

IMPROVING LIVES SELECT COMMISSION

**Venue: Town Hall, Moorgate
Street, ROTHERHAM.
S60 2TH**

**Date: Wednesday, 17th September,
2014**

Time: 2.00 p.m.

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March, 2006) of the Local Government Act, 1972.
2. To determine any item(s) the Chairperson is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence.
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Communications.
7. Minutes of the previous meeting held on 9th July, 2014. (Pages 1 - 9)
8. Recycling Group.
 - To confirm the Improving Lives Select Commission's representative to the Recycling Group, 2014-2015.
9. Children and Young People's Plan - progress report. (Pages 10 - 86)
 - Performance and Quality Manager, Neighbourhood and Adult Services Directorate, to report.
10. Consultation - changes to the school admissions code. (Pages 87 - 91)
 - Principal School Admissions, Organisation and Special Educational Needs Assessment Officer, Schools and Lifelong Learning, Children and Young People's Services Directorate, to report.

11. Children Missing Education (CME). (Pages 92 - 112)

- Education Welfare Service Manager, School Effectiveness Service, Schools and Lifelong Learning, Children and Young People's Services Directorate, to report.

12. Date and time of the next meeting: -

- Meeting planned for Wednesday 1st October, 2014, to consider exam results and school standards has been cancelled and will be rearranged.
- Next scheduled meeting is planned for Wednesday 5th November, 2014, to start at 2.00 p.m. in the Rotherham Town Hall.

IMPROVING LIVES SELECT COMMISSION
9th July, 2014

Present:- Councillor G. A. Russell (in the Chair); Councillors Ahmed, Astbury and Reynolds.

Apologies for absence were received from Councillors Ali, Buckley, Burton and Clark.

9. DECLARATIONS OF INTEREST.

No Declarations of Interest were made.

10. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.

There were no members of the public or the press in attendance.

11. COMMUNICATIONS.

The Senior Scrutiny Adviser: Member Development (Scrutiny Services, Legal and Democratic Services, Resources Directorate) informed the Improving Lives Select Commission that an email invitation had been circulated to all members about a speaking and contributing to meetings training event that was taking place on 17th July, 2014.

12. MINUTES OF THE PREVIOUS MEETING HELD ON 11TH JUNE, 2014.

The minutes from the previous meeting of the Improving Lives Select commission held on 11th June, 2014, were considered.

Resolved: - That the minutes be agreed as an accurate record.

13. APPOINTMENT OF REPRESENTATIVE ON WORKING PANELS AND GROUPS, 2014/2015.

The Democratic Services Officer (Committee Services, Legal and Democratic Services, Resources Directorate) informed the Improving Lives Select Commission that a representative from the Select Commission was required for the Council's Recycling Group for the 2014/2015 Municipal Year.

Resolved: - That the dates of the 2014/2015 Recycling Group meetings be circulated to the full membership of the Improving Lives Select Commission and expressions of interest be requested for the role of the Improving Lives Select Commission's representative to the Recycling Group.

14. PEER REVIEW - THE IMPACT OF CHILDHOOD NEGLECT.

Councillor Russell, Chairperson of the Improving Lives Select Commission, welcomed the Director for Safeguarding Children and Families (Children and Young People's Services Directorate), and the Performance and Quality Manager (Performance and Quality, Neighbourhood and Adult Services Directorate) to the meeting. They had prepared a presentation on the impact of childhood neglect and Rotherham's Peer Review on neglect that would take place in September, 2014.

The Officers gave a presentation, which included the following: -

- The Department for Education's definition of Neglect (2013): –

... the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse.

Neglect may involve a parent or carer failing to: -

Provide adequate food, clothing and shelter (including exclusion from home or abandonment);

Protect a child from physical and emotional harm or danger;

Ensure access to appropriate medical care or treatment;

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

- Peer Review in Rotherham: –
 - There was an expectation that local authorities would provide a level of challenge and support to one another to enable sector-led improvement;
 - Rotherham's peer review into childhood neglect would take place during the week commencing 8th September, 2014, for three days;
 - It would be led by Doncaster's Director for Children's Services, with colleagues from North Lincolnshire and York local authorities;
 - There were no direct costs relating to the peer review; costs relating to expenses and IT set-up would be incurred. It was noted that the cost of peer reviews was significantly less than the costs of an LGA review;
 - The July 2012 inspection of child protection services in Rotherham made a number of findings in relation to neglect

in the Borough. The actions of the Rotherham Local Safeguarding Children Board to address them included the use of SMART planning, the roll-out of a challenge procedure and tool-kits, improved legal gatekeeping and early intensive intervention.

- Ofsted had published a national report entitled *In the Child's Time – Professional Responses to Neglect*: -
 - One third of neglect cases where social care had been involved for a long time had evidence of delay and /or drift;
 - Assessments did not always take account of family history or the impact that neglect had on a child;
 - Engaging parents in child protection work was often difficult as they were likely to have complex issues of their own;
 - Non-compliance and the disguised compliance of parents.
- This document was being used to inform Rotherham's 'Neglect Strategy'.
- Rotherham statistics: -
 - 2013/2014 – 43% of Child Protection Plans had a referral reason of neglect;
 - Child in Need – 34% had a reason of neglect;
 - LAC – 61% had a reason of abuse or neglect.
- Impact of neglect and what it looked like: -
 - There were implications across all age-ranges but neglect was more damaging to younger children and babies who were completely unable to meet their own needs;
 - Health and physical development – 'failure to thrive', physical health conditions not addressed, not having/missing medical appointments, communication, access to education, life beyond education. Parents not fulfilling their role;
 - Case studies were available - no food, no sheets or covers, debris in cot/around house, dirty nappies, hungry. Professional description of the signs was 'frozen watchfulness';
 - Current context of increasing poverty;
 - The 2012 frontline inspection asked the question 'when is enough enough?' in relation to children who were being neglected and when care proceedings would begin;
 - TripleA – workforce training had been developed;
 - Early Help Support Panel – practitioners were able to raise concerns earlier;
 - Troubled Families – Families for Change;
 - Rotherham needed its partner agencies to recognise the signs of neglect and refer;

- The Multi-Agency Support Panel had significantly changed the practice of agencies/partners;
- Working with other Council Departments, including with Housing and Adult Services.

Rotherham's multi-agency threshold descriptions were circulated and considered.

Discussion ensued and the following questions and answers were made: -

- **How do you identify where neglect is an issue? –**

Safeguarding training had been provided to all schools on awareness raising and what neglect meant to children, the use of the Common Assessment Framework and how professionals worked with families. Similar sessions had been provided to the Council's M2 managers in an information session. Neglect had been built into the Rotherham Local Safeguarding Children Business Plan. The opening of the Multi-Agency Support Hub in Riverside House on 4th August, 2014, would also enable agencies to work together to stop neglect.

- **How were hard to reach families engaged with? –**

Some families hid neglect, and others were in denial about neglect. Some did not understand what neglect was and some families replicated their own childhood experiences of neglect. The Family Recovery Programme provided intensive family support in these cases and was clearly helping with some families. Some families exhibited signs where the denial was so significant that they could not comprehend and had no capacity to change. In these cases the children were removed to care. The 'Say Something if you See Something' campaign was a useful way of prompting people to report their concerns.

- **Great to hear what we are doing in Rotherham. With regards to Universal Services and Thresholds – are we measuring impact after training has taken place to see whether it has been useful?**

Yes, the Service has seen more referrals and contacts, and this should lead to better referrals. It was the Service's role to challenge poor referrals and signpost to alternative agencies if it was not a social care issue. However, the message was: 'if in doubt, refer'.

- **Will the peer review highlight the areas we need to be more focussed on and direct resources to?**

The outcomes of the peer review would be used to prioritise resources. There was increasing poverty in the Borough at the current time due to low incomes and changes to Welfare provision. Neglect is an increasing issue both regionally and nationally. The addition of resource poverty to

already neglectful families could increase the number of referrals to social care and, potentially, the number of looked after children.

The overall strategy used by all services was important. An example of this was when Housing Services changed their view of a family through the influence of Children's Social Care and gave the family another chance, preventing them slipping into the crisis situation of being homeless. A more co-ordinated approach working with families where neglect happened was needed so that all Partners were tackling it in the same way.

- **Every Child Matters addressed these issues of services working long hours but in silos and not communicating information with one another. Strategies were written and then seemingly shelved. Why was Every Child Matters not used to eradicate the barriers to multi-agency working so it would be well-embedded by now? –**

In response to Every Child Matters, Rotherham created the Children and Young People's Plan. This was a multi-agency plan with six priorities and was robustly monitored in Rotherham. Nationally, multi-agency information sharing platforms had faltered and this had constituted a real barrier to realising the Every Child Matters outcomes. Rotherham was continuing to bid for funding to improve information sharing platforms.

- **Engagement of key professionals, including teachers – was workload a barrier because professionals were so busy and reluctant to take on extra form filling? Could concerns about whistle blowing/ rocking the boat be a disincentive for them to refer? –**

There was no current evidence to suggest that workload was preventing professionals from making referrals, but the Service would take seriously any allegations that this was happening. At the end of the day the lives and health of children were at stake and it is the moral obligation of professionals working with children to report any concerns they have.

- **Can the Local Authority impose penalties on Officers not reporting concerns? -**

At the moment this would be a matter for the individual's line management. Agencies did take these matters seriously and worked with the Council. There was nothing to suggest that these concerns were founded, but any allegations would be investigated.

- **Does the Council have sufficient resources? -**

It was always the intention to protect frontline services for Children's Social Care. The Local Authority had sustained cuts to budgets and these were continuing. Where cuts had been made they were being

implemented as slowly as possible to mitigate impact and Services were asked to work more closely, again to mitigate cuts as far as possible on the front line.

Councillor Russell thanked the Officers for their presentation and contribution to the discussion.

Resolved: - (1) That the report and presentation be received and their content noted.

(2) That an update be provided on the outcomes of the Peer Review into childhood neglect and Rotherham's action plans in response to the outcomes be considered by the Improving Lives Select Commission in six-months' time.

15. YOUNG PEOPLE MISSING FROM HOME AND CARE.

Councillor Russell welcomed the Service Manager - Family Placements and Residential, and the Provider Services Manager (Safeguarding Children and Families Services, Children and Young People's Services Directorate) who had been invited to the meeting to update the Improving Lives Select Commission on the procedures, legislation and working practices around young people who went missing from their home or from care.

This issue was regularly considered by the Corporate Parenting Panel in respect of looked after children and young people who went missing or who ran away.

The Department for Education had published statutory guidance in January, 2014, relating to children who ran away. The guidance made it clear that local authorities continued to be responsible for protecting children when they went missing, whether this be from their family home or from local authority care. It was recognised that when Looked After Children went missing they were at risk of exploitation, including sexual exploitation. Department for Education guidance had always been that local authorities should agree with the local police and other agencies and, potentially, other local authorities, a protocol for dealing with children who ran away or who went missing in their area. Local protocols should be agreed and reviewed by all agencies/partners and scrutinised by the Local Safeguarding Children Board.

The report outlined Rotherham's local protocol, as scrutinised by the Rotherham Local Safeguarding Children Board, and that of the South Yorkshire sub-region. The South Yorkshire protocol was due to be reviewed in the summer of 2014. A sub-regional meeting was held every two months, which covered structures for managing the local and regional protocols, forums and panels. Rotherham's Silver Group met monthly and missing people formed part of the Terms of Reference; early support and strategy meetings were arranged at the Silver Group.

The report showed the numbers of children who had gone missing between January – May, 2014, and a commentary on the patterns and trends and some of the reasons why a child may choose to go missing/run away.

A recent change in the Department for Education's guidance introduced new definitions. The guidelines had been implemented across South Yorkshire in 2014, and this had led to an increase in the number of cases being recorded.

The new definitions that were now in place: -

Missing: -

Anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another.

Absent: -

A person not at a place where they are expected or required to be.

The Police considered and decided whether the incident was 'out of character' for the child/young person who had gone missing. If this happened routinely, they would be classed as absent, as it was in character. When the child or young person returned, the Police conducted a 'safe and well check'. This was followed up with an independent interview conducted by 'Safe@Last', who shared the messages from the interview with Rotherham's Contact and Referral Team.

Two case studies were shared that illustrated how/why and the frequency of a child/young person going missing. The case studies suggested the reasons why the child/young person was choosing to go missing and the actions and interventions that were put in place by agencies to support the young person. The case studies showed positive outcomes and reductions in the number of incidents of the child/young person choosing to run away.

Discussion ensued and the following questions and answers were made: -

- **What about when children were placed out of the Borough, how were multi-agency responses made? -**

Rotherham's Safeguarding Children and Families Service had sent a reminder of the obligations arising from the National Guidance to all providers where children were placed out of the Borough. Regulation 33 visits were undertaken each month.

- **How do we link in with partners for Early Intervention and Prevention Services?**

The Council's Children Missing from Education Officer established these links.

- **More females were going missing compared to the number of males. Was this a recent trend or a long-term pattern? And why?**

This was not a new trend. Monitoring had been done over the previous 8-10 years and every year the outcomes were similar. The majority of children/young people who went missing were females, and the 15 year-old age-group also experienced a peak. This could relate to gender expectations; boys being allowed more independence and girls being more protected by their parents/carers, and also normal teenage behaviour of increasing independence, boundary testing and changing identity.

- **Is there anything in the Legislation that could be used where we think a young person is at risk of going missing? Or would this require new Legislation?**

Yes, Care Orders – if the Service needed to put a young person into Secure Accommodation for their own protection, the Courts can grant this if there is evidence to support the need/reason. However, this is extreme and undesirable, and most young people who went missing would not meet the criteria. Instead, the Service tried to work with the young person to influence and engage them to more positive strategies for coping. There was no law that could be used to prevent children and young people from going missing, but there is a law to stop other people from taking them or persuading them to run away. It was a preferable option to address/punish perpetrators, and not stigmatise or alienate the young people involved.

- **There is a high level of emotional factors surrounding children going missing. -**

Training had been provided to the staff in Children's Homes to ensure that they were aware of risk signs and able to encourage young people to engage when they had issues, rather than running away.

- **Could the new definitions of missing and absent lead to new emerging trends in the data? -**

Service meetings taking place every six weeks were concentrating on trends and patterns. In general, most young people were tending to be running away *to* something rather than away *from* something; usually they were running to their friends and returned in the early hours of the morning. Many did not go very far. Some do cross local authority boundaries and could be at risk of exploitation.

There was a small proportion of young people who made up a very big incidence of those going missing. Many will say they are ok on return but then go missing again. Services concentrate on the young persons' wishes and feelings and relationship building, activities and hobbies to help the young person so they did not want to go missing again.

- **Could additional medical/social needs be underlying issues for going missing? –**

The Service kept figures on whether a child or young person going missing had a Statement of Special Education Need or if they had other, lower level forms of SEN.

- **Was there any indication that young people were going missing due to Female Genital Mutilation or forced marriage? -**

Yes there was, but this did not happen often/recently in Rotherham. There was a watching brief on these issues and they were being regularly monitored.

Councillor Russell thanked the Officers for their presentation and contribution to the discussion. The presentation had been useful and important.

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

(2) That the Corporate Parenting Panel continue to receive regular updates about the numbers of looked after children and young people who go missing in Rotherham and the multi-agency work that was taking place to support these young people.

16. CLAIR PYPER - INTERIM DIRECTOR OF SAFEGUARDING CHILDREN AND FAMILIES.

Councillor Russell informed the Improving Lives Select Commission that this meeting would be Clair Pyper's (interim Director of Safeguarding Children and Families, Children and Young People's Services Directorate) last meeting before she left her role to take up another post. Councillor Russell thanked Clair for the fantastic way that she had performed her role and for her efforts and contributions to Rotherham.

All wished Clair well for the future.

17. DATE AND TIME OF THE NEXT MEETING: -

Resolved: - That the next meeting of the Improving Lives Select Commission take place on Wednesday 17th September, 2014, to start at 2.00 p.m. in the Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

| | | |
|-----------|---------------------|---|
| 1. | Meeting: | Improving Lives Select Commission |
| 2. | Date: | 17th September 2014 |
| 3. | Title: | Children and Young People’s Plan – progress report |
| 4. | Directorate: | Children and Young People’s Service |

5. Summary

This report provides an update to Improving Lives Select Commission progress on the partnership action plan – “Children and Young People’s Plan” this was developed and monitored by the Children and Young People and Families Partnership

6. Recommendations

- (i) That Improving Lives Select Commission receive this paper and the associated progress monitoring for the Children and Young People’s Plan**
-

7. Proposals and Details

The production and publication of a Children and Young People's Plan (CYPP) is no longer a statutory requirement, however is still seen as good practice.

The current CYPP was developed and launched for the period 2013-16 and covers the 6 priorities:

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

The priority "We will work with partners to eradicate child sexual exploitation" is also one of the six priorities and is monitored as part of the Rotherham Safeguarding Children Board.

The attached detailed monitoring report is undertaken twice a year and highlights those areas using a RAG rating to indicate progress made on delivering the actions

8. Finance

Finance officers are currently apportioning budgets from each partner organisations to the key priorities to establish the cost for delivering these actions

9. Risks and Uncertainties

The CYPP fits with strategic priorities of all the organisations across the CYPS partnership and failure to deliver these priorities will impact on the broader agenda around developments for the children, young people and families in Rotherham.

10. Policy and Performance Agenda Implications

Priorities in the Children and Young People's Plan link to the corporate plan and community strategy priorities and those of partner organisations.

11. Background Papers and Consultation

CYPP, monitoring report – Children, Young People and Families, June 2014

12. Contact Details

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

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

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

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

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

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

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

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

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

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

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

Please note: Priority 4 –“We will work with partners to eradicate child sexual exploitation” has being excluded from this progress report as this is being managed through the LSCB child sexual exploitation strategy with each partner having in place its own agency action plan to support the overall delivery of the strategy. The Rotherham Local Safeguarding Children Board, through a specific performance management framework will ensure partners work together effectively to achieve the shared key strategic priorities for 2013 – 2016 and will review progress on the delivery of the strategy on a quarterly basis.

| | |
|--------------------|--|
| PRIORITY: 1 | We will ensure children have the best start in life Strategic Leads: Frances Hunt, Assistant Head Of Ses: 0-7/Joanna Saunders, Head of Health Improvement – Rotherham Public Health |
|--------------------|--|

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

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

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

| ACTION | DELIVERY MILESTONES | Update June 2014 | LEAD/S | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|---|------------------|--------|-------|----|----|---------|------|------|------|------|---------|----|------|------|------|---------|------|------|------|------|---------|------|------|----|-------|--|--|
| | <p>15. Fall in number of mothers who smoke at delivery</p> <p>Smoking in pregnancy trajectory</p> <table border="1" data-bbox="539 403 1144 746"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>21.2</td> <td>20.9</td> <td>20.6</td> <td>20.3</td> </tr> <tr> <td>2012/13</td> <td>20</td> <td>19.7</td> <td>19.4</td> <td>19.1</td> </tr> <tr> <td>2013/14</td> <td>18.8</td> <td>18.5</td> <td>18.2</td> <td>17.9</td> </tr> <tr> <td>2014/15</td> <td>17.6</td> <td>17.3</td> <td>17</td> <td>16.74</td> </tr> </tbody> </table> <p>16. Higher percentage of mothers who successfully give up smoking (baseline 45% of those who set a date to quit smoking are successful)</p> | | Q1 | Q2 | Q3 | Q4 | 2011/12 | 21.2 | 20.9 | 20.6 | 20.3 | 2012/13 | 20 | 19.7 | 19.4 | 19.1 | 2013/14 | 18.8 | 18.5 | 18.2 | 17.9 | 2014/15 | 17.6 | 17.3 | 17 | 16.74 | <p>Update June 2014</p> <ul style="list-style-type: none"> • 13/14 outturn 19.7 smoking at delivery • The service has just transferred to sit within midwifery which we hope will improve ownership of the issue within community midwifery • Once staff transition has settled (Q2/Q3) PH and midwives will work together to audit data collection of SATOD data • It is recognised nationally that data quality can be poor and regional anecdotal reports suggest sometimes smoking status is copied from booking, despite women having quit • We want to assure our position and what action may need to be taken <ul style="list-style-type: none"> • Awaiting year end data of quitter numbers and quit rate • Mid-year performance suggests likely to achieve quitter numbers and be close to quit percentage. • Suggest revising this action to quitter numbers rather than percentage quitting – aim is to recruit more women into the service which evidence tells us is likely to reduce quit rate | <p>Delivery - RFT</p> <p>Strategy - Alison Iliff</p> |
| | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2011/12 | 21.2 | 20.9 | 20.6 | 20.3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2012/13 | 20 | 19.7 | 19.4 | 19.1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2013/14 | 18.8 | 18.5 | 18.2 | 17.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2014/15 | 17.6 | 17.3 | 17 | 16.74 | | | | | | | | | | | | | | | | | | | | | | | | |

| ACTION | DELIVERY MILESTONES | Update June 2014 | LEAD/S |
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| (ii) We will provide support for new parents including help to develop their child's communication and language, social, emotional and physical development from birth | 17. Parents of children in children's centres are effectively using "I Can/Thrive" strategies to support the development of their child's communication, language and PSED – impact on children's ages and stages <i>(linked to priority 5, delivery milestone 17)</i> | <ul style="list-style-type: none"> Parents of children in children's centres continue to effectively use Thrive strategies, to support the development of their child's PSED | Frances Hunt Mary Smith |
| | | <ul style="list-style-type: none"> In February 2014, the EYFS curriculum adviser was trained in London as an I CAN national trainer. Rotherham's I CAN trainer is at present coordinating future dates in order for her to then train further Rotherham's own I CAN trainers, this will include some lead teachers. These trainers will then train 39 EY practitioners each – who will then train parents This timeline has slipped due to the date in which the EYFS curriculum adviser could be trained by the national I CAN organisation, and the need to prioritise in the Autumn term 2013 improvements to the LA statutory EYFS Profile moderation processes and procedures, which the EYFS adviser has led on | |
| | 18. The new joint 2 year old Health and Education Review (Integrated joint Health/Education assessment) involving health colleagues, children centre early years practitioners, the private and voluntary sector early education and childcare providers and parents will be piloted in the Aughton Early Years children centre reach area | <ul style="list-style-type: none"> The significant changes of children's centres that is underway has required us to work joint with Health to establish and build on integrated working across the borough As there is a now a focus on developing the F Years going forward, the learning from the pilot will be used to inform service development. High level agreement with TRFT is now established and a sub group is working on integrated arrangements and data sharing protocols The programme is well established at Aughton Early Years Children's Centre for children and families who attend the centre The joint review is becoming established for children who attend other settings in the reach area. It is well established for those who attend full day care provision, | |

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

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

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| | <p>25. Targets to be established in new service specifications for achievement of reduction in weight or weight maintenance for children accessing weight management services</p> | <ul style="list-style-type: none"> In Year 6, the opposite was true with prevalence of overweight children (14.0%) being lower than that of obese children (21.2%) Our rates compare favourably with the national average in Reception, but our rate is higher than the national average for children in Year 6 <ul style="list-style-type: none"> Weight Management Services in Rotherham are currently out to tender. However the current and future specifications clearly outline targets for the achievement of reduction in weight or weight maintenance for children accessing the services Current figures below are from March 2014 <table border="1" data-bbox="1077 715 1850 1337"> <thead> <tr> <th>Service</th> <th>Cumulative no. of referrals 2009 to date</th> <th>No. attending 1st session</th> <th>No. completing</th> <th>No. of completers achieving weight loss*</th> </tr> </thead> <tbody> <tr> <td>MoreLife Clubs/DCL Children T2 Data to 30/06/13**</td> <td>1,040</td> <td>908</td> <td>531</td> <td>516 97%</td> </tr> <tr> <td>RIO Children T3 Data to 08/11/13</td> <td>505</td> <td>505</td> <td>174</td> <td>112 64%</td> </tr> <tr> <td>MoreLife Camps Children T4</td> <td>176</td> <td>n/a</td> <td>168</td> <td>168 95%</td> </tr> </tbody> </table> | Service | Cumulative no. of referrals 2009 to date | No. attending 1 st session | No. completing | No. of completers achieving weight loss* | MoreLife Clubs/DCL Children T2 Data to 30/06/13** | 1,040 | 908 | 531 | 516 97% | RIO Children T3 Data to 08/11/13 | 505 | 505 | 174 | 112 64% | MoreLife Camps Children T4 | 176 | n/a | 168 | 168 95% | <p>Strategy - Joanna Saunders</p> |
| Service | Cumulative no. of referrals 2009 to date | No. attending 1 st session | No. completing | No. of completers achieving weight loss* | | | | | | | | | | | | | | | | | | | |
| MoreLife Clubs/DCL Children T2 Data to 30/06/13** | 1,040 | 908 | 531 | 516 97% | | | | | | | | | | | | | | | | | | | |
| RIO Children T3 Data to 08/11/13 | 505 | 505 | 174 | 112 64% | | | | | | | | | | | | | | | | | | | |
| MoreLife Camps Children T4 | 176 | n/a | 168 | 168 95% | | | | | | | | | | | | | | | | | | | |

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| | 26. Improve school meal process and promote service | <ul style="list-style-type: none"> Plans in place to provide Universal Infant Free School Meals from September 2014 Publicity/Marketing of this scheme commenced, booklets about the free meals will be distributed for parents/carers of eligible pupils | Ron Parry |
| | 27. Increase uptake of school meals (baseline 2012/2013 – 17,083 meals per day) | <ul style="list-style-type: none"> 2013-2014 average meals per day increased by 530 meals per day (excluding Wales High School from the baseline, private catering from Sept 2013) 17,087 meals per day increased from 16,553 | |
| | 28. Maximise health impact school meals can have on children and young people | <ul style="list-style-type: none"> Menus are created to provide the nutrients recommended within the legislation | |
| (iv) We will ensure that every child is registered on the Child Health Information System and increase awareness with parents/carers about the childhood vaccination programme | 29. Achieve above 90% across all areas of the childhood vaccination programme | <ul style="list-style-type: none"> Achieved for all the Childhood and adolescent vaccination programmes. The following are awaiting further information; <ul style="list-style-type: none"> The new Rotavirus vaccine, which has now been introduced across SY&B will not provide an accurate reflection of the coverage until further into the delivery of the programme. HPV annual survey (previously 91.5% uptake) | Di Birkinshaw Fiona Jorden Kathy Wakefield Richard Hart |
| | 30. Ensure babies identified at increased risk from TB or Hepatitis B is appropriately vaccinated. Follow up DNA's to maximise protection | <ul style="list-style-type: none"> A Hepatitis B clinical pathway has been developed for South Yorkshire & Bassetlaw The Screening and Immunisation Co-ordinators(NHSE) across SY&B are currently developing a BCG pathway | |
| | 31. Work with NHS England Area Team to ensure the appropriate commissioning of immunisation services | <ul style="list-style-type: none"> Performance issues and risks associated with screening and immunisation are being addressed through the South Yorkshire and Bassetlaw Screening and Immunisation Advisory Group and the local Vaccination and Immunisation Committee | |

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

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

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

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

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

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

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

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

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

PRIORITY: 2

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

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

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

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

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

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

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

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

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

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

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

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

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

PRIORITY: 5

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

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| <p>(i) We will support the Learners First school partnership group to deliver their mission of</p> <ul style="list-style-type: none"> ▪ all students making at least good progress; ▪ no underperforming cohorts; ▪ all teachers delivering at least good learning; ▪ all school moving to at least the next level of successful performance | <p>1. All schools to be judged by OFSTED as good or outstanding overall effectiveness grade within the next three years</p> | <ul style="list-style-type: none"> • 74% of all schools judged to be good or outstanding for overall effectiveness compared to the national average of 79%. (Data source, OFSTED Data View - as of 31/12/2013), this is the latest comparison to the national average • The current profile for Rotherham is 75% of all schools judged to be good or outstanding and 78% of pupils attending a good or outstanding school (as of 30/04/2014) | <p>Karen Borthwick Dorothy Smith</p> |
| | <p>2. All schools to be judged by OFSTED with a good or outstanding quality of teaching grade within the next three years</p> | <ul style="list-style-type: none"> • 75% of all schools judged with a good or outstanding quality of teaching grade compared to the national average of 79%. (Data source, OFSTED Data View – as of 31/12/2013), this is the latest comparison to the national average) • The current profile for Rotherham is 76% of all schools judged with a good or outstanding quality of teaching grade and 78.5% of pupils attending schools judged with a good or outstanding quality of teaching grade (as of 30/04/2014) | |
| | <p>3. Continue to increase the OFSTED grade of PVI childcare provision</p> | <ul style="list-style-type: none"> • Since October 31st 2013, the percentage of Childminders achieving a Good or Better Ofsted outcome has increased from 70.3% to 73.2% • Inspection of childcare in before and after school provision good inspections has risen | |

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

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

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

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

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

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| (iv) We will continue to narrow the gap in the education of our most vulnerable groups | 19. Create sufficient early education provision to enable eligible 2 year olds access to their entitlement and increase take up <i>(Linked to priority 1 delivery milestone 50 and priority 5 delivery milestone 13)</i> | <ul style="list-style-type: none"> Capital funding has been awarded to a total of 14 providers to create 443 new 2 year old places in areas of need | Collette Bailey Elenore Fisher Karen Borthwick Dorothy Smith |
| | 20. Improved attainment of children by the age of 5 | <ul style="list-style-type: none"> The national EYFS Profile assessment system has changed in 2013., so no comparison can be made to previous years attainment levels However, in 2013 56% of children achieved a good level of development, compared to the national average of 52% | |
| | 21. Improve the outcomes of all vulnerable groups | <ul style="list-style-type: none"> No update as the results from the year are not published until July 2014 | |
| | 22. Improve the performance of pupils eligible for free schools meals by 10% at KS2 and 8% at KS4 by 2013 in line with the national average | <ul style="list-style-type: none"> At KS2 the proportion of pupils eligible for free school meals (FSM) achieving level 4+ reading, writing and mathematics combined has increased by 4.6% to 53.9% in 2013 compared to the national average increase of 1%. Rotherham averages are 6% below the national average. At KS4 the proportion of pupils eligible for free school meals (FSM) achieving 5+A*-C inc E&M increased by 1.8% to 34.7% in 2013 compared to the national average increase of 1.7% to 38%. Pupils not eligible for FSM were 4.5% above the national average | |

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

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| | | <p>teachers. These trainers will then train 39 EY practitioners each – who will then train parents</p> <ul style="list-style-type: none"> • This timeline has slipped due to the date in which the EYFS curriculum adviser could be trained by the national I CAN organisation, and the need to prioritise in the Autumn term 2013 improvements to the LA statutory EYFS Profile moderation processes and procedures, which the EYFS adviser has led on | |
| | <p>26. Summer Reading Challenge, open to children from 4-11, within our Libraries and Customer Service Centres, supporting a programme of holiday time reading-related activities</p> | <ul style="list-style-type: none"> • Summer 2013: 2,212 starters and 1,320 completed the challenge | |
| | <p>27. We will deliver the book-gifting offers of Booktrust, including the Baby pack, the Treasure pack and the Booktime packs for children as they go into the Reception year</p> | <ul style="list-style-type: none"> • Total number of packs delivered 2013-14 was 5,769 | |
| | <p>28. We will offer Chatterbooks (<i>The Reading Agency</i>) groups in our Libraries and Customer Service Centres, delivering reading groups with related activities for children of KS1 and KS2 ages</p> | <ul style="list-style-type: none"> • 2013-14: these are now taking place in Riverside House, Aston library/customer service centre, Dinnington library/customer service centre, Maltby library, Mowbray Gardens library, Thurcroft library, Wath library, Wickersley library | |

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| | 29. We will offer children opportunities to use our services in groups, supported by their school, including visits to libraries, Clifton Park Museum, heritage sites and the Civic Theatre pantomime | <ul style="list-style-type: none"> • Total visits 2013-14: <ul style="list-style-type: none"> ○ 15,702 pupils visited libraries in class visits ○ 647 pupils visited Clifton Park Museum and Boston Castle | |
| | 30. We will offer song, story and simple craft activities for preschool children in Libraries & Customer Service Centres | <ul style="list-style-type: none"> • Total visits 2013-14: <ul style="list-style-type: none"> ○ 7,353 attendances at RhymeTime sessions in libraries/customer service centres | |

PRIORITY: 6

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix One – Priority 6: Delivery Milestone 7

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

Example 1

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

Outcome:

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

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

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

Example 2

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

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

Example 3

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

Example 4

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

Example 5

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

Example 6

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

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

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

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

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

Other Examples

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

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

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

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

Appendix Two – Priority 6: Delivery Milestone 17

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

Example 1

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

Example 2

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

Other Examples

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

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

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

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

Appendix Three – Priority 6: Delivery Milestone 19

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

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

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

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

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

Children and Young People's Action Plan 2013 – 2016

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

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

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

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

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

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

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

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

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

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

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

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

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

Priority 2: We will engage with parents and families

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

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

The Early Help Support Panel now meet on a monthly basis

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Know The Score is now fully integrated into CAMHS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 Bespoke packages have being developed for post 16

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Key Issues Identified

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| <p>Priority One</p> | <ul style="list-style-type: none"> • Discussions with Rotherham midwives to ensure they consistently and accurately assess levels of alcohol consumption during pregnancy by the systematic use of the screening tool Audit C have being delayed due to a change in personnel. These are to be re-instigated • Breastfeeding initiation target rates for 2013/2014 was 65.5%, actual figure is 59.91%. A Performance clinic is to be held on the 30th June 2014 with all partners and stakeholders • There is no data available on the increase of the prevalence of breastfeeding at 6 – 8 weeks • The target of the number of mothers who smoke at delivery has not being met. The service has just transferred to sit within midwifery which we hope will improve ownership of the issue within community midwifery. Once staff transition has settled (Q2/Q3) PH and midwives will work together to audit data collection of SATOD data • The rollout of joint 2 year old Health and Education Review has not yet begun for PVI settings in areas other than Aughton. However, through the PVI annual evaluation process settings are indicating they would welcome this approach Due to the issues identified around the roll out to children’s centres, this is being addressed as a priority before the wider roll out to the PVI sector begins • No audits have being completed on mothers knowledge on infant feeding including dental health or professional knowledge on infant feeding including dental health • Increase access to counselling through provision of drop –in sessions including self-referral for secondary school students has reduced • The number of children attending a dentist in the two year period up to 31 December 2013 was 73.8% and up to 31 March 2014 was 73.7%. The corresponding numbers were 41,385 and 41,363 so there has been a very small decrease in access in the most recent figures |
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Key Issues Identified

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

Key Issues Identified

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

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| ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS |
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| 1. | Meeting: | Improving Lives Select Commission |
| 2. | Date: | 17th September |
| 3. | Title: | Consultation – Changes to the school admissions code |
| 4. | Directorate: | Children and Young People's Services |

5. Summary

The DfE is consulting until 29 September on proposed changes to the school admissions code. Members are asked to consider and comment on the draft response (attached)

6. Recommendations

- (i) That members comment on the draft response and approve its submission to DfE**
- (ii) That members be informed on the outcomes of the consultation and any further implications for school admissions in the Borough**

7. Proposals and Details

The DfE is consulting until 29 September on Changes to the school admissions code. The proposals include two changes of substance and a number of minor amendments designed to improve the clarity of the document without altering its intended effect. The significant changes are:

- To allow schools to give priority to applicants eligible for the Pupil Premium; and
- To bring forward the timetable for determining admissions arrangements so that objections can be resolved by the Schools Adjudicator before the start of the admissions round.

The stated aim of the consultation is to ensure that objections to admissions arrangements are resolved more quickly; so that a greater proportion of parents are able to apply for school places offered on the basis of lawful admission arrangements. School adjudicators are given more time to consider and resolve objections to arrangements. The new timetable will also address concerns that some admission authorities are taking too long to revise their admission arrangements to comply with Adjudicator decisions. This, in turn should mean that faulty arrangements are rectified before parents apply for places, and before arrangements have to be consulted on and determined for the next school year.

There are a number of “minor and technical changes” include: updating the Code to take account of other legal and technical changes (e.g. EHC plans replacing SEN statements, and the definition of ‘previously looked after children’); clarify some matters which had been found to be ambiguous (e.g. entitlement to a full-time place in reception following a child’s fourth birthday and the limitations on selection on ‘aptitude’); re-including some material where previous abbreviation had gone too far (e.g. strengthening the references to sixth form arrangements which had almost entirely disappeared); and, the addition of an index.

The consultation asks six questions. The draft response is attached as appendix 1.

8. Finance

There are no financial implications arising directly from this report

9. Risks and Uncertainties

The proposals outlined are not considered to present any significant risk to current admission arrangements in Rotherham.

10. Policy and Performance Agenda Implications

In Rotherham approximately 90% of applicants consistently receive their 1st preference school and analysis shows that most pupil premium eligible children make a preference for their nearest and catchment area school. The armed forces covenant makes provision for the allocation of places to armed forces personnel children and is not an issue in Rotherham where the criteria applies.

11. Background Papers and Consultation

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333419/Changes to the School Admissions Code Consultation Document .pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333419/Changes_to_the_School_Admissions_Code_Consultation_Document.pdf)

Contact Name: *Dean Fenton, School Organisation and Risk Management*
dean.fenton@rotherham.gov.uk 01709 254821

Changes to the School Admissions Code

Launch Date: Tuesday 22 July 2014

Closing Date: Monday 29 September 2014

Consultation Questions

- 1. Please use the box provided to comment on the proposal to allow all state-funded schools to give priority in their admission arrangements to children eligible for pupil premium or service premium funding (see section 2 of the summary document).**

ANSWER

It would be problematic and time consuming collating information on eligibility for pupil premium particularly for Reception / FS2 pupils as this is usually collated by schools as part of the census

In Rotherham approximately 90% of applicants consistently receive their 1st preference school and analysis shows that most pupil premium eligible children make a preference for their nearest and catchment area school. This may be more appropriate in areas of the Country where a much lower percentage of 1st preferences are realised. The armed forces covenant makes provision for the allocation of places to armed forces personnel children and is not an issue in Rotherham where the criteria applies.

- 2. Please use the box provided to comment on the proposal to allow admission authorities of primary schools to give priority in their admission arrangements to children eligible for the early years pupil premium, pupil premium or service premium who attend a nursery which is part of the school (see section 3). This includes removing barriers to schools offering optional wrap-around childcare by ensuring any charges paid by parents for such childcare would not prevent their children from being prioritised.**

ANSWER

Nursery provision varies as some areas have more provision than others, it could lead to local children in particular areas being unable to obtain a place at their local / catchment area school if they were not as high in the Admission criteria. Parents / carers often choose nursery provision for very different reasons eg childcare arrangements, work location etc but have different views when statutory aged provision is concerned.

- 3. Please use the box provided to comment on the proposal to create a rolling deadline for admission authorities to comply with a determination of the schools adjudicator (see section 4)**

ANSWER

RMBC cannot see an issue with the rolling deadline as long as all interested parties have sufficient notice to implement.

- 4. Please use the box provided to comment on the proposal to bring forward the deadlines for objections, determinations and publication of admission arrangements; and to change the timing and length of consultations (see section 4).**

ANSWER

Bringing forward the deadlines for objections, determinations and publications and changing the timing and length of consultations is not detrimental to the process, so long as stakeholders are notified in advance of the shorter timeline period.

- 5. Please use the box provided to comment on the proposals relating to the admission of summer born children (see section 5).**

ANSWER

Clarifies the position for parents / carers and doesn't significantly impact on admissions.

- 6. Please use the box provided if you have any comments on the proposed minor technical drafting changes (see section 7 and Annex B).**

ANSWER

The technical drafting changes do not seem to present any difficulties. We would advise that the technical changes are drafted as "may" not "must" to allow individual authorities discretion to implement where it would be beneficial depending on their local circumstances.

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| ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS |
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|-----------|---------------------|---|
| 1. | Meeting: | Improving Lives Scrutiny |
| 2. | Date: | 17th September 2014 |
| 3. | Title: | Children Missing Education (CME) |
| 4. | Directorate: | Children and Young People's Services |

5. Summary

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.

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.

6. Recommendations

To review and monitor the impact of providing additional staffing resources to the Children Missing Education (CME) agenda.

7. Proposals and Details

7.1 Background

The Children Missing Education (CME) function moved into the CYPs Education Welfare Service (EWS) in August 2012. At that time there was one CME Officer responsible for the monitoring, tracking and investigation of CME referrals. This officer had no access to business support.

The CME system and work flow appeared overwhelmed with both the volume of current and historical open CME referrals. The recording and tracking process was largely paper based as time and capacity to record details using the Capita One system was limited.

In response to the initial concerns we prioritised and actioned a number of activities

- Streamline the CME process
- Developed and strengthened links with frontline EWOs, schools and academies and Safeguarding Managers. Raising awareness around shared CME responsibilities and reporting duties
- Reviewed the CME referral form and thresholds.
- Introduced 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 Social Care and CART, the LA's Runaway Lead, Integrated Youth Support Services (IYSS) and introduced EWS representatives for Child Sexual Exploitation (CSE) and Looked After Children(LAC).
- EWS Team leaders also became the Education representative for Multi-Agency Risk Assessment Conference (MARAC) on a rota basis.
- Reviewed the pathways and information sharing with other agencies
- Worked towards reducing and eradicating any back log in the long term CME unresolved cases

Developed a database that allows us to categorise the status of active current cases

We have also developed short and long term improvement plans with the IT Systems team to further enhance our tracking, recording and reporting capabilities.

7.2 Progress to date

There has been a significant improvement in the CME tracking systems/processes and CapitaOne data recording capabilities. This has allowed us to more accurately identify and target specific vulnerable groups to ensure they have prompt access to suitable educational provision.

Improved IT CME tracking and analysis was achieved by March 2014 (Expected September 2013).

We now have an appropriate escalation process in place for CME referrals to either be stepped up or down – within the Education Welfare Service.

The EWS central management team and CME officer is co-located within Riverside MASH.

All CME processes are now electronic. This allows the wider EWS staff and to some extent CYPS to access CME information on individual children at any point with up-to-date case notes available.

Work with data /information 'source' partners has increased our ability to analyse the total CME list with regard to the recording of ethnicity (Health and schools).This still remains an on-going area for development.

Termly updates and analysis has been provided to Director of Schools and Lifelong Learning and Cabinet member for Education.

The Education Welfare Service Manager is currently line managed by the Director for Schools and Lifelong Learning for this strand of her role to provide a more detailed and immediate overview of the CME agenda.

At any given point we are now able to accurately calculate the number of days a child has been out of education

The Fair Access Admission Panel forum has led to greater awareness amongst Head Teacher representatives of the CME picture across the authority and greater understanding around the CME pressures faced, not just by individual schools, but CME pressures at both primary and secondary level across the Local Authority.

With the support of other CYPS teams (IYSS & School Effectiveness Services) we temporarily increased the number of staff able to focus on the processing, tracking, and investigation, of CME referrals. With the support of DLT we have established one permanent full time CME Monitoring post and a temporary business support post jointly funded across EWS and School Admissions.

During the summer term 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.

7.3 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 CapitaOne.
- 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 around 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

8. Finance

As staff and service capacity remains an ongoing issue, a plan has been devised and accepted by DLT to extend the capacity of the CME function. The plan centres

around 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 we are looking to recruit to a CME Monitoring Officer post.

Funding has been identified from within CYPS existing resources at an approximate cost of £40,000 including on costs to fund one CME monitoring post plus a percentage towards shared admin support.

9. Risks and Uncertainties

The temporary EU Migrant Community Education Engagement Officer post 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 parents and staff to complete and process application forms
- translation support to the Admissions Appeal process.

In January 2014 due to the ill health of the post holder these activities were taken up by the wider Education Welfare team. However, due to capacity these activities were limited.

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 we have deployed a number of generic EWOs in order to support the prompt investigation of CME referrals. There remains some operational language difficulties with this model.

We need to work with partner teams and agencies to reduce the number of children inappropriately referred or identified as CME by ensuring thorough checks and enquires are made before children and young people are transferred on to the CME list.

We need to improve the time taken to investigate and close CME referrals (tracking process). Ensuring all checks are promptly made with internal and external parties. Eventually this should speed up the process of locating a child believed to be missing education and lead to the prompt allocation of appropriate education provision.

10. Policy and Performance Agenda Implications

Local authorities are responsible for meeting the requirements under section 436A. They also need to put in place arrangements for joint working and appropriate information sharing with other local authorities and relevant partner agencies that come into contact with children and families. Implementation of the duty under section 436A should be integrated with, and not in isolation of, the wider range of duties placed on local authorities, and initiatives led locally, that aim to improve outcomes, and safeguard and promote the welfare of children.

The purpose of the duty is to make sure that children not receiving, or at risk of not receiving, a suitable education are identified quickly, and effective tracking systems and support arrangements are put in place. The longer a child misses out on education, the more likely those problems will become entrenched, and the more difficult it can be to respond effectively to their needs. Early intervention will enable the local authority and other partners to ensure that action is taken to provide any child identified with a suitable education, and will also trigger activity between partner agencies that puts in place measures to ensure the safety and well-being of the child.

11. Background Papers and Consultation

2008 CME report to RLSCB

2010 CME report to RLSCB

2011 CME verbal update to the RLSCB. Agreed at this meeting that CME should report into the Exploitation Sub Group

2013 CME report to RLSCB Exploitation Sub Group

2013 CME report to Improving Lives Commission (12/6/2013)

National Children's Bureau report 'Not present, what future? Children Missing education in England report' (June 2014)

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Not present, what future? Children missing education in England

June 2014

EMBARGOED UNTIL 00:01 THURSDAY 12th JUNE 2014

National Children's Bureau: working with children, for children

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Summary

This briefing, based on findings from a Freedom of Information (FOI) request to all local authorities in England in January 2014, seeks to estimate the number of children who are missing education and the reasons for them doing so. The paper provides a brief summary of the data collected, as well as exploring some of the practice and policy issues affecting work with children who are missing education.

141 of the 152 local authorities in England (93 per cent) responded to our FOI request, of which 139 (91 per cent) provided data. However, in order to make realistic estimates and comparisons, we have reported and used information from the 79 local authorities that provided snapshot data for a given day in early 2014.

We found that:

- across these 79 local authorities, on a given day, 7,701 children were recorded as missing education. We estimate that this equates to over 14,800 children missing education at any one time across England
- across 45 local authorities, on a given day, there were a total of 1,022 children missing education whose whereabouts were unknown. We estimate that this equates to over 3,000 children across England
- across the same 45 local authorities, 1,474 children were awaiting a place in school or alternative provision. We estimate that this equates to almost 5,000 children across England. This included children who had moved into the local authority from another part of the country or from overseas, children who were considered 'hard to place', and cases where parents had disputed or not taken up a place offered
- there is inconsistency in the methods used by local authorities to collect data on children missing education, with some local authorities providing snapshot, monthly or annual data, and some appearing to record little information about the categories of children missing education or the reasons for them doing so. At the same time, the Department for Education does not collect national data on this issue.

In light of our findings, NCB recommends that the government conduct a national review of children missing education. This should result in improvements to the way data about children missing education is collected, nationally and locally, and to practice by local authorities, schools, social services and their partners, to ensure that these children, and their families, get the support they need to thrive in their learning.

NCB would like to thank all the local authorities that responded to our request for information.

1. Introduction

Every child under the age of 16 should receive a 'suitable education', either through school, alternative provision or home education. 'Suitable education' is defined in law as "efficient full-time education suitable to his [or her] age, ability and aptitude and to any special educational needs he [or she] may have"¹.

However some children and young people are missing out on a full-time education, or any educational provision at all, for a number of reasons. For example, they may have been permanently excluded, or be pregnant or a young mother. They may have complex needs, including behavioural difficulties or a special educational need, and no suitable school place has been found for them, or they may have health needs that prevent them from going to school full-time. Children who are not receiving a suitable education are generally referred to as 'children missing education' (CME)². Every local authority is required to make arrangements to enable it to identify, as far as it is possible to do so, the CME in their area³.

If a child is missing education they are at significant risk of failing academically, and of being out of education, training and employment (NEET) in later life⁴. They may be at risk of physical, emotional or psychological harm, particularly if their whereabouts become unknown or they are taken off the school roll. Recent high profile cases of child maltreatment involving sexual exploitation have included children who were missing education⁵, and a similar correlation has been found between a child missing education and becoming a victim of forced marriage⁶.

Certain groups of *already* vulnerable children are at particular risk of missing education, including: pupils at risk of harm or neglect; children of Gypsy, Roma and Traveller families; children of the armed forces; missing children or runaways; children and young people supervised by the youth justice system; and children who cease to attend a school where the reasons for their absence are not known⁷.

Despite the obvious vulnerability of these children, Ofsted inspectors recently found evidence of some local authorities failing to collect and hold sufficient data about, and providing poor quality educational provision to, the CME in their area, as well as evidence of insufficient information sharing between education, health and other services⁸.

¹ S.436A of the Education Act 1996 (inserted by s.4 of the Education and Inspections Act 2006)

² Department for Education (2013) *Children missing education: statutory guidance for local authorities*. London: Department for Education

³ S.436A of the Education Act 1996 (inserted by s.4 of the Education and Inspections Act 2006)

⁴ Department for Education (2013) *Children missing education*

⁵ House of Commons Home Affairs Committee (2013) *Child sexual exploitation and the response to localised grooming: Second Report of Session 2013–14*. London: House of Commons

⁶ House of Commons Home Affairs Committee (2011) *Forced marriage: Eighth Report of Session 2010–12*

⁷ Department for Education (2013) *Children missing education: statutory guidance for local authorities*. London: House of Commons

⁸ Ofsted (2013) *Pupils missing out on education: low aspirations, little access, limited achievement*. Manchester: Ofsted

2. Children missing education: the legal and policy framework

Definition of CME

The Department for Education's statutory guidance on CME defines them as children "who are not registered pupils at a school, and are not receiving suitable education otherwise than at a school."⁹ Ofsted's thematic review into this issue looked more broadly at "children and young people who do not, or cannot, attend *full-time* school in the usual way", defining 'usual way' as attending "between 21 and 25 hours a week, as appropriate for their age."¹⁰

Expectations of local authorities, schools and parents

In addition to their general duty to safeguard and promote the welfare of children¹¹, local authorities have a range of duties concerning CME.

- They must make arrangements to establish, as far as it is possible to do so, CME in their area¹².
- They must make arrangements to provide suitable education, otherwise than at school, for children who would not receive suitable education for any period of time without such provision. This should be full-time unless the local authority considers part-time education to be in the child's best interests "for reasons which relate to the physical or mental health of the child"¹³.
- They should have robust procedures and policies in place for meeting their duty, including appointing a named person to whom schools and other agencies can make CME referrals, and reviewing and evaluating their processes¹⁴.
- They must have a fair access protocol in place to ensure that unplaced children who arrive in an area outside the normal admissions round are found and offered a school place quickly, so that the amount of time any child is out of school is kept to a minimum¹⁵.

Schools, academies and free schools are also under a general duty to safeguard and promote the welfare of children¹⁶, and, like local authorities, they are subject to specific duties and expectations regarding CME¹⁷.

- They must monitor pupil attendance and, in certain circumstances, notify the local authority if a child is to be removed from the school roll.
- They should, at agreed intervals, inform their local authority of pupils who are regularly absent or who have missed school for ten consecutive days or more without permission.

⁹ Department for Education (2013) *Children missing education*, p.4

¹⁰ Ofsted (2013) *Pupils missing out on education*, p.6 (own emphasis)

¹¹ S.11 of the Children Act 2004

¹² S.436A of the Education Act 1996 (inserted through the Education and Skills Act 2006)

¹³ S.19 of the Education Act 1996

¹⁴ Department for Education (2013) *Children missing education*

¹⁵ Department for Education (2012) *School Admissions Code: Statutory guidance for school leaders, governing bodies and local authorities*. London: Department for Education

¹⁶ S.175 of the Education Act 2002, and Schedule 1 Independent School Standards (England) Regulations 2010

¹⁷ Unless otherwise indicated, these duties and expectations are set out in: Department for Education (2013) *Children missing education*

- They should investigate any unexplained absences.
- They must arrange alternative provision from the sixth day following a fixed term exclusion from school, with local authorities responsible for arranging full-time education from the sixth day following a permanent exclusion from school¹⁸.
- They are expected to use the Department for Education's school2school secure site to transfer pupil information when a child moves to another school or local authority. Within this site, the 'lost pupils database' holds the transfer records of pupils whose correct destination is not known, and retains records where a child leaves for a destination outside the school sector (for example moving to an independent school, moving abroad, being unwell or having moved without a reason)¹⁹.

Statutory regulations set out in detail the circumstances under which schools can remove pupils from their roll²⁰. These include if a pupil:

- has stopped attending the school and the school has been notified by the parent that the pupil is receiving education elsewhere
- has stopped attending the school and no longer lives a reasonable distance from the school
- has been granted leave of absence but has not attended the school for ten school days following that period of leave, and there is no reason to believe the pupil cannot attend because of sickness or another unavoidable cause, and both the school and local authority after reasonable enquiry do not know the pupil's whereabouts
- is certified by the school medical officer as unlikely to be in good enough health to attend school
- has been continuously absent from the school for a period of twenty school days or more without authorisation
- has been detained under a court order for four months or more, and the school has no reasonable grounds to believe that the pupil will return
- has been permanently excluded from the school.

Under the same regulations, Gypsy, Roma and Traveller children must remain on the roll of their base school, i.e. the school they attended most during the previous 18 months when the family was not travelling.

Parents are legally required to ensure that their children of compulsory school age are receiving efficient full-time education²¹. However, they may elect to educate their child at home, thus withdrawing their child from school, unless they are subject to a School Attendance Order²².

¹⁸ S.100 and 101 of the Education and Skills Act 2006; The School Discipline (Pupil Exclusions and Reviews) (England) Regulations 2012; Department for Education (2012) *Exclusion from maintained schools, academies and pupil referral units in England: a guide for those with legal responsibilities in relation to education*. London: Department for Education

¹⁹ Hansard House of Commons Official Report, 30 April 2014, vol. 579 no. 155, cols. 706-707W

²⁰ The Education (Pupil Registration) (England) Regulations 2006; The Education (Pupil Registration) (England) (Amendment) Regulations 2013

²¹ S.7 of the Education Act 1996

²² Department for Education (2013) *Children missing education*

Local authority and school inspections

Prior to carrying out its 2013 review of CME, Ofsted did not inspect local authorities' arrangements for supporting and providing alternative provision to CME. As a result of the findings of its review, however, it committed to doing so as part of its integrated inspection of local authorities' looked after children and safeguarding services²³. Specifically, inspectors will ask for a report on children for whom the local authority is responsible, who are of school age but who are not in receipt of full-time school education at the time of inspection. The report should include: each child's unique ID, date of birth and unique pupil number; the type of educational provision they are receiving; the number of hours provision received each week; if relevant, the type of exclusion; and the date when alternative provision commenced.²⁴ In 2015, Ofsted, working with the other HM inspectorates, plans to introduce an integrated inspection regime that evaluates and judges the contribution of health, police, probation and prison services in the help, care and protection of children and young people.

Under the school inspection framework, inspectors consider the effectiveness of schools' safeguarding arrangements. Among other factors, they are required to look at: the rigour with which absence is followed up; the decision-making process involved in taking pupils off roll; and the care taken to ensure that pupils placed in alternative provision are safe at all times²⁵. An additional briefing for inspectors on safeguarding²⁶ states that "School staff need to be particularly sensitive to signs which may indicate possible safeguarding concerns"²⁷.

²³ Ofsted (2013) *Pupils missing out on education*. See also: Ofsted (2014) *Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers: Reviews of Local Safeguarding Children Boards*. Manchester: Ofsted

²⁴ Ofsted (2014) *Inspection handbook: inspections of services for children in need of help and protection, children look after and care leavers: Reviews of Local Safeguarding Children Boards*. Manchester: Ofsted, p.54)

²⁵ Ofsted (2014) *School inspection handbook: handbook for inspecting schools in England under section 5 of the Education Act 2005*. Manchester: Ofsted

²⁶ Ofsted (2014) *Inspecting safeguarding: Briefing for section 5 inspection*. Manchester: Ofsted

²⁷ "This could include, for example, poor or irregular attendance or children missing from education", in Ofsted (2014) *Inspecting safeguarding*, p.8.

3. How many children are missing education, who are they and why are they missing out?

In January 2014, the National Children's Bureau (NCB) sent a FOI request to Directors of Children's Services (or their equivalent) in all 152 local authorities in England. We asked for:

- the total number and percentage of children of compulsory school age in the local authority who are recorded as missing education
- any statistical breakdown of the different groups of CME or reasons why these children are recorded as missing education.

141 of the 152 local authorities in England (93 per cent) responded to our request, of which 139 (91 per cent) provided data. Different local authorities provided data in different formats – some giving us snapshot data for a given day and others providing figures for longer time periods (for example, for a month or a year). To enable us to make realistic estimates and comparisons, our analysis uses the data from the 79 local authorities (52 per cent of all local authorities) that provided snapshot figures for a specified day between December 2013 and March 2014.

How many children are missing education?

There are currently no arrangements for the collection of national data on the numbers of children missing education²⁸. However, in the past, attempts have been made to estimate the prevalence of the problem. In 2011, the *Times Educational Supplement* estimated that just fewer than 12,000 children had fallen out of the education system, and the whereabouts of 1,500 were not known by either schools or local authorities²⁹. More recently, in 2013, Ofsted estimated that more than 10,000 children across England were not participating in full-time education, based on the assumption that the pattern found in the 15 local authorities it surveyed was representative.

Across those 79 local authorities that provided snapshot data, a total of 7,701 children were recorded as missing from education. Using the average number of children for these local authorities, **we estimate that, on any given day, over 14,800 children could be missing education across all local authorities in England** – significantly more children than in the recent estimate by Ofsted³⁰.

The data we received showed wide variation across local authorities in terms of the number of children recorded as missing education, ranging from no children at all to 673 children on a given day. Table 1 (below) gives an indication of the range of responses from local authorities that provided snapshot data, setting out the three

²⁸ Hansard House of Commons Official Report, 30 April 2014, vol. 579 no. 155, cols. 706-707W

²⁹ Maddern, K (2011) 'The mystery of England's 12,000 vanishing pupils' *Times Educational Supplement*, 11 Feb 2011. Estimate based on a freedom of information request.

³⁰ It should be noted that our estimate is not weighted by population, and should be treated only as an estimate in the absence of national or consistent local data collection.

highest and three lowest levels of CME as a proportion of their total pupil population.

Table 1: Local authorities providing data for a particular day between December 2013 and March 2014 (snapshot)

| Local authority | Total number of CME | % of pupil population |
|------------------------------|---------------------|-----------------------|
| Local authority 1 | 673 | 2.0 |
| Local authority 2 | 472 | 0.7 |
| Local authority 3 | 243 | 0.6 |
| | | |
| Local authority 75 | 5 | 0.0 (0.03) |
| Local authority 76 | 2 | 0.0 (0.0001) |
| Local authorities 77, 78, 79 | 0 | 0.0 |

There was similar variation across local authorities that provided data for longer time periods, with one recording five CME over five months and another recording as many as 2,759 CME over a school year.

It is important to note that having a high level of recorded CME does not necessarily indicate that a local authority is performing poorly in comparison to those with lower CME rates. Instead, it is possible that a higher figure demonstrates that a local authority is more effective at collecting and recording the relevant data. These higher numbers may well therefore represent a truer picture of the situation when it comes to levels of CME nationally. However, further investigation would be needed to ascertain this.

Who are these children and why are they missing education?

We asked local authorities to provide the information they hold relating to the categories of children who are CME and/or the reasons for them missing education.

Of the 79 local authorities that provided snapshot data for a given day, 45 (29 per cent of all local authorities) provided comparable snapshot data *and* a sufficiently detailed breakdown by reason or category to allow for analysis. We used the data from all these authorities to provide some descriptive information on the types of children who are missing education and the reasons recorded for them doing so. Table 2 (below) sets out the number of CME by reason or category in these 45 local authorities.

Table 2: Children missing education across 45 local authorities on a given day, by reason/category

| Reason/category recorded by local authority | Children missing education | |
|---|----------------------------|---------------|
| | Number | Percentage |
| awaiting a place in school or alternative provision ³¹ | 1,474 | 43.4% |
| whereabouts unknown ³² | 1,022 | 30.1% |
| left the local authority | 234 | 6.9% |
| moved overseas or believed to have moved overseas | 184 | 5.4% |
| Gypsy, Roma and Traveller | 80 | 2.4% |
| failed to enrol in school or transition between schools | 62 | 1.8% |
| elective home educated ³³ | 44 | 1.3% |
| special educational needs ³⁴ | 33 | 1.0% |
| health reasons | 10 | 0.3% |
| excluded from school | 5 | 0.1% |
| pregnant/teenage mother | 5 | 0.1% |
| no reason provided/ reason unclear | 164 | 4.8% |
| other ³⁵ | 79 | 2.3% |
| Total | 3,396 | 100.0% |

It should be noted that the approach to recording this level of information appeared to vary from authority to authority. Never the less, the information provided indicates that the **majority of children missing education across the 45 local authorities (1,474 children, 43.4 per cent) were awaiting a place in school or alternative provision. We estimate that this equates to almost 5,000 children awaiting a school place at any one time across England.** It was not always clear why these children were waiting for a school place. However, this category did include children who had moved into the local authority from another

³¹ In this category, we have included children whom local authorities described as 'In Year Fair Access' and 'hard to place', children for whom a school application had been made and those for whom no application had been made, cases where a school place had been offered but had been refused or there had been no response, children withdrawn from school where complex circumstances had posed a barrier to allocating a new place, those in transition to alternative provision, and asylum seekers in the process of being placed.

³² In this category, we have included children whom local authorities described as 'missing' either within or outside the authority, those who had been removed from roll after failing to return from a leave of absence, and those who had left the area but whose destination was unknown.

³³ In the majority of cases, the local authority specified that this category related to cases where the education provided at home was under investigation or deemed unsatisfactory, where the child was not engaging, where the child was in the process of being added to the elective home education register, or where there had been no contact. In some cases, the local authority did not specify.

³⁴ In this category, we have included children described by local authorities as having 'complex' needs, those waiting for a school place/start date where SEN has been specified and those going through the SEN appeals process.

³⁵ In this category, we have included children or cases described by local authorities as 'open to social care', 'absconded asylum seekers', 'complex situation/circumstances', 'parent withdrew', returned from custody, non-attenders but being supported by other agencies within LA and 'ex holidays'.

part of the country or from overseas, children who were considered 'hard to place', and cases where parents had disputed or not taken up a place offered.

Of particular concern was the **1,022 CME whose whereabouts were unknown by their local authority**, making up almost a third (30.1 per cent) of the children missing education in the 45 local authorities. **We estimate that this equates to over 3,000 children across England at any one time.** If the local authority does not know these children's whereabouts, there is a risk that they will be 'off the radar' for a range of services, including children's social care, health and family support.

It should be noted that, **of the 139 local authorities that provided figures for CME, 51 (42 per cent of all local authorities) did not provide any breakdown by category or reason.** While a minority of those (two local authorities) referred to data protection as a justification for not providing a breakdown, it is unclear whether the remaining local authorities actually collect this information or not.

4. Are local authorities working effectively to identify and support children missing education?

In 2013, Ofsted conducted a review on children missing out on education (those who do not or cannot attend school full-time), based on visits to 15 local authorities and 37 schools and services. The review found that a number of the local authorities visited had insufficient information gathering and monitoring systems, and inadequate provision for those pupils unable to take part in full-time education. Ofsted went as far as to say that some local authorities are “failing to educate children and young people and may be failing in their statutory duty to take reasonable steps to protect them”³⁶.

While Ofsted did refer to examples of good practice, they found evidence of:

- **poor or incomplete information about CME in the local area.** For example, only five out of the 15 local authorities regularly gathered and analysed information on CME, including numbers of CME, length of time missing education and what alternative provision they were receiving. Four local authorities were unable to provide the necessary information when asked. This meant they were less able to track their children’s progress or comment on the quality and appropriateness of the provision they had arranged
- **some schools, health services, youth offending services and local authorities failing to share information well enough** about CME, including about the quality and amount of provision they were getting and levels of attendance
- **poor quality and insufficient provision for many of the young people who were not attending school full-time.** Ofsted found that many children were not receiving enough educational provision, and that provision was often not flexible or challenging enough. For example, in around half of the cases investigated, children and young people who were out of school were receiving between five and eight hours educational provision each week
- **low expectations of children who are missing education**, with some local authorities offering less provision than children were entitled to and insufficiently challenging provision
- **evidence of some schools carrying out unlawful exclusions**, rather than providing support for children with behavioural difficulties
- **parents and carers being unaware about how to raise concerns or get help** and unwilling to increase from part-time to full-time, if part-time provision was working well.

Using examples of good practice, the Ofsted review identified some key factors that help local authorities and their partners ensure that children and young people who are not going to school full-time get a good education and are kept safe. In relation to **accountability**, Ofsted found that practice was better where a **senior officer** was held accountable for the statutory duty to make provision. Similarly, parents

³⁶ Ofsted (2013) *Pupils missing out on education*, p.6

felt more confident about the quality of provision their child was receiving if they knew that a single person was responsible for their child. In cases where children had to be out of school, for example when attending a Pupil Referral Unit or hospital school or when serving a custodial sentence, they were less likely to have their education disrupted if they **stayed on a school roll**. Children and young people not attending school needed full-time, good quality and flexible provision if they were to achieve.

At the same time, Ofsted found that **partnership working** across schools, academies, local authorities and other agencies made a positive difference. Having a shared commitment and responsibility across all relevant services and bodies – education, social care, health, youth offending and the voluntary sector – helped ensure that children and young people received education that was as near to full-time as possible. Local authorities recognising the increasing autonomy of schools and academies, while also working closely with them and others, was key. Alongside this, Ofsted also emphasised the need for strong **reporting and monitoring systems** within schools, and between schools, academies and local authorities. This should include effective monitoring of children and young people *at risk* of missing out on a sufficient education, as well as those who are not attending school full-time.

Finally, **early intervention** is important. Ofsted found that local authorities and schools that acted quickly in the face of potential disengagement or pupil anxiety were more likely to support those pupils to achieve at a level comparable with their peers.

5. Conclusion

Using data from a FOI request to local authorities in early 2014, we estimate that, on any given day, over 14,800 children in England could be missing education. The evidence also suggests that local authorities do not know the whereabouts of large numbers of these children. We found that, across 45 local authorities, the whereabouts of a total of 1,022 CME was unknown; this could be as many as 3,000 nationally.

In 2013, alongside some examples of good practice, Ofsted found evidence that some local authorities are failing in their duty to identify CME in their area and provide a suitable education for those children. Without national data collection, or consistent recording and monitoring systems across local authorities, we can only work with estimates at this stage. Nevertheless, it is unacceptable that so many children and young people are missing out on the opportunity to learn, and that some local authorities, schools and their partners are not doing their very best to find out who these children are and deliver the support and interventions they need.

Recommendation: The Department for Education should work with local authorities, schools, Ofsted and other partners to conduct a national review into CME. The review should address the following issues.

i) The definition of children missing education

Our FOI request and review of the legal and policy frameworks revealed a lack of clarity about the terms used for children who are missing education, and a number of local authority respondents indicated concern that the definition differs between the statutory guidance and the inspection frameworks. For example, while the Department for Education's statutory guidance refers to 'children missing education', Ofsted's inspection documents refer to children 'missing *from* education' or 'missing and absent from education', and its thematic report looked at 'pupils missing out on education'. These phrases arguably have different meanings and may require different educational or social service responses.

Recommendation: The national review into CME should seek to set out a clear definition of the children and young people under consideration, and this should be used consistently in all statutory guidance and relevant inspection frameworks.

ii) Data collection

There is currently no system for collecting national data on the number of CME over a given year or on a particular day, making it very difficult to establish an accurate picture of the extent of the problem, monitor trends and scrutinise performance by local authorities, schools and their partners. At the same time, our FOI request and investigations by Ofsted show that data collection at the local level is inconsistent. Different local authorities are gathering data annually, monthly or for a given day. At the same time, local authorities are taking varying approaches to collecting

demographic information or information about the reasons for a child missing education, and Ofsted found that, in the majority of local authorities examined, systems for tracking children are not sufficiently robust.

Recommendation: The national review into CME should assess existing systems for national and local data collection and monitoring, and put in place a consistent approach across local authorities.

iii) Local practice

Ofsted's recent review found evidence of a wide variation in local practices in monitoring and working with children who are, or are at risk of, missing from education. At the same time, there was evidence of local authorities having a positive impact on the lives of these children. Ensuring clear lines of accountability, having effective data collection and monitoring systems, working in partnership, sharing information and intervening early where a child might be at risk of missing education, are all key to helping these vulnerable children achieve and keeping them safe.

Recommendation: The national review into CME should review the legal framework and statutory guidance against existing good practice and in particular:

- **consider whether the current legislative framework is fit for purpose, particularly in light of the increase in school autonomy and proliferation of academies and free schools**
- **make recommendations for the provision of supplementary advice for local authorities, schools and other local agencies**
- **identify what measures are needed to strengthen local accountability for CME, including considering whether to introduce a statutory post to ensure all local authorities have a responsible senior officer and what role Local Safeguarding Children Boards should play**
- **review local information sharing protocols and systems in relation to CME across local authorities, schools, academies and other services, including health, youth offending and the police, to identify what improvements are required**
- **consider what further action is needed to stop unlawful exclusions by schools and academies, including improvement of complaints systems and approaches to penalising schools engaging in this practice**
- **identify common features of children's pathways to missing education and review effective practice in intervening early**
- **consider whether it would be beneficial to keep every child on a school roll (unless they are home educated) regardless of their circumstances, for example when in custody or during a period of illness**
- **consider what additional incentives or guidance parents and carers need to help them give local authorities and schools better information about children moving in or out of the area.**

A lack of consistent national and local data collection about CME means it is challenging to establish the exact prevalence of the problem. However, evidence from our FOI request and information about local practice suggests that, for a large number of children, local authorities, schools and their partners are failing in their legal duty to ensure these children have the opportunity to learn. If children are not present at school, what future do they have? Central government needs to tackle this problem head on, working with local authorities, schools, academies, the voluntary sector and other services to ensure we have a clear understanding of who these children are, why they are missing education and how they can be helped to get back into learning.

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