

IMPROVING LIVES SELECT COMMISSION

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

Date: Wednesday, 28th January, 2015

Time: 10.00 a.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 5th November, 2014. (Pages 1 - 7)
8. School Planning, Admissions and Appeals update. (Pages 8 - 20)
 - Service Lead, School Planning, Admissions and Appeals Service, Schools and Learning, Children and Young People's Services Directorate, to report.
9. Rotherham Local Safeguarding Children Board Annual Report, 2013-2014. (Pages 21 - 76)
 - Chair of the Rotherham Local Safeguarding Children Board and the Business Manager of the Rotherham Local Safeguarding Children Board, to report.
10. Education Lifestyle Report, 2014. (Pages 77 - 113)
 - Service Improvement Officer to report.

11. Date and time of the next meeting: -

- Wednesday 11th March, 2015, to start at 2.00 p.m. in the Rotherham Town Hall.

Improving Lives Select Commission membership: -

Chair – Councillor J. Hamilton
Vice-Chair – Councillor Ahmed

Councillors Astbury, Buckley, Burton, Clark, N. Hamilton, McNeely, Reynolds, Roddison, Turner, Tweed (12).

Co-opted members: - Ms. Jones (Voluntary Sector Consortium), Mr. Smith (Children and Young Peoples' Voluntary Sector Consortium) and Mrs. Clough (ROPF: Rotherham Older Peoples Forum) (for agenda items relating to older peoples' issues).

IMPROVING LIVES SELECT COMMISSION
Wednesday, 5th November, 2014

Present:- Councillor J. Hamilton (in the Chair); Councillors Ahmed, Astbury, Buckley, Burton, Reynolds, Roddison and Turner. Co-opted member Mr. M. Smith (Children and Young People's Voluntary Sector Consortium) was also in attendance.

Councillor Doyle was in attendance for the items regarding Domestic Abuse as they related to his portfolio area.

Apologies for absence were received from Councillors Clark, N. Hamilton and McNeely, and from co-opted member Mrs. A. Clough (Rotherham Older Peoples' Forum).

27. DECLARATIONS OF INTEREST.

No Declarations of Interest were made.

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

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

29. COMMUNICATIONS.

Nothing was raised under this item.

30. MINUTES OF THE PREVIOUS MEETING HELD ON 17TH SEPTEMBER, 2014.

The minutes of the previous meeting of the Improving Lives Select Commission held on 17th September, 2014, were discussed.

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

31. REPRESENTATIVE AND SUBSTITUTE FROM THE IMPROVING LIVES SELECT COMMISSION TO THE HEALTH, WELFARE AND SAFETY PANEL.

Resolved: - (1) That Councillor A. Buckley be confirmed as the Improving Lives Select Commission's representative to the Health, Welfare and Safety Panel.

(2) That Councillor J. Hamilton be confirmed as his substitute.

32. IMPROVING LIVES SELECT COMMISSION'S SCRUTINY REVIEW OF DOMESTIC ABUSE - PROPOSED REVIEW OF LOCAL RESPONSES TO "HONOUR" BASED VIOLENCE AND FORCED MARRIAGE.

Councillor J. Hamilton, Chairperson of the Improving Lives Select Commission, welcomed Cheryl Henry-Leach, Domestic Abuse Officer, Jan Bean, Safeguarding Adults and Domestic Abuse Manager (Health and Wellbeing, Neighbourhood and Adult Services Directorate) and Zalakia Ahmed, Apna Haq. They had attended to give a presentation on the issues around so-called 'honour-based violence' and forced marriage. This was to enable the Improving Lives Select Commission to consider how it should undertake a scrutiny review into the issues.

A previous scrutiny review into Domestic Abuse had been undertaken by the Improving Lives Select Commission and presented to the Cabinet on 6th November, 2013. Minute No. C111 refers.

Work to tackle so-called 'honour-based' violence and forced marriage was led by the Safer Rotherham Partnership through the Domestic Abuse Priority Group. This was in-line with the national Violence Against Women Campaign that the Central Government led.

A presentation was delivered by the Domestic Abuse Officer. Issues covered included: -

- A definition of Domestic Abuse;
- There was no legal move to change the term "honour". The concept varied between different individuals and groups;
- Illustrated the differences between forced marriages and arranged marriages;
- Arranged marriages could become forced marriages if one partner subsequently withdrew their consent;
- There had been a slight increase from 2008/2009 – when 1,200 incidents were reported to 1,500 in 2012/2013;
- Majority of victims were female. 31% were in the 18-21 age bracket;
- Domestic Abuse training was refreshed in 2013;
- In March, 2014, the Young Person's Advocacy programme was adopted.

Three case studies were shared that illustrated the different types of forced marriage that could take place and the responses of agencies following referrals. Discussion was undertaken on forced marriage and the impact it had on children and young people.

Questions were asked if partners such as the Police, routinely attended key strategy meetings and Members of the Improving Lives Select Commission expressed concerns if this was not the case. Officers in attendance confirmed that the expectation was that all Partners must

attend when called to Strategy meetings. When this was found not to be the case it was challenged at a strategic level.

Discussion also covered: -

- What support was available for children and young people who wanted to report their concerns about being subject to a forced marriage? It could be very difficult for children to accuse their parents, as they loved them. What could the Local Authority and partners do to ensure help was available? - It was highlighted that the delivery of training on behalf of the Rotherham Local Safeguarding Children Board was always full to capacity. Positive work had also been undertaken with Mosques. However, Apna Haq raised issues about potential gaps in awareness raising in schools suggesting that it was not provided on a consistent basis.
- What exercises were undertaken to ensure that gaps were identified? – The legal change around domestic abuse had helped with the recording and analysis of forced marriage and so called “honour-based” violence. The family’s history needed to be considered when assessing future risks. It was difficult to ascertain an accurate picture of the extent of forced marriage within Rotherham because of under-reporting.
- Rotherham’s Elected Members had attended a police training session on CSE. Councillor Reynolds explained how he had asked whether the Chief Superintendent for South Yorkshire was confident that he had the resources to effectively police the issue. He did not confirm this was the case and it was an area of concern to Councillor Reynolds. - Statutory Guidance was clear that if the child was under the age of 18 the response would be led by Children’s Services. If a specialist response was required Apna Haq would be approached.
- Councillor Turner was aware of cultural differences and expectations. If a young person reported any issues related to domestic abuse it would be taken seriously. Different cultural and traditional norm were respected but we have to place victims’ safety first. There was the statutory obligation to prevent a domestic homicide. Apna Haq worked with and supported migrant communities and British Asian communities.
- The importance of independent, confidential and safe areas where reporting could take place was discussed.
- The provision of information to Elected Members was considered. It was noted that the Cabinet received a quarterly update from the Rotherham Local Safeguarding Children Board.

It was agreed by all in attendance that a scrutiny review focused on forced marriage and so-called "honour-based" violence and in particular how agencies responded to these issues given the legal changes recently introduced. This would be scheduled to take place in the spring of 2015. The members of the Improving Lives Select Commission supported the commencement of the review as quickly as possible.

Councillor Hamilton thanked the Officers in attendance for their presentation and contribution to the discussion.

Resolved: - (1) That the responses to so-called "honour-based" violence and forced marriage be noted.

(2) That a scrutiny review on so-called "honour-based" violence and forced marriage take place from spring, 2015.

33. IMPROVING LIVES SELECT COMMISSION'S SCRUTINY REVIEW OF DOMESTIC ABUSE - UPDATE TO RESPONSE PRESENTED IN NOVEMBER, 2013.

Councillor Hamilton welcomed Chrissy Wright, Strategic Commissioning Manager and the interim chair of the Domestic Abuse Priority Group. Chrissy had attended the meeting in relation to the Scrutiny Review of Domestic Abuse that had been undertaken by the Improving Lives Select Commission and accepted by Cabinet on 5th February, 2014. Minute no. C176 refers.

Action plan comprised of 20 items. It was a substantial piece of work for the operational teams to take forward. The Cabinet's response to the Scrutiny Review of Domestic Abuse was considered, along with an update that was current as of 5th November, 2014.

Questions asked included: -

- The impact of the Multi-Agency Safeguarding Hub (MASH) – this was still in its early days. Benchmarking with other Local Authority's had taken place and the use of a MASH had enabled prevention and disruption activity to prevent Domestic Abuse;
- How were partners and the Vulnerable Person's Unit working together and had there been training for staff? – Again, it was early days for the co-location of the VPU, the PPU and the Contact and Referral Team (CART). Anecdotally, teams did appear to be communicating better and sharing intelligence;
- What finance and investment was required? – There had been recruitment to two further posts through contingency funding;
- Had any recommendations stalled? - Any not complete were in progress. All recommendations were on a timeline to be completed by March 2015;
- Funding bids had been turned down? - A detailed response as to why the bid had not been successful had been received and the

Local Authority was looking for similar monies that could be bid for to pursue its work with perpetrators;

- Were there strong relationships with the Police and Crime Commissioner's office? - Yes. Future meetings were planned to look at accessing PCC funding;
- Recommendation 14 covered the use of a standard approach and standard risk assessment by all agencies. Were all agencies working towards an agreed and common understanding? – This had been reviewed with the Local Safeguarding Children Board. Pre-birth assessments were not being undertaken as would be expected and clearer guidance had been rolled-out. It would become a Tri.ex document as it currently only existed as a paper document. The Domestic Abuse risk matrix aligned the needs of any child/ren to the adult victim;
- Were services attending the MARAC? - Key partners were attending and were aware that attendance was currently under review;

The Cabinet Member for Adult Social Care and Health, who had the issue of Domestic Abuse in his portfolio confirmed how he monitored the issues. Minutes of the meetings came to his Cabinet Member meetings. An initiative coming forward was that Rotherham was working towards the White Ribbon campaign whereby men advocated to other men that abuse against women should not be accepted under any circumstances. All major sports clubs, the Police and the Council in Rotherham had been asked to sign up to it.

Discussion continued: -

- Was there less reporting taking place? – This was being discussed with the Police at a South Yorkshire level. Research was being undertaken through Sheffield Hallam University to look victims' journeys and how supported they had felt. It could be very difficult to secure a conviction of Domestic Abuse;
- How did Rotherham's service compare to others? – The issue of Domestic Abuse was well-owned across the Council, across the Executive and by the Multi-Agency Support Hub.

Councillor Hamilton thanked the Officers for the update presentation and requested an update in six-months' time. Progress so far appeared to be positive and it must be maintained and built upon.

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

(2) That a further update report on the Improving Lives Select Commission's Scrutiny Review of Domestic Abuse be presented in six-months' time.

34. SAFEGUARDING ADULTS ANNUAL REPORT 2013-2014.

The Safeguarding Adults Manager presented the sixth Safeguarding Adults Annual Report (2013/2014). The Department of Health's 'No Secrets' (2000) document stated that multi-agency management committees should undertake an audit to monitor and evaluation the way in which their policies, procedures and practices for the protection of vulnerable adults.

Rotherham Safeguarding Adults had investigated 314 referrals and 85 people were found to have suffered some form of abuse. 46 as a result of neglect or act of omission, 14 as a result of physical abuse, 13 as a result of institutional abuse, 5 as a result of psychological abuse, 4 as a result of financial abuse and 3 as a result of sexual abuse. Actions had been taken against providers around poor standards of care that resulted in harm.

The report included: -

- The Mission statement;
- Objectives;
- Charter;
- 100% of all alleged abuse reported were responded to within 24 hours;
- The Annual report had been contributed to by the Local Authority, the joint Learning Difficulties and Disability Service, NHS Trust, RDASH, Fire, Police and Voluntary sectors.

Priorities for the coming year included the Care Act (2014), which would be effective from 1st April, 2015.

The data within the report for the period 2013-2014 was discussed: -

- Source of alerts – other Council departments were referring concerns;
- There had been a large reduction in anonymous complaints – It was very difficult to work with an anonymous complaint. When they were informed of the processes and how their concerns will be handled they were usually more confident to put their name forward;
- Training – no members of the Police had taken up training in 2013/2014 – the Police ran their own training scheme;
- Future reports would include information about working with people who did not have the capacity to decide where they should live.

Resolved: - That the Safeguarding Adult Annual Report 2013/2014 be approved with the amendments as suggested to the heading sections.

35. DATE AND TIME OF THE NEXT MEETING: -

The dates of the Select Commission meetings to be held in December may be subject to change.

Resolved: - That the meeting date of the next Improving Lives Select Commission be circulated in due course.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Improving Lives Scrutiny Committee
2.	Date:	28th January 2015
3.	Title:	School Planning, Admissions and Appeals update
4.	Directorate:	Children and Young Peoples Services

5. Summary

This report provides an update to the Improving Lives Scrutiny Committee in relation to School Planning, Admissions and Appeals activity and outcomes.

6. Recommendations

It is recommended that the Committee notes the report and current position in relation to School Planning, Admissions and Appeals.

7. Proposals and Details

Feedback to Scrutiny Panel from the recent DfE consultation on technical changes to the School Admissions Code

Following the previous report to improving Lives Committee in September 2014, where Committee Members agreed the Rotherham response to the DfE consultation on technical changes to the code.

Rotherham Metropolitan Borough Council was one of 444 stakeholder respondents to the consultation.

Key points from the consultation:

Priority for children eligible for the pupil or service premium:

Rotherham's agreed response was that it should be an optional decision whether to adopt or not as although it was not an issue in Rotherham as over 90% of pupils are regularly allocated their first preference. In some areas of the UK we could see where this would be beneficial to disadvantaged families.

Outcome: Admissions Authorities have the option whether to implement or not. Rotherham's position would be to maintain current admission arrangements, retain a watching brief and review arrangements should it become necessary.

Priority for nursery children eligible for the early years pupil premium, pupil or service premium:

Rotherham's agreed response was that it should be an optional decision whether to adopt or not as although it was not an issue in Rotherham as over 90% of pupils are regularly allocated their first preference. In some areas of the UK we could see where this would be beneficial to disadvantaged families.

Outcome: No statutory requirement for an admission authority to adopt. Rotherham's position would be to maintain current admission arrangements, retain a watching brief and review arrangements should it become necessary.

Changes to the admissions consultation timetable:

Rotherham's agreed response was that we could not see any major barriers to the amended timeline and, date changes to internal procedures would ensure a smooth transition and compliance.

Outcome: This change will become effective for the 2015/16 Academic year. Rotherham will implement the necessary changes in preparation for the 2015/16 Admission to School annual consultation round .

Admission of Summer born children:

Rotherham's agreed response was that it clarified the position for all parties.

Outcome: The minor technical changes will be implemented. Rotherham will continue to be advised by Medical and Educational experts in relation to delayed entry in to Foundation Stage 2 (FS2) / Reception.

Other technical drafting changes:

Rotherham's agreed response was one where we felt that 'may', as opposed to 'must' should be the terminology used in the revised code to allow for a discretionary approach to meet local need.

Outcome: Local discretion can be maintained if required.

Overview of new school places created**School Expansions from January 2011 to September 2014:****Key:**

Sch = School
PAN = increase in 'Published Admission Number' from - to
Thru = Total eventual through School places created

Funding stream(s) used to finance the project:

basic need = Allocated by the DfE to address capacity shortfalls

Section 106 = Developer funding to secure infrastructure shortfall from new housing

Abbreviations:

FS2/R Foundation Stage 2 / Reception class
Y2/6/7/11 Year Group
SEN Special Educational Needs

Sch	PAN	Thru	Funding
Thornhill Primary	30/45	105	basic need
Flanderwell Primary	30/45	105	basic need
Aston Hall J & I	30/45	105	basic need
Herringthorpe I and J	70/90	140	basic need
Treeton Primary	37/45	56	basic need
Catcliffe Primary	25/30	35	basic need
Sunnyside I and J	80/90	70	section 106
Bramley Grange Primary	40/45	35	N/A
Kilnhurst Primary	28/30	14	N/A
Listerdale J & I	30/45	105	basic need
Wath CE Primary	30/45	105	basic need/section 106
Thurcroft Infant	60/75	45	basic need/section 106
Total Primary places	140 (FS2)	920 (FS2/ Reception to Y6)	
Wickersley SSC	300/330	150	targeted basic need
Total Secondary places	30	150 (Y7 to Y11)	
Newman School		30	basic need
Flanderwell Primary		10	basic need
Total SEN Places		40	
Cumulative Total	170	1110	

Temporary increases:

Broom Valley	60/90 FS2/R	30	basic need
	60/75 Y2	15	
	60/75 Y3	15	
Brinsworth Howarth	30/45 Thru	105	section 106
Wales Primary	30/45 FS2/R	30	basic need
Total Temporary places		195	

Future permanent School Places (2015 to 2017):

Eastwood Village Primary	0/30/45	210/315	targeted basic need
Cortonwood Infant	40/50	30	section 106
Ellis Junior	70/80/90	80	basic need/section 106

Currently working with the Headteacher and the governing Body at Thorogate J & I to create an FS2 'bulge year' class for 2016/17 academic year by utilising **Section 106** funding from the 'Wickets' development at Upper Haugh.

Currently working with the Executive Headteacher and Trustees at Sandhill Primary Academy in relation to working in partnership to increase future capacity at the School for 2016/17 academic year to accommodate a 'bulge year' and future cohorts. (basic need / possible future **Section 106** funding).

Future projects will be determined by:

The outcome of the Local Plan and confirmed brought forward sites for development, Future pupil number projections eg birth statistics, movement, migration, Ofsted profiles of schools etc

Potential new Schools:

Waverley - **Section 106** agreement in place to create 2 x 2 form (60 PAN) entry Primary Schools – subject to trigger points being reached.

Bassingthorpe Farm – should this development come forward there will need to be a **Section 106** agreement in place to create a new Primary School.

NB: There is an Academy / Free School presumption in place under current Government legislation in relation to the control of all new schools.

2014/15 Academic Year School Admissions – National Offer Day summary

School Places Summary - Primary FS2 / Reception:

Total number of applications = 3280 (*3119 in 2013*)

98% of applicants were allocated one of their preferences
(91.5% 1st preference, 5% 2nd preference, 1.5% 3rd preference)

*2013/14 = 98.5% were allocated one of their preferences
(92.4% 1st preference, 4.93% 2nd preference, 0.99% 3rd preference)*

Key points:

1 school was unable to accommodate catchment area children (Canklow Woods x 3 Children)

4 schools were unable to accommodate siblings (8 Children)
Aston Fence x 4, Maltby Craggs x 1, Swallownest x 1 and Wentworth C of E x 2

42 schools were unable to accommodate children on distance category (398 Children)

School Places Summary - Secondary Y7:

Total number of applications = 3157

99% of applicants were allocated one of their preferences
(95.5% 1st preference, 3% 2nd preference, 0.5% 3rd preference)

This is a similar profile to 2013/14.

Key points:

All schools were able to accommodate 'on time' catchment area and sibling category pupils, last places in all schools were allocated on the 'distance' category.

Extra District Import / Export figures:

Rotherham is traditionally a NET importer of pupils from neighbouring Authorities. Annually there is a NET import extra district pupil cohort of between 1600 and 2000 pupils on roll in Rotherham schools following analysis of in / out of district allocations. The number varies dependant on cohort size eg a large FS2 cohort entering school may replace a much smaller Y11 cohort leaving school, resulting in a potential year on year variation.

DfE Basic Need Scorecard:

The DfE have this Academic Year introduced a Local Authority Scorecard on School Place Planning and the use of Basic Need funding:

(Basic Need funding from DfE to address school place shortages – current allocation for 2014/15 is £1.45M).

Quantity:	Increase in pupil numbers between 2009 and 2016	= 10%
	Total Basic Need allocated 2011 to 2017	= £18M
	2013 to 2016 minimum places to deliver	= 1,090
	2016 onwards places to deliver	= 360 +

plus new housing pupil yields as a result of the Local Plan implementation (Section 106 / CIL funding subject to trigger points)

Quality:

84% of new places delivered in good / outstanding schools – compared to the National average of 79%

Proportion of new school places delivered in below average schools = 7% (22% National average) - based on Key Stage 2 outcomes

Cost:

Cost of expansions in Rotherham is 14% below the National average

Rotherham is in the lowest 40% cost banding nationally for delivering new school places

Admissions

The Service processes approximately 10,000 Primary, Secondary and in year admission applications annually.

Admissions Appeals

Wath Comprehensive School had a waiting list of 96 children for entry into Y7, there were 28 applications received for appeal. The Authority for the first time trialled a group appeal where on Monday 12th May the school and Local Authority presented its case for refusal of places to the parents of the affected pupils and a question and answer session followed.

The Independent Panel then decided that the Admissions Authority had acted in accordance with regulatory requirements and moved the Appeals forward to the

second stage which was individual cases of appellants. Cases were heard all day Tuesday 13th May and up to mid afternoon on Wednesday 14th May.

Feedback from the Independent Panel Members and the overwhelming view of appellants was that the group appeal process was extremely positive. The group appeal reduced the staffing implications from 4 full days of appeals to 2 full days equivalent.

The group appeal process was also scrutinised by the Schools Adjudicator in relation to an objection received from an appellant in response to the panels decision in relation to an individual case. The resultant view of the Adjudicator being that Rotherham had conducted the appeals in line with the Appeals code of practice.

During the 2013/14 academic year a total of 442 appeals were heard.

Fair Access

Separate Primary and Secondary school Fair Access Panels operate to review school place applications when all statutory processes are exhausted for 'hard to place' pupils. Fair Access Panels will place a child in a school after consideration of the case, the direction from Fair Access Panel is a binding decision on the receiving school.

School places overview by Learning Community:

Central (South and East)

Primary: All schools in the area are oversubscribed and this remains a pressure area for this academic year. The new Eastwood Village Primary school opening September 2015 will relieve pressure in this area and create a surplus of places across the learning community for the foreseeable future. The School will be sponsored by the Central Learning Partnership and the Trust will have options available to enhance learning opportunities for children in this area by having control of admission numbers at the 3 schools (Eastwood Village, Coleridge, East Dene).

Secondary: Oakwood High School remains oversubscribed but continues to accommodate all catchment area and sibling category pupils and the last remaining places are allocated on distance category during normal admissions round. Clifton Comprehensive pupil numbers remain static until 2017/18 when numbers start to increase. The school has sufficient capacity beyond 2021.

Rawmarsh Learning Community

Primary: Bulge cohort year projected for 2016/17 and plans to address this have been detailed earlier in the report. Sandhill catchment area projections remain higher than PAN in future years.

Secondary: Cohort numbers continue to be stable with numbers starting to rise from the 2018/19 academic year onwards. The school has sufficient capacity beyond 2021.

Wath Learning Community

Primary: Bulge year 2014/15 before projections reduce to more normal level until 2018/19. Expansion of Wath C of E and longer term plans for Cortonwood Infants and Brampton Ellis Primary to address projected pupil increases.

Secondary: Wath Comprehensive and St Pius both oversubscribed. Wath Comprehensive is still meeting catchment Area and Sibling demand and the last places are allocated annually on distance category.

Wickersley/Bramley Learning Community

Primary: Previous expansions of Sunnyside, Bramley Grange, Flanderwell and Listerdale Schools have addressed capacity / place issues at present time.

Secondary: Wickersley SSC remains oversubscribed but successful targeted basic need bid for 17 additional classrooms will provide further accommodation for future higher cohorts. Catchment Area and Sibling category applications are met and the last remaining places are allocated on distance category annually.

Aston Learning Community

Primary: Previous expansions in area have addressed capacity / place issues for the foreseeable future. Treeton area has had recent high cohort numbers but numbers have now started to recede to Admission Number level.

Secondary: Aston Academy remains oversubscribed, all catchment area and sibling category pupils are allocated a place, the last remaining places are allocated on distance category from extra district. School is in the Waverley catchment area and catchment area pupil numbers will start to increase as the Waverley development expands.

Brinsworth Learning Community

Primary: Sufficient capacity at present due to the temporary expansion of Brinsworth Howarth J & I, Brinsworth Schools receive pupils on distance category from extra district.

Secondary: Cohort numbers starting to rise as a result of catchment area and extra district numbers, school has sufficient capacity until 2020. School is in the Waverley catchment area and catchment area pupil numbers will start to increase as the Waverley development expands.

Wales and Thurcroft Learning Community

Primary: Following the permanent expansion of Thurcroft Infant School and the temporary expansion of Wales Primary School there is sufficient capacity in the learning community to meet projected demand. 2014/15 and 2015/16 are the bulge cohort years in this area.

Secondary: Wales High School remains oversubscribed however all catchment area and sibling category pupils are allocated during normal admissions round with the last places being allocated on distance category annually.

Dinnington and Anston Learning Community

Primary: 2014/15 bulge year, all applicants were accommodated within the learning community. The next bulge year is expected in 2018/19.

Secondary: Numbers static at present starting to rise from 2020 onwards.

Swinton Learning Community

Primary: 2015/16 bulge year, capacity is currently sufficient within the learning community to accommodate all pupils.

Secondary: Numbers static and starting to rise from 2019/20 academic year.

North and West Learning Community

Primary: Bulge years 2014/15 and 2016/17, capacity is currently sufficient within the learning community overall to accommodate all pupils, however catchment area pupil numbers have increased in the Ferham area in recent years and Ferham Primary School remains oversubscribed in several year groups.

Secondary: Cohort numbers rising but remain within PAN for the foreseeable future at Winterhill School.

Maltby Learning Community

Primary: 2014/15 Academic Year bulge year, all applicants were able to be accommodated within the learning community.

Secondary: Cohort numbers rising but remain within PAN for the foreseeable future.

Thrybergh Learning Community

Primary: Bulge year projected for 2017/18 similar level of pupils projected to 2013/14 levels which were all accommodated within the learning community.

Secondary: Cohort numbers static and start to increase from 2019/20 academic year onwards.

8. Finance

Funding for the school expansion projects is from:

Basic Need Funding – Allocated to Local Authorities to address school place shortages (funding is allocated following DfE analysis of the annual School Capacity and Planning (SCAP) submission.

Targeted Basic Need Funding – Ringfenced funding allocated to Local Authorities following successful business case bids to expand existing schools or build new schools.

Section 106 developer Education impact contributions (the LA is currently consulting on CIL levy in the future). Section 106 contributions are subject to the Local Authority being able to 'meet the test' in evidencing that a development will create a pupil place deficit in school places in the local area and is subject to trigger points and time limited allocation and spend.

schools need to plan for expansions and appoint additional teaching and non teaching staff for the additional cohort. Funding for the additional staffing will be generated as a result of the additional pupils on roll and will be part of the school's annual budget. However, in the first year of operation, as the pupils will not be on roll in time for the school's budget to be allocated for the financial year, additional funding is requested from the Contingency for Pupil Growth Fund to cover the funding gap via Schools Forum.

9. Risks and Uncertainties

There are always risks and uncertainties when school place provision is considered since future pupil numbers are based on estimations. Over provision at one school could influence pupil numbers at other schools. Local Authorities are obliged, however, to provide sufficient places, promote diversity and increase parental preference.

10. Policy and Performance Agenda Implications

The major theme supported by the proposal is 'to ensure that everyone has access to skills, knowledge and information to enable them to play their part in society'. The delivery of timely additional school expansions will enable more parents to access their first preference school for their child and, therefore, increase that performance indicator.

Rotherham School Improvement Mission:

- ~ All children will make at least good progress
- ~ There will be no underperforming cohorts
- ~ All teachers will deliver at least good learning
- ~ All schools will move to the next level of successful performance

11. Background Papers and Consultation

The Local Plan and sites brought forward for development by planning application.

School Capacity and Planning (SCAP) returns to DfE.

The School Organisation (Establishment and Discontinuance of Schools) Regulations 2013

The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013

School Organisation (Maintained Schools) guidance for proposers and decision makers (January 2014)

Consultation with relevant stakeholders.

Reports to Cabinet / Cabinet Member in relation to proposals to make prescribed alterations to Schools.

Contact Name :

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REPORT TO MEMBERS

1.	Meeting:	Improving Lives Select Commission
2.	Date:	21st January 2015
3.	Title:	Rotherham Local Safeguarding Children Board Annual Report 2013-14
4.	Directorate:	Rotherham Local Safeguarding Children Board

5. Summary

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

6. Recommendations

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

Proposals and Details

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

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

1. provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period

2. be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.
3. list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

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

Child Sexual Exploitation

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

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

Child Neglect

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

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

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

Domestic Abuse

The impact on children of living in a household with Domestic Abuse affects all aspects of their wellbeing. There is a high correlation between the children who are subject to a Child Protection Plan and the presence of Domestic Abuse in the family. Often this is in combination with mental health and substance misuse issues.

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

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

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

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

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

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

Early Help

The number of children and young people in the borough who are at risk of significant harm, are taken into care or have concerns about them referred more than

once is high / increasing. Providing the right help at the right time for children and their families can and does prevent problems from escalating.

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

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

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

Voice of the Child

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

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

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

7. Finance

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

8. Risks and uncertainties

The publication of the Jay report and the recent Ofsted inspection of children's services and the LSCB will require the LSCB to review its priority areas of focus, the operation of its sub groups and strengthen its relationships with other partnership boards. This will be driven via an Improvement Plan and reported to the Improvement Board.

9. Policy and performance information

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

10. Background Papers and Consultation

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

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**Rotherham Local Safeguarding Children
Board**

Annual Report 2013-14

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1. Independent Chairs Introduction

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



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

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

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

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

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

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

CYPSSafeguardingBoard@rotherham.gcsx.gov.uk or

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

2. Rotherham LSCB

2.1 Governance and Partnerships

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

2.2 Key Roles within Rotherham Local Safeguarding Children Board

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

2.2.1 Independent Chair

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

2.2.2 Director of Children's Services

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

2.2.3 Local Authority Chief Executive Officer

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

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

2.2.4 Lead Member

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

2.2.5 Lay Members

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

2.2.6 All Board Members

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

2.3 Financial Statement

Budget - 2013/14 Outturn

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

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

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

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

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

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

3. Rotherham Children and Young People in Context

3.1 Population

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

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

3.2 Ethnicity

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

3.3 Areas of Deprivation

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

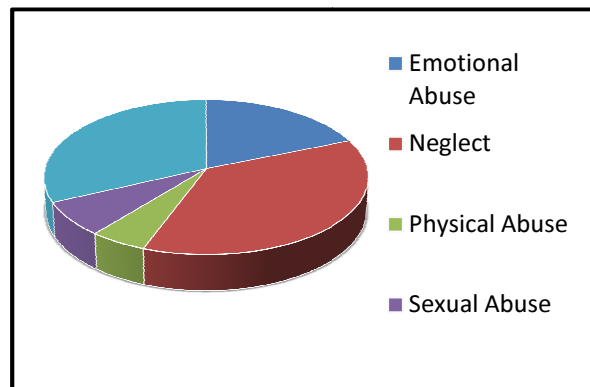
The most deprived areas in Rotherham are located in the central part of the borough with some pockets in outlying areas. The most deprived wards are Rotherham East, Valley, Rotherham West, Maltby and Boston Castle.

3.4 Children on a Child Protection Plan

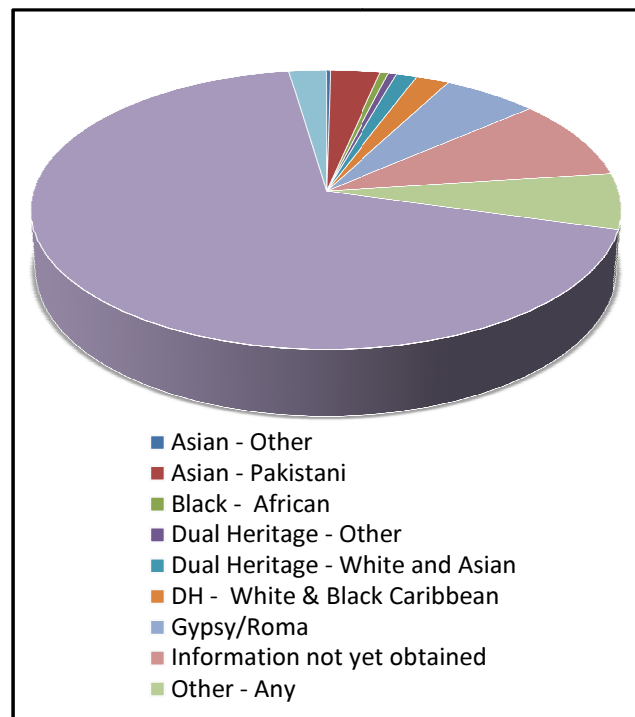
Number of Children on a Child Protection Plan - 388 as at 31st March 2014

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

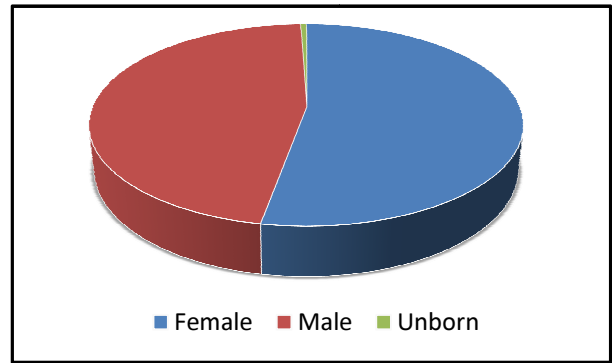
Child Protection Category	Number	Percentage
Emotional Abuse	73	19%
Neglect	143	37%
Physical Abuse	20	5%
Sexual Abuse	28	7%
Multiple Categories	124	32%



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



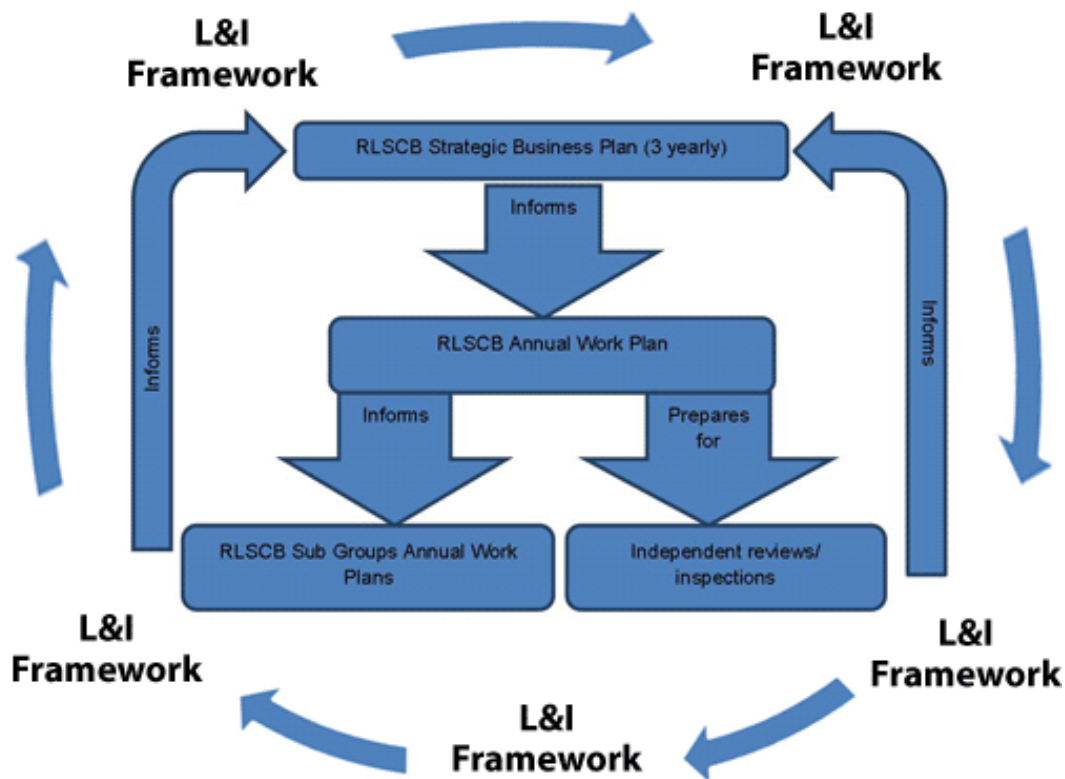
Gender	Number	Percentage
Female	205	53%
Male	181	47%
Unborn	2	1%



4. Learning and Improvement

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

Strategic approach to Learning and Improvement



4.1 Child Death Overview Panel

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

Child Death Information from April 2013 - March 2014

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

Gender	Number of Deaths
Male	11
Female	8
TOTAL	19

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

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

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

4.1.1 Sudden Infant death

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

Update at time of report production

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

4.1.2 Congenital abnormality

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

4.1.3 Suicide deaths

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

4.1.4 Child Death Overview Panel - review of function

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

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

4.1.5 Future Considerations

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

4.2 Serious Case Reviews

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

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

4.3 Quality Assurance

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

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

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

- The quality of referrals and decision making.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.4 Learning & Development

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

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

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

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

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

Feedback from participants:

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

Attachment Training – Feb 2014

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

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

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

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

Group 3 Safeguarding Core Workshop – Feb 2014

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

Working with Resistant Families – Nov 2014

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

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

Hidden Harm – 2014

4.5 Safeguarding Arrangements of Organisations – Section 11 Children Act 2004

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

Examples of feedback from some of the Voluntary Organisations:

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

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

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

4.6 Performance Framework

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.7 The Voice of Children & Young People

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

4.7.1 Rotherham Lifestyle Survey

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.7.2 Rotherham Youth Cabinet

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

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

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

Rotherham Youth Cabinet, 2013

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

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

Children's Commissioner for England, 2013

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

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

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

4.7.3 Discussions with Service Providers and Other Support Services

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

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

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

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

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

4.7.4 Children within the Child Protection system

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

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

The key objectives were to:

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

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

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

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

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

"I need to be at the conference; I want to tell my mum how it feels"
Girl - 16 yrs.

"I get upset when dad shouts at my brother. He gets upset when dad does this and that makes me upset, then I get angry with him as well"
Girl - 9 yrs.

"Mum told us she would always choose us over him". We don't like him when he drinks"
Boy - 12yrs

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

"Your attendance at conference altered the whole focus of the meeting and ensured that we remained child centred."
(CPC Chairperson)

"The child's contribution was really helpful and gave a much clearer insight into their experiences."
(CPC Chairperson)

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

4.7.5 Looked After Children

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

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

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

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

"The good thing about being in care is the chance I get to get a good education"
18 yr old female, Supported Lodgings

"Something good about being in care is all the support I have had from the service and from my foster family,"
17 yr old female, Foster Care

"just thank you to all foster carers who look after children."
16 yr old female, Foster Care

"I have a good social worker.... I like her"
16 yr old male, Foster Care

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

"Been pushed into independence too fast."

**18 yr old male,
Independent Living**

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

16 yr old female, Foster Care

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

17 yr old female, Foster Care

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

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

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

5. Board Priority Areas

5.1 Local Authority Designated Officer (LADO)

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

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

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

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

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

Outcomes of the LADO process are defined as:

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

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

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

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

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

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

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

5.2 Child Sexual Exploitation

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

5.2.1 Priority 1 - Leadership and Governance

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

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



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

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

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

5.2.2 Priority 2 -PREVENT

Preventing CSE happening to children and young people.

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

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

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

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

– Health Practitioner (GU Medicine)

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

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

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

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

GOOD PRACTICE: RAISING AWARENESS

AMONGST YOUNG WOMEN

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

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

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

5.2.3 Priority 3 -PROTECT

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

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

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

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

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

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

5.2.4 Children running away or going missing from home

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

CASE STUDY: GEMMA

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

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

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

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

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

5.2.5 Priority 4 - PURSUE

Pursuing those adults who perpetrate CSE.

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

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

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

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

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

GOOD PRACTICE: MULTI-AGENCY RESPONSE

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

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

5.2.6 Key developments and next steps planned for 2014/15

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

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

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

5.3 Private Fostering

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

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

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

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

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

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

5.4 Children Missing in Education

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

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

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

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

These include:

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

Updated on progress

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

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

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

Data Analysis

Academic Year 2012/13

- Opened 973 new investigations
- Closed 726 **

Academic Year 2013/14

- Opened 1211 new investigations
- Closed 1413 **

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

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

Summer Term 2014 analysis (March to July 2014)

- Opened 736 new referrals
- Closed 882

Closed Analysis (882)

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

Opened Analysis (736)

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

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

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

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

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

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

5.5 Licensing

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

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

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

The Licensing Act 2003 sets out four licensing objectives:

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

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

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

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

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

5.6 Early Help

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

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

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

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

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

5.7 Domestic Violence

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

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

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

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

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

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

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

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

5.8 Neglect

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

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

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

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

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

6. Service Developments

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

6.1 Multi-Agency Safeguarding Hub (MASH)

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

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

How will it work?

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

What are the timescales?

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

6.2 Children's Multi Agency Assessment Protocol

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

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

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

What are the benefits?

The Assessment Protocol was implemented in June 2014 and enables:

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

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

6.3 Multi-Systemic Therapy

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

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

7. Appendices

7.1 RLSCB Membership

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

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

7.2 RLSCB Budget Statement 2013/14 Outturn

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

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

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

8. Glossary of Terms

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

ROTHERHAM METROPOLITAN BOROUGH COUNCIL Report to Members

1.	Meeting:	Improving Lives Select Commission
2.	Date:	21st January 2015
3.	Title:	Education Lifestyle Survey Results 2014
4.	Directorate:	Neighbourhoods and Adult Services, Performance & Quality (CYPS)

5. Summary:

This report covers details of the 2014 Borough Wide Lifestyle Survey Report. (Appendix 1)

It includes plans to distribute the lifestyle survey report to schools, the schedule for presenting the findings of the report and the on-going actions supporting the lifestyle survey results.

The Lifestyle survey is a valuable piece of consultation capturing the views of young people in years 7 & 10 at secondary school asking their opinions on -

- Food & Drink
- Health, Activities and Fitness
- Being In School
- Out of School
- Young Carers
- Bullying & Safety
- Smoking, Drinking & Alcohol
- Sexual Health
- Local Neighbourhood

Each year the results are shared with key stakeholders to ensure that activities are built into team plans to address any issues to make changes to improve the lives of young people and comparisons are made each year to see if the changes made are making a difference.

Secondary schools will receive a copy of the borough wide report and their individual school report, so they can see what pupils at their own school are saying and compare this against the borough wide average.

Healthy schools service will also receive a copy of the individual school reports, so they can identify which school needs support in specific areas.

6. Recommendations:

The Improving Lives Select Commission is asked to note the actions of the Cabinet on 14th January, 2015, in: -

- (i) Noting the Lifestyle Survey Report 2014
- (ii) Noting and agreeing the action plan which is used to ensure that issues are actioned following completion of the survey

7. Proposals and Details:

The 2014 Lifestyle Survey saw all 16 secondary schools in Rotherham participate, however one school did suspend their involvement due to the content of some of the questions, the issues that were raised by the school were addressed, but the school informed us that it was then too late to reintroduce the survey. Overall 4,123 pupils participated which is a participation rate of 63%. This is the highest participation rate achieved since the commencement of the survey in 2006.

In the 2014 survey there were a number of new questions added after the formal consultation process. These requests came from public health, police and healthy schools consultant.

The new questions covered topics on safety, sexual health education, internet safety, e-cigarettes and young people's thoughts around alcohol, drugs and smoking

7.1 Positive results in the survey

- More young people having breakfast, 80% compared to 73% in 2013
- More young people having school dinners for lunch, 44% compared to 28% in 2013
- Increase in the number of pupils volunteering, up to 20% from 19% in 2013
- Bullying rates saw a considerable decrease in the number of young people who said they have been bullied, down to 28% from 38% in 2013
- Also there was a considerable increase in the number of pupils who said they had received help after being bullied up to 58% from 26% in 2013
- Reduction in the number of pupils having tried high energy drinks down to 50% from 59% in 2013
- Increase in the number of Y10 pupils saying they had never tried a cigarette up to 70% from 64% in 2013
- Increase in the number of young people who said they have never tried alcohol
 - Y10 up to 24% from 23% in 2013
 - Y7 up to 63% from 59% in 2013
- A reduction in the number of pupils who have tried some type of drug
 - Y7 solvents the most popular drug, young people saying they use this regularly has gone down to 1% from 4% in 2013.
 - Y10 cannabis the most popular drug with young people saying they use this regular has gone down to 5% from 6% in 2013
- More young people know who the school nurse is up to 40% from 38% in 2013
- More young people said they visited Rotherham Town Centre up to 40% from 34% in 2013

7.2 Areas for attention from the survey

- Healthy eating - crisps is now most popular snack
- Less young people say they regularly participate in sport or exercise down to 77% from 81% in 2013.
- Feelings – pupils are asked how they feel about family, home life, friendships, the way they looked, schoolwork and themselves, in all areas young people do not feel as good as they did in 2013

- There is a slight increase in the number of young people identifying themselves as young carers although it is clearer now in relation to time spent and who they are caring for, after new questions added for 2014 survey
- Local shops are where young people are more likely to obtain their cigarettes from. Also young people obtain alcohol from local shops, more than supermarkets.
- Sexual Health – new questions added to the Y10 survey 25% of young people in Y10 said that they have had sex. Out of these 46% said they had sex after drinking alcohol and 22% did not use any method of contraception. This is a similar result to national figures.
- After consultation the safety questions particularly around the town centre were split further and subsequent questions added. In Rotherham Town Centre only 10% of young people said they felt safe, reduced from 12% in 2013.
- Questions were asked specifically about Town Centre bus and train stations, only 9% said they felt safe in the bus station and only 7% at the train station.
- Subsequent questions show the reasons for feeling unsafe; being approached by strangers, being approached by drunks and fear of gangs are the main reasons for feeling unsafe.

Key stakeholders and partners are involved identifying activities to address these issues; Lifestyle Survey Results Action Plan addresses these (Appendix 2)

7.3 Timetable for presentations

Date	Meeting	
18 th November 14	DLT CYPS	Bev Pepperdine Sue Wilson
18 TH November 14	DLT NAS	Bev Pepperdine Sue Wilson
19 th November 14	SLT	Bev Pepperdine Sue Wilson
25 th November 14	Councillor Beaumont Informal Briefing	Bev Pepperdine Sue Wilson
28 th November 14	EDS DMT	Bev Pepperdine
14 th January 15	Full Cabinet Meeting	Jane Parfremment
21 st January 15	Improving Lives Scrutiny	Bev Pepperdine Sue Wilson
5 th February 15	Chief Executive Officers Group	Bev Pepperdine Sue Wilson
18 th February 15	Health & Well Being Board	Bev Pepperdine Sue Wilson
Feb/March 15	Safeguarding Board	Bev Pepperdine Sue Wilson

Distribution of the report with an offer to attend subsequent meetings will be made to

- Public Health
- Healthy Schools Consultant – Kay Denton
- Safer Neighbourhood Partnership
- South Yorkshire Police
- South Yorkshire Passenger Transport Executive
- Neighbourhood Crime Manager

- Young Carers Provider – Barnados
- Locality Team(s)
- School Nursing
- Families for Change
- Youth Cabinet
- Communications Team

8. Finance:

The cost reduction has continued as in previous 2 years.

All printing costs removed, schools accepted that they would communicate lifestyle survey information with parents and school packs were sent electronically rather than printed and posted.

Staff time from Service Improvement Officer and Research Analyst

9. Risks and Uncertainties:

Various issues are highlighted within the body of the report and work is underway to mitigate these

10. Policy and Performance Agenda Implications:

Key partners with actions in the Joint Health & Wellbeing Strategy, Corporate Plan and will need to note the results from this survey

Bulletins will be sent out to key stakeholders highlighting the findings.

11. Background Papers and Consultation:

Rotherham Secondary School Lifestyle Survey 2013

Joint Health & Well Being Strategy

**Contact Name: Bev Pepperdine – Service Improvement Officer
Elena Hodgson – Research Analyst**

Rotherham Secondary School
Lifestyle Survey
2014

Borough Wide Report

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Message from Councillor Beaumont

Dear Head Teacher/School Staff Member,

I am writing to personally thank you for participating in the Secondary Lifestyle Survey in 2014. The 2014 survey has produced the highest participation rates of any year that the survey has run and for this I would like to personally thank every school and all staff involved for their effort in achieving this result.

There is a lot of interest both locally and nationally regarding seeking the views of children and young people about what matters to them and ensuring that appropriate changes are made. The 2014 survey has shown that all 16 secondary schools and 3 pupil referral units have participated in the survey and in total 4123 pupils have given their feedback, this equates to a 63% participation rate, and this is an outstanding result.

The results of the survey have been analysed to produce the Rotherham wide report. All establishments will receive a copy and this will also be shared with partners from health, housing, voluntary sector, police, South Yorkshire passenger transport (SYPT), councillors and youth cabinet. These results will be taken on board by these partners and will influence their policies around young people and their health & wellbeing, safety issues and young carers.

From the 2013 results, there has been excellent feedback and work ongoing examples include one school has achieved Good Practice Plus for their work to reduce the consumption of high energy drinks. The youth cabinet have been carrying out mystery shopping on behalf of SYPT to identify key safety issues. These are a couple of examples of the work that has happened as a result of the Lifestyle Survey results. Good Practice information has been included in the overall borough wide report and will be sent out to schools in the spring newsletter.

The results of the Lifestyle Survey will also support with Ofsted inspections as you will be able to use the data to identify student needs and be able to plan to address any relevant issues, for example via amending the PSHE curriculum content and also in reviewing pastoral provision to support with presenting issues. In Ofsted inspections, in order to be judged outstanding for the quality of the curriculum the Grade Descriptor states: "The use of local data, such as information on levels of smoking, obesity, teenage pregnancy to inform planning is shown as a strength". Obviously, the Lifestyle Survey can assist with meeting the requirement of designing the curriculum, taking in to account local health and social data. A member of Performance & Quality team will be contacting every school to capture their feedback about the survey, please raise with them any concerns you have about the survey or anything you feel will improve the survey.

Once again, thank you for your participation and I hope similar if not better participation will be achieved in 2015.

Yours faithfully



Councillor Beaumont
Cabinet Member Children & Young People's Services

Demographic Information

All 16 secondary schools in Rotherham participated in the 2014 Lifestyle Survey, with 4,123 pupils completing the survey out of a possible 6,527 year 7 and year 10 pupils in Rotherham (63% participation rate). This is again the best response rate since the Lifestyle Survey began and an increase of 649 pupils from the 2013 survey which had 3,474 responses.

This is the first year the survey has also been made available to young people who attend other educational establishments. These are Swinton Lock, St Mary's and the Rowan Centre. The table below shows the schools that participated in the survey and the numbers of pupils that took part from each school.

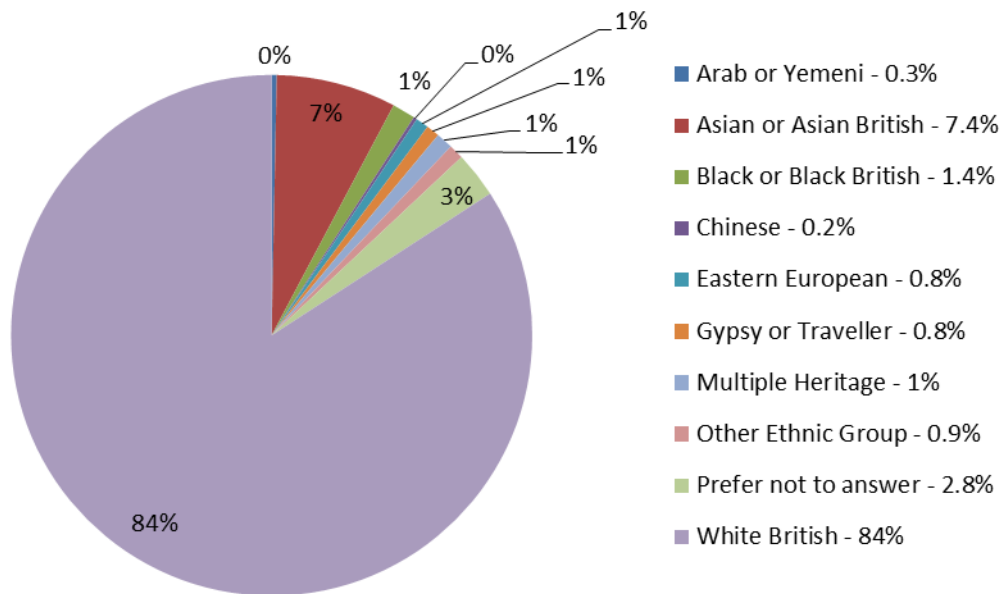
School	Total No. of Pupils Y7	Total No. of Pupils Y10	Overall Total	Total Participation Number	Overall Response Rate %
Aston	305	275	580	344	59
Brinsworth	206	240	446	257	58
Clifton	176	213	389	183	47
Dinnington	192	199	391	183	47
Maltby	179	196	375	262	70
Oakwood	211	211	422	237	56
Rawmarsh	158	166	324	281	87
Saint Bernards	140	137	277	15	5
Saint Pius	129	130	259	171	66
Swinton	127	151	278	229	82
Thrybergh	107	107	214	88	41
Wales	247	257	504	401	80
Wath	302	309	611	463	76
Wickersley	304	309	613	510	83
Wingfield	153	171	324	192	59
Winterhill	265	231	496	283	57
Rowan Centre	0	7	7	7	100
St Mary's	1	6	7	7	100
Swinton Lock	2	8	10	10	100
TOTAL	3204	3323	6527	4123	63%

As with last year's survey, separate questions were produced for both year 7 and year 10 pupils. This allows us to tailor the survey to the two year groups and ask some additional age-appropriate questions to year 10 pupils.

Of the pupils that completed the 2014 survey, 52% were female and 48% were male. 2,172 (53%) are currently in year 7 and 1,951 (47%) are in year 10.

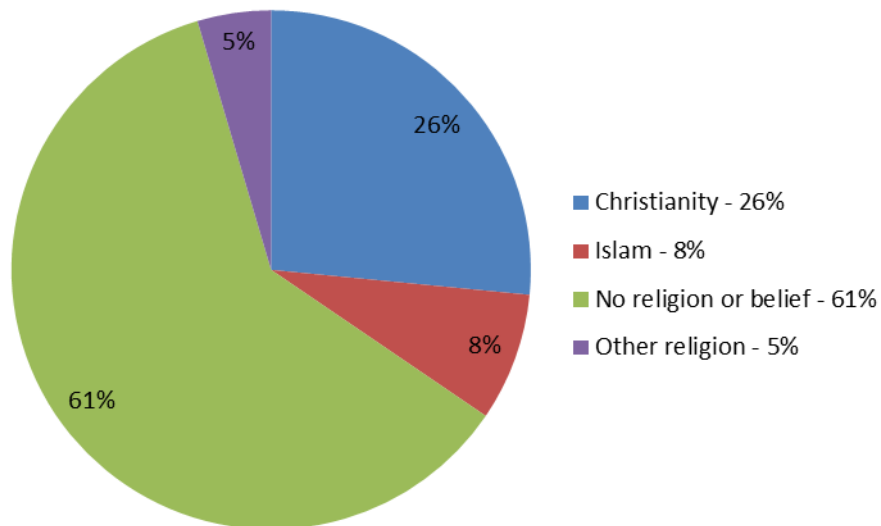
When asked about their ethnicity, 3,470 pupils described themselves as White British (84%, slightly up from 83% in last year's survey), 536 were classed as Black & Minority Ethnic (BME) (13%, down from 14% last year) and 91 preferred not to say (3%). The pie chart below shows the breakdown of pupil ethnicity.

Pupil Ethnicity Breakdown



9% of pupils said they had a long term illness, health problem or disability (same as last year). When asked about their religion, more than half of pupils said that they had no religion or beliefs (61%, up from 56% last year). The main choices are shown in the chart below.

Religion



The number of pupils saying they practiced Christianity has gone down from 32% last year to 26%. Less than 1% of pupils said that they practiced one of the following religions: Buddhism, Judaism, Humanism, Sikhism or Hinduism which is similar to last year’s survey.

When asked about their sexual orientation, 90% of year 10 pupils said that they were heterosexual, up from 88% in last year’s survey. 3% said that they were bisexual (same as last year) and 2% said that they were lesbian or gay (up from 1% last year). 1% identified themselves as ‘other’ and 3% preferred not to say.

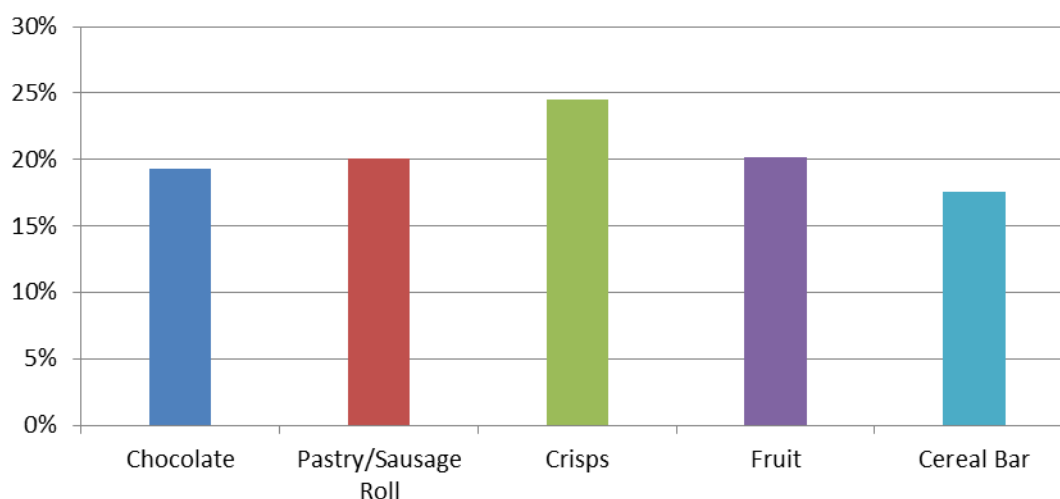
Food and Drink

40% of pupils said that they ate five portions of fruit and vegetables per day (3% lower than 2013). Looking at the age groups separately, 44% of year 7 pupils eat five portions of fruit and vegetables per day compared to only 29% of year 10. This may be due to more year 7 pupils still having food prepared for them at meal times by their parents and are also less likely to buy snacks for themselves.

When asked about how many glasses of water they drank a day, 73% of young people questioned said that they drank 1 to 5 glasses of water (up 6% since last year), 18% said they had 6-10 glasses and 9% said that they drank no water at all (same as last year). More year 7 pupils said that they drank 6-10 glasses than year 10 (21% compared to 16%) and more year 10 pupils said that they drank no water (12% compared to 7% of year 7 pupils).

80% of all pupils said that they ate breakfast (up from 71% in 2013). Year 7 pupils are more likely to have breakfast (86% compared to 73% of year 10). Of the pupils that said they have breakfast, 72% had breakfast at home (lower than last year's figure of 79%). 4% said that they had breakfast on the way to school and a further 3% said that they ate it at school.

70% of pupils have a snack at break time (up from 63% in 2013). This year, crisps are the most popular choice compared with fruit last year. The different types of snacks are shown in the chart below:



52% of pupils that had snacks brought them from home (slightly down from 53% in 2013), 20% bought them from the school snack bar (same as last year) and 18% bought them from a shop on the way to school (down from 21% last year).

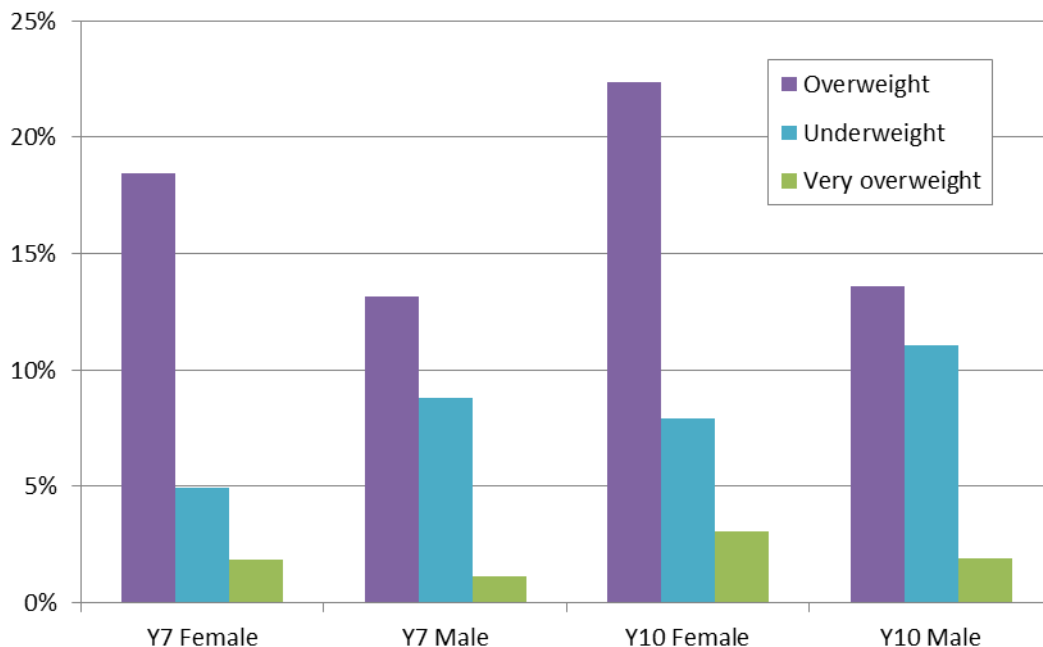
When asked where they mainly have lunch, 44% said that they have school dinners (up from 28% last year although it is difficult to compare as the wording has changed from last year's question). Year 7 pupils are more likely to have school meals than year 10 pupils (55% of year 7 pupils said they have them compared to 32% of year 10).

When the pupils didn't have school meals, 41% said they had brought a packed lunch from home (down from 63% in 2013 but again, difficult to compare to last year's question), 8% bought lunch from the local shop (down from 17% in 2013) and 6% said that they didn't have lunch (slightly down from 7% last year). Only 2% said that they go home for lunch (new option for this year's survey).

Sport and Exercise

77% of pupils said that they regularly take part in sport or exercise (down from 81% in 2013). Year 7 pupils are more likely to exercise regularly (81%) compared to year 10 pupils (72%). Around half of all pupils questioned exercised 1 to 3 times a week (52%) a quarter of pupils exercised 4 to 5 times a week, 12% did 6 to 7 times a week and 11% exercised 7 or more times a week. The figures were almost identical when comparing year 7 and 10 pupils.

When asked about their weight, 73% felt that they were a healthy weight for their age (slightly down from 74% last year). 17% felt that they were overweight (slightly up from 16% last year), 2% felt that they were very overweight and 8% felt that they were underweight (both the same as last year). More year 7 pupils thought they were a healthy weight than year 10 pupils (76% compared to 70% of year 10). More males than females would class themselves as being a healthy weight, this was more pronounced in year 10 (73% of males compared to 67% of females). The rest of the options split by year and by gender are shown below:

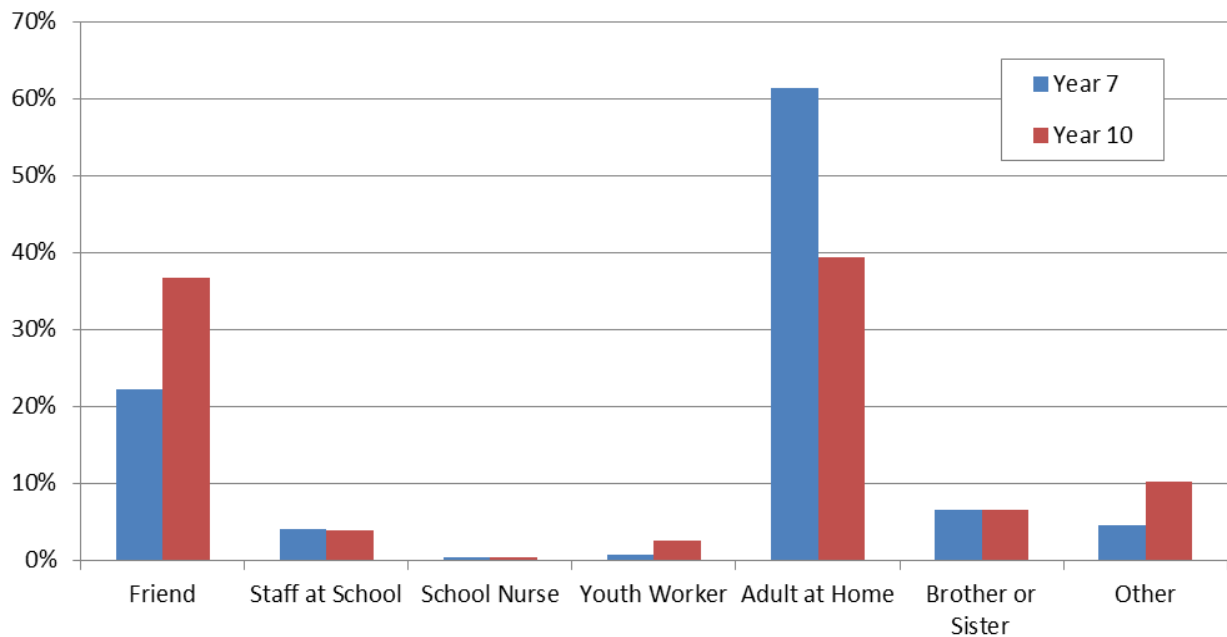


This shows that more females class themselves as being overweight (particularly in year 10) and more males class themselves as being underweight. 28% of pupils were worried about their weight (compared to 29% last year) and 48% of pupils knew where to go for support or advice if they were concerned about their weight (54% last year).

How Pupils Think and Feel

When asked about how they feel about their home and social life, 56% felt good about their family and home life (lower than 62% in 2013) and 64% felt good about their friendships (down from 74% last year). When asked about how they feel about themselves, 34% felt good about the way they looked (down from 37% in 2013). When asked about how they felt about their schoolwork, 41% felt good about it (down from 44% last year). A new question for this year's survey was if pupils felt good about their relationships, 29% said that they did. The responses from both year 7 and year 10 pupils for the above questions were very similar (slightly lower for year 10).

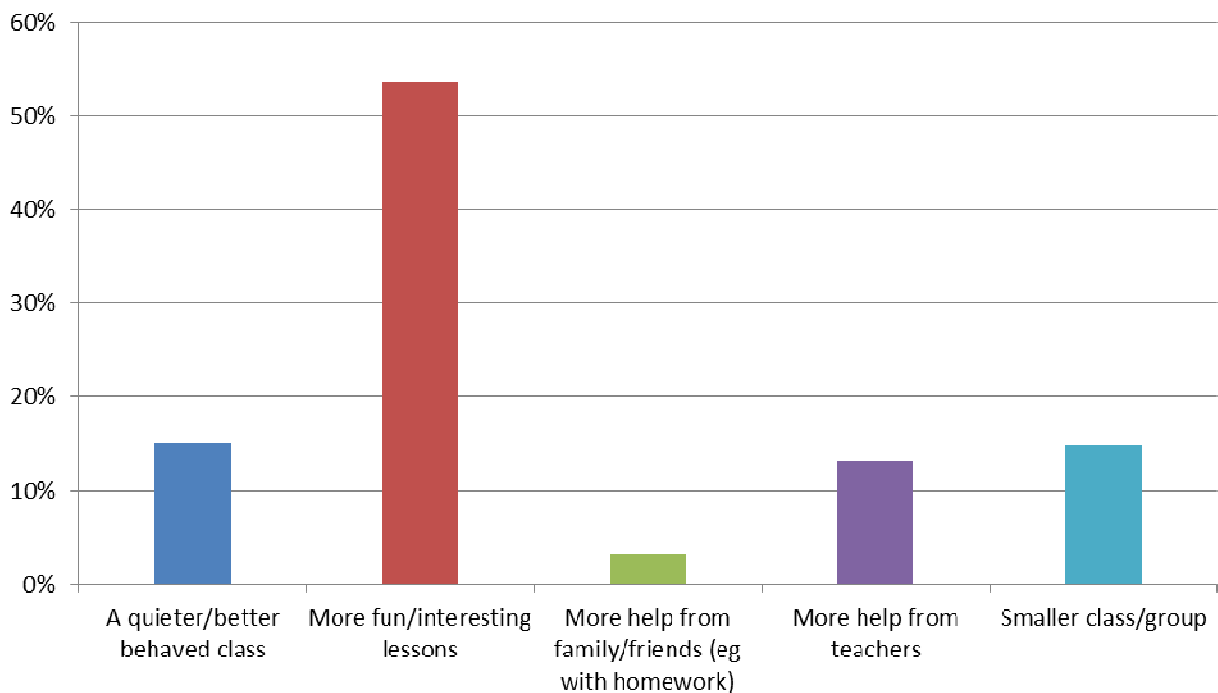
The pupils were then asked about whom they felt they would mainly discuss their problems with. The results are shown in the chart below:



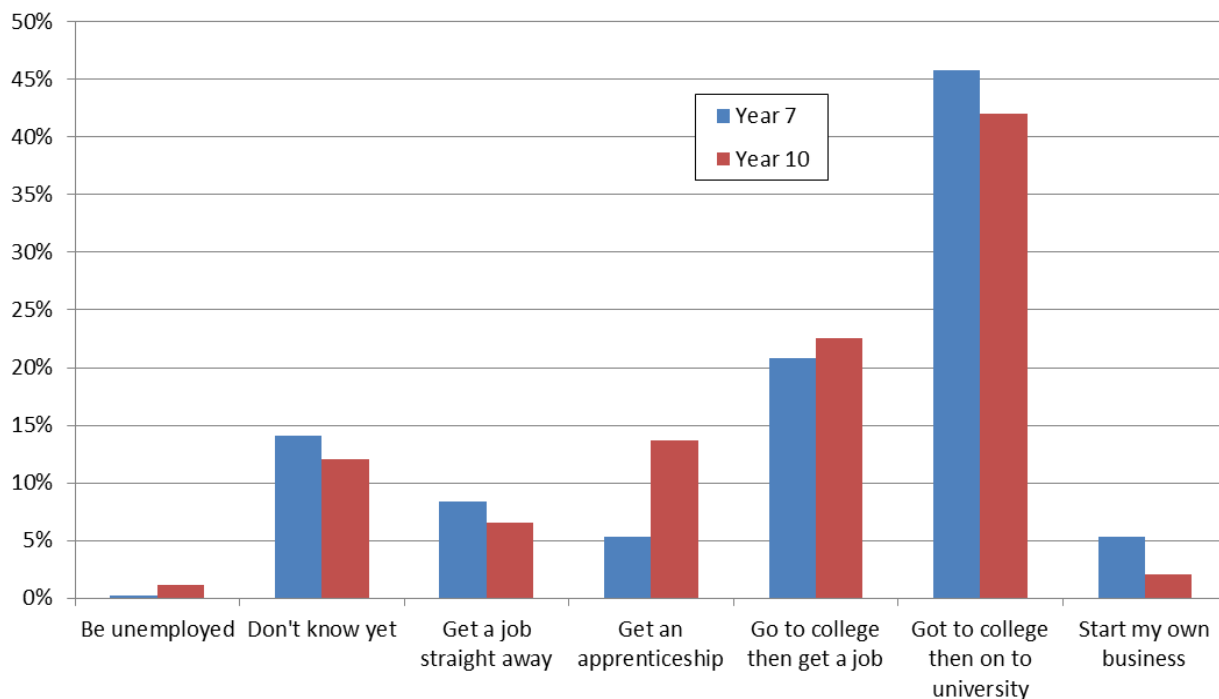
As in previous surveys, the majority of year 7 and year 10 pupils would speak to either an adult at home (61% year 7 and 40% year 10) or a friend (22% and 37% respectively). 7% of both year 7 and year 10 pupils would talk to their brother or sister about their problems. Only 4% of both year groups would mainly talk to a member of staff at school and only 2% of pupils would approach a youth worker about their problems. Females in both year groups are more likely to mainly speak to a friend about their problems and males are more likely to speak to an adult at home.

In School

Pupils were then asked what would help them to do better at school. Overwhelmingly the main thing that would help pupils to do better in school is more fun and interesting lessons, which was also the main option chosen last year.



The graph below shows the responses from pupils when they were asked what they hope to do when they leave school. 8% of year 7 and 7% of year 10 pupils said they want to leave school and get a job straight away (compared to 11% and 5% respectively in last year's survey). The percentage of year 10 pupils that would like to get an apprenticeship has increased from 12% last year to 14% this year, whereas for year 7 pupils there has been a slight decrease from 7% to 5%.



Around 22% of both year 7 and year 10 pupils would like to study and then get a job at 18 (similar to last year's survey). 46% of year 7 pupils would like to study and go on to university (same as last year) compared to 42% of year 10 pupils (down 4% from last year's survey). 5% of year 7 and 2% of year 10 pupils wanted to start their own business (a new option for this year's survey).

Around 1% of pupils said that they wanted to be unemployed when they leave school, which is the same as last year's figure. This shows that increasingly pupils are raising their aspirations and realising that they would prefer to get a job and earn some money, or continue in education. Around 13% of pupils said they didn't know what they wanted to do yet, which is a slight increase from last year's figure of 11%.

When asked if they felt their School Council made a difference, only 18% of pupils said yes (down from 34% last year). 30% said that they didn't know and 17% said that they didn't realise they had a School Council.

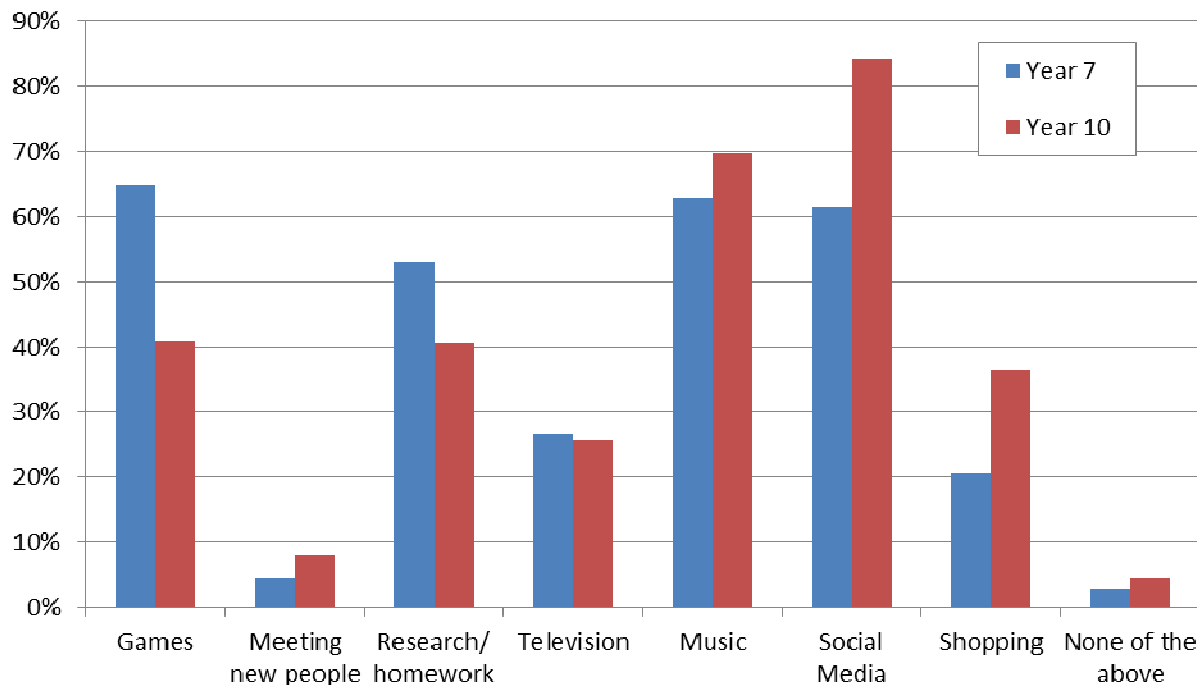
Out of School

Pupils were asked what activities they did outside of school. 20% of pupils were involved with volunteering or a community group (a slight increase from 19% in 2013).

The pupils were then asked some new questions on internet usage and safety. The first of these was on where they mainly access the internet. Pupils mainly either access the internet from their home computer (66%) or from their mobile phones (28%). Year 7 pupils were more likely to use their home computers than year 10 (70% compared to 61%), whereas year 10 pupils were more likely to mainly access the internet on their mobile phones (35% compared to 22% of year 7). This may be because more year 10 pupils own mobile phones than year 7

pupils. Only 6% said that they mainly access the internet at school, someone else's house or in a library. Less than 1% of pupils said that they didn't use the internet.

The next new question was about what they did on the internet, where pupils could choose up to 3 responses. The results are shown below:



The majority of pupils in both year 7 and 10 use the internet for social media (i.e. Facebook, Twitter, Instagram) and downloading music. A high percentage of year 7 pupils (65%) also do online gaming. 21% of year 7 pupils and 36% of year 10 use the internet for shopping. This is quite a high number for both age groups as they don't have their own bank cards. This means they are using their parent's cards to either buy things for themselves or are doing online shopping on behalf of their parents.

The pupils were then asked what they thought the main risk was when using the internet. The main risk was felt to be cyber bullying, particularly for year 7 pupils (38%, compared to 23% for year 10). The second highest risk chosen was someone hacking your information, which was around 22% for both year groups. Security risks such as viruses were felt to be more of an issue for year 10 pupils than year 7 (23% compared to just 9%). 12% of both year 7 and year 10 pupils were concerned about people lying about who they are on the internet. Around 6% of all pupils chose 'seeing images that make you feel uncomfortable' and 'messages from people you don't know' as the main risk, whilst a further 6% did not feel that there were any risks when using the internet.

The final new question around internet usage was about where they first learned about internet safety. 68% of pupils learned about it at school, 26% at home, 2% online, 2% through friends and 2% said they had not learned about internet safety.

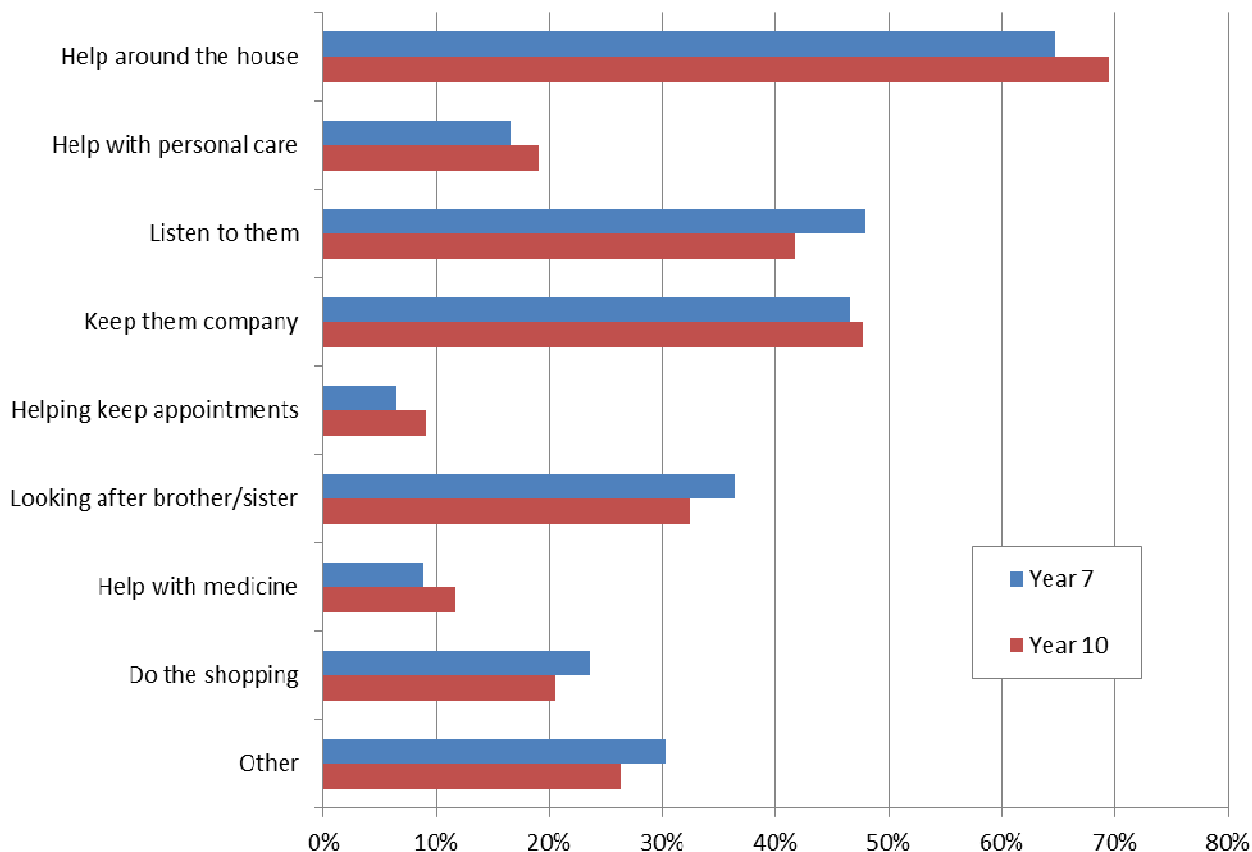
Young Carers

29% of pupils consider themselves to be young carers; this is again a slight increase from the previous year's survey (27% in 2013). This figure has been gradually increasing year-on-year from 14% in 2011 which would imply that the percentage of young carers has almost doubled in this time. This does not align with the trend between the Census', as the 2011 Census figure of

12% for carers of all age groups has not increased since the 2001 Census. This could imply that either there is a higher percentage of younger carers, a greater awareness amongst young people or that there is some misunderstanding around the question of what a young carer is.

As with last year's survey, a higher number of year 7 pupils said that they were young carers than year 10 pupils (36% compared to 22%). Of the pupils that said they were young carers, 49% are caring for their parents, 45% for their brother or sister, 53% for another family member and 13% are caring for a friend of the family.

When asked about what are the 3 main things they do to help, the results are very similar for both year 7 and 10 and are shown in the chart below:



The 3 main things that young carers do are helping around the house (66%), keeping them company (47%) and listening to them (46%). However, these are all things that could be done without being a young carer, unlike helping with personal care (18%) and helping with medicine (10%) which are both much lower.

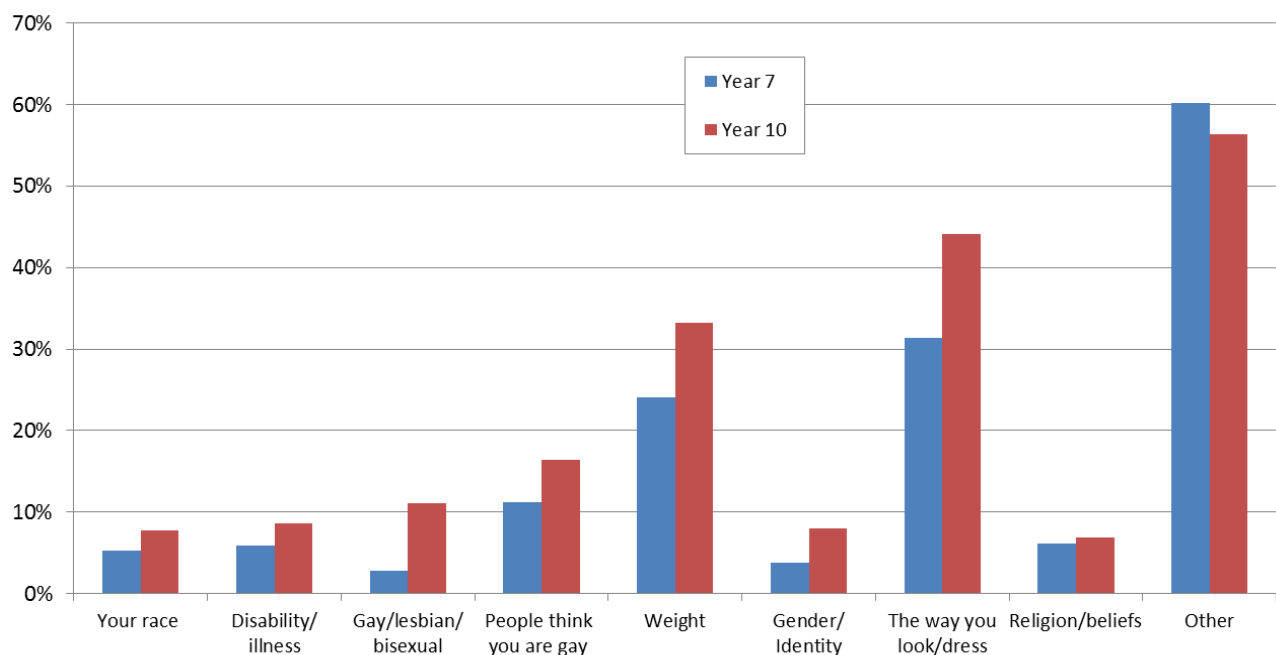
79% of young people cared for someone for 1 to 3 hours a day, 15% looked after someone for 4 to 7 hours a day and 11% looked after someone for 8 hours or more. It is difficult to compare to last year's survey as the question then was around how many hours a week they cared for someone instead of how many hours a day.

The majority of pupils (70%) would prefer to speak to either a parent or family member about being a young carer; this is the same as last year. 26% of pupils had heard about the Young Carer's Service, this is an increase from 20% in 2013.

Bullying

From the 4,123 pupils questioned, 1,167 (28%) had been bullied. This is considerably lower than the percentage that said that they had been bullied in the 2013 survey (38%). A higher percentage of year 7 pupils said that they were bullied (33%) than year 10 pupils (23%).

The most frequent form of bullying is verbal (84%), followed by being ignored (33%), physical bullying (30%) and cyber bullying (26%). These figures are all similar to last year's responses and virtually the same for both year 7 and year 10, except that a higher number of year 10 pupils said that they were victims of cyber bullying (38% compared to 19% of year 7). The main reasons for pupils being bullied are shown in the graph below:



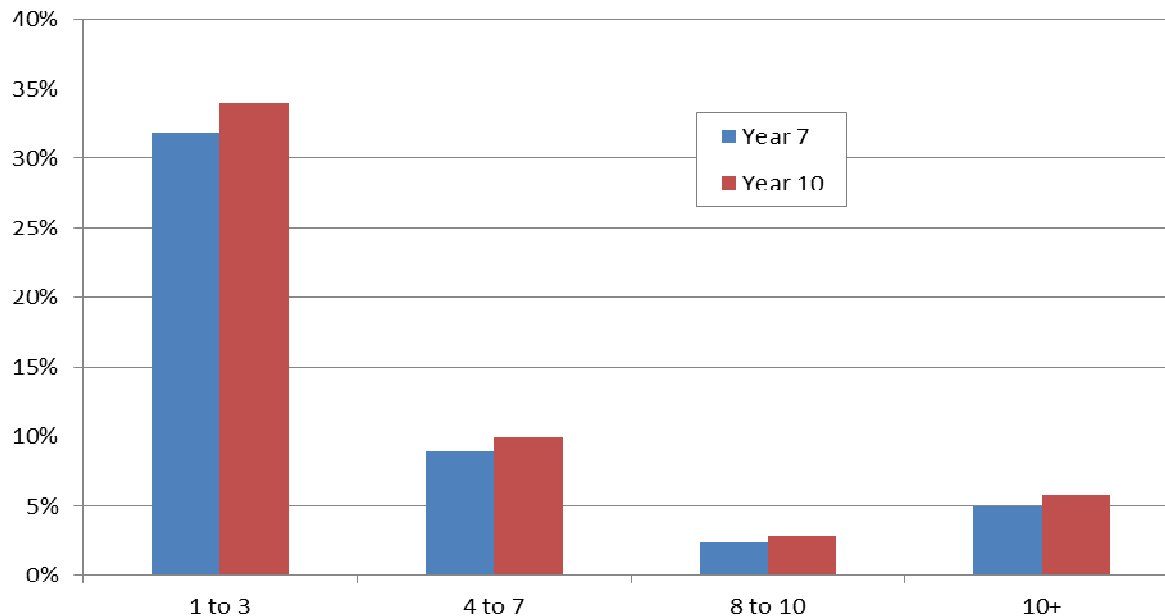
The results show that the main things that people bully others about is their weight and the way they look (same as the 2013 survey). A higher percentage of both year 7 and year 10 pupils also said that they were bullied for another reason, which needs to be explored further.

A new question was asked this year about when the bullying occurred. 49% said that they were bullied during school time, 11% said that they were bullied out of school time and 40% said that they were bullied during both of these.

When reporting the bullying, 36% told a parent or family member about it, 27% told a member of staff at school, 8% told a friend and only 1% told a youth worker. 23% of pupils that were bullied did not report it and 3% said that they did not know who to report the bullying to. 64% of pupils said that they received help when they reported the bullying; this is up from 26% in last year's survey. However, the routing of the question has changed in this year's survey so the only responses to the question were from pupils that said that they had been bullied rather than all pupils, which may have altered the results compared to last year.

Smoking, Drinking and Drugs

Pupils were asked about their consumption of high energy caffeinated drinks such as Red Bull and Monster. 50% of pupils said they regularly drank high energy drinks, down from 59% last year. The number of drinks consumed per week are shown below:



The majority of students that drink high energy drinks only have 1 to 3 drinks per week (similar to last year). However, around 10% of pupils in both year 7 and year 10 have these drinks every day and some pupils seem to be having more than one high energy drink every day.

Healthy Schools Rotherham Wickersley SCS - Good Practice Plus Case Study

The plan

- Target the consumption of caffeine drinks, given the negative impact on young people's health and wellbeing.

Actions

- Hold a focus week. Deliver assemblies to all year groups with a message about the negative impact of caffeinated drinks. Text parents with basic information relating to caffeinated drinks. Deliver staff training
- Deliver assemblies to all year groups with a message about the negative impact of caffeine drinks. Hold a focus week. Deliver staff training

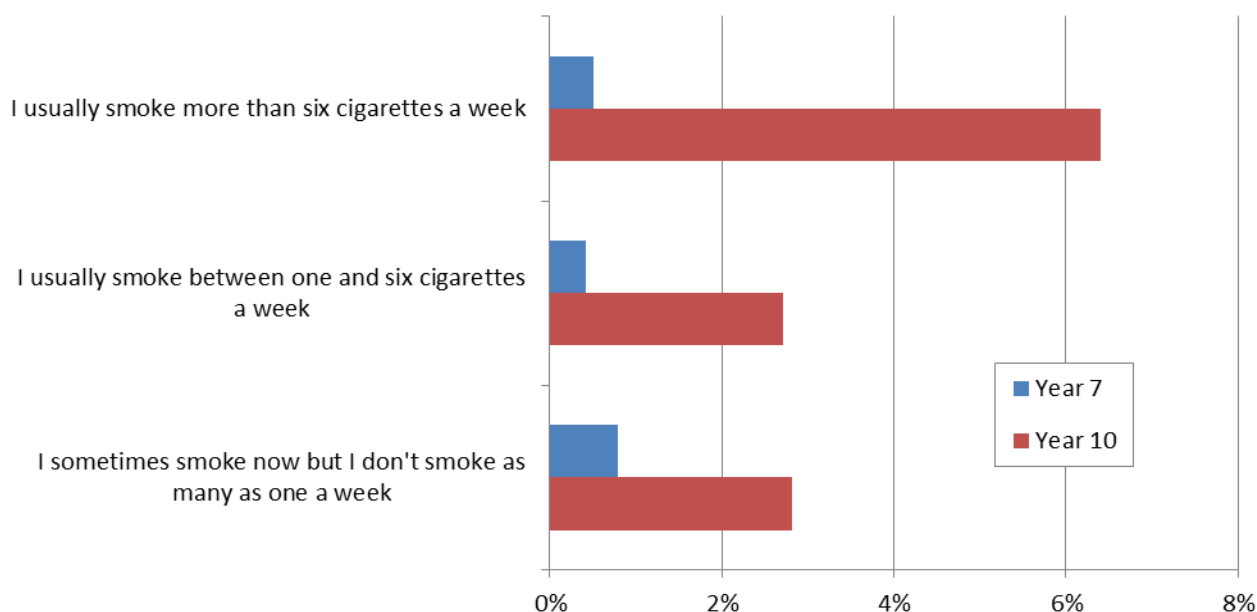
Outcomes

- Wickersley school achieved a reduction in the numbers of their pupils consuming caffeine drinks
- Overall the borough wide figures have shown a reduction in the consumption of caffeine drinks
- Rotherham Health Schools Good Practice Plus award achieved by Wickersley school for this initiative
- Information around this initiative shared with all schools

Smoking

When asked about smoking, 66% of pupils said that their home was smoke-free (the same as last year's survey). A new question this year was if pupils thought it was ok for young people their age to smoke. Only 3% of year 7 pupils thought it was ok for people their age to smoke compared to 25% of year 10. Slightly more females than males thought it was for young people to smoke in both age groups.

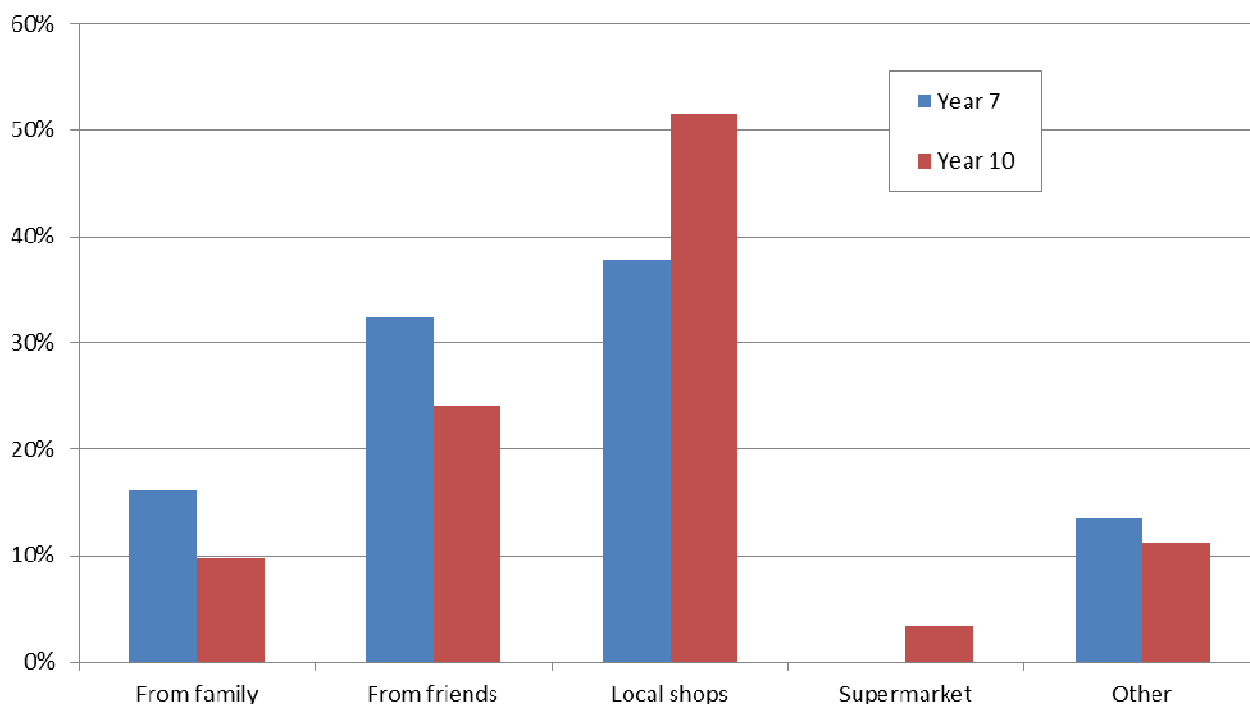
When asked if they smoked cigarettes, only 2% of year 7 pupils smoke compared with 12% of year 10 (these figures have increased slightly for both year groups since last year's survey, 1% and 9% respectively, although the wording has changed slightly this year). The wording of the question around how many cigarettes the young people smoke has also been changed to coincide with a national survey. The results are shown below:



The majority of year 7 pupils that smoke (1%) only smoke sometimes (less than one cigarette a week) compared to 3% of year 10. 0.4% of year 7 smoke between 1 and 6 a week (for year 10 the figure is 3%) and 0.5% smoke more than 6 cigarettes a week (compared to 6% of year 10). A slightly higher percentage of year 10 females said that they smoked (15% compared to 9% of Y10 males). For year 7 pupils an equal number of males and females said that they smoked.

If pupils said that they didn't smoke, they were then asked which statement best described them. 93% of year 7 and 70% of year 10 said that they have never smoked (compared to 94% and 64% respectively in 2013 which shows a higher percentage of Y10 pupils have never tried cigarettes in this year's survey). 5% of Year 7 pupils had tried smoking once compared with 20% of Year 10 pupils (similar to last year's 4% and 18%). A new option for this year's survey was 'I used to smoke sometimes but I never smoke now'. 2% of Y7 and 10% of Y10 pupils chose this option.

The pupils were then asked where they mainly got their cigarettes from. The results are shown in the chart below:



Year 7 and year 10 pupils that smoke are most likely to get their cigarettes from local shops which raises issues around the selling of cigarettes to underage young people. This seems to be less of an issue now with supermarkets, as the percentage has fallen year on year. It is interesting to note that a significant number of smokers get their cigarettes from other sources, which may include informal contacts or 'tab houses' who supply cigarettes. Of those that smoke, only 23% would like help to stop smoking. This is significantly lower than last year's figure of 75%, which again may be attributed to the routing of the question (only pupils that said they smoke regularly were able to answer this question instead of all pupils).

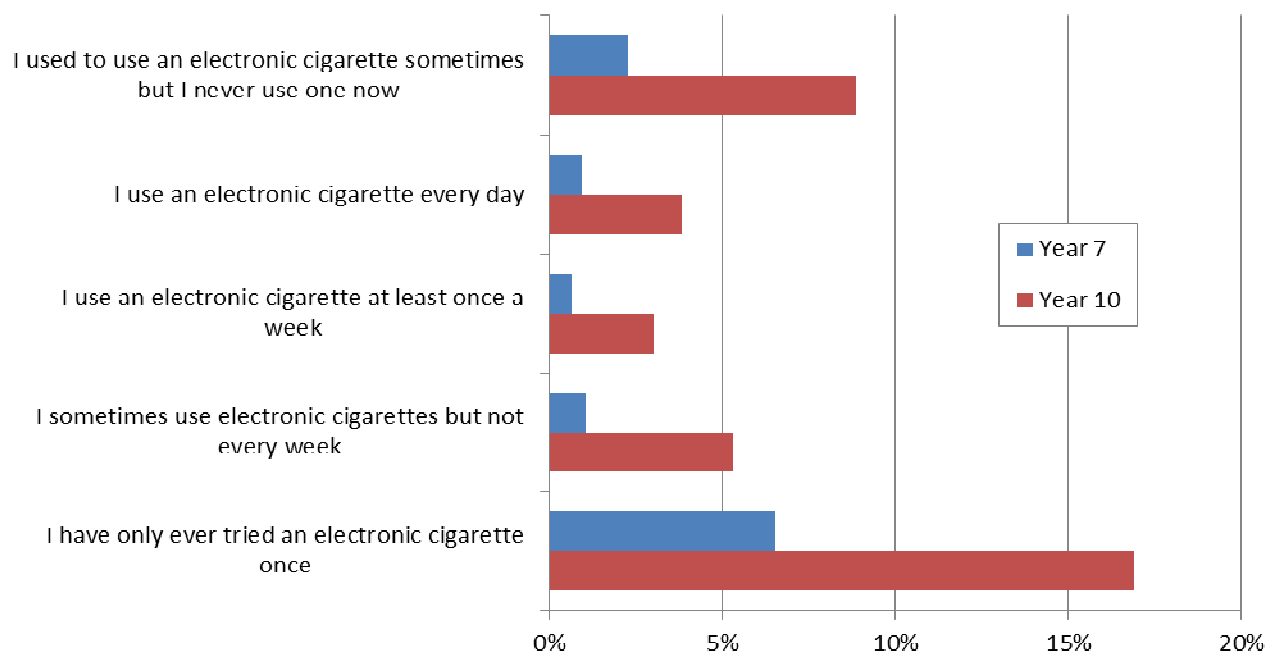
This year's survey also had a new question around the use of electronic cigarettes. 89% of year 7 pupils have never used an electronic cigarette compared to 62% of year 10 pupils. Of those that said they have used electronic cigarettes, they were then asked which statement best described their usage. The results are shown below:

**National Information
Public Health England**

Nationally overall rates of smoking – 22% of secondary school pupils had tried smoking at least once – this is confirmed as a reduction on previous years.

(Health & Social Care Information Centre)

By comparison nationally in 1996 nearly half the age group had tried smoking at least once



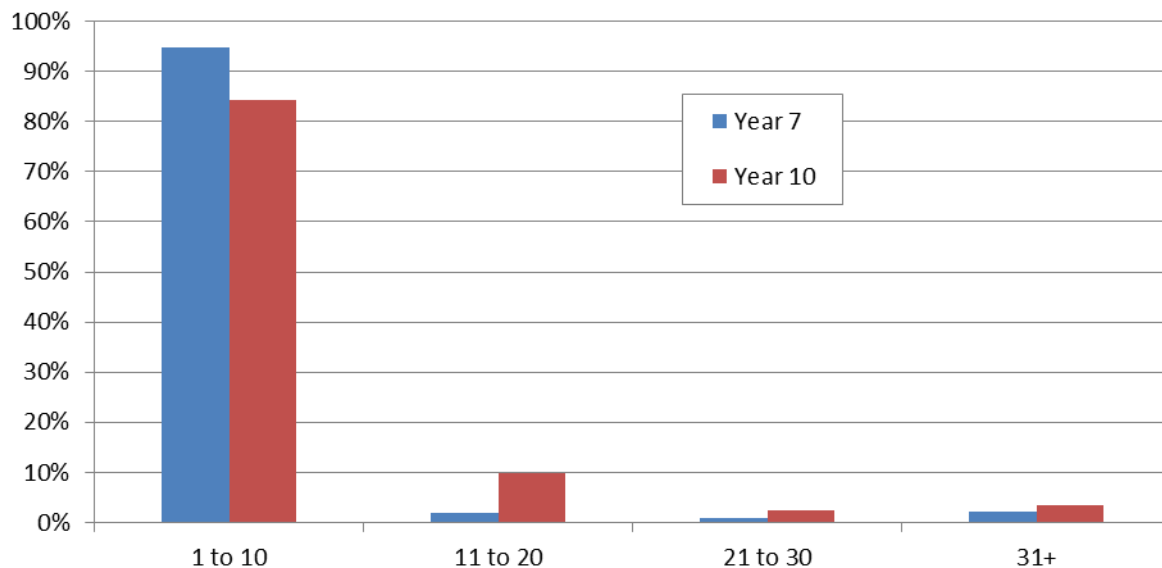
1% of year 7 and 4% of year 10 pupils use an electronic cigarette every day. 7% of year 7 pupils have tried one once compared to 17% of year 10. The rest of the responses show occasional use, either once a week or less. 2% of year 7 and 9% of year 10 used to use electronic cigarettes but never use one now. Of the pupils that use electronic cigarettes, 1% of year 7 and 6% of year 10 use them and smoke normal cigarettes too. 10% of year 7 and 17% of year 10 use electronic cigarettes and don't smoke normal cigarettes and 6% of both Y7 and Y10 pupils said they use electronic cigarettes to help them stop smoking.

Alcohol

A new question this year was if pupils thought it was ok for young people their age to drink alcohol and get drunk. Only 7% of year 7 pupils thought it was ok for people their age to get drunk compared to 49% of year 10. For year 7 pupils, slightly more males thought it was ok to get drunk than females, for year 10 the reverse is true.

The pupils were asked if they have ever drunk alcohol and if so, how often. 63% of year 7 pupils had never tried alcohol (59% in 2013) compared with 24% of year 10 (23% in 2013). 26% of year 7 and 14% of year 10 pupils had tried it once (both slightly lower than last year).

2% of year 7 pupils drink alcohol regularly compared with 10% of year 10 pupils (again, slightly lower than last year). 10% of year 7 and 52% of year 10 pupils classed their drinking as 'social/infrequent' compared to 6% and 50% respectively last year. The same percentage of males and females said that they drank regularly for both age groups. Slightly more year 10 females said they drink socially/infrequently compared to year 10 males (54% compared to 49%). Of the pupils that drink alcohol on a regular basis, the following chart shows the number of units they usually drink per week:

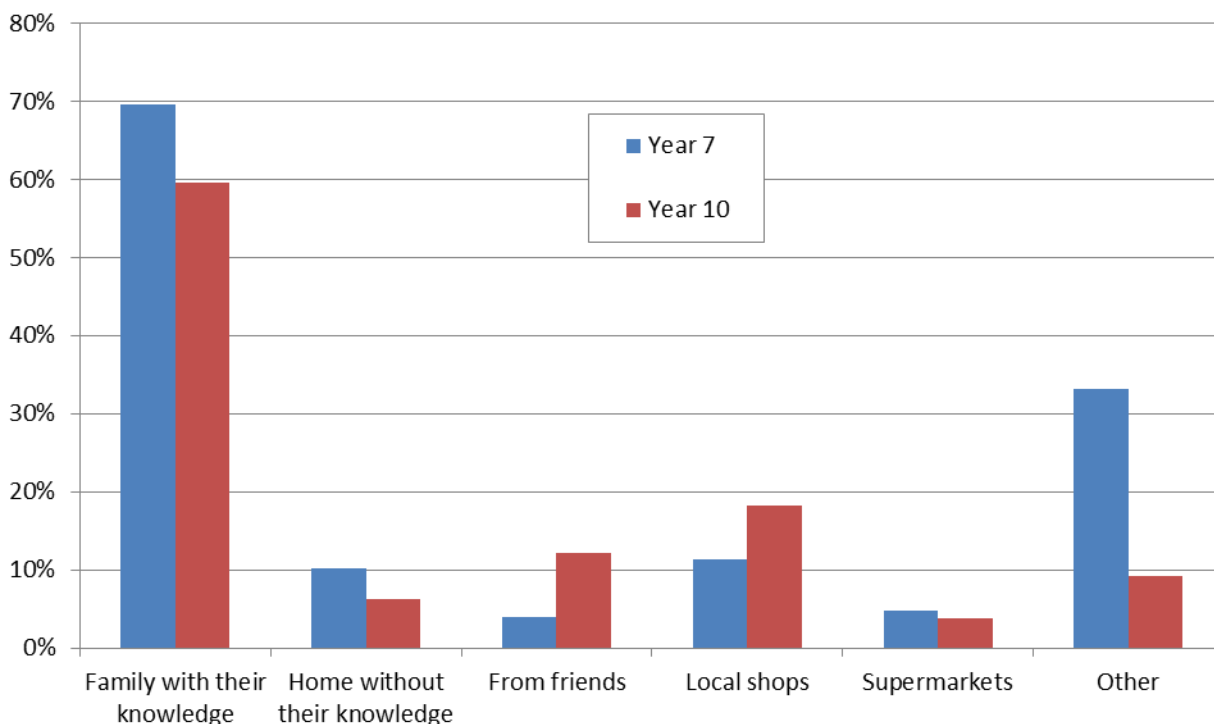


This shows that the majority of pupils from both year groups drink between 1 and 10 units a week (similar to last year) and 10% of year 10 drink slightly more (between 11 and 20 units a week). The number of pupils drinking over 31 units a week is slightly higher than those drinking between 21 and 30 units and may be slightly exaggerated by some pupils.

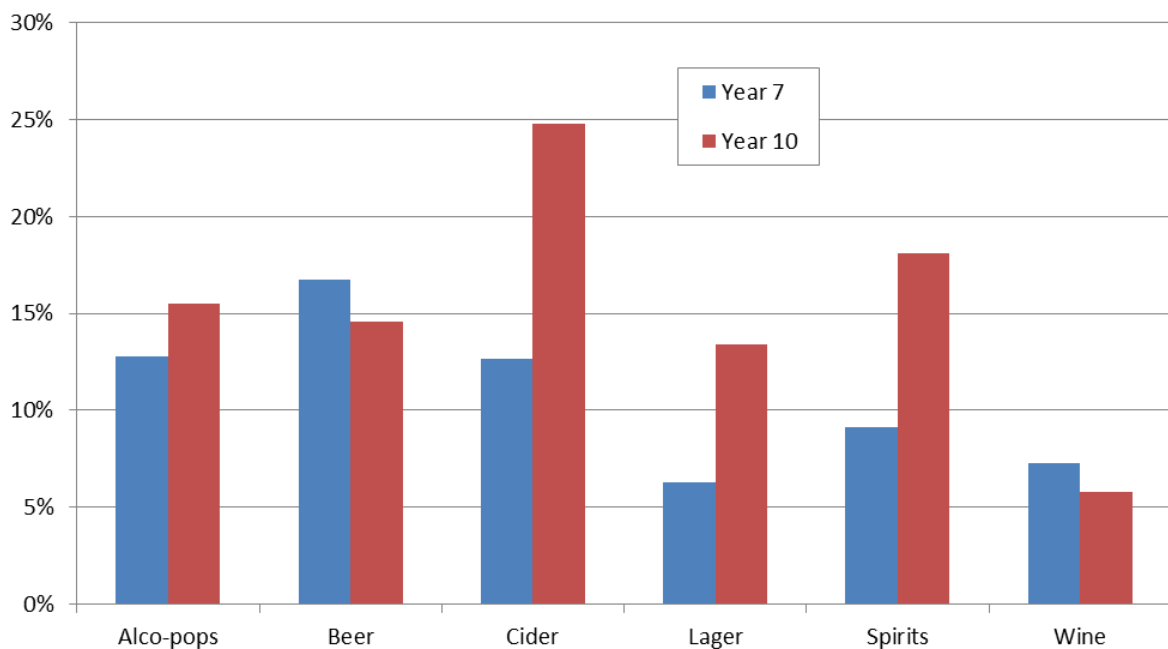
**National Information
Public Health England**

**Nationally overall rates of on the average alcohol consumption
The 2013 data suggested the average was 8.2 units, which for the
first time in 5 years has fallen**

The pupils were then asked where they got their alcohol from. The results are as follows:



As in 2013, the majority of both year 7 and 10 pupils get their alcohol from family members, followed by friends and local shops (which again raises the issue of selling alcohol to underage young people). A new option was added this year, so that alcohol from family members was split into getting the alcohol with or without the family’s knowledge. A slightly higher percentage of year 7 pupils got their alcohol from home without the knowledge of their family (10% compared to 6% of Y10). There is a higher number of year 7 pupils that chose ‘other’ (double the number that chose this option last year, which may warrant further investigation as to what this is). There are lower numbers buying their alcohol from supermarkets which suggests that supermarkets are stricter on asking for ID and enforcing the law on underage drinking. The pupils were also asked which alcoholic drinks they would mainly drink. The results are shown below:

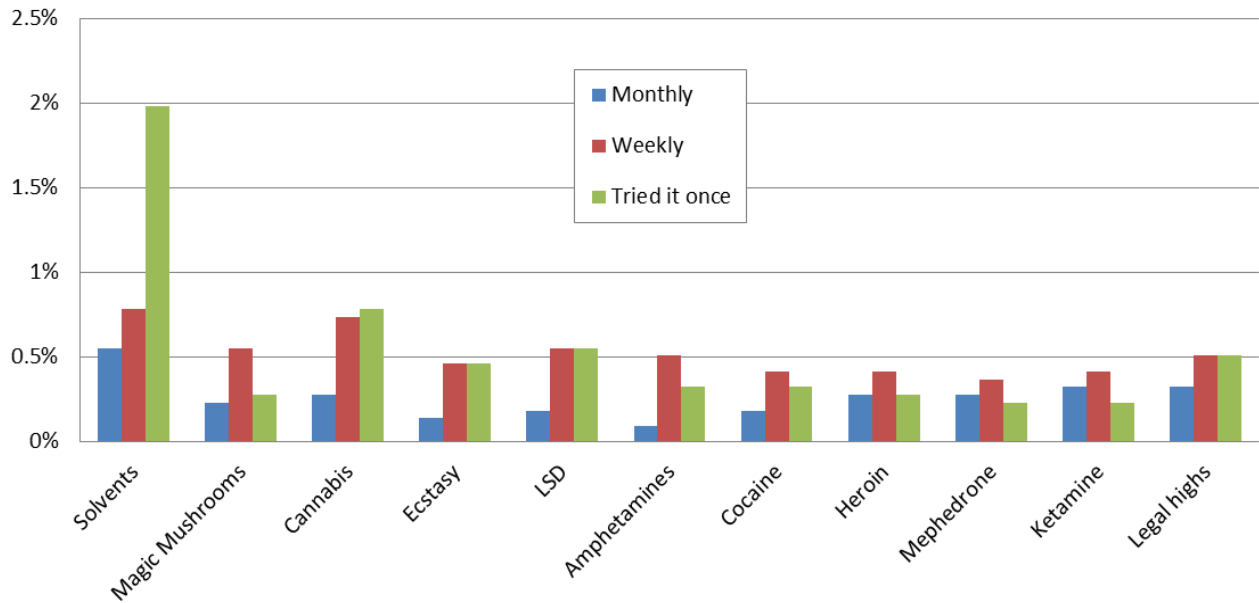


The three most popular drinks for year 7 pupils are Alco Pops, Beer and Cider (same as the previous three years). For year 10 the most popular are Cider, Spirits and Alco Pops (also the same as 2011-2013). Of the pupils that drink regularly, 18% of year 7 and 4% of year 10 pupils would like help to stop drinking (similar to last year).

Drugs

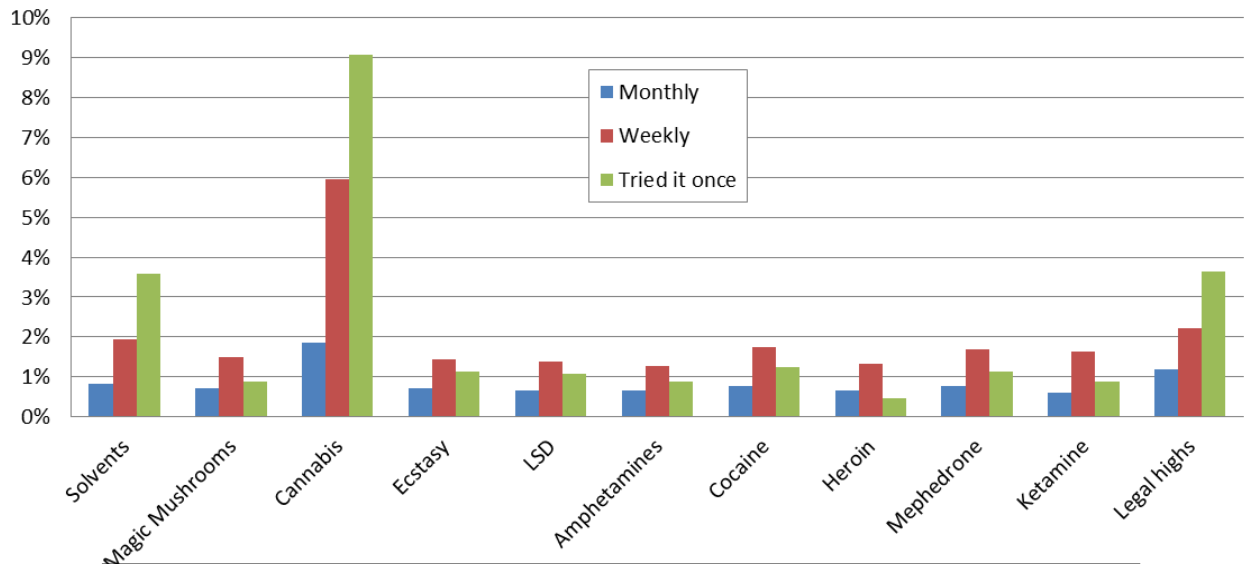
The pupils were asked if and how often they had taken various types of drugs. The results are shown below and are split into separate graphs for year 7 and year 10 responses:

Year 7



According to the year 7 responses, solvents are the most popular drug (same as the last 5 years). However, the number of Y7 pupils that said they use solvents every week has more than halved since last year's survey (down from 4% to 1%). 2% of pupils said they have tried solvents once (same as the 2013 survey). A new type of drug was added to this year's survey, legal highs (novel psychoactive substances). 0.5% of Y7 pupils said that they use legal highs weekly or have tried them once.

Year 10



**National Information
Public Health England**
Continuing falls in illegal drug use, which in 2013 was at its lowest level since 2001. 16% of secondary school pupils saying they have taken drugs, with 11% saying they had taken them in last 12 months

From the year 10 responses, cannabis is the most popular drug (as in previous years), with 9% of pupils saying that they have tried it once (10% of pupils in 2013) and 6% of pupils saying that they use it every week (5% pupils in 2012). This shows that the figures are similar to last year's responses. Again, legal highs are a new option for this year's survey. The percentage of Y10 pupils taking them is similar to those using solvents (over 3% tried them once, 2% take them weekly and 1% use them monthly). 23 pupils (1%) said that they take all the drugs every week which are most likely questionable responses.

12% of year 7 pupils said that they would like help to stop taking drugs whereas only 7% of year 10 pupils said that they would like help to stop (both figures are higher than the 2013 survey, 8% and 4% respectively). However, a higher number of year 7 pupils said they wanted help to stop taking drugs than the number that said they use drugs regularly.

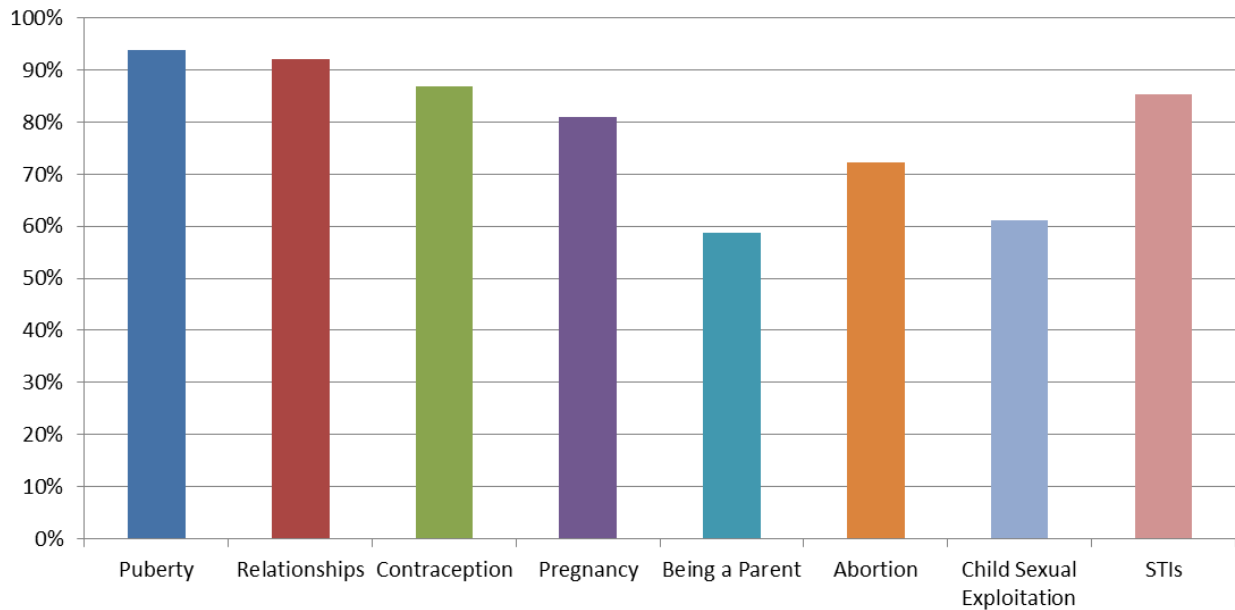
A new question was added to this year's survey asking if pupils thought it was ok for young people their age to take drugs. Only 3% of year 7 pupils thought it was ok compared to 12% of year 10. Slightly more males in both age groups thought it was ok compared to females.

<p style="text-align: center;">RMBC Public Health Eastwood Drug Community & Partnership Working The plan</p> <ul style="list-style-type: none">• Support this community with prevention and education around drug use <p style="text-align: center;">Actions</p> <ul style="list-style-type: none">• Develop a translated directory of services for this area• Develop newsletter for community• Partnership project with diversionary activities• Peer mentoring from Roma community• Full-time worker GP surgery to enable easy access and fast response to treatment services• Work with Know The Score to develop drop in sessions for this community <p style="text-align: center;">Outcomes</p> <ul style="list-style-type: none">• These will be monitored regularly through the Eastwood Drug Action Plan

Sexual Health

In this section the pupils were asked about sexual health lessons in school. The survey looked at various individual sexual health topics and asked pupils if they had been taught about them or not. For year 7 pupils, the majority said that they had been taught about puberty (91%) and relationships (78%).

The year 10 questions went into more detail and are shown below:



Around 93% of year 10 pupils said that they had been taught about puberty and relationships; 86% said they were taught about contraception and sexually transmitted infections (STIs), 81% about pregnancy, 72% about abortion and around 60% said that they had been taught about being a parent and about child sexual exploitation.

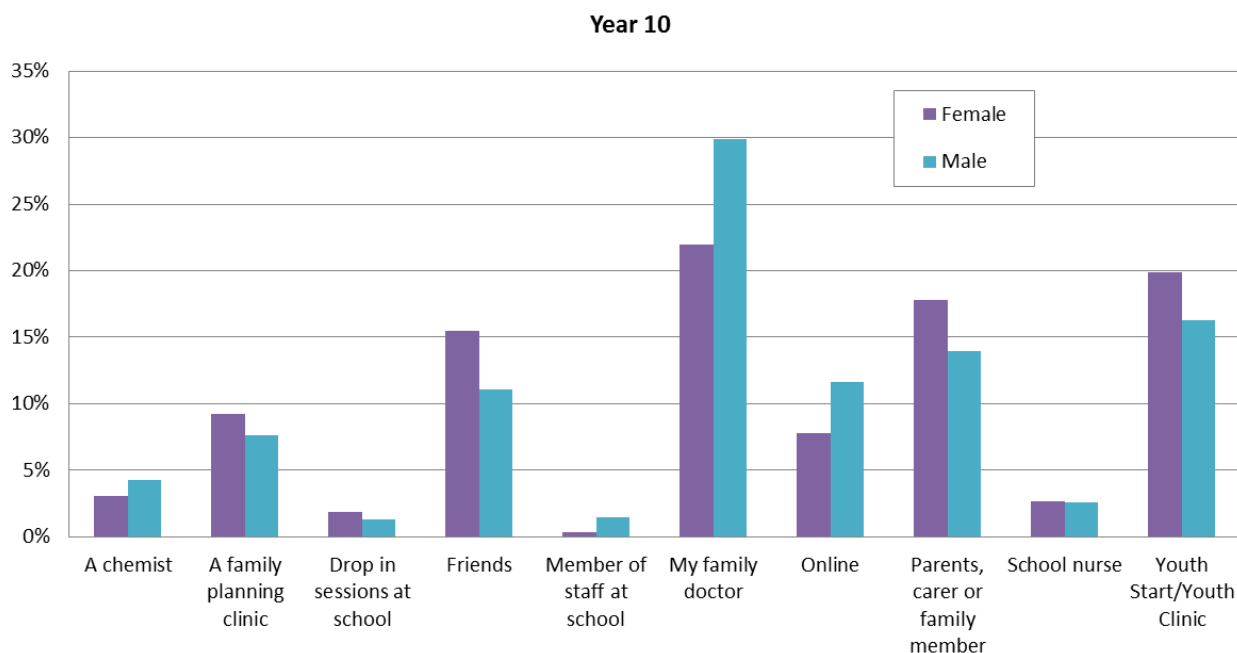
A set of new questions were asked of year 10 in this year's survey around sexual intercourse. 25% of year 10 pupils said that they have had sex, of these 46% (11% of all Y10 pupils) said that they have had sex after drinking alcohol. When asked about the types of contraception they used, 55% used a condom, 15% used a contraceptive pill, 6% used an implant, 2% had an injection and 22% of those having sexual intercourse did not use any method of contraception (5% of all year 10 pupils).

Year 10 pupils were then all asked where they would go for sexual health advice, information and services (split into male and female responses).

National Information

National Survey of Sexual Attitudes and Lifestyles 2010-2012

- 31% males reported having had sex under the age of 16
- 29% females reported having had sex under the age of 16
- On average Rotherham statistics are 5% lower than the national figure



The most popular responses for both males and females accessing sexual health services are visiting their family doctor, visiting a Youth Start or Youth Clinic or speaking to family. Male pupils were more likely to visit their family doctor for advice and female pupils were more likely to attend a Youth Start/Youth Clinic (same as last year). Both males and females were least likely to attend drop in sessions at school or speak to a member of staff at school.

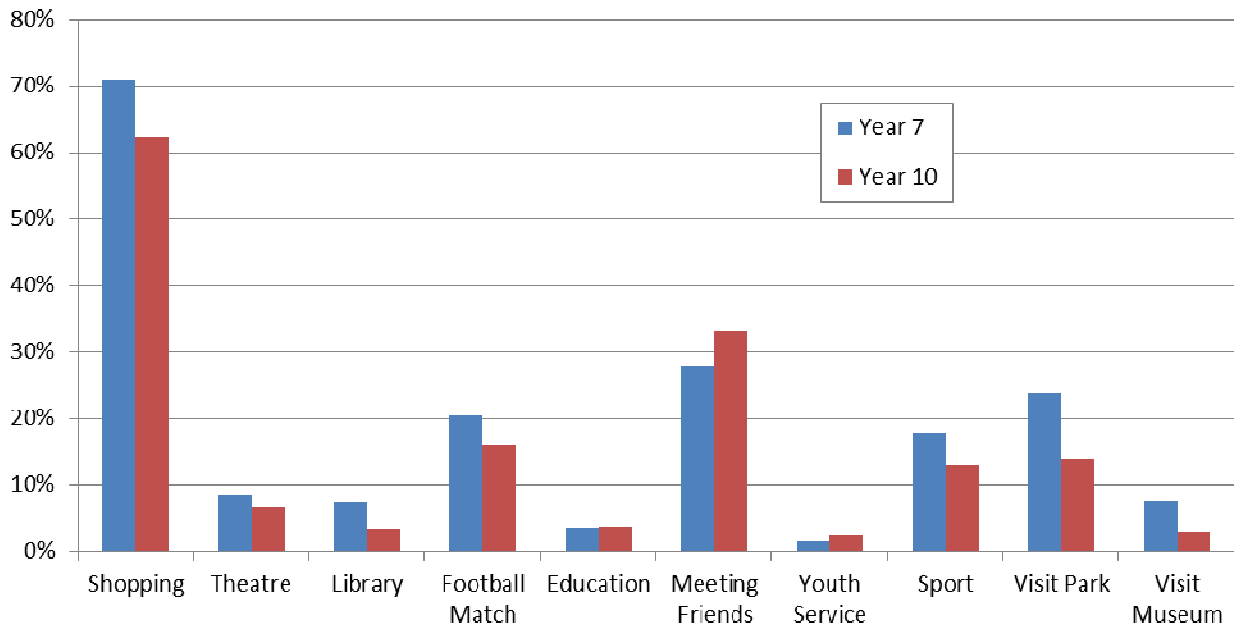
Year 10 pupils were then asked if they had heard of the following methods of contraception (the percentage of students that said yes are included). The figures for all methods are all similar to the 2013 survey, except for IUD/IUS Coil which was a new option for this year's survey:

- Implant - 81%
- Pill - 91%
- Condom - 93%
- Injection - 72%
- IUD/IUS Coil - 51%
- None of these – 7%

When asked if they knew who their school nurse was, 40% said yes (slightly higher than last year's figure of 38%). More year 10 pupils knew who their school nurse was than year 7 pupils (43% compared to 37% respectively). 13% of pupils said that they had visited a Youth Start/Youth Clinic (down from 19% in 2013).

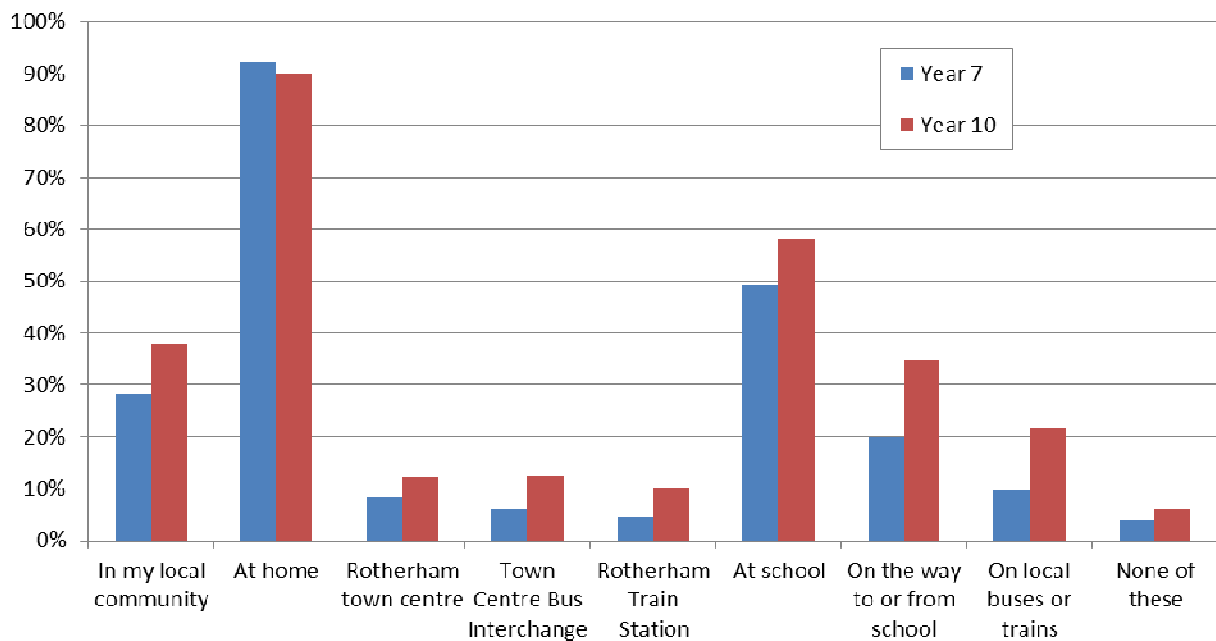
Your Local Town and Neighbourhood

Pupils were asked if they regularly go into Rotherham town centre (at least once a week). 40% of pupils said yes, this is up from 34% last year. A new question this year was about the 3 main reasons pupils went to the town centre. The results are shown below:



Overwhelmingly the main reason that young people go into the town centre is for shopping (71% of year 7 pupils and 62% of year 10). The second most popular reason is meeting friends (around 30%). Going to the park, doing sport and watching football were also popular answers.

The pupils were then asked if they usually feel safe at the locations shown in the graph below:

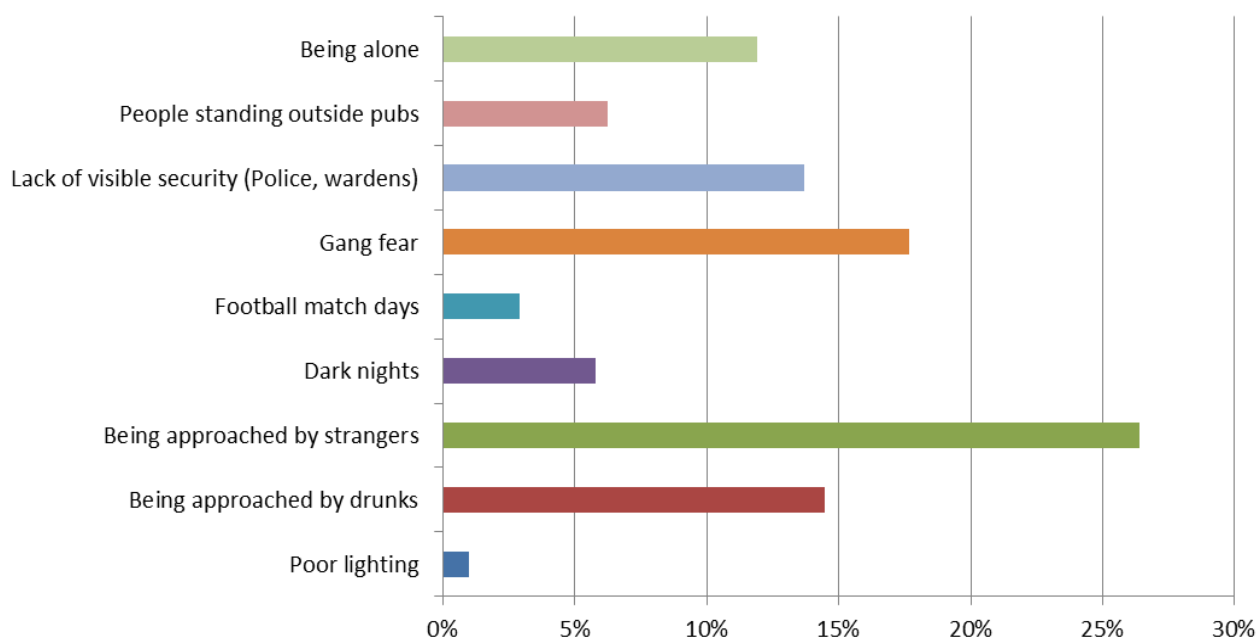


The majority of pupils (91%) always felt safe at home (a slight increase from 90% in 2013). There was also a slight increase in pupils feeling safe at school (54% compared to 51% in 2013) and in their local community (33% compared to 27%).

There was a slight decrease in this year's survey in the percentage of pupils feeling safe in the following areas: going to and from school (27% compared to 28%) and on local buses or trains (15% compared to 18%).

For the first time this year pupils were asked separately about feeling safe at the town centre bus interchange and at the town centre train station. 9% said they feel safe at the bus station and 7% at the train station. The low figure for pupils that feel safe at the train station may be due to fewer pupils travelling by train than by bus. Last year this option was phrased as ‘waiting for local transport’ where 14% said that they feel safe. For each of the options the percentage of year 7 pupils that usually feel safe is lower than that of year 10 pupils which may be because of their younger age.

Only 10% of pupils said they usually feel safe in Rotherham town centre (which is slightly lower than last year’s figure of 12%). Of the 40% of pupils that said they regularly go into the town centre, 15% said they felt safe there compared to 7% of the 60% who are not regular visitors. The same pattern is also true for pupils feeling safe in the bus interchange (13% compared to 7%) and Rotherham Central train station (9% compared to 6%). Another additional question was asked in this year’s survey, if pupils didn’t feel safe what the 3 main reasons were for this. The results are as follows:



The 3 main reasons why pupils didn’t feel safe in the town centre, bus interchange or train station are being approached by strangers (26%), gang fear (18%) and being approached by drunks (15%). 14% of pupils also said that there was a lack of visible security such as a police officer or a warden.

Rotherham Safer Neighbourhood & SYPTE Joint Working

The plan

- Reduce crime and anti-social behaviour at the Interchange
- Protect vulnerable people
- Improve visible policing within the interchange

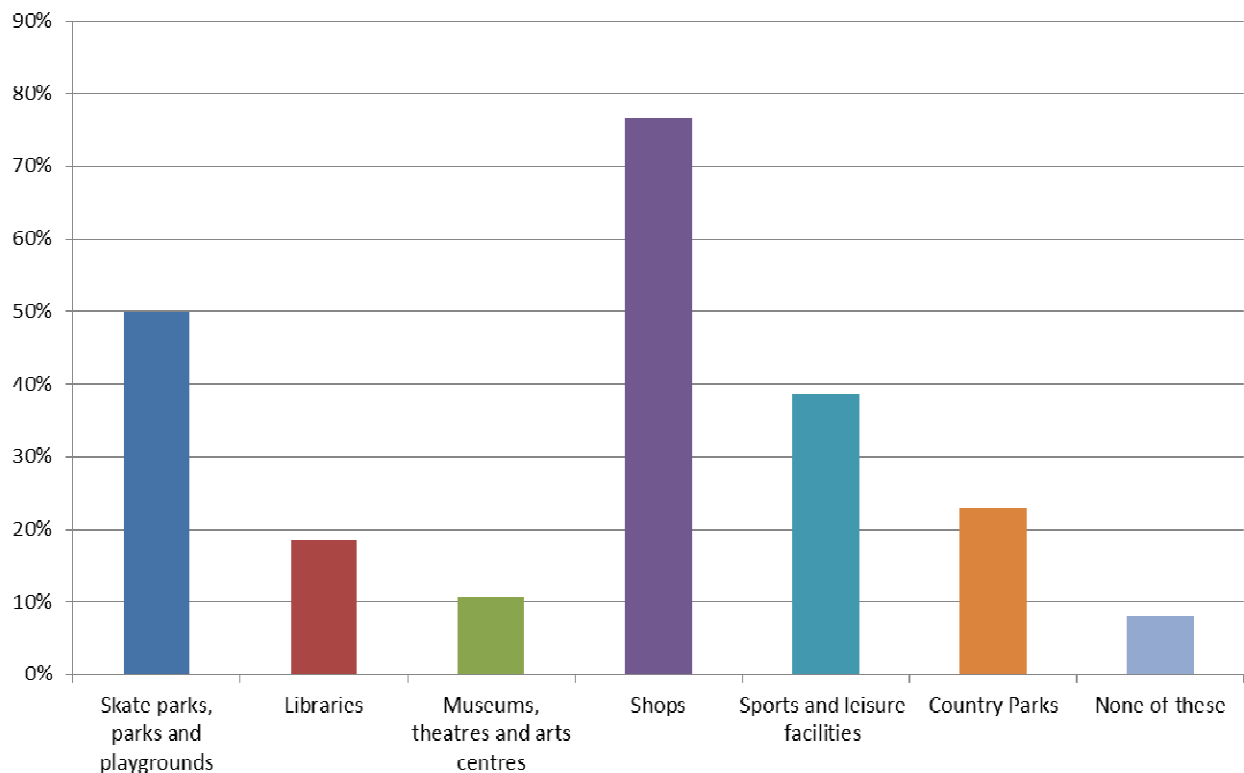
Actions

- Effective sharing of information
- Improve patrols at time times of high footfall
- Improve signage, cameras and lighting at Interchange
- Identify any training needs/knowledge gaps

Outcomes

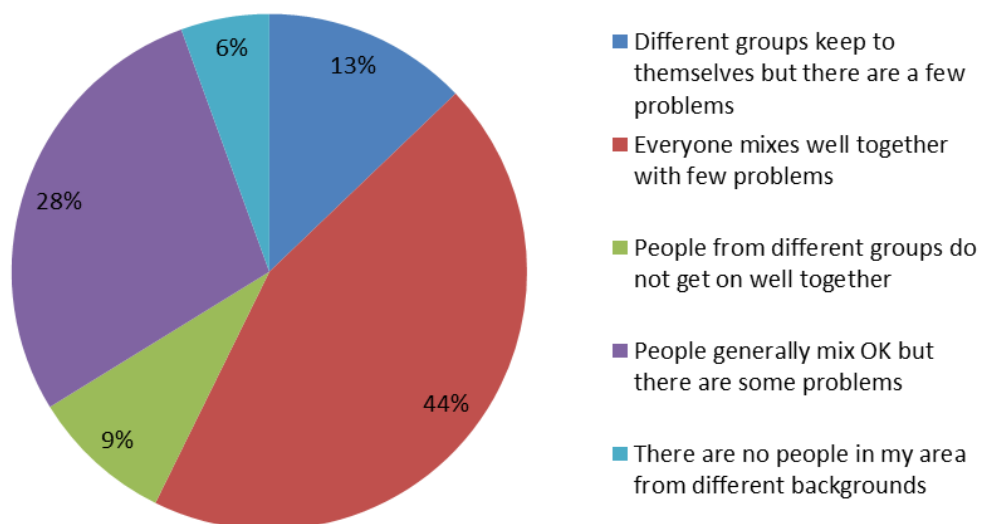
- These will be monitored quarterly through the Rotherham Safer Neighbourhood & SYPTE Joint Action Plan 2014

The pupils were then asked about the area where they live. They were asked if they use any of the following facilities listed below in their local area:



The facilities that pupils use the most in their local areas are shops, parks and playgrounds and sports facilities (same as last two years). The least used facilities are theatres, museums and arts centres (around 11%). 8% of pupils said that they didn't use any of these.

Pupils were then asked which of the following statements best described the way in which people get on with people from different backgrounds in their area. Here are the results:



The majority of pupils felt that people from different backgrounds mixed well together in their area but there were a few problems (44% compared to 42% last year). The number saying that people from different groups do not get on well together has gone down from 11% last year to 9% this year.

Lifestyle Survey Results Action Plan 2014 (Up-dated 19.12.2014)

Topic	Actions	Stakeholders	Progress
<p>Food & Drink Increase in the number of pupils who said they ate Crisps/Chocolate/ Sweets every day</p> <p>Increase in the number of pupils drinking high energy drinks regularly</p> <p>2014 Crisps the most popular snack</p>	<p>Highlight data with Public Health to address in joint health and well-being strategy meetings</p> <p>Highlight data with Healthy Schools consultant</p> <p>Provide schools with details of weight management services</p> <p>Information could be provided to school with their own NCMP data compared to R & E averages</p> <p>Ensure all children identified as overweight or obese are signposted to weight management services following National Child Measurement Programme</p>	<p>Public Health</p> <p>Healthy Schools</p> <p>School Nursing</p>	<p>Obesity Strategy Group to note these results. Key priority within H&WS and continued monitoring of action plan by H&WB</p> <p>Strategy group to provide regular up-dates on actions to support young people with healthy eating and exercise</p> <p>Since 2009, 1,944 children have accessed the tiered weight management services provided by DC Leisure (MoreLife Clubs), Rotherham Institute for Obesity and MoreLife residential camps with success rates of 97%, 90% and 95% respectively. Food and drink choices are an integral part of the programmes offered.</p> <p>Increase in the number of pupils who felt they are a healthy weight for their age up to 74% in 2013 from 70% in 2012. 2014 this reduced to 73% - This is a perception and not actual</p> <p>Increase in the number of pupils who take regular exercise up to 81% in 2013 from 79% in 2012. 2014 this reduced to 77%</p> <p>Wickersley SSC achieved Good Practice Plus for their work on reducing the number of high energy drinks consumed. Other schools also worked with young people to encourage the reduction of the consumption of high energy drinks. 2014 this reduced to 50% from 59% in 2013</p> <p>Oral Health being promoted in HS Learning Community meeting and HS termly newsletter. The oral health team attend KS1 & 2 meetings to promote the new oral health resources</p>
<p>Pupils Feelings Reduction is the % of pupils who feel good about, family and</p>	<p>Highlight data with Public Health and Healthy Schools Coordinator</p>	<p>Public Health</p> <p>Healthy Schools</p>	<p>Awareness of this raised with Healthy Schools Coordinators relating to school work summer term Learning Community meetings 2013.</p>

<p>home-life, friendships, themselves and schoolwork 2014 A further reduction with young people feeling good and being critical of the way they look.</p>			<p>The Emotional Health and Well-being in Schools Group to note actions.</p> <p>Targeted Mental Health in Schools Conference held on 15th November 2013 which looked at issues impacting on young people & families; welfare reform, domestic abuse, suicide, self-harm and the schools response to these issues and available support.</p> <p>Self-harm pathway being developed for frontline workers who have contact with young people (9-25)</p> <p>Bereavement pathway in development which will ensure support for children and young people who are bereaved/affected by suicide.</p> <p>Letter sent out via schools in June 2013 to all parents highlighting support for young people who may be in emotional distress.</p> <p>Support services for young people who may be in emotional distress advertised on Public Health Channel summer/autumn months 2013.</p> <p>Youth Cabinet – gave a presentation to members of scrutiny panel for improving lives on 27th February 2014, sharing their work around self-harm. This is a priority for Youth Cabinet this year, updates to be provided on actions taking forward by health partners</p> <p>Mental Well Being – Seminar on loss planned for 14th November – work by Healthy Schools Consultant covering areas of loss due to imprisonment, fostering/adoption. Illness/sudden death</p>
<p>Young Carers 27% of pupils identified themselves as young carers.</p> <p>20% of young people identifying themselves as young carers had knowledge of Young Carers Service</p> <p>2014 – 29% of young people</p>	<p>Highlight the findings with commissioned provider to support young carers</p> <p>Highlight findings with Integrated Youth Service</p> <p>Report finding to Carers Strategy Group</p> <p>Provide schools with details of</p>	<p>Barnardos</p> <p>Integrated Youth Service</p> <p>Neighbourhoods & Adult Services Carers Strategy Action Group</p>	<p>Barnardos working in partnership with statutory partners to promote – Working Together to Support Young Carers</p> <p>Carers Charter has specific actions for Young Carers</p> <ul style="list-style-type: none"> • Improve the offer of information and support to young carers • Raise awareness in schools and in other young people settings of support for young carers and the young carers services • Support the Rotherham UK Youth Parliament members in developing a Young Carers card

<p>consider themselves as carers</p> <p>26% of young people identifying themselves as young carers had knowledge of the young carers service – increase from 20% in 2013</p>	<p>Young Carers service and other areas where young carers can access support</p>		<p>Young Carers card in development stage – target date for launch in schools March 2014.</p> <p>Meeting with Health, Integrated Youth Service, Service Quality, Barnardos, Commissioning, to discuss development of a process for the card and development of a register of all young carers.</p> <p>Young Carers card is being promoted and piloted in 5 – Wales, Clifton, Wingfield, Swinton & Wickersley secondary Schools.</p> <p>The aim of this card is to ensure young people caring, get the most appropriate support at an early stage. Making schools aware of a young person's circumstances and offer them the right support at the right time.</p>
<p>Bullying</p> <p>38% of pupils answered that they had been bullied (same % as 2012)</p> <p>Pupils who said they have reported the bullying reduced from 2012</p> <p>Pupils who said they had received help and support after reporting bullying reduced from 2012</p>	<p>Highlight findings with School Anti-Bullying Officer</p> <p>Highlight findings to all schools</p>	<p>Anti-Bullying Officer</p> <p>Schools</p>	<p>Schools appointing Anti-Bullying ambassadors</p> <p>14 secondary schools have signed up signed up to the National Bullying Charter and have all schools have an anti-bullying strategy and toolkit.</p> <p>Schools can achieve a grading within the charter from Bronze to Gold</p> <p>New questions added to the 2014 survey to identify where the bullying is occurring at school, out of school or both</p> <p>Questions added to the 2014 survey to identify the level of cyber bullying</p> <p>Results from these new questions will be available from September 2014</p> <p>Significant improvement with bullying rates 2014</p> <p>28% of young people answered that they had been bullied down from 38% in 2013</p> <p>58% of young people said they had received help up from 26% in 2013</p>
<p>Safety</p> <p>Pupils feeling safe travelling on public transport or waiting for public transport produced similar results as in 2012</p>	<p>Report findings to key stakeholders who have ongoing activities to address these issues</p>	<p>Deprived Neighbourhood Co-ordinator for Town Centre</p>	<p>Youth Cabinet led the Overview & Scrutiny Management Board Meeting and requested that all key partners meet to address these issues</p> <p>This meeting was attended by South Yorkshire Passenger Transport, First Group, SY Police, Scrutiny Members, Cabinet Members, Directors at RMBC and CYPs Officers</p>

<p>Pupils feeling safe in Town Centre also produced similar results to 2012</p> <p>2014 Town centre feeling safe 10%</p> <p>Town centre bus station feeling safe 9%</p> <p>Town centre train station feeling safe 7%</p> <p>40% of young people said they regularly visit Town Centre</p> <p>More young people who said they do visit the town centre regularly (40%) said they felt safe in and around the town centre rather than those who responded that they do not visit town centre (60%) - This is further evidence that there is work to be done with young people on the perception of safety in and around town centre</p>		<p>Safer Neighbourhood Team</p> <p>RIDO</p> <p>SY Passenger Transport</p> <p>Police</p> <p>EDS</p> <p>Integrated Youth Service</p> <p>Voice & Influence Sarah Bellamy</p>	<p>Actions agreed</p> <ul style="list-style-type: none"> • Improve communication borough wide, to ensure young people are aware of public transport services, where and how to report concerns and raise comments about service standards • Encourage young people to become involved in making decisions e.g. become a member of user group mystery shopping • Improve public safety at bus and train interchange especially late evenings <p>Annual review of these actions to take place in 2014 Youth Cabinet Youth Cabinet holding a Children's Commissioners Day on 27th February 2014 including a progress review on these issues Progress to date (Dec 2013)</p> <ul style="list-style-type: none"> • SYPTE have upgraded their website for young people. • Young people are attending Rotherham Transport user group • Young people have met with Rotherham Interchange management to discuss their views around safety • There is now a Rotherham Town Centre Voice & Influence Group for young people age 13 to 19 to give their voice to what they would like to see happening in Rotherham Town Centre. This new group are holding their first meeting Wednesday 8th January at Myplace in Rotherham <p>SYPTE have on-line report incident form and also Facebook page Behaviour Guide for Young People Lifewise teaching – out to schools 13,000 young people have received this training in PSHE Lessons On-line complaints process</p> <p>Pupils who responded that they visited Town Centre, there was a higher % of these pupils saying that they felt safe in Rotherham Town Centre, than those who said they did not visit. Activities to be agreed to work on perceptions of visiting Town Centre. Crime statistics support this, crime rates from Town Centre for overall crime are on decline</p>
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<p>Smoking Improvement in the number of pupils smoking, pupils from smoke free homes</p> <p>Young people (Y10) in particular purchasing cigarettes from local shops. Supermarkets relatively low %</p>	<p>Report findings to Tobacco Control Strategy Group</p> <p>Report findings to Trading Standards Team (Environmental Health)</p>	<p>Public Health</p> <p>School Nursing</p> <p>Healthy Schools</p> <p>Tobacco Control Strategy Group</p> <p>Health & Well-Being Board</p> <p>Trading Standards</p>	<p>Smoke-free class resources provided to all primary and secondary schools.</p> <p>Benefits of non-smoking promoted to all secondary schools. Confidence building with young people not to give into peer pressure Work underway to ensure all schools have a Smoke-free policy</p> <p>Smoke-free resource launched to address issue of smoking on school premises)</p> <p>Briefing sent to Trading Standards Team NAS – await up-date on ongoing actions to address issues of local shops selling cigarettes and alcohol to under age children</p> <p>Public Health is carrying out a detailed survey of smoking behaviour and</p>

			<p>beliefs with young people accessing Youth Start.</p> <p>*A promotion that the social norm, most young people don't smoke, promoting youth-based anti-smoking activities such as the Cut Films competition.</p> <p>Promotion of national events such as No Smoking Day and developing some youth advocacy activities</p> <p>*To support young people against the peer pressure of smoking – a question has been added to the survey – do you think it is OK for young people to smoke The results for this show 96.7% of Y7 said No and 75.4% of Y10 said No.</p>
<p>Alcohol & Drugs</p> <p>Alcohol consumption responses are similar to 2012 survey, although less % of Y7 pupils said they have never tried alcohol 59% in 2013 compared to 63% in 2012</p> <p>From family was far the highest response to where they get the alcohol from. As with cigarettes Y10 are purchasing alcohol from local shops and supermarkets relatively low %</p>	<p>Report findings to Alcohol & Drug Strategy Group</p> <p>Report findings to Enforcement Team (Environmental Health</p>	<p>Public Health</p> <p>School Nursing</p> <p>Healthy Schools</p> <p>Health & Well-Being Board</p> <p>Know the Score</p> <p>Enforcement Team</p>	<p>Know the Score is a commissioned services to support young people with alcohol and drug issues</p> <p>A single message for both drug and alcohol has been developed and all partners/agencies delivering support around these two issues have received this message.</p> <p>Community Alcohol Partnerships have been developed in 2 project areas – Dinnington and East Herringthorpe/Dalton/Thrybergh. Early stages of development.</p> <p>E-Learning package accessible in all educational settings. This is being promoted by Health & Well-Being Board and other key stakeholders.</p> <p>Promote to parents the health risks giving their children cigarettes and alcohol when they are under age</p> <p>**Public Health and Healthy Schools are wanting to promote that it is not social norm for young people to drink excessively, new questions added to survey to support this</p> <p>**To support young people against the peer pressure of drinking – a question has been added to the survey – do you think it is OK for young people to drink alcohol The results for this show 93.4% of Y7 said No and 51.1% of Y10 said No.</p>

			<p>Responses to the question do you think it is OK for young people to take drugs The results for this show 96.8% of Y7 said No and 88.3% of Y10 said No.</p> <p>RMBC Public Health have developed an action plan to work over a 6 month period in Eastwood, through community and partnership meetings this area has been identified has a major community concern.</p>
<p>Sexual Health</p> <p>Key findings from 2014 survey 25% of Y10 young people said that they have had sex 46% said they have had sex after drinking alcohol 22% said they did not use any method of contraception</p>	<p>2014 add specific questions to 2010 survey around sexual health in line with national information</p> <p>Results to be highlighted with school staff at PSHE Leads meetings and HS coordinators meetings; secondary colleagues encouraged to link to alcohol education when teaching SRE and to use the data to explore attitudes to unprotected sex and risk.</p>	<p>Public Health Healthy Schools Consultant</p>	<p>National comparative data: 31% males and 29% females (aged 16-24) reported having had sex under the age of 16 – (National Survey of Sexual Attitudes and Lifestyles 2010-2012)</p> <p>Share Rotherham Lifestyle Survey findings with Sexual Health Strategy Group to help inform the delivery framework and with service providers to help inform appropriate targeting of services</p> <p>Sexual Health strategy group has already identified work with young people as a priority for the delivery framework</p> <p>Consultation with the Youth Cabinet has endorsed the approach that the strategy takes in relation to young people</p>
<p>Information from schools</p> <p>Feedback from schools on the use of the survey</p> <p>Identify how schools use the information, in the survey</p>	<p>Share the results information with PSHE Teachers, HS Coordinator and Pastoral Team. Dedicated assemblies Staff Meetings Dedicated PSHE Lessons Share with School Council Student Voice Lessons</p>	<p>Schools</p>	<ul style="list-style-type: none"> • Added Breakfast provision in school canteen (reported from one school) • Promoted to young people where students can locate and access confidential health advice • Changed content delivered around certain topics in lessons • Moved around units of work between year groups to where it is most appropriate, following results from 2013 survey • Change to PSHE Lesson using data from 2013 around alcohol – to raise the issues of drinking alcohol with young people

	One to One discussions with young people offered Lead young volunteers discuss results with management team and committee Feedback in PSHE Lessons		<ul style="list-style-type: none"> • Campaign to raise the profile of the school council • Review dinner menu options
Amendments to 2014 Survey	Consultation has taken place with all key stakeholders to review some of the questions in the survey	Schools Youth Cabinet Police Social Care Public Health Health Schools Voluntary Sector Sheffield Local Authority Barnsley Local Authority	<p>New questions have been added to reflect some of the questions that are being asked in national surveys and in lifestyle surveys of neighbouring local authorities These are around Internet Safety Electronic Cigarettes Feeling Safe Relationships & Sexual Health</p> <p>The information around these questions have been highlighted to all schools, letter to parents/carers DLT and SLT Communication Team Stakeholder that we consulted with approved these questions Results of these questions are available in the borough wide report</p> <p>The borough wide report has been redesigned and will be available when the report goes live on the Website and distributed to schools (14th January 2015)</p>
Proposal for 2015 Survey	Reviewing of the questions	Police Safe Neighbourhood Team Health Schools Healthy Schools Consultant Youth Cabinet	<p>Hold a further review of the questions within the survey Identify the purpose of asking each question within the survey Identify the key stakeholder who would be responsible for auctioning any issues from survey results, so they own that particular action and can put forward activities for improvements</p>