statutory powers
- Provide appropriate and effective support and challenge to all schools and settings
- Champion the attainment and progress of all children and young people within the Borough
- Act as an advocate for children and young people with Special Educational Needs and for children and young people in care and for other vulnerable groups and individuals
- Secure a wide range of educational options for parents and families
- Ensure local authority colleagues are well informed of national and local developments so they can play a collaborative part in the activities set out below
- Connect improvement activities and programmes to local authority-wide Head Teacher and Governor meetings

#### Learning Communities

- 16 geographical learning communities

- Supported by a consultant Head Teacher to help analyse performance. This will inform the brokerage of personnel or support
- With the aid of the above, Head Teachers and colleague should test local provision and performance against The Mission for children and young people 0-19
- Will work together to provide peer challenge and support in define local areas. This should involve a rigorous and frequent scrutiny of current data and other live intelligence that should help clarify individual and collective strengths and weaknesses
- Ensure transition with and across Key Stages is effective and productive
- Share and develop best practice that can help improve both provision and outcomes in individual schools and across the learning community. This can be shared further across the wider Rotherham and broadening learning community
- Able to identify a small number of collaborative activities that will add value to the individual effort of schools

#### Wider School Improvement Community

- Key providers Learners First Schools Partnership Learners First will
- Work with SES after their data analysis and other intelligence gathering to identify settings and cohorts that would benefit from additional challenge and support
- Through the Learning Community structure and consultant Head Teachers, commission and provide workforce support (NLEs, LLEs, SLEs, NLGs and others) to support individual settings and Learning Communities to better deliver the Mission. In most cases this support will come free at the point of delivery for LF subscribers
- Identify the commission best practice providers from other localities that subscribe to the Mission and LF philosophy. This expertise will be channelled via Leadership seminars for teachers, senior leaders and practitioners. SES colleagues will use their intelligence data to signpost settings and individuals to the various offers. Each offer will involve schools in partnership work to improve progress and outcomes
- Ensure that all partnership settings have access to the CPD, Leadership and Governance Curriculum and the offer for bespoke leadership
- Continue to connect and promote thus providing opportunities for all schools and learning communities to engage and benefits

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

- There were concerns about some of the learning communities. The weaker ones were not being supported by their fellow community members
- The Chair of Governors was responsible for leading the school improvement and it was the role of Head Teacher to challenge and ensure focus on learning

- Other authorities did not have the strong relationship with Head Teachers as Rotherham did and it must not be taken for granted. Rotherham was in a unique position that those relationships existed due to the commitment and drive through the School Effectiveness Service and consultant Head Teachers who led it on behalf of the Authority
- Need to continue to work across the Council to understand the importance of those relationships particularly if going to deliver the Mission

Resolved:- That the report be noted.

### **302. CYPS SELF-ASSESSMENT**

Anne Hawke, Performance and Improvement Officer, presented the CYPS Self-Assessment Our Story 2014.

Although it was not a requirement to have a self-assessment for Ofsted, it was seen as good practice in order to demonstrate the Authority's strengths and areas for development. It had been agreed to create a series of story boards illustrating the detailed information that underpinned the document.

It detailed the journey of the child through their social care journey incorporating all the different elements that were in the Single Inspection Framework.

The key messages had been compiled into a single page document.

Whilst it was a good start, it was thought that the joint priorities of partner organisations should be added. It was acknowledged that there was much more information/evidence which would be provided to the Inspectors.

Resolved:- That the report be noted.

### **303. TRANSFORMATION CHALLENGE AWARD (MASH BID)**

Michelle Hill, Performance and Improvement Officer, present a report regarding the above bid.

In accordance with Cabinet (Minute No. 49 refers), a successful Expression of Interest had been submitted to secure £0.7M of grant funding from the Programme. Rotherham had been invited to present a final bid proposal by 1<sup>st</sup> October, 2014.

It was proposed that the bid fund the development of a Multi-Agency Safeguarding Hub (MASH) underpinned by the development of a Single view of a Child information dashboard.

The critical criteria to be met for the scheme were:-

- Savings must exceed the amount of grant/capital receipt flexibility sought
- The bid must have a positive impact on service users
- As a minimum, bids must be in partnership with at least one other partner. This could be another local authority, public authority, the voluntary and community sector or a private sector partner
- For capital flexibility only – that the value of the asset sale is genuinely additional to those disposals that would have happened anyway

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

- TRFT was still to join the Hub
- Discussions had taken place with the voluntary and community sector with regard to a presence but it had not been felt possible. However, it was now felt that this should be re-visited given the nature of the work and rebuilding confidence and trust
- Savings were prescribed in the bid conditions. It was not expected that the reduction of costs would be removed from the budget but may be savings in the way of reduction of incidences of domestic violence thereby creating savings in Police time and A&E attendances

Resolved:- That the principle of Rotherham developing and submitting a Transformation Challenge Award Bid by the 1<sup>st</sup> October, 2014, deadline be noted.

#### **304. BUDGET ANALYSIS ACROSS ALL AGENCIES**

Joanne Robertson, Finance Manager, submitted a report summarising responses to a request for information from all partners. Partners had been requested to provide details of the estimated budgets supporting the 6 priority areas within the Children and Young People's Plan for the 2014/15 financial year.

Discussion ensued on the difficulty partners had in breaking down funding and the complication of any funding being double counted. Whilst it was felt it would be useful to know what each organisation spent on activities, the work that would be needed to get any meaningful information was not felt to be a good use of resources. It may be more useful to know who was commissioning what service.

Resolved:- That the issue be discussed at the next Partnership meeting.

#### **305. ANY OTHER BUSINESS**

CSE Update

Resolved:- That Jane Parfremment, Director of Safeguarding, Children and Families, update the Partnership at the next meeting.

Terms of Reference

Resolved:- That the membership of the Group and each member's role be considered when refreshing the Terms of Reference.

**306. DATES AND TIMES OF FUTURE MEETINGS.**

Resolved:- That the next meeting of the Children, Young People and Families Partnership be held on Wednesday, 19<sup>th</sup> November, 2014, commencing at 2.00 p.m. in the Town Hall, Rotherham.

<b>Children Young People and Families Partnership – REPORT</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Children Young People and Families Partnership</b>
<b>2.</b>	<b>Date:</b>	<b>19<sup>th</sup> November 2014</b>
<b>3.</b>	<b>Title:</b>	<b>Rotherham Local Safeguarding Children Board Annual Report 2013-14</b>
<b>4.</b>	<b>Directorate:</b>	<b>Rotherham Local Safeguarding Children Board</b>

**5. Summary**

Since April 2010, Local Safeguarding Children Boards (LSCBs) have been required to publish an annual report on the effectiveness of safeguarding children in the local area. This report introduces the 2013-14 Rotherham LSCB Annual Report and offers background information to it.

**6. Recommendations**

The CYPF Partnership is requested to receive this report as an introduction to the 2013-14 Rotherham LSCB Annual Report, updating on the requirements and work of Rotherham's Local Safeguarding Children Board to safeguard children and young people in the borough.

**Proposals and Details**

The requirement for LSCBs to produce and publish an annual report on the effectiveness of safeguarding children in the local area is mandated in the Children Act 2004 (S14a) as amended by the Apprenticeships, Skills, Children and Learning Act 2009.

Under the recently revised statutory guidance, *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (HM Government March 2013), the annual report should:

1. provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period
2. be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local

police and crime commissioner and the Chair of the Health and Wellbeing Board.

3. list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

### **Key priorities for Rotherham LSCB within its Business Plan and highlighted in the 2013-14 Annual Report.**

#### **Child Sexual Exploitation**

Child Sexual Exploitation has a devastating impact on its victims. Awareness about it at a professional and a community level has increased significantly, highlighting a level of need in the borough requiring a robust commitment and response from all organisations which was, historically, not as good as it should have been.

The LSCB has provided some excellent training and awareness sessions for professionals working with families and the community. It has audited the risk assessments used on child sexual exploitation cases and identified some improvements which have been implemented. The priority for support for victims is currently being progressed with the Health and Well Being Board and commissioning groups within the borough.

#### **Child Neglect**

The neglect of a child's physical and emotional welfare has a corrosive effect on the wellbeing if not tackled at an early stage. Children suffering neglect is the biggest category of those who are suffering significant harm in the borough and require a Child Protection Plan. Neglect is a multi-faceted issue and requires effective multi-agency working.

In 2013 the LSCB undertook a review of cases where children had been seriously neglected. The review, the key findings of which were briefly outlined in last year's RLSCB annual report, highlighted the importance of identifying neglect early , utilising assessment tools designed to assist in identifying neglect and in assertive interventions with the aim of addressing the factors underpinning the neglectful parenting.

The challenge to all agencies working with children and families is to ensure the review's lessons are implemented. To this end, the RLSCB disseminated the review's key lessons through presentations at a range of high level strategic inter-agency meetings, including the Improvement Panel.

#### **Domestic Abuse**

The impact on children of living in a household with Domestic Abuse affects all aspects of their wellbeing. There is a high correlation between the children who are

subject to a Child Protection Plan and the presence of Domestic Abuse in the family. Often this is in combination with mental health and substance misuse issues.

In 2013 the Council's Improving Lives Select Commission Scrutiny Review of Domestic Abuse was completed. The focus of the review recommendations was to develop more integrated domestic abuse service provision that had clear protocols and pathways for all risk levels that were understood by every partner agency. It was also recommended that domestic abuse should be more integrated at a strategic level so that other work streams were addressing the impact it has on victims.

By responding to the review recommendations, Rotherham will be able to;

- Evidence its local compliance with the national Violence Against Women and Girls' agenda
- Evidence that the Domestic Abuse Priority Group (DAPG), on behalf of the Safer Rotherham Partnership (SRP), are proactive in reducing the risk of domestic homicide in line with emerging national best practice that is focused and coordinated
- Enable the actions of agencies to withstand scrutiny in a Serious Case Review or Domestic Homicide Review
- Respond to victims and their families effectively

As part of the service developments the local authority, police and other partners are implementing a Multi-Agency Safeguarding Hub (MASH). As part of the MASH a domestic abuse hub is being developed that will see police officers, social workers, independent domestic violence advocates and other professionals working together to provide an effective and timely response possible to domestic abuse. This will include the use of a Domestic Abuse Risk Assessment Matrix to enable professionals to identify risks, protective factors and the most effective response for individual children and their families.

In March 2013 the definition of domestic abuse was changed to include young people aged 16-18. In 2013-14 there were 13 young people aged 16-17 referred to MARAC in Rotherham. To respond to the change in definition and that this was a previously under recognised and under resourced area of need, the DfE provide funding for a Young Persons Domestic Violence Advocate (YPVA). The model for this in Rotherham is for the YPVA to have key responsibility for the high risk cases that are referred to MARAC and to provide specialist advice to professionals on cases of under 16's. In 2013-14 there 328 (of 455) case referred to MARAC which encompassed a total of 518 children.

A priority area identified for improvement within the borough is the multi-agency response for children and their parents where there is domestic abuse and the victim has no recourse to public funds. This issue has been shared and awareness raising undertaken with partner agencies through the use of case studies.

### **Early Help**

The number of children and young people in the borough who are at risk of significant harm, are taken into care or have concerns about them referred more than once is high / increasing. Providing the right help at the right time for children and their families can and does prevent problems from escalating.

In the past 12 months, the Local Authority has developed an early help dashboard to provide the LSCB members and advisors with an overview of activity in the borough. This includes caseload information relating to child/young person/family support provided by, amongst others:

- Children's Centres
- Targeted Family Support Team
- Integrated Youth Support Service
- Learning Support Service

The dashboard also includes information on Family CAF numbers, as well as drawing on regionally agreed indicators for measuring the effectiveness of early help. Rotherham is benchmarking positively in some aspects of Early Help impact measurement (specifically in relation to CIN numbers and statutory assessment volume), whilst in others there is the potential to infer we are being less successful. However, whilst we have a high rate of children on a child protection plan per 10,000 (with an out-turn figure of 70 in 2014, compared to 59.3 in 13), our rate of children per 10,000 who are subject to S.47 investigations is lower than the latest national and stat neighbour average, and whilst this is a significant increase locally on the previous year (up from 89.5 in 2013 to 110 in 2014), it is potentially a positive indicator, reflecting that more children at risk of significant harm are being identified and are receiving a statutory assessment of their wellbeing more quickly and effectively. Similarly, whilst our LAC numbers have increased in 2014 when compared to our 2013 out-turn; we are still below the latest stat neighbour average. This increase could equally evidence that our capacity to move children into care sooner is as a direct consequence of identifying the need to be cared for outside of the family sooner. The LSCB Performance Sub Group have requested more detailed information in future stimulate more in depth analysis of early help effectiveness. The Quality Assurance subgroup receives quarterly reports on the Family CAF QA activity in the borough, and the recently established LSCB multi-agency review group will also oversee the audit of early help cases in the next business year.

### **Voice of the Child**

Listening to what children and young people say is key to understanding their needs, planning to keep them safe and providing effective services.

The LSCB has listened to what children and young people say through:

- The results of the Lifestyle Survey.
- The work of the Looked After Children Council on experiences of children in the care of the local authority..
- The work of the Youth Cabinet on self harm issues.
- The advocacy support work for children on a child protection plan.

## **7. Finance**

The LSCB has its own budget financed by member agencies, the key agencies for such financing being Children's Social Care Services, Children's Health Services, and the Police. A budget statement is included in the RLSCB Annual Report.

**8. Risks and uncertainties**

The publication of the Jay report and the recent Ofsted inspection of services for children in need of help and protection, children looked after and care leavers is will require the LSCB to review its priority areas of focus, the operation of its sub groups and strengthen its relationships with other partnership boards.

**9. Policy and performance information**

The LSCB will continue to provide a rigorous evaluation and challenge to agencies and services to support families and keep children safe.

**10. Background Papers and Consultation**

The Children's Safeguarding Performance Information Framework 2012  
Apprenticeships, Skills, Children and Learning Act 2009  
Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children: HM Government 2013  
Rotherham LSCB Annual Report 2013 - 14  
Rotherham LSCB Business Plan 2014-15  
Inspection of services for children in need of help and protection, children looked after and care leavers: Ofsted 2013

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**Rotherham Local Safeguarding Children  
Board**

**Annual Report 2013-14**

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## 1. Independent Chairs Introduction

### **Introduction from the Independent Chair of Rotherham Local Safeguarding Children Board: Stephen Ashley**

Since we completed this year's annual report Professor Alexis Jay OBE has completed and published her report into child exploitation in Rotherham between 1997 and 2013. There is no one who will not be touched by the tragic story of the victims who have been subject to horrific sexual exploitation over that period. There will be no one who isn't angry that this was allowed to happen in Rotherham, despite the warnings that should have been evident to officials and professionals working here. It is shameful that we have let these children down so badly.



Whilst we know we have made progress in Rotherham there is more work to be done. The first and biggest concern is for the victims. It is essential that, where we have not already done so, we identify victims and provide them with the help and support they will need for many years to come. The second priority is to investigate and prosecute those offenders who perpetrate this horrific abuse. We must also reach out to our young people and provide the facilities to educate and protect them from sexual exploitation. We must develop links across all of our communities, so that young people know where to turn when they need help. By our actions we must show that our communities can once again have confidence and trust in our public services. We must, as a Board, take a close look at the report and ensure that the recommendations are taken forward; swiftly and in their entirety.

This report highlights the work that has been carried out this year by the agencies that form the Rotherham LSCB. There is a lot of good work and some areas where we still need to see improvement. The fact is that Professor Jay's report overshadows that work.

Neglect of our children and the effects that domestic abuse, substance misuse and mental health problems have on them also remains a huge concern. Whilst we must concentrate efforts on the issues in Professor Jay's report, we must also ensure that we have resources in place to deal with these issues of neglect that can destroy the lives and futures of children and young people.

Members of the Board have agreed that we will continue to focus on four key areas; child sexual exploitation, domestic abuse, child neglect and early help. We believe that concentrating our efforts in these areas will provide the most positive outcomes for the children of Rotherham.

I hope you find the report informative and welcome any comments you may have. These can be made to Steve Ashley at:

[CYPSSafeguardingBoard@rotherham.gcsx.gov.uk](mailto:CYPSSafeguardingBoard@rotherham.gcsx.gov.uk) or

Rotherham LSCB, Wing C Floor 1, Riverside House, Main Street, Rotherham S60 1AE

## 2. Rotherham LSCB

### 2.1 Governance and Partnerships

Working Together (2013) sets out that the LSCB should work with the Local Family Justice Board (in relation to children in care proceedings) and the local Health and Well-Being Board, the latter established in Rotherham in September 2011. The Health and Well-Being Board develops the Joint Strategic Needs Assessment, from which key commissioning activity should be derived, and the LSCB within its remit should both inform and draw from this in relation to vulnerable children. In order to provide some clarity in terms of these relationships, a protocol has been developed between the Health and Well-Being Board, the Children, Young People and Families Strategic Partnership and the LSCB. Similarly, in terms of some of the other joint priority areas, protocols have been developed between the Safer Rotherham Partnership (Community Safety Partnership) and the Corporate Parenting Panel (for Looked After Children)

### 2.2 Key Roles within Rotherham Local Safeguarding Children Board

There are some key roles within the RLSCB, some of which are set out and described in the *Working Together (2013)* guidance. These are:

#### 2.2.1 Independent Chair

It is expected that all LSCBs appoint an Independent Chair who can bring expertise and focus to ensure that the LSCB fulfils its roles effectively. Crucially, the Independent Chair provides the separation and independence required from all the agencies which provides a balance in influence and decision making. The Chair is subject to an annual appraisal, to ensure the role is undertaken competently and that the post holder retains the confidence of the RLSCB members. The Independent Chair should work closely with all LSCB partners and particularly the Director of Children's Services.

#### 2.2.2 Director of Children's Services

The Director of Children's Services (known in Rotherham as the Strategic Director of Children and Young People's Services) has the responsibility within the local authority, under section 18 of the Children Act 2004, for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services.

#### 2.2.3 Local Authority Chief Executive Officer

Though not a member of the Board, ultimate responsibility for the effectiveness of the RLSCB rests with the Chief Executive of Rotherham Metropolitan Borough Council who also has the responsibility to appoint or remove the LSCB Chair with the

agreement of a panel including LSCB partners and Lay Members. The Director of Children's Services reports to the Chief Executive of the Council.

#### **2.2.4 Lead Member**

The elected councillor who has lead responsibility for safeguarding children and young people in the borough (known as the Lead Safeguarding Children Member) sits on RLSCB as a 'participating observer'. This means that the Lead Member is able to observe all that happens and can contribute to discussion, but cannot participate in any voting. This allows the Lead Member to scrutinise RLSCB and challenge it where necessary from a political perspective, as a representative of elected members and Rotherham citizens.

#### **2.2.5 Lay Members**

Lay members are full members of the Board, participating on the Board itself and relevant Sub Groups. Lay Members should help to make links between the LSCB and community groups, support stronger public engagement in local child safety issues and facilitate an improved public understanding of the LSCB's child protection work through minuted questioning and challenge of officers. Lay members are not elected officials, and therefore are accountable to the public for their contribution to the LSCB. They do, however, provide a lay perspective and transparency for the work of the Board, in the addition to the involvement of elected members.

#### **2.2.6 All Board Members**

Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children in their organisation and should be able to speak for their organisation with authority; commit their organisation on policy and practice matters; and hold their own organisation to account and hold others to account.

### **2.3 Financial Statement**

#### **Budget - 2013/14 Outturn**

Income:	£217,755
Expenditure:	£217,755

Overall expenditure for the year 2013/14 achieved a balanced budget.

There was no surplus or deficit to carry forward to the 2014/15 budget.

Invoices were raised for all agency contributions for 2013/14. The contributions were set in accordance with the RLSCB funding formula and the national arrangements for CAF/CASS.

The accounts reflect full income recovery for all contributions. For further detail, see Appendix 7.2.

Child Death Review administration costs of £15,084 are included in these accounts. The Board has an agreement in place for two thirds of the cost of any Serious Case Review Overview Report to be funded by RMBC and one third to be funded by Rotherham CCG. In 2013/14 no such expenditure was incurred.

### 3. Rotherham Children and Young People in Context

#### 3.1 Population

The most recent population estimate (2013) shows that there are approximately 62,100 children and young people, aged 0-19, living in Rotherham, representing 24% of the borough's total population. The gender split for children and young people in Rotherham has remained constant at 51% male, and 49% female (2013).

Live births in Rotherham increased from 2,527 in 2000/01 to 3,381 in 2006/07 before reducing and levelling off at around 3,100 in 2009, the most recent figure being 3,144 in 2012/13.

#### 3.2 Ethnicity

In the 2011 Census, 12.4% of children and young people aged 0-19 in Rotherham were from Black and Minority Ethnic (BME) groups. 64% of Rotherham's BME population was concentrated in four central wards: Boston Castle, Rotherham East, Rotherham West and Sitwell – a pattern which has changed little since 2001. In Rotherham South Area Assembly (Boston Castle, Rotherham East and Sitwell), there is a large and growing BME population which more than doubled between 2001 and 2011. The link between larger family size and BME communities is also shown in 2011 Census data, where Rotherham East and Boston Castle wards have the highest percentages of both families with three or more children and BME children.

#### 3.3 Areas of Deprivation

Deprivation in Rotherham has been increasing according to the Indices of Deprivation 2010 produced by *Communities for Local Government*. Rotherham was ranked as the 68th (out of 354) most deprived district in England in the 2007 Index of Multiple Deprivation (IMD) but in the 2010 IMD, Rotherham was ranked 48th (out of 326) most deprived. Rotherham remains amongst the 20% most deprived districts in England. 21% of Rotherham children aged 0-15 live in areas which are within the 10% most deprived in England, and 43% of Rotherham children who live in low income households live in the 10% most deprived neighbourhoods nationally (based on the *Income Deprivation Affecting Children Index (IDACI) 2010*). One in five Rotherham neighbourhoods have more than a third of children living in poverty (2011).

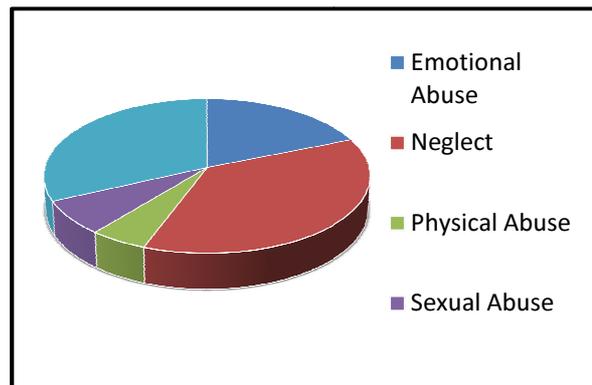
The most deprived areas in Rotherham are located in the central part of the borough with some pockets in outlying areas. The most deprived wards are Rotherham East, Valley, Rotherham West, Maltby and Boston Castle.

### 3.4 Children on a Child Protection Plan

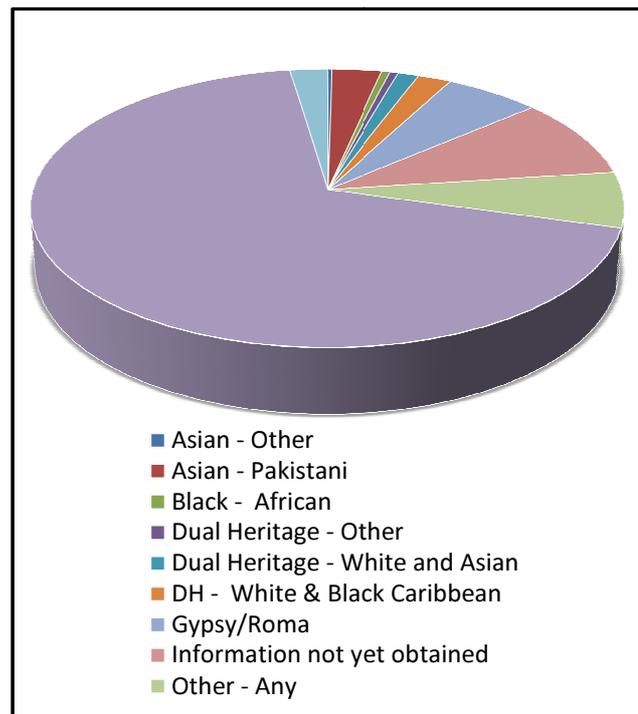
#### Number of Children on a Child Protection Plan - 388 as at 31<sup>st</sup> March 2014

(A Child Protection Plan is a multi-agency plan to protect children from suffering significant harm)

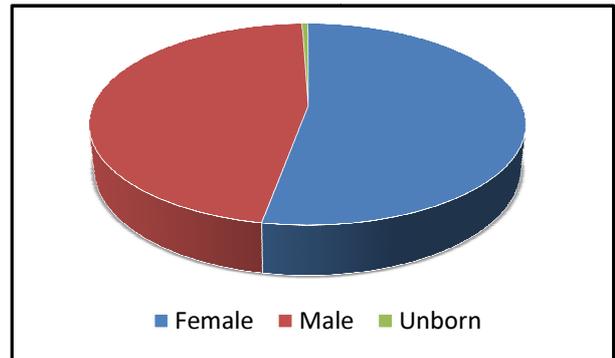
Child Protection Category	Number	Percentage
Emotional Abuse	73	19%
Neglect	143	37%
Physical Abuse	20	5%
Sexual Abuse	28	7%
Multiple Categories	124	32%



Ethnicity	Number	Percentage
Asian - Other	1	0%
Asian - Pakistani	12	3%
Black - African	2	1%
Dual Heritage - Other	2	1%
Dual Heritage - White and Asian	5	1%
DH - White & Black Caribbean	8	2%
Gypsy/Roma	23	6%
Information not yet obtained	36	9%
Other - Any	25	6%
White - British	265	68%
White - Other	9	2%



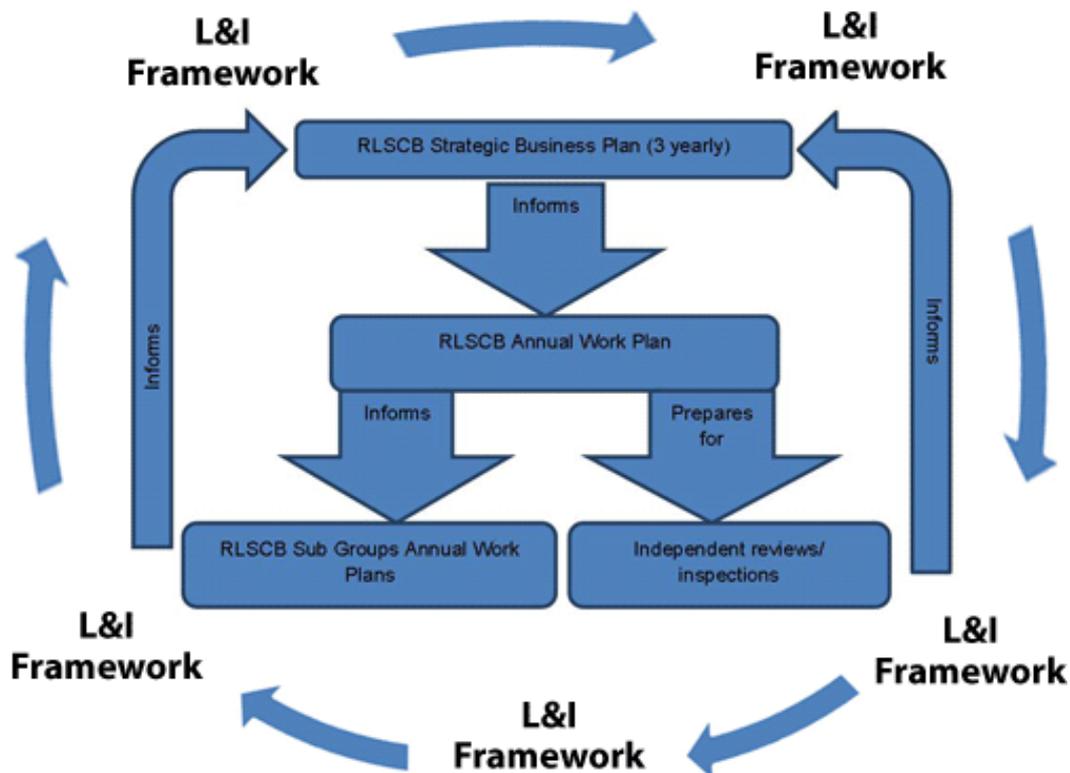
Gender	Number	Percentage
Female	205	53%
Male	181	47%
Unborn	2	1%



#### 4. Learning and Improvement

Rotherham LSCB, as an enabling partnership, ensures that there is a culture of continuous improvement and that every opportunity for learning is translated into better outcomes for children and young people. The Board's Learning and Improvement Framework and its Business Plan provide the framework for the Sub Groups to identify and disseminate learning; and to test out what difference is being made.

##### Strategic approach to Learning and Improvement



#### 4.1 Child Death Overview Panel

The role of Rotherham's Child Death Overview Panel (CDOP) is to review the deaths of any Rotherham child in order to establish any patterns, identify modifiable factors, and promote messages to prevent future death. The panel has a multi-agency membership, including Public Health, Children's Social care Services, South Yorkshire Police, NHS and a Lay Member.

#### Child Death Information from April 2013 - March 2014

Category of Death	Number of deaths
Deliberately inflicted injury, abuse or neglect (category 1)	
Suicide or deliberate self-inflicted harm (category 2)	1
Trauma and other external factors (category 3)	0
Malignancy (category 4)	1
Acute medical or surgical condition (category 5)	0
Chronic medical condition (category 6)	1
Chromosomal, genetic and congenital anomalies (category 7)	8
Perinatal/neonatal event (category 8)	6
Infection (category 9)	1
Sudden unexpected, unexplained death (category 10)	1
<b>TOTAL</b>	<b>19</b>

Gender	Number of Deaths
Male	11
Female	8
<b>TOTAL</b>	<b>19</b>

Ethnicity	Number of Deaths
White: English/Welsh/Scottish/Northern Irish/British	13
Asian or Asian British: Pakistani	5
Unknown/not stated	1
<b>TOTAL</b>	<b>19</b>

In 2013-14 the introduction of neonatal child death overview panel meetings with specialist input from both the Clinical Director of Obstetrics at Rotherham Hospital

and the Chief Midwife enables direct engagement by the panel with those overseeing the care of pregnant women and new born infants in hospital.

## **4.1.1 Sudden Infant death**

During 2013-14 there was only one review of a sudden unexpected infant death. This child exhibited multiple risk factors including maternal and paternal smoking, poverty, drug use, poor sleeping position and previous domestic violence. There was clear evidence that the safe sleeping message had been given by professionals involved.

### **Update at time of report production**

In the second quarter of 2014 however, preliminary information indicates 3 further sudden infant deaths where co-sleeping may have been a possible risk factor. This continues to support the urgent need for all professionals involved in babies under the age of one to ensure they have a safe sleeping environment and that the parents are supported in accessing stop smoking or substance misuse support services. In addition, the safe sleeping documentation has been refreshed and renewed.

## **4.1.2 Congenital abnormality**

8 of the 19 deaths reviewed were from congenital abnormalities. Three of the 8 were from the South Asian community of which 2 of the children who died were born to parents in consanguineous first cousin marriages. Consanguinity and the consequent increased risk of congenital abnormality are of continuing concern.

## **4.1.3 Suicide deaths**

Following the notification of 2 suicides deaths in 2013-14, significant work has been undertaken by Children and Young People's Services, Rotherham Schools, Public Health and the Child Death Overview Panel along with the Suicide Prevention Group to develop a community plan to reduce the impact of further suicide deaths and enhance the response to suicide, violent deaths and self-harm in local communities. There is significant evidence that such events as suicide or violent deaths have a negative impact on children and young people who may witness these or be affected by them and this increases their risk of self-harm or further risk taking behaviour.

## **4.1.4 Child Death Overview Panel - review of function**

Archives of Disease in Childhood (part of the BMJ family of medical journals) published a review article in 2014 setting out key actions to make CDOP Panels more effective. Using the article as an assessment tool, Rotherham CDOP was able to establish, that it already has in place a number of actions to make the panel more effective, including:

- Effective links with the coroner, achieved through regular meetings with the coroner to discuss the operation of CDOP.
- Use of morbidity and mortality information
- Perinatal Reviews – Rotherham CDOP has a dedicated review process that feeds into the Rotherham panel.
- Establish a mortality review committee. Rotherham Foundation Trust has a mortality review committee.
- Electronic sharing of data with non CDOP agencies. Achieved through the introduction of the North Trent Neonatal Network across South Yorkshire and Bassetlaw, where there is an electronic exchange of data.

### 4.1.5 Future Considerations

- Extending the scope of CDOP to include 'near misses'. The Archives of Disease in Childhood article recommends CDOP's review 'near misses'. This would significantly extend the scope and work of the panel.
- Refresh and update safe-sleeping advice, and ensuring the issue remains a priority for both the LSCB and Children, Young People and Families Partnership Boards.
- Re-establish regular regional CDOP meetings to network, pool data and share learning.

### 4.2 Serious Case Reviews

The purpose of undertaking a Serious Case Review is to learn lessons and improve services for children and young people. The LSCB has a responsibility to undertake a Serious Case Review if a child has died or been seriously harmed, as a result of abuse and/or neglect, and if there are concerns about the way agencies have worked together to safeguard the child. The Serious Case Review (SCR) Sub Group meets to consider any cases that have been referred to it against the criteria for a Serious Case Review (Working Together 2013), to make recommendations on any other appropriate Lessons Learned Reviews and to monitor action plans arising from case reviews.

In 2014 a Serious Case Review was initiated but this has not yet concluded and will be published in full in due course once any criminal proceedings have concluded. The LSCB is using a new methodology which involves the professionals involved with the family being part of the learning process. The family have also been able to participate in the process and were keen to have their voices heard about the services they received.

### 4.3 Quality Assurance

The importance of regular auditing of practice, on a single and multi-agency basis, as a measure of the effectiveness of services and outcomes for children cannot be overstated. A priority for RLSCB is to use regular auditing of practice as a way of

ensuring the effectiveness of that practice, measuring outcomes for children and learning what works well in addition to what needs to be improved. The RLSCB audit activity is driven by the key priority areas contained within its business plan but also responds to areas of practice or themes that can arise from incidents or reviews, whether Serious Case Reviews, other Lessons Learned Reviews or Inspections.

Over the year action has been taken to evaluate the effectiveness of local arrangements in terms of adherence to procedures and practice standards and to check out if lessons are being learned from case reviews and audit. Evidence has been gathered from a number of performance monitoring activity and thematic audits including from partners of the RLSCB.

- The quality of referrals and decision making.

An audit of cases deemed to need 'No Further Action' following referral to the Contact and Referral Team (CART). Evidence from this audit led to more robust recording of decision making within CART, completing more thorough screening assessments as well as revision of the outcome letters that are sent to the referring agency/person where appropriate.

- Agency reports provided to Rotherham Safeguarding Children Unit for Child Protection Conferences in March, April and May 2013

Family contribution at child protection conference is crucial to successful care planning. However, it is also known that parents and children often feel overwhelmed; therefore it is important that they are properly prepared, engaged and supported in the process. Amongst other things, this means providing them a copy of the report, in a form they can understand, in good time for them to consider it. Evidence from this audit resulted in the conference minute template to be amended to reflect the submission and sharing of written reports for Child Protection Conferences with families and clarified that the independent conference chair should establish within conference when reports have been shared with the child and family.

The multi-agency training regarding professional responsibilities and attendance at Child Protection conferences was updated and incorporated the findings from this audit and clarified best practice.

- Care Planning (Child Protection and Looked After Children).

Audit work had identified that the previous care planning template was not as effective as was needed in developing working care plans that addressed risk or identified future planned outcomes. As a result, a new multi-agency care plan template has been developed, trialled and rolled out across agencies that has addressed these issues and has resulted in care plans that are clearer about the risks, more specific about what changes need to happen, are set within realistic timescales and identify who is responsible.

- A Customer Insight audit has been completed across all CYPs services.

This established that all services have, at various levels, some 'voice of the child' and customer feedback activity in place however there is an on-going need to improve how evidence from these are utilised to improve services and outcomes for children and families.

As a result of this audit a system is now embedded with Child Protection Conference Chairs recording the child's and/or parents views gained during their 1:1 meeting prior to attending the conference. A monthly report is now being sent to the Operational Safeguarding Manager with any emerging themes reported into the LSCB Quality Assurance Subgroup

Within Fostering and Adoption Services a panel information sheet has been developed that provides customer feedback directly to panel members. As a result recent surveys have highlighted that there has been a positive change in customers experience at the Panel.

Feedback has also facilitated changes to the information included within the fostering and adoption training and it now places greater emphasis about the type of life changing decisions prospective foster carers and adoptive parents may need to make during the assessment journey

- Re-audit of Rotherham GP attendance and contribution to Initial Child Protection Conferences

Overall this report provided clear evidence that there have been improvements in GP contribution / participation to this aspect of multi-agency child protection process. A positive outcome that directly impacts up on the children and families is that we have seen an increase in the submission of reports from GP's raise from 30.8% to 64.4%, though there is still room for improvement.

- Re-audit CART "No Further Action decision" July 2013

This audit identified that there had been an improvement in the quality of contacts from agencies to CART; however, it also highlighted the need for a continued consideration being given to how CART responds when the quality of the contact/referral information is poor or lacking in detail. The audit recommended that a formal process be developed so that any shortcomings in the quality of referral will be picked up and then reported back to the referring practitioner / agencies.

- Multi-agency Review of Serious Child Neglect Cases. This was a review of 59 cases of serious neglect where children's social care services have been involved for a significant period of time. The question that was posed was fundamentally asking for assurance that there were no cases where there was evidence of children being maintained in an environment that was causing or placing them at risk of significant harm. In simple terms "*Do we know when enough is enough?*"

As a result of this review a new model of risk assessment has been developed including the roll out of a specific neglect assessment tool – Graded Care Profile - which is now used for all cases where neglect is a significant issue.

The multi-agency training relating to professional responsibilities, attendance at Child Protection Conferences and core groups has also been updated and incorporates the findings from this review.

The CYPS Safeguarding Unit responded to the review and as a result Independent Child Protection Conference Chairs are now allocated to specific children and families for the duration of their period of planning.

- Development of Multi-Agency Audit Review Group. During the year the existing LSCB Quality Assurance Framework was reviewed and updated to incorporate a multi-agency audit protocol. The importance that the RLSCB had a formalised mechanism that ensures all work relating to safeguarding children in a multi-agency context is both robust and effective was recognised. The framework is comprehensive and involves the undertaking of a rolling programme of multi-agency audits that provide an opportunity to evaluate the involvement of different agencies, the services they have delivered, and identify the quality of practice and outcomes for children.

A stronger emphasis was placed on case audits with a number of themed audits undertaken as described above. A number of other audits are planned to include receiving evidence from the experience of parents, carers and practitioners to seek their views as to how well arrangements are working to safeguard children in Rotherham.

There is strong evidence to show that the actions of the LSCB have had an impact on safeguarding children in Rotherham. Examples of this include the much improved engagement of GPs in child protection conferences and the involvement of young people in their Child Protection Conferences. Significant work has also been completed to update and expand information for young people and their families who become subject to child protection processes.

#### 4.4 Learning & Development

Rotherham LSCB recognises that the skills and knowledge of the workforce delivering support to children and their families is key to good quality services and outcomes for children. To promote and enable this, the LSCB provides a wide range of learning opportunities for professionals, volunteers and carers. Some of the learning opportunities within the Safeguarding Children and Early Help Learning Prospectuses include:

- Child Sexual Exploitation
- Safe Sleeping for infants
- Domestic Abuse – Risk Identification Matrix
- Conference on best practice supporting the local Roma community
- Learning from Serious Case Reviews

- Private Fostering
- Self-Harm and Suicide
- Financial inclusion and welfare Reform
- Family CAF
- Attachment

Between April (2013) and January (2014) 1,612 delegates from a wide range of organisations attended one of 77 safeguarding children workshops and 655 delegates attended one of 53 workshops available via the Early Help Prospectus, which included 208 undertaking Family CAF training.

In terms of impact on learning and development, each participant completes a post workshop feedback questionnaire and 10% receive a 3 month follow-up evaluation of the impact of the learning on their work with children and families. 100% of attendees polled in the 3 month follow-up evaluation either strongly agreed or agreed with the statement that their practice had improved by attending the learning event. Additionally, 100% of the attendees polled confirmed they had shared their learning experience with colleagues in their agency.

Feedback from participants:

*"The training has given me a great deal of opportunity to widen my knowledge and help me progress on to become an advocate"*

**Attachment Training – Feb 2014**

*"The course fitted my experience as a child-minder very well"*

*"This workshop will make me much more aware of the risk factors of patients I see"*

**(Safeguarding Young People at Risk of Sexual Exploitation – October 2013)**

*"Has made me more confident in speaking about any concerns I might have and where to go to do so"*

**Group 3 Safeguarding Core Workshop – Feb 2014**

*"Really, really good training, kept me engaged and I feel I have taken a lot away from it"*

**Working with Resistant Families – Nov 2014**

*"Excellent session – logical and easy to follow format in terms of understanding Sexual Exploitation and how it is managed."*

*"This is one of the most informative and thought provoking I have been on. Undoubtedly, this will help with my professional assessments of children.*

**Hidden Harm – 2014**

#### **4.5 Safeguarding Arrangements of Organisations – Section 11 Children Act 2004**

Under Section 11 of the Children Act 2004 and Working Together 2013, organisations have a responsibility to make arrangements to ensure their functions are carried out with regard to safeguarding and promoting the welfare of children. Rotherham LSCB audits the self-assessment of organisations against these safeguarding standards on a biennial basis. In 2013 the statutory organisations had their S11 Assessments audited and in 2014 the Voluntary and Community Sector (consortium) comprising approximately 30 organisations utilised the section 11 Audit Tool with support from the LSCB. The results identified some good practice in relation to supporting and safeguarding children and young people and also areas for further development.

Examples of feedback from some of the Voluntary Organisations:

"We have developed a robust safeguarding action plan to respond to the actions we identified within, through the audit. Safeguarding is now highlighted as an agenda item across the whole organisation and raising its profile has delivered real outcomes and increased the number of welfare concerns reported about children whom we work with."

"There is more integration of safeguarding into the business planning, and improvements to reviewing and auditing process."

"We have quarterly safeguarding meetings and we review any actions, which are fed through to the Board of Trustees."

#### 4.6 Performance Framework

The use of performance information is one of the ways that the LSCB can understand how services are performing in key areas of safeguarding children. This performance report relates to performance data as at the end of the 2013/14 reporting year. It includes performance against National Indicators, now no longer in use, and a selection of key local indicators aligned to the LSCB priorities of Child Sexual Exploitation, Domestic Abuse and Neglect.

**Safeguarding Children Performance Indicator (Outturn) 2013-14 – Figure 1.**

Ref	Definition	Good is	LATEST BENCHMARKING DATA (2012/13)		LOCAL TARGET	2012/13 Performance	2013/14 Performance (unvalidated)	Direction of Travel	RAG STATUS	
			Stat Neighbours	National Average					AGAINST TARGET	AGAINST NATIONAL
NI 59	Percentage of initial assessments for children's social care carried out within 10 working days of referral	HIGH	71.2%	75.5%	86.0%	77.2%	<b>56.1%</b> (875/1560)	↓	Red	Red
NI 60	Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement	HIGH	76.8%	76.7%	75.1%	71.1%	<b>61.0%</b> (1468/2405)	↓	Red	Red
NI 61	Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption	HIGH	75.13% (2011)	73.95% (2011)	74.0%	67.6%	<b>67.6%</b> (20/34)	→	Red	Red
NI 62	Stability of placements of looked after children: number of placements (3 or more)	LOW	8.49% (2012)	11% (2012)	9.5%	11%	<b>11.1%</b> (44/397)	→	Amber	Amber
NI 63	Stability of placements of looked after children: Length of placement	HIGH	68% (2012)	68% (2012)	68.6%	64%	<b>67.9%</b> (108/159)	↑	Green	Green
NI 64	% of Child protection plans, at the time of ceasing, which lasted 2	LOW	3.3%	3.2%	4.0%	3.8%	<b>6.8%</b> (24/351)	↓	Red	Red

	years or more									
NI 65	Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time	LOW	16.2%	14.9%	13.3%	16.1%	<b>11%</b> (46/406)	↑	Green	Green
NI 66	Looked After Children cases which were reviewed within required timescales	HIGH	91.98% (2010)	90.45% (2010)	97.5%	97.6%	<b>98.6%</b> (728/738)	↓	Green	Green
NI 67	Percentage of child protection cases which were reviewed within required timescales	HIGH	95.1%	96.2%	90.5%	88.7% new definition	<b>99.6%</b> (276/277)	↑	Green	Green

The table provides the end of year (2013-14) performance data against the national safeguarding children indicators and, where available, the latest benchmarking data. This is the last year that these national indicators are being used and each area will be able to develop local indicators to measure key performance.

Each indicator has had a Red/Amber/Green (RAG) status has been applied as follows;

- Green** - on/above local target and on/above national average
- Amber** - below local target but on/above national average
- Red** - below local target and below national average

The commentary below provides an update on those indicators that are rated as red (underperforming or below target) and includes a summary of improvements actions taken. As this is an exception based report, below are the details of the indicators with a RAG status classified as 'Red' with a summary of improvement actions taken.

**Measure (No.28 / NI 59):** Percentage of initial assessments for children's social care carried out within 10 working days of referral

There were 1560 initial assessments completed in 2013/14, 56.1% (845) of these were completed within the 10 day timescale. It is worth noting that although this year end position is still significantly below target, it is an improvement on the year end performance projected at 3<sup>rd</sup> quarter which was 53%

As previously reported this indicator has been performing poorly for a number of months and a number of actions, system reviews and service developments have been undertaken to improve timeliness. This includes the recruitment of permanent staff within the Contact and Referral Team (CART). These staff will screen new contacts into the service and will now not also be responsible for holding a caseload.

In addition Duty Social Workers now have scheduled protected time to complete assessment write-ups and daily allocation meetings between team managers and social workers ensure that current caseload is fully considered before allocation of new work.

This measure will not be in place for 2014/15 as the service introduces a new local assessment framework. This will result in a single type of child's multi-agency assessment and will increase the flexibility in completion timescales, according to the needs of individual children.

**Measure (No.29 / NI 60):** Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement

There were 2405 Core Assessments completed in 2013/14, 61% (1468) of these were completed within the 35 day timescale. This measure is linked to the above measure on Initial Assessments and the same improvement work. Core Assessments are also being replaced in 2014/15 with the new single multi-agency assessment.

**Measure (No.30 / NI 61):** Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption

This year 34 children were adopted, 23 of these were within timescales resulting in performance of 67.6% which is below benchmarking data but is in line with the previous year. Other performance statistics, introduced recently nationally, show that performance in adoptions overall is improving. The average time between a child entering care and moving in with its adoptive family, has reduced from 659 days (2010-2013 3 year average) to 492 days (in the last six months of 2013/14). The average time between a Placement Order being granted and the decision for a match for a child reduced by 25 days from 309 days in 2012/13 to 284 days in 2013/14.

While past performance has been lower than national benchmark this measure has significantly improved in 2013-14 and in a recent meeting with the DFE they made it clear that they were satisfied with Rotherham's progress.

**Measure (No.33 / NI 64):** Child protection plans lasting 2 years or more

Of the 351 child protection plans which ended in 2013/14, 24 (6.8%) had lasted 2 years or more. There are a further 19 children currently on plans over 2 years. It is worth noting that any decisions regarding the continuation of a child protection plan will be in the best interests of the child regardless of performance targets. A study based on audit findings demonstrates that purposeful effective plans are in place for these children.

### 4.7 The Voice of Children & Young People

Children, young people and their parents tell us that trust can only be established when services communicate well, truly listen to their views and enable them to participate in decisions and activities as equal partners. Promoting their voice helps parents and children feel more confident and empowered, and evidence tells us that this promotes wellbeing and better outcomes. As one of its priorities Rotherham LSCB is committed to ensuring that services actively listen to children and young people about their circumstances and use this to shape their service provision.

#### 4.7.1 Rotherham Lifestyle Survey

The Lifestyle Survey is an annual survey carried out with pupils in Year 7 and Year 10 at all secondary schools in Rotherham.

Questions in the survey capture young people's views in relation to:

- Food and drink
- Health, activities and fitness
- Being in school
- Out of school
- Young carers
- Bullying and safety
- Smoking, drinking and alcohol
- Sexual health and their local neighbourhood.

The Lifestyle survey captures the views and perceptions from young people covering the priorities identified at the Health & Well Being Board prioritised - Starting Well, Developing Well and Living and Working Well.

In 2013 all 16 secondary schools participated in the survey and a 55% participation rate was achieved with 3,474 pupils completing the survey.

The positive results in the survey in particular in relation to healthy lifestyle;

- Fruit is the most popular break time snack
- An increase in % of pupils feeling they are a healthy weight
- More pupils are taking part in regular exercise

Contributing to these results has been the work carried out by the Obesity Strategy Group. In the past 4 years 1,721 children have accessed tiered weight management services provided by MoreLife Clubs (DC Leisure), RIO (Rotherham

Institute for Obesity and Residential Camps which on average have had an 87% success rate.

- More pupils responded that they are from a smoke free home
- More pupils responded that they had never tried smoking

Contributing to these results has been the work carried out by the Healthy Schools Team, promoting the benefits of non-smoking and confidence building with young people in schools to help them not to resist peer pressure.

Areas that were not so positive and require partnership considerations were:

- Rotherham Town Centre and public transport were where pupils said they felt least safe
- More young people identified themselves as young carers
- Bullying rates remained same as in 2012, however the number of pupils reporting bullying has reduced
- Local shops were identified as the places where pupils purchase their cigarettes and alcohol
- Parents supplying their children with cigarettes and alcohol
- The numbers of pupils feeling good about themselves has reduced

Changes and improvements that have been made during the past 12 months to support these areas have included:

- Young people are now attending a Rotherham Transport user group and putting forward their ideas to make safety improvements. Planned for 27<sup>th</sup> February 2014 Youth Cabinet will be holding their Children's Commissioner Day and will review South Yorkshire Passenger Transport Executive.
- Rotherham Town Centre Voice and Influence Group has been established and their first meeting was held January 2014.
- There has been a Young Carers card developed, which will allow a register of young carers to be developed, which will allow schools to identify which young carers need support; this has been developed with support from commissioning, youth cabinet and health.
- Schools are appointing anti-bullying ambassadors. All schools have signed up to implement a national anti-bullying charter.
- Trading standards are working locally to strengthen the policy around under age purchasing of cigarettes and alcohol.
- Smoke-free policy has been implemented at all schools and support is offered from members of tobacco control and strategy group to establish the policy and ensure that staff, pupils, parents and carers are aware of the policy.
- E-learning package around the issues of alcohol and in particular under-age drinking has been developed and is being promoted by Health and Well-Being Board.

## 4.7.2 Rotherham Youth Cabinet

The charity YoungMinds report that an estimated one in twelve young people may self-harm at some point in their lives (YoungMinds, 2014). The incidence of self-harm has continued to rise in the UK over the past 20 years and, for young people, is said to be among the highest in Europe (Royal College of Physicians, 2010). ChildLine has seen a 167% increase in counselling sessions about self-harm in the last two years alone (NSPCC, 2014).

Aware that this is a problem facing young people in Rotherham, the Youth Cabinet agreed as part of its Youth Cabinet Manifesto (2013-14):

“to help develop information for young people around self-harm and (contribute to) a strategy to disseminate this. Also to work with services to improve access for young people seeking help and support around self-harm.”

**Rotherham Youth Cabinet, 2013**

This piece of work was undertaken as part of the Children's Commissioner's Day. The idea behind the day was to give:

“... children and young people the chance to be involved in decision making. Children and young people benefit from the opportunity to.. make their voices heard, while adults and organisations gain fresh perspective on what they do.”

**Children's Commissioner for England, 2013**

It was important for the Youth Cabinet to reflect the views of Rotherham young people who had self-harmed and their uncertainties, fears and experiences about services. They talked to over twelve young people who had self-harmed and their comments are summarised below:

- Many said that they were unsure of where to get help and support around self-harm and or the available services. Whilst there are posters in schools and Youth Centres around drugs, alcohol, sexual health etc. there is little about self-harm.
- One girl said that she should be able to contact her doctor directly for an appointment rather than going through her parents. She felt that this had prevented her seeking help.
- Most of the case studies didn't know who their school nurse was or where and when they can be contacted. There was a view that the school nurse only comes in to see certain students and isn't accessible for everyone.

- School stress is a big factor with some young people who self-harm. A young person said that in one school assembly before Christmas, they were told not to worry about school, exams etc. over Christmas and to have a relaxing time. They felt they had been given 'permission' to de-stress over Christmas.
- A young person said that a teacher was told about her self-harming and they told her parents, which made the situation worse. This would stop some young people approaching schools for support
- Some young people said that they got in a very bad way before they get any help or support. Some said they want help earlier to stop them feeling like they do which leads to them self-harming.
- One young person said that adults are the problem as they 'freak out' when the issue is raised – this makes the problem worse.
- Young people suggested having young people/young adults as peer support is helpful as they may be more approachable and fully understand. Young people have said that peer support groups (i.e. Safe Havens) work well for anti-bullying, drug and alcohol support etc.
- Several young people highlighted inconsistent responses from their GPs. A young person went to the doctor's when she was self-harming. She has said that they were not helpful as their reaction made self-harming seem 'normal' rather than a significant issue.
- One young person said that she had tried to get support from different services but nothing helped. Then she emailed the Samaritans and that was helpful. Sometimes young people don't want to talk face to face with people as their preferred method of communication is texting and social networking.
- Some young people say that services available are too clinical which make it hard to approach them for help.
- Young people have said that they don't know what to do when they notice a friend is self-harming or a friend confides in them about self-harming. They don't know what to do with the information.
- Parents/Carers need advice and support around how to react and how to support young people who self-harm.
- Young people have said that lack of self-esteem and feeling worthless led them to self-harming

## 4.7.3 Discussions with Service Providers and Other Support Services

On the basis of the case studies, the Youth Cabinet identified some core lines of enquiry. They invited representatives of provider agencies, schools/colleges and council services to a 'round table discussion' to discuss current provision and identify ways in which services to young people can be improved.

Through this piece of work, the Youth Cabinet were able to challenge local authorities and public service providers.

In a further demonstration of their commitment, Youth Cabinet members are presented their case studies and findings to a borough-wide conference on Suicide Prevention on April 3, 2014. The conference involved key stakeholders including secondary head teachers, health and social care professionals and commissioners of services.

The Youth Cabinet made 10 recommendations, all of which were accepted, and included the commissioning, provision and access to services. These were presented to the Council's Overview and Scrutiny Management Board who endorsed them at its Children's Commissioner's Day meeting of February 27, 2014 and also to the LSCB.

A delivery plan has now been developed in response to the recommendations.

## 4.7.4 Children within the Child Protection system

The child protection system and processes are complex and are intended to safeguard children from harm and promote their welfare. However, it is also known that parents and children often feel overwhelmed by the process and therefore it is important that they are properly prepared, engaged and supported, and able to have their views heard and taken into account.

In September 2013 an advocacy project was established as a pilot programme, developed and managed by the local authority's Rights2Rights service, to provide children and young people with a voice in the child protection process and specifically at their multi-agency Child Protection Conference.

The key objectives were to:

- Ensure that children had the opportunity for an advocate to improve their outcomes by meaningful engagement and participation which is focused on the individual child or young person and which significantly involves them in the important decision making processes.
- To raise awareness of the service amongst children, young people, parents and professionals.
- To establish and maintain a child centred, independent perspective and remain focused on issues from the child or young person's viewpoint.

- To support the involvement of children and young people in Child Protection Conferences and meetings by accompanying them or representing their views, wishes and feelings about issues which matter to them.

Over the period of the pilot project 106 children, aged between 0yrs and 16yrs, received an advocacy service in 50% of all Child Protection Conferences held. One of the key challenges was gaining consent from parents for their children to be provided with the advocate service and some parents did decline consent and this was respected.. However, the direct but sensitive approach of the advocate workers did result in a significant number of children of all ages receiving the service, even where there was some reluctance initially from parents.

A wide range of creative methods were used to engage with the children and young people and the advocacy workers felt that it was helpful to them by not having specific information about what the safeguarding concerns were. It was noted that once their trust had been gained how quickly they began to believe that what they had to say was important and that they wanted this to be shared with their parents and professionals.

The voice of some children as a result of the advocacy service:

*"I need to be at the conference; I want to tell my mum how it feels"*

**Girl - 16 yrs.**

*"I get upset when dad shouts at my brother. He gets upset when dad does this and that makes me upset, then I get angry with him as well"*

**Girl - 9 yrs.**

*"Mum told us she would always choose us over him". We don't like him when he drinks"*

**Boy - 12yrs**

The Child Protection Conference Chairs Conference also regularly provided feedback on the impact the advocacy service was making:

*"Your attendance at conference altered the whole focus of the meeting and ensured that we remained child centred."*

**(CPC Chairperson)**

*"The child's contribution was really helpful and gave a much clearer insight into their experiences."*

**(CPC Chairperson)**

The importance and benefits of the advocacy service for Rotherham children has been fully acknowledged and the provision of it has now been commissioned by the local authority on a sustainable basis.

#### 4.7.5 Looked After Children

In early 2014 the Looked After Children's Council, supported by the Youth Service, Voice and Influence Team, have been consulting with children in care and those leaving care to find out what matters to them. This was named "Have Your Say" and was designed to find out from children in care and care leavers:

1. *What has been 'good' about being in care or leaving care?*
2. *What has been 'bad' about being in care or leaving care?*
3. *If you could change things about being in care, what would you change?*
4. *Is there anything else you would like to say?*

All children in care and care leavers were given the opportunity to respond to the consultation and included children in foster care, residential care and those moving to independent living, or living independently. In total, 62 feedback forms were received from children and young people aged 11-21 yrs.

Feedback that was positive included comments in relation to good opportunities, a supportive service and good relationships with key workers; some of the comments were:

*"The good thing about being in care is the chance I get to get a good education"*

**18 yr old female, Supported Lodgings**

*"Something good about being in care is all the support I have had from the service and from my foster family,"*

**17 yr old female, Foster Care**

*"just thank you to all foster carers who look after children."*

**16 yr old female, Foster Care**

*"I have a good social worker.... I like her"*

**16 yr old male, Foster Care**

Feedback that was negative included comments in relation to poor support from services, issues in relation to placements and the negative impact on family attachments (relationships); some of the comments were:

*"Been pushed into independence too fast."*

**18 yr old male,  
Independent Living**

*"Having lots of different social workers this is unsettling for young people.... I feel I have been let down by Social Services."*

**16 yr old female, Foster Care**

*"Its having to move around so much..... I have been in care since I was 9 and have had 4 different homes."*

**17 yr old female, Foster Care**

*"When I don't get to see my brother as much as I want to."*

**16 yr old female,  
Residential Children's  
Home**

All the feedback was analysed by the Looked After Children's Council and any recommendations are being presented and to the relevant senior managers and services by the LAC Council, in order to recognise good practice but also where improvements could be made to services.

## 5. Board Priority Areas

### 5.1 Local Authority Designated Officer (LADO)

The Local Authority Designated Officer (LADO) has the lead role and responsibility for oversight and coordination of all allegations that may place children at risk of harm from Professionals, Volunteers or Foster Carers. The LADO has responsibility for convening and chairing strategy meetings where necessary and liaising with partner agencies to discuss and agree the most appropriate way forward on specific cases. Planning includes appropriate action in relation to both the adult against whom an allegation has been made and the safeguarding plans for any children involved.

The work requires effective collaboration with all partner agencies, including the voluntary and private sector, human resource departments, the police and professional regulatory organisations.

**In 2013/14 there were 63 incidents resulting in investigation under LADO Procedures.**

Person by Employment Type	Number
Social Care(inc foster carers)	17
Residential Care worker	5
Health	2
Education	19
Education/Early years	2
Child minders	8
Police	1
Voluntary youth organisations	6
Faith groups	2
Work experience providers	1
<b>Total</b>	<b>63</b>

In total there were 20 different sources of referrals from the statutory, private voluntary and national organisations which evidences that there is a good awareness and use of the LADO procedures.

Outcomes of the LADO process are defined as:

- Substantiated** – on balance of probabilities it is more likely that the incident happened, rather than did not happen.
- Unsubstantiated** – insufficient evidence to prove or disprove
- Unfounded** – evidence to disprove
- Malicious** – evidence to disprove and of deliberate intent to deceive
- Other** – e.g. misunderstanding, not relevant to safeguarding, suspect deceased before investigation completed

Of the 63 incidents subject to LADO investigation, 7 have not yet concluded. 20 incidents were found to be “substantiated”, involving 24 staff members. Of those 20 cases that were substantiated, 6 people were dismissed from post (3 of these had been involved in 1 incident); 4 resigned, 2 foster carers were deregistered and 3 other staff received written warnings following internal disciplinary processes. In the voluntary sector, the services of 2 people were ceased. In a further 6 cases, staff were required to undertake further training around safeguarding issues. One case in which the allegation was substantiated is still subject to internal disciplinary process.

35 cases were found to be “unsubstantiated” and resulted in no further action being taken after initial consideration of these cases. A further 3 allegations were found to

be “unfounded”. Finally, one case was listed as “other” because the allegation that had been raised was deemed not to fall into LADO procedures but a meeting had taken place to consider previous concerns that had arisen as a result of the initial investigation.

Resulting from a number of enquiries relating to the employment of people working primarily with vulnerable adults, positive links have been developed with the Safeguarding Adult Service in this area of work. Partnerships are also developed with local initiatives to keep children safe in extra- curricular sporting activities. A Regional Safe in Sport group has been set up, which has been attended by the Rotherham LADO This group invites representatives from across South Yorkshire and covers a wide variety of sporting organisations. Further links are also being made with faith organisations in the area. A number of local organisations have shown interest in proposed safeguarding training and have welcomed suggestions of a joint approach to reviewing safeguarding procedures and protocols.

Links with LADOs in other Local Authorities have also been developed allowing for an improved standardisation of response to referrals. A regional meeting of LADOs has now been instigated on a quarterly basis. Of equal significance was the recent “National LADO day” which took place in Manchester and was the first event of its kind. This was a well subscribed event which for the first time brought together LADOs from all parts of the UK. In addition to opportunities for networking and sharing information, presentations were given by Ofsted, DBS and the NSPCC in relation to their Safe in Sport initiative. Most significantly the event focused attention on the great diversity of practice across different authorities and the need to standardise practice across the country. Proposals are now being discussed to establish a national LADO network, and to renew requests for clearer government guidance and protocol, for example, along similar lines to the statutory guidance in respect of the role of Independent Reviewing Officers.

The LSCB receives an annual LADO report and is assured that the local authority and its partners have a robust response on this important area of safeguarding children.

### **5.2 Child Sexual Exploitation**

Rotherham LSCB has published a separate annual report on the issue of Child Sexual Exploitation (CSE) and the following represents a summary of the key progress and issues. CSE is recognised nationally as one of the most important challenges facing agencies today. It has a serious and lasting impact on every aspect of a child or young person’s life, including their health, physical and emotional wellbeing, educational attainment, personal safety, relationships, and future life opportunities. To tackle this abhorrent form of child abuse, effective multi-agency partnership working is essential, where partners work to the principle that safeguarding is everyone’s responsibility, and that each are clear on their respective roles and responsibilities. In April 2013 the Rotherham Local Safeguarding Children’s Board (LSCB) published its three-year single multi-agency strategy and accompanying action plan, outlining how the Council and its partners continue to take real action to tackle the issues relating to CSE. The CSE Strategy and Action Plan contain 4 priorities:

### 5.2.1 Priority 1 - Leadership and Governance

Clear governance is at the heart of our multi-agency approach, and over the course of this last year we have made significant progress to strengthen how we work together.

Rotherham has continued its commitment to putting in place strong governance arrangements and the necessary structures to involve and engage key agencies, partners and lay members. The Rotherham LSCB devolved its strategic responsibilities to a specific CSE sub-group with further support from a multi-agency operational managers group (known as Silver Group), who can determine how best to put the plans into action.



*This strength and commitment shown by organisations across Rotherham to tackling CSE has been recognised by Rotherham LSCB receiving the NWG award in 2014 for the "Longest Journey Under Challenging Conditions". NWG is a charitable organisation formed as a UK network of over 2500 practitioners who disseminate information to professionals working on issues of CSE and trafficking in the UK.*

Performance and quality management arrangements were put in place with regular updates to the LSCB and regular reports to the Council's Cabinet as well as briefings to all elected members. Accurate and meaningful data is critical to determining the impact of services, and the recruitment of a dedicated police data analyst based in the CSE team has been an important development. This has enabled the delivery of a confidential monthly tactical briefing document which is used and shared at both the CSE sub-group and operational managers group.

Within the document, data is presented alongside narrative on current police operations, details of children deemed high risk to determine any actions required, and case studies highlighting successful interventions or prosecutions. The CSE action plan sets out how partners will deliver the priorities of the local CSE strategy and improve services for children, young people and their families. It continues to evolve and develop, informed by publication of related national reports (e.g. Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups) and a number of independent reviews of local CSE services undertaken by Her Majesty's Inspectorate of Constabulary (HMIC), Barnardo's and the Independent Chair of the Rotherham Local Safeguarding Children Board.

### 5.2.2 Priority 2 -PREVENT

Preventing CSE happening to children and young people.

The exploitation of children is a devastating feature of communities up and down the country – but together we are making it more difficult for offenders to be able to abuse young people in this way. We are building a Borough-wide ‘eyes and ears’ approach – educating our communities, and our staff, to recognise the signs of CSE, and how to report it. We have doubled the number of people taking part in CSE training and awareness-raising – including professionals, councillors, Neighbourhood Watch co-ordinators and members of the public. Extensive work has also been carried out directly with our young people, to empower them to recognise the signs and risks of CSE.

A CSE competency framework has been developed by the Council and agreed by the LSCB to enhance the effectiveness of the training and awareness programme that has been delivered to staff and young people over a number of years.

Over the course of the last year almost 3,500 staff, councillors, young people, Neighbourhood Watch co-ordinators and members of the public have attended a CSE training or awareness event. This is an increase on the previous year of almost 1500 people. Work is now underway to ensure that this awareness is available to all staff, with more specialised training available for those working directly with children and young people.

*“Excellent session – logical and easy to follow format in terms of understanding CSE and how it is managed.”*

– Health Practitioner (GU Medicine)

Rotherham schools are more actively involved than ever before in protecting children against CSE through more effective training and awareness raising. In 2012/13 the CSE team worked with 13 of our 16 secondary schools, reaching 911 pupils through awareness workshops. This year that total has increased to 1,955 and all secondary schools in Rotherham are now engaged through their Year 8 curriculum for 2014/2015, with support from Rotherham’s Healthy Schools consultant and the education project officer within the CSE team. In addition to this, preventative work continues with Rotherham’s pupil referral units (PRUs), including the Rowan Centre (education provision for young mothers) and with special schools and colleges. This work will ensure that all Year 8 students in Rotherham education settings have a basic awareness of CSE.

*Good practice and resources are being shared with frontline staff to raise awareness of what is available to young people e.g. Zipit App to better respond if they receive inappropriate requests for indecent images.*

Further support is provided through the Integrated Youth Support Service (IYSS), which offers young people the opportunity to access one-to-one support, group

work and a wide range of developmental learning opportunities and positive activities. Over the past year they have undertaken informal curriculum sessions on CSE and related issues with 2,326 young people.

## **GOOD PRACTICE: RAISING AWARENESS**

### **AMONGST YOUNG WOMEN**

Raising awareness of CSE amongst our communities – including vulnerable groups of people who may fall victim to this crime – has been a key strand of our work over the past year. An example of this targeted work includes a residential course which was held at RMBC's Habershon House.

Held over six weeks, more than 30 young women took part in the awareness-raising course. The sessions brought together a number of young women's groups to share experiences of what it is to be a young woman in today's world – including the challenges and potential abuse which they may face, and the many forms that this can take. The group also took part on a self-defence session and talked about personal safety on the street.

Together they were encouraged to discuss the nature of CSE, the forms it could take and to understand the potential devastation this kind of abuse has on people's lives. Feedback from the young women showed they felt that they had benefitted from the programme, and these kinds of sessions will be repeated in the future.

### **5.2.3 Priority 3 -PROTECT**

Protecting those children and young people who are at risk of CSE.

We have streamlined processes across agencies to allow us to better identify and safeguard children who are at risk of CSE. This includes common tools for staff to assess their concerns about a young person and understand what course of action they must take and the implementation of a South Yorkshire-wide risk assessment tool. Some of the case studies that follow demonstrate the impact that these system improvements are having on frontline child protection in Rotherham and the difference they are making to people's lives.

In 2013-14 the Multi-Agency CSE Team was increased to include representatives of the voluntary and community sectors and also health services. GROW – a Rotherham organisation supporting women to make informed choices - are commissioned to deliver a project called "INVOLVE", a support package to families and young women up to the age of 25 who are victims of CSE. A Public Health-funded nurse specialist supports young people to identify any health needs whilst developing appropriate pathways within the health community. The team also includes a worker funded by Barnardo's to provide a specific focus on encouraging

access to support for those who are reluctant to engage with statutory services and/or those who do not perceive themselves to be at risk.

During the year the social care 'front door' process, and support specifically for CSE, has been strengthened. Any child who is referred to, or already involved with, children's social care services and is at potential risk of CSE undergoes a screening process using the CSE multi-agency threshold descriptors. Where issues are identified the specialised CSE team will then lead on the assessment of new cases or, if the child already has social care involvement and is allocated to another key team, they will advise, and if needed work with, their current social worker to ensure the child receives appropriate support.

National research has shown that due to their personal circumstance certain groups of young people are at more risk of CSE than their peers. This includes young offenders; looked after children; those living where there is substance misuse in their household and those from black and minority ethnic communities. These groups are receiving a range of targeted preventative support incorporated within existing support packages or events - for example, LAC reviews, the youth service support pathway and the new arrival family induction day.

### 5.2.4 Children running away or going missing from home

Over the year there were 416 reported incidents of children and young people running away or going missing from home, involving a total of 131 children. This is an increase on 2012/13, when there were 338 reported incidents involving 121 children or young people. The charity SAFE@LAST are commissioned to deliver return to home interviews with young people to try to identify and address the reason for the run-away incident and to help the young person to understand the potential risks they face. They also provide an emergency bed facility for homeless young people, and an awareness raising service for primary school children through their Crucial Crew project.

#### CASE STUDY: GEMMA

Gemma is 13 years old and has been a regular missing person for the last year and was working with a large number of professionals. She has been a victim of sexual exploitation, three sexual assaults, self-harms, has significant behaviour issues and regularly truants from school.

She has accessed the SAFE@LAST refuge in the past, but then she was taken into care in order to protect her. A project worker did a return interview with Gemma in January after another referral from the police and she said that she would like some 1:1 support.

Gemma accessed the refuge again and used the night's stay to collect her thoughts and feelings and then she returned to her grandparents' care. The project worker has provided Gemma with some craft activities and she has been using these to try and occupy her mind when she is stressed, instead of self-harming. Gemma has been using the online diary on the SAFE@LAST website to record her thoughts and feelings.

Support is still ongoing for Gemma and she still has a SAFE@LAST project worker, as she still has periods where she goes missing, as this seems to be the coping mechanism that she has developed to cope with stressful times in her life. She is on a Child Protection plan, so support will continue for as long as she is at risk and is going missing.

Over the year there were 378 referrals to SAFE@LAST for a total of 137 children and young people. Of these, 74 young people engaged in a return interview. In addition a further 105 children and young people have had some involvement with SAFE@LAST project workers; 29 children and young people from Rotherham are known to have contacted the SAFE@LAST helpline/text or web chat.

### 5.2.5 Priority 4 - PURSUE

Pursuing those adults who perpetrate CSE.

South Yorkshire Police in partnership with all professionals and the public is committed to proactively pursue offenders of CSE through the identification, disruption and evidence gathering for prosecution of them.

Significant developments in practice by the police and other agencies which has led to improvements in how services to tackle CSE are delivered. For example, to support the local CSE sub-group meetings, a monthly tactical assessment is now produced which informs all relevant agencies in relation to risk, intelligence and current operations. This in turn enables these agencies to better respond to current issues from their own perspective.

Robust investigation in relation to the disclosure of CSE offences, current or historic, has resulted in the successful prosecution of offenders. During 2013-14 police investigations into CSE-related offences have led to 41 interviews under caution, 23 arrests, and five successful prosecutions. All convicted offenders in custody and in the community who are under the supervision of the Probation Services have a robust risk management plan

South Yorkshire Police have a robust risk assessment process in place, which enables a rapid multi-agency response to any high-risk CSE missing person cases. This has been used to good effect on numerous occasions, resulting in the safe recovery of the child and the implementation of preventative action. This year has also seen an increase in staffing within the CSE team, including the recruitment of two police analysts for South Yorkshire – one of which is based in the Rotherham team. This has enabled improved analysis of intelligence to help partners further understand the problem profile and support the identification of needs, impact and outcomes for young people in relation to CSE. This will then feed into the local Joint Strategic Needs Analysis (JSNA) and the police led Joint Strategic Intelligence Assessment (JSIA).

Police intelligence systems have been reviewed and a new improved framework put in place which is linked to the police briefing systems. These improvements and on-going developments in information and intelligence gathering are enabling the police and the CSE Team to respond quickly and appropriately to individual cases and emerging trends.

## GOOD PRACTICE: MULTI-AGENCY RESPONSE

Child A - a 15-year-old Slovakian female - was persistently going missing from home with Slovakian males much older than her. Following one such episode, her risk level was escalated to High and she became a priority for the police and local authority.

Following a week of intense investigation, she was located and the male she was with was arrested for various sexual offences involving a child.

### 5.2.6 Key developments and next steps planned for 2014/15

- At the time of publication of this report we have just received the outcome of the independent inquiry into historic CSE cases, commissioned by Rotherham Borough Council's Chief Executive. Together with other local, regional and national reviews, this will further inform the development of our multi-agency approach.
- Central to these developments is the creation of a Multi-Agency Safeguarding Hub (known as a MASH). Due to be launched in August 2014, the co-located service will bring together key officers to not only tackle CSE, but also domestic abuse, anti-social behaviour and the wider safeguarding children agenda.
- In addition, we will build stronger links with local communities, including EU migrants. We will review our procedures to make sure Looked After Children placed outside our area are protected in line with our local plans.
- We will also ensure that our young people are listened to and are developing a participation strategy to ensure their voice helps shape their own support and informs our future improvements.
- We will carry out research to better understand the motivations of offenders, and we will continue to raise awareness as part of the South Yorkshire-wide 'Say Something If You See Something' campaign, while developing ways of communicating that specifically benefit our communities here in Rotherham.
- Plans are in place to utilise the National College e-academy CSE e-learning package across the partnership to ensure quality and consistency across organisations. This follows an early demonstration and consultation exercise at the CSE Sub-Group by NWG representatives at the end of 2013.
- Following the recent publication of the multi-agency threshold descriptors referenced earlier, work has begun to clarify pathways and transfer

procedures between agencies. These are already in place but need to be formalised and documented in a format which is clear and understood by staff outside the specialist CSE team.

- The impact of CSE can be far-reaching and long-term, affecting the entire lives of those affected, and resulting in a disproportionate number being involved with statutory services later on in life. In 2014-15 the Rotherham CSE sub-group are working with partners in health to commission the development and delivery of a pathway of long-term recovery and therapeutic support for victims post abuse and in transition to adulthood.
- A new missing person's protocol for children and young people has now been developed and will be promoted and embedded during 2014/15.
- The Police Young People's Partnership Officers (PYPPOs) are embedded within the IYSS locality teams and work closely with them and schools around crime and disorder. Through this work they build up positive relationships with young people – particularly valuable when young people require support around reporting or making statements. The police and IYSS are currently reviewing the role of the PYPPO to further strengthen joint working arrangements.
- We will continue to review and improve CSE intelligence gathering processes as this is critical for any successful disruption or prosecution activity.
- A CSE needs analysis, which will include both victim and perpetrator profiles, is being completed to further inform the work of the partnership and ensure we are effectively targeting resources.
- Research opportunities are being explored and commissioned to better understand the motivation and behaviour of perpetrators and to identify the common indicators of those considered likely to commit CSE.

### 5.3 Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts.

When it is made aware of a private fostering arrangement, the Local Authority is required to assess and support the circumstances of a child living with someone who is not a family member.

In 2013/14, the Local Authority's received six notifications of children who were potentially being Privately Fostered. Four of these progressed to an assessment and as at 31<sup>st</sup> March 2014 there were three ongoing private fostering arrangements; four privately fostered cases came to an end in the same year.

One of the key challenges in this area of safeguarding children is that of being aware which children are being privately fostered because the arrangements are made between families without professionals necessarily being aware or involved. As part of efforts to continually raise awareness of Private Fostering, the following activity has been undertaken in 2013-14 to try and improve professionals' understanding:

- Education Welfare Officers and Managers have received bespoke training on Private Fostering, and have been tasked with reviewing their caseloads to identify instances and make referrals as appropriate. There is a designated Education Welfare Service team leader holding responsibility for Private Fostering.
- Designated Safeguarding leads from all Rotherham Schools received a presentation on Private Fostering and were asked to undertake an audit of their children to identify cases of private fostering utilising a simple checklist developed by the LSCB. School Governors have received training on Private Fostering arrangements and responsibilities.
- A recurring message has been included on Rotherham's Public Health TV channel, which is displayed in universal health settings.

In the previous business year, all GP practices and school settings were sent information leaflets on Private Fostering with a request for these to be displayed in waiting/reception areas, and Private Fostering is embedded in the LSCB's training workshops to ensure a wide range of professionals are aware of the issue and their responsibilities. Further development work is required in this area to ensure better links are established with the Schools Admissions Team, to ensure that clarification of the numbers of children not living with parents is part of the admissions process.

### **5.4 Children Missing in Education**

The term Children Missing Education (CME) refers to all children of compulsory school age who are not on a school roll, and who are not receiving a suitable education otherwise than being at school, for example, at home (Elective Home Education EHE), privately, or in alternative provision.

Section 436A of the Education Act requires all local authorities to make arrangements to enable them to establish (so far as it is possible to do so) the identities of children residing in their area who are not receiving a suitable education.

The CME duty does not apply in relation to children who are registered at a school who are not attending regularly although the CME duty complements and reinforces duties that already exist for schools and the Education Welfare Service to monitor poor attendance. Schools have a duty to monitor absence through the daily attendance register. Maintained and academy schools are required to make regular absence returns to the Education Welfare Service where the attendance of individual pupils gives cause for concern.

The Children Missing Education (CME) function moved into the CYPS Education Welfare Service (EWS) in August 2012. And a number of improvements have been introduced to make this important area of safeguarding children more effective.

These include:

- Strengthening the links with frontline education welfare Officers, schools, academies and safeguarding managers. Raising awareness in relation to shared CME responsibilities and reporting duties.
- Reviewed the CME referral protocols and thresholds.
- Introduction of a de-registration letter to notify schools of a completed CME investigation.
- In conjunction with the school admission team, contributed to the development of two Fair Access Admission Panels (primary and secondary phases)
- Strengthened links with Children's Social Care Services, the local authority Runaway Lead, Integrated Youth Support Services (IYSS) and introduced Education Welfare Service representatives for Child Sexual Exploitation and Looked After Children.
- EWS Team leaders also became the Education representative for MARAC on a rota basis.
- Reviewed the pathways and information sharing with other agencies
- Development of the database that enables monitoring and tracking of cases.

### **Updated on progress**

During the summer of 2014 we organised 14 additional CME initiative days which saw Education Welfare Officers deployed during the school summer holidays conducting home visits across the borough. By the end of August 2014 around five hundred and sixty five referrals had been followed up.

Increased staffing capacity along with an improved tracking and recording system provides us with a clearer, more accurate, picture of the number of children known to be missing education within the borough.

We are more simply able to identify vulnerable groups /specific groups.

### **Data Analysis**

Academic Year 2012/13

- Opened 973 new investigations
- Closed 726 \*\*

Academic Year 2013/14

- Opened 1211 new investigations
- Closed 1413 \*\*

\*\*Closed case numbers will included CME cases opened in previous academic years /recording periods

Whilst we do recognise the levels of CME numbers appear high in Rotherham we would agree with the recent National Children's Bureau report 'Not present, what future? Children Missing education in England report' (June 2014) that suggests high levels of recorded CME does not necessarily indicate that a local authority is performing poorly in comparison with lower CME rates. We feel our figures whilst high do recognise we are establishing robust recording and tracking systems.

Summer Term 2014 analysis (March to July 2014)

- Opened 736 new referrals
- Closed 882

*Closed Analysis (882)*

- 470 were tracked out of Authority - confirmed on roll of another school and start date confirmed.
- 88 were found elsewhere - passed to other regional CME teams (other LAs) allowing us to safely close.
- 56 believed to have left the UK.
- 59 were Y11 – no longer of compulsory school age.
- 36 – had submitted admission applications but became missing without taking up the school place offered to the child.
- 7 were found to be duplicates on the electronic data base.
- 150 were closed following successful school transfers within Rotherham
- 27 that became missing were DV/Sensitive - 12 of these were referred in by the Refuge.
- 2 were referred in as CSE – CME.
- Ethnicity breakdown 432 (of the 882) had no ethnicity recorded on the referral, 166 Roma, 46 Pakistani.

*Opened Analysis (736)*

Of the opened new cases approximately 500 were previously known to be in Rotherham but are now no longer at their last registered address in the borough. As of 12th September 2014 there are 468 current open active CME referrals.

The temporary position EU Migrant Community Education Engagement Officer was recruited to in July 2013. Additional support was provided to the CME Officer and Admissions team to assist

- non English speaking new arrivals
- help for parents and staff to complete and process application forms
- translation support to the Admissions Appeal process.

ESF Funding for this post ceased on 31st July 2014.

Since that time alternative arrangements have been put in place. This has entailed the use of 2 EAL Education Welfare Officers to take on additional CME responsibilities predominantly for the investigation of EU children thought to be missing education. In addition a number of generic EWOs have been deployed in order to support the prompt investigation of CME referrals.

A future development plan centres on developing closer workflow links across the Admission and CME staff including the functions of recording and processing. In addition to increasing the business support capacity across the Education Welfare Service and the Admissions team approval has been given to recruit to a CME Monitoring Officer position plus financial support towards further shared administrative resources.

## 5.5 Licensing

The LSCB and its members are committed to safeguarding children and promoting their welfare in any all circumstances and this includes the area of alcohol consumption and the use of taxis.

The Licensing Act 2003 deals with the licensing of premises for various activities, which include the following:

- To sell alcohol by retail
- To supply alcohol to a club member, or to sell alcohol to a guest of a club member in the case of qualifying clubs
- To provide regulated entertainment
- To sell hot food or drink (late night refreshment) between 11.00pm and 5.00am for consumption on or off the premises

The Licensing Act 2003 sets out four licensing objectives:

- Prevention of crime and disorder
- Public safety
- Prevention of public nuisance
- Protection of children from harm

Examples of activities which are a potential cause of harm to children and young people are:

- Selling alcohol to children under age
- Selling alcohol (by proxy) to children under age
- Selling alcohol to parents who are intoxicated and are supervising their children
- Allowing children into premises where there is gambling or adult entertainment

Where there has been evidence of a risk to children and young people the RLSCB has, along with other local Responsible Authorities, made representations to the Licensing Committee, and licences have been revoked and premises closed as a result.

Although the Licensing Act 2003 does not cover licences for vehicles for public hire (taxis), partner agencies share information and discuss issues where there is a taxi company or driver whose conduct is a cause for concern, and instigates appropriate courses of action. Where there are sufficient concerns and evidence, the matter is referred to children's social care services, the police, and the licence for a driver or vehicle can be suspended or revoked by the Council Licensing Board. A proposal for the training of taxi drivers in relation to safeguarding children and vulnerable adults, as part of their condition for obtaining a licence, are being developed and implemented.

## 5.6 Early Help

In the past 12 months, the Local Authority has developed an early help dashboard to provide the LSCB members and advisors with an overview of activity in the borough. This includes caseload information relating to child/young person/family support provided by, amongst others:

- Children's Centres
- Targeted Family Support Team
- Integrated Youth Support Service
- Learning Support Service

The dashboard also includes information on Family CAF numbers, as well as drawing on regionally agreed indicators for measuring the effectiveness of early help. Rotherham is benchmarking positively in some aspects of Early Help impact measurement (specifically in relation to CIN numbers and statutory assessment volume), whilst in others there is the potential to infer we are being less successful. However, whilst we have a high rate of children on a child protection plan per 10,000 (with an out-turn figure of 70 in 2014, compared to 59.3 in 13), our rate of children per 10,000 who are subject to S.47 investigations is lower than the latest national and stat neighbour average, and whilst this is a significant increase locally on the previous year (up from 89.5 in 2013 to 110 in 2014), it is potentially a positive indicator, reflecting that more children at risk of significant harm are being identified and are receiving a statutory assessment of their wellbeing more quickly and effectively. Similarly, whilst our LAC numbers have increased in 2014 when compared to our 2013 out-turn; we are still below the latest stat neighbour average. This increase could equally evidence that our capacity to move children into care sooner is as a direct consequence of swift early identifying of need. The LSCB Performance Sub Group have requested more detailed information in future stimulate more in depth analysis of early help effectiveness.

The Quality Assurance subgroup receives quarterly reports on the Family CAF QA activity in the borough, and the recently established LSCB multi-agency review group will also oversee the audit of early help cases in the next business year.

Rotherham's response to the Trouble Families initiative has received positive feedback from the national Troubled Families Unit, with Rotherham meeting the benchmark for inclusion as an early adopter of phase 2 of this initiative.

## 5.7 Domestic Violence

The impact on children of domestic abuse cannot be under estimated. Its co-existence with parental substance misuse and mental health issues has a corrosive impact on children's development and wellbeing. The Safer Rotherham Partnership and the LSCB are ensuring that tackling domestic abuse and its impact on adults, children and young people is a high priority.

In 2013 the Council's Improving Lives Select Commission Scrutiny Review of Domestic Abuse was completed. The focus of the review recommendations was to develop more integrated domestic abuse service provision that had clear protocols and

pathways for all risk levels that were understood by every partner agency. It was also recommended that domestic abuse should be more integrated at a strategic level so that other work streams were addressing the impact it has on victims.

By responding to the review recommendations, Rotherham will be able to;

- Evidence its local compliance with the national Violence Against Women and Girls' agenda
- Evidence that the Domestic Abuse Priority Group (DAPG), on behalf of the Safer Rotherham Partnership (SRP), are proactive in reducing the risk of domestic homicide in line with emerging national best practice that is focused and coordinated
- Enable the actions of agencies to withstand scrutiny in a Serious Case Review or Domestic Homicide Review
- Respond to victims and their families effectively

As part of the service developments the local authority, police and other partners are implementing a Multi-Agency Safeguarding Hub (MASH). As part of the MASH a domestic abuse hub is being implemented from September 2014 that will see police officers, social workers, independent domestic violence advocates and other professionals working together to provide an effective and timely response possible to domestic abuse. This will include the use of a Domestic Abuse Risk Assessment Matrix to enable professionals to identify risks, protective factors and the most effective response for individual children and their families.

In March 2013 the definition of domestic abuse was changed to include young people aged 16-18. In 2013-14 there were 13 young people aged 16-17 referred to MARAC in Rotherham. To respond to the change in definition and that this was a previously under recognised and under resourced area of need, the DfE provide funding for a Young Persons Domestic Violence Advocate (YPVA). The model for this in Rotherham is for the YPVA to have key responsibility for the high risk cases that are referred to MARAC and to provide specialist advice to professionals on cases of under 16's. In 2013-14 there 328 (of 455) case referred to MARAC which encompassed a total of 518 children.

A priority area identified for improvement within the borough is the multi-agency response for children and their parents where there is domestic abuse and the victim has no recourse to public funds. This issue has been shared and awareness raising undertaken with partner agencies through the use of case studies. Pathways to be adopted by the domestic abuse hub are under development.

### **5.8 Neglect**

In 2013 the LSCB undertook a review of cases where children had been seriously neglected. The review, the key findings of which were briefly outlined in last year's RLSCB annual report, highlighted the importance of identifying neglect early , utilising assessment tools designed to assist in identifying neglect and in assertive interventions with the aim of addressing the factors underpinning the neglectful parenting.

The challenge to all agencies working with children and families is to ensure the review's lessons are implemented. To this end, the RLSCB disseminated the review's key lessons through presentations at a range of high level strategic inter-agency meetings, including the Improvement Panel.

It is clearly important that the whole children's workforce, and those who also come into contact with families through their work, are able to identify these children as early as possible so that we can provide the right kind of help and the right time. The longer children are exposed to neglectful situations without appropriate support, the more corrosive the harm they suffer. As a result the LSCB has incorporated Neglect as a key priority into its 2014/15 Business Plan, requiring the need for borough wide Neglect Strategy. The strategy will be informed from the findings of the review as well as other local research into the Rotherham picture of neglect and will be underpinned by the following key principles;

- That it ensures a shared understanding of neglect and the safety, wellbeing and development of children is the over-riding priority
- That early assessment and intervention will be promoted, supported, and resourced.
- That early support should be of a kind and duration that improves and sustains children's safety into the future. It should also build on strengths and resilience within children and their families rather than promoting dependency.
- That it will recognise that assessing need, the risk of harm or likelihood of suffering harm requires robust information sharing, professional judgement, and consideration of specific indicators and outcomes.
- That to effectively safeguard children requires professionals to be curious and inquisitive about family circumstances and events but also requires professionals to be challenging of each other about changes and improvements made by families and realistic about their sustainability.
- That all work with children and young people will be measured by its impact on outcomes

RLSCB will act to co-ordinate the development of the Rotherham neglect strategy and monitor the effectiveness of interventions and outcomes for children. A key element of the monitoring will be via the Multi-agency Audit Review Group through case file audits to assess the implementation and of the neglect strategy.

## 6. Service Developments

Working together effectively for the benefit of children, young people and their families requires closer partnership and collaboration than ever before. Here are some of the new developments aimed to improve outcomes for children and young people in Rotherham.

## 6.1 Multi-Agency Safeguarding Hub (MASH)

Working effectively together as organisations and professionals within a MASH model has demonstrable benefits for children and their families in terms of outcomes:

- Sharing information leading to better risk assessment and decision making
- Identifying vulnerabilities earlier and identifying what early help can be provided
- Improved access to services for families

### How will it work?

Key professionals from a range of organisations including Children's Social Care, Health Services and the Police will be located together and work in an integrated, joined up way when considering referrals about children about whom there are welfare concerns. This will enable relevant information to be shared in a timely and holistic manner, considering the whole needs of the family. A coordinated response can then be provided at the earliest opportunity to prevent problem escalating. The MASH will also have a specific remit and dedicated professional expertise to focus on the issue of Domestic Abuse.

### What are the timescales?

Professionals from the key organisations will be located together from 4<sup>th</sup> August 2014 and be in a position to start working more closely together from that date. The next period will enable specific developments to be put in place in order to achieve the most efficient and effective service possible.

## 6.2 Children's Multi Agency Assessment Protocol

The good quality assessment of the needs of children is a fundamental principal to providing the right kind of help at the right time.

Professor Eileen Munro in her review of the child protection system in 2011, highlighted that having set timescales for assessments of all children was not the right approach and that the timing should be individual to the child's circumstances. This was subsequently made a requirement in the publication of the Working Together statutory guidance in 2013.

Rotherham has developed its local assessment protocol based on best practice and evidence. Whilst it is led by the local authority, who is publically accountable, other agencies are aware of their responsibilities to contribute appropriately.

### What are the benefits?

The Assessment Protocol was implemented in June 2014 and enables:

- Assessments that are proportionate to the needs of the children.
- Children to have their views clearly sought and taken into account.
- Timescales that are appropriate for the child and their family, avoiding unnecessary delay.

- Multi-agency decision making throughout the assessment process
- The right help and support to be offered or provided at the right time.

### 6.3 Multi-Systemic Therapy

Multi-Systemic Therapy is an evidence-based model that achieves successful outcomes with young people aged 11-17 whose behaviour has put them at risk of becoming looked after or young offenders going into custody.

Rotherham has entered into a partnership with Barnsley Metropolitan Borough Council to pilot delivering Multi-Systemic Therapy (MST) as a shared service and is being funded through the Troubled Families initiative. MST was developed in the USA, and is supported by a significant international body of research evidence; it is shown to reduce offending behaviour, family conflict and the need for out-of-home placements. MST is therefore highly cost effective and reduces the negative outcomes and social exclusion associated with out-of-home placements and experience of custody by improving family functioning.

## 7. Appendices

### 7.1 RLSCB Membership

Agency	Job Title	Name
	Independent Chair of Rotherham Local Safeguarding Board	Steve Ashley
CAFCASS	Service Manager	Anne Riley
Children Young Peoples and Families Voluntary Sector Consortium	Representative	Sue Wynne
Hilltop and Kelford Schools	Headteacher	Nick Whittaker
Lay Member	Lay Member	Debra Wadsworth
Lay Member	Lay Member	Richard Burton
National Probation Service	Acting Chief Officer	Sarah Mainwaring
NHS England (South Yorkshire & Bassetlaw)	Patient Experience Manager	Tracey Slater
NHS, Rotherham Clinical Commissioning Group	Executive Lead for Safeguarding	Sue Cassin
RDASH	Deputy Nurse Director	Deborah Wildgoose
Rotherham Metropolitan Borough Council, Children & Young Peoples Services	Director of Safeguarding Children and Families, Children and Young People's Services	Jane Parfremment
Rotherham Metropolitan Borough Council, Children & Young Peoples Services	Senior Director – Schools & Lifelong Learning	Dorothy Smith
Rotherham Metropolitan Borough Council, Children & Young Peoples Services	Strategic Director, Children and Young People's Services	Joyce Thacker
Rotherham Metropolitan Borough Council, Neighbourhoods and Adult Services	Director of Public Health	John Radford

Rotherham Metropolitan Borough Council, Neighbourhoods and Adult Services	Director of Health and Wellbeing	Shona Macfarlane
Rotherham Metropolitan Borough Council, Youth Offending Services	Youth Offending Services Manager	Paul Grimwood
Rotherham NHS Foundation Trust	Chief Nurse	Tracey McErlain-Burns
South Yorkshire Community Rehabilitation Company	Assistant Chief Officer	Maryke Turvey
South Yorkshire Fire and Rescue	Safeguarding Officer	Dawn Peet
South Yorkshire Police	Chief Superintendent District Commander	Jason Harwin
South Yorkshire Police, Public Protection Unit	Public Protection Unit Manager	Pete Horner

## 7.2 RLSCB Budget Statement 2013/14 Outturn

Budget Statement 2013/14 Outturn	Funding Formula	Budget 2013/14	Outturn 2013/14
	%	£	£
<b>Income 2013/14</b>			
<b>Annual Contributions</b>			
Rotherham Borough Council	55.80%	105,370	105,370
NHS Rotherham	25.90%	48,370	48,370
South Yorkshire Police	15.30%	28,560	28,560
South Yorkshire Probation	2.70%	5,040	5,040
CAFCASS	0.30%	550	550
<b>Other Contributions</b>			
Surplus from previous year		6,940	6,940
NHS Rotherham - L&D Contribution		22,000	22,000
Income generation - training		0	925
<b>Total Income</b>		<b>216,830</b>	<b>217,755</b>
<b>Expenditure 2013/14</b>			
LSCB Salaries *		160,200	160,363
Public Liability Insurance		800	750
IT & Communications		2,600	580
Printing		1,200	2,808
Stationery and Equipment		50	54
Learning & Development (RLSCB and Multi-agency)		28,480	28,342

Independent Chair		20,000	21,358
Software licences & maintenance contracts		3,500	3,500
<b>Total Expenditure</b>		<b>216,830</b>	<b>217,755</b>
<b>Surplus</b>		<b>0</b>	<b>0</b>

\* Child Death Overview Panel administration costs of £15,084 are included in these accounts

## 8. Glossary of Terms

<b>CAADA</b>	-	Coordinated action Against Domestic Abuse
<b>CAF</b>	-	Common Assessment Framework
<b>CAFCASS</b>	-	Children and Family Court Advisory and Support Service
<b>CART</b>	-	Contact and Referral Team
<b>CDOP</b>	-	Child Death Overview Panel
<b>CYPS</b>	-	Children & Young Peoples Services
<b>DBS</b>	-	Disclosure & Barring Service
<b>LAC</b>	-	Looked After Children
<b>LSCB</b>	-	Local Safeguarding Children Board
<b>MARAC</b>	-	Multi Agency risk Assessment Conference
<b>NSPCC</b>	-	National Society for the Prevention of Cruelty to Children
<b>OFSTED</b>	-	The Office for Standards in Education, Children's Services & Skills
<b>RDASH</b>	-	Rotherham, Doncaster & South Humber Foundation Trust
<b>RLSCB</b>	-	Rotherham Local Safeguarding Children Board
<b>SCR</b>	-	Serious Case Review

<b>ROTHERHAM BOROUGH COUNCIL – REPORT CHILDREN AND YOUNG PEOPLES PARTNERSHIP</b>
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<b>1.</b>	<b>Meeting</b>	<b>CHILDREN AND YOUNG PEOPLES PARTNERSHIP BOARD</b>
<b>2.</b>	<b>Date</b>	<b>19/11/2014</b>
<b>3.</b>	<b>Title</b>	<b>Oral Health of children in Rotherham</b>
<b>4.</b>	<b>Directorate</b>	<b>Public Health</b>

## **5. Summary**

CYPS performance team were asked by CYPS DLT to explore dental health activity and performance against the indicators. A meeting was undertaken to discuss current commissioning and provider agreements and review the plans for the future. Anne Hawke, Rebecca Atchinson and Louise Collins met on 29<sup>th</sup> July 2014. The following recommendations were agreed to be shared with CYPS DLT, with the aim to improve the dental health of children and families in Rotherham. Information is also shared with CYPP to update Managers. Since the DLT report an Oral Health Improvement Strategy has been developed to address the issues and develop a clear outline of the Oral Health Needs of Rotherham residents. It is anticipated that this strategy will be out for formal consultation by December 2014.

## **6. Recommendations**

- **Review information that is collected in CYPP to align with the data within the service specifications**
- **Agree a reporting structure for Oral Health Promotion**
- **Consider developing an options appraisal for increasing fluoride across communities**
- **Agree the consultation and reporting process for the Oral Health Improvement Strategy.**

## 7. Proposals and details

### Background:

Oral health became the responsibility of the local authority and public health in April 2012. Public Health hold two service specifications to deliver oral health activity, these are, oral health promotion service and the dental epidemiology service. Each of these specifications has been reviewed and the values have been reduced to ensure value for money. Dentists and specialist community dentistry are commissioned by NHS England.

Current performance is measured by the DMFT rates in the PHOF 4.03 (Tooth decay in children aged 5). It is recognised that these rates do not evidence the full impact of dental issues within our communities.

Each year a different survey is completed by the Epidemiology Service. This is coordinated by the national team. The information is all collated on the <http://www.nwph.net/dentalhealth/> website.

The following surveys have been completed over the last 8 years;

- 2013/14 Survey of special school pupils
- 2012/13 Survey of 3 year olds
- 2011/12 Survey of 5 year olds
- 2008/9 Survey of 12 year olds
- 2007/8 Survey of 5 year olds

There has only been two surveys repeated, they are the national survey on 5 year olds, see comparison neighbours results in Table 1.

Table 1: Decayed Missing and Filled Teeth (DMFT) 2011/12 School 5 year olds

	DMFT rate 2007/8	DMFT rate 2011/12
England	1.11	0.94
Yorkshire and Humber	1.51	1.23
Barnsley	1.49	1.61
Doncaster	1.79	1.33
Rotherham	1.34	1.44

The mean DMFT has increased in Rotherham for 2008 – 2012. No further comparisons and trends can be presented due to the changes to the survey collection methods. It now employs an opt in process rather than opt out.

The DMFT information with the Hospital Additions data from HES, this helps us to review the outcomes on the levels of decay throughout developmental stages on a more regular basis, see Table 2.

Table 2: Admission to hospital for extraction of one or more decayed primary or permanent teeth 0 to 19 year olds, 2011/12 and 2012/13

2011/12

LA	Number of admissions				
	Age 0-4yrs	Age 5-9yrs	Age 10-14yrs	Age 15-19yrs	Total 0-19yrs
Rotherham	171	594	218	108	1,091
Doncaster	164	607	179	69	1,019
Barnsley	98	315	146	45	604

21012/13

LA	Number of admissions				
	Age 0-4yrs	Age 5-9yrs	Age 10-14yrs	Age 15-19yrs	Total 0-19yrs
Rotherham	148	592	177	98	1,015
Doncaster	152	691	179	90	1,112
Barnsley	99	375	142	78	694

Locally there have been several measures created to explore dental wellbeing. These are within the CYPP and are reported bi-annually.

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

Action 1 - We will ensure that parents receive good health information, advice and support during pre-birth and preschool.

Delivery milestone – Distribution of toothbrush and paste at 6 to 9 month checks

Action 5 - 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

Delivery milestones - Ensure that an increasing proportion of children regularly attend a dentist

- 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
- 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

These points do not relate to what is in the specifications or the PHOF and it may be useful to align data collection to link to the national datasets and the information collected in the oral health service specification.

### **Specifications:**

The new Oral Health Promotion Service specification has been developed to focus activity to increase the levels of fluoride in targeted populations and areas. The specification was written prior to the PHE guidance, however it cover most of the issues raised see appendix 1.

The specification includes a monthly performance sheet that will be monitored and discussed at the quarterly meetings between the Commissioner and Provider. This includes

information on staff training and numbers of resources distributed (targeting the 11 disadvantaged areas). We have asked for no less than 10% of the budget to be spent on resources to ensure that there are still toothpaste and toothbrush schemes available across the Borough, see monitoring sheet in appendix 2.

## **Quality assurance process:**

Rotherham Public Health team are working towards performance managing their services via the RFT contract. Current arrangements in 2013/14 14/15 have seen Public Health commissioned services managed via the CCG Contracting Team through the associate relationship to their RFT Contract. In 2015/16 Public Health will internally manage this contract. Shadow arrangements will be in place from Q2 2014/15 to help with the transition.

Quarterly commissioner/provider meetings will be held. These have already been inputted into the calendar to align with the quarterly data returns. This will allow us to monitor effectively and drive progress efficiently.

## **Next steps:**

We recognise that we need to consider more innovative approaches to increasing fluoride uptake in the community.

## **8. Finance**

There are no financial considerations.

## **9. Risks and uncertainties**

The refocusing of the oral health promotion specification may impact on the support available to children and families. The new focus on training and disadvantaged areas requires all services to be updated on the new model. The commissioned service has provided information to children centres and schools.

## **10. Policy and Performance Agenda Implications**

Oral Health Improvement Strategy supports the public health indicator 4.03. It will also support the priorities within the Children and Young People's Plan and Health and Wellbeing Strategy.

## **11. Background Papers and Consultation**

**12. Keywords:** Oral health, dentists, fluoride,

**Officer:**

**Commissioner:** Rebecca Atchinson, Public Health Principal, RMBC

**Provider:** RFT – Louise Collins, Oral Health Promotion Coordinator

**Original document:** 4 August 2014 Updated for CYPP on 5 November 2014

**References:**

Public Health England (June 2014) Local authorities improving oral health: commissioning better oral health for children and young people: summary version.

Public Health England (April 2014) Water fluoridation: Health monitoring report for England 2014. Executive summary.

<https://www.gov.uk/government/publications/water-fluoridation-health-monitoring-report-for-england-2014>

## Appendix 1

## PHE - Local authorities Public Health role

## Key questions from the PHE document with Rotherham's progress

Key questions	Rotherham's progress
<p>1. What are the oral health needs of CYP in your local area</p> <ul style="list-style-type: none"> <li>• Do you have information and intelligence regarding the oral health of CYP and the services that are available, benchmarking to similar authorities and local neighbours</li> <li>• Does this identify vulnerable groups and those most affected?</li> <li>• Does it identify inequalities within the district?</li> </ul>	<p>We have information from the PHOF and the Dental Epidemiology Surveys. There are new opportunities for us to work more closely with the Public Health analysts to link data to deprivation, schools and services, wherever possible.</p> <p>Rotherham PH are working with PHE (Kate Jones) and our neighbouring Boroughs to share best practice and explore new opportunities.</p> <p>The newly developed service specification for oral health promotion focuses additional oral health promotion sessions and advice to target groups (LAC, Roma, Learning Disabilities) and the 11 most disadvantaged areas.</p>
<p>2. Is oral health included in the JSNA and HWB Strategy and is underpinned by more detailed oral health needs assessments and strategic documents.</p>	<p>Oral health information is within the JSNA but may need to be reviewed in light of the new specification and strategy. This will be completed by autumn 2014</p>
<p>3. Do you have a local oral health strategy in place to address oral health issues? Is there an integrated approach to oral health improvement across children's services and the children's workforce.</p>	<p>We are currently developing a new oral health strategy for Rotherham which will identify the oral health vision for Rotherham. This will include the role of dentists alongside the wider health and local authority services.</p>
<p>4. Are commissioned programmes appropriate to local needs and informed by the information and intelligence locally?</p>	<p>The new Oral Health Promotion Service has been commissioned against a new service specification which focuses on increasing the fluoride exposure of children in the most disadvantaged areas and in our targeted groups.</p>
<p>5. Are the oral health improvement programmes that you commissioned supported by the best available evidence?</p>	<p>Recently re-commissioned and specifications reviewed and updated aligning with new evidence and best practice.</p>
<p>6. Are your oral health improvement programmes monitored and evaluated and what are the outcomes, outputs and impact?</p>	<p>Quality assurance and performance reviews have been integrated into the commissioner/provider reviews. Service quarterly data will be reviewed and qualitative information will be discussed at a quarterly meeting.</p>
<p>7. Do you have an identified lead or established leadership and advocacy for oral health improvement and commissioning? Are there mechanisms in place to oversee accountability, delivery and engagement with partners?</p>	<p>Joanna Saunders, Head of Health Improvement is the strategic lead for oral health. Rebecca Atchinson is the commissioner and will oversee the accountability and delivery of the contract as it sits in the Healthcare Public Health pillar of</p>

	PH. The engagement of partners will be reviewed as part of the quarterly meetings.
8. Are the children's workforce supported through training and development to deliver for oral health improvement locally?	The importance of training and updating the knowledge of the children and families workforce is included in the Oral Health Promotion specification and will be reviewed on a quarterly basis.
9. What engagement processes do you have to collect the views of CYP and have their views influenced decision making?	We will work with Healthwatch and approach the Youth Cabinet if there are significant developments or changes planned. We will also share the draft Oral Health Strategy to the groups as part of the consultation exercise.
10. Is there reasonable and equitable access to local dental services and are these focused on prevention and the needs of CYP?	We will include this in the strategy and work closely with PHE who hold the dental contract and Healthwatch who publicise and monitor the NHS dentist lists.



## Terms of Reference for the Children, Young People and Families Partnership

Each representative on the Children, Young People and Families Partnership (CYPFP) will be agreed locally by the Partnership partners and each member should have the capacity to enable the CYPFP to carry out its functions and drive forward service improvements. Administrative and organisational support for the CYPFP will be provided by RMBC Children and Young People's Services and RMBC Committee Services.

### Members of the Children, Young People and Families Partnership

The Children, Young People and Families Partnership will meet bi-monthly.

Name	Job Role	Role on the CYPFP
Councillor Beaumont	Cabinet Member for Children and Education Services	Chair of the CYPFP Championing children and defining political priorities for them on the Partnership and to represent the local community and drive improvements.
Jane Parfremment	Interim Strategic Director of Children and Young People's Services	To establish the CYPFP Partnership. Accountable person. Strategic leadership role and to drive forward the development of a strong and dynamic Partnership. Ensure priorities within CYPFP are delivered. Promote co-operation and partnership arrangements.
Councillor Ahmed	Cabinet Member Advisor	
Councillor Roche	Cabinet Member Advisor	
Councillor Pickering		
Jan Ormondroyd	RMBC Interim Chief Executive	Ensure priorities within CYPFP are delivered.
Sarah Whittle	Assistant Chief Operating Officer, NHSR	Deliver improved health outcomes through the CYPFP.
Jason Harwin	Rotherham Police District Commander	To drive improvements in relation to crime and disorder.
To be confirmed	Chair, Secondary Heads Association	Statutory partner. To promote well-being of pupils by strengthening the partnership between schools and other children's services
Gill Alton	Further Education/Colleges Representative (to be confirmed)	Statutory Partner. To promote the well-being of pupils by strengthening the partnership between schools and other children's services
Karen Etheridge	RDASH	

<b>Name</b>	<b>Job Role</b>	<b>Role on the CYPFP</b>
Tom Cray	Strategic Director Neighbourhoods and Adult Services	To ensure effective transition arrangements are in place between Children's and Adults Services.
Steve Ashley	Local Safeguarding Children Board Chair	To ensure local safeguarding arrangements are being implemented.
Deborah Boore	Job Centre Plus Representative	Statutory Partner. Key role in eradicating child poverty and can advise on developments.
	Rotherham NHS Foundation Chief Nurse (representing Brian James from June 2012)	Deliver improved health outcomes through the CYPP.
	Rotherham General Practitioner	Professional adviser to the Board on local health needs.
	Primary Schools Representative	Statutory Partner. To promote the well-being of pupils by strengthening the partnership between schools and other children's services
Julie Mott	Special Schools Representative	
To be confirmed	Pupil Referral Units Representative	
Janet Wheatley	Voluntary Action Rotherham Chief Executive	Non-statutory Partner. Working with marginalised groups can empower individuals to access services.
John Radford	Director of Public Health Rotherham Public Health	
To be confirmed	Academies Representative (to be confirmed)	Statutory Partner. To promote the well-being of pupils by strengthening the partnership between schools and other children's services
To be confirmed	Chris MacCormac	

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	Children, Young People and Families' Partnership
<b>2.</b>	<b>Date:</b>	19 <sup>th</sup> November, 2014
<b>3.</b>	<b>Title:</b>	Children and Young People's Services Performance Indicator Report – Qtr1 2014-15  Appendix A - Performance – Qtr1 2014-15 Appendix B - Performance Measures - Qtr1 2014-15
<b>4.</b>	<b>Directorate:</b>	Children and Young People Services

## 5. Summary

This report and accompanying appendices outline performance at the end of Qtr 1 2014/15 against targets, with direction of travel against previous year's performance and comparisons with statistical neighbours and national data where available.

## 6. Recommendations

- **That the Performance Report be received and performance noted**
  - **Any indicators where there are ongoing issues or poor performance should be recommended for performance clinics.**
-

## **7. Proposals and Details**

Members' attention is drawn to 'Appendix A - Performance – Qtr1 2014-15' which provides details of performance by each Corporate Plan Priority relating to CYPS measures rated as red. We can confirm that no outcomes are rated as red indicators in this quarter.

Full details of performance and commentary at indicator level are provided in the table within Appendix B which is referenced throughout the Performance Assessment (Appendix A). The table includes;

- Performance against targets (Comparing performance against set targets)
- Direction of travel analysis (Comparing 2014/15 Qtr 1 performance to 2013/14 outturn performance)
- Performance against Statistical Neighbours average
- Performance against National average

## **8. Finance**

There are no financial implications to this report. The relevant Service Director and Budget Holder will address financial implications of the Action Plans. Members will be consulted where appropriate

## **9. Risks and Uncertainties**

A category of risk is applied to each Performance Indicator using the PI managers' projection of year-end performance and takes into account any known internal or external influences with comparison against targets.

## **10. Policy and Performance Agenda Implications**

The OFSTED profile is no longer published by OFSTED, however locally this is reproduced in relation to the inspected settings and is used by Directors and Managers as a tool to drive up performance.

## **11. Background Papers and Consultation**

Children and Young People's Services Performance Indicator Reports.

**Contact Name :** Sue Wilson, Performance & Quality Manager , Ext. 22511

## Rotherham Children and Young People's Services

# Assessment of Performance by Corporate Plan Priorities

### 2014/15 Quarter 1 Report

This report outlines quarter one performance for 2014/15 against targets, with comparisons against previous performance and statistical neighbour and national data where possible.

It should be read in conjunction with the 'Appendix B - Performance Measures - Qtr1 2014-15' as it includes references throughout the text to the numbering structure within the table.

Below are the criteria for RAG rating the indicators.

Definition of new RAG Status	Target Met	Stat Neighbour Avg Met	National Avg Met	New RAG Status
Performance is achieving the local target and above Statistical Neighbours or National Average	✓	✓	✓	GREEN
Performance is not achieving the local target and on or above Statistical Neighbours or National Average	x	✓	✓	AMBER
Performance is below local target and Statistical Neighbours or National Average	x	x	x	RED

Comparative data relates to the latest available data and therefore date periods for some indicators may vary. It has been sourced via the DFE Local Area Interactive Tool.

## Corporate Plan Exception Report (RAG rated Red)

We can confirm that no outcomes during quarter one of 2014-15 were rated red, therefore no further detail is provided.

Any relevant further detail regarding any Amber or Green measures can be found in the comments on 'Appendix B - Performance Measures - Qtr1 2014-15'.

We would like to note that a number of the newer measures are still being developed and baselined before targets are set and rag ratings are given.

### Quality Assurance

Between April 2014 and the end of June 2014 we have continued to embed quality assurance and the following audit activity has been undertaken;

- **Thematic qualitative case audit process;** 192 case audits including, Child Sexual Exploitation risk assessments, CART No Further Action decision making. Child Protection Strategy Discussions, Sharing Child Protection reports with parents, capturing parental and child views on impact of assessment and the timeliness of Social Worker reports to CP conferences, Quality of FCAF assessments
- **Qualitative Audit Checklists for all Looked After Children Reviews;** 267 cases reviewed resulting in 18 informal concerns, 7 Stage 1 concerns and 4 stage 2 concerns being raised.
- **Qualitative Audit Checklists for all Initial and Review Child Protection Conferences;** 197 conferences (421 children) resulting in 38 concerns being raised through the escalation/challenge procedure. Conference chairs have reported that the new care planning template introduced in February 14 has made an impact as they are challenging fewer cases regarding issues around care planning.
- **Active Involvement** in the development and contribution to the LAC Action Plan.

Themes and issues identified within the audits have assisted in gaining a clearer understanding on the impact of the services we deliver. As a result;

- A new LAC care plan and LAC statutory visit template have been developed along with refreshed guidance and standards. 85% of escalated concerns by IRO's were regarding concerns about the recording and undertaking of statutory visits.
- Multi-agency training regarding the new children in need/child protection care plan has been delivered to 50 front-line professionals, from Health, Education and Voluntary Sector, 4 more sessions planned between September – December 2014
- CYPS Team Manager Learning Sets have been refreshed and include the development of an intranet site that provides a central repository of information that encompasses changes in national guidance, changes in legislation, sharing of good practice from other authorities, evidenced based practice and research papers as well as general Social Work commentary. The idea really is acknowledging the limited time TM have available to read and put aside for their own research and therefore having a place where they can go and access information that is presented in an easy

accessible format, that is succinct but also provides them with links to explore further and will hopefully have a positive impact on practice in Rotherham.

- In order to consistently capture the child's voice the following practice standard:-  
"Capturing the thoughts, feelings and wishes of Children involved with social care services in Rotherham" has been developed.
- Development of a protocol that enables, on a monthly basis, the CART Manager or responsible Service Manager to meet the LSCB Business Manager/Quality Assurance Officer to carry out a dip sample of contacts that have been deemed to require No Further Action. This will provide assurance to the robustness of decision making at the "front door" as well as facilitating challenge to all partner agencies in relation to compliance with thresholds and quality of contacts to CART.

Ref No.	Indicator Title	Good Perf	Freq.	13/14 Perf	2014 / 2015 Qtr 1 Perf (Apr - Jun)	2014/15 Target	Met Target	Direction of travel	RAG Status	Comments / Remedial Actions	
<b>Priority 1: Stimulating the local economy and helping local people into work</b>											
<b>CYPS Action: We will focus on lifelong learning to improve the qualifications, skills and economic wellbeing of children, young people and their families</b>											
8	(previously NI 103)	Special Educational Needs – statements issued within 26 weeks									
		a) Excluding exceptions	HIGH	Quarterly	100.0%	100.00%	95%	✓	↔	Green	Figures show that all SEN statements have been issued within 26 weeks, year to date. This totals 11 excluding exceptions and 43 including exceptions.
		b) Including exceptions	HIGH		100.0%	100.00%	94%	✓	↔		
10	1.3.2 (previously NI 117)	16 to 18 year olds who are not in education, training or employment (NEET)	LOW	Quarterly	6.4%	6.30%	6.00%	✗	↓	Green	
13	(previously NI 148)	Care leavers in employment, education or training	HIGH	Quarterly	n/a	71.00%	67% (To be reviewed)	✓	↓	Green	Cohort measurement is now different and includes 19/20 and 21 year olds. We therefore can't compare to previous years. The 67% target relates to total leaving care population in rotherham and therefore needs re-assessment in relation to this cohort. In Q1 there were 21 young people of which 15 were in EET. Of the 6 remaining young people, 3 are NEET due to sickness and 2 are young parents/pregnant.
16	LPI	Academic Year 12 participation rates	HIGH	Quarterly	95.0%	94.30%	96.00%	✗	↑	Green	Target measured as an average over Nov, Dec & Jan, so final outturn figure for 2014/15 not available. Q1 target was set at 91.0% so target for period met. Latest Stat Neighbour and National data taken as at May 14.
20	LPI	% of schools with inspection rating of good or better (Nursery, Primary, Secondary, Special & PRU)	HIGH	Quarterly	75.10%	73.80%	n/a	n/a	n/a	n/a	
21	LPI	Number of children attending a school which has an inspection rating of good or better	HIGH	Quarterly	n/a	27565	n/a	n/a	n/a	n/a	
22	LPI	% of inspected schools within the authorities most deprived neighbourhoods having an overall effectiveness rating of good or better	HIGH	Quarterly	71.40%	71.40%	n/a	n/a	↑	n/a	Performance has improved by 11.4% since June 2012.
<b>Priority 2: Protecting our most vulnerable people and families, enabling them to maximise their independence</b>											
<b>CYPS Action: We will intervene early to prevent problems developing and protect children, young people, families and vulnerable adults from all forms of abuse, violence and neglect</b>											
23	(previously NI 52)	Take up of school lunches									
		a) Primary	HIGH	Quarterly	55.00%	52.60%	50.50%	✓	↑	Green	Q1 performance shows significant improvement in comparison to 2013-14 for both sectors. This quarter reflects the seasonal decline in meal take up but targets should be achieved at year end.
		b) Secondary	HIGH		42.70%	36.05%	38.00%	✗	↑		
25	(previously NI 53)	Prevalence of breastfeeding at 6–8 weeks from birth									
		a) Prevalence	HIGH	Quarterly	28.3% (12-13)	Not Available	33.50%	n/a	n/a	Amber	The fragmentation of the NHS has resulted in challenges with data collection, and along with partners we are looking to develop new approaches that will more adequately meet needs. A performance clinic related to this measure has been planned for the end of July and the NHS England and CCG have been invited. *Rotherham's Statistical Neighbours = Doncaster, Redcar & Cleveland, Wigan, and Barnsley.
		b) Coverage	HIGH		97.2% (12-13)	Not Available	97.0%	n/a	n/a		

32	(previously NI 147)	Care leavers in suitable accommodation	HIGH	Quarterly	n/a	100.00%	95.00%	✓	↑	Green	Cohort measurement is now different and includes 19/20 and 21 year olds. We therefore can't compare to previous years. The 95% target relates to total leaving care population in rotherham and therefore needs re-assessment in relation to this cohort. . In Q1 there were 21 young people of which 21 were in suitable accommodation.
33	(previously NI 111)	First time entrants to the Youth Justice System aged 10 – 17 Per 100,000 10-17 Population	LOW	Quarterly	517 (Oct 12 - Sep 13)	535 (Jan 13 - Dec 13)	n/a	n/a	n/a	n/a	The data for this indicator now comes from the Police National Computer. The data is shown in rolling full-years for the 12 months to March, July, September, December of each year. The latest figures available are for the 12 months ending December 2013. Rotherham latest figures for Jan 2013 - Dec 2013 of 535 show an increase of 19.1% from Jan 2012 - Dec 2012 figures. Whilst national figures show a decrease for the same period this is to be offset against Rotherham's previous performance in which Rotherham's FTE actual numbers and rate per 100,000 have dropped faster than comparators and have now levelled out. The trajectory of decline has thus slowed and in the last quarter shows a plateau. Historically Rotherham have seen a massive improvement against the 2007/08 baseline and continued improvement in subsequent years. Good Performance is typified by a decrease. The expectation for a target is a combination of quarter on quarter improvement and comparison with national trends.
36	2.1.4	Increase the % contacts into CYPS where outcome decision was made in 24hrs	HIGH	Quarterly	n/a	53.90%	Baselining	n/a	n/a	n/a	As part of the implementation of the Multi Agency Safeguarding Hub (MASH) and regional performance improvement work. Contact processes and system are to be reviewed. In Q1 480 out of 890 contacts went on to referrals. This is a local measure and we are currently baselining performance before working with service to set a realistic but aspirational target for 2015/16.
38	2.1.6	Reduce the % of children becoming the subject of a Child Protection Plan for a second or subsequent time	LOW	Quarterly	11.3	5.70%	10.00%	✓	↓	Amber	In Q1, 6 children out of 106 became subject to a Child Protection Plan for a second or subsequent time.
39	4.2.3 LPI 1.4	Increase the % of target number of families 'turned around' after help and support from the families for change co-ordinators	HIGH	Quarterly	tbc	46.00%	100% over 3 Yr of Project	n/a	n/a	Amber	46% represents performance that is slightly above trajectory to achieve 100% of families 'turned around' by April 2015. Rotherham's performance is also above national average.
40	LPI 3.4	% of Assessments completed to target date	HIGH	Quarterly	n/a	87.70%	75.0%	n/a	n/a	n/a	Measures relate to the single child assessment following the new framework going live in Duty Teams in March and was rolled out across all teams on the 9th June.
41	LPI 3.6	% of assessments completed within 35 working days (local upper limit)	HIGH	Quarterly	n/a	89.60%	80.0%	✓	n/a	n/a	Performance within the local upper threshold of 35 working days is starting to fall and 'Drag' is on the increase.
42	LPI 5.3	Percentage of child protection cases which were reviewed within required timescales	HIGH	Quarterly	97.80%	99.2% (253/255)	98.0%	✓	↑	Green	
43	LPI 5.5	Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time	LOW	Quarterly	11.30%	5.7% (6/106)	10.0%	✓	↓	Green	
44	LPI 5.6	Number of CPP which have been open for 2 years or more	LOW	Quarterly	tbc	4.9% (18/371)	tbc	n/a	n/a	n/a	
45	LPI 6.3	Looked After Children cases which were reviewed within required timescales	HIGH	Quarterly	98.6%	97.1% (202/208)	98.0%	✘	↓	Amber	Previous NI 66 definition - includes only those LAC at the end of the quarter
46	LPI 8.1	% of long term LAC in placements which have been stable for at least 2 years	LOW	Quarterly	68.80%	67.9% (110/162)	70.0%	✓	↓	Green	
47	LPI 8.2	% of LAC who have had 3 or more placements this financial year	LOW	Quarterly	11.20%	1% (4/393)	10.0%	✓	↑	Green	
48	LPI 9.4	Average number of days between a child becoming Looked After and having a adoption placement (A1)	LOW	Quarterly	636	510	tbc	n/a	↑	n/a	
49	LPI 9.5	Average number of days between a placement order and being matched with an adoptive family (A2)	LOW	Quarterly	287	275	tbc	n/a	↑	n/a	
50	LPI	Rate of proven re-offending by young offenders after 12 months									

		Frequency (number re-offending)	LOW	Quarterly	81 (Apr 11 - Mar 12 cohort)	1.00 (July 11 to June 12)	n/a	n/a	n/a	n/a	The new youth re-offending measure uses data from the Police National Computer. The cohort consists of all young people who received a pre-court or court disposal or released from custody between 1st January 2011 to 31st December 2011. The latest official figures released from the YJB are for the cohort period July 11 - June 2012. The frequency figures (number re-offending) showed a reduction in Rotherham figs of 0.09 and National Figs remained static. The Binary figures (Number of offences) showed a reduction in Rotherham figs of 0.6% and National figures showed a reduction of 0.1%. The expectation for a target is a combination of quarter on quarter improvement and comparison with national trends
		Binary (Number of offences)	LOW		32.9%. (Apr 11 - Mar 12 cohort)	32.3% (Jul 11 to Jun12)	n/a	n/a	n/a	n/a	
51	LPI	Custodial sentences given in court to young people aged 17 years or younger presented as a rate per 1,000 young people in the 10 to 17 local general populations	LOW	Quarterly	11 (Jan 13 - Dec 13 latest period)	13 (Apr 13 - Mar 14)	n/a	n/a	n/a	n/a	Previously this measure was the number of Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody. The new indicator measures the number of custodial sentences given in court to young people aged 17 years or younger presented as a rate per 1,000 young people in the 10 to 17 local general populations. Latest official figures show an increase in Rotherham figures of 0.16 and Nationally a reduction of 0.18. The expectation for a target is a combination of quarter on quarter improvement and comparison with national trends
52	LPI	Chlamydia Diagnosis Rate (15-24 year olds)	HIGH	Quarterly	3,311 (2013)	3,315 (Latest Data Oct-Dec 13)	2,400 > 3,000	✓	↓	Green	Latest data relates to Oct - Dec 13 as no 14/15 data is available yet. National data sets are relied upon that 'clean up' our local data so there is always a time lag. Following the changes in Public Health Outcome Frameworks the reporting parameters for Chlamydia screening have been changed nationally to report on Diagnosis Rate (per 100,000 eligible population, 15-24 year olds) rather than coverage or positivity. Rotherham has an effective screening programme in place as we are performing well in relation to detecting Chlamydia infection. However, continuing high levels of unprotected sexual activity in our population mean that these high levels of detection are only just keeping pace with the disease.
53	LPI	Number of reported incidences of children running away from home or care (Under 18's)	LOW	Quarterly	416	314	n/a	n/a	↓	n/a	Stats provided are from the monthly South Yorkshire Police 'Found Children' reports. We have however been informed that these reports are not exhaustive, but they are currently the only source of data we have. Lead responsibility for missing has been reassigned to strengthen oversight and governance. New post currently being developed to provide additional social work oversight. Recommissioning of return interview contract being led by Sheffield on behalf of sub regional LAs.
54	LPI	Number of children the above runaway incidences relate to (Under 18's)	LOW	Quarterly	131	146	n/a	n/a	↓	n/a	as above
55	LPI	Closed CME Referrals (Termly)	LOW	Termly	577 (Spring)	413 (Summer)	n/a	n/a	↑	n/a	The overall CME figure as at 29/07/14 was 443. This figure excludes 103 children that are not yet compulsory school age that are being tracked from a list of hundreds of children from school admissions that failed to either apply for a reception place or failed to enter the reception transition to school.
56	LPI	Number of children & young people currently open to Early Help Assessment Team (EHAT)	LOW	Quarterly	118 (Mar 14)	115 (May 14)	n/a	n/a		n/a	
57	LPI	Number of children & young people currently open to Early Help Assessment Team (EHAT) of which the Outcome is EH Intervention	LOW	Quarterly	33 (Mar 14)	86 (May 14)	n/a	n/a		n/a	
58	LPI	Number cases open to social care Child Sexual Exploitation Team - CSE	LOW	Quarterly	63 (Mar 14)	53 (May 14)	n/a	n/a		n/a	
59	LPI	Free School Meals									

	a) Eligibility	LOW	Quarterly	17.97%	18.86%	15.00%	x	n/a	Green	Take up of free meals is below expectations, number of eligible pupils is also reducing. As with NI52 this quarter is normally of low take up.
	b) Take up	HIGH		80.72% / 78.01%	73.68%	77.00%	x	n/a		

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	Children, Young People and Families' Partnership
<b>2.</b>	<b>Date:</b>	19 <sup>th</sup> November 2014
<b>3.</b>	<b>Title:</b>	Children and Young People's Services Performance Indicator Report – Qtr 2 2014-15  Appendix A - Performance – Qtr2 2014-15 Appendix B - Performance Measures – Qtr2 2014-15
<b>4.</b>	<b>Directorate:</b>	Children and Young People Services

## 5. Summary

This report and accompanying appendices outline performance at the end of Qtr 2 2014/15 against targets, with direction of travel against previous year's performance and comparisons with statistical neighbours and national data where available.

## 6. Recommendations

- **That the Performance Report be received and performance noted**
  - **Any indicators where there are ongoing issues or poor performance should be recommended for performance clinics.**
-

## **7. Proposals and Details**

Members' attention is drawn to 'Appendix A - Performance – Qtr2 2014-15' which provides details of performance by each Corporate Plan Priority relating to CYPS measures rated as red.

Full details of performance and commentary at indicator level are provided in the table within Appendix B which is referenced throughout the Performance Assessment (Appendix A). The table includes;

- Performance against targets (Comparing performance against set targets)
- Direction of travel analysis (Comparing 2014/15 Qtr 2 performance to 2013/14 outturn performance)
- Performance against Statistical Neighbours average
- Performance against National average

## **8. Finance**

There are no financial implications to this report. The relevant Service Director and Budget Holder will address financial implications of the Action Plans. Members will be consulted where appropriate

## **9. Risks and Uncertainties**

A category of risk is applied to each Performance Indicator using the PI managers' projection of year-end performance and takes into account any known internal or external influences with comparison against targets.

## **10. Policy and Performance Agenda Implications**

The OFSTED profile is no longer published by OFSTED, however locally this is reproduced in relation to the inspected settings and is used by Directors and Managers as a tool to drive up performance.

## **11. Background Papers and Consultation**

Children and Young People's Services Performance Indicator Reports.

**Contact Name:** Sue Wilson, Performance & Quality Manager, Ext. 22511

## Rotherham Children and Young People's Services

# Assessment of Performance by Corporate Plan Priorities

### 2014/15 Quarter 2 Report

This report outlines quarter two performance for 2014/15 against targets, with comparisons against previous performance and statistical neighbour and national data where possible.

It should be read in conjunction with the 'Appendix B - Performance Measures – Qtr2 2014-15' as it includes references throughout the text to the numbering structure within the table.

Below are the criteria for RAG rating the indicators.

Definition of new RAG Status	Target Met	Stat Neighbour Avg Met	National Avg Met	New RAG Status
Performance is achieving the local target and above Statistical Neighbours or National Average	✓	✓	✓	GREEN
Performance is not achieving the local target and on or above Statistical Neighbours or National Average	x	✓	✓	AMBER
Performance is below local target and Statistical Neighbours or National Average	x	x	x	RED

Comparative data relates to the latest available data and therefore date periods for some indicators may vary. It has been sourced via the DFE Local Area Interactive Tool.

## Corporate Plan Exception Report (RAG rated Red)

Any other relevant detail regarding any Amber or Green measures can be found in the comments on 'Appendix B - Performance Measures – Qtr 2 2014-15'.

We would like to note that a number of the newer measures are still being developed and baselined before targets are set and RAG ratings are given.

**Priority 2: Protecting our most vulnerable people and families, enabling them to maximise their independence**

**Outcome:** We will intervene early to prevent problems developing and protect children, young people, families and vulnerable adults from all forms of abuse, violence and neglect

**Measure No.40 (LPI 3.4): % of Assessments completed to target date**

Both measure 40 & 41 are related to the single child assessment, following the new local assessment framework going live on the 9<sup>th</sup> June 2014, after a pilot across the four Duty teams.

Performance has improved when compared to previous assessments carried out in the 'Initial and Core' framework'.

However within the local upper threshold of 35 working days performance is starting to fall, 73.3% (YTD) and predictions show that these will not be completed in time. The national upper threshold of 45 working days performance currently stands at 78.5% (YTD).

4.7% of completed assessments exceeded the national upper limit of 45 days and there are 76 open assessments already exceeding the National upper limit of 45 days.

**Measure No.41 (LPI 3.6): % of assessments completed within 35 working days (local upper limit)**

Please see comments above, Measure No.40 (LPI 3.4).

## Quality Assurance

Between July 14 and the end of September 2014 the following Quality Assurance activity has been undertaken;

- **Qualitative case audit process;** 47 case audits including, Child Sexual Exploitation risk assessments, enhanced Child Protection, Children in need and Looked After Children
- **Qualitative Audit Checklists for all Looked After Children Reviews;** 274 cases reviewed resulting in 54 informal concerns, 12 Stage 1 concerns and 1 stage 2 concerns being raised.
- **Qualitative Audit Checklists for all Initial and Review Child Protection Conferences;** 203 conferences (429 children) resulting in 31 concerns being raised through the escalation/challenge procedure. 2 concerns have progressed to stage 2 of the procedure.
- **Active Involvement** in the Ofsted Inspection.

Themes and issues identified within the audits have assisted in gaining a clearer understanding on the impact of the services we deliver. As a result;

- Training regarding the new children in need/child protection care plan has been delivered to 12 newly qualified social workers as part of the assessed and supported year in employment (ASYE).
- A learning set was developed and delivered to the LAC teams about the importance of how CSE risk assessments inform and influence the child's care plan. It included the importance of recognising how practitioner judgement plays a part in identifying and responding to risk, how risk management and analysis of risk is about not just exploring the potential of harm to a child now or in the future but also about the decision-making, planning and action that is needed to reduce that risk and prevent harm occurring in the future this will hopefully have a positive impact on practice in Rotherham.
- The development of CYPS Social Worker Practice Aide-memoirs, the initial 4 cover;
  1. Reflective practice
  2. Missing children
  3. Meeting the needs of LAC children
  4. LAC reviews

Ref No.	Indicator Title	Good Perf	Freq.	13/14 Year End Perf	2014 / 2015 Performance		2014/15 Target	Met Target	Direction of travel	Latest Comparative Data				RAG Status	Comments / Remedial Actions
					Qtr 1 (Apr - Jun)	Qtr 2 (Jul - Sept)				Stat Neigh	Met Stat Neigh	National	Met National		
<b>Priority 1: Stimulating the local economy and helping local people into work</b>															
<b>CYPS Action: We will focus on lifelong learning to improve the qualifications, skills and economic wellbeing of children, young people and their families</b>															
6	(previously NI 89) Reduction of number of schools judged as requiring special measures and improvement in time taken to come out of the category	LOW	Termly	7 schools (2013)	6 schools	3 schools	0 schools	✗	↑		n/a			Amber	The introduction of the new inspection framework has significantly increased the proportion of schools placed in an OFSTED category. Schools judged as requiring special measures are vulnerable to forced sponsor led academy conversion.
8	(previously NI 103) Special Educational Needs – statements issued within 26 weeks														
	a) Excluding exceptions	HIGH	Quarterly	100.0%	100.00%	14 of 14 (100%)	95%	✓	↔	94.30%	✓	90%	✓	Green	Figures show that all SEN statements have been issued within 26 weeks, year to date. This totals 11 excluding exceptions and 43 including exceptions.
	b) Including exceptions	HIGH		100.0%	100.00%	63 of 63 (100%)	94%	✓	↔	87.70%	✓	82%	✓		
10	1.3.2 (previously NI 117) 16 to 18 year olds who are not in education, training or employment (NEET)	LOW	Quarterly	6.4%	6.30%	6.40%	6.00%	✗	↑	6.50%	✓	5.40%	✗	Green	At the end of Q2 we have achieved an average of 6.4% against a Q2 target of 6.8%. This is on track to meet the annual target which will be measured as an average across the Nov, Dec and Jan returns. Performance at the same time last year was 7.4%, therefore showing a considerable sustained improvement this year.
13	(previously NI 148) Care leavers in employment, education or training	HIGH	Quarterly	n/a	71.00%	65.00%	67.00%	✗	↓	58.80%	✓	58.00%	✓	Amber	For the cohort detailed for quarter 2 current performance is at 65%. The cohort is a small number so will vary with individual changes. In Quarter 2 there are 22 young people. 13 are in EET, of the 9 remaining 3 are NEET due to sickness and 5 are young parents or pregnant. Performance is cumulative across the year. Cohort measurement is now different and includes 19/ 20 and 21 year olds. 67% target relates to total leaving care population in rotherham and therefore needs re-assessment in relation to this cohort.
16	LPI Academic Year 12 participation rates	HIGH	Quarterly	95.4%	94.30%	91.30%	96.00%	✗	↑	73.50%	✓	79.60%	✓	Green	Q2 target was set at 88.3% so target for period met. Latest Stat Neighbour and National data taken as at August 14.
20	LPI % of schools (inc. academies) with inspection rating of good or better	HIGH	Quarterly	75.10%	73.80%	73.70%	n/a		↓	76.00%	✗	80.00%	✗	n/a	Comparative Data provided from 31.03.14
21	LPI Number of children attending a Rotherham school which has an inspection rating of good or better	HIGH	Quarterly	n/a	27565	27145				n/a					Qtr 1 & 2 figures are provided from the 2014 Summer Census 'on roll' data.
22	LPI % of inspected schools within the authorities most deprived neighbourhoods having an overall effectiveness rating of good or better	HIGH	Quarterly	71.40%	71.40%	80.00%	n/a		↑	70.00%	✓	74.00%	✓	n/a	Comparative Data provided from 31.03.14
<b>Priority 2: Protecting our most vulnerable people and families, enabling them to maximise their independence</b>															
<b>CYPS Action: We will intervene early to prevent problems developing and protect children, young people, families and vulnerable adults from all forms of abuse, violence and neglect</b>															
23	(previously NI 52) Take up of school lunches														
	a) Primary	HIGH	Quarterly	55.00%	52.60%	60.22%	50.50%	✓	↑	46.24%	✓	46.30%	✓	Green	Q2 performance shows the impact of the UIFSM in the primary sector. This quarter reflects the seasonal decline in meal take up to the end of the summer term. Direction of travel is positive in the secondary sector.
	b) Secondary	HIGH		42.70%	36.05%	39.71%	38.00%	✓	↑	43.41%	✗	39.80%	✗		
25	(previously NI 53) Prevalence of breastfeeding at 6–8 weeks from birth														
	a) Prevalence	HIGH	Quarterly	28.3% (12-13)	Unavailable	Unavailable	33.50%	n/a	n/a	26.4% (12-13)	n/a	46.6% (12-13)	n/a	n/a	The fragmentation of the NHS has resulted in challenges with data collection, and along with partners we are looking to develop new approaches that will more adequately meet needs. A follow up performance clinic related to this measure has been planned for the 5th November 14. *Rotherham's Statistical Neighbours = Doncaster, Redcar & Cleveland, Wigan, and Barnsley.
	b) Coverage	HIGH		97.2% 12-13)	Unavailable	Unavailable	97.0%	n/a	n/a	98.4% (12-13)	n/a	95.4% (12-13)	n/a		
32	(previously NI 147) Care leavers in suitable accommodation	HIGH	Quarterly	n/a	100.00%	100.00%	95.00%	✓	↑	89.00%	✓	88.00%	✓	Green	For the cohort detailed for quarter 2 current performance is at 100%. The cohort is a small number so will vary with individual changes performance is cumulative across the year. In Quarter 2 there are 22 young people, 22 are in suitable accommodation. Cohort measurement is now different and includes 19/ 20 and 21 year olds. 100%target relates to total leaving care population in rotherham and therefore needs re-assessment in relation to this cohort.

33	(previously NI 111)	First time entrants to the Youth Justice System aged 10 – 17 Per 100,000 10-17 Population	LOW	Quarterly	517 (Oct 12 - Sep 13)	535 (Jan 13 - Dec 13)	545 (Apr 13 - Mar 14)	TBC		↓	470 (Apr 13 - Mar 14)	✘	431 (Apr 13 - Mar 14)	✘	n/a	The data for this indicator now comes from the Police National Computer. The data is shown in rolling full-years for the 12 months to March, July, September, December of each year. The latest figures available are for the 12 months ending March 2014. Rotherham latest figures for Apr 2013 - Mar 2014 of 545 show an increase of 14.7% from Apr 2012 - Mar 2013 figures. Whilst national figures show a decrease for the same period this is to be offset against Rotherham's previous performance in which Rotherham's FTE actual numbers and rate per 100,000 have dropped faster than comparators and have now levelled out. The trajectory of decline has thus slowed and in the last quarter shows a plateau. Historically Rotherham have seen a massive improvement against the 2007/08 baseline and continued improvement in subsequent years. Good Performance is typified by a decrease. The expectation for a target is a combination of quarter on quarter improvement and comparison with national trends.
36	2.1.4 (LPI 2.1)	% contacts to CART, Duty Team and OOH where outcome decision was made within 24 hours	HIGH	Quarterly	42.6%	46.50%	64.70%	65.00%	✘	↑	n/a				Green	As part of the implementation of the Multi Agency Safeguarding Hub (MASH) and regional performance improvement work. Contact processes and system are to be reviewed. Target is interim and is based on baselined performance.
38	2.1.6 (LPI 5.5)	Reduce the % of children becoming the subject of a Child Protection Plan for a second or subsequent time	LOW	Quarterly	11.3%	5.70%	6.70%	10.00%	✓	↓	n/a				Green	In Q2, 9 children out of 135 became subject to a Child Protection Plan for a second or subsequent time.
39	4.2.3 LPI 1.4	Increase the % of target number of families 'turned around' after help and support from the families for change co-ordinators	HIGH	Quarterly	46%	46.00%	65.00%	100% over 3 Yr of Project	n/a	n/a	n/a				Amber	65% represents performance that is slightly above trajectory to achieve 100% of families 'turned around' by April 2015. Rotherham's performance is also above national average.
40	LPI 3.4	% of Assessments completed to target date	HIGH	Quarterly	New measure for 2014/15	87.70%	63.40%	75.0%	✘	↓	n/a				Red	The new local assessment framework going live on the 9th June 2014, after a pilot across the four Duty teams.
41	LPI 3.6	% of assessments completed within 35 working days (local upper limit)	HIGH	Quarterly	New measure for 2014/15	89.60%	62.70%	80.0%	✘	↓	n/a				Red	Both measure 40 & 41 are related to the single child assessment.
42	LPI 5.3	% of child protection cases which were reviewed within required timescales	HIGH	Quarterly	97.80%	99.2% (253/255)	98.9% (261/264)	98.0%	✓	↔	95.08% (2013)	✓	96.2% (2013)	✓	Green	
43	LPI 5.5	% of children becoming subject of a Child Protection Plan (CPP) for a second or subsequent time	LOW	Quarterly	11.30%	5.7% (6/106)	6.7% (9/135)	10.0%	✓	↓	16.19% (2013)	✓	14.9% (2013)	✓	Green	
44	LPI 5.6	% of CPP which have been open for 2 years or more	LOW	Quarterly	4.80%	5.1% (18/356)	5.1% (20/393)	tbc	n/a	↔	3.32% (2013)	✘	3.2% (2013)	✘	n/a	Target to be confirmed
45	LPI 6.3	% of Looked After Children (LAC) cases which were reviewed within required timescales	HIGH	Quarterly	98.6%	97.1% (202/208)	99.5% (205/206)	98.0%	✓	↑	93.4% (2010)	✓	90.45% (2010)	✓	Green	Previous NI 66 definition - includes only those LAC at the end of the period.
46	LPI 8.1	% of long term LAC in placements which have been stable for at least 2 years	LOW	Quarterly	68.80%	67.9% (110/162)	69.9% (114/163)	70.0%	✘	↑	68.6% (2013)	✓	67% (2013)	✓	Amber	Previous NI 63
47	LPI 8.2	% of LAC who have had 3 or more placements this financial year	LOW	Quarterly	11.20%	1% (4/393)	0.3% (1/398)	10.0%	✓	↑	n/a				Green	
48	LPI 9.4	Average number of days between a child becoming Looked After and having a adoption placement (A1)	LOW	Quarterly	636	510	464	487	✓	↑	n/a				Amber	Targets refer to national Adoption Scorecard targets for 2012 to 2015.
49	LPI 9.5	Average number of days between a placement order and being matched with an adoptive family (A2)	LOW	Quarterly	287	275	178	121	✘	↑	n/a				Amber	It is recommended that consideration is given to setting realistic local targets alongside these.
50	LPI	Rate of proven re-offending by young offenders after 12 months														
		Frequency (number re-offending)	LOW	Quarterly	New measure for 2014/15	1.00 (July 11 to June 12)	0.97 (Oct 11 to Sep 12)	TBC		↑	1.1 (Oct 11 - Sep 12 cohort)	✓	1.03 (Oct 11 - Sep 12 cohort)	✓	n/a	The new youth re-offending measure uses data from the Police National Computer. The cohort consists of all young people who received a pre-court or court disposal or released from custody between 1st January 2011 to 31st December 2011. The latest official figures released from the YJB are for the cohort period Oct 11 - Sep 2012. The frequency figures (number re-offending) showed a reduction in Rotherham figs of 0.02 and National Figs reduced by 0.01. The Binary figures (Number of offences) showed a reduction in Rotherham figs of 2.4% and National figures showed a reduction of 0.1%. The expectation for a target is a combination of quarter on quarter improvement and comparison with national trends.
		Binary (Number of offences)	LOW		New measure for 2014/15	32.3% (Jul 11 to Jun12)	29.9% (Oct 11 to Sep 12)	TBC		↑	35.5% (Oct 11 - Sep 12 cohort)	✓	35.4% (Oct 11 - Sep 12 cohort)	✓	n/a	
51	LPI	Custodial sentences given in court to young people aged 17 years or younger presented as a rate per 1,000 young people in the 10 to 17 local general populations	LOW	Quarterly	11 (Jan 13 - Dec 13 latest period)	13 (Apr 13 - Mar 14)	13 (Jul 13 - Jun 14)	TBC		↔	22 (Jul 13 - Jun 14 latest period)	✓	19 (Jul 13 - Jun 14 latest period)	✓	n/a	Previously this measure was the number of Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody. The new indicator measures the number of custodial sentences given in court to young people aged 17 years or younger presented as a rate per 1,000 young people in the 10 to 17 local general populations. Latest official figures show an Rotherham figures of 0.53 remain static for the previous 12 months whilst Nationally the figure reduced by 0.03%. The expectation for a target is a combination of quarter on quarter improvement and comparison with national trends.

52	LPI	Chlamydia Diagnosis Rate (15-24 year olds)	HIGH	Quarterly	2511.47	3,315 (Latest Data Oct-Dec 13)	2511.47 (Latest Data Jan - March 2014)	2,400 > 3,000	✓	↓	2,622	✘	2,136	✓	Green	Latest data relates to Jan - March 2014. National data sets are relied upon that 'clean up' our local data so there is always a time lag.  Rotherham has an effective screening programme in place as we are performing well in relation to detecting Chlamydia infection. However, continuing high levels of unprotected sexual activity in our population mean that these high levels of detection are only just keeping pace with the disease.
53	LPI	Number of reported incidences of children running away from home or care (Under 18's)	LOW	Quarterly	New measure for 2014/15	314	240	n/a		↑			n/a			Lead responsibility for missing has been reassigned to strengthen oversight and governance. New post currently being developed to provide additional social work oversight. Recommissioning of return interview contract being led by Sheffield on behalf of sub regional LAs.
54	LPI	Number of children the above runaway incidences relate to (Under 18's)	LOW	Quarterly	New measure for 2014/15	146	156	n/a		↓			n/a			
55	LPI	Closed CME Referrals (Termly)	LOW	Termly	577 (Spring Term)	413 (Summer Term as at 21.07.14)	433 (Summer Term as at 31.07.14)	n/a		↔			n/a			The overall CME figure as at 29/07/14 excludes 103 children that are not yet compulsory school age that are being tracked from a list of hundreds of children from school admissions that failed to either apply for a reception place or failed to enter the reception transition to school.
56	LPI	Number of children & young people currently open to Early Help Assessment Team (EHAT)	LOW	Quarterly	118 (Mar 14)	115 (May 14)	136 (24.10.14)	n/a		↓			n/a			
57	LPI	Number of children & young people currently open to Early Help Assessment Team (EHAT) of which the Outcome is EH Intervention	LOW	Quarterly	33 (Mar 14)	86 (May 14)	80 (24.10.14)	n/a		↑			n/a			
58	LPI	Number cases open to social care Child Sexual Exploitation Team - CSE	LOW	Quarterly	63 (Mar 14)	53 (May 14)	64 (Sept 14)	n/a		↓			n/a			
59	LPI	Free School Meals														
		a) Eligibility	LOW	Quarterly	17.97%	18.86%	18.86%	15.00%	✘	↓			n/a		Amber	Take up of free meals is slightly below expectation, the number of eligible pupils continues to reduce. As with NI52 this quarter is normally of low take up.
		b) Take up	HIGH		78.01%	73.68%	75.58%	77.00%	✘	↓			n/a			

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Children, Young People &amp; Families Partnership</b>
<b>2.</b>	<b>Date:</b>	<b>19<sup>th</sup> November 2014</b>
<b>3.</b>	<b>Title:</b>	<b>Looked After Children’s Council (LACC) Update</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Integrated Youth Support Service.</b>

### 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 five 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 peer consultation with 62 looked after and leaving care young people, analysed this feedback and made recommendations from their findings to improve the services for Rotherham young people. The group have delivered a presentation of their peer consultation findings to Jane Parfremment and Cllr Chris Beaumont. Engaged in the Voice & Influence Youth Voice Vehicle Residential alongside UK Youth Parliament and Rotherham Youth Cabinet at Habershon House Filey, Represented Rotherham in the Children in Care Council National Conference in Nottingham. Have actively participated in Voice & Influence training days, Chill & Chat Sessions, and Healthy Eating cookery sessions. Have also discussed their experiences of being in care with OFSTED inspectors engaged in the Remembrance Sunday Parade, church service and wreath laying ceremony at the Clifton Park Cenotaph.

**LAC Council Annual Peer Consultation Feedback** – Members of the Rotherham LAC Council conducted their annual LAC peer consultation feedback project whereby they asked 62 looked after and leaving care young people what they thought of the service they have been provided with over the past year. LACC members conducted face to face consultations and visited local Residential Accommodation and Semi-Independent Units of Hollowgate and Nelson Street. Social Care managers were also 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. Unfortunately, despite our best efforts this had limited success, we will be reviewing this part of the process for next year. The young people’s feedback was collated and analysed by the LAC Council on 23<sup>rd</sup> July during an overnight residential to Filey. Through careful consideration and discussions the LACC agreed several recommendations which they believe will improve the Looked After and Leaving Care Service for themselves and other Rotherham young people. These recommendations were written into a report and delivered to Joyce Thacker, Cllr Paul Lakin and Clair Pyper beginning August.

**Youth Voice Vehicle Overnight Residential**– The LAC Council alongside the UK Youth Parliament and Youth Cabinet went together on an overnight residential to Habershon House on 23<sup>rd</sup> & 24<sup>th</sup> July. Some of the residential was given over to having fun together including team building activities such as sand sculpting, and engaging in the Tropical Beach Party Theme. The

LACC took their opportunity on the second day 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.

### **Summer Holidays chill & Chat Activities July & August**

Young people had worked together to create a complete summer activity chill & Chat activity schedule to cover the 6 weeks summer holiday. The aim of these sessions was to give themselves opportunities for continuing support, to keep in touch with each other, and spend positive time together engaging in fun activities. These fun activities included multiple crafts, nail art, bun decorating, movie day, picnic in the park, murder mystery day, and traditional children's party complete with pass the parcel and musical chairs.

### **Healthy Eating on a budget - Life Skills Sessions**

The LAC Council put in a bid to Easy P's funding and were fortunate enough to purchase 5 Healthy Eating Life Skills Sessions whereby young people are encouraged to work together to create healthy eating on a budget menus and work in kitchens to cook their own creations. The group have engaged in 2 of these sessions so far and have enjoyed being creative and successfully cooking an edible healthy meal that is within reach on a limited budget.

### **CSE OFSTED Inspection (September)**

Rotherham LAC Council were visited by two OFSTED inspectors to discuss amongst other things avenues and experiences of support, feelings and perceptions about the recent findings in the Alexis Jay report and media coverage, thoughts about recent changes in RMBC corporate parents. Young people were briefed by myself prior to the visit and asked whether they wanted to volunteer to participate or opt out. Four LACC members chose not to participate and left the room. The inspectors were warm and friendly and created a rapport with the group putting them at ease to speak their minds without fear. The meeting was at times humorous and at times very emotional for those young people talking about their own experiences, so much so that one LACC member had to leave the room part way through as she became so upset.

### **Peer Consultation Feedback Presentation 22<sup>nd</sup> Oct**

The LAC Council invited Cllr Paul Lakin, Jane Parfremment and Cllr Chris Beaumont to a LACC meeting and delivered the Peer Consultation Feedback Report Presentation with recommendations to improve the Looked After and Leaving Care Service for Rotherham young people. This was the first meeting the group had with Jane after their interviewing her earlier this year. LAC Council findings were welcomed and Jane Parfremment gave her verbal response to all recommendations made. In addition it was agreed that these suggestions should contribute to the LAC Pledge when it is updated. The LACC now are waiting written confirmation of Jane Parfremments verbal response from the meeting.

### **Children in Care Council (CiCC) Conference in Nottingham (October)**

Members from the Rotherham LAC Council visited Nottingham to take part in the CiCC national conference focussing on Health and Wellbeing of Looked After and Leaving Care young people. The annual Conference draws together LAC Councils from across England to meet together, discuss and explore ideas and learn from each other.

**Youth Voice Vehicle Training Day (October)** – 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 group welcomed Anne Berridge and Ruth Fletcher-Brown who delivered a Positive Mental Health Workshop to raise awareness about mental health and explore strategies for developing and maintaining positive mental health.

### **Remembrance Sunday Parade and Service – 9<sup>th</sup> November**

The LAC Council once again received an invitation from the Mayor's Parlour to join the Mayor at the Remembrance Sunday Service in Rotherham Minster. The LAC Council nominated 4 young people to represent looked after and leaving care young people in Rotherham to participate in the parade, service at the Minster and Wreath Laying Ceremony at the Cenotaph in Clifton Park. The LACC members wrote a special message and lay their poppy wreath of remembrance on behalf of all looked after and leaving care young people. Again this was an emotional morning for most of the young people who took part.

**Contact Name :**            **Lisa Du-Valle**  
                                     **Voice & Influence Team**  
                                     **Looked After Children's Council**  
                                     **Integrated Youth Support Service**  
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**Rotherham Local Safeguarding Children Board (RLSCB)**

**Minutes from the meeting of Rotherham Local Safeguarding Children Board, held on Thursday 4<sup>th</sup> September 2014, 1pm – 4pm at Riverside House**

In attendance:

Steve Ashley - Chair	Independent Chair, Rotherham Local Safeguarding Children Board
Susan Zielinski - Minutes	Administrative Officer, Rotherham Local Safeguarding Children Board
Stacey Attenborough	Administrator, 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
Councillor Paul Lakin – participating observer	Lead Member for Children and Young People's Services, Rotherham Council
Sue Wilson – in attendance to present agenda item 3	Performance and Quality Manager, Rotherham Council
Zafar Saleem	Community Engagement Manager, Commissioning, Policy and Performance
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
Chris Prewett representing Deborah Wildgoose – Member	Head of Quality Standards Humber NHS Foundation Trust (RDASH)
Maryke Turvey - Member	Assistant Chief Officer, Rotherham/Doncaster Cluster , The South Yorkshire Community Rehabilitation Company
Sam Newton representing 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
Jayne Parfremment - 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)
Ian Phillip	Executive Director, Dearne Valley College
Paul Grimwood - Member	Youth Offending Services Manager, Rotherham Council
Sarah Mainwaring - Member	Assistant Chief Officer for North East Division, National Probation Service
Sue Wynne - Member	Rotherham Women's Refuge, Voluntary Sector Consortium
Dorothy Smith - Member	Director of Schools and Lifelong Learning, Children and Young People's Services, Rotherham Council
Nick Whittaker - Member	Head Teacher, Hilltop and Kelford Schools
Warren Carratt - Advisor	Service Manager for Strategy, Standards and Development, Children and Young People's Services, Rotherham Council, and Rotherham Local Safeguarding Children Board
Rachel Nicholls - member	Assistant Principal, Rotherham College of Arts and Technology

Apologies:

Catherine Hall - Advisor	Head of Safeguarding, Rotherham CCG
Robin Williams – Advisor	Service Solicitor for Children and Young People's Services, Rotherham Council
Richard Williams - Member	Principal, Thomas Rotherham College

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

Introductions were made with apologies and attendance recorded as above. New members were thanked for attending the RLSCB meeting and Debra Wadsworth, Lay Member, was welcomed back.

Mr Ashley stated that there will be no in depth discussions about Professor Alexis Jay's CSE Inquiry Report at this Board meeting, this will be discussed at the Extraordinary meeting of the Board on Wednesday 17<sup>th</sup> September.

The recommendations from the report will be discussed at the CSE Sub Group prior to the board meeting taking place. Mr Ashley did want to acknowledge that there have already been offers of support in terms of development and assurance and these include ACPO and the National Working Group.

Mr Ashley asked for any initial comments. All Board members agreed that support for the victims was the highest priority, in addition to the need to review historical cases and bring perpetrators to justice.

Mr Burton, Lay Member, asked whether there were enough resources to meet this demand. Mr Harwin confirmed that a resource for both support for victims and the pursuit of perpetrators was currently being discussed. This is requiring an assessment of the impact on services, and an assurance that any new cases are dealt with to keep children and young people safe.

Mr Burton, Lay Member, stated that there are numerous issues being reported in the press. There were 1400 victims cited in the Inquiry Report and also reports that some young girls who had been exploited had had their babies removed from their care. Mrs Wadsworth, Lay Member, also stated that the report had said that over a third of the victims were already known to child protection and welfare services.

Mr Ashley stated that the information and historical cases will need to be reviewed in a systematic manner and identify those who need help and support. This will be discussed in the Board meeting devoted to the Inquiry Report next week.

Ms Thacker advised the board that the Minister of State for Children and Families, Edward Timpson, had written to the Local Authority seeking assurance that children are safe and that a letter of response had been submitted. These will be circulated to the board.

Mr Burton, Lay Member added that the LSCB Practice Review Meeting held yesterday had reviewed an audit on a recent neglect case; the case was quite shocking in terms of the neglect that the children had suffered; the audit included, as evidence, observations of the foster carers, with whom the children are now living.

2. Previous RLSCB minutes from 05.06.2014 and matters / actions arising

It was agreed at the previous RLSCB meeting that any amendments to RLSCB minutes must be submitted within one week of the circulation of the

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draft copy. After this period, the minutes are approved and uploaded to the RLSCB website. The minutes from the previous meeting 05.06.2014 were agreed.

Mr Ashley has written to the Secretary of State for Education regarding elective home education and is waiting for a reply.

3. Safeguarding Children Performance update report – Sue Wilson

Mr Ashley stated that he would continue to chair the Performance Sub Group for the time being, in order to ensure that performance information in relation to key areas is monitored robustly by the Board.

Ms Wilson presented the performance report and also tabled additional commentary on three lines of enquiry arising from the performance sub group held recently.

Councillor Lakin asked if CSE Risk Assessments are on all relevant children's files. Mrs Parfremont responded that all the risk assessments have been completed using the assessment tool, which gives a numerical indicator, but this also uses professional judgement. This would take account of young people presenting lots of vulnerability issues who moved to residential, where the care plan would provide for intervention for the young person's self-esteem/self-confidence.

Councillor Lakin went on to question the sufficiency requirement in relation to Looked After Children. Ms Parfremont stated that Paul Dempsey, Service Manager is working on the sufficiency. Ms Parfremont added that this is reported to the Corporate Parenting Board.

Cllr Lakin asked Joyce Thacker what the self-assessment was indicating in relation to safeguarding children against the Ofsted criteria under the Single Inspection Framework. Ms Thacker replied that considering the self-assessment of services against the Ofsted framework indicated that Rotherham was not inadequate.

In relation to the high numbers of Children on child protection plans, Mr Ashley suggested that extra investment in early help would not necessarily see an immediate impact on the number of children on a child protection plan, as these are at the high end. Ms Parfremont stated that there is potential to work more closely with partners to manage risks and prevent children needing to be subject of a child protection plan.

Mr Morris challenged that the indicator relating to strategy meetings was not correct, as using the data for joint investigations could not be used as a proxy for measuring whether strategy discussions were multi-agency in nature. Ms Wilson replied that further work was being undertaken to develop this indicator.

4. Corporate Parenting Board Annual Report – Jane Parfremont - Cllr Lakin

Ms Parfremont examined the figures provided reflect up to the end of march

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2013-2014. There are 400 LAC Children. This puts Rotherham in the range with comparable authorities. We have 67.8% of Children in foster care and 10% in adoption.

The rate of recruitment of new foster carers in Rotherham is a positive as compared to other authorities who have struggled with this. The plan going forward is to review children who are currently in residential care who could have their needs met in foster care.

Rotherham received a GOOD judgement for adoption on the Ofsted Inspection last year. St Edmunds Avenue was inspected by Ofsted recently and achieved a GOOD judgement.

We currently have 184 Rotherham Foster Carers, this has been increased by 20 and the local authority is really impressed with the fostering service. There are 31 new adopters approved, this is an increase from 18. In part this is thanks to the hard work of Paul Dempsey, who has transformed the service. Paul is really positive, he has introduced a foster plus scheme aimed at people skilled to deal with vulnerability and challenging behaviour, this will be a good step forward. Rotherham is currently recruiting adopters that are being utilised by other authorities at a cost.

LAC performance in Education is 88.9% Personal Education Plans in place. 71% of schools attended by LAC are good or better. School care leavers who are in suitable accommodation is now 99.4% this been raised to those who are 21 years which is more challenging. 53.6% care leavers are in work. There are improvements of stability and educational progress in permanent care. Improvements need to be made for care leavers with employment and training.

Ms Wadsworth, lay member, asked how in house Foster Carers are paid. Mr Ashley stated Foster Carers are paid in the placement; Fostering plus carers will be salaried as a good match is needed for the first placement.

Ms Wilson explained that it was a recommendation in 2010 that the corporate parenting annual reports had no targets, next year these will be set.

Councillor Lakin stated that the pupil premium for Looked After Children has changed this year and questioned if a report be taken to the corporate panel to identify how this funding is being utilised to the benefit of Looked After Children.

5. Peer Review on Neglect – Joyce Thacker

The Peer Review has been postponed until the new year due to the forthcoming Ofsted visit.

6. RLSCB Sub Group progress reports

Serious Case Review Sub Group

6.1

Mr Horner stated that we are currently awaiting the second draft of the report

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item:**

and that there could be a delay in publication of the report due to the ongoing criminal proceedings. If any Board member would like further information please contact Pete Horner as chair of the SCR sub group.

6.2

Child Exploitation Sub Group – Annual Report – Jason Harwin

The report has been published and gone to the cabinet, the action plan continues to be refreshed when there are updates available. There has not been any media interest in the CSE annual report. Updated actions for the delivery plan need to be submitted for next week. There are 15 recommendations from the Jay report which have been added in. Ms Thacker added that this included a review of licensing.

6.3

Quality Assurance Sub Group – Tracey McErlain-Burns

The quality assurance sub group meeting held yesterday was well attended and a multi-agency case study was presented to the group by the named nurse of TRFT. This was a difficult case for practitioners who took part in the review but it provides evidence of challenge to practice in such cases. The findings and recommendations from this case are to be submitted to the learning and improvement sub group. Mr Burton, lay member, stated that the impact of the parental care on the children in this case was concerning and it was a thorough audit of the case.

The Quality Assurance sub group had also recently received a wide range of reports detailing how children's voices are being heard and acted upon. Mr Burton supported this. This included the work of the Looked After Children's Council .

Mr Ashley explained that there were some concerns with regards to understanding what children say through comments and complaints and promoting this opportunity to them. Although he went to add that he had never worked anywhere that offers this level of engagement

6.4

Performance Sub Group – Steve Ashley

There are 2 papers which have been provided to this meeting, which were brought to the performance meeting. It follows the child's journey, bringing together information for different boards and meetings.

Mr Ashley added that work is still progressing for quarter one contact referrals. The key elements have been summarised and put before the sub group.

The Assessment framework has recently changed, going live on 9<sup>th</sup> June, with a pilot for the new assessment. 89.5% of assessments are completed within 35 working days. Any issues are being reported, to ensure the glitches are resolved. The upper national is 45 days which shows really good

Action:

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progress.

6.5 Learning & Improvement Sub Group – Jane Parfremment/Warren Carratt

Ms Parfremment stated that a Learning and Improvement sub group has not been held since she started, however when she chairs the next meeting it will be considering the findings from any audits or reviews and how to take them forward.

6.6 Child Death Overview Panel – Annual Report – John Radford

Dr Radford stated that the work of CDOPs began 6-7 years ago and since then no child has died from abuse or neglect in Rotherham. Work is in progress in relation to premature babies and work with key hospital staff is taking place to review these at joint meetings. This work has been extended for deaths of babies at birth.

The discussion at CDOP of suicide deaths has resulted in the development of a community plan to respond appropriately and proportionately in such cases. Mr Ashley asked that this be sent out to board members for any final comments before approval.

2

Dr Radford reported that although the CDOP annual report only contains reference to one death in 2013-14 from sudden infant death there have been 3 further deaths this year which include the factor of poor sleeping position/environment. Dr Radford explained that although safe sleeping advice and assessments are undertaken this needs to be reinforced with all frontline professionals who are in contact with families. Some multi-agency safe sleeping training has been delivered but this needs to continue.

Dr Radford also stated that work is to be done with the community engagement manager in relation to the prevention of babies being born with congenital abnormalities. It was acknowledged that Bradford had already undertaken research in relation to this, and follow up is required. Dr Radford went on to explain that whooping cough and flu vaccinations are to be integrated into the care pathway for pregnant women.

Dr Radford asked for views in terms of whether there was any benefit from CDOP reviewing near misses. It was agreed that further discussion and a proposal would be needed on this for Board members to consider.

3

Mr Burton, lay member, questioned if Dr Macfarlane was retiring and asked if the chair could on behalf of the board write to Dr Macfarlane at an appropriate time to thank him for his excellent contribution to CDOP in Rotherham.

7. Annual Report 2013-2014 & Business Plan 2014 -2015

The Chair thanked all those for the contribution of evidence for the annual report and apologised for the slight delay as he felt the need to re word the

Action:

**Agenda item:**

introduction to the report following the publication of the Alexis Jay report. The chair asked for a quick turn round on any final comments for the report before publication. The report will be published on the new LSCB website. A number of board members have provided feedback on wording and formatting issues for the RLSCB website, these points were agreed and noted for amendment. Mr Morris added that the annual report had more emphasis than that of previous years in terms of listening to what children in the borough had to say and how this was shaping services for them.

8 Proposal for RLSCB Executive Group

The chair introduced a proposed terms of reference for an Executive Group for the Board. This would enable the main board meetings to focus on the priorities in the business plan and look at what is changing and what are we doing about it. The chair was keen to point out that the Executive Group was not a closed group with the minutes being submitted to the full Board. The Chair proposed that the terms of reference were adopted with immediate effect and the final terms of reference would be circulated. The Board agreed to this proposal.

4.

The Executive Group replaces the Sub Group chairs meeting.

9. For Information9.1 Budget Update – Karen Potts – For information only9.2 Minutes from meeting of RLSCB Sub Group Chairs – for information only9.3 Minutes from Safer Rotherham Partnership – for information only10. Any Other Business

Mr Burton, lay member, questioned if a young lay member had been invited to attend future RSLCB meetings. The chair stated that the continuing contribution of young people to the work of the board was being taken forward with the Rotherham Youth Cabinet and he was attending the Youth Cabinet manifesto launch in October. However, due to the meeting taking part during school times, it was not possible for a student to attend the RLSCB.

Mr Burton, lay member, commented that local newspapers are claiming that young people don't feel safe in Rotherham. Mr Harwin replied that work is in progress in relation to the bus interchange, and the police are working with the youth service to understand what young people's perceptions are and the real issues that concern young people.

Ms Wadsworth, lay member, has had a brief discussed with Phil Morris about working with drive through fast food restaurants, such as McDonald's, to assist with developing intelligence and reporting concerns that might be CSE

Action:

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item:**

related. Members of the Board felt that this was an excellent suggestion that would be taken up under the awareness initiative with local hotels.

Mr Stevens informed everyone that in November he will be sending out the Section 11 audit notification for the assessment to be undertaken in early 2015 in accordance with the biennial frequency agreed previously.

11 Future Agenda Items

None

12. Dates of future meetings  
Thursday 4<sup>th</sup> December



Appendix One**Actions Points Raised / On-Going as at 04.09.2014**

No:	Owner:	Details:
<b>Actions raised on 04.09.2014</b>		
1.	Joyce Thacker	Distribute letters from DfE and response
2.	John Radford	Distribute Suicide Community Plan to board members for comment.
3	John Radford	Prepare a draft proposal for CDOP to review near misses, to be presented at the next RLSCB meeting.
4.	Phil Morris	Executive Group final Terms of Reference to be distributed to board members.

No:	Owner:	Details:	Update:
<b>Actions raised on 05.06.2014</b>			
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.	<b>Discharged 04.09.2014</b> A letter was sent by Mr Ashley no reply has been received at this stage
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.	<b>Discharged 04.09.14</b> This issue will not be taken to the PCC meeting.
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.	<b>Discharged 04.09.2014</b> The report has been published and sent to cabinet.
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.	<b>Discharged 04.09.14</b> Annual report has been provided at this meeting
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.	<b>Discharged 04.09.2014</b> No members have registered any interest. Mr Ashley will continue as chair for the Performance Sub Group.
6.	John Radford	John Radford reported that he had now	<b>Discharged 04.09.14</b>

No:	Owner:	Details:	Update:
	(Sonya Chambers to add to September's RLSCB agenda)	completed the CDOP annual report which he will bring to the next LSCB meeting, although it will go to the Children's Board first.	Annual report has been provided at this meeting
7.	Phil Morris (Sonya Chambers to add to September's RLSCB agenda)	By September this year, the LSCB Business Plan should be finalised and fit for purpose.	<b>Discharged 04.09.2014</b> The business plan has been freshened up to make it more user friendly. The chair would like feedback from LSCB board members within the next ten days after this time it go onto the website.
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.	<b>Discharged 04.09.14</b>  Ofsted visit planned
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.	<b>Discharged 04.09.2014</b>
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.	<b>Discharged 04.09.2014</b> The business plan has been freshened up to make it more user friendly. The chair would like feedback from LSCB board members within the next ten days after this time it go onto the website.
<b>Actions ongoing as at 04.09.14</b>			
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.	<b>05.06.14</b> 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.  <b>New action:</b> Sonya Chambers to add this as a standing agenda item for the LSCB. Action for November's Executive Group.  <b>Discharged 04.09.14</b>
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	<b>05.06.14</b> There will be a discussion at next week's CSE Sub Ground about profiles. Joyce Thacker reported that

No:	Owner:	Details:	Update:
		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>Rotherham has offered to be part of some university research but no response has yet been received about this.</p> <p><b>New action:</b> Pete Horner therefore undertook to chase this up as it would be good to participate in this.</p> <p><b>Discharged 04.09.14</b></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 until ‘any other business’ at the end of the meeting, when people start to leave. Steve Ashley agreed to consider this.	<p><b>05.06.14</b></p> <p>Steve Ashley had considered this but concluded he was happy that Richard Burton’s views were clearly minuted anyway, so there was no need for a separate section.</p> <p><b>New action:</b> 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> <p><b>Discharged 04.09.14</b></p>
14.	Pete Horner	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><b>04.09.2014</b></p> <p><b>New Action:</b> To be added to December board agenda</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><b>05.06.14</b></p> <p>It was unclear whether or not this action had been completed.</p> <p><b>Update:</b> Meeting to take place in October to resolve this.</p>

