

CORPORATE PARENTING PANEL

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

Date: Tuesday, 7th June, 2016

Time: 5.00 p.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act, 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for absence.
4. Declarations of Interest.
5. Review of Rotherham Virtual School for Looked after Children. (Pages 1 - 18)
Exempt under Paragraph 4 of the Local Government Act (1974) (as amended)
– Labour relations matters.
6. 2015/2016 Year End Performance - Corporate Parenting. (Pages 19 - 39)
7. Health of Looked After Children and Young People Annual Report. (Pages 40 - 89)
8. Rotherham's Right 2 Rights Service. (Pages 90 - 99)
9. Ofsted Activity Report - Residential Services. (Pages 100 - 114)
10. Rotherham Looked After Children's Council (LACC) - Corporate Parenting Panel - Update Report - January to April 2016. (Pages 115 - 120)
11. Date and time of the next meeting: -
 - Tuesday 12th July, 2016, to start at 5.00 pm in the Rotherham Town Hall.
12. Work programme 2016-2017: - (Pages 121 - 123)

Membership of the Corporate Parenting Panel: -

Councillors G. Watson (Deputy Leader and portfolio holder), M. Clark (Chair of the Improving Lives Select Commission), V. Cusworth (second representative of the Improving Lives Select Commission), A. Cowles (pending confirming of the representative of the Opposition), S. Sansome (Designation), and J. Elliot (Fostering and Adoption Representative).

A handwritten signature in black ink that reads "Sharon Kemp". The script is cursive and fluid, with the first name "Sharon" and last name "Kemp" clearly distinguishable.

Sharon Kemp
Chief Executive.

By virtue of paragraph(s) 4 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

Council Report Corporate Parenting Panel – 7th June 2016

Title 2015/2016 Year End Performance – Corporate Parenting

Is this a Key Decision and has it been included on the Forward Plan? No

Strategic Director Approving Submission of the Report

- Jean Imray (Interim Deputy Director)
- Nicole Chavandra (Joint Assistant Director, Commissioning, Performance and Quality)

Report Author(s)

- Deborah Johnson (Performance Assurance Manager)
- Jean Imray (Interim Deputy Director)
- Sue Wilson (Head of Service, Performance & Planning)

Ward(s) Affected All

Summary

This report provides a summary of performance in relation to services for Looked After Children (and is a subset of the broader Children's Social Care Services performance report) at the end of the 2015/16 reporting year, it also represents the monthly report for March 2016. It should be read in conjunction with the accompanying performance data report which provides trend data, graphical analysis and benchmarking data against national and statistical neighbour averages.

These measures are based on the suite of indicators that have been presented to the Corporate Parenting Panel during the year 2015/16 and will be supplemented during the coming year with additional key measures that underpin the developing Children in Care Strategy.

Recommendations

- That the Corporate Parenting Panel receive the report and accompanying dataset and consider issues arising

List of Appendices Included

Appendix A – Corporate Parenting Performance Report (March 2016)

Background Papers

none

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required No

Exempt from the Press and Public No

Title 2015/2016 Year End Performance Corporate Parenting

1. Recommendations

- 1.1 That the Corporate Parenting Panel receive the report and accompanying dataset and consider any issues arising

2. Background

- 2.1. This report provides a summary of performance under key themes for services for looked after children at the end of the 2015/16 reporting year and also represents the monthly report for March 2016 and is a subset of the Children's Social Care Services report. It should be read in conjunction with the accompanying performance data report which provides trend data, graphical analysis and benchmarking data against national and statistical neighbour averages.
- 2.2. Targets, including associated 'RAG' (red, amber, green rating) tolerances, were introduced in September 2015 against appropriate measures. These have been set in consideration of available national and statistical neighbour benchmarking data, recent performance levels and, importantly, our known improvement journey.
- 2.3. These measures are based on the suite of indicators that have been presented to the Corporate Parenting Panel during the year 2015/16 and will be supplemented during the coming year with additional key measures that underpin the developing Children in Care Strategy.

3. Key Issues

3.1. Key Performance Headlines

The table in 3.1.3 highlights some of this year's achievements in relation to services for looked after children and areas for further improvement. The recently appointed Head of Service, Children in Care is working with the service to ensure that improvements are made, not only to performance but to ensure sustained improvements in the quality of the provision.

3.1.1. Table 1: 2015/16 highlights

Good & improved performance in the last 12 months	Areas for further Improvement
<ul style="list-style-type: none"> ▪ A reconfiguration of services has increased management oversight and ensured that caseloads are now consistently at manageable levels for workers across the service. ▪ Although further improvement work is needed on Health and Dental assessments, performance compared to last year has improved considerably. Health is now at 92.8% compared to last year's 81.4% and Dental is at 94.5% compared to 58.8% 	<ul style="list-style-type: none"> ▪ There is a shortage of adopters which is impacting on the number of completed adoptions – 43 for the entire year. ▪ Although Looked After Children (LAC) visits against local standards have improved on last year's position of 64% to 80.2%, this rate of improvement has not been enough to reach the local target of 90%. Performance against national minimum standards of 96.5% is good. ▪ Timeliness of LAC reviews for the year was 83.3% a drop on the previous year's position of 94.9%. This was due to performance issues earlier in the year and equates to 15 children having at least one of their reviews go over time. ▪ The number of looked after children (LAC) who have had three or more placement moves in the year is far too high. Although the percentages are in line with national averages, the numbers are inconsistent with the aspirations for all children in care to benefit from a stable placement. ▪ There are too many care leavers who are not yet engaged in education, employment or training so there will be renewed focus on this over the next 12 months.

3.2. Plans

3.2.1. The introduction and then embedding of weekly exception reports and team level performance management meetings in 2015 has resulted in significant and sustained improvement in the proportion of children, across all case types with an up-to-date plan.

3.2.2. The rate of Looked After Children (LAC) with plans is consistently good over the year at over 98%. The 2015/16 year end position of 98.4% shows that there has actually been a negligible drop of 0.4% since the 2014/15 figure of 98.8%. Pathway plans have seen a significant improvement of nearly 20% to 97.5% when compared to last year end.

3.2.3. It is well understood that the quality of plans is crucial in terms of securing good outcomes for children and this will continue to be the focus of the 'Beyond Auditing' work that is underway across the localities. The new LAC

management team in the Children in Care service is renewing the focus on both the completion of plans and their quality. All exceptions are reviewed at least a fortnightly basis by senior managers and more frequently by operational managers to understand, at an individual child level, the reasons for any absence of a plan to enable appropriate action. Work is underway to make the children in care plans more young person friendly and this work will be undertaken in consultation with children and young people.

3.3. Visits

3.3.1. Improvements in visiting rates also clearly demonstrate the effectiveness of the weekly performance management processes.

3.3.2. In relation to children in care, performance in relation to LAC visits within the National Minimum Standards has improved in recent months to 98.1%, broadly in line with the previous year's outturn. Over the year there has been a steady rate of improvement achieved against the local standard, which exceeds the national minimum, from 73% to 80.2%. This improvement needs to continue as this is still not considered good enough so it will remain an area of focus and sustained management attention. It is worth noting that there are some children in care who, due to their individual needs, are visited more frequently than the Rotherham local standard.

3.3.3. Each week, any child who does not have an up-to-date visit, is examined on an individual basis to ensure that they have been visited and to ensure the reason for the lateness is understood and to take appropriate remedial action where necessary.

3.4. Looked After Children (also known as children in care)

3.4.1. At the end of March there were 432 children in care which equates to 76.6 per 10,000 population. Although this still places us broadly in line with statistical neighbours we are far higher than the national average and there is an upward trajectory as admissions to care have increased.

3.4.2. 'Edge of care' arrangements need to be strengthened over time to prevent the need for children to come into care and developing this service forms a key strand of the Children In Care Sufficiency Strategy. This is particularly the case in respect of adolescents entering the care system for the first time. Outcomes are rarely improved for young people coming into care in adolescence and work will commence over the next few months to develop a service specifically to work with this group. During the last period there was a particularly large sibling group of younger children admitted which has impacted on the admissions figures. The use of Family Group Conferences is being explored to ensure that we can utilise any opportunities for children to remain within their families.

3.4.3. It is not unusual for numbers of children in care in an authority in intervention to rise as action is taken to address cases which have been drifting previously. The rise in the numbers of care proceedings in Rotherham is testimony to this happening locally. There is no feedback from the courts to suggest that any children are being brought before them unnecessarily. Over the next 12 months it would be expected for the position to plateau and then start to reduce gradually.

3.4.4. Of the eligible children in care 83.3% of their reviews over the entire year were completed in time which is a decline on the previous year which was 94.9%. This equates to 15 children having at least one review over timescales and relates to performance issues earlier in the year. Of the reviews held in March, 99% were within timescales with only one child whose review could not take place in time. The reasons for any late reviews are fed back to managers and action taken to address any practice issues.

3.5. Looked After Children - Placement Stability

3.5.1. At the end of March, 72.7% of long term LAC have been in the same placement for at least two years. This placement stability is better than the national average of 67% however it is important to be confident that what appears to be stability is not in fact masking drift in planning for children. The sufficiency strategy identifies that there are too many children placed in residential care. Work which commenced in January 2016 to address this has resulted in a number of young people being identified who will be moving to more local provision over the next few weeks and months. This may impact on the long term stability indicator but will result in better outcomes for those individual young people identified.

3.5.2. 11.9% of LAC have been in three or more placements in the last 12 months, this is broadly in line with national average of 11.0%.

3.5.3. Although placement stability measures compare well against statistical neighbours and national averages, performance in relation to children who have had 3 or more placement moves in a year is still of concern and in particular in relation to the numbers of children in care who have had missing episodes which count against this indicator. All children who have been missing or who are identified as being in 'unstable' placements are now subject to particular focus by way of regular 'Team Around the Placement' meetings. In the future they will also be considered as 'exceptions' in the fortnightly performance meetings. There remains much to do in order to strengthen the quality of practice in the children in care service across the board.

3.6. Looked After Children – Health & Dental

3.6.1. Performance in relation to health and dental assessments was very poor in previous years and has been the focus of concerted joint effort resulting in improvement in the last 12 months from 81.4% (March 2015) to 92.8% (March 2016) for Health Assessments and from 58.8% (March 2015) to 95.0% (March 2016) for Dental Assessments.

- 3.6.2. However, in month performance has been higher in the year and partners are working towards better consistency and outcomes for all Rotherham's LAC. Close monitoring through the weekly performance process means that any dips in performance are understood.
- 3.6.3. Quality Assurance processes of assessments within Health, following completion, can create time lags between the assessment occurring and showing on the system as complete but we are working with health colleagues to reduce this.
- 3.6.4. From child level reviews of exceptions it is known that, in the main, those not having health or dental checks are the older young people who are recorded as 'refusers'. This is now being actively explored with health colleagues, regarding how the reviews can be promoted as something useful and young person friendly. Encouragement will be focused with young people on the things that interest most young people such as weight, hair and skin as well as other aspects of health. It will also be ensured that we are creative in thinking about how young people can be actively engaged, rather than expecting them to attend a standard clinic appointment. Performance will continue to be very closely monitored.

3.7. Looked After Children – Personal Education Plans

- 3.7.1. Previously, education of Looked After Children was supported by The Get Real Team. This team ceased to exist from the 1st of April 2015 and was replaced by a new Virtual School. The completion of the Personal Education Plan (PEP) moved to an E-PEP system in September 2015 (start of Autumn term). A revised PEP process is now in place with termly PEPs attended by a minimum of school, social worker and virtual school as well as LAC, carers, and other professionals. Extensive training has been provided to professionals on SMART (specific, measurable, achievable, realistic and time-scaled) targets for PEPs to improve effectiveness in driving outcomes. A rigorous quality assurance (QA) process is in place with evidence of quality of PEPs improving. There is also an increase in the number of PEPs reflecting Pupil Voice. Prior to September 2015 PEPs were in place for compulsory school-age children only. PEPs are now in place for LAC aged 2 to 18th birthday.
- 3.7.2. There has been good improvement within the year with 97.8% of children now having a PEP in place compared to 68.7% at the end of March 2015. 95% have a plan which is less than six months old compared to 76% at March 2015. But there is more to do to ensure that every child and young person has a plan in place and to ensure that none of these are older than a 'term'.

3.8. Care Leavers

- 3.8.1. The number of care leavers is relatively stable throughout the year at between 190 and 200 young people. At the end of March this was 197.

- 3.8.2. 96.5% of young people are in suitable accommodation, a slight drop on the previous year of 97.8% but still above the national average of 77.8%. This equates to five young people not in suitable accommodation, of these four are in custody, and one (aged over 18) has made himself intentionally homeless in order to live with his girlfriend. It is understood that more needs to be done to enhance the quality of the accommodation available as well as increasing the range of choices for young people. The Service Managers and Head of Service are working with commissioning colleagues to ensure that action is taken to ensure the best provision is available to Rotherham young people and increased planning will take place via a 16+ accommodation panel.
- 3.8.3. 68% of young people are in education employment or training, above the national average (45%) but a drop on the previous year 71% and very disappointing in terms of the aspirations for Rotherham young people. This equates to 60 of care leavers not being in education, employment or training (NEET). Work is underway to strengthen the offer to care leavers generally and tackling the need to support young people to be engaged in further education, training or employment will be given priority.

3.9. Adoptions

- 3.9.1. Performance each month can vary significantly given the size of the cohort which is always very small. There have been 4 adoptions in March taking the total for the reporting year to 42.
- 3.9.2. Given the small numbers it is most useful to look at a rolling 12 months than a month snapshot. Performance against the old national indicator relating to timeliness of adoption since the decision that the child 'Should Be Placed for Adoption' (SHOPBA) is low when compared to previous years at 53.5%. However the new national measures relating to days between 'becoming LAC and adoption placement (A1)' and 'days between placement order and match with the adoptive family (A2)' demonstrate an improving trend over the last 3 years. In respect of A1 we are better than the government benchmark with a reduction from an average of 661 days in 2013/14 to 338.5 in 2015/16. Similarly for measure A2 it has reduced from an average of 315 days in 2013/14 to 137.9 in 2015/16; however the government benchmark has not been met. This A2 target was not achieved due to 6 children with high level additional needs taking longer than usual to place. However all 6 children did achieve permanency through adoption thus providing them with an excellent outcome of becoming part of a new family and no longer in the care system..
- 3.9.3. The number of RMBC adopters decreased in 2015/16 compared to previous years. This is partly attributable to increase robustness at screening stage to improve quality of pool combined with regional picture that is one of significant decrease in overall number of adopters being approved across local authorities.
- 3.9.4. In March only 2 out of the 4 children adopted had the order made within 12 months of the 'should be adopted decision'. These children had been

placed with their adoptive parents for well over a year before the order was made because of some complexities in the therapeutic support that was required.

3.10. Additional measures to be monitored

3.10.1. As part of the development of the Children in Care Strategy additional measures will be reported in the Corporate Parenting Panel Performance Report which will provide elected members as corporate parents additional assurance about the performance of a wider range of services for looked after children, examples of which include performance around:

- Effective care planning
- Placement stability and range of high quality placement provision
- Health issues of children and young people in care
- Educational attainment and achievement
- Being part of a community

4. Options considered and recommended proposal

4.1. The full corporate parenting performance report attached at Appendix A represents a summary of performance across a range of key national and local indicators with detailed commentary provided by the service.

5. Consultation

5.1. Not applicable

6. Timetable and Accountability for Implementing this Decision

6.1. Not applicable

7. Financial and Procurement Implications

7.1. There are no direct financial implications to this report. The relevant Service Director and Budget Holder will identify any implications arising from associated improvement actions and members will be consulted where appropriate.

8. Legal Implications

8.1. There are no direct legal implications to this report.

9. Human Resources Implications

9.1. There are no direct human resource implications to this report. The relevant Service Director and Managers will identify any implications arising from

associated improvement actions and members will be consulted where appropriate.

10. Implications for Children and Young People and Vulnerable Adults

- 10.1. The performance report relates to services for looked after children and young people.

11. Equalities and Human Rights Implications

- 11.1. There are no direct implications within this report

12. Implications for Partners and Other Directorates

- 12.1. Partners and other directorates are engaged in improving the performance and quality of our services to children, young people and their families via the Rotherham Local Children's Safeguarding Board (RLSCB). The RLSCB Performance and Quality Assurance Sub Group receive this performance report on a regular basis.

13. Risks and Mitigation

- 13.1. Inability and lack of engagement in performance management arrangements by managers and staff could lead to poor and deteriorating services for children and young people. Strong management oversight by Directorship Leadership Team and the ongoing weekly performance meetings mitigate this risk by holding managers and workers to account for any dips in performance both at a team and at an individual child level.

14. Accountable Officer(s)

Jean Imray, Interim Deputy Strategic Director of CYPS
Jean.Imray@rotherham.gov.uk

Deborah Johnson, Performance Assurance Manager – Social Care (CYPS)
Deborah.johnson@rotherham.gov.uk

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:- Named officer

Director of Legal Services:- Named officer

Head of Procurement (if appropriate):-

Name and Job Title.

This report is published on the Council's website or can be found at:-
<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

Safeguarding Children & Families

Monthly Performance Report

As at Month End: March 2016

Please note: Data reports are not dynamic. Although care is taken to ensure data is as accurate as possible every month, delays in data input can result in changes in figures when reports are re-run retrospectively. To combat this at least two individual months data is rerun for each indicator. Therefore there may be data discrepancies present when comparing this report to that of the previous month.

Document Details

Status: FINAL

Date Created: 22/04/2016

Created by: Deborah Johnson, Performance Assurance Manager - Social Care

Performance Summary

As at Month End: March 2016

"DOT" - Direction of travel represents the direction of 'performance' since the previous month with reference to the polarity of 'good' performance for that measure. Colours have been added to help distinguish better and worse performance. Key Below:-

↑	- increase in numbers (no good/bad performance)	↑	- improvement in performance	→	- no movement but within limits of target
→	- stable with last month (no good/bad performance)	↓	- decline in performance but still within limits of target	→	- no movement, not on target
↓	- decrease in numbers (no good/bad performance)	↓	- decline in performance, not on target		

	NO.	INDICATOR	GOOD PERF IS	DATA NOTE (Monthly)	LAST THREE MONTHS			Year to Date 15/16		DOT (Month on Month)	RAG (in month)	RAG (Year End)	Target and Tolerances			YR ON YR TREND		LATEST BENCHMARKING - 2014/15			
					Jan-16	Feb 16	Mar 16	YTD	DATA NOTE				Red	Amber	Target Green	2013/14	2014/15	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
LOOKED AFTER CHILDREN	7.1	Number of Looked After Children	Info	Count	430	422	432			↑					n/a		407				
	7.2	Rate of Looked After Children per 10,000 population aged under 18	Info	Rate per 10,000	76.2	74.8	76.6			↑			more than 76.5	+/-5	up to +/-2 of 73.5	70	70	73.4	49.0	60.0	-
	7.3	Admissions of Looked After Children	Info	Count	10	19	20	208	Financial Year	↑					n/a	147	175				
	7.4	Number of children who have ceased to be Looked After Children	High	Count	15	9	13	192	Financial Year	↑					n/a	136	160				
	7.5	Percentage of LAC who have ceased to be looked after due to permanence (Special Guardianship Order, Residence Order, Adoption)	High	Percentage	53.3%	66.7%	46.2%	40.1%	Financial Year	↓			<33%	33%>	35%	55 40.44%	60 37.50%				
	7.6	LAC cases reviewed within timescales	High	Percentage	89.2%	98.3%	99.0%	83.3%	Financial Year	↑			<90%	90%<	95%	98.6%	352/371 94.9%				
	7.7	Percentage of children adopted	High	Percentage	13.3%	22.2%	30.8%	22.9%	Financial Year	↑			<20%	20%<	22.7%	26.5%	26.3%	25.1%	35.0%	17.0%	37.0%
	7.8	Health of Looked After Children - up to date Health Assessments	High	Percentage	93.8%	93.1%	92.8 %			↓			<90%	90%<	95%	82.7%	81.4%				
	7.9	Health of Looked After Children - up to date Dental Assessments	High	Percentage	93.2%	95.8%	94.5 %			↓			<90%	90%<	95%	42.5%	58.8%				
	7.10	% of LAC with a PEP	High	Percentage	97.0%	95.3%	97.8%			↑			<90%	90%<	95%	65.7%	68.7%				
	7.11	% of LAC with up to date PEPs	High	Percentage	90.7%	90.6%	95.0%			↑			<90%	90%<	95%	72.9%	71.4%				
	7.12	% of eligible LAC with an up to date plan	High	Percentage	98.6%	97.7%	98.4%			↑			<93%	93%<	95%	67.0%	98.8%				
	7.13	% of completed LAC visits which were completed within timescale - National Minimum standard	High	Percentage	96.8%	95.3%	98.1%			↑			<95%	95%<	98%		94.9%				
	7.14	% of completed LAC visits which were completed within timescale - Rotherham standard	High	Percentage	80.2%	77.8%	80.2%			↑			<85%	85%<	90%		64.0%				
CARE LEAVERS	8.1	Number of care leavers	Info	Count	198	196	197			↑					n/a		183				
	8.2	% of eligible LAC with an up to date pathway plan	High	Percentage	93.9%	95.9%	97.5%			↑			<93%	93%<	95%		69.8%				
	8.3	% of care leavers in suitable accommodation	High	Percentage	98.5%	96.4%	96.5%			↑			<95%	95%<	98%	96.3%	97.8%	74.2%	100.0%	77.8%	90.0%
	8.4	% of care leavers in employment, education or training	High	Percentage	63.1%	65.8%	68.0%			↑			<70%	70%<	72%	52.3%	71.0%	40.8%	65.0%	45.0%	55.8%
PLACEMENTS	9.1	% of long term LAC in placements which have been stable for at least 2 years	High	Percentage	74.5%	72.5%	72.7%			↑			<68%	68%<	70%	68.8%	110/153 71.9%	67.6%	79.0%	67.0%	71.1%
	9.2	% of LAC who have had 3 or more placements - rolling 12 months	Low	Percentage	11.3%	12.1%	11.9%			↑			>12%	12%>	10%	11.2%	49/409 12.0%	9.6%	7.0%	11.0%	9.0%
ADOPTIONS	10.1	% of adoptions completed within 12 months of SHOBPA	High	Percentage	100.0%	100.0%	80.0%	53.5%	Financial Year	↓			<83%	83%<	85%	55.6%	84.6%				
	10.2	Average number of days between a child becoming Looked After and having a adoption placement (A1) (Rolling 12 months)	Low	Rolling year - ave count	368.0	348.4	338.4	338.5	Rolling Year	↑			>511	511>	487	661	417.5	507.3	328.0	525.0	468.0
	10.3	Average number of days between a placement order and being matched with an adoptive family (A2) (Rolling 12 months)	Low	Rolling year - ave count	159.5	141.7	137.9	137.9	Rolling Year	↑			>127	127>	121	315	177.3	217.1	45.0	217.0	163.0

PLANS - IN DATE

DEFINITION

A child's plan is to be developed for an individual child if they have a "wellbeing need" that requires a targeted intervention. Each type of plan has a completion target. When a Looked After Child reaches 16 years and 3 months they become eligible for a 'Pathway Plan' - this plan focuses on preparing a young person for adulthood and their future (For example; future accommodation, post 16 Education/Training and Employment)

PERFORMANCE ANALYSIS

For all plan types the exceptions are reviewed at the weekly performance meetings so that the reasons for an absence of an up to date plan is clearly understood by senior managers. Performance in relation to plans remains high and has further improved for CIN. It is well understood that the quality of plans is crucial in terms of securing good outcomes for children and this will continue to be the focus of the 'Beyond Auditing' work that is underway across the localities.

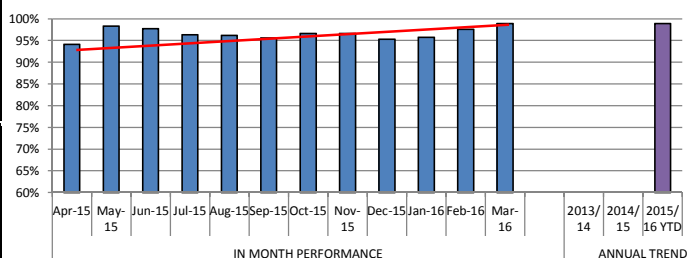
The new management team in the Children in Care (LAC) service is renewing the focus on both the completion of plans and their quality. All exceptions are reviewed on at least a fortnightly basis by senior managers and more frequently by operational managers. Work is under way to make the children in care plans more young person friendly and this work will be undertaken in consultation with children and young people.

		5.4	5.5	6.13	7.12	8.2
		CIN with a recorded plan (open at least 45 days)	CIN with an up to-date plan (open at least 45 days)	CPP with an up to date plan	LAC with an up to date plan	Eligible LAC with an up to date pathway plan
IN MONTH PERFORMANCE	Apr-15	94.1%	78.3%	97.0%	94.1%	77.6%
	May-15	98.3%	76.5%	100.0%	94.3%	85.2%
	Jun-15	97.7%	83.5%	100.0%	95.5%	92.8%
	Jul-15	96.3%	93.6%	99.2%	98.8%	94.2%
	Aug-15	96.2%	93.8%	100.0%	98.1%	98.5%
	Sep-15	95.6%	91.4%	99.8%	98.8%	94.9%
	Oct-15	96.6%	94.6%	99.5%	98.8%	94.9%
	Nov-15	96.6%	95.0%	99.7%	98.3%	94.9%
	Dec-15	95.3%	91.7%	99.4%	98.1%	93.1%
	Jan-16	95.8%	93.3%	98.9%	98.6%	93.9%
	Feb-16	97.6%	94.6%	98.5%	97.7%	95.9%
	Mar-16	98.9%	98.6%	100.0%	98.4%	97.5%

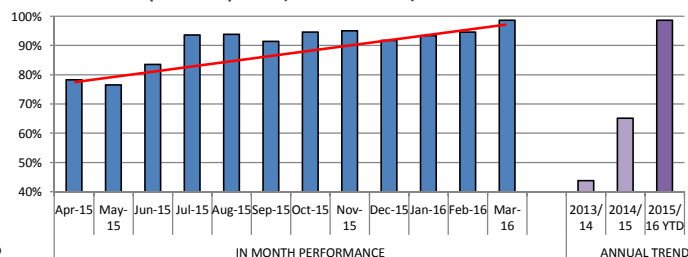
ANNUAL TREND	2013/ 14		43.8%	82.8%	67.0%	
	2014/ 15		65.1%	97.6%	98.8%	69.8%
	2015/ 16 YTD	98.9%	98.6%	100.0%	98.4%	97.5%

LATEST BENCHMARKING	SN AVE					
	BEST SN					
	NAT AVE					
	NAT TOP QTILE					

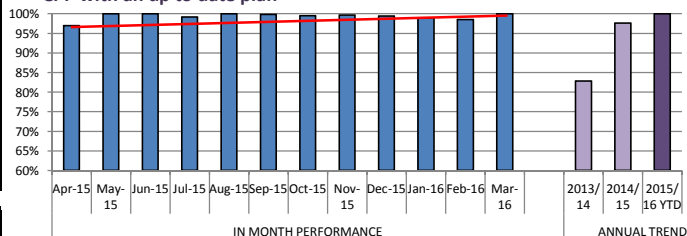
CIN with a recorded plan - open at least 45 days



CIN with an up-to-date plan - open at least 45 days

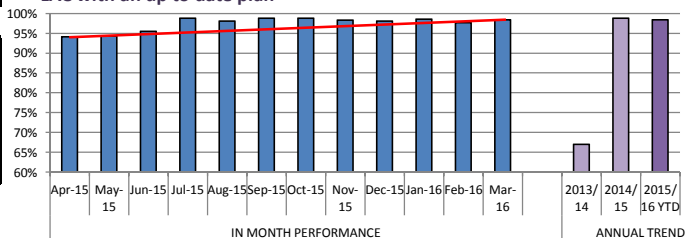


CPP with an up to date plan

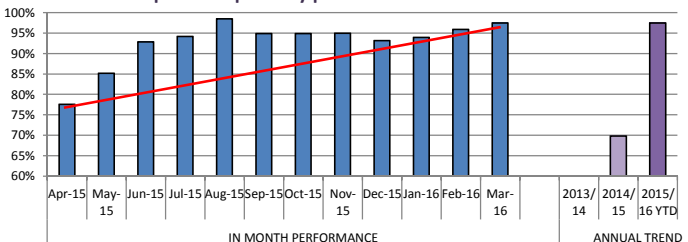


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LAC with an up to date plan



LAC with an up to date pathway plan



LOOKED AFTER CHILDREN

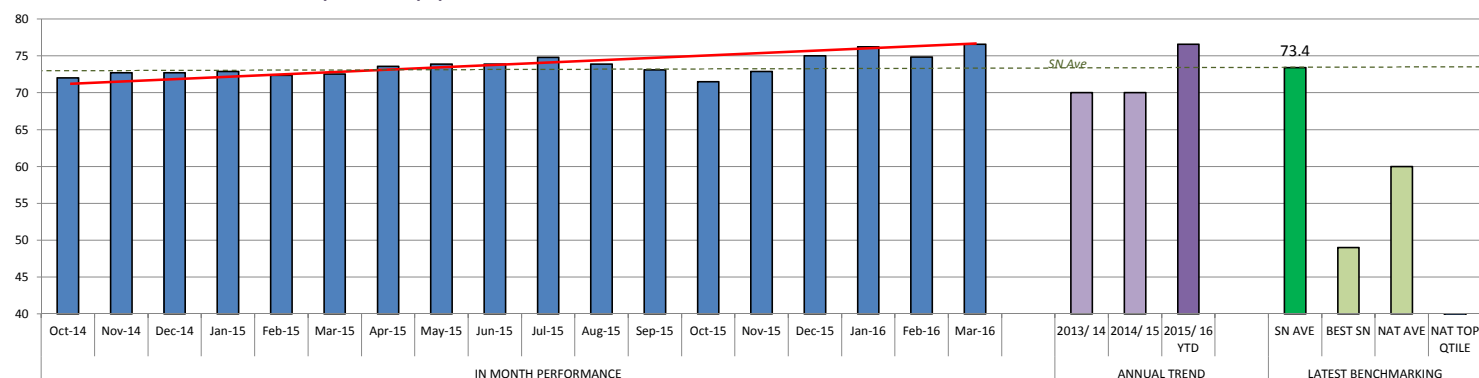
DEFINITION Children in care or 'looked after children' are children who have become the responsibility of the local authority. This can happen voluntarily by parents struggling to cope or through an intervention by children's services because a child is at risk of significant harm.

PERFORMANCE ANALYSIS

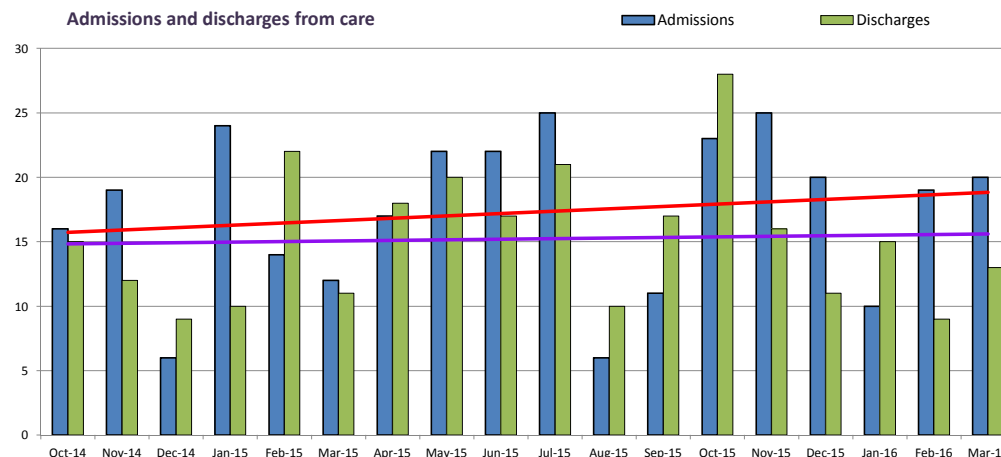
Although the numbers of LAC are broadly in line with our statistical neighbours they are higher than the national average and best performing LA's and admissions have been rising recently. 'Edge of care' arrangements need to be strengthened over time to prevent the need for children to come into care and developing this service forms a key strand of the Children in Care Sufficiency Strategy. This is particularly the case in respect of adolescents entering the care system for the first time. Outcomes are rarely improved for young people coming into care in adolescence and work will commence over the next few months to develop a service specifically to work with this group. During the last period there was a particularly large sibling group of younger children admitted which has impacted on the admissions figures. It is not unusual for numbers of LAC in an authority in intervention to rise as action is taken to address cases which have been drifting previously. The rise in the numbers of care proceedings in Rotherham is testimony to this happening locally. There is nothing coming back from the courts to suggest that any children are being brought before them unnecessarily. Over the next 12 months it would be expected for the position to plateau and then start to reduce gradually.

		7.2	7.1	7.3	7.4
		Rate of children looked after per 10K pop	Number of LAC	Admissions of children looked after	No. of children who have ceased to be LAC
IN MONTH PERFORMANCE	Oct-14	72.0	404	16	15
	Nov-14	72.7	408	19	12
	Dec-14	72.7	408	6	9
	Jan-15	72.9	409	24	10
	Feb-15	72.4	406	14	22
	Mar-15	72.5	407	12	11
	Apr-15	73.6	415	17	18
	May-15	73.9	417	22	20
	Jun-15	73.9	417	22	17
	Jul-15	74.8	422	25	21
	Aug-15	73.9	417	6	10
	Sep-15	73.1	412	11	17
	Oct-15	71.5	403	23	28
	Nov-15	72.9	413	25	16
	Dec-15	75.0	423	20	11
	Jan-16	76.2	430	10	15
	Feb-16	74.8	422	19	9
	Mar-16	76.6	432	20	13
ANNUAL TREND	2013/ 14	70.0		147	136
	2014/ 15	70.0		175	160
	2015/ 16 YTD	76.6	432	208	192
LATEST BENCHMARKING	SN AVE	73.4			
	BEST SN	49.0			
	NAT AVE	60.0			
	NAT TOP QTILE	-			

Rate of children looked after per 10,000 pop . 0-17



Admissions and discharges from care



LOOKED AFTER CHILDREN - PLACEMENTS

DEFINITION	A LAC placement is where a child has become the responsibility of the local authority (LAC) and is placed with foster carers, in residential homes or with parents or other relatives.
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PERFORMANCE ANALYSIS	<p>The performance in relation to children who have had 3 or more placement moves in a year is of concern particularly in relation to the numbers of children in care who have missing episodes which count against this indicator. All children who have been missing or who are identified as being in 'unstable' placements are now subject to particular focus by way of regular 'Team Around the Placement' meetings. In future they will also be considered as 'exceptions' in the fortnightly performance meetings. There remains much to do in order to strengthen the quality of practice in the children in care service across the board.</p> <p>Our sufficiency strategy identifies that we have too many children placed in residential care. Work which commenced in January 2016 to address this has resulted in a number of young people being identified who will be moving to more local provision over the next few weeks and months. This may impact on the long term stability indicator but will result in better outcomes for those individual young people identified.</p>
----------------------	--

		9.1		9.2	
		No. of long term LAC placements stable for at least 2 years	% long term LAC placements stable for at least 2 years	No. of LAC who have had 3 or more placements - rolling 12 months	% LAC who have had 3 or more placements - rolling 12 months
IN MONTH PERFORMANCE	Oct-14	115 of 159	72.3%	44 of 404	10.9%
	Nov-14	111 of 156	71.2%	50 of 401	12.5%
	Dec-14	109 of 152	71.7%	46 of 415	11.1%
	Jan-15	105 of 148	70.9%	49 of 407	12.0%
	Feb-15	110 of 153	71.9%	49 of 409	12.0%
	Mar-15	109 of 152	71.7%	41 of 409	10.0%
	Apr-15	106 of 148	71.6%	44 of 412	10.7%
	May-15	108 of 152	71.1%	41 of 417	9.8%
	Jun-15	108 of 152	71.1%	41 of 417	9.8%
	Jul-15	109 of 149	73.2%	41 of 421	9.7%
	Aug-15	110 of 147	74.8%	39 of 417	9.4%
	Sep-15	110 of 148	74.3%	40 of 412	9.7%
	Oct-15	110 of 146	75.3%	38 of 406	9.4%
	Nov-15	109 of 145	75.2%	48 of 418	11.5%
	Dec-15	109 of 146	74.7%	48 of 425	11.3%
	Jan-16	108 of 145	74.5%	47 of 417	11.3%
	Feb-16	108 of 149	72.5%	51 of 423	12.1%
	Mar-16	109 of 150	72.7%	51 of 430	11.9%
ANNUAL TREND	2013/ 14	108 of 157	68.8%	44 of 393	11.2%
	2014/ 15	110 of 153	71.9%	49 of 409	12.0%
	2015/ 16 YTD	109 of 150	72.7%	56 of 431	13.0%
LATEST BENCHMARKING	SN AVE		67.6%		9.6%
	BEST SN		79.0%		7.0%
	NAT AVE		67.0%		11.0%
	NAT TOP QTILE		71.1%		9.0%



LOOKED AFTER CHILDREN - REVIEWS & VISITS

DEFINITION

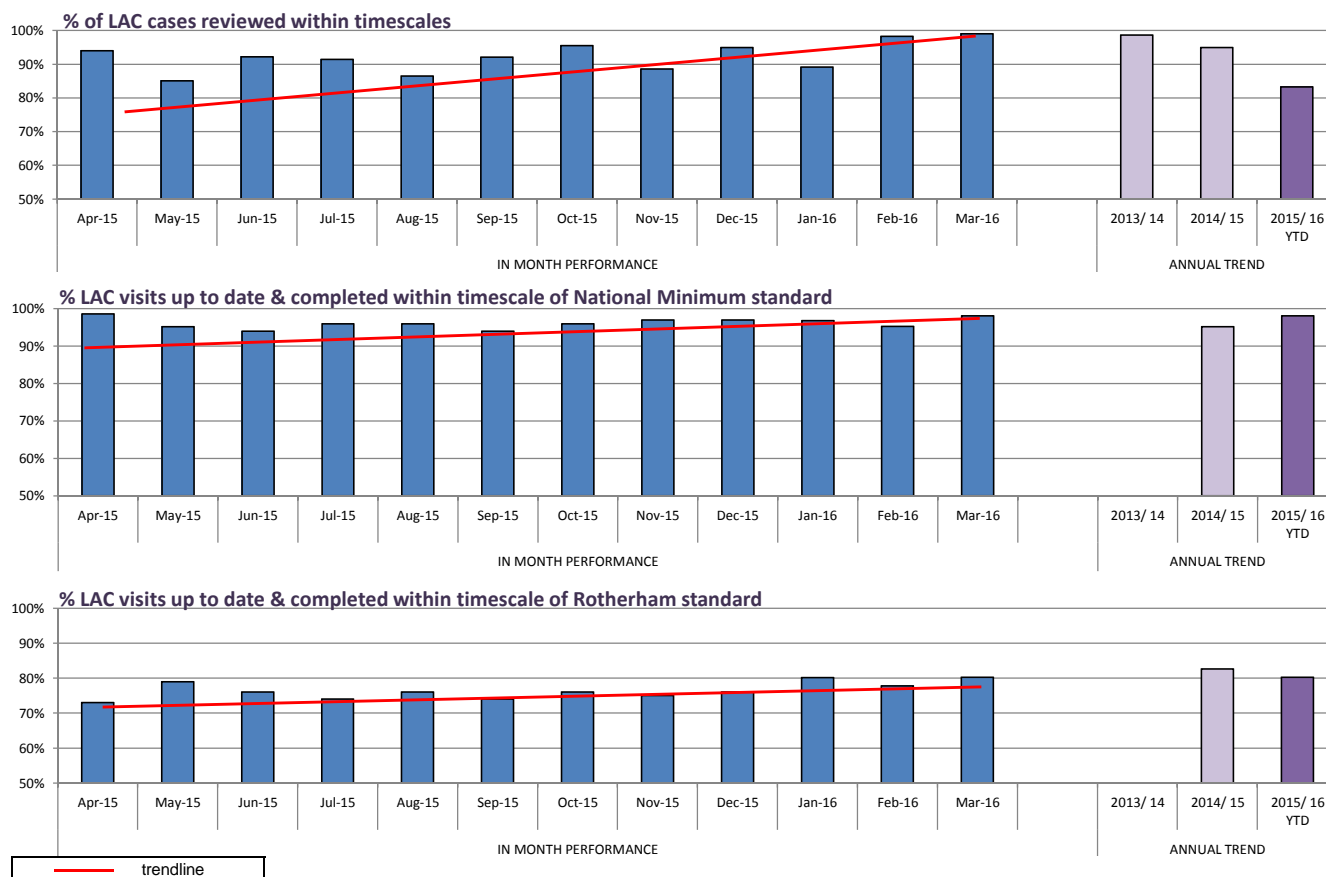
The purpose of LAC review meeting is to consider the plan for the welfare of the looked after child and achieve Permanence for them within a timescale that meets their needs. The review is chaired by an Independent Reviewing Officer (IRO)

The LA is also responsible for appointing a representative to visit the child wherever he or she is living to ensure that his/her welfare continues to be safeguarded and promoted. The minimum national timescales for visits is within one week of placement, then 6 weekly until the child has been in placement for a year and the 12 weekly thereafter. Rotherham have set a higher standard of within first week then 4 weekly thereafter until the child has been permanently matched to the placement.

PERFORMANCE ANALYSIS

LAC Visits are monitored at the weekly performance meeting. Performance in relation to visits within the National Minimum Standards remains well above 90% any visit exceeding statutory minimum timescales is examined on a child by child basis to ensure they have been subsequently visited and to ensure the reason for lateness is understood. In addition to statutory minimum standards Rotherham has set a local standard that exceeds the National one, performance in relation to local standard is still not good enough and will continue to be the focus of sustained management attention. There are some children in care however who are visited more often than the Rotherham standard according to their need at any particular time.

		7.6		7.13	7.14
		No. LAC cases reviewed within timescales	% of LAC cases reviewed within timescales	% LAC visits up to date & completed within timescale of National Minimum standard	% LAC visits up to date & completed within timescale of Rotherham standard
IN MONTH PERFORMANCE	Apr-15	79 of 84	94.0%	98.6%	73%
	May-15	63 of 74	85.1%	95.2%	79%
	Jun-15	95 of 103	92.2%	94.0%	76.0%
	Jul-15	106 of 116	91.4%	96.0%	74.0%
	Aug-15	32 of 37	86.5%	96.0%	76.0%
	Sep-15	117 of 127	92.1%	94.0%	74.0%
	Oct-15	84 of 88	95.5%	96.0%	76.0%
	Nov-15	93 of 105	88.6%	97.0%	75.0%
	Dec-15	94 of 99	94.9%	97.0%	76.0%
	Jan-16	74 of 83	89.2%	96.8%	80.2%
	Feb-16	114 of 116	98.3%	95.3%	77.8%
	Mar-16	104 of 105	99.0%	98.1%	80.2%
ANNUAL TREND	2013/ 14		98.6%		
	2014/ 15	19 of 371	94.9%	95.2%	82.6%
	2015/ 16 YTD	334 of 401	83.3%	98.1%	80.2%
LATEST BENCHMARKING	SN AVE				
	BEST SN				
	NAT AVE				
	NAT TOP QTILE				



LOOKED AFTER CHILDREN - HEALTH

DEFINITION

Local authorities have a duty to safeguard and to promote the welfare of the children they look after, therefore the local authority should make arrangements to ensure that every child who is looked after has his/her health needs fully assessed and a health plan clearly set out.

PERFORMANCE ANALYSIS

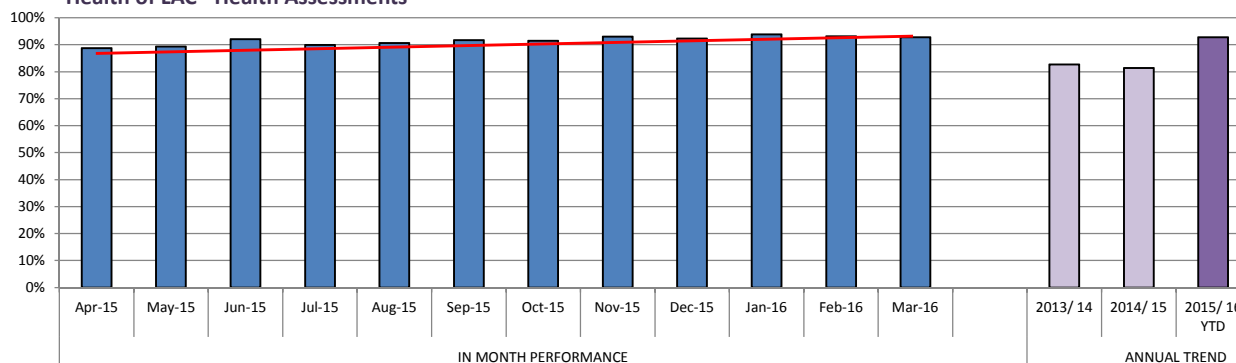
Performance in relation to health and dental assessments was poor and has been the focus of concerted joint effort and has shown previous improvement. Close monitoring means that any dips in performance are understood. Due to the process for health QA checks of assessments following completion there is a time lag between the assessment occurring and showing on the system as completed. From our reviews we know that in the main those not having health or dental checks are the older young people who are recorded as 'refusers'. We are no longer going to accept this on face value and will be actively exploring with health colleagues how we can promote the reviews as something useful and young person friendly. This will focus on the things that interest most young people such as weight, hair and skin as well as other aspects of health. We will also make sure that we are creative in thinking about how we can actively engage young people and 'reach out' to them rather than expecting them to attend a standard clinic appointment. Performance will continue to be very closely monitored.

IN MONTH PERFORMANCE		7.8 Health of LAC - Health Assessments	7.9 Health of LAC - Dental Assessments
	Apr-15	88.7%	70.5%
	May-15	89.3%	64.7%
	Jun-15	92.1%	86.6%
	Jul-15	89.9%	94.1%
	Aug-15	90.6%	94.1%
	Sep-15	91.7%	96.2%
	Oct-15	91.5%	95.7%
	Nov-15	93.0%	94.4%
	Dec-15	92.3%	95.1%
	Jan-16	93.8%	93.2%
	Feb-16	93.1%	95.8%
	Mar-16	92.8%	95.0%

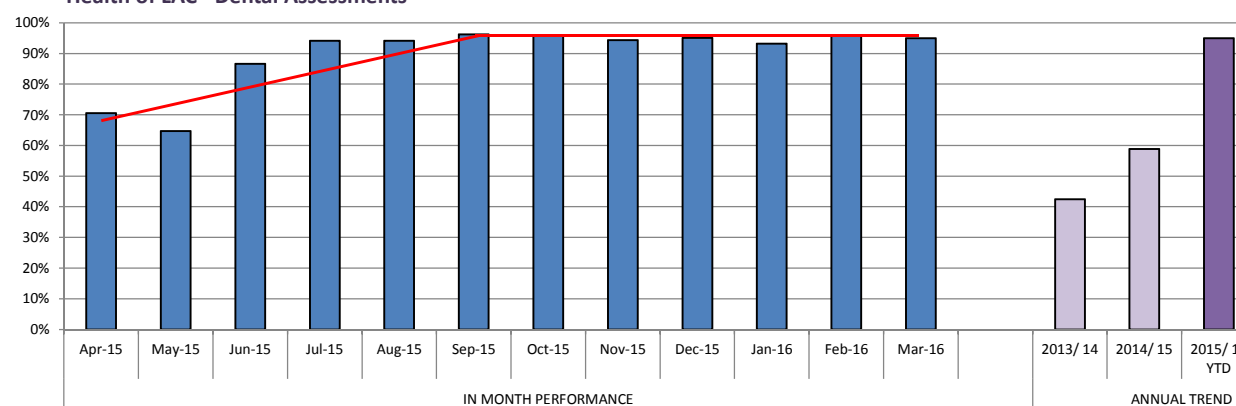
ANNUAL TREND	2013/ 14	82.7%	42.5%
	2014/ 15	81.4%	58.8%
	2015/ 16 YTD	92.8%	95.0%

LATEST BENCHMARKING	SN AVE		
	BEST SN		
	NAT AVE		
	NAT TOP Q TILE		

Health of LAC - Health Assessments



Health of LAC - Dental Assessments



— trendline

LOOKED AFTER CHILDREN - PERSONAL EDUCATION PLANS

DEFINITION

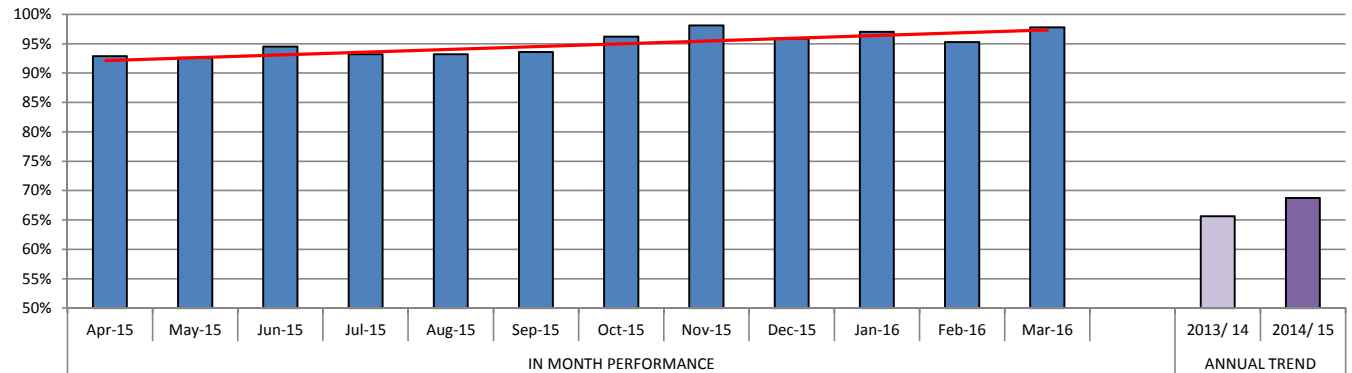
A personal education plan (PEP) is a school based meeting to plan for the education of a child in care. The government have made PEPs a statutory requirement for children in care to help track and promote their achievements.

PERFORMANCE ANALYSIS

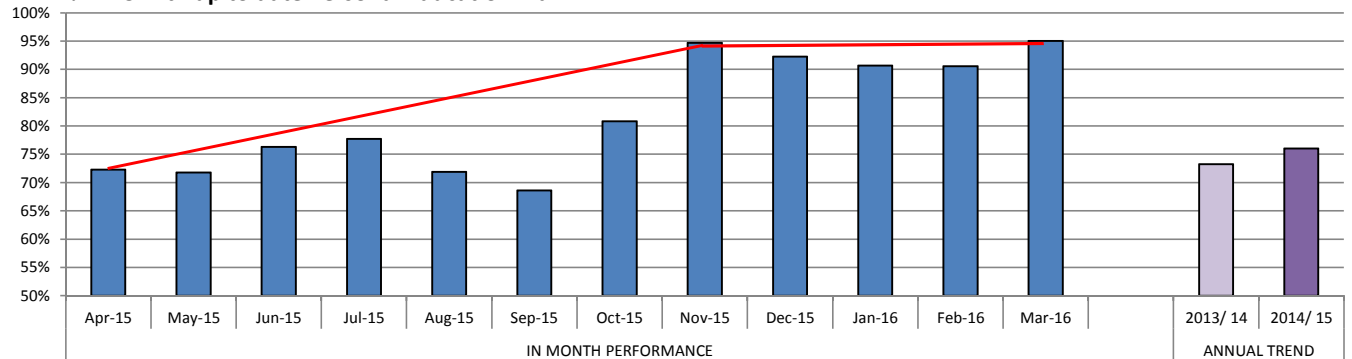
Previously, education of Looked After Children was supported by The Get Real team. This team ceased to exist from the 1st April 2015 and was replaced by a new Virtual School. The completion of the PEP moved to an E-PEP system in September 2015 (start of Autumn term). A revised PEP process is now in place with termly PEPs attended by a minimum of school, social worker and virtual school as well as LAC, carers, and other professionals. Extensive training has been provided to professionals on SMART targets for PEPs to improve effectiveness in driving outcomes. A rigorous QA process is in place with evidence of quality of PEPs improving. There is also an increase in the number of PEPs reflecting Pupil Voice. Prior to September 2015 PEPs were in place for compulsory school-age children only. PEPs are now in place for LAC aged 2 to their 18th birthday. There has been good improvement within the year for children and young people having an up to date plan but there is more to do to ensure that every child and young person has a plan in place.

		7.10	7.11
		% LAC with a Personal Education Plan	% LAC with up to date Personal Education Plan
IN MONTH PERFORMANCE	Apr-15	92.9%	72.3%
	May-15	92.6%	71.8%
	Jun-15	94.5%	76.3%
	Jul-15	93.2%	77.7%
	Aug-15	93.2%	71.9%
	Sep-15	93.6%	68.6%
	Oct-15	96.2%	80.8%
	Nov-15	98.1%	94.7%
	Dec-15	95.9%	92.3%
	Jan-16	97.0%	90.7%
	Feb-16	95.3%	90.6%
	Mar-16	97.8%	95.0%
ANNUAL TREND	2013/ 14	65.7%	73.3%
	2014/ 15	68.7%	76.0%
	2015/ 16 YTD	97.8%	95.0%
LATEST BENCHMARKING	SN AVE		
	BEST SN		
	NAT AVE		
	NAT TOP QTILE		

% LAC with a Personal Education Plan



% LAC with up to date Personal Education Plan



— trendline

CARE LEAVERS

DEFINITION

A care leaver is defined as a person aged 25 or under, who has been looked after away from home by a local authority for at least 13 weeks since the age of 14; and who was looked after away from home by the local authority at school-leaving age or after that date. Suitable accommodation is defined as any that is not prison or bed and breakfast.

PERFORMANCE ANALYSIS

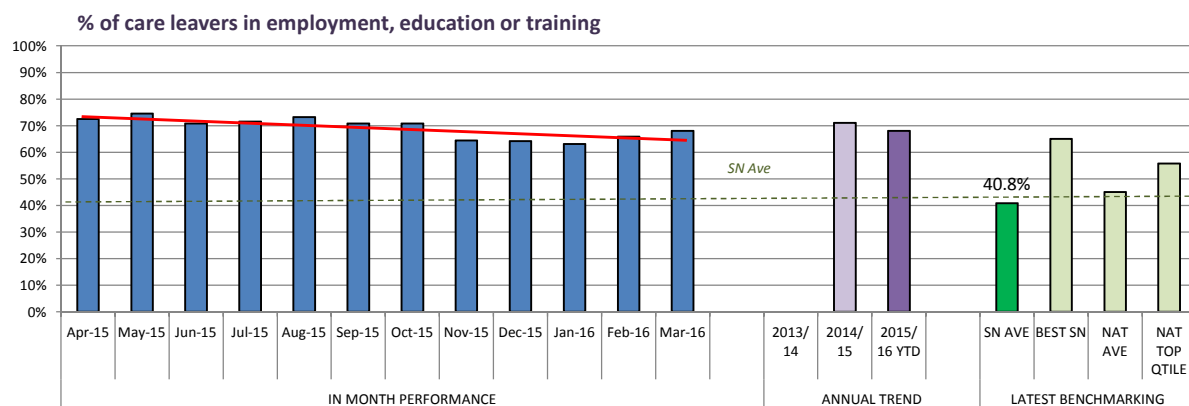
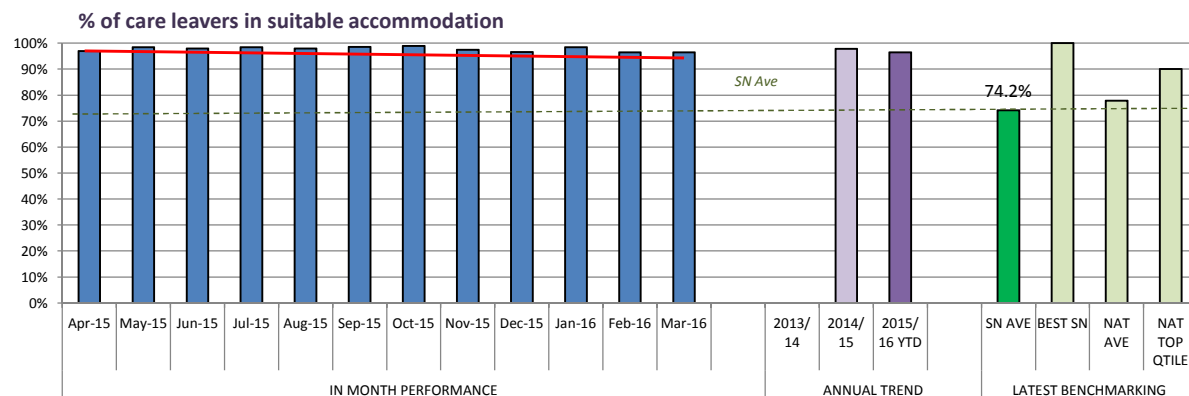
96.5% of young people are in suitable accommodation, above the national average (77.8%). 5 young people are shown as not in suitable accommodation, of these four are in custody, and one (aged over 18) has made himself intentionally homeless in order to live with his girlfriend. It is understood that more needs to be done to enhance the quality of the accommodation available as well as increasing the range of choices for young people. The service managers and Head of Service are working with commissioning colleagues to ensure that action is taken to ensure the best provision is available to Rotherham young people and increased planning will take place via a 16+ accommodation panel.

68% of young people are in education employment or training, above the national average (45%) but still very disappointing in terms of the aspirations for Rotherham young people. 60 young people identified as not being in education, employment or training (NEET). Work is underway to strengthen the offer to care leavers generally and tackling the need to support young people to be engaged in further education, training or employment will be given priority.

		8.1	8.3	8.4
		Number of care leavers	% of care leavers in suitable accommodation	% of care leavers in employment, education or training
IN MONTH PERFORMANCE	Apr-15	189	97.0%	72.5%
	May-15	200	98.5%	74.5%
	Jun-15	198	98.0%	70.8%
	Jul-15	190	98.4%	71.6%
	Aug-15	198	98.0%	73.2%
	Sep-15	199	98.5%	70.9%
	Oct-15	195	99.0%	70.8%
	Nov-15	197	97.5%	64.5%
	Dec-15	204	96.6%	64.2%
	Jan-16	198	98.5%	63.1%
	Feb-16	196	96.4%	65.8%
	Mar-16	197	96.5%	68.0%

ANNUAL TREND	2013/ 14			
	2014/ 15	183	97.8%	71.0%
	2015/ 16 YTD	197	96.5%	68.0%

LATEST BENCHMARKING	SN AVE		74.2%	40.8%
	BEST SN		100.0%	65.0%
	NAT AVE		77.8%	45.0%
	NAT TOP QTILE		90.0%	55.8%



— trendline

ADOPTIONS

DEFINITION

Following a child becoming a LAC, it may be deemed suitable for a child to become adopted which is a legal process of becoming a non-biological parent. The date it is agreed that it is in the best interests of the child that they should be placed for adoption is known as their 'SHOBPA'. Following this a family finding process is undertaken to find a suitable match for the child based on the child's needs, they will then be matched with an adopter(s) followed by placement with their adopter(s). This adoption placement is monitored for a minimum of 10 weeks and assessed as stable and secure before the final adoption order is granted by court decision and the adoption order is made.

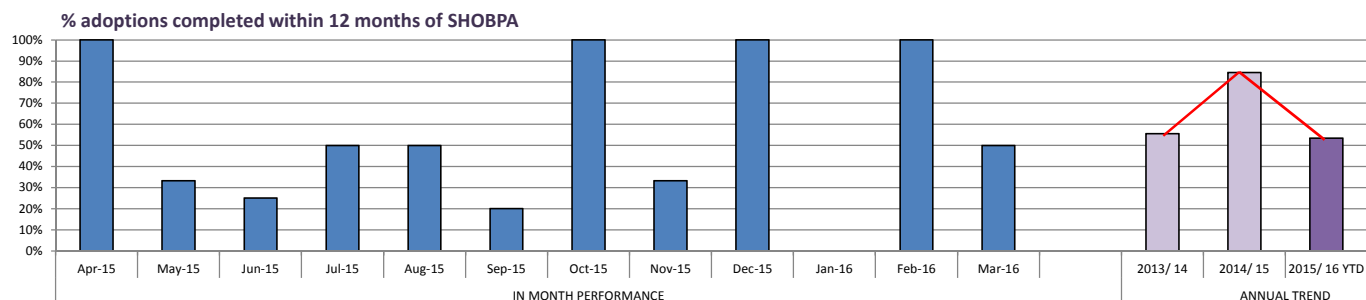
Targets for measures A1 and A2 are set centrally by government office.

PERFORMANCE ANALYSIS

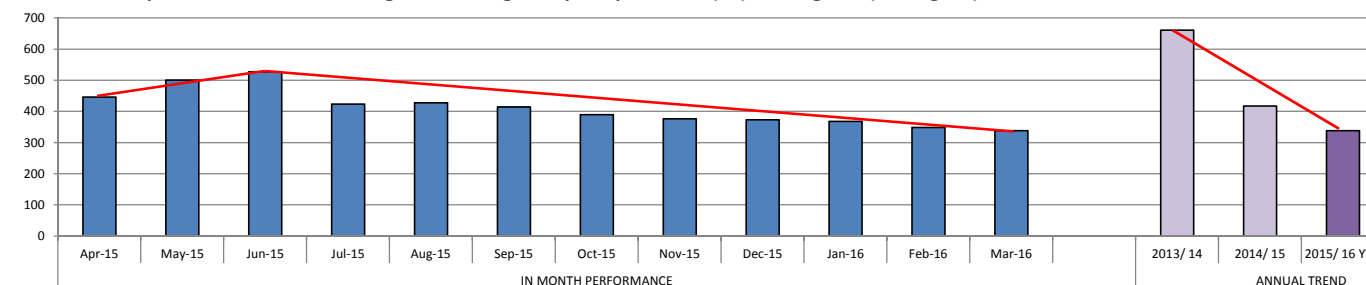
Performance each month can vary significantly given the size of the cohort which is always very small. There have been 4 adoptions in March taking the total for the reporting year to 42. Given the small numbers it is most useful to look at a rolling 12 months than a month snapshot and overall performance in this area over the last 3 years has shown an improving trend.

In March only 2 out of the 4 children adopted had the order made within 12 months of the 'should be adopted placed for adoption decision'. These children had been placed with their adoptive parents for well over a year before the order was made because of some complexities in the therapeutic support that was required. The available number of in house adopters is lower than we need and this is likely to result in the need to purchase placements from other adoption providers. The adoption recruitment campaign is being redesigned and shared arrangements with other South Yorkshire authorities are being progressed. This A2 target was not achieved due to 6 children with high level additional needs taking longer than usual to place. However all 6 children did achieve permanency through adoption thus providing them with an excellent outcome of becoming part of a new family and no longer in the care system.

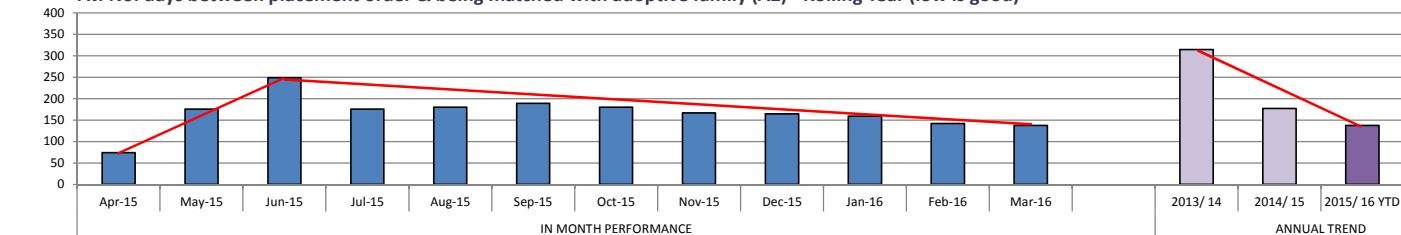
				10.1	10.2	10.3
		Number of adoptions	Number of adoptions completed within 12 months of SHOBPA	% adoptions completed within 12 months of SHOBPA	Av. No. days between a child becoming LAC & having a adoption placement (A1) (rolling yr.)	Av. No. days between placement order & being matched with adoptive family (A2) (rolling yr.)
IN MONTH PERFORMANCE	Apr-15	2	2	100%	446.5	74.0
	May-15	3	1	33%	500.6	175.6
	Jun-15	4	1	25%	527.0	248.7
	Jul-15	6	3	50%	423.0	175.8
	Aug-15	2	1	50%	427.8	179.9
	Sep-15	5	1	20%	414.2	188.9
	Oct-15	3	3	100%	389.9	180.3
	Nov-15	3	1	33%	376.0	166.8
	Dec-15	1	1	100%	372.9	164.2
	Jan-16	3	0	0%	368.0	159.5
	Feb-16	7	7	100%	348.4	141.7
	Mar-16	4	2	50%	338.4	137.9
ANNUAL TREND	2013/ 14			55.6%	661.0	315.0
	2014/ 15			84.6%	417.5	177.3
	2015/ 16 YTD	43	23	53.5%	338.5	137.9
LATEST BENCHMARKING	SN AVE					
	BEST SN					
	NAT AVE					
	NAT TOP QTILE					



Av. No. days between a child becoming LAC & having a adoption placement (A1) - Rolling Year (low is good)



Av. No. days between placement order & being matched with adoptive family (A2) - Rolling Year (low is good)



*Annual Trend relates to current reporting year April to Mar not rolling year

— trendline

Summary Sheet

Council Report

Title: Health of Looked After Children and Young People Annual Report

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Ian Thomas

Report Author(s)

Catherine Hall, Head of Safeguarding, CCG

Ward(s) Affected

All

Summary

Under the Children Act 2004, health professionals have a legal responsibility to promote the health and wellbeing of children and young people. Evidence shows that looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter the care system with a worse level of health than their peers, in part, due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. It is the responsibility of all staff working with looked after children and young people to ensure that they communicate effectively with professional colleagues to ensure that the child's and young person's needs are met (Statutory Guidance on Promoting the Health and Well-Being of Looked After Children 2015). In March 2015, the 'Promoting the Health and Well-Being of Looked After Children' and the 'Looked After Children: Knowledge, skills and competencies of health care staff – Intercollegiate Role Framework' were updated, providing statutory guidance and framework to ensure the health needs of looked after children and young people are met.

The purpose of this report is to consider the health needs of looked after children and young people for the period April 2015 to March 2016

Recommendations

See attached Report

Background Papers

No

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

HEALTH OF LOOKED AFTER CHILDREN and YOUNG PEOPLE ANNUAL REPORT 2015/2016

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1. INTRODUCTION

Under the Children Act 2004, health professionals have a legal responsibility to promote the health and wellbeing of children and young people. Evidence shows that looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter the care system with a worse level of health than their peers, in part, due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. It is the responsibility of all staff working with looked after children and young people to ensure that they communicate effectively with professional colleagues to ensure that the child's and young person's needs are met (Statutory Guidance on Promoting the Health and Well-Being of Looked After Children 2015). In March 2015, the 'Promoting the Health and Well-Being of Looked After Children' and the 'Looked After Children: Knowledge, skills and competencies of health care staff – Intercollegiate Role Framework' were updated, providing statutory guidance and framework to ensure the health needs of looked after children and young people are met.

The purpose of this report is to consider the health needs of looked after children and young people for the period April 2015 to March 2016.

2. THE LOOKED AFTER CHILDREN'S HEALTH TEAM

The Looked After Children's health team has a responsibility to work in partnership with Rotherham Metropolitan Borough Council (RMBC) to ensure that the health needs of looked after children and young people in Rotherham are addressed. The health team works across TRFT to advise and support health practitioners in achieving health outcomes for looked after children and young people. It also works collaboratively at a regional and national level to support children and young people who are placed out of area. In addition, the Designated Doctor, Designated Nurse and Named Nurse provide strategic and clinical advice and leadership to NHS Commissioning Services and RMBC in all areas pertaining to looked after children and young people.

3. POPULATION

Rotherham has a population of approximately 62,400 children and young people aged 0-19 years of age, this represents 24% of the borough's total population. As of the 31st March 2016, 409 of these children/young people were subject to looked after children's status by RMBC. There are currently more males (58.5%) looked after than females (41.5%) with 79.5% being 5-18 years of age. 34% of the looked after

children/young people are residing in placements outside of the Rotherham borough area for reasons such as appropriate adoptive placements being secured, long term placements secured for older children/young people or secure/specialist units identified as the most appropriate placement for that child/young person.

4. ACTIVITY DATA

4.1 NOTIFICATION OF PLACEMENT

It is the joint responsibility of RMBC and TRFT to ensure that the health needs of looked after children and young people are met, regardless of where the child is placed. In order for this to be achieved, it is the responsibility of the RMBC to inform relevant agencies, including TRFT of a child becoming looked after. This is to ensure that the child and their carer's have access to all support services available to them (Arrangements for Placement of Children (General) Regulations 1991). It is the pathway in Rotherham that RMBC informs the looked after children's health team, of a child's initial placement, and any subsequent changes of placement within 48 hours of the child being placed. For the period April 2015 to March 2016, the looked after children's health team was notified of 213 children /young people becoming looked after, of which 85% were received within the 48 hour timescale. This is an increase from the previous year and shows how communication between RMBC and TRFT has improved. The placement details are shared with the community health practitioner i.e. Health Visitor/School Nurse within Rotherham or for children placed out of Rotherham, with the looked after children's health team in that area. GP practices are informed by post from social care of children becoming looked after or changing placement within 48 hours of the placement. However, GP practices which have access to SystmOne will also be alerted that a child is looked after by the looked after children's icon which is visible on SystmOne.

4.2 INITIAL HEALTH ASSESSMENTS

Statutory Guidance states that initial health assessments are to be completed within 20 working days of a child or young person becoming looked after. The initial health assessment is completed by a registered medical practitioner and provides an opportunity for information to be gathered about the child/young person's health and is part of a continuous process of monitoring and promoting the child/young person's health. In Rotherham, the initial health assessment and pre-adoption medicals are undertaken by the Paediatricians at the hospital following arrangement of an appointment from the child's Social Worker through the looked after children's team.

During the 12 month period of the report, 213 children/young people became looked after which is a significant increase from the previous year,(see Table 1 below)

however 32 children/young people did not require an initial health assessment due to them ceasing to be looked after or being on remand therefore not requiring an assessment. 36% of the children and young people had their initial health assessments completed within the 20 working day timescale. This is an improvement on the previous years' figures, although it remains unacceptable that Rotherham's most vulnerable children and young people are not having their health needs assessed in a timely manner. Following an internal review of initial health assessments, consistent clinic availability was secured alongside strengthened communication links between the looked after children's team and RMBC which has contributed to the increase. The process for the allocation of Initial Health Assessments appointments has also been changed from the 1st January 2016, so that the Social Worker for the child or young person will receive an allocated appointment as soon as the relevant paperwork is received to inform the department that the child or young person is looked after. This should ensure that appointments are received within timescales.

However, further in-depth analysis needs to be undertaken to identify where the remaining gaps in service are and how RMBC and TFT are to address these gaps to further improve health provision. Therefore an audit is planned to be undertaken in 2016 to determine the reasons why the Initial Health Assessments are not completed in timescales. The results of this audit will be shared with RMBC, to try to improve the number of assessments completed within timescales.

Clinical Commissioning Group

	Trajectories	2015/2016	2014/ 2015	2013/ 2014
Children/young people became looked after	↑	213	168	116
Not requiring Initial Health Assessment due to ceasing to be looked after or on remand	↑	32	27	20
Initial Health Assessment's required	↑	181	141	96
Initial Health Assessment's completed within 20 working days	↑	36%	34%	12%
Appointment times available	↔	283	240	242
Initial Health Assessment appointments	↑	34.6%	40.4%	26.8%
Pre-Adoption Medical appointments	↓		5%	15.7%
Update Pre-Adoption Medical appointments	↓	15.9%	16.25%	24.3%
Initial Health Assessments/Pre-Adoption Medical appointment	↑	30.0%	22%	4.9%
Appointments booked for other areas	↓	1.1%	0.8%	4.1%
Appointments booked for non-LAC	↑	1.8%	5.4%	2%
Transferred to community/Not used		2.8%	10%	21.9%
Late cancellation/DNA		N/A	13.8%	
Requests for appointments received from social workers within 7 days of the child/young person becoming looked after			30.7%	37%
Requests for appointments received from social workers within 14 days of the child/young person becoming looked after			25.9%	11.2%
Requests for appointments received from social workers within 1 month of the child/young person becoming looked after			15.4%	17.2%
Requests for appointments received from social workers over 1 month of the child/young person becoming looked after			28%	13.8%

Table 1**4.3 STATUTORY REVIEWS**

The child's care plan, which incorporates the health plan, is reviewed on a regular basis through statutory review meetings. The initial meeting is held within 28 days of the child becoming looked after, then within three months of the first review and then at six monthly intervals. The looked after children's health team is responsible for the process of contacting Health Practitioners to inform them about a child/young person's forthcoming statutory review. This involves identifying and notifying the lead health professional about the details of the review meeting. There have been 771 reviews held during the 12 month period of the report which is an 18% increase on last year that could be attributed to the increase in the numbers of children/young people becoming looked after. Statutory review reports are produced by the Independent Reviewing Officer (IRO) following the statutory review, and contain the

overall care plan for the looked after child and young person. This report is forwarded by secure email from RMBC to the looked after children's team and attached electronically to SystmOne in the child/young person's clinical record, health visitors/school nurses are notified of this by task from the looked after children's administrative team for them to review and address any actions that may be relevant for them.

4.4 REVIEW HEALTH ASSESSMENTS

Each child or young person is entitled to a comprehensive health assessment on admission to care and to review health assessments, which occur 6 monthly for those under 5 years and annually for those over 5 years. The purpose of the health assessment is to provide a holistic overview of the child's health, and to outline a summary of the health needs of that child/young person incorporating actions and recommendations that will be undertaken prior to the child/young person's next health assessment, so that children achieve their optimum health (Statutory Guidance on Promoting the Health and Well-Being of Looked After Children 2015).

The looked after children's health team co-ordinates all review health assessments, regardless of whether the child is placed in or out of Rotherham, 443 health assessments were undertaken during the report period of which 149 were requested for children and young people placed out of area, and 294 were requested for children who were placed in Rotherham. 99.2% of the review health assessments were completed within the statutory timescales which is an increase from last year, a breakdown of the statistics is shown in Table 2.

Table 2

1	Number of Rotherham children requiring a Review Health Assessment	447
2	Number of children from other Local Authorities requiring a review Health assessment by TRFT	294
3	Number of Review Health Assessments undertaken	443
4	Total number of Review health assessments Undertaken 2015/2016 by TRFT	385
5	Number of Review Health Assessments Quality Assured for Rotherham Children living outside the area	86

An audit was undertaken in 2015 to evaluate the timeliness and quality of review health assessments following the implementation of the Standard Operating Procedure for Undertaking Health Assessments. The audit identified areas of improvement in relation to the quality of review health assessments which coincided with the looked after children's team quality assuring all review health assessments prior to them being forwarded to RMBC. However, it is acknowledged that further improvements are required particularly in relation to the voice of the child throughout the assessment. Feedback from the CQC inspection identified that the health recommendations were not concise or time specific enough. In March 2016 the Looked After Team developed concise guidance and training for the Health Visitors and School Nursing teams on how to ensure that their reports complied with this recommendation.

4.5 GP REGISTRATION

All of the looked after children/young people are registered with a GP in the area where they are residing. Support has been offered to GP practices in relation to their roles and responsibilities with looked after children and a guidance document has been formulated in consultation with GP practices to enhance their knowledge. A teaching session has been delivered to GP's by the Designated Doctor in relation to the needs of looked after children and their appropriate management. GP practices are informed of a child/young person's looked after status by RMBC and they are provided with copies of the child/young person's health assessments for inclusion into their GP records. It is an expectation that GP practices will transfer a looked after child/young person's records in a timely manner to the new GP practice to ensure that there is a streamlined approach to meeting the healthcare needs of looked after children/young people.

4.6 CHILDHOOD IMMUNISATIONS

Currently 83.6% of looked after children and young people are up to date with their childhood immunisation schedule although some are on a delayed programme due to previously missed immunisations. The children/young people who are outstanding immunisations from their programme have been identified and are being provided with support to access GP services to ensure that these are completed.

4.7 DENTAL HEALTH

83.2% of the looked after child/young people population in Rotherham are registered with a dentist, and 72.4% have been seen in the last year. A small minority are not

registered with a dentist (2%) due to their age being under 6 months but carers are aware of the need to register them in when their teeth become visible.

5. CARE LEAVERS

The responsibilities of local authorities does not cease when a young person leaves care. Care leavers are at particular risk, as they do not have the same family support as their peers, which means they may be more vulnerable to falling through gaps' between children's and adult services. Young people leaving care should be able to continue to access advice and services in relation to their health needs between children's and adult services.

The school nursing service is commissioned to meet the health needs of young people leaving care up to the age of 19. Following consultation with young people's services e.g. Integrated Sexual Health Services, a need was identified to alert services to the vulnerabilities of this cohort of young people. Subsequently, a local SystemOne icon has been developed to inform services of a young person's care leaver status. .

The Leaving Care Health Summary is completed by the health practitioner, discussed with the child/young person/carer at the point of them leaving care and quality assured by the looked after health team. A process will be established to ensure that the leaving care health summary is incorporated in the care pathway.

Following the CQC inspection in February 2015, it was agreed that TRFT would introduce a Health Passport was made and funding was made available via the CCG in recognition of how important it is for Looked after Children to readily have access to their health data. The dissemination of these health passports commenced in December 2015.

The looked after children's health team continues to offer support, advise and facilitate links with specialist services for care leavers working in partnership with appropriate services/agencies including the Youth Offending Nurse, Child Sexual Exploitation Nurse, Family Nurse Partnership and Leaving Care Team.

6. FOSTERING AND ADOPTION

6.1 FOSTER PANEL

Foster Panel oversees the conduct of assessments of prospective Foster Carers and the Annual Reviews of approved Foster Carers, making recommendations to the Agency Decision Maker (usually Director of Local Authority Children's Services) about quality issues and performance standards. In particular relating to the

suitability of applicants to act as Foster Carers and terms of their approval, i.e. limitations of the number of children placed. The Panel also receives and considers any other special matters relevant to the Foster Carer such as allegations against the Foster Carer or the termination of their Foster Carer status.

Foster Panel comprises of representation from various agencies including Social Care, Health and Education as well as Independent Panel Members such as Foster Carers. The looked after children's health team represents health for TRFT and attends Panel fortnightly to provide advice relating to any health issues the Foster Carers may have that could have an impact on their ability to appropriately care for a looked after child or young person.

6.2 ADOPTION PANEL

Adoption Panel has a similar function to Foster Panel, in that its role is to consider all applicants who wish to adopt a child or young person. In most instances the Panel will reach a recommendation to decline or approve applicants and recommend the type and age of the child/children which they feel would be appropriate for the prospective adopters. The ultimate responsibility for the final decision, once again, lies with the Agency Decision Maker. The Panel comprises of professionals from different agencies including Social Care, Health and Education as well as approved Foster Carers and /or Adopters.

Adoption Panel within Rotherham is held on a fortnightly basis, (sometimes 3 times per month) and is attended by the Designated Doctor who represents TRFT providing advice pertaining to any health issues which may impact on the prospective adopters.

7. AUDIT

The TRFT looked after children's health team has undertaken two audits during the report period.

An audit of the health recommendations which contribute to the looked after child/young persons care plan have been audited to ensure that they are child focused and SMART. The report on this audit is awaited at the time of writing this report.

A further point prevalence audit of the care leavers passports being updated at every contact had been delayed due to the late dissemination of the passports, however the results of this audit are imminent.

8. TRAINING

Looked after children's training is delivered as part of the safeguarding children training programme for all TRFT staff to attend. Bespoke training is offered and has been undertaken to departments within the hospital where a more focused piece of training is delivered relevant to their area. 'A Child's Journey' training is available for community practitioners to enhance their knowledge of the processes and procedures for looked after children/young people as well as informing them of their roles and responsibilities at each stage.

9. CONCLUSION

Within the last twelve months, the service has developed and progressed, driving new initiatives, raising standards and quality to improve the health and wellbeing of looked after children, young people and care leavers. Following continuous reviews of the service, bespoke training has been delivered to enhance practice amongst community staff and communication links have been strengthened within health services and RMBC.

Whilst positive changes have been made, there is a need for further exploration and development of services to improve the completion of initial health assessments within timescales and to improve the quality of health assessments. CQC feedback identified areas for improvement and an action plan was developed around these areas. With the exception of the audits previously mentioned all of the actions have now been completed.

10. RECOMMENDATIONS

- 1) To undertake a further review of Initial Health Assessments to identify areas for improvement and ensure compliance within timescales.
- 2) To undertake audit to determine how Initial Health assessments can be completed within Statutory timescales
- 3) To discuss outcomes of the review of Initial Health Assessments with RMBC and ensure partnership working to improve compliance.
- 4) To continue to quality assure all health assessments and identify areas for improvement.
- 5) To ensure that the voice of the child/young person is considered within the health plan and in the development of service provision.
- 6) To collate trends and themes to inform service provision.

- 7) To continue improving communication pathways between the looked after children's team and complex care to ensure the health needs and transition into adulthood for this cohort of looked after children/young people is met.
- 8) To receive information from GP practices to be included within the initial and review health assessments.
- 9) To liaise with the Substance Misuse team to discuss the appropriateness of using screening tools during review health assessments.
- 10) To inform all SystmOne users of the implementation of the 'Care Leavers' and 'Children No Longer Looked After' Icons.
- 11) To discuss with RMBC if young people receive a copy of their health plans.
- 12) To discuss with RMBC the possible participation in multi-agency training for foster carers.

11. ACTION PLAN

Looked After Children and Care Leavers Work Plan 2016-2017

Action	Deadline Date	Lead	Updates	RAG Rating
Initial Health Assessments <ul style="list-style-type: none"> To review process for initial health assessments and identify areas of concern Action plan completed and implemented to address any issues identified Number and Frequency of clinics for initial health assessments to be reviewed and plan to provide flexi service to cope with fluctuating demand Social Care managers to be informed of non-booking/late-booking of appointments from social workers Capacity issues identified and 	June 2016	Karen Holgate/Lynsey fenwick		
	July 2016	Lynsey fenwick		
	July 2016	Lynsey fenwick/Daksha Patel		
	Ongoing	Karen Holgate		

<p>escalated through contracting route to CCG</p> <ul style="list-style-type: none"> • Thresholds agreed for capacity with CCG • All LAC activity within block contract to be reviewed, identified and isolated to ensure appropriate resource allocated 	<p>Completed</p> <p>June 2016</p> <p>Completed by Dec 2016</p>	<p>Lynn Cocksedge</p> <p>Lynn Cocksedge/Lynsey Fenwick</p>		
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<p>Workforce review</p> <ul style="list-style-type: none"> • Review structure, governance and management of LAC provision • Involve LAC team in operational meetings with 0-19 practitioners • Ensure a robust business continuity plan designed and implemented 	<p>June 2016</p> <p>April 2016</p> <p>June 2016</p>	<p>Tracey Armstrong</p> <p>Juliette Penney</p> <p>Lynsey Fenwick</p> <p>Tracey Armstrong/Lynsey</p>		
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<ul style="list-style-type: none"> Provide action plan and implement to resolve issues 	June 2016	Fenwick		
<p>To develop and agree local protocols to clarify interface between Designated LAC Professionals and Children's Continuing Care to ensure the health needs of Looked After Children with complex needs are met</p> <ul style="list-style-type: none"> Review pathways between LAC Team and Complex Care Team to ensure children and young people's health needs are met Action plan completed and implemented for any identified issues 	June 2016	Karen Holgate Karen Holgate		
<p>To strengthen communication pathways between hospital staff and the looked after children's health team in relation to the specific needs of looked after children and young people</p>				

<ul style="list-style-type: none"> Pathways and process review for LAC and other services across TRFT 	Sept 2016	Karen Holgate		
<ul style="list-style-type: none"> Benchmark pathways against other local areas 	Oct 2016	Karen Holgate		
<ul style="list-style-type: none"> Identify any concerns, blockages 	Oct 2016	Karen Holgate		
<ul style="list-style-type: none"> Action plan completed and implemented where appropriate 	Nov 2016			

To develop and implement new process for children and young people placed out of area <ul style="list-style-type: none"> To develop a process map to include notification of placement and transfer out of health information and records To develop notification letter informing receiving LAC health team To monitor and review 	Completed			
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implementation of new process				
To formulise and implement a robust process for notifying GP's of a looked after child/young person's legal status and whereabouts	Completed			
To complete Annual Report for Looked After Children and Care Leavers	April 2017	Karen Holgate/Tracey Armstrong		

To ensure that the views and experiences of looked after children and young people are included in service provision <ul style="list-style-type: none"> Feedback questionnaires devised and to be made available on 	July 2016	Karen Holgate		
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<p>SystemOne</p> <ul style="list-style-type: none"> Feedback questionnaires to be completed with the young person at their Review Health Assessments Collation and evaluation of feedback to be undertaken 6 monthly to inform and develop services for looked after children/young people 	September 2016	Healthcare staff		
	March 2017	Karen Holgate		
To complete Audit Programme <ul style="list-style-type: none"> Audit of the Quality of Initial Health Assessments Paperwork review/audit to include legal advice on quality of IHA records produced A Looked After Child/Young Person's Journey 	March 2017	Dr Hashmi,		
	October 2017	Tracey Armstrong		
	March 2017	Karen Holgate,		

To liaise with Contraception and Sexual Health (CASH) services to ensure a process of identification for looked after children/young people and care leavers is established. <ul style="list-style-type: none"> Standard Operating Procedure (SOP) for 'Care Leavers' and 'Children No Longer Looked After' Icons completed and ratified. Icons developed and available on SystmOne Launch of Icons to all SystmOne users via Communications email 	Completed	Karen Holgate,		
	Completed			
	July 2016			
To utilise a Substance Misuse Screening Tool within Review Health Assessments <ul style="list-style-type: none"> To contact Know The Score to discuss screening tools and embed into practice if appropriate 	September 2016	Karen Holgate,		
To discuss with RMBC the appropriateness of participation in		Karen Holgate,		

multi-agency training for foster carer	October 2016			
To contact GP practices for information to include in initial and review health assessments <ul style="list-style-type: none"> To devise a short questionnaire to be forwarded to GP practices requesting information pertinent to a looked after child/young person's health which may be included into the initial and review health assessments 	October 2016	Karen Holgate,		
To provide young people who are Gillick Competent with a copy of their health plan <ul style="list-style-type: none"> To liaise with Social Care to identify current practice and process Review and provide robust process for assessing competence and providing appropriate children and young people with access to their health plan 	<p>July 2016</p> <p>Sept 2016</p>	Karen Holgate,		

<ul style="list-style-type: none"> Implement process and ensure this is advertised to young people 	Dec 2016			
<p>To liase with Social Care regarding the timeliness of receipt of notification when a child/young person becomes looked after</p> <ul style="list-style-type: none"> Identify current performance and issues Meet with social care and provide agreed action plan for improvements Agree escalation policy for issues to CCG 	<p>July 2016</p> <p>Sept 2016</p> <p>Sept 2016</p>	<p>Karen Holgate/Tracey Armstrong</p> <p>Lynn Cocksedge</p>		

To create reporting mechanisms within SystmOne to provide and collate information to enable accurate recording and reporting against KPIs and relating to local trends and themes of health inequalities of looked after children/young people in Rotherham <ul style="list-style-type: none"> Health data questionnaire devised and available on SystmOne Questionnaire to be completed by health practitioner during review health assessments Collation of trends and themes to be undertaken 6 monthly to inform and develop services for looked after children/young people Ensure robust templates within S1 that captures all of the required data for LAC Identify and implement action plan 				
	Completed	Karen Holgate		
	July 2016	Karen Holgate		
	November 2016	Data team		
	Aug 2016	Di Burkinshaw		

to provide dashboard for KPIs via S1	Sept 2016	Lynsey fenwick		
<ul style="list-style-type: none"> Implement dashboard after agreement with CCG 	Oct 2016	Lynsey Fenwick		
<ul style="list-style-type: none"> Monitor and evaluate performance through 0-19 operational meetings and escalation policy 	Ongoing	Tracey Armstrong/Lynsey fenwick		
<ul style="list-style-type: none"> Data cleanse 	Oct 2016	Di Burkinshaw		

12. REFERENCES

DfE/DOH (2015) *Promoting the Health and Well-being of Looked After Children*

RCN (2015) *Looked after children: Knowledge, skills and competencies of health care staff – Intercollegiate Role Framework*

DOH (1991) *Arrangements for Placement of Children (General) Regulations 1991*
HMSO: London

Appendix 1

Recommendation 4.8 <i>Ensure that children looked after receive timely, comprehensive and child centered initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.</i> (See section in published report 4.1 4.2 4.6 4.7 4.8 4.10)				
Outcome: All looked after children and young people will have a comprehensive health assessment.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 A.1 The initial health assessment will be undertaken by a qualified medical practitioner	Looked After Children's (LAC) Health Team and social care Designated Doctor LAC Looked After Children's Health Team and social care	31 December 2015 TRFT BLUE	TRFT December Update Challenges remain for the completion of initial health assessments within the 20 working day timescale due to the increasing numbers of children becoming looked after and our current clinic capacity. During October and November, we were able to provide 100% of clinic appointments within the 20 working day timescale for children/young people becoming looked after however this was not reflected in the appointments due to social workers not contacting us for an appointment. From the 1st of January we will be allocating appointments for all children/young people who become looked after upon receipt of their notification and will be emailing this appointment with the relevant documentation to bring to the appointment to the RMBC admin for forwarding to the social worker and their manager. Any changes to the appointment will need to be made by the social worker with the approval of their manager. There remain challenges with clinic capacity at present and we are planning additional clinics in January.
			TRFT December Rating AMBER	
			TRFT January	Update from Challenge Meeting 21.1.16 To monitor via Family Health Governance Meeting and

			<p>Rating GREEN</p> <p>TRFT Update Feb 2016 BLUE</p>	<p>Safeguarding Operational and Strategic Meeting.</p> <p>TRFT January Update: 8.2.2016 AM</p> <p>Data reporting errors found in that rolling data had not been reported (month end data included children who may have become looked after hours earlier). This has now been addressed and significantly improved compliance. From 1st January 2016, all children coming into care are appointed at that point and escalation for additional clinics as required.</p> <p>TRFT Update February 2016: Updated From TA -</p> <p>New system is ensuring that children are allocated the first available appointment and during February and March extra clinics have been undertaken to ensure that timescales are adhered to.</p> <p>From Dr H - We have changed our strategy and started applying the Wakefield model so that rather than waiting for the social worker to book the IHA appointment, we have started sending the appointment for the Initial Health Assessment of Looked after children when they come to care (Wakefield model) and send the required documents as well to social worker from 1st of January this year. So the things have started improving as a result in January 16, 60% of the Looked after children had initial health assessment completed within 20 working days and this figure went up to 70% in February, while this figure was only 39% in December last year. There is definite trend of improvement in this area and we expect further</p>
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				improvement in future as we are trying to resolve the capacity issue and better cooperation from our social care colleagues.
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Recommendation 4.8 <i>Ensure that children looked after receive timely, comprehensive and child centered initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.</i> (See section in published report 4.1 4.2 4.6 4.7 4.8 4.10)				
Outcome: All looked after children and young people will have a comprehensive health assessment.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 A.2 An improvement trajectory will be agreed in August 2015 between health and social care.	Looked After Children's (LAC) Health Team and social care Designated Doctor LAC	31 August 2015 GREEN Updated September BLUE	Update from TRFT for Challenge Meeting – 10.9.15 Report completed for Safeguarding Operational Group and Strategic Groups and for Corporate Parenting. Report provided for the Evidence Log. Trajectory received and awaiting approval. Sept Update – further evidence provided for repository.

Recommendation 4.8 <i>Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.</i> (See section in published report: 4.1 4.2 4.6 4.7 4.8 4.10)				
Outcome: All looked after children and young people will have a comprehensive health assessment.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT Looked After Children's Team	4.8 B The review health assessment will be undertaken by a registered nurse within the statutory timescales (6monthly for under 5yr olds/12monthly for over 5yr olds).	Looked After Children's Team School Nursing Service	31 December 2015 TRFT Rating BLUE	Update from Public Health – Alison Iliff KPI in (draft) revised school nursing specification covering offer of health assessment within timescale. Specification to be agreed by end September 2015. (AI 4.9.15) TRFT December Update The review health assessments for children/young people residing in Rotherham is currently 97% completed within timescales.

Recommendation 4.8

Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.

(See section in published report: 4.1 4.2 4.6 4.7 4.8 4.10)

Outcome: All looked after children and young people will have a comprehensive health assessment.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 C In-depth audit tool will be developed to ensure the voice of the child is taken on board, to be audited in October.	Looked After Children's Team/Designated Doctor LAC	31 October 2015 TRFT BLUE	TRFT October Update Audit data collection tool devised. Data collection to commence. The audit will be completed by the end of December. The audit tool is completed, the records to be audited have been identified so will commence this with Designated Doctor LAC in the next few weeks. Copy of Audit tool provided for the repository. 19.11.2015 – Update from discussion at the challenge Meeting – The audit is the next action below the action in 4.8C is to develop the audit tool so in this respect the action is complete and the audit – Action below 4.8D will be completed by the end of December as plan.

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Recommendation 4.8

Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.

(See section in published report: 4.1 4.2 4.6 4.7 4.8 4.10)

Outcome: All looked after children and young people will have a comprehensive health assessment.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 D An audit to ensure that the 'voice of the child' will be included within all health assessments by the practitioner undertaking the assessment. (e.g. Not written in the 3 rd person but reflective of the individuality of the child).	Looked After Children's Team Health Visitor and SN service Designated Doctor LAC	31 December 2015 TRFT BLUE	TRFT December Update The Audit has commenced and is ongoing

Recommendation 4.8

Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.

(See section in published report 4.1 4.2 4.6 4.7 4.8 4.10)

Outcome: All looked after children and young people will have a comprehensive health assessment.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 E GP's and CAMHS services will be approached for health information prior to every health assessment by the Looked After Children's Team.	Looked After Children's Team and Primary Care Lead GP	31 August 2015 GREEN December 2015 BLUE	Update from TRFT for Challenge Meeting – 10.9.15 Health Questionnaire for GP's developed and consultation with GP's completed. Discussions held with CAMHS manager and verbal information to be obtained initially from CAMHS duty team. To be included in health assessment process from October 2015 Health Information request form provided for evidence log. December Update: All GP Practices asked for health info.

<p>Recommendation 4.8 <i>Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.</i> (See section in published report: 4.1 4.2 4.6 4.7 4.8 4.10)</p>				
<p>Outcome: All looked after children and young people will have a comprehensive health assessment.</p>				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 F Parental health histories will be provided by the social worker for every initial health assessment.	RMBC CYPS Social Care to Looked After Children's Team	31 August 2015 BLUE	<p>Update from TRFT for Challenge Meeting – 10.9.15</p> <p>Confirmation letters emailed to social workers requesting parental health history to be provided at initial health assessment. Designated Doctor LAC to provide an update on numbers brought to the assessment.</p> <p>From Designated Doctor LAC – TRFT has seen an improvement in social worker bringing the parental health histories for every initial health assessment. We do see more maternal health histories than paternal health histories and this is mainly because of their non-engagement with social care or their whereabouts or paternity unknown. Last audit of documentation during Oct.14 till March15 has shown that we received 68% completed maternal form PH and only 35% of completed paternal form PH and 30% were not completed and 35% were either not engaging with social care or their whereabouts or paternity unknown. We are currently doing snapshot of the cases to find the recent trend and plan to complete this by 21 September</p>

				<p>2015". Parental health history form – letter provided for evidence</p> <p>TRFT October Update Information from Designated Doctor LAC:</p> <p>Repeat audit of parental health histories brought by the social workers for the Initial Health Assessment of Looked After Children. TRFT undertook a short audit to elicit compliance.</p> <p>24 histories and documentation of Looked After Children assessed between 3rd September and 22nd October 2015; results 19/25 social workers brought completed maternal information equates to 76%. 7/25 had completed paternal information which equates to 28%.</p> <p>Conclusion: Individual social workers need to increase their effort to trace and contact the parent's especially biological fathers. Birth parents need to appreciate the importance of their health histories and the impact this has on their biological child.</p>
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Recommendation 4.8

Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.

(See section in published report: 4.1 4.2 4.6 4.7 4.8 4.10)

Outcome: All looked after children and young people will have a comprehensive health assessment.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 G An audit will be undertaken by the LAC Team to ensure compliance with the above actions and a report presented to TRFT Joint Safeguarding Meeting and Corporate Parenting.	Looked After Children's Team and social care Designated Doctor LAC	31 January 2016 January Update AMBER February 2016 GREEN	Update from Challenge Meeting 21.1.16 To monitor via Family Health Governance Meeting. Safeguarding Groups and Corporate Parenting and LSCB. TRFT January Update 8.2.2016 - Deputy Head of Nursing Children Services Unable to update this at present as practitioner absent from work. Will report for next submission. TRFT Update February 2016 Update from Deputy Head of Nursing Children Services - Audit has been completed.

				Report outstanding. Will be completed for 1 st April 2016 and to be submitted to the next Safeguarding Strategic Meeting in April.
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Recommendation 4.9 Ensure that Health plans developed from initial health assessments and health reviews are SMART*. (See section in published report: 4.4)				
Outcome: All looked after children and young people will have their health needs met.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/ Children and Young People's Services and RCCG	4.9 A Health Plans will be formulated by a qualified health practitioner for initial health assessments ensuring that they are SMART with measurable health objectives and with timescales and effective follow-up to ensure actions had been taken – meeting the individual needs of the child.	Looked After Children's Team, Designated Dr LAC	30 September 2015 TRFT BLUE	Health plans will be audited using the national audit tool. TRFT September Update The National Checklist Tool is being used to quality assure all initial health assessments. This document is recorded within the child/young person's record. Copy of Checklist in the Repository as evidence.

Recommendation 4.9 Ensure that Health plans developed from initial health assessments and health reviews are SMART*. (See section in published report: 4.4)				
Outcome: All looked after children and young people will have their health needs met.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/ Children and Young People's Services and RCCG	4.9 B Health plans will be audited using the national audit tool. In-depth audit of looked after children's services to include the voice of the child commences October 2015.	Looked After Children's Team Designated Doctor LAC	30 November 2015 TRFT Rating BLUE	TRFT November Update Audit pro forma developed and National Checklist Tool. Audit has commenced.

Recommendation 4.9 Ensure that Health plans developed from initial health assessments and health reviews are SMART*. (See section in published report: 4.4)				
Outcome: All looked after children and young people will have their health needs met.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/ Children and Young People's Services and RCCG	4.9 C RCCG and TRFT LAC Team will provide an database to ensure that the outcome of LAC health needs are tracked in real time.	Looking After Children's Team and RCCG	30 October 2015 TRFT Indicative Rating AMBER From Challenge Meeting due to rationale over. GREEN	TRFT October Update Looked after children health questionnaire completed by all health practitioners at the health assessment to identify health needs. Recall process set up on child's record to follow up action plans and ensure all health needs are met. Database/screening tool being explored to identify the most effective and efficient method of recording health outcomes. Copy of Health Questionnaire provided for the repository – sent 3.11.15. Process Map of Quality Assure and Recall Process submitted to Repository – 5.11.15. 19.11.15 – Update from Challenge Meeting Since the inspection and action identified at the time a lot of work has been undertaken and a full review of processes to ensure health needs are tracked – as we now have in place a recall process and

			TRFT February Update BLUE	also a quality assurance process – the Challenge Group agreed that a separate database is not required as we are assured that what has been out into place will provide the information that was missing at assessment. TRFT Update February 2016 See above separate database is not required.
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Recommendation 4.9 Ensure that Health plans developed from initial health assessments and health reviews are SMART*. (See section in published report: 4.4)				
Outcome: All looked after children and young people will have their health needs met.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/ Children and Young People's Services and RCCG	4.9 D Health recommendations which contribute to the looked after child/young person's care plan will be audited by the LAC Health Team to ensure that they are child focused and SMART.	Looked After Children's Team Designated Doctor LAC	31 Jan 2016 TRFT January Update GREEN TRFT February Update	Update from Challenge Meeting 21.1.16 To monitor via Family Health Governance Meeting. Safeguarding Groups and Corporate Parenting and LSCB. TRFT January Update 8.2.2016 - Deputy Head of Nursing Children Services Unable to update this at present as practitioner absent from work. Will report for next submission. Meanwhile, all health assessments are subject to quality assurance to ensure they capture and meet the child's needs TRFT Update February 2016

			AMBER	Audit to be undertaken by April to ensure compliance. Results will be shared with TRFT Safeguarding Operational and Strategic Group, NHS RCCG Designated Nurse and if appropriate Raising Aspirations Health and Wellbeing Grip and Corporate Parenting.
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Recommendation 4.10 Improve opportunities for young people who are looked after to participate in their health reviews. (See section in published report: 4.9 4.13)				
Outcome: All Looked After Children and Young people will have the opportunity to have their voice heard.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Services	4.10 A Health staff undertaking LAC health reviews will be reminded of the need to seek consent and record the response of all young people (age appropriate) for their health review to be undertaken.	Looked After Children's Team, School Nursing Services and Clinical Service Managers	31 August 2015 BLUE	E Mail to all Health Visitors and School Nurses Update from TRFT for Challenge Meeting – 10.9.15 E Mail to all Health Visitors and School Nurses 13 August 2015. Dip sampling used to check compliance.

Recommendation 4.10 Improve opportunities for young people who are looked after to participate in their health reviews. (See section in published report: 4.9 4.13)				
Outcome: All Looked After Children and Young people will have the opportunity to have their voice heard.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Services	4.10 B Outcome scores from Strengths and Difficulties Questionnaires (SDQ's) will be routinely commented on as part of the individuals health review, allowing the young person the opportunity to track their own emotional growth and journey through their time in care and engaging the young person in their own health and wellbeing. This is to be audited in 3 months' time.	Looked After Children's Team, School Nursing Service and Clinical Service Managers	31 August 2015 BLUE	Routine use of SDQ's in health assessments Update from TRFT for Challenge Meeting – 10.9.15 Routine use of SDQ's in health assessments. E Mail sent to all health visitors and school nurses – 13 August 2015 – evidence sent for log.
Looked After Children's Team/Children and Young People's Services		Looked After Children's Team, School Nursing Service and Clinical Service Managers	30 November 2015 TRFT Rating BLUE	Audit tool re use of SDQ's in health assessments TRFT November Update Audit pro forma developed and National Checklist Tool. Audit has commenced. E Mail sent to all practitioners in August re Audit plans and to raise awareness of the process – evidence as per 4.9B also evidence for this action.

Recommendation 4.10 Improve opportunities for young people who are looked after to participate in their health reviews. (See section in published report: 4.9 4.13)				
Outcome: All Looked After Children and Young people will have the opportunity to have their voice heard.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Services	4.10 C Health recommendations from the assessment will be shared with the young person (age appropriate) by their health professional. LAC Council to be kept informed of decisions and present any breaches to RMBC and/or LAC Health Team.	Looked After Children's Team, School Nursing Service and Service Managers	30 September 2015 TRFT BLUE	TRFT September Update Email to all School Nurses 13 August 2015. Audit to be commenced in October. Evidence as per Repository for 4.10B information. April 2016 Update – Designated Nurse LAC Rotherham health economy recognises that there is always more work to do to improve the participation of children in their own healthcare. This area will be forwarded on to the Raising Aspirations Health and Wellbeing Work Stream as an evolving piece of work

Recommendation 4.11 <i>Improve the arrangements to support young people with their healthcare as they prepare to leave care and ensure that they are provided with comprehensive health care summaries.</i> (See section in published report: 4.17)				
Outcome: All looked after children and young people will receive written information relating to their health care.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Service	4.11 A RCGG provided the initial funding for 2015-2016 to purchase Health Passports.	Looked After Children's Team	31 August 2015 GREEN Sept Update BLUE	Purchase Order completed – delivery awaited. Update from TRFT for Challenge Meeting – 10.9.15 Purchase Order completed – delivery received – passport provided as evidence.
	These will be provided for all Looked After Children and Young People by their health professional on their entry into care.			Plan in place now to meet with Social Care to progress the implementation and embed into practice.

Recommendation 4.11 <i>Improve the arrangements to support young people with their healthcare as they prepare to leave care and ensure that they are provided with comprehensive health care summaries.</i> (See section in published report: 4.17)				
Outcome: All looked after children and young people will receive written information relating to their health care.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Service	4.11 B Health Passports will be updated by the health professional at each health assessment. A point prevalence audit will be undertaken over the course of one week in January 2016 by the LAC Health Team or the named social worker.	Looked After Children's Team School Nursing Team	To be completed 31 December 2015 TRFT BLUE TRFT Update April 2016 AMBER	A report to the TRFT Safeguarding Operational Meeting. TRFT December Update Health Passports have begun to be disseminated by the Nurse Practitioner for Looked After Children and have received a mixed response. We are therefore reviewing the content of the information provided in the passport and we will monitor the responses received before cascading to the school nursing service for dissemination. TRFT Update February 2016 Audit delayed due to issue with the passports not being distributed previously. Audit to be undertaken in April 2016

Key to **BRAG Rate:

Blue	= the task is complete
Green	= the task is on target
Amber	= the task is off target with remedial action agreed
Red	= the work has yet to be progressed

Summary Sheet

Council Report

Title: Rotherham's Right 2 Rights Service

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Ian Thomas

Report Author(s)

Rebecca Wall – Operations Manager for IRO's and conference Chairs
Children's Safeguarding Unit

Rebecca.wall@rotherham.gov.uk

Ward(s) Affected

All Wards are affected

Summary

The purpose of this report is to provide an update to Corporate Parenting Panel, focusing on the developments of the Right 2 Rights service.

The agreement to increase staffing levels within the service in order to address the difficulties faced by the service, and which were highlighted by the Ofsted inspection, has increased the capacity within the team. At the last report to Corporate parenting the new staff members had only been in place for eight weeks, so the key aim of the report is to highlight the progress made and agree key areas for further development.

The overall aim / outcome of the service is embedded in statute and highlights the need to support young people to have their voice heard, especially when key decisions are being made around where they will live, go to school and who they can see. The service also has a specific role to help young people raise concerns around the service they may have received and where requested support them to make a complaint. The intended outcome of the additional staff was to provide a more focused and timely response to the young people, so they know their rights and have had their voices heard and taken into account, via an effective and well-resourced Rights, Advocacy and Independent Visitor Service.

Recommendations

- That the Corporate Parenting Panel notes the contents of the report.
- That the Corporate Parenting Panel note the key role that the Right 2 Rights Service play in supporting looked after children and young people and in ensuring that their wishes and feelings are acknowledged, recorded and appropriately acted upon.
- That the Corporate parenting panel have overview and give agreement around the key priorities for the service moving forward

List of Appendices Included

None

Background Papers

- The Children Act (1989) Guidance and Regulations Volume 2: Care Planning, Placement and Case Review.
- The Children Act (1989) Schedule 2, Paragraph 17
- The Children and Young Persons Act 2008 (s.17)
- Definition of Independent Visitors (Children) Regulations 1991 Statutory Instrument 1991 No 892.
- Working Together to Safeguard Children (2013)
- United Convention on the Rights of the Child (1989)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Rotherham's Right 2 Rights Service, Progress Report.

1. Recommendations

- 1.1 That Corporate Parenting Panel notes the contents of the report:
- 1.2 That Corporate Parenting Panel note the key role that the Right 2 Rights Service play in supporting looked after children and young people and in ensuring that their wishes and feelings are acknowledged, recorded and appropriately acted upon.

2. Background

- 2.1 The Children's Rights Service within RMBC commenced in 1999 with the introduction of the Children's Rights Officer post which has gradually evolved into the current Right 2 Rights Service. We provide services for children and young people who are, or who have been, looked after by the local authority. We also work with children and young people with learning / physical difficulties or disabilities who access services at the Orchard Centre. Until October 2015 we had one full time Team manager and one part time advocate. From November 2015 we have a Team Manager, a full time advocate and 2 advocates on 30 hour contracts and a dedicated Business support officer.

- 2.2 The Ofsted Inspection in October, 2014 highlighted;

“The Right 2 Rights Service provides independent Visitors and advocacy services, which children like”

It is positive that Ofsted acknowledged the work that was being undertaken to support LAC and those placed out of authority as it demonstrated that where capacity allowed the service had an impact for the young people who were supported. The key issues raised related to capacity, it was highlighted that there was a high level of referrals awaiting allocation for an Advocate or Independent Visitor (IV).

The new staffing structure has as a direct result of this feedback, supporting us to develop on an in-house service that has good feedback from young people

3. Key Issues

The main elements of the service are as follows;

3.1 Rights and Raising Awareness for Young People Looked After

An area of improvement highlighted by Ofsted was to, **“Ensure that all looked after children and young people and care leavers have a clear understanding of their rights and entitlements”**.

In order to support improvements in how we engage with young people about their rights and make them aware of the Rights to Rights service, we changed how we introduce our service to all young people. From the 1st January, 2016 we have arranged visits to all children and young people over the age of 5 years who have become looked after. This involves an advocate visiting each child within their first month after coming into care and this has included those who are placed out of authority. This ensures that young people have knowledge of the service, know how to make a self-referral, have access to the complaints procedures, and if appropriate, have access to their entitlements around leaving care.

We have had 3 direct referrals for Advocacy from Young people themselves as a result of these visits, and a further 2 from social workers, which shows the profile of the service is growing with young people themselves.

3.2 Advocacy

Advocacy provides, information, advice, representation and support. Looked after children and young people are empowered to express their views, wishes, feelings and needs in creative and informative ways. If they are struggling to or are unable or unwilling to share their views with professionals or carers the aim of the service is to empower, support and assist them, to have their voice and views heard and taken into account.

3.3 Advocacy Referrals and Themes

There is now a clear referral system which gathers the key information and sets targets for work to be undertaken and identifies outcomes to be achieved. Referrals are received directly from children and young people or from social workers, carers, IRO's and schools. The service is able to respond more effectively to requests and all current advocacy referrals are allocated to an advocate within 3 weeks of being received.

Children and young people are expected to give their consent to the service although there is some undirected advocacy for younger children and those with disabilities or learning difficulties who are unable to give

consent or direction. At the beginning of the input there is an agreement drawn up about the issues and the resolution that the YP is seeking, and this is reviewed and supports decision making around the ending of the service provision.

The figures below consider the 10 month period from 01.1.15 to 01.11.15 in table 1, then 01.11.15 to 31.4.16 in table 2 to highlight the work undertaken by the service in context:

Table 1

Advocacy Referrals January, 2015 – November, 2015	
Active referrals carried forward from 2014	39
Referrals received January, 2015 – November, 2015 Inc.	56
Advocacy referrals closed	37
Advocacy referrals refused by the child or young person	1
Advocacy referrals withdrawn by social worker	2
Numbers awaiting allocation	0
Number of current active advocacy cases	55

Table 2

Advocacy Referrals November 2015 to end of April 2016	
Active referrals - ongoing work	46
New referrals received December 2015 - end April 2016	42
Advocacy referrals where a resolution has been reached	10
Advocacy referrals refused by the child or young person	0
Advocacy referrals withdrawn by social worker	1
Numbers awaiting allocation	2
Number of current active advocacy cases	77

3.4 Table 3 Themes, Issues and Impact of the Service

Themes and Issues of referrals from November 2015 to end April 2016	
To have someone to support them have their voice heard	23
To be listened to about their accommodation / placement	4
To be supported to have an effective transition plan	7
To be supported to access legal advice	4
To have a change of SW	4
To be able to change school/ go to a school of their choice	2
To have their wishes and feelings heard around contact	1

Out of the above referral figures and themes, we can identify that we have engaged with 8 young people who have a disability, one young person is seeking asylum, one is in secure accommodation and one is remanded. We have become involved more quickly with these young people because of the visits to young people who have become looked after. This supports the Young person's voice to be heard and accounted for more effectively through their review and early care planning.

In relation to issues around Transition, 3 referrals are specifically from young people with profound disabilities, where there have been issues re Adult Social Care and delays in assessments. This has been raised at a strategic level, as it reflects concerns around transitions and services apparent in RMBC currently.

In relation to resolution, not all of the advocacy referrals have been closed down and some advocacy relationships run for longer periods, at the request of the YP. This is often due to new issues, those in the complaints process, and in order to see the matter resolved in line with the YP's views. Often there are multiple and changing issues, that leads a number of young people to regularly seek input from the service.

In terms of the referrals around school, changes in social worker and accommodation, these were dealt with swiftly and all the matters have been resolved with closing pieces of work to be completed. This has meant some young people have moved to their preferred school, or accommodation. Those that have not experienced change have, agreed to the referral being closed, because they have been more involved in the decision making, or in relation to Social Worker relationships, feel the service has supported a better working relationship with their allocated social workers as a result.

While a number of the referrals seem to be around the child's voice and this seems to be undirected, significant feedback from 2 young people recently has been that they come back to the Advocacy service over and over again because they see this advocate as someone who listens to them and tries to support the changes they want.

3.5. Independent Visitor Service

Rotherham Metropolitan Borough Council is duty bound by legislation to provide a Volunteer Independent Visitor Service for looked after children and young.

The Children and Young Persons Act (2008) places a duty on us to make Independent Visitors available to all children in care if this is deemed to be in their best interests.

The Independent Visitor (IV) role is that of a befriender, once trained and matched with a child or young person they will function independent of the authority. They will not receive regular close supervision or be case managed however, risk assessments will be conducted as part of the matching process and safeguards and support measures will be put in place for emergency situations. They will be expected to attend support sessions at six weekly intervals and further training opportunities will be available.

The relationship is a confidential one and information is only shared if the child or young person agrees, dependent on age and understanding, or if safeguarding issues arise. The volunteers receive no payment, only expenses around travel and activities that are agreed with the young person, as part of their plan.

3.6 Recruitment and Retention of IV's

Some of the IV's have been with us for four and five years some expressing a strong wish to remain with the child throughout their care experience. Whilst the service cannot dictate how long a volunteer stays, efforts are made to emphasise that this is a long term commitment and that is expected that they remain with the service for at least 2 years. Most volunteers appreciate the nature of the commitment and that they need to give time to build up appropriate relationships with the child and to ensure that they are not further 'let down' by failed commitments to them.

There has been a clear reduction in volunteers applying to Rotherham and it is felt that this is partially due to the difficult times we have faced recently as an authority. We have therefore only trained 2 in the last 6 months, and we have lost more in natural turnover as people's circumstances change.

Volunteer Independent Visitor (IV) Service as 30.4.16	
Fully trained IV's	13
IV's in training	2
IV's allocated to LAC	12
IV's in matching process with named LAC	3
IV on hold	1
Children awaiting allocation	3

The feedback from young people around their IV's has overwhelmingly been positive. The allocation of the IV is considered as part of the looked after review and there is an annual review of the service provided to the young person by the Rights to Rights manages, to ensure the YP's agreed outcomes are being progressed.

A concern is that the number of referrals for IV's seems to have dropped and there is a concern that long waiting lists have impacted upon this, and this needs to be addressed, via a new publicity drive, including the IRO's.

A new episode of recruitment for Volunteer Independent Visitors is due to commence in the next 6 weeks, with a concerted effort around linking with the universities locally as this has been a real area of success around recruitment historically. We are also considering the use of opportunities such as the free press and RMBC Communications for future awareness raising and recruitment.

3.7 Key Priorities

Over the next 6 months we have four main areas that we are working on addressing as our key priorities:

- To provide a timely response to all requests for advocacy and to ensure that we record the YP's views about the service to aid service development for the future.
- To review the cases we have active for over 12 months to ensure we prioritising access to the service.
- To increase our pool of IV's and have an increase number of young people matched with IV's.
- To include the child's voice / feedback in how we develop the service.

4. Options considered and recommended proposal

4.1 Paper for Review by DLT only

5. Consultation

5.1 Paper for review by DLT Only

6. Timetable and Accountability for Implementing this Decision

6.1 Paper for review by DLT Only

7. Financial and Procurement Implications

7.1 Paper for review by DLT Only

8. Legal Implications

8.1 Paper for review by DLT Only

9. Human Resources Implications

9.1 Paper for review by DLT Only

10. Implications for Children and Young People and Vulnerable Adults

10.1 Over the next six months it is expected that we will see continued improvements within our service delivery to support to Our Looked after children and YP. As outlined in the report the increase in staffing has ensured that we are now more able to meet the rights and advocacy and independent needs of RMBC Looked after population. We are looking to further focus this in the next 6 months so we can better evidence the outcomes for young people and increase the support offered via the advocates and IV's.

11 Equalities and Human Rights Implications

11.1 It is an expectation that looked after children have equal access to services regardless of where they are placed. Advocacy services for such children and young people is vital, we will ensure that every effort is made to engage and consult with **all** LAC, empowering and supporting them to understand their rights and to challenge services when necessary. We equally need to involve them in the future development of services, supporting them in highlighting positive experiences and proposing changes when required.

12. Implications for Partners and Other Directorates

12.1 Paper for review by DLT Only

13. Risks and Mitigation

13.1 Paper for review by DLT Only

14. Accountable Officer(s)

14.1 Team Manager and Service Manager

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:- Paul Jackson

Director of Legal Services:- Neil Concannon

Head of HR(if appropriate):-Luke Rickett

This report is published on the Council's website or can be found at:-

<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

Report Title: Ofsted Activity Report – Residential Services

Is this a Key Decision and has it been included on the Forward Plan? No

Strategic Director Approving Submission of the Report -

Report Author(s): Gary Pickles, Head of Care for Children in Care: Brent Lumley,
Responsible Individual CYPs

Ward(s) Affected: ALL.

Summary

The report provides a summary of Ofsted Inspections and Activity at Rotherham MBC children's homes in 2016. All three Children's Homes are registered with Ofsted and they are inspected by them twice a year. They receive a full two day inspection and an interim one day inspection. The full inspection determines the grade and the interim inspection assesses progress in relation to that grade.

Recommendations

That the Panel notes the detail provided in this report detailing the outcome of recent Ofsted inspections of Rotherham MBC children's homes.

List of Appendices Included

Appendix 1 - Silverwood - Strengths and Areas for Development

Appendix 2 - Cherry Tree House - Strengths and Areas for Development

Appendix 3 - Liberty House - Strengths and Areas for Development

Background Papers

There is no decision required from this report as it is for information purposes only.

However the following reports give some context:

'Consultation on the proposed closure of Cherry Tree House Children's Home'

'Consultation on the proposed closure of Silverwood Children's Home'.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Yes

Council Approval Required

No

Exempt from the Press and Public

No

Ofsted Activity Report – Residential Services

1. Recommendations

- 1.1 That the Panel notes the information provided in this report detailing the outcome of the recent Ofsted inspection of RMBC's Children's Homes.

2 Background

- 2.1 All Children's Homes are registered with Ofsted and they inspected by them twice a year. They receive a full inspection and an interim inspection. The full inspection determines the grade and the interim inspection assesses progress in relation to that grade. Rotherham MBC currently has three children's homes and this report provides the detail from the most recent Ofsted inspections.
- 2.2 Ofsted inspections feature three key areas for the home and service:
 - **Statutory Requirements** - These refer to areas in which Ofsted have judged that the home may be in breach of the laws and statutory guidance which govern practice in children's homes
 - **Strengths** - These refer to areas in which Ofsted have judged that practice is strong and worthy of commendation
 - **Areas for Development** - These refer to areas in which Ofsted have judged that practice should improve for the home to move up to the next grade

3 Key Issues

- 3.1 Rotherham MBC currently has three children's homes; Silverwood; Cherry Tree House; and Liberty House.
- 3.2 **Silverwood Children's Home** provides long-term care for male and female young people aged between 10 to 18 years, with emotional and behavioural difficulties. The maximum number of children who can be placed at Silverwood is five. At the time of writing this report the home is empty, and there are no plans currently to admit children and young people.

Full Ofsted Inspection of the service on the 30/06/2015 graded the service as 'Good'. At the Interim inspection undertaken on the 15/02/2016 the service was graded 'declined effectiveness'.

Ofsted Inspection History - Silverwood Children's Home		
Inspection Date	Inspection Type	Inspection Judgement
12/09/2013	Full	Good
03/03/2014	Interim	Good Progress
24/09/2014	Full	Inadequate
12/11/2014	Full	Good
30/06/2015	Full	Good
15/02/2016	Interim	Declined Effectiveness

- 3.3 **Cherry Tree Children's Home** provides long-term care for male and female young people aged between 10 to 18 years, with complex disabilities. It was refurbished in 2012 and forms part of a complex of buildings, which include Liberty House Short Breaks Children Home and The Disability Family Support Service. This was previously known as the Orchard Centre.

Cherry Tree House provides long-term care for male and female young people with disabilities. The maximum number of children who can be placed at Cherry Tree House is five. At the time of writing this report the home has two young people resident and there are no plans currently to admit further children and young people.

Full Ofsted Inspection of the service on the 18/08/2015 graded the service as 'Requires Improvement'. At the Interim inspection undertaken on the 23/03/2016 the service was graded 'Improved Effectiveness'.

Ofsted Inspection History - Cherry Tree Children's Home		
Inspection Date	Inspection Type	Inspection Judgement
31/07/2013	Full	Adequate
25/02/2014	Interim	Good Progress
05/11/2014	Full	Inadequate
05/01/2015	Full	Adequate
18/08/2015	Full	Requires Improvement
23/03/2016	Interim	Improved Effectiveness

- 3.4 **Liberty House Short Breaks Children's Home** provides planned short-break overnight respite care seven days a week for up to eight children, aged between 8 to 18 years, of either gender who have physical or sensory disabilities, complex health needs and challenging behavior as a result of their disability.

Liberty House also has provision to offer a ninth placement on an emergency basis. The emergency bed will only be offered to young people that currently access Liberty House. This will allow for a more accurate matching process and will also improve outcomes for that particular young person.

Liberty House Short Breaks Service overall aims are twofold. Which are:-

- (i) "To provide a residential short break service which will support children and their families continue to operate as a family unit".
- (ii) "To ensure the experience is stimulating and enjoyable for each child and young person to enable them to develop skills through participation in a range of activities".

A Full Ofsted Inspection of the service on the 27/01/2016 graded the service as 'Good'. At the Interim inspection undertaken on the 17/03/2016 the service was judged 'Sustained Effectiveness'.

Ofsted Inspection History - Liberty House Short Breaks Children's Home		
Inspection Date	Inspection Type	Inspection Judgement
01/05/2013	Full	Adequate
13/02/2014	Interim	Good Progress
18/09/2014	Full	Good
11/12/2014	Interim	Sustained Effectiveness
27/01/2016	Full	Good
17/03/2016	Interim	Sustained Effectiveness

4. Ofsted Reports

Silverwood

4.1 Key Issues arising from the most recent Ofsted inspection in February 2016

Statutory requirements following inspection

*In meeting the **Quality Standards**, the registered person must ensure that staff seek to secure the input and services required to meet each child's needs. (Regulation 5(b)) with particular reference to making sure that all agencies involved in keeping young people safe are consulted, such as the police and specialist child sexual exploitation services. This information should then inform the young people's future care plans,*

The Protection of Children Standard - *To meet the protection of children standard with particular reference to ensuring young people have up-to-date risk assessments. This includes specific missing person assessments. Staff must take action to protect young people, the registered person must ensure that staff:-*

Assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and if necessary, make arrangements to reduce the risk of any harm to the child.

The Leadership and Management Standard - To meet the leadership and management standard, with particular reference to management oversight of young people's safety and care. This includes where young people are accessing cigarettes and cannabis as well as the manager's ability to monitor and demonstrate progress, the registered person to –

Understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development and quality of care provided in the home.

Action taken following most recent inspection

- Increased direct support provided by the Responsible Individual. This has ensured oversight of the young people's case file and daily contact with the registered manager.
- A comprehensive action plan and multi-agency meeting convened to monitor and ensure that immediate issues with regard to the young person's safety were addressed.
- The action plan to safeguard the young person was shared with Ofsted who were confident that the comprehensive nature of this plan meant no compliance notice needed to be issued.
- All young people's risk assessments were updated and shared with the CSE Evolve Team and the social worker for approval.
- Direct work undertaken with the young person who was specifically supplying tobacco.
- There are no plans to admit young people to the Home

See Appendix 1 for **Strengths** and **Areas for Development**

Cherry Tree House

4.2 Key Issues arising from the most recent Ofsted inspection in March 2016

Statutory requirements following inspection:

The Quality of Care Standard To meet the quality of care standard, with particular reference to the use of sanctions being detailed in the home statement of purpose, the standard in paragraph (1) requires the registered person to – *Understand and apply the home's statement of purpose*

*In meeting the **Quality Standards**, the registered person must ensure that staff seek to involve each child's placing authority effectively in the child's care, in accordance with relevant plans; (Regulation (5)(a))*

In particular, this relates to making sure plans are agreed and reviewed by the social worker. They are signed and decisions about the child's care including the use of sanctions are made jointly

Action taken following most recent inspection

- Increased direct support provided by the Responsible Individual. This has ensured oversight of the young people's case file and daily contact with the Registered Manager.
- Management oversight of all significant incidents is in place; this would include violence to staff and use of physical intervention.
- The Homes Statement of Purpose has been revised to reflect their approach and management of the sanctions applied to young people in their care.
- The Placement team in partnership with Social Care are sourcing alternative placement for the current residents. One of the two remaining residents is scheduled to move out on the 27/05/2016.
- Signage has been reviewed and simplified where the use of symbols is coupled with text.
- There are no plans to admit young people to the Home

See Appendix 2 for **Strengths** and **Areas for Development**

Liberty House Short Breaks

4.3 Key Issues arising from the most recent Ofsted inspection in March 2016

Statutory requirements following inspection

The registered person should be skilled in anticipating difficulties and reviewing incidents. They are proactively implementing lessons learned and sustaining good practice (The Guide to the Quality Standards page 55, paragraph 10.24). With particular reference to the registered manager consistently reflecting and analysing practice to ensure internal monitoring systems are embedded and plans demonstrate young people's progress.

Some records may be kept electronically (regulation 38) provided that this information can be easily accessed by anyone with legitimate need to view it and, if required be produced in a legible form (The Guide to the Quality Standards page 61, paragraph 14.2). With particular reference to; access to electronic records for agency staff or alternatively providing paper copies of all necessary documentation.

Action taken following most recent inspection

- Increased direct support provided by the Responsible Individual. This has ensured oversight of the young people's case file and daily contact with the Registered Manager.
- The service consisting of 27 staff is now split into the 3 teams to address the three key areas as defined by the Ofsted Inspection framework:
 - The impact and effectiveness of leaders and managers;
 - Develop staff Practice which supports safeguards and protects young people within the home;
 - and the overall experiences and progress of children and young people living in the home
- All care plans are now reviewed every three months and signed off by either the Registered Manager or Deputy Manager.
- A Business case has been submitted in order to strengthen the management team and increase the number of duties to two. This will not incur any increased costs as existing staffing will be reduced to facilitate this.
- The service will develop an improvement plan to Take the home to Outstanding

See Appendix 3 for **Strengths** and **Areas for Development**

5 Timetable and Accountability for Implementing this Decision

5.1 There is no decision required as it is for information purposes only

However the following reports give some context:

'Consultation on the proposed closure of Cherry Tree House Children's Home'

'Consultation on the proposed closure of Silverwood Children's Home'.

6. Financial and Procurement Implications

7. Legal Implications

8. Human Resources Implications

9. Implications for Children and Young People and Vulnerable Adults

9.1 At the time of writing there were two young people both aged 14 who are residents at Cherry Tree Children's House. It is predicted that they will have moved to placements better able to meet their needs by the time this report reaches Cabinet however if they are still in residence they will be consulted on their views and options for future placements as part of this proposal

9.2 There are currently no young people resident at Silverwood Children's Home.

9.3 Liberty House continue to deliver a full service of short breaks to a cohort of 35 children within a calendar month, this is subject to fluctuation due to demand.

10 Equalities and Human Rights Implications

10.1 The council must comply with its duties under the Equality Act 2010, as set out in section 8 above. In addition, the council has a duty to fully consider the human rights implications for residents, staff and future looked after children.

11. Implications for Partners and Other Directorates

11.1 Partners will be consulted as other directorates who contribute to supporting the home where relevant.

12. Risks and Mitigation

12.1 Continuation of the current provision presents the following risks:

- Inadequate care being provided to any future children in care who might be placed in the home.
- That in the event of a further inadequate inspection there could be a forced closure resulting in young people having to move from the home in distressing circumstances.
- Risk to the Council's reputation in the event that future inspections find the provision further declining or even inadequate.
- The financial burden that would be incurred during the period required to bring the provision up to the necessary standard would risk the investments required to support other key elements of the Sufficiency Strategy such as developing Edge of Care provision and enhancing the therapeutic services needed to support permanent alternatives to care for Rotherham's looked after children such as Adoption and Special Guardianship

The risks associated with the closure of the last of the Council's mainstream residential provision are as follows:

- There is a risk that there will be insufficient placement choice for the Borough's children. This risk is mitigated by the other elements set out in the Sufficiency Strategy, including growing the in-house fostering provision, growing and developing the independent fostering market locally to better meet local needs by enhanced commissioning arrangements and similarly maximising the potential to work with local and nearby providers of specialist residential care so that bespoke arrangements can be commissioned to meet individual needs.
- It is of note that despite the loss in effect of 15 in house residential beds that has resulted from the closure of Woodview, St. Edmund's and the freeze on admissions in Silverwood only 4 new residential placements have been made since December 2015. Of those that have been made in recent months none would have been considered suitable for admission to Silverwood in terms of the current Statement of Purpose.
- It has been evidenced that Cherry Tree House Children's Home is not able to provide appropriate care to the young people with high levels of complex needs identified as needing residential care. This is evidenced by the fact that the home has not been able to meet the needs of young people with complex disabilities who have had to be placed outside the borough. Despite a robust management response the home has not been able to make sufficient improvements within a reasonable time frame and it is estimated that considerable additional investment would be required which cannot be justified.
- Officers of the council are required to maximise resources and ensure that we get best value for money. The continued low occupancy and under-utilisation of the homes means that it is not value for money.

The proposed closure upon which consultation is based mitigates these risks.

13. Accountable Officer(s)

Gary Pickles Head of Service – Children in Care

Brent Lumley, Responsible Individual - Residential Services;

Approvals Obtained from:

Strategic Director of Finance and Corporate Services:- Paul Jackson

Director of Legal Services:- Neil Concannon

Head of Procurement (if appropriate):- Luke Ricketts

Appendix 1

Silverwood Children's Home	
Strengths	Areas for Development
No young people have been admitted to this home since the last inspection. Young people who have moved out have been well supported through positive planning involving the young people, social workers and their families. Staff ensure they have everything they need to make their move successful. Young people's beds have been left open for a number of weeks to make sure they have a place to come back to if any issues arise. As a result, young people are well supported and confident in their transition to independence.	
Staff demonstrate a verbal understanding of child sexual exploitation,	Young People are not kept safe. Staff lack the support and experience to transfer [their understanding of child sexual exploitation] into practice. As a result, the signs of risk are not always identified and acted upon.
	Young people's risk assessments in relation to child sexual exploitation are not up to date. Staffs do not have the correct information to enable them to understand young people's levels of risk. This limits the action taken to keep young people safe.
Positive efforts are made to liaise with other professionals such as social workers schools and the police. When information is received at meetings,	It is not always evaluated and acted upon. The ineffective analysis of the information hinders the ability to put strategies in place to keep young people safe. Consequently, the full extent of risks to young people is not always known and the full range of preventative measures are not in place to keep them safe.
	Despite staff efforts, some young people continue to smoke cigarettes and cannabis. Other young people on-site are involved in the purchase of cigarettes for those who are under age. There is a lack of evidence of this being robustly monitored and addressed.
Management have ensured a requirement from the last inspection regarding the homes door buzzer is documented appropriately in the statement of purpose. Additional staffs have been employed to make sure sufficient numbers are on shift. This meets part of a recommendation set at last inspection.	The lack of robust internal management oversight has failed to identify the short falls highlighted at this inspection. Young people are not safeguarded and the failure to process information has been a contributing factor. It has also affected the ability to demonstrate any progress young people make.

Cherry Tree House Children's Home	
Strengths	Areas for Development
This home continues on a steady journey of improvement. Successfully meeting all the requirements from the last inspection. Extensive efforts by the acting management team and temporary responsible individual are steadily improving the quality of care and enhancing experience for young people living in this home.	The implementation of sanctions for young people is low. However when they are used they are not detailed in individuals behaviour management plans and views from other professionals such as social workers are not present. This does not demonstrate a multi-agency approach to the thought process behind using them for individuals with very complex needs. Additionally, while the homes statement of purpose now reflects which young people it cares for, it does not mention the use
Training around individuals needs such as autism and safeguarding practice, coupled with ongoing input from the consultant is helping staff to understand young people and provides clear guidance on reporting safeguarding issues.	No safeguarding incidents have occurred since staff received training; consequently, the staffs understanding is not yet tested. Knowledge now needs to transfer effectively into practice. Training and support is helping staff feel more confident to undertake their role and the quality of care is improving. One member of staff commented, 'We are supported now by all managers. Things are a lot more positive. We know what to do.
External monitoring systems are effective. The management team and responsible individual are quick to respond to any issues raised by the independent visitor. This promotes improvement and ensures managers are confident young people are safe. The management team and responsible individual welcome opinions from the young inspector's team. They listen to young people's views and respond to their recommendations. For example, a suggestion that young people should cook more of their own meals is now in progress and is working well.	
Ongoing training for staff coupled with consistent oversight and advice from the consultant enhances the staff's skills in managing individual challenging behaviours. Consequently, staff are more skilled in using de-escalation techniques and there is a significant reduction in the use of physical restraint. When physical interventions do occur, staff complete records promptly. Managers and the responsible individual swiftly review them, ensuring good care practice continues.	

Cherry Tree House Children's Home continued...	
Strengths	Areas for Development
Additional training around young people's communication needs is equipping staff with the skills required to communicate with individuals. Staff are now motivated to continue to improve the quality of care because they see their efforts are successful. The consistent use of sign language by staff is helping to encourage young people's use of this also. This is assisting them to express themselves and is helping to lower their anxiety levels. As a result, relationships between staff and young people continue to develop positively. One member of staff commented, 'Our relationships have definitely improved with young people. Now we can communicate with them better.'	Communication through symbols is much more evident. However, some symbols do not match the meaning of the word written underneath it. Other symbol notices contain too many symbols for young people to understand. Further improvement is required in this area to enhance communication and avoid any confusion for young people.
Young people's life opportunities are now significantly increasing. The introduction of new hobbies such as judo have improved young people sense of achievement. It has provided them with skills to attain grades and enter competitions. Additionally, young people have opportunity to socialise with others and have made friends for the first time. Staff nurture these new friendships and provide opportunities for their friends to come back to the home and share birthday parties and tea visits.	
Young people are now enjoying their own allotment and are successfully managing the land. They plan to grow their own vegetables. They are also benefitting from the new addition of pet rabbits. Looking after them gives young people a sense of achievement and responsibility. It is helping to develop understanding of other's needs.	
Good communication with other professionals such as school, social workers and health specialists is ensuring a consistent approach to young people's health care and education. Although this is evident in practice, it is not always clear in young people's plans. Having this evident in plans will demonstrate a multi-agency	

Appendix 3

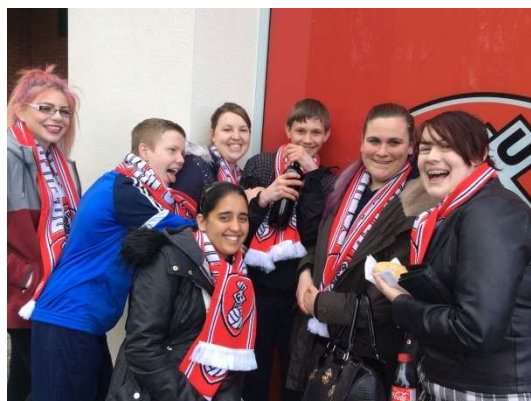
Liberty House Short Breaks Children's Home	
Strengths	Areas for Development
Since the last inspection, Manager and responsible individual have made significant efforts to address the requirements set. The implementation of a robust system for reporting safeguarding issues has clearly defined the process.	Additionally staff training around recording safeguarding incidents has strengthened staff understanding. No significant incidents have occurred since the last inspection; consequently, this new system is not yet tested. Knowledge now needs to transfer effectively into practice.
Internal quality assurance systems are good at challenging practice. Registered manager and responsible individual are swift to scrutinise issues that are raised. This ensures young people are safe and practice prioritises individual's wellbeing. Managers welcome further examination from the young inspector's team. This team of children from the local area carry out inspections of services. This group of young people effectively raise concerns from their own perspective, which managers quickly address. For example, at the last inspection they suggested a brochure in the entrance with details about the home would benefit visitors. This is now in place.	Some care plans are not up to date in line with young people's needs. The home has implemented a new process for reviewing care planning. However, this process is not yet been embedded and requires further consideration to ensure clear management oversight.
	Recent issue with internet access has at times limited young people's use of the computer. The registered manager's efforts to address this have been successful. However, the home's information technology system continues to present challenges for staff. For example, on occasions some staff cannot immediately access children's information which has the potential to undermine safety.
New systems to promote consultation with young people about their care are in progress. Enthusiastic and motivated staff create innovative methods for young people to review their time here. Current projects include the use of emoji questionnaires and voice boards. Staff also encourage young people to express themselves through art.	Ongoing development in this area will help provide a personalised feel to the home helping to enhance young people's sense of belonging. In addition, the creation of new photo collages promote young people's sense of value. It is a positive way to share their experiences and celebrate achievements.
Young people continue to enjoy an excellent range of activities,	
Young people continue to make good progress in all areas of their development. Staff know young people well and their aspirations for them to achieve are good. Consequently, young people take small steps, which lead to big achievements	
Staff work closely with other professionals such as schools, dieticians & social workers to ensure effective sharing of information	

Rotherham Looked After Children's Council (LACC) – Corporate Parenting Panel - Update Report January to April 2016

This has been another exciting, busy and productive period for the Looked After Children's Council (LACC) who have been able to positively impact on things that matter to them and meet all of their core aims within this period. Working together on team building skills, increasing social capital, self-awareness and self-esteem building activities to build resilience and support forges better outcomes for vulnerable young people. The LACC have also engaged in a high volume of co-production work to shape Services for Children in Care. Here are some of the things we have been up to:-

RUFC v Blackburn Match - on

Saturday 30th April, the LAC Council went to watch the Rotherham United Football Club home game at New York Stadium. This was part of an ongoing Youth Voice Project called 'Rotherham Re-invented – Rotherham Proud' where we are aiming to positively promote Rotherham for young people, increase ownership of the town and support positive identity with Rotherham for young people. These tickets were organised for us by Gary Pickles and freely given by Jamie Noble (*Head of Community Rotherham United FC*) which we are very grateful for. Thanks Gary & Jamie ☺ Young people had a fabulous time and really felt part of something bigger than themselves and part of the Town. Here is what some young people had to say:



Hi I loved every second of it also being around you and the others who are now my friends. It was a close game and sick atmosphere I would love to go to other games like this or do activity it was a great game. Tell the man who got us the tickets thanks along side you who made it happen. Thank you for making stuff happen. (Ashley 13)

Had a fantastic day and I had lovely experience to watch football match at stadium with 11 thousand fans. It was GREAT ☺ (Kiran 17)

I thought today was brilliant. so fun great atmosphere, even if we didn't win he he ☺ (Abbie 18)

It was fantastic X (Charlotte 17)

It was great! :D (Courtney 18)

MASH Logo Competition – Young people welcomed a visit from Sam Perrins and Kelly White from the Multi Agency Safeguarding Hub (MASH) to the LAC Council in April. Young people had not heard of MASH before (only the potato kind) so were interested to hear about the service and given practical information like the MASH phone number and advice on when to use it. Young people enthusiastically engaged in designing MASH Logos to be submitted in the competition to be drawn in July.

MOMO App - LACC young people actively engaged with other young people from the Youth Cabinet and Young Inspectors in trying out the MOMO (Mind of My Own) demonstration app held at Riverside House. The App is a tool designed to collect the voices of young people for the local authority. The group tried out the app on their phones and ipads and feedback their opinions to inform further development of the tool to suit Rotherham young people.

Corporate Parenting Panel –

The LAC Council was invited to attend the Corporate Parenting Panel in March. The group worked well together and created a presentation to introduce themselves and all their Voice & Influence work at the meeting. They had a fabulous experience and were made very welcome by everyone. The LACC have now been asked to participate in future CPP meetings which they have accepted and look forward to building a stronger relationship and working together to shape services for Rotherham Children in Care.



Commissioning of Foster Care Agencies - Working alongside Adrian Hobson, the LAC Council have been engaged in the commissioning process for the recruitment and selection of Foster Care Agencies for Rotherham Children & Young People. This was a huge undertaking with a very mixed ability group some of whom have Special Educational Needs, Mental Health Issues, Attention, Language and Comprehension challenges etc. Young people were active in scoring the 24 tenders and delivering an interview panel during February half term and were active in selecting the four main Foster Care Agencies they believe will give a good service to our looked after children and young people.

Virtual PEP – Young people from the LAC Council were visited by Lorraine Dale (Virtual Head) to discuss amongst other things the recently launched Virtual Personal Education Plans (PEP). Young people have accessed this through their social workers and gave constructive feedback to the visual design and questions contained within the package to inform improvements for the future.

Recruitment & Promotion of LAC Council –

Throughout January, young people have been looking at ways in which they can raise awareness of the many opportunities available in the LACC to other LAC across the borough and hopefully boost membership. LACC leaflets and information has been sent out to all LAC Designated Teachers in the 16 Secondary Schools across Rotherham asking for their help to spread the word about LACC with LAC young people within their schools. Also the group are creating posters to advertise the LACC which will be posted around Rotherham next week.



Youth Voice Training Days – Young people from the LAC Council came together with the Youth Cabinet and UK Youth Parliament to form the Youth Voice Group, together they have enjoyed a series of training and development days/of activities, and youth training days where they learned about democracy, voting, including a session delivered by the Parliamentary Outreach Team and held mock elections.

Volunteering Opportunities – Young people from our LAC Council have also taken up other volunteering opportunities with youth groups they have been introduced to while working with Youth Voice. Some of these young people have joined Healthwatch and become Young Ambassadors, one young person has joined Rotherham Young Inspectors and another is volunteering with Grimm & Co. These increased social and educational opportunities will further help to develop life skills, confidence and self-esteem and ultimately outcomes for these young people.

Local Achievement Awards – In recognition of all our hard work and commitment to the LAC Council over the past 12 months, and in recognition to what an asset we are to the Voice and Influence of the Children & Young People's Services, including the LAC Summit, and our highly visible work in the community. The Early Help & Family Engagement Service held an event at Myplace and presented each LAC Council member with a Local Achievement Award to thank us and recognise our Voice & Influence work. We were proud to receive these awards as we work really hard.

Dragons Den Interviews - Courtney from the LAC Council joined Paige from the Youth Cabinet and Farren from the Young Inspectors in a collaborative piece of work where these three young people spoke to Managers, front line workers and Service users to find out how embedded good practice actually is. Valuable information from these interviews will be analysed by the Commissioning, Performance & Quality Team and utilised in future service improvement.



Holocaust Memorial Day Event

LACC young people researched and wrote a presentation around the HMD theme 'Don't Stand By' where they identified 8 strong historical and contemporary characters who stood up against oppression and changed the world because of it. They took part in the Holocaust Memorial Day event at the Town Hall delivering their presentation to a packed audience including the Mayor.

Designing Corporate Leaflets! - We have been actively engaged in the co-production of a number of information leaflets for young people since Jan 2016:-

- The group have supported Early Help & Family Engagement in creating their leaflet for looked after young people and created the title 'Caring for Cared for Young People'
- Have been consulted on the contents of the 'Going Missing' leaflet after we discovered during a discussion with Jean Gunn that 70% of young people who engage in the LAC Council have gone missing at least once.

LAC Voice Surveys – LACC Young people have been having their say during sessions and providing feedback to inform improvement of Rotherham Services this period:-

- **LAC Promise Survey** – Young people completed the LAC Promise Survey during the LAC Council session to feedback their thoughts about the LAC Promise and whether they have noticed any differences in their care as a result of the LAC Promise going 'Live'.
- **The BIG Youth Service Conversation** – The LACC members have completed this survey to provide feedback about where they access youth provision and library and leisure services in Rotherham so that C&YPS may better meet young people's needs.

LAC Voice Newsletter – The LAC Council have requested to reinstate their LAC Voice Newsletter which will spread the word of the LAC Council and encourage other young people to join in the fun. Part of the newsletter will feature a brief story written by a Looked After Young Person and we would like to share our first edition 'Simon's Story' with you to give you an understanding of the lives of these amazing young people who volunteer each week for the LAC Council:

MY LAC COUNCIL JOURNEY



About Me!!

How my Life changed

Things I Enjoy Now!

My Plans for the Future

I went to LAC Council
and met a bunch of
strangers and came out
with a family

I come to LACC I've
got people to talk to
who understand what
it's like being in care

I enjoy coming to LACC
to make sure we get a
better life for kids in care

LAC Council Guests - The young people would like to thank all of our guests who have visited the LAC Council over the past 4 months asking for our young people's Voices to Influence Services these adults are involved with, these are:-

Gary Pickles – Head of Children in Care
Ian Thomas – Strategic Director C&YPS
Jean Gunn – Missing and CSE Coordinator
Adrian Hobson – Operational Commissioner
Bev Pepperdine – Performance Assurance Manager
Jo Smith – CSE Support Services Co-ordinator
Lorraine Dale – Virtual Head
Samantha Perrins – Head of Service First Response
Kelly White - Service Manager CYPS

Thank You All 😊

Contact Name: Lisa Du-Valle
Looked After Children's Council
Voice & Influence Team
Early Help & Family Engagement
Tel: 07748143388 or (01709) 822130
Email: Lisa.duvalle@rotherham.gov.uk



@LACCRotherham



LACC Rotherham

Corporate Parenting Panel Work Programme 2016/17

Meeting date	Venue	Agenda item	Lead Officer	Papers circulated	Deadline for papers
May (held 7 June)		<ul style="list-style-type: none"> • LACC agenda items • Children in Care Performance Report • Children in Care Annual Health Report • Ofsted Activity Report - Residential • Update on Independent Visitors / Advocacy Service 			
26 July		<ul style="list-style-type: none"> • LACC agenda items • Children in Care Performance Report • Ofsted Activity Report - Residential • Calderdale Therapeutic Service Report • Adoption Annual Report • Care Leavers Annual Report 			
27 September		<ul style="list-style-type: none"> • LACC agenda items • Children in Care Performance Report • Corporate Parenting Training Report • Ofsted Summary Report - Residential • Fostering Annual Report • Virtual School Annual Report • Reg 44 Summary Report 			
29 November		<ul style="list-style-type: none"> • LACC agenda items 			

Meeting date	Venue	Agenda item	Lead Officer	Papers circulated	Deadline for papers
		<ul style="list-style-type: none"> • Children in Care Performance Report • Missing Children Annual Report • Ofsted Summary Report - Residential • IRO Annual Report 			
31 January		<ul style="list-style-type: none"> • LACC agenda items • Children in Care Performance Report • Ofsted Activity Report - Residential • GCSE/exam results overview • Children in Care Celebration Event report 			
28 March		<ul style="list-style-type: none"> • LACC agenda items • Children in Care Performance Report • Corporate Parenting Panel Work Plan 17/18 • Ofsted Activity Report – Residential • Sufficiency Strategy update 			