

## CORPORATE PARENTING PANEL

**Date and Time:** Tuesday 27 September 2016 at 5.00pm  
**Venue:** Town Hall, Moorgate Street, Rotherham, S60 2TH  
**Contact Officer:** Susan Chadwick, Democratic Services Officer  
01709 822055 or [susan.chadwick@rotherham.gov.uk](mailto:susan.chadwick@rotherham.gov.uk)

## A G E N D A

1. Apologies for absence
2. Minutes of the previous meeting held on 20 July 2016 (Pages 1 - 5)
3. Declarations of Interest

### STANDING AGENDA ITEMS

4. Corporate Parenting Performance Report - July 2016 (Pages 6 - 23)
5. Looked After Children Statutory Health Assessments (Pages 24 - 26)
6. Independent Reviewing Officer Escalation Report
7. Strategic Directors' Report
8. Virtual School Update
9. Improvement Plan Progress

### ANNUAL REPORTS

10. Annual Report for the Rotherham Therapeutic Team (1 April 2015 - 31 March 2016) (Pages 27 - 35)
11. Rotherham Adoption Service Performance Report 2015-2016 (Pages 36 - 50)

12. Children and Young People's Services Independent Reviewing Officer's Annual Report 2015- 2016 (Pages 51 - 68)
13. Care Leavers Annual Report (Pages 69 - 85)

**ITEMS FOR DECISION**

14. Placement Sufficiency Report (Pages 86 - 91)

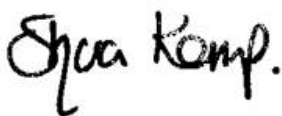
**INFORMATION ITEMS**

15. Overview of Corporate Parenting Training for Elected Members (Pages 92 - 99)
16. Date and time of the next meetings: -
  - 29th November
  - 31st January
  - 28th March.

All 5.00 – 7.00 pm in the Rotherham Town Hall.

**Membership of the Corporate Parenting Panel: -**

Councillor Gordon Watson	(Deputy Leader of the Council and Children & Young People's Services Portfolio holder)
Councillor Maggi Clark	(Chair of the Improving Lives Select Commission),
Councillor Victoria Cusworth	(Member of Improving Lives Select Commission)
Councillor Jayne Elliot	Member of Fostering and Adoption Panels
Councillor Michael Elliott	Opposition Party representative
Councillor Stuart Sansome	Elected Member



Sharon Kemp,  
Chief Executive.

**CORPORATE PARENTING PANEL**  
**Wednesday, 20th July, 2016**

Present:- Councillor Watson (in the Chair); Councillors Watson, Clark, Cusworth, Elliot, M. Elliott and Sansome.

Also present:- Mel Meggs (Deputy Strategic Director of Children and Young People's Services), Sue Wilson (Performance and Quality Manager), Deborah Johnson (Performance Assurance Manager), Collette Bailey (IYSS), Anne-Marie Banks (Fostering), Rebecca Wall (Safeguarding and QA) and Karen Holgate (LAC Nurse, Rotherham CCG)

**D8.           DECLARATIONS OF INTEREST**

There were no declarations of interest.

**D9.           MINUTES OF THE PREVIOUS MEETING HELD ON 7TH JUNE 2016**

The minutes of the meeting held on 7 June 2016 were agreed as a true and correct record of the proceedings.

**D10.         CORPORATE PARENTING PERFORMANCE REPORT**

The Deputy Strategic Director of Children and Young People's Services introduced a report which provided a summary of performance in relation to services for Looked After Children at the end of April 2016. It was noted that the report should be read in conjunction with the performance data report which detailed trend data, graphical analysis and benchmarking data against national and statistical neighbour average.

The following areas of good and improved performance in the previous twelve months were noted:

- Caseloads continued to be consistently at manageable levels for workers across the service
- Although further improvement work was needed on Health and Dental assessments, performance in April 2016 for Health Assessments was 90.9% and Dental was 90.5% which for Dental represented a further improvement on the previous month.
- 99% of Looked After Children had their review undertaken in timescale
- 99% of eligible Looked After Children had a pathway plan

Whilst recognising that good and improved performance, the following areas required further improvement:

- There was a shortage of adopters which had impacted on the

number of completed adoptions, with two taking place in April

- Although Looked After Children visits against local standards stood at 77.2% in April, it did not reach the local target of 90%. Performance against national minimum standards for April was good at 97.7%
- The number of Looked After Children who had three or more placement moves was still too high. Whilst the percentages were in line with national averages, the numbers were inconsistent with the aspirations for all children in care to benefit from a stable placement
- There were too many care leavers who were not yet engaged in education, employment or training so there would be a renewed focus on that in the coming twelve months
- Audits identified that the quality of practice for Looked After Children needed to improve.

In response to a query in respect of whether caseloads levels for social workers were reasonable, it was explained that each social worker had a range from 15 to 20 cases in operation on average in Rotherham. It was noted that the caveat behind that statistic was that it did not give any background to the intensity of that casework. It was noted that a social worker could have one large case or many little ones up to 25. It was explained that where social workers were newly qualified, they would have a protected level of caseload.

It was further noted that the number of health and dental assessments were improving and whilst there were no system failures, there were high levels of refusals that needed to be investigated further. It was explained that hospital settings could be a reason for putting young people off, but it was planned that the LAC Council would be asked for ideas to encourage attendance at assessments.

It was reported that the service continued to achieve reviews and visits on time and develop pathway plans. Whilst there were high levels, it was explained that the quality of each review would be at a level to which the authority aspired. It was noted that the quality of what was recorded needed to improve so that the child had a full record of what had happened in their life.

It was expressed in respect of the number of children having placement moves because there was not enough of the right type of care. It was recognised that further work was required to ensure that the right type of placements were secured.

Specific reference was made to the needed for more foster carers to foster teenagers. It was noted that since March 2016, there had been 8 resignations or retirements amongst foster carers, but there had been 15 approvals for new foster carers, which represented a small net gain. It

was agreed that the Council needed to be smarter in how it recruited and there was recognition that the historic position was one where foster carers were fostering too many children. There were currently high numbers of foster carers that only foster one child and it was considered unusual to have such low placements. It was explained that a number of foster carers only had one bedroom and so had been restricted to baby cases. There were also a high number of cases that remained in foster carer homes beyond the age of 18, but that had meant that foster carers could not take any other children at that point because of lack of space in their homes.

In response to a question in respect of what work was being done to encourage care leavers to engage in education, employment or training, it was explained that 99% of Looked After Children at the age of 16 engage in education, employment or training. Issues tended to arise when they reached the age of 18 and enter the world of work and this had been identified as an area requiring significant work to prepare Looked After Children for the world of work. It was noted and welcomed that the Chief Executive had identified the need to prioritise apprenticeships for Looked After Children within the Council.

It was also noted that work had been undertaken in the past with companies from which Council procures services or products and Looked After Children had entered apprenticeships with those businesses.

In response to a query about how 'edge of care' arrangements could be strengthened, it was explained that the intention was for children to return home or make alternative plans with the intention of preventing children from coming into care. The preferred approach was to provide family therapy or alternative support through family group conferencing and NSPCC reunification work.

**Agreed:-** That the performance report be noted.

**D11. ROTHERHAM LOOKED AFTER CHILDREN'S COUNCIL (LACC) - CORPORATE PARENTING PANEL - UPDATE REPORT MAY - JUNE 2016**

Consideration was given to the update from the Looked After Children's Council (LACC) which had enjoyed another exciting, busy and productive period during May and June 2016.

It was noted that the LACC had positively influenced the consultations on the Children in Care Strategy, Libraries and Customer Services Survey and had developed the 'Have Your Say' Children in Care Annual Peer Consultation. The group had also worked together to host a careers event at the LACC and supported the Armed Forces Day celebrations on 25 June 2016.

The Panel was pleased to note the LACC's involvement in 'Rotherham's

Got Talent 2016', the open evening for young people in care interested in a career in the Armed Forces with the Rotherham Military Community Veterans Centre and preparations for the Pride of Rotherham Awards in September.

## **D12. WORK PROGRAMME 2016-2017**

Consideration was given to the Panel's Work Programme for the 2016/17 municipal year, which detailed the items to be considered at meetings for the remainder of the year.

The Deputy Strategic Director of Children and Young People's Services indicated that future agendas for the Panel would include the following standing items:

- Children in Care Performance Report
- Independent Reviewing Officer Escalation Report
- Strategic Directors' report
- Looked After Children Nurse Update
- Virtual School Update
- Improvement Plan Progress

In addition to these, the following items would be reported to the Panel on an annual basis:

- Sufficient Assessment Review
- Looked After Children Council Annual Report
- Children's Rights Advocacy Annual Reports
- Independent Reviewing Officer Annual Report
- Care Leavers Annual Report

The Panel indicated that it was keen to know if Rotherham MBC had placed children in care outside of the borough and what kind of care they had compared to what was offered in Rotherham. It was explained that Rotherham was an overall net importer of children. The law required the Council to be notified when children come into the borough through provision in the independent sector. Where the Council places outside of the borough, it may have done so in order in to address issues particular to the case which might mean that it would not be beneficial to the child to remain within the borough.

In considering this item, the Panel welcomed an update from the Looked After Children Nurse who explained that when children come into care, there is an expectation that a medical would take place within 20 days. In doing that there was a significant amount of work to be done which would involve talking to parents for consent, arranging for the social worker to be present, establishing the child's health history and parents' history too, which necessitated GP involvement. The health plan needed to be returned to social care after the assessment.

It was explained that some children have significant health challenges. If a child is under 5, health visitors undertake the health review assessment, whereas school nurses undertake assessments for those children and young people between the ages of 5 and 18.

**D13. DATE AND TIME OF THE NEXT MEETING: -**

The next meeting would be held on Tuesday 27 September 2016 at 5.00pm at Rotherham Town Hall.

**Council Report**

Corporate Parenting Panel – 27 September 2016

**Title**

Corporate Parenting Performance Report – July 2016

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

No

**Strategic Director Approving Submission of the Report**

Mel Meggs (Deputy Strategic Director)

**Report Author(s)**

Deborah Johnson (Performance Assurance Manager)  
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 July 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.

**Recommendations**

That the Corporate Parenting Panel receive the report and accompanying dataset and consider and comment on any issues arising

**List of Appendices Included**

Appendix A – Corporate Parenting Performance Report (July 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** Corporate Parenting Performance Report – July 2016

## **1. Recommendations**

- 1.1 That the Corporate Parenting Panel receive the report and accompanying dataset and consider and comment on 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 July 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, the known improvement journey.

## **3. Key Issues**

### **3.1. Key Performance Headlines**

The table in 3.1.1 highlights some of the achievements in relation to services for looked after children and areas for further improvement. The leadership team are now 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: performance highlights

Good & improved performance	Areas for further Improvement
<ul style="list-style-type: none"> <li>▪ Caseloads continue to be consistently at manageable levels for workers across the service.</li> <li>▪ Although further improvement work is needed on Health assessments, performance for July 2016 remains relatively stable at 91.6%</li> <li>▪ The number of Looked After Children who had their review undertaken in timescale remains relatively stable at 96.6%</li> <li>▪ Since April there has been an increase to 97.7% in July 2016 (from 96%) of eligible looked after children have a plan.</li> <li>▪ In July 33% of children in care ceased to be looked after due to permanence eg Special Guardianship, Residence order or adoption.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The number of Looked After Children (LAC) visits against local standards has dipped in July to 74.1% this does not reach the local target of 90%. Performance against national minimum standards for July also fell slightly to 95%.</li> <li>▪ The number of looked after children (LAC) who have had three or more placement moves is far too high at 12.2%. Percentages are higher than national averages and inconsistent with the aspirations for all children in care to benefit from a stable placement.</li> <li>▪ There are too many care leavers (66.5%) who are not yet engaged in education, employment or training so there will be renewed focus on this over the next 12 months.</li> <li>▪ Audits show that the quality of practice for looked after children needs to improve.</li> </ul>

3.2 Looked After Children (also known as children in care)

3.2.1 There has been a gradual increase in the number of children in care since April 2016, at the end of July there were 442 children in care which equates to 78.4 per 10,000 population. This is higher than statistical neighbours (73.4 per 10,000) and are far higher than the national average (60 per 10,000) showing an upward trend as admissions to care have increased. In July there was a rise by 12 children (stock) with the number of children leaving care being lower than those being admitted to care (flow)

3.2.2 '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 has now commenced to develop a service specifically to work with this group. The use of Family Group Conferences are being explored to ensure that any opportunities for children to remain within their families can be maximised.

3.2.3 Of the eligible children in care 96.6% (85 out of 88) LAC had their reviews completed in time in July. The reasons for any late reviews are fed back to managers and action taken to address any practice issues.

### 3.3 Plans

3.3.1 The rate of Looked After Children (LAC) with plans has been consistently good. In July 97.7% of LAC had an upto date plan. Pathway plans have declined slightly since the last report with 97.3% of eligible LAC having a pathway plan.

3.3.2 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.

### 3.4 Visits

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

3.4.2 In relation to children in care, performance in relation to LAC visits within the National Minimum Standards is 95% having being visited in July. 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.

3.4.3 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.

### 3.5 Looked After Children - Placement Stability

3.5.1 At the end of July, 70.2% (99 out of 141) 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 is underway to address this.

3.5.2 12.2% (54 out of 444) LAC have been in three or more placements in the last 12 months, this is above the national average of 11.0%.

3.5.3 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. In April performance was 91.6% Health Assessments and 89.7% for Dental Assessments.

3.6.2 Work is now underway to ensure that initial health assessments are undertaken routinely with involvement from the Rotherham Safeguarding Children Board. At the end of June 46.2% of initial health assessments had taken place, with 30.8% within 20 days.

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 is underway 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.

### 3.7 Looked After Children – Personal Education Plans

3.7.1 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 In July 96.3% ( 284 out of 295) LAC who are eligible for a PEP had in one place. 94.2% ( 278 out of 295) had an upto date PEP. The virtual head continues to monitor this position.

### 3.8 Care Leavers

3.8.1 The number of care leavers has fallen slightly since April 2016 from 192 to 185 in July 2016.

3.8.2 97.3% of young people are in suitable accommodation. 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 66.5% of young people are in education employment or training, above the national average (45%) but this is still very disappointing in terms of the aspirations for Rotherham young people. 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. In July there were 2 adoption orders granted. They were each subject to a 28 day appeal period, which were both complete in August.

3.9.2 Given the small numbers it is most useful to look at a rolling 12 months than a month snapshot. 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 performance is better than the government benchmark at 500.4 days at the end of July. Similarly for measure A2 was 197.7 days at the end of July; however the government benchmark has not been met.

3.9.3 In July 33% of children in care ceased to be looked after due to permanence eg Special Guardianship, Residence Order or Adoption.

### 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 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)**

Mel Meggs, Deputy Strategic Director of CYPS  
Mel.meggs@rotherham.gov.uk

Ian Walker, Acting Head of Service, Children in Care,  
ian.walker@rotherham.gov.uk

Approvals Obtained from:-

Principal Finance Officer, Finance and Corporate Services:- Colin Allen  
Assistant Director of Legal Services:- N/A  
Head of Procurement (if appropriate):- N/A

*Name and Job Title.*

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# Safeguarding Children & Families

## Monthly Performance Report

### As at Month End: July 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:** 12th August 2016

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



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

NO.	INDICATOR	GOOD PERF IS	DATA NOTE (Monthly)	2016 / 17					DOT (Month on Month)	RAG (in month)	Target and Tolerances			YR ON YR TREND			LATEST BENCHMARKING - 2014/15					
				Apr-16	May-16	Jun-16	Jul-16	YTD			DATA NOTE	Red	Amber	Target Green	2013/14	2014/15	2015/16	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD	
LOOKED AFTER CHILDREN	6.1	Number of Looked After Children	Info	Count	432	433	430	442			↑				n/a		407	432				
	6.2	Rate of Looked After Children per 10,000 population aged under 18	Info	Rate per 10,000	76.7	76.8	76.3	78.4			↑		more than +/-5	+/-5	up to +/-2 of 73.5	70	70	76.6	73.4	49.0	60.0	-
	6.3	Admissions of Looked After Children	Info	Count	16	18	16	20	70	Financial Year	↑				n/a	147	175	208				
	6.4	Number of children who have ceased to be Looked After Children	High	Count	16	18	19	6	59	Financial Year	↓				n/a	136	160	192				
	6.5	Percentage of LAC who have ceased to be looked after due to permanence (Special Guardianship Order, Residence Order, Adoption)	High	Percentage	25.0%	27.8%	15.8%	33.3%	22.0%	Financial Year	↑		<33%	33%>	35%	40.4%	37.5%	40.1%				
	6.6	LAC cases reviewed within timescales	High	Percentage	97.0%	97.1%	97.4%	96.6%	97.0%	Financial Year	↓		<90%	90%<	95%	98.6%	94.9%	83.3%				
	6.7	Percentage of children adopted	High	Percentage	12.5%	11.1%	2.6%	0.0%	8.5%	Financial Year	↓	YTD	<20%	20%<	22.7%	26.5%	26.3%	22.9%	25.1%	35.0%	17.0%	37.0%
	6.8	Health of Looked After Children - up to date Health Assessments	High	Percentage	92.9%	92.8%	91.2%	91.6%			↑		<90%	90%<	95%	82.7%	81.4%	92.8%				
	6.9	Health of Looked After Children - up to date Dental Assessments	High	Percentage	94.2%	92.8%	90.9%	89.7%			↓		<90%	90%<	95%	42.5%	58.8%	94.5%				
	6.10	% of LAC with a PEP	High	Percentage	98.6%	98.9%	96.6%	96.3%			↓		<90%	90%<	95%	65.7%	68.7%	97.8%				
LOOKED AFTER CHILDREN	6.11	% of LAC with up to date PEPs	High	Percentage	95.1%	96.5%	93.8%	94.2%			↑		<90%	90%<	95%	72.9%	71.4%	95.0%				
	6.12	% of eligible LAC with an up to date plan	High	Percentage	96.0%	98.4%	97.9%	97.7%			↓		<93%	93%<	95%	67.0%	98.8%	98.4%				
	6.13	% of completed LAC visits which were completed within timescale - National Minimum standard	High	Percentage	98.4%	99.1%	96.5%	95.0%			↓		<95%	95%<	98%		94.9%	98.1%				
	6.14	% of completed LAC visits which were completed within timescale - Rotherham standard	High	Percentage	78.9%	78.8%	77.2%	74.1%			↓		<85%	85%<	90%		64.0%	80.2%				
CARE LEAVERS	7.1	Number of care leavers	Info	Count	192	188	187	185			↓				n/a		183	197				
	7.2	% of eligible LAC with an up to date pathway plan	High	Percentage	99.0%	98.9%	98.9%	97.3%			↓		<93%	93%<	95%		69.8%	97.5%				
	7.3	% of care leavers in suitable accommodation	High	Percentage	97.9%	97.3%	96.8%	97.3%			↑		<95%	95%<	98%	96.3%	97.8%	96.5%	74.2%	100.0%	77.8%	90.0%
	7.4	% of care leavers in employment, education or training	High	Percentage	68.9%	67.6%	68.5%	66.5%			↓		<70%	70%<	72%	52.3%	71.0%	68.0%	40.8%	65.0%	45.0%	55.8%
PLACE MENTMENTS	8.1	% of long term LAC in placements which have been stable for at least 2 years	High	Percentage	72.5%	73.0%	72.5%	70.2%			↓		<68%	68%<	70%	68.8%	71.9%	72.7%	67.6%	79.0%	67.0%	71.1%
	8.2	% of LAC who have had 3 or more placements - rolling 12 months	Low	Percentage	11.8%	11.8%	10.9%	12.2%			↓		>12%	12%>	10%	11.2%	12.0%	11.9%	9.6%	7.0%	11.0%	9.0%
ADOPTIONS	9.1	% of adoptions completed within 12 months of SHOBPA	High	Percentage	50.0%	0.0%	0.0%	0.0%	20.0%	Financial Year	→	YTD	<83%	83%<	85%	55.6%	84.6%	53.5%				
	9.2	Average number of days between a child becoming Looked After and having a adoption placement (A1) (Rolling 12 months)	Low	Rolling year - ave count	362.5	546.8	500.4	500.4	500.4	Rolling Year	→	YTD	>511	511>	487	661	417.5	338.5	507.3	328.0	525.0	468.0
	9.3	Average number of days between a placement order and being matched with an adoptive family (A2) (Rolling 12 months)	Low	Rolling year - ave count	145.5	213.3	197.0	197.0	197.0	Rolling Year	→	YTD	>127	127>	121	315	177.3	137.9	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

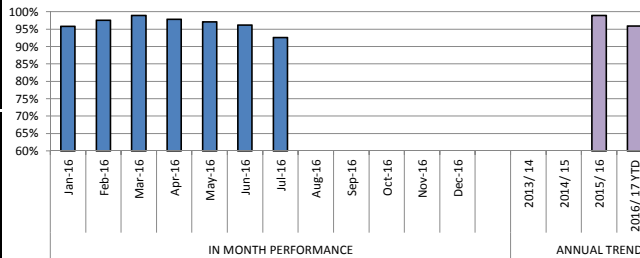
For all plan types the exceptions are reviewed at the weekly performance meetings so that the reasons for an absence of an up-to-date plan is clearly understood by senior managers. Performance in relation to plans remains high with variance of little statistical significance. It is well understood that 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 services.

The new 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 on at least a fortnightly basis by senior managers and more frequently by operational managers. Exceptions now tend to be about delayed inputting rather than an absence of a plan. 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.

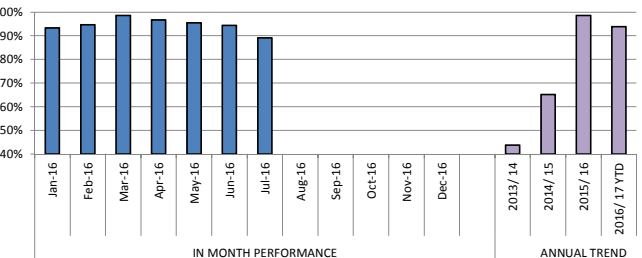
	4.4	4.5	5.13	6.12
	<b>CIN with a recorded plan (open at least 45 days)</b>	<b>CIN with an up-to-date plan (open at least 45 days)</b>	<b>CPP with an up to date plan</b>	<b>LAC with an up to date plan</b>

IN MONTH PERFORMANCE	Jan-16	95.8%	93.3%	98.9%	98.6%
	Feb-16	97.6%	94.6%	98.5%	97.7%
	Mar-16	98.9%	98.6%	100.0%	98.4%
	Apr-16	97.8%	96.7%	99.4%	96.0%
	May-16	97.1%	95.5%	99.7%	98.4%
	Jun-16	96.2%	94.4%	98.5%	97.9%
	Jul-16	92.5%	89.0%	100.0%	97.7%
	Aug-16				
	Sep-16				
	Oct-16				
	Nov-16				
	Dec-16				

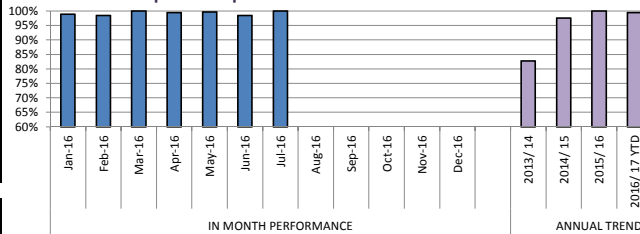
CIN with a recorded plan - open at least 45 days



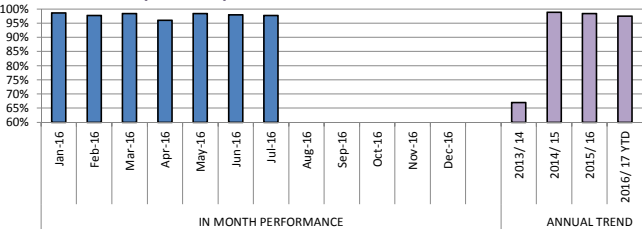
CIN with an up-to-date plan - open at least 45 days



CPP with an up to date plan



LAC with an up to date plan



ANNUAL TREND	2013/14		43.8%	82.8%	67.0%
	2014/15		65.1%	97.6%	98.8%
	2015/16	98.9%	98.6%	100.0%	98.4%
	2016/17 YTD	95.9%	93.9%	99.4%	97.5%

LATEST BENCHMARKING	SN AVE				
	BEST SN				
	NAT AVE				
	NAT TOP QTILE				

# 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**

The trend of admissions to care has been rising recently. In July we have seen a significant rise by 12 children (stock) with the number of children leaving care being lower than those being admitted to care (flow). The overall rate for Rotherham remains significantly higher than that of our statistical neighbours. 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. 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 no feedback from the courts to suggest that any children are being brought before them unnecessarily.

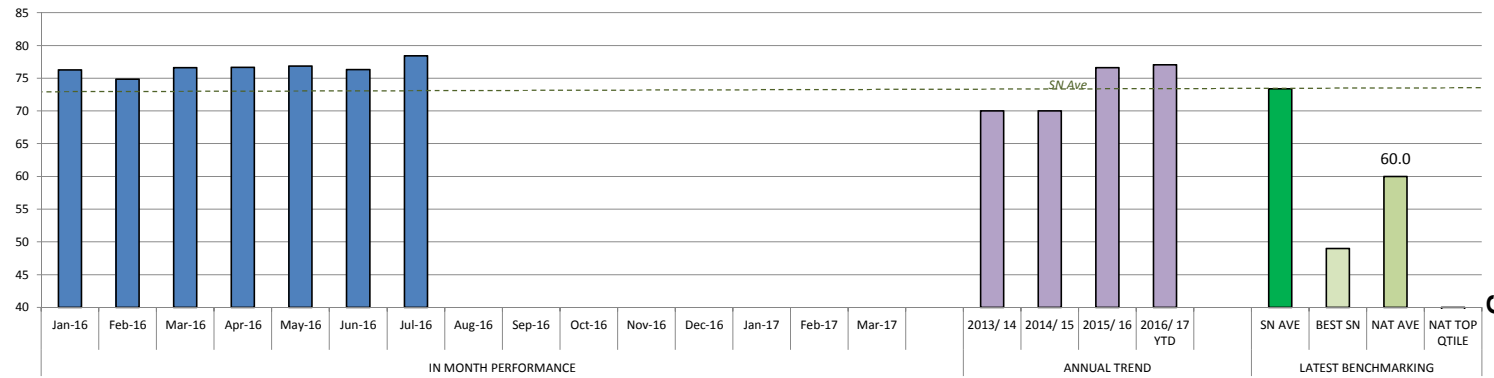
	6.2	6.1	6.3	6.4
	Rate of children looked after per 10K pop	Number of LAC	Admissions of children looked after	No. of children who have ceased to be LAC

IN MONTH PERFORMANCE	Jan-16	76.2	430	10	15
	Feb-16	74.8	422	19	9
	Mar-16	76.6	432	20	13
	Apr-16	76.7	432	16	16
	May-16	76.8	433	18	18
	Jun-16	76.3	430	16	19
	Jul-16	78.4	442	20	6
	Aug-16				
	Sep-16				
	Oct-16				
	Nov-16				
	Dec-16				
	Jan-17				
Feb-17					
Mar-17					

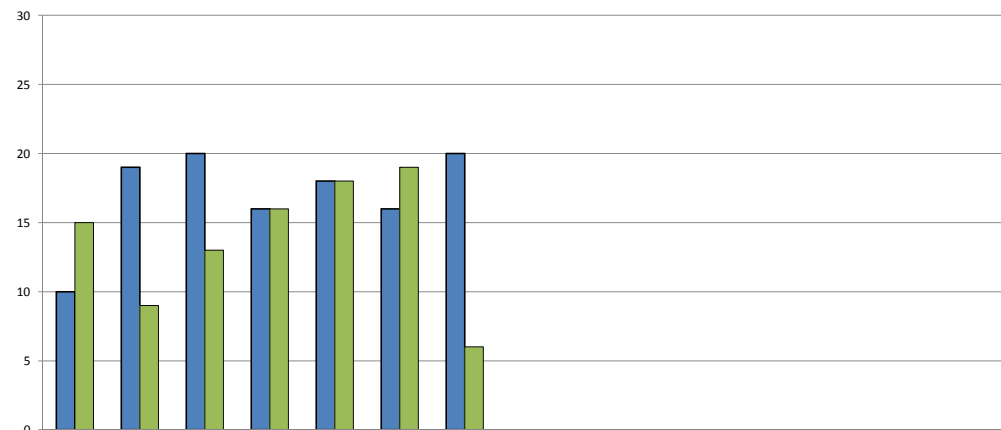
ANNUAL TREND	2013/ 14	70.0		147	136
	2014/ 15	70.0		175	160
	2015/ 16	76.6	432	208	192
	2016/ 17 YTD	77.1	430	70	59

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



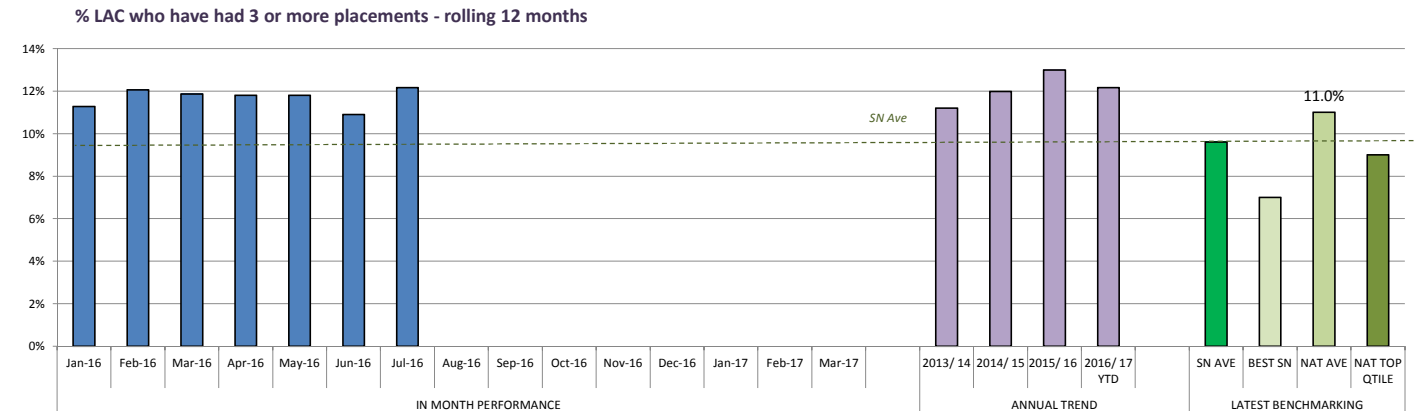
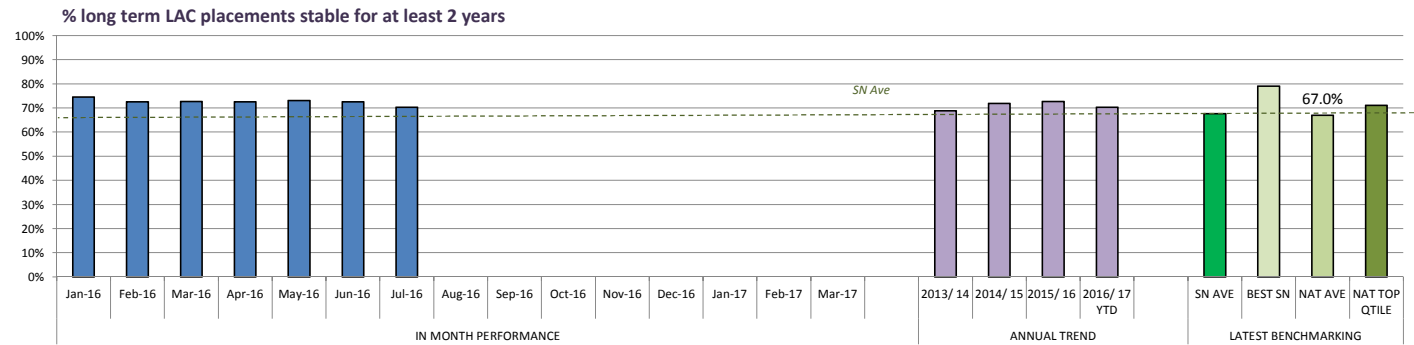
## LOOKED AFTER CHILDREN - PLACEMENTS

**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.

**PERFORMANCE ANALYSIS**

The performance in relation to children who have had 3 or more placement moves is disappointing as it is higher than all other benchmarks. The improvements in our remuneration and support for foster carers should help this reduce to at least our target of 10%, and ideally should be lower than 9%. There is good progress being made in reducing the numbers of children placed in residential care. While the change for them signifies a disruption, and will have some impact on these performance measures, they are only being moved if the new arrangement is demonstrably in their best long term interests.

	8.1		8.2		
	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	
<b>IN MONTH PERFORMANCE</b>	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%
	Apr-16	103 of 142	72.5%	51 of 432	11.8%
	May-16	103 of 141	73.0%	51 of 432	11.8%
	Jun-16	100 of 138	72.5%	47 of 431	10.9%
	Jul-16	99 of 141	70.2%	54 of 444	12.2%
	Aug-16				
	Sep-16				
	Oct-16				
	Nov-16				
	Dec-16				
	Jan-17				
Feb-17					
Mar-17					
<b>ANNUAL TREND</b>	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	109 of 150	72.7%	56 of 431	13.0%
	2016/ 17 YTD	99 of 141	70.2%	54 of 444	12.2%
<b>LATEST BENCHMARKING</b>	SN AVE		67.6%		9.6%
	BEST SN		79.0%		7.0%
	NAT AVE		67.0%		11.0%
	NAT TOP Q TILE		71.1%		9.0%



## LOOKED AFTER CHILDREN - REVIEWS & VISITS

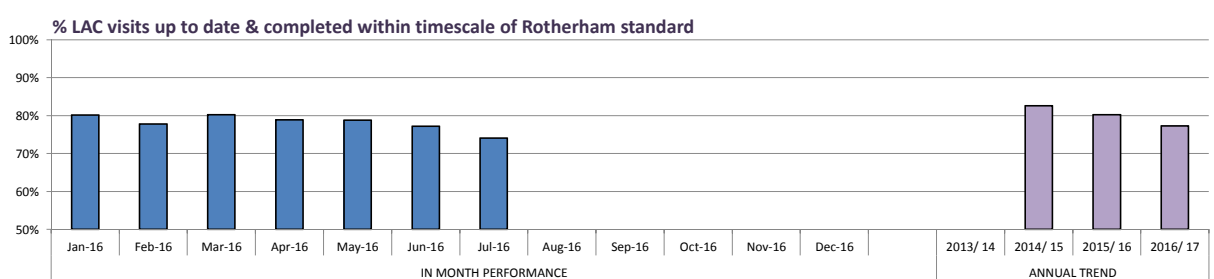
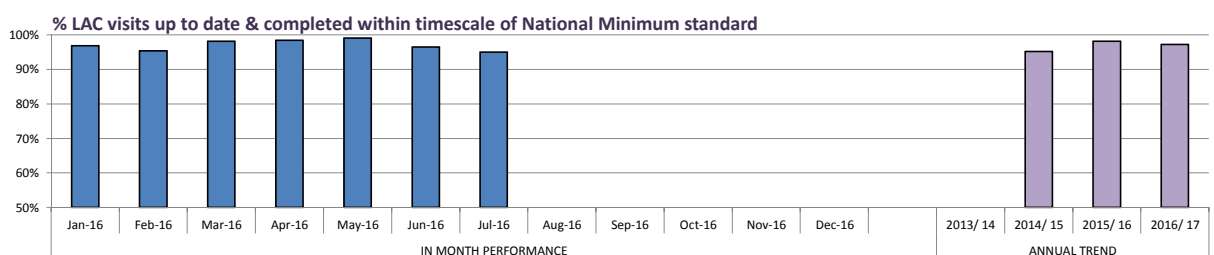
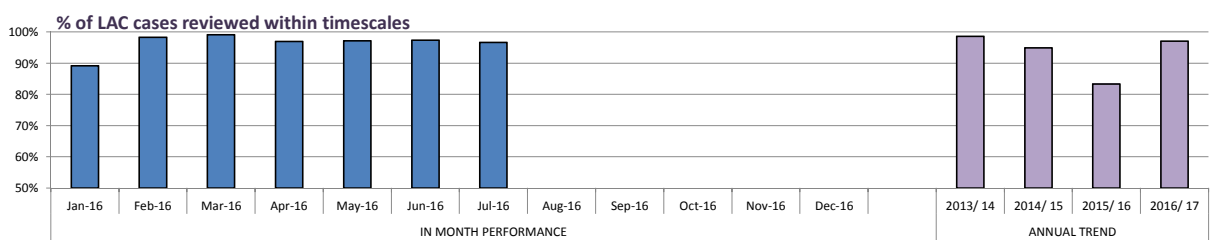
**DEFINITION** The purpose of LAC review meeting is to consider the plan for the welfare of the looked after child and achieve Permanence for them within a timescale that meets their needs. The review is chaired by an Independent Reviewing Officer (IRO)

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** Timeliness of LAC reviews remains steady although the service is facing some challenges maintaining this performance due to staff holidays, absence and vacancies, this can be seen in the small dip in July across all indicators.

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.

		6.6		6.13	6.14
		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
<b>IN MONTH PERFORMANCE</b>	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%
	Apr-16	96 of 99	97.0%	98.4%	78.9%
	May-16	101 of 104	97.1%	99.1%	78.8%
	Jun-16	112 of 115	97.4%	96.5%	77.2%
	Jul-16	85 of 88	96.6%	95.0%	74.1%
	Aug-16				
	Sep-16				
	Oct-16				
	Nov-16				
	Dec-16				
<b>ANNUAL TREND</b>	2013/ 14		98.6%		
	2014/ 15		94.9%	95.2%	82.6%
	2015/ 16		83.3%	98.1%	80.2%
	2016/ 17		97.0%	97.3%	77.3%

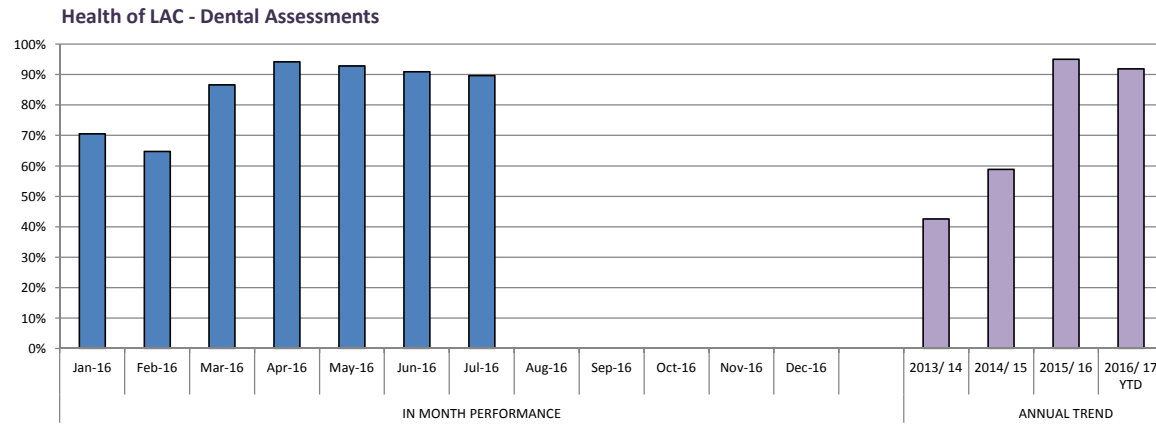
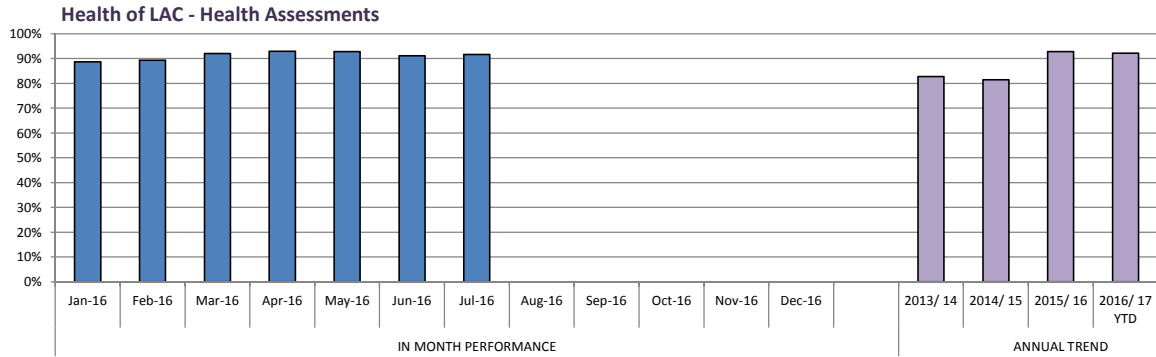


# LOOKED AFTER CHILDREN - HEALTH

**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 within health service the QA checks of assessments following completion can create a time lag between the assessment occurring and showing on the social care 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'. This is no longer going to be accepted 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.

		6.8	6.9
		Health of LAC - Health Assessments	Health of LAC - Dental Assessments
<b>IN MONTH PERFORMANCE</b>	Jan-16	88.7%	70.5%
	Feb-16	89.3%	64.7%
	Mar-16	92.1%	86.6%
	Apr-16	92.9%	94.2%
	May-16	92.8%	92.8%
	Jun-16	91.2%	90.9%
	Jul-16	91.6%	89.7%
	Aug-16		
	Sep-16		
	Oct-16		
	Nov-16		
	Dec-16		
<b>ANNUAL TREND</b>	2013/ 14	82.7%	42.5%
	2014/ 15	81.4%	58.8%
	2015/ 16	92.8%	95.0%
	2016/ 17 YTD	92.1%	91.9%
<b>LATEST BENCHMARKING</b>	SN AVE		
	BEST SN		
	NAT AVE		
	NAT TOP QTILE		

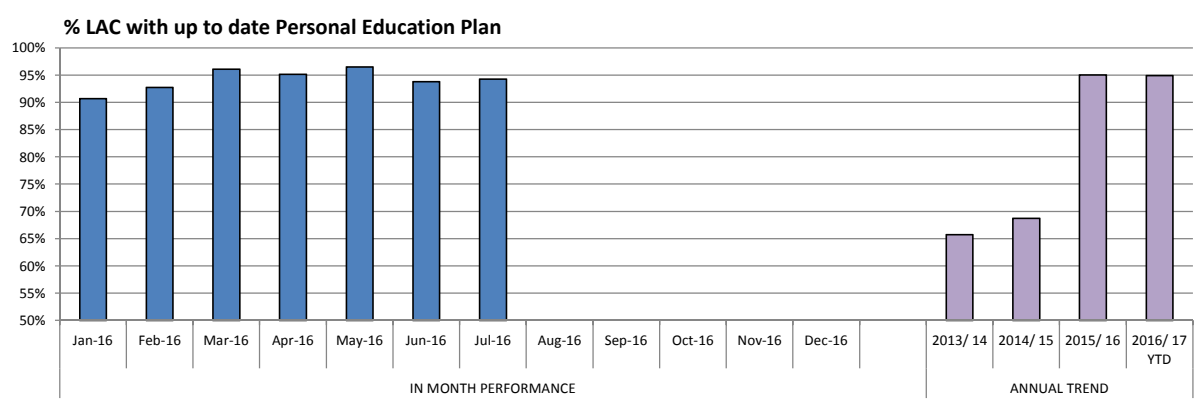
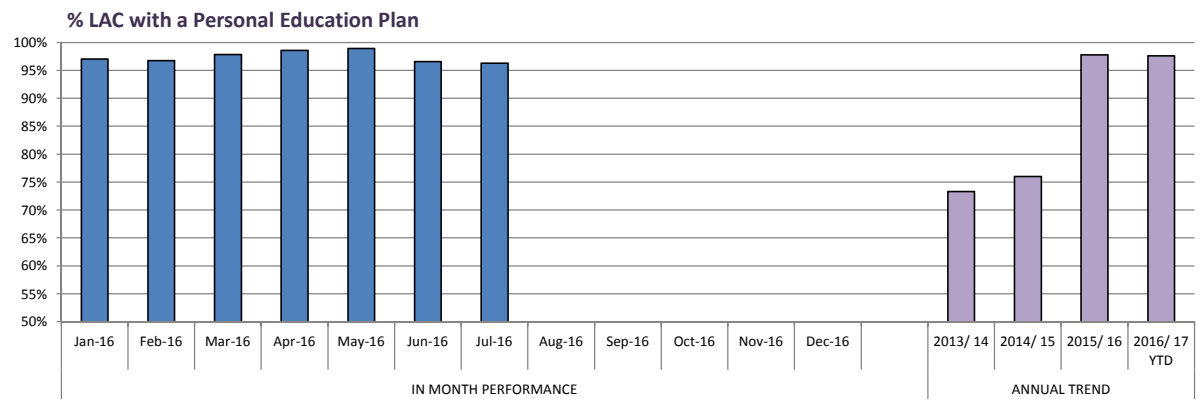


# LOOKED AFTER CHILDREN - PERSONAL EDUCATION PLANS

**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** 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. The focus on quality is now shifting to address the numbers of children and young people who are not in full time education and those whose school place is known to be fragile. There will be an education steering group convened in order to ensure that these matters are given the attention they require and the Corporate Parenting Panel may wish to scrutinise the progress that is made in this regard.

		6.10		6.11	
		Number of Eligible LAC with a Personal Education Plan	% LAC with a Personal Education Plan	% LAC with up to date Personal Education Plan	% LAC with up to date Personal Education Plan
<b>IN MONTH PERFORMANCE</b>	Jan-16	260 of 268	97.0%	243 of 268	90.7%
	Feb-16	267 of 276	96.7%	256 of 276	92.8%
	Mar-16	272 of 278	97.8%	267 of 278	96.0%
	Apr-16	283 of 287	98.6%	273 of 287	95.1%
	May-16	282 of 285	98.9%	275 of 285	96.5%
	Jun-16	280 of 290	96.6%	272 of 290	93.8%
	Jul-16	284 of 295	96.3%	278 of 295	94.2%
	Aug-16				
	Sep-16				
	Oct-16				
	Nov-16				
	Dec-16				
<b>ANNUAL TREND</b>	2013/ 14		73.3%		65.7%
	2014/ 15		76.0%		68.7%
	2015/ 16		97.8%		95.0%
	2016/ 17 YTD		97.6%		94.9%
<b>LATEST BENCHMARKING</b>	SN AVE				
	BEST SN				
	NAT AVE				
	NAT TOP QTILE				



## 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

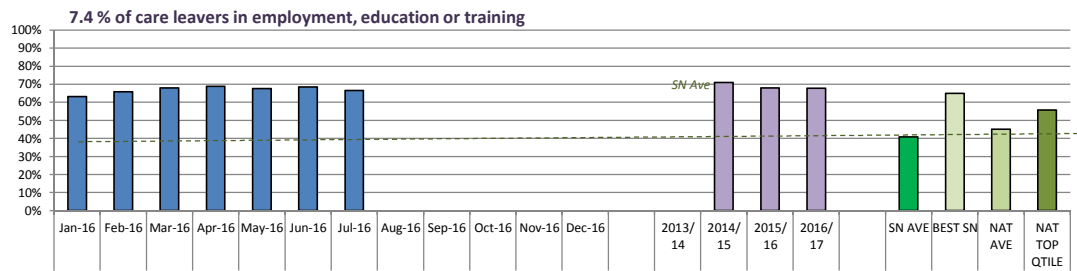
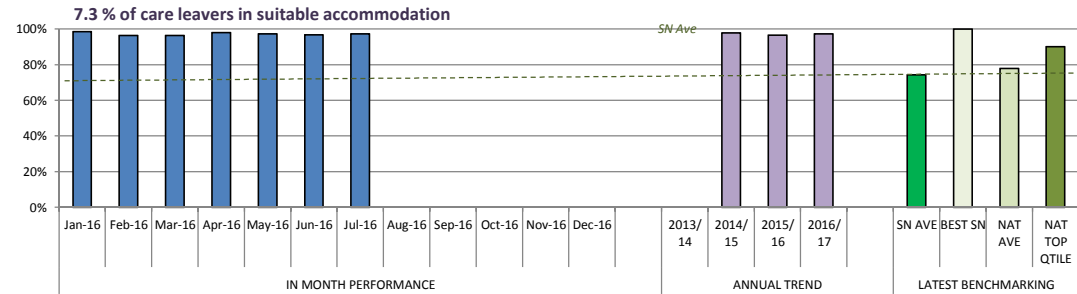
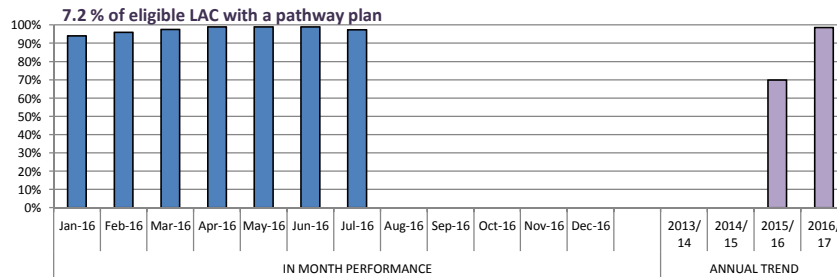
Overall performance remains at a good standard however we are yet to test the quality of the pathway plans via an audit process, this will be completed during August. It is understood that more needs to be done to enhance the quality of the accommodation available as well as increasing the range of choices 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.

66.5% of care leavers are in education employment or training is above the national average (45%) but still very disappointing in terms of the aspirations for Rotherham young people - 61 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.

		7.1	7.2	7.3	7.4
		Number of care leavers	% of eligible LAC with a pathway plan	% of care leavers in suitable accommodation	% of care leavers in employment, education or training
IN MONTH PERFORMANCE	Jan-16	198	93.9%	98.5%	63.1%
	Feb-16	196	95.9%	96.4%	65.8%
	Mar-16	197	97.5%	96.5%	68.0%
	Apr-16	192	99.0%	97.9%	68.9%
	May-16	188	98.9%	97.3%	67.6%
	Jun-16	187	98.9%	96.8%	68.5%
	Jul-16	185	97.3%	97.3%	66.5%
	Aug-16				
	Sep-16				
	Oct-16				
	Nov-16				
	Dec-16				

ANNUAL TREND	2013/14				
	2014/15	183		97.8%	71.0%
	2015/16	197	69.8%	96.5%	68.0%
	2016/17	185	98.5%	97.3%	67.9%

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





# 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.

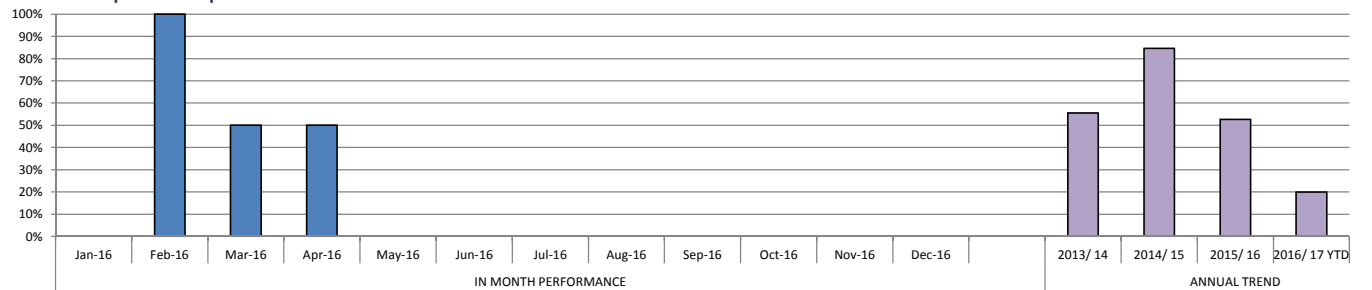
## PERFORMANCE ANALYSIS

Performance each month can vary significantly given the size of the cohort which is always very small.

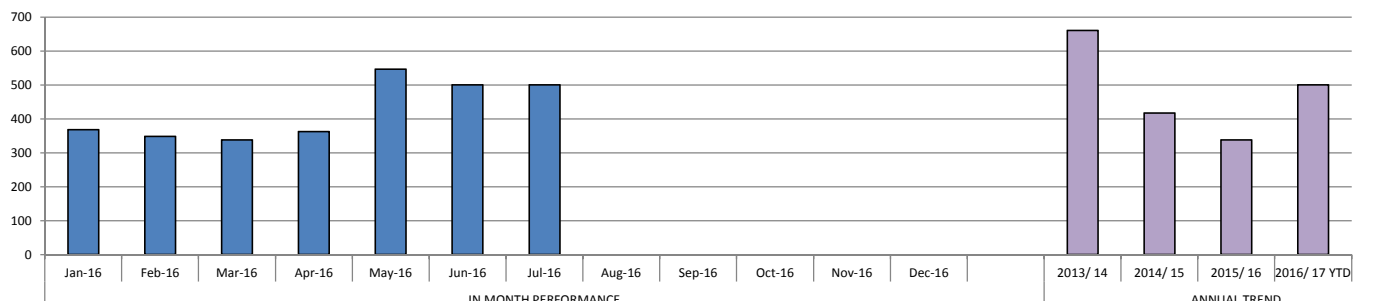
Given the small numbers it is most useful to look at a rolling 12 months than a month snapshot and overall performance in this area over the last 3 years has shown an improving trend. Importantly, all children awaiting adoption are reviewed in the fortnightly performance meeting and the reasons for delay examined and understood. The work of the new 'permanence' team which has been in place since January is really starting to show impact in terms of both reducing the length of care proceedings and ensuring timely matching and placing of younger children with prospective adopters. The good quality of the work of this team is attracting regular positive feedback from the courts and the impact on outcomes for children is tangible.

			9.1	9.2	9.3	
		Number of adoptions	Number of 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	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
	Apr-16	2	1	50%	362.5	145.5
	May-16	2	0	0%	546.8	213.3
	Jun-16	1	0	0%	500.4	197.0
	Jul-16	0	0	0%	500.4	197.0
	Aug-16					
	Sep-16					
	Oct-16					
	Nov-16					
	Dec-16					
ANNUAL TREND	2013/ 14			55.6%	661.0	315.0
	2014/ 15			84.6%	417.5	177.3
	2015/ 16	19	10	52.6%	338.4	137.9
	2016/ 17 YTD	5	1	20.0%	500.4	197.0
LATEST BENCHMARKING	SN AVE					
	BEST SN					
	NAT AVE					
	NAT TOP QTILE					

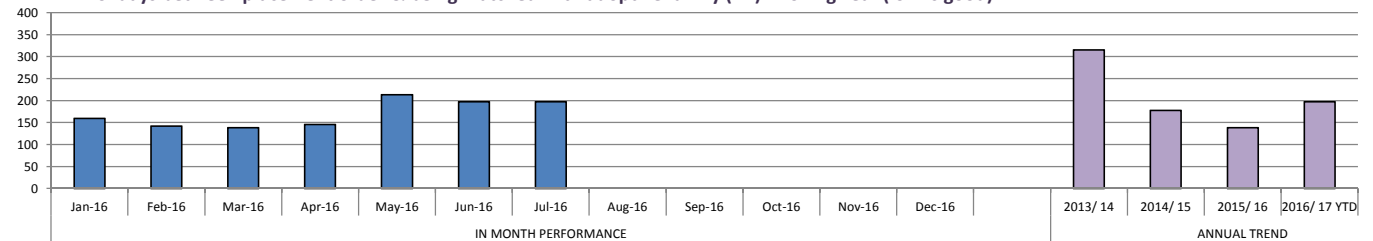
% adoptions completed within 12 months of SHOBPA



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

\*\*adoptions have a 28 day appeal period so any children adopted in the last 28 days are still subject to appeal

1.	<b>Meeting:</b>	<b>Corporate Parenting</b>
2.	<b>Date:</b>	<b>27 September 2016</b>
3.	<b>Title:</b>	<b>Looked After Children Statutory Health Assessments</b>
4.	<b>Directorate:</b>	<b>The Rotherham NHS Foundation Trust</b>

### 5. **Adolescent Engagement at Health Assessments**

A review at the end of July of review health assessments identified that 16 young people had declined their health assessment. Of the 16, 13 young people were over the age of 16 years, 10 had declined in previous years and 5 were living out of the Rotherham area.

At the time of writing this report, 3 of the assessments have now been completed; for 4 of the young people placed out of area, contact has been made to request completion of their health assessments. 3 of the young people are not engaging with health services therefore discussions are being held between the looked after nurse and social worker/personal advisor as to the most appropriate way to engage the young person.

The remaining 6 young people continue to decline their health assessment; however 5 of them have received their health passport. The young people were happy to engage and discuss their health needs in context of the health passport but continued to decline a full health assessment.

It is apparent from this short review that the young people who decline early in their looked after journey continue to decline throughout their time in care. Therefore consideration needs to be given to early help and support from a health perspective to educate young people and their carers in the importance of accessing the appropriate advice and support to meet their health needs. If a positive relationship can be established with a health professional, it is anticipated that the young person will be more likely to engage and participate in their healthcare. The designated and Named Nurse for Looked After Children has arranged to meet with the LAC council (14 September) and part of that discussion is to ask the LAC council for their view on what else we as health professionals can do to improve uptake.

The current model within Rotherham is that the first contact a young person will have with a health professional following their entry into care is likely to be with a paediatrician in the hospital setting for their initial health assessment. There are instances where the child/young person may already have had contact with a health visitor or school nurse prior to them becoming looked after and therefore may already have a positive relationship with that particular health professional. It is not necessarily as difficult to engage the younger children/young people in meeting in their health needs but as the young person reaches adolescence, this is where it appears to become more difficult to introduce or maintain engagement.

Different authority areas experience different ways of working to achieve engagement and discussions have been held with 2 local looked after health teams to review the models that they use to establish their effectiveness and feasibility to introduce within Rotherham. One of the areas has recently completed a pilot study of the new process which has evaluated positively and is to be implemented permanently whereas the other area has implemented the process as permanent practice. Both of the areas have implemented the same process however the pilot area focused on the over 11 years age group as it was identified that risk taking behaviours were more prevalent within this age range and required earlier intervention although it is anticipated that this will extend to all ages. The other area sees all age ranges.

The process commences with a 'meet and greet' style home visit within 1 week of receiving consent from social care following the child/young person becoming looked after, this is undertaken by the looked after nurse. The purpose of this visit is to see the child/young person in their natural surroundings (consideration is given to the fact that they will have recently been placed with the foster carers but is felt to be more natural than a hospital environment) where they will feel more comfortable although if the young person would like to be seen in a different setting this is accommodated. It is acknowledged that becoming looked after can be a disturbing and uncertain time for many children and young people, therefore the role of the looked after nurse at this contact will be to inform them of the services and support that they can expect to receive in relation to their health. The looked after nurse will also discuss with the young person their health needs and how these can be met as well as undertaking a holistic health assessment focusing on lifestyle issues, emotional health and wellbeing and potential risk taking behaviours. It was felt in both areas that these specific health needs were not readily identified at an early stage therefore not influencing the care planning process. The young person would then attend an appointment at a later date with a medical practitioner (GP or paediatrician depending on area) for the remainder of the initial health assessment to be completed. For the young people who were anxious to attend the medical appointment, the looked after nurse would meet them at the appointment to provide additional support during the assessment.

Both areas have evaluated the nurse led process positively with early identification of health related issues resulting in up to date health information being available for the first review. Attendance at initial health assessments was also improved for this age group. For the majority of children and young people, the looked after nurse was not necessarily the practitioner who would continue to see the child/young person as they would be allocated to a health visiting/school nursing caseload. Although the health visitor/school nurse were positive of the information received from the nurse led assessment for the looked after review, good practice would recommend that the child/young person maintains the same health professional for continuity. This is being addressed by one of the areas with the implementation of a looked after team who would be responsible for the looked after community.

Early intervention and continuity of the health professional is likely to improve engagement as the child/young person becomes older with the expectation that a positive relationship will have been developed to ensure that health needs are being identified and addressed.

The looked after health team in Rotherham plan to undertake a pilot of a similar process as has been described from the 1<sup>st</sup> October 2016 for six months. Due to the nurse capacity within the team, we will be implementing the 11 years and older criteria for the pilot period. A health questionnaire is being developed for use with young people who decline their health assessment as a way of identifying any health needs in order to provide relevant support and services.

## **6. Review Health Assessments**

The completion of review health assessments within timescales has reported above 95% consistently over the last few months with some of the exceptions being the fore mentioned declined assessments. Completion of review health assessments for children/young people who reside out of the Rotherham borough reports lower at 90%. The majority of health assessments completed out of area are requested and received by post therefore this can cause delays in receiving them back in a timely manner. Strategies are in place to request the assessments earlier to reduce this issue and there has been an improvement in the completion rate in timescales.

## **7. Health Passports**

The distribution of health passports to looked after children and young people over the age of 5 years has commenced and will be a rolling programme over the next 12 months where the health passports will be shared with the child/young person at their review health assessment.

**Karen Holgate**

**Named Nurse – Looked After Children and Care Leavers**

## Summary Sheet

### Council Report

Corporate Parenting Panel – 27 September 2016

#### Title:

Annual Report for the Rotherham Therapeutic Team (1 April 2015 – 31 March 2016)

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

No

#### Strategic Director Approving Submission of the Report:

Ian Thomas, Strategic Director of Children and Young People's Services

#### Report Author(s):

Dr Sara Whittaker, Anne Marie Banks and Ian Walker

#### Ward(s) Affected:

All

## Summary

This report is an annual report to brief on the business and activity within the Council's Therapeutic Team in 2015/16.

The report provides performance and activity data on the service, reports on the activity and functioning of the therapeutic team, and details service delivery that has occurred in the year and those that are planned moving through 2016/17.

## Recommendations

That the Corporate Parenting Panel receives this report, considers and comments on any issues arising

## List of Appendices Included:

None

## Background Papers:

None

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## **Annual Report for the Rotherham Therapeutic Team 2015-2016**

### **1. Recommendations**

- 1.1 That the Corporate Parenting Panel receives this report and considers and comments on any issues arising.

### **2. Background**

- 2.1 The Rotherham Therapeutic Team was established in 2007, and provides specialist training, consultancy and therapeutic intervention for looked after and adopted children and those involved in their care.

### **3. Key Issues**

- 3.1 The Team is a relatively small team, comprising a clinical psychologist lead and four therapeutic intervention workers, who can provide attachment focused intervention. This includes a range of therapies; primarily working within a 'dyadic model', which means that the carer and child generally attend intervention together, which promotes attachment and enables the child to be involved in an intervention from a 'safe base'. Therapeutic models include theraplay, trauma work, narrative therapy, art therapy, and dyadic developmental psychotherapy practices, (DDP, Dan Hughes' model).
- 3.2 Given that the team is small and offers a service across a wide spectrum, including professionals, children in care and their carers', and adoptive families, interventions are based on a tiered, brief intervention service, (BIS). This includes consultation, advice and training, with more intensive direct therapy packages offered when recommended.
- 3.3 The team deliver therapeutic training courses to share best practice with carers and professionals, this includes
  - 8 week Therapeutic Parenting Courses (Beek & Schofield Safe Base Model of Intervention)
  - Bonding Through Play training (Theraplay Intervention)
  - Life Story Work (Narrative Therapy)
  - Transitions (Moving Children on to adoption)
  - Living with Sexually Abused Children training
  - Assessing sibling groups.
- 3.4 In line with the Government performance indicator requirements, (PI), the therapeutic team collates and analyses the 'Strengths and Difficulties Questionnaire', (SDQ) data for all children in care between the ages of 4 years and 16 years inclusive. The SDQ gives an indicator of two impacts, the mental health and wellbeing

of the child, and the impact on the carer. In addition to collating, the therapeutic team screen this data, but do this in a more comprehensive way than government requirements. In this reporting year, over 300 SDQ's were sent to carers, with returns of 197, an increase from 181 in the previous dataset year.

- 3.5 As indicated above, the Therapeutic Team provide consultation and support to carers and children where the score indicates a 'high' or 'very high' need. Telephone consultation is offered to all foster carers in these instances to provide advice and guidance, and carers can access to suite of training offered by the team, such as attachment training, or therapy workshops.
- 3.6 The SDQ is also used within direct therapies with all children referred to the team at the start and end of involvement to map positive changes and the SDQ is repeated each year. Analysis of individual children is made at the LAC Reviews, at the annual Health Assessments, and also in review by the therapeutic team, which enables a child focused response to accessing services.
- 3.7 The team also provides Rotherham's Statutory Post Adoption Support service; liaising with the adoption team, producing regular newsletters, and offering support groups and coffee mornings for adoptive parents, activities for adopted children, and an annual adoption celebration event. Work was focussed on 97 families this year; 23 were referrals and work continuing from the year before, leaving 74 new assessments completed this year. The Post Adoption Worker within the team undertakes assessment, signposting and support. This includes accessing therapeutic intervention from the Adoption Support Fund, (ASF). 33 applications to the fund were made in this financial year in relation to 28 children and/ or their parents. This has provided therapeutic packages to the value of £220k for Rotherham's adopted children and parents.
- 3.8 The therapeutic intervention workers in the team undertake regular training and development to ensure that their practice is relevant, research based and up to date. Dr Sara Whittaker's professional status was re-graded to Consultant Clinical Psychologist in this year, whilst other workers within the team are currently undertaking a range of ongoing professional training and practice, including 'DDP' therapy training, social work post qualifying certificate in social work studies, and therapy practicum.

#### **4. Performance**

- 4.1 During the period 1 April 2015 - 31 March 2016, there were 511 referrals made to the team, which equates to 401 different young people.



- 4.2 The team provided support to carers of 38 children who moved on to adoption, and this included support in preparing for permanence, supporting the foster carers and fostering team and the adoption team in the transition.
- 4.3 The team assessed and made 33 applications to the Adoption Support Fund in this financial year, in relation to 28 adoptive families, providing £220k therapy for Rotherham's adopted children and parents.
- 4.4 At any time, the team hold a large and varied caseload of long term, short term, consultation only and direct therapy families. In November 2015, a snap shot of activity revealed that within that month, 38 children and carers were receiving direct therapy, and 170 carers and/or professionals had accessed consultation support from the service. Demand exceeds capacity and many of the 170 cases where consultation was offered, children and young people would have benefitted from more direct intervention, but due to the limited capacity within the team, this was not possible.
- 4.5 In this financial year, Rotherham's NHS Clinical Commissioning Group, (CCG) provided additional funding to the team of £50k, which enabled temporary recruitment of four part time agency workers, who worked with 66 families over a four month period. Dyadic (family) sessions occurred with 27 young people and their carers/parents, on a weekly basis, with additional consultation with carer/s and the team around the child which further enhanced this provision. Furthermore 28 carers/parents/colleagues received consultation from these workers, when the young person would not engage in direct work. This provided some additional capacity within the service although it was only a short-term solution.
- 4.6 There is currently a transformation review of the service regarding an expansion 'offer'. An expanded team could enable financial savings resulting from earlier intervention which could prevent placement disruption, and resolve the pressures for Out of Authority 'therapeutic' placements. It could also provide more intensive and responsive team around the child therapeutic support and interventions for 24 targeted children, such as adolescents and sibling groups placed in RMBC foster care and therapeutic packages purchased for targeted children in independent fostering agencies (IFA) or residential homes.
- 4.7 A tiered model means that most people receive consultation, training and advice, with a few going on to receive direct therapy packages and a few receiving high intensity and longer pieces of intervention and therapeutic support. Of 511 referrals, BIS, a brief intervention service was offered wherever possible to all 511. Of those 511, direct work was offered to approximately 55 young people in that year, usually consisting of 6 to 14 sessions – up to

48 if court directed for the year or if two interventions are offered sequentially. Further direct therapeutic work was offered and delivered to children who had waited from the year before, and the ASF funded services for families in the post adoption period too.

- 4.8 To respond to referrals and crisis situations, all interventions start with an assessment of need, and up to three sessions of advice, guidance and support to the primary carer and team working with the child/young person. A training programme and a selection of information sheets, workbooks and resources are made available to support and extend this process. Narrative therapies are drawn on promoting the use of stories and story books to help children understand their life story, emotions and behaviours. Bespoke stories are created for many children.
- 4.9 The team deliver Therapeutic Training courses to share best practice with carers and professionals. Courses delivered receive good feedback. Feedback is considered, collated and responded to in relation to making relevant changes. Training was provided to 474 carers/adopters and professionals across children's services this year, with a similar figure of 498 in the previous reporting year.
- 4.10 Where indicated children and young people are then added to a waiting list for therapeutic work, or referred to another agency, including Youthstart, CAMHS, RISE, Barnardos, and MAST. Where these Agencies are unable to see the young person Rotherham's Therapeutic Team will continue to support the carer and aim to provide a required intervention within six months.
- 4.11 The Therapeutic Team takes all referrals for looked after children who live local to the service; (within South Yorkshire). Tier 3 CAMHS service refer into the Therapeutic Team all families who have adopted children, children in care and children subject to SGO for support, assessment, therapeutic work and attachment interventions. Generally CAMHS will only continue to work with these families if there is a requirement for assessment of autism, ADHD and neuro-developmental delay. Partnership work between the therapeutic team and wider CAMHS provision also happens where there are more serious mental health indicators, such as significant self-harming attempts, psychosis and eating disorders. The team consults with and attends regular meetings with local psychologists across the hospital paediatric, RMBC and RDASH trusts to look at shared cases and also to agree appropriateness of interventions and lead agency with challenging and complex cases.
- 4.12 Rotherham's Therapeutic Team work alongside other agencies such as Educational Psychologists, MAST counsellors in schools, Barnardo's CSE and sexually harmful behaviours services, Youthstart and other agencies including RISE. Nationally Rotherham's Therapeutic Team work alongside the Clinical

Commissioning Group, (CCG) to ensure that children living in different parts of the country receive CAMHS and other services as appropriate. The team also work closely with the RMBC commissioning team to ensure that therapeutic provisions (within IFA/residential placements) are fully delivered as contracted to ensure good quality service provision for all children in care, whether they are living..

## 5. Outcome measures

- 5.1 The therapeutic team collect before and after measures to evaluate the impact of work undertaken, which indicates that more progress is made where interventions are extended over longer periods of time and carers or adopters attend training courses and consultations and before direct therapy is provided.
- 5.2 A recent service evaluation research project/consultation interviewed nine carers who all agreed that the service had been useful and appropriate, but four felt they had to wait too long to receive support or intervention.
- 5.3 Feedback from young people is largely positive, as is feedback from professionals, although concerns surrounding the time waiting for intervention is often a feature which reiterates the findings from the recent service evaluation.
- 5.4 Feedback gained from training courses, indicates that families and professionals appreciate the way that complex psychological information and learning can conveyed in a way that is easy to understand.

6. **Options considered and recommended proposal:** That the Corporate Parenting Panel receives this report, considers and comments on any issues arising

7. **Consultation:** Not applicable, this is an Annual Report to panel to Corporate Panel.

8. **Timetable and Accountability for Implementing this Decision:** Not applicable.

## 9. Financial and Procurement Implications

- 9.1 To consider the RTT transformation expansion proposal – including increase in staff number and secondment of at least one more Clinical Psychologist from SHSCFT.

## **10. Legal Implications**

- 10.1 The therapeutic team need to develop a more responsive pathway into therapeutic provision funded through the Adoption Support Fund, in particular for Special Guardianship families. This matter will be addressed in the therapeutic transformation proposal and reported back to Corporate Parenting Panel later in this year.
- 10.2 In addition, the adoption regionalisation programme may also impact upon the allocation and functioning of the adoption support. This matter will be addressed within the adoption regionalisation update report which is due to be submitted later in this year.

## **11. Human Resources Implications**

- 11.1 There are no Human Resource implications of note with regards to the timescale described within this Annual Report.
- 11.2 A further report is scheduled to be submitted later this year, which will set out the therapeutic team transformation 'offer,' when issues pertaining to human resource implications will be addressed.

## **12. Implications for Children and Young People and Vulnerable Adults**

- 12.1 The Therapeutic Service provides a dedicated pathway into mental health provision for children in care, adoptive and special guardianship families. However, the waiting time for access into provision is too long and the service generally offers short term intervention. This matter is being addressed within the therapeutic service transformation proposal and a report will be submitted to Corporate Parenting Panel later this year to address this matter.

## **13. Equalities and Human Rights Implications**

- 13.1 The Council must comply with its duties under the Equality Act 2010. In addition, the Council has a duty to fully consider the human rights and implications for children, families and staff including access to services.

## **14. Implications for Partners and Other Directorates**

- 14.1 Ongoing partnership work is important through Rotherham's Clinical Commissioning Group, (CCG) and Rotherham, Doncaster and South Humber NHS Foundation Trust, (RDASH), Children and Adolescent Mental Health Services, (CAMHS), RMBC's virtual school, Multi-agency Support Team, (MAST), Rotherham's Information Support and Equality Service, (RISE), and Barnardos, amongst other services.

## 15. Risks and Mitigation

- 15.1 There are no particular risks from the year previous annual report. However there are ongoing risks to the emotional wellbeing of children in care and those who have left care if expansion is not achieved.
- 15.2 If no transformation/expansion is available or agreed at this time there will continue to be demand in excess of capacity, waiting times, minimal interventions, staff stress and poorer emotional outcomes for children in our care.
- 15.3 Legal risk if Special Guardianship supported through the Adoption Support Fund is not developed urgently by RMBC. This issue is being addressed within the transformation proposal currently under review.
- 15.4 There is also future risk of complaints from SGO, foster and adoptive carers for delays and limited service provision.

## 16. Accountable Officer(s)

**Ian Walker, Head of Service, Children in Care.**

Sent to for information:

Joint Assistant Director, Commissioning, Performance & Quality – Nicole Chavaudra, Via Paul Theaker, Adrian Hobson and Claire Burton

Strategic Director of Finance and Corporate Services:-  
Named officers – Mark Chambers & Paul Jackson

HR Services - Luke Ricketts

Assistant Director of Legal Services - Neil Concannon, Service Manager

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

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

**References:** What good looks like in psychological services for children, young people and their families. (2015). The child and family clinical psychology review 3, pp119-129.

## Summary Sheet

Corporate Parenting Panel – 19<sup>th</sup> July 2016

### Title:

Rotherham Adoption Service Performance Report 2015-2016

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

No

### Strategic Director Approving Submission of the Report

Ian Thomas, Strategic Director of Children and Young People's Services

### Report Author(s)

Helen Mangham (Team Manager – Adoption)

Jill Stanley (Team Manager – Adoption)

### Ward(s) Affected:

All

### Summary

This report is an annual report to brief on the business and activity within the Council's Adoption Service in 2015/16. The report provides performance and activity data on the service, reports on the activity and functioning of the Adoption Panel and details service developments that have occurred in the year and those that are planned moving through 2016/17.

### Recommendations

That the Corporate Parenting Panel receives this report and considers and comments on any issues arising

### List of Appendices Included:

None

### Background Papers:

None

### Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

### Council Approval Required:

No

### Exempt from the Press and Public:

No

**Title:** Annual Adoption Service Report 2015/16

**1. Recommendations**

- 1.1 That the Corporate Parenting Panel receives this report and considers and comments on any issues arising.

**2. Background**

- 2.1 This report is an annual report to brief on the business and activity within the Council's Adoption Service in 2015/16.
- 2.2 The report provides performance and activity data on the service, reports on the activity and functioning of the Adoption Panel, and details service developments that have occurred in the year and those that are planned moving through 2016/17.

**3. Key Issues**

- 3.1 Rotherham Borough Council Adoption Service operates within the regulatory framework of the Adoption and Children Act 2002 (as amended); Adoption Agency Regulations; the associated Statutory Guidance 2014 and the National Minimum Standards 2014.
- 3.2 Prior to September 2013, Adoption Agencies were inspected separately by Ofsted. Since then, inspection of adoption work is incorporated into the Single Inspection Framework which includes a graded judgement on adoption.
- 3.3 The Adoption Service in Rotherham is made up of two teams, the recruitment team and the assessment team. The Adoption Service undertakes the recruitment, assessment and approval of applicant adopters, family finds and matches children and approved adoptive parents, supports and supervises adoption placements and provides post adoption support services.
- 3.4 In line with the Regulations, the service has an Adoption Panel chaired by a skilled and experienced independent social work professional. The panel considers and makes 'recommendations' about the suitability of adopters and on the matching of children requiring adoption with approved adopters.
- 3.5 The Assistant Strategic Director for Children's Social Care performs the role of Agency Decision Maker for the Adoption Service. The Agency Decision Maker considers and makes 'decisions' on whether or not children should be placed for adoption, and following consideration and recommendation by the Adoption Panel, on the suitability of applicant adopters and the suitability of a match between a specific child and approved adopters, having considered the Adoption Panel's recommendation in each case.

#### **4. Activity in the Adoption Service in 2015/16**

##### **4.1 Should be placed for Adoption Decisions**

4.1.1 The decision by a Local Authority that a looked after child 'should be placed for adoption' (referred to as the SHOBPA decision) is a decision made by the Local Authority's Agency Decision Maker for Adoption based on the social worker's report, known as the 'Child's Permanence Report', legal and medical advice and any other relevant supporting evidence.

4.1.2 In 2015/16 SHOBPA decisions were made in respect of 46 children, 9 required supplementary work for the ADM to make the recommendation, but none were declined. In 2014/15, 49 SHOBPA decisions made.

##### **4.2 Placement Orders**

4.2.1 A Placement Order is an Order made by the Court which endorses a child's plan for adoption (following the SHOBPA decision made by the Local Authority) and allows for the child to be legally placed with approved adoptive parents.

4.2.2 In 2015/16 Placement Orders were made in respect of 41 children compared with 39 Placement Orders made in 2014/15. Of the 46 children who had SHOBPA decision made (reported in 4.1.2), five of these were revoked following further assessment. These children comprised of two sets of siblings, and one other child. Three of the children were assessed as having their permanency needs best met in long term fostering, whilst for the other sibling group, the plan changed to rehabilitation home following a further parenting assessment.

##### **4.3 Adopter Approvals**

4.3.1 Individuals or couples who wish to adopt a looked after child must first be 'approved' as 'suitable' to do so. Applicant adopters are assessed by the adoption assessment team and the Adoption Panel makes recommendations on the applicant's suitability, with the Agency Decision Maker making the final decision on suitability.

4.3.2 Performance on recruiting prospective adopters who wish to adopt a looked after child has been maintained this year with a calendar of recruitment events throughout the year. The number of enquiries to the agency in 2015/16 was 97, compared to 100 enquires in the previous year. Once further information has been shared at an information event or visit the number of 'Registration of Interests' received has decreased from 51 in 2014/15 to 30 in 2015/16.



- 4.3.3 The Agency is ensuring that whilst prospective adopters enquiring are being given a positive welcome, the messages being shared about adoption and the children available for adoption is realistic. The agency is clear about the qualities and skills needed by prospective adopters in order to successfully parent children who have experienced separation, loss and early childhood trauma.
- 4.3.4 In addition, the number of adopters the agency has approved has reduced. In 2015/16 15 adopters were approved as compared to 32 in 2014/15. This is consistent with the national trend, but in addition to this the previous year had been a record year for RMBC Adoption Team.
- 4.3.5 Rotherham Adoption Team remains committed to increasing the number of adopters approved. In achieving this, there has been a refreshed recruitment campaign utilising social media to recruit adopters for individual children and sibling groups of all ages with an adoption plan and an increase in adoption recruitment activity around Rotherham, and this is still ongoing throughout 2016/17.

#### **4.4 Timeliness of assessment of prospective adopters**

- 4.4.1 The average time between 'Registration of Interest' and 'Agency Decision' was 239 days. Since the introduction of the two stage process the timeliness for adopter assessments has continued to decline. The main delay is in Stage 1, due to delays in the returns of DBS checks. In addition adopters report that they are unable to obtain a timely appointment with their GP for the adoption medical. As Stage 1 is adopter led, the agency has less control over this stage. A number of adopters also choose to take a break between Stages 1 and 2 which impacts on the overall timeliness.
- 4.4.2 Timeliness for adopter approval has decreased nationally since the introduction of the two stage process. This has been mirrored in Rotherham Adoption Services with 46.6 % of adopter assessments being completed within the six month timescale in 2015/16.

#### **4.5 Matches Approved**

- 4.5.1 Rotherham Adoption Service has two Family Finders who seek to identify the most suitable approved adopters for each child needing adoption. Before a child can be placed with approved adopters the suitability of the match must be considered at the Adoption Panel, with the final decision resting with the Agency Decision Maker.
- 4.5.2 In 2015/16 the service matched 39 children with adoptive families. This compares with 35 matches in 2014/15.

#### **4.6 Children Placed for Adoption**

- 4.6.1 Once a match between a child and approved adopters has been approved, the service may proceed to legally place that child with those adopters. In 2015/16, the number of children who were placed for adoption was 36. In 2014/15, the number placed was 32 children.

#### **4.7 Children Adopted**

- 4.7.1 Once a child is placed for adoption, the adopters must wait a minimum ten week period before they can apply to the Court for an Adoption Order to legally adopt the child. Once an Adoption Order is granted the adopters obtain full parental responsibility for the child.
- 4.7.2 In 2015/16 there were 43 looked after children adopted. Similarly, 43 were adopted in 2014/15.

#### **4.8 The Percentage of Children Leaving Care via Adoption**

- 4.8.1 22.4% of children left care via adoption in Rotherham in 2015/16. The service is achieving adoption for a high number and percentage of looked after children. In 2016, Rotherham Adoption Team introduced monthly children's tracker meetings to measure performance of children with an adoption plan, to prevent drift and delay. This information is shared in fortnightly performance meetings, and has had a positive impact in forward planning for children whose plan is adoption. It is likely that the number of children adopted will reduce with the introduction of the edge of care 'offer' outlined in Rotherham's sufficiency strategy 2016/17.
- 4.8.2 The table below demonstrates the number and percentage of children adopted from care in 2015/16 as compared to statistics from previous dataset year. The table also examines the adoption of 'difficult to place' children.
- 4.8.3 Of the 43 children adopted, 16 were female and 27 were male. 38 children were of white British origin and 5 children were dual heritage. 9 children were sibling groups of 2 (18 children) and 5 of the children had disabilities. 7 children were aged 5 or over. 4 of the children of dual heritage were matched with families of appropriate culture, one child had complex health needs, and when matching was linked to a family, who did not share the child's heritage, but was skilled and experienced to meet the child's health and development needs.

<b>Number of children adopted in Rotherham in 2014/15</b>	43
<b>Number of children adopted in Rotherham in 2015/16</b>	43
<b>Percentage of children leaving care via adoption in Rotherham in 2014/15</b>	27%
<b>Percentage of children leaving care via adoption in Rotherham in 2015/16</b>	22.4%
<b>Percentage of children from ethnic minority backgrounds leaving care via adoption in Rotherham in 2015/16</b>	4%
<b>Percentage of children aged 5 or over leaving care via adoption in Rotherham in 2015/16</b>	18%

## **5. Timeliness of Adoption**

- 5.1.1 The service has been striving to achieve adoption for children for whom it is in their best interests, in a timely manner. Children should be supported through their journey through care and to their 'forever' adoptive family as quickly as possible so they can benefit from being placed with their adoptive parents at as young an age as possible, enabling the bonding and attachment process to begin as soon as possible.
- 5.1.2 The Government recognises the need for timeliness in adoption and has been measuring Local Authority performance on timeliness with their 'Adoption Scorecard' measures for several years now.

### **5.2 Adoption Scorecard Measure 1**

- 5.2.1 Adoption Scorecard Measure 1, measures the number of days on average that it takes for children who have been adopted to move from first coming into care to being placed for adoption with adoptive families. The Government target on this measure is 426 days.
- 5.2.2 Rotherham's performance in 2015/16 for children adopted was 296 days, a continued improvement in timeliness. 83.72% of the children adopted met the 426 day target. (36 children) compared to 67.44% in 2014/15.

### **5.3 Adoption Scorecard Measure 2**

- 5.3.1 Adoption Scorecard Measure 2, measures the number of days on average it takes for adopted children to move from being made subject to a Placement Order to them having a match with adopted parents agreed by the Agency Decision Maker. The Government target on this measure is 121 days.
- 5.3.2 Rotherham's performance in 2015/16 for children adopted was 136 days. There has been continued improvement in timeliness for this measure. However, this remains short of the threshold of

121 days by 15 days. 72.09% of children adopted 2015/16 met the A2 measure of 121 days compared to 37.21% in 2014/15.

## **6. Family Finding**

- 6.1 The service has two family finding social workers as previously mentioned. There are also three adoption support workers; one whose role is family finder assistant, one whose role is letter box co-ordinator and one whose role is supporting the adopter through the process of adoption. The family finders' main role is to identify approved adoptive families that can best meet children's need for adoption.
- 6.2 The service strives to provide as many adoption placements as possible from its own recruited adoptive families but where there is a shortfall of in-house adopters or a child's needs cannot be met by RMBC recruited families, the team will strive to find a suitable family in the region and across the whole country through families approved by other Local Authorities and by Voluntary Agencies.
- 6.3 Rotherham is now a member of the Adoption Link and uses this to support family finding for harder to place children in Rotherham through 2016/2017. Rotherham are also working with Barnardos but this project is in its early stages.
- 6.4 The family finders also utilise the National Adoption Register and Coram BAAF events, such as exchange days and activity days to enhance family finding for children. In this adoption year, the service has been successful in achieving adoption for a wide range of children who are considered 'harder to place' due to age, disability, ethnicity or part of a sibling group. Nine sibling groups; eight children over the age of 5 years; two children from BME background and four children with additional health needs/disabilities were adopted in 2015/16.
- 6.5 When placing a child with adopters approved by another Local Authority or a voluntary adoption agency we are required to pay a fee of £27,000 for one child, £43,000 for a sibling group of two, and £54,000 for a sibling group of three children. If another local authority places a child with one of our adoptive families they are required to pay us that fee. In 2014/15, Rotherham Adoption Services recruited a high level of adopters, as previously described which led to the agency being in a position to provide recruited adopters for other Authorities. In 2015/16, one adoptive family were recruited by Rotherham Adoption Services for one other local authority equating to a payment into the service of £27,000.
- 6.6 The family finding social workers use a variety of measures to match children to adopters including using the Adoption Register, and undertaking innovative activity such as attending exchange days, 'bump into' events and activity days.

- 6.7 Of the thirty-nine children matched for adoption in 2015/16:
- 24 were matched with in-house approved adopters
  - 8 were matched with voluntary adoption agency adopters
  - 7 were matched with other Local Authority adopters
- 6.8 As of 31<sup>st</sup> March 2016 there were 15 children with an adoption plan where family finding was ongoing. The child waiting the longest has had an adoption plan for 17 months. He has complex needs and it is likely that his plan will change to permanency through fostering and will remain with current foster carers on a long term basis. The average time for children currently where family finding is ongoing is 5 months, the longest being 17 months and the shortest 1 week.

## **7. Early Permanence Placements (Fostering to Adopt Placements)**

- 7.1 Early Permanence Placements, also referred to as Fostering to Adopt was a Government initiative introduced in 2013, to enable children to be placed with their adoptive parents at as early a stage as possible. This initiative allows approved adopters to be also approved as foster carers for a specific child and to care for a child who they will go on to adopt, before the Court has agreed the plan of adoption through the granting of a Placement Order. This means in some instances, it is possible to place new-born babies with approved adopters at the very start of Court proceedings that may last another six months, under fostering to adopt fostering arrangements. Once the proceedings have finished and the Placement Order is granted, the child can be legally placed for adoption with those adopters.

Essentially, the legal status of the placement changes from a fostering placement to a placement for adoption but with no move or impact on the child, other than the positive effect of having been placed with his/her forever parents right from birth.

- 7.2 There is some risk for the 'fostering to adopt' families in this process, as it can never be known for definite what decision a Court will make and if the Court decides against a plan of adoption, the adopters will experience the distress of the child leaving their care.
- 7.3 The service has worked hard in 2015/16 to promote Early Permanence Placements, including training for adopters and staff and seeking to identify children for whom Early Permanence is most appropriate. Eight Early Permanence Placements were made in 2015/16; five children with RMBC adopters and three children placements with inter-agency families, (Kirklees and Calderdale). This has been very positive for the children and families involved and has contributed to RMBC Adoption Service's improved performance on timeliness.
- 7.4 Rotherham Adoption Service were innovative in appointing a dedicated early permanence champion in the team who works closely with the Adoption Team Managers and LAC Permanence Manager to identify and promote early permanence planning and embed this as part of Rotherham's practice when considering a Plan for Adoption. Rotherham's pro-active approach to EPP has resulted in RMBC being a leader in this area within the Region.

## **8. The Adoption Panel**

### **8.1 Panel Member Training**

8.1.1 It is a legislative requirement that there is at least one training day annually for Panel members. Panel member training in 2015/16 included:

- Dealing with disruptions (1 day course)
- Making good assessments (1day course)
- Early permanence – (1 day refresher course, including the fostering to adopt legal context)

### **8.2 Panel Business**

8.2.1 During 2015/2016 the Adoption Panel considered and recommended approved adopters for 39 children and 14 prospective adopters.

### **8.3 Quality Assurance of Reports to Panel**

8.3.1 The Adoption Panel plays a key quality assurance role for the service, providing feedback on the quality of reports it is asked to consider. In assessing and feeding back on the quality of the Child Permanence Reports and Prospective Adopter Reports it receives.

8.3.2 During 2015/16 there were two adoption disruptions in Rotherham; a sibling group of two, and a single older child. A disruption review has been concluded following the sibling groups placement disruption and a decision made that the prospective adopters are no longer suitable to adopt. A disruption review is ongoing for the older single child. Lessons learned from disruptions are shared with the adoption team, adoption panel and the Court and Permanence Team. In terms of the permanency for the sibling group following disruption, whilst this is outside this OFSTED reporting year, Family Finding did continue for these children. A potential family was identified and this was presented to matching panel on 12<sup>th</sup> May 2016. The children have been placed and are doing well. With regards to the older child, the plan has changed to permanency through foster care, and an application has been made to the court to revoke the Care Order. In the last 3 years, 3 adoption placements disrupted involving 4 children. 2 of the disruptions were last year and one in 2014. This child has been rehabilitated to the care of his grandmother.

8.3.3 The adoption team and panel members have received training from Coram BAAF on making good adoption assessments.

8.3.4 Monthly Action Learning Sets are taking place to provide team reflection and supervision on assessments. An assessment toolbox has also been developed including the use of Adult Attachment Interviews and monthly consultation with Clinical Psychologist, Dr Sara Whittaker of RMBC Therapeutic Team. In addition, a Quality Assurance

Framework for assessments and PAR's has been implemented to drive up quality of reports.

8.3.5 The Adoption Panel are also committed to learning and development, and have requested training on disruption, learning from national and local messages. This was provided to panel members and the adoption team in June 2016, which was well attended and well received.

8.3.6 It has been recognised by the team managers; with support from senior managers that a more robust approach is needed to be taken with regards to acceptance of 'Registration of Interest' and progression to Stage 2 and this was implemented in September 2015.

#### **8.4 Quality of permanence planning, Child Permanence Report preparation of Children and Post Adoption Support Plans**

8.4.1 The new Child Permanence Report which is also the application to Court for a Placement Order has been used now for 12 months. Prior to the implementation, training was offered to social workers on writing CPR's which now has four functions; to enable permanence planning and decision making via the ADM, application to the Court for Placement Order, to provide information to enable family finding and for the child in the future in terms of the story of their journey from birth family to adoptive family.

8.4.2 The quality of CPR's is variable and this was raised by Ofsted. Following Re B and Re BS, the need to evidence that adoption is the only option for a child "when nothing else will do" identified that the approach to identifying all viable options for a child as part of the permanence planning needed to be strengthened. There has also been discrepancy in the quality of direct work completed with children around their Care Plan including life story work and preparation for adoption. However ongoing training continues by the adoption team and legal services to support the development and expertise in permanence planning and in particular adoption. The aim of this is to improve the quality of assessments, CPR's and matching paperwork including the post adoption support plans and preparation of children. In addition CPR's are quality assured by the adoption team managers and the quality of reports presented to panel is commented upon with advice on improvement if this is necessary. This is now minuted.

8.4.3 In 2016, Rotherham Borough Council introduced the Court and Permanence Team and the aim of this team is to develop an expertise in permanency planning and to improve quality of CPR's, life story work and preparation for adoption. The Adoption Team Managers work closely with the manager of this team to develop and improve practice and social workers in the team consult with the adoption family finders to commence family finding, once a child is referred for a SHOBPA decision. This ensures earliest opportunity to identify potential matches for the child and promotes timeliness. However, this is still a recent innovative way of working that will be tracked with regards to improvement of service through 2016 – 2017.

8.4.4 The Adoption Support Fund has been introduced by the Government to improve access to therapeutic support services for adoptive families. This has enabled twenty-eight therapeutic support packages to be provided for adopted children pre/post adoption order in 2015/16. In March 2016, this was extended to include funding for therapeutic packages for children up to the age of 21. Applications to the fund are made following an assessment of the child's therapeutic needs which is reviewed by Rotherham's Therapeutic Team.

8.4.5 The Managers involved in permanency planning and post adoption support are working together to improve the quality of proposed adoption support plans. In order to develop the post adoption support available, an application to the ASF is being submitted to fund ongoing therapeutic groups such as Theraplay and Therapeutic parenting. This would provide access to additional therapeutic support for an increased number of children in their adoptive families.

## **9. Staffing**

9.1 The Adoption Service is made up of two teams; 'Adoption Recruitment' and 'Assessment Team and Family Finders'. The Recruitment and Assessment Team each have a Team Manager and 10 full time equivalent social work posts, comprising 12 part-time/ full-time social workers. In addition, there are 3 full time support workers, who cover family finding support, adoption support and letter-box co-ordination.

9.2 The two team managers' report to the Service Manager for Adoption who reports to the Head of Service for Children in Care.

## **10. Adoption Support Services**

10.1 The service has a dedicated Adoption Support Social Worker based within Rotherham's Therapeutic Team, who undertakes adoption support assessments and co-ordinates, receives and processes requests from adopters for therapeutic intervention funded by the Government's Adoption Support Fund, (ASF). To date, since the ASF was introduced, 42 bids for adoption support in total have been made to the fund, which has culminated in funding of £312,505.45 being granted in total providing 28 therapeutic support packages in 2015/16.

10.2 In addition, Rotherham Borough Council has an innovative, dedicated therapeutic team to work with foster carers, adoptive families and looked after children, and provides consultation to involved professionals. With regards to adoption, the team offers a repertoire of services to adoptive parents, which includes:

- Assessment of children with complex needs,
- Attachment training
- Training around transitions and moving on
- Training, consultation and advice on sibling assessments
- Training on life story work



- Direct work regarding narrative
- Direct work with families
- Therapeutic parenting course

10.3 The adoption team also run a range of support groups, which is coordinated and supported by the adoption support worker who sits within the team. These include 'Tiny Tuesdays,' which is a group for new adoptive families with children under the age of 5 years, and 'Big Apples,' which targets adoptive families of 5 – 11 year old children. Teenager events are also held, and in July 2016, a group of teenage adoptive children enjoyed a summer camp, hosted by After Adoption, which was funded through the ASF. RMBC Adoption Services also commission PAC-UK to provide adoption support to "anyone who is involved in adoption", especially birth parents, people who have been adopted and adopters and Yorkshire Adoption Agency, to undertake inter-country adoption assessments when requested to do so.

## **11. The Regional Adoption Agency**

11.1 In May 2015, the Government announced changes to the delivery of adoption services. By 2020, all adoption services would need to be delivered on a regional basis. The Government advised that where Local Authority services did not form or become part of a regional adoption agency by 2020, it would legislate to force them to do so. The rationale from the Government for this was a belief that a smaller number of larger regional agencies would be better placed to deliver an increase in the number of children adopted, to reduce the length of time children wait to be adopted, and to improve post adoption support services to families who have adopted.

11.2 Shortly after the Government initiative, Rotherham Adoption Service linked with two other Local Authority Adoption Services, a Trust, and one local Voluntary Adoption Agency to plan the development of a new regional Adoption Agency. The agencies coming together in this development are as follows:

- Rotherham Metropolitan Borough Council Adoption Service
- Barnsley Metropolitan Borough Council Adoption Service
- Sheffield Metropolitan Borough Council Adoption Service
- Doncaster Children's Trust
- Alliance of Voluntary Agencies

11.3 Staff and managers from the areas identified above have continued to meet to develop the service and ensure a 'best practice' model is in place to operate fully as one service by April 2017.

## **12. Summary**

12.1 It has been a busy year for the Adoption Service in Rotherham. The service is achieving adoption for a high number and percentage of looked after children, with 22.4% of children leaving care via adoption in Rotherham in 2015/16. The introduction of monthly children's tracker meetings has ensured a timely response to adoption and has largely militated against drift and delay and has had a positive impact in forward planning for children whose plan is adoption.

- 12.2 In this adoption year, the service has been successful in achieving adoption for a wide range of children who are considered 'harder to place' due to age, disability, ethnicity or part of a sibling group. Nine sibling groups; eight children over the age of 5 years; two children from BME background and four children with additional health needs/disabilities were adopted in 2015/16.
- 12.3 Rotherham Adoption Team has continued to promote early permanence planning for children, with eight Early Permanence Placements (EPP) being made in 2015/16. Rotherham's pro-active approach to EPP has resulted in RMBC being a leader in this area within the Region.
- 12.4 Most importantly in the year, the service achieved adoption for 43 children, and on the two key Adoption Scorecard measurements, Rotherham's performance in 2015/16 for children adopted has indicated a continued improvement in timeliness.
- 12.5 Rotherham Adoption Service has successfully supported adoptive families by accessing the Adoption Support Fund, with 28 therapeutic support packages being granted in 2015/16.
- 12.6 Rotherham Adoption Services acknowledges that there were two adoption disruptions for three children in 2015/16 and as a direct response undertook a thorough audit of practice and lessons learned. In doing so a quality assurance framework has been implemented to improve practice further.
- 12.7 The Panel has operated successfully, getting through the necessary business and playing a key quality assurance role. Rotherham strives to improve the quality of Child Permanence Reports presented for SHOBPA decisions and to Adoption Panel and to ensure consistent quality for all Prospective Adopter Reports. In achieving this, additional training has been rolled out to panel members, with ongoing learning sets to reinforce best practice.
- 12.8 2016/17 will see the adoption service being delivered on a regional basis, and in reaching this goal, will continue to operate an effective service that keeps children at the heart of its functioning.

### **13. Improvement and Development for 2016/17 onwards**

- 13.1 We will continue to strive to improve and develop our service over 2016/17. Adoption has a key role to play within our overall Looked after Children and Care Leavers Strategy. Key improvement actions include:
- Recruit more adopters who are able to meet the needs of Rotherham children.
  - Increase number of Early Permanence Placements.
  - Improve the timeliness of the adoption journey for both children and applicant adopters through robust tracking.
  - Improve the quality of assessments
  - Continued access to Adoption Support Fund to ensure that adoption therapeutic support needs are best met.
  - Use training, supervision, tracking meetings, legal gateway meetings and promotion of adoption and good practice to ensure that social workers

appropriately plan for children coming into care and achieving permanence via adoption

**14. Options considered and recommended proposal:**

Not applicable

**15. Consultation**

Not applicable

**16. Timetable and Accountability for Implementing this Decision**

Not applicable

**17. Financial and Procurement Implications**

17.1 There are no direct financial implications to this report. The Adoption Team, in conjunction with Service Manager and Head of Service continues to monitor the Adoption Team spend in line with RMBC finance team. Rotherham Adoption Team's current projected spend is within budget, but there may be overspend on the interagency budget. The mitigating factor here is that Rotherham are committed to making timely placements to ensure that there is no drift for children in care when the plan is adoption.

**18. Legal Implications**

18.1 There are no direct legal implications to this report, save to say that the Adoption Team operate within appropriate legislation, such as the Children Act 1989, Adoption and Children Act 2002, Adoption Regulations, Statutory Guidance and RMBC policy and procedures.

**19. Human Resources Implications**

19.1 There are no direct human resource implications to this report.

**20. Implications for Children and Young People and Vulnerable Adults**

20.1 The Adoption Team Performance Report 2015 – 2016 relates to services for looked after children where the plan has been adoption, the recruitment and assessment of adopters, matching and placing adoptive children and securing permanency for children with their adoptive families.

**21. Equalities and Human Rights Implications**

21.1 There are no direct implications within this report, other than to say that the Adoption Team are compliant with the Human Rights Act and Equal Opportunities Policy.

**22. Implications for Partners and Other Directorates**

22.1 Not applicable.

**23. Risks and Mitigation**

23.1 Inability and lack of engagement in performance and management arrangements by managers and staff could lead to drift and delay for looked after children where the plan is adoption. There needs to be continued ongoing good managerial oversight and quality assurance, for example in terms of legal processes, the Child's Care Planning arrangements and the Child's Permanence Report to alleviate this risk. In addition, there needs to be good management oversight regarding the recruitment and assessment of adopters to ensure smooth running of the adoption process. Rotherham Adoption Scorecard and scorecard tracking meetings enables clear planning for children where the plan is adoption. Strong managerial oversight by Directorship Leadership Team along with fortnightly Performance Management Meetings mitigates risks by holding managers and workers to account for practice and enabling a climate for managers to check and challenge practice across services.

23.2 The impact of regionalisation has raised a level of uncertainty within the Adoption Service and with workers in general. This has been mitigated by reassurance from the RMBC HR Team that due processes will be followed. Monthly regionalisation meetings are taking place and two Universities, University of East Anglia, (UEA) and Leeds Beckett are involved in this process to ensure the smooth running of this process, in particular with regards to ensuring a good quality service during this period of change, and with regards to change management for staff. There is also oversight on a Directorship Leadership level across the region.

#### **24. Accountable Officer(s)**

Mel Meggs, Deputy Strategic Director CYPS  
Ian Walker Interim Head of Services, Children in Care

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:- N/A

Assistant Director of Legal Services:- N/A

Head of Procurement (if appropriate):-N/A

#### *Name and Job Title.*

Helen Mangham Team Manager, Adoption

Jill Stanley Team Manager, Adoption

Anne-Marie Banks Service Manager, Adoption, Fostering and Therapeutic Team

Ian Walker Interim Head of Services, Children in Care

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**CHILDREN AND YOUNG PEOPLE'S SERVICE**  
**INDEPENDENT REVIEWING OFFICER'S**  
**ANNUAL REPORT 2015- 2016**

**1.0 Purpose of the Report**

1.1 This Annual Independent Reviewing Officer's (IRO) Report reflects the compliance, progress and contribution the IRO service has made to the outcomes for Looked after Children in Rotherham and against required statutory legislation as set out in the IRO Handbook and Care Planning Regulations (amended 2015). This includes quantitative and qualitative evidence relating to the IRO services for the period of April 1st 2015 to March 31<sup>st</sup> 2016.

1.2 Each Looked after Child or Young Person in Rotherham has an allocated IRO, which allows the IRO to build a relationship with the child or young person, monitor progress between reviews and address any delay in implementing the child's care plan in a timely manner leading to placement stability and positive impact for the child. The IRO monitors the child's care plan between Looked after Reviews and is informed of any significant events within the child's life to ensure positive outcomes for Rotherham's looked after young people.

**2.0 Purpose of the Service and Legal Context**

2.1 The Independent Review Officers' (IRO) service is set within the framework of the updated IRO Handbook, linked to revised Care Planning Regulations and Guidance, introduced in April 2011 and reviewed and amended in 2015. This most recent review strengthened the IRO role in relation to the wider overview of each child's journey through care, including regular monitoring and follow-up between reviews. The IRO has a key role in relation to the improvement of care planning for Children in Care, challenging drift and delay and ensuring the best possible outcomes for individual children.

2.2 The National Children's Bureau (NCB) research 'The Role of Independent Reviewing Officers in England' (March 2014) provides a wealth of information and findings regarding the efficacy of IRO services. The research outlines a number of important recommendations with three having a particular influence on IRO's work plan priorities:

- i) Where IRO's identify barriers to their ability to fulfil their role, or systemic failures in the service to looked after children, they must raise this formally with senior managers. These challenges and the response should be included in the Annual Report.
- ii) IRO's method for monitoring cases and how this activity is recorded should be clarified.
- iii) A review of IRO's core activities and additional tasks should be undertaken. There is a need to establish whether IRO's additional activities compromise independence or capacity.

### **3.0 Profile of the IRO Service**

3.1 The Rotherham IRO Service is situated within the Safeguarding Unit and includes the foster care IRO. Other teams and services within the Unit include Child Protection Conference Chairs, Local Authority Designated Officer (LADO), Rights 2 Rights Service (Children's Advocacy) and Independent Visitors. The Vulnerable Lead for CSE and Missing, moved to be part of the MASH in March 2016.

3.2 In addition to the core function of the role for monitoring and reviewing Children's Care Plans, the IRO Service is also engaged as a 'critical friend' bringing challenge and support to the following:

- Meetings on individual cases such as strategy meetings, planning meetings, meetings under LADO procedures, TAP meetings and attendance at Life appreciation days.
- Training and development, including inputting to the training of Independent Visitors and Volunteers.
- Assisting with addressing of complaints and investigations.
- Supporting staff induction and awareness rising across the service.
- Providing opportunities for shadowing by other staff and students, to assist learning and development of the wider workforce.
- Highlighting good practice (by workers/partner agencies/carers), as well as feeding back evidence of poor practice, concerns about placements or safeguarding issues (through Dispute Resolution process and through liaison with LADO in cases of safeguarding issues and professionals/foster carers/ residential staff).
- A monthly contribution to the Practitioner Improvement Planning Group and we have a designated IRO Strengthening Families Champion.

### **4.0 Developing a Stable and Permanent Team**

4.1 There has been ongoing change and development within the Rotherham IRO team since 2010 including after the Ofsted (2014) inspection. In April 2015 agreement was given to support additional IRO's being recruited to bring the IRO caseloads down to 60, so that the service could focus on qualitative measures to improve outcomes for looked after children. This included supporting IROs to visit children, establish a rapport and develop a relationship to capture their voice, wishes and feelings in relation to their care plan. The additional IROs were also expected to increase the capacity of the service to bring challenge and improve the oversight of

the quality of children and young people's journey through care. It was agreed that 2 further IRO's would be recruited, and agency staff were recruited during May, while permanent recruitment was undertaken. The team experienced additional changes with 2 longstanding staff members leaving the authority, bringing the overall number of agency staff to 4, in October 2015.

4.2 At the end of March 2016 there were 432 looked after children and 7.5 IRO positions. With 6 permanent IRO's and 1 agency IRO, average caseloads were 61.7 per IRO. The 0.5 IRO post is currently under review.

4.3 Across the IRO team there is a wealth of relevant experience and knowledge. Three experienced Team Managers / Advanced Practitioners have been recruited to the role. The Team has benefited from recruiting staff with recent frontline experience and a variety of good and best practice expertise. The team is also now more representative of the children and young people in care in terms of gender and ethnicity of children in Rotherham.

4.4 A new permanent Head of Safeguarding & Quality Assurance is now in post following a succession of interim and temporary arrangements. The internal management arrangements are currently under review with a proposal that additional management capacity is agreed to allow more focused support and oversight of the IROs.

## **5.0 Improvement Activities for 2015-2016**

5.1 The IRO Work Plan priorities that have been progressed during the past 12 months include the following:

- a) Ongoing individual and team evaluation of the Dispute Resolution activity including feedback via the performance meeting framework to senior managers.
- b) A review of the IRO Dispute Resolution and Child Protection (CP) Conference Chair Escalation process has been completed for consultation in June 2016.
- c) Robust strategies for ensuring reviews are held within timescale have been put in place, with performance improving around timeliness at the end of the year as a result. The recording of key themes and patterns associated with reasons for delay has helped to address key areas of practice with social work teams.
- d) The timeliness of reports produced by the IRO from the review meeting is an improving picture, following robust monitoring on a weekly basis and work with individual IROs to address any identified backlogs
- e) IRO visits to young people are now recorded consistently and have improved with 41% of **all** looked after children having been seen between January and the end of March 2016. This is the first time that data has been available in relation to this element of practice and gives the opportunity to provide focus and measure improvement. The expected standard is that each child should be seen a minimum of once between each statutory review.

- f) The IRO team have worked to ensure that 'monitoring discussions' are recorded on CCM and are used to resolve concerns around informal concerns, progress key actions and prevent any anticipated or actual drift and delay in decision making and care planning. This has helped to increase the visibility of the role of IRO as 'critical friend' by bringing attention to the informal resolution work undertaken by IRO's. However, this needs to improve further to be more focused on achieving identified outcomes for children and young people and formalising resolution work.
- g) The service has worked with the Young Inspectors Team to explore feedback from young people about the service. The exercise included a very small cohort and feedback showed that the children and young people who were asked felt that the IRO service was '*excellent*' or '*good*'. A number of suggestions for areas of development were received and these are being followed up.
- h) The IRO Team has worked on a regional basis with CAFCASS to meet and build on relationships and communication to support a good practice protocol around the Public Law Outline (PLO). This has helped to ensure that where there are issues within proceedings, IRO's, allocated Social Workers and children's Guardians have worked together to support the best outcome for the child.

## 6.0 Quantitative Information - Looked After Population and the IRO Service

6.1 At the end of March 2016 there were 432 children in Rotherham's care which equates to 76.6 per 10,000 populations. Although this still places the local authority broadly in line with statistical neighbours this is far higher than the national average and there is an upward trajectory as admissions to care have increased.

6.2 A national benchmarking survey, undertaken in December 2013 identified that the average caseload for IROs ranged between 50 and 95. The IRO Handbook which outlines the statutory guidance for IROs and Local Authorities indicates that an IRO caseloads should be between 50 and 50 (IRO Handbook (2010) page 50, section 7.15).

6.3 Within RMBC, IROs have had caseloads of between or around 62 per FTE worker during 2015 - 2016. The addition of new IRO positions caused caseloads to reduce in May 2015.

6.4 Practice improvement strategies continue to highlight that there is no room for complacency and there are on-going pressures to assure standards of practice. For example, to ensure reviews are being held within timescale, reviews are scheduled every 5 rather than 6 months, and to counter the potential risks for children placed in 'out of area' residential and independent fostering agency placements the IROs now prioritise visits on a regular basis.

6.5 These measures have improved relationships between IROs, children and young people but have also created workload pressures in relation to time and travel commitments to visit placements outside of the South Yorkshire area. There



continues to be a high proportion of looked after children and young people placed some distance away from Rotherham. IRO caseloads need constant monitoring and to keep them at the low to mid-way range (50 – 60) as opposed to the mid-way to high range (60 – 70) to manage these pressure effectively. The service has a vested interest in ensuring that the department has sufficient, high quality local placements, to support local children and young people.

6.6 Through the reporting period in 2015 – 2016, there have only been 3 months where the number of children leaving care has been higher than the number of children entering care. Overall 208 children and young people have entered care and 192 have exited care.

6.7 Of the 208 children the age breakdown is as follows:

Age	No. of admissions
Up to 2 years	64
2 to 4 years	32
5 to 9 years	40
10 to 15 years	52
15+ years	20

The above data reflects the high number of current care proceedings, including in relation to younger children. Cafcass (April 2016) published data to show that there has been an overall increase in the volume of care proceedings nationally and that in 2015 / 2016 there was a national increase of 14% compared to 2014 / 2015. At a local level, Rotherham has seen the volume of care proceedings increase year on year with 2015 / 2016 data showing that there was a 30% increase compared to 2014 / 2015.

6.8 The number of sets of care proceedings, which refers to sibling/family groups as opposed to individual children, issued by Rotherham since 2012/2013 is outlined in the table below:

Year	Number of care proceedings issued by RMBC
2012 - 2013	77
2013 - 2014	84
2014 - 2015	95
2015 - 2016	123

6.9 Analysis of the data and professional opinion about the reason for the local increase in volume includes the following:

- a) The increasing complexity of individual cases (CSE cases, forced marriages, international components relating to Eastern European families, human trafficking, radicalisation, etc...)
- b) New areas of work that are emerging (e.g. the increasing number of disclosure requests for social care records from the Police, NCA and CPS)
- c) The number of new born babies which require care proceedings to be issued and the continuing trend to issue care proceedings to remove babies from parents who have had previous children removed from their care.
- d) The recent MASP / PLO Proceedings Panel review recommendations to raise standards resulting in new arrangements to convene early and robust Legal Gateway Planning Meetings
- e) The 'legacy' issues and necessary targeted improvement work that is on-going in CYPS to address previous poor practice and performance
- f) The outcome of the Children Act 1989 section 20 review in the wake of the Re N judgement aimed at avoiding the 'misuse and abuse' of section 20 arrangements

6.10 The conversion of children being subject to a Child Protection Plan and becoming looked after has also continued to be high. The Children's Improvement Plan, which seeks to address the Ofsted (2014) inspection recommendations and Commissioner's priorities, includes reference to the effective use of PLO to secure timely legal protection and permanent alternative care where necessary and appropriate.

6.11 There is also an increase in the number of adolescents coming into care, which can be traced back to the focus on improving outcomes for young people, especially those at risk of Child Sexual Exploitation (CSE). The admission of older young people into care also highlights the lack of a robust 'edge of care' service. This service gap has been recognised and is being developed as part of the current 'Sufficiency Strategy' and Medium Term Financial Strategy (MTFS).

6.12 The admissions into care and number of exits, along with the number of unplanned placement moves, impact on the number of looked after reviews required for each individual children and young person. Over the year, there have been over 1200 statutory LAC reviews completed and logged by the IRO service.

## **7.0 Participation of Children and Young People**

7.1 In relation to young people engaging and participating in their looked after review, performance data highlights that over 2 thirds of LAC reviews involved the young person attending, contributing themselves or using an advocate to act on their behalf. In 93% of reviews the IRO had some form of contribution from the child. This includes contributions in writing, via an IRO visit, though children and young people attending their review and professionals observation (age appropriate observations for young children). The outstanding 7% are those children who are so-called 'difficult to engage' and there is a service commitment to establish a task and finish

group to focus on alternative and more innovative ways to capture their voice through other means.

7.2 IROs verbally report that young people have chaired their own reviews but this is not formally reported and work is currently underway to engage young people in establishing a formal process to support this role and this will be an intrinsic part of each IRO's development plan this year.

## 8.0 Permanence Outcomes

8.1 Permanence outcomes for looked after children is a key way for IRO's to be able to monitor their impact and added value to measure where positive outcomes have been achieved for children and young people.

8.2 During 2015-2016, the majority of children have achieved permanency through the following routes:

Permanency option	Number of children/young people
Return home to person with PR	73
Adoption	43
Child Arrangement Order	17
Special Guardianship	16

8.3 The remaining young people who ceased to be looked after either left care because they became 18 years old and were eligible for Leaving Care Services and had a transition to Adult's Care Services, or moved to the care of another local authority.

8.4 Internal Audits have highlighted the need for earlier and more robust IRO involvement, where there are proposed plans for children to be rehabilitated home. IRO's have over the past year, challenged planning in relation to children and young people returning home or moving to a relative's care, on the basis of the assessments and the evidence on the child's file. This has meant that when children have then returned home, the plan of support that has been put in place has been much clearer, and where a return home is not possible, an alternative permanency plan has been progressed. This is an area that requires further improvement, with the communication between the IROs and SW teams being pivotal.

## 9.0 Care Plans

9.1 The rate of Looked after Children (LAC) with plans has been 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% on the 2014/15 figure of 98.8%. Pathway Plans have seen a significant improvement of nearly 20% up to 97.5% when compared to 2014/15

9.2 The IRO plays a key role in ensuring the quality of plans for looked after children in terms of securing good outcomes. The new Children in Care Management Team

and wider Children in Care Service is renewing the focus on maintaining compliance regarding completed plans but are also focussing on the quality of Care and Pathway Plans. The Beyond Auditing programme has a scheduled 'deep dive' starting with the Children in Care Service for April – May 2016. This will provide the Children in Care and IRO Services and opportunity to focus on the findings and agreed recommendations for improving quality. There is already some planned changes to the preparation document that IROs complete and this will support the 'grading' of plans to support this work and improve the quality of plans for every looked after child and young person.

## **10.0 Placement Stability**

10.1 At the end of March 2016, 72.7% of long term Children in Care had 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 possible 'drift' in planning for children. There has been a renewed focus on reviewing and providing challenge by the Senior Management Team, Children in Care Service and IROs especially in respect of children and young people who have been in residential care for extended periods. This has led to increased rigour and a number of planned placement changes.

10.2 There was 11.9% of LAC that had been in three or more placements in the last 12 months, this is slightly above the national average of 11.0%. This reflects some concerns about the viability of the matching process linked to the availability of good local placements.

## **11.0 Health and Dental Needs**

11.1 The percentage of children looked after for 12 months or more who have had a dental check and the required number of health assessments has been very poor in previous years. This has seen a real improvement with an improvement in joint working with Health. Performance data has shown an improvement from 81.4% in March 2015 to 92.8% in March 2016 for health assessments and from 58.8% in March 2015 to 95.0% in March for 2016 for dental assessments. A key area where improvement continues to be needed is in ensuring the initial health assessments are completed within the initial 20 working days, as this is still a key issue in relation to some issues raised at the first looked after review. Performance in this respect is much lower and will be a key focus for IROs in the coming year.

11.2 In relation to the emotional health needs the Rotherham Therapeutic Team (Formally LAACST) undertakes the SDQ (strengths and difficulties questionnaire) in line with government PI requirements to give us an understanding of the emotional health of our children in care for over a year. From April 2015 to March 2016, over 300 SDQ's were sent to residential carers, foster carers and family carers. 197 were returned (181 the year before), and approximately 85 were not returned by carers despite being sent at least twice. The IRO is in a key position to ensure that completion of the annual SDQ is prioritised and there will be concerted focus over the coming year to see this level of completion improve, via the LAC review process.

## **12.0 Educational Needs**

12.1 There has been good improvement within the year with 97.8% of children now having a Personal Education Plan (PEP) in place compared to 68.7% at the end of

March 2015. Furthermore, 95% of children in care have a plan which is less than six months old compared to 76% at March 2015. The recent independent review of the Virtual School has acknowledged the positive impact of the recent management strategy and direction of travel of the Virtual School. The Children's improvement plan includes specific priority actions to ensure that every child and young person has a PEP in place and to ensure that none of these are older than one academic term. IRO's have provided feedback about accessibility to the completed PEP and the visibility of the child's voice, which have all been addressed and are now regularly reviewed by the IRO's.

12.2 We are also able to track the quality of the provision received by our children and young people looked after who are accessing statutory education provision. The following figures are from September 2015. Out of 255 young people, 192 (75%) were in a good or better provision. There were 46 young people in a RI (requires improvement) provision and 15 in an inadequate provision. The virtual school is clear that it will not place a CIC in an inadequate provision, but where a young person has attended the school and the grading changes, there would be immediate consideration to how the setting meets their needs and if a move is in their best interest, or if the continuity of the setting and agreed action plan can mitigate this. The IRO would again play a key role in the review of any proposed changes in education via the Lac review process.

### **13.0 Care Leavers**

13.1 The number of care leavers has remained relatively stable throughout the past year at between 190 and 200 young people. At the end of March 2016 this was 197. There was 96.5% of young people suitable accommodation, a slight drop on the previous year of 97.8% but still above the national average of 77.8%. There were 68% of young people in education, employment or training, which is above the national average of 45% but a drop on the previous year of 71%. IRO's have raised concerns about the gap in provision of PAs for Care Leavers. Within RMBC the young people retain their allocated social worker, and in addition have an allocated PA who supports them to prepare for independence. Staffing issues and the volume of young people, has meant that not every young person has had a PA and this is now being addressed.

### **14.0 Timeliness of Reviews**

14.1 Through this period 83.3% of reviews took place within the statutory timescales, which is a drop from the previous years. In 2014-15 timeliness of review was at 94.9% and in 2013-2014 it was 98.6%. The key reason for this has been due to a change in recording practice. In previous years IRO's have completed reviews as a series of meetings, using the start date to keep a review within timescale. This practice ran the risk of masking a lack of timeliness in some cases and has therefore been changed. This current practice includes a plan to schedule reviews at the 10 weeks or 5 months point to allow time for reviews to be re-arranged and re-booked in timescales if required. The main reasons for reviews being postponed and rearranged in timescale are:

- Lack of appropriate documentation
- Social worker sickness
- Changes in placement

14.2 For review meetings that have been held out of time, the reasons are the same as above with the addition of:

- Turnover of permanent / agency IRO's
- Request of carers or parents.

The key reasons continue to be Social Worker sickness and lack of appropriate documentation. These key issues have been highlighted with managers and there is some improvement around IRO's and review reports and how worker sickness is being managed and communicated to the IRO Team.

14.3 Given performance in this area, there is currently robust management oversight and scrutiny of any 'at risk' reviews to ensure that practice improves.

## **15.0 Qualitative information - Achievements and Impact of the IRO Service**

### **15.1 IRO Monitoring and Challenge**

15.2 The IRO Handbook and Care Planning Regulations (2010) clearly place responsibility upon the IRO to 'monitor the child's case' on an ongoing basis. There is the expectation that the IRO will challenge managers where necessary and 'champion' positive care planning which is timely and relevant in respect of individual children. As a part of the monitoring function, the IRO also has a duty to monitor the performance of the local authority's function as a corporate parent and to identify any areas of poor practice. IRO's seek to ensure good outcomes for children. They do this on an individual basis through the quality assurance role they have within the LAC Review process.

15.3 The IRO's undertake considerable work in seeking to resolve differences of opinion informally. Such 'informal concerns' are communicated in writing to the Social Workers and Team Managers along with the key actions, within 24 working hours of the review meeting taking place. This record is placed on the child's file with a clear request that the Social Worker and Team manager feedback to the IRO on how the issue will be addressed.

### **15.4 The Dispute Resolution Process**

15.5 Where the informal resolution has not supported the agreed identified outcome being achieved for the child / young person, the IRO has a statutory duty to progress this through a formal Dispute Resolution Process (DRP). The IRO Handbook and

Care Planning Regulations outlines the requirement of each Local Authority to have in place a local 'Dispute Resolution Process' This is a formal process through which an IRO can escalate their concern to the appropriate management level.

Rotherham's Dispute Resolution Process (DRP) was formulated in January 2011.

15.6 In Rotherham this means:

- **Stage 1** - is directed to the team manager to address ( response within 10 working days)
- **Stage 2** - is directed to the service manager to address ( response within 5 working days)
- **Stage 3** - is directed to the Assistant Director ( response within 24 hours)
- The final stage - is a referral to CAFCASS

The process should resolve issues within 20 working days.

### 15.7 IRO Activity from April 2015 to March 2016 in respect of resolving informal concerns and matters which are progressed through the formal Dispute Resolution Process

	Informal Concerns	Stage 1 DRP	Stage 2 DRP	Stage 3 DRP	Contact with CAFCASS
April 2015	4	5	-	-	-
May	1	13	2	-	-
June	3	13	4	1	-
July	6	7	1	-	-
August	1	3	1	-	-
Sept	14	15	1	-	-
October	8	6	2	-	-
November	7	7	1	-	-
December	4	7	3	-	-
January	3	10	1	-	-
February	11	16	1	-	-
March 2016	4	12	2	-	-
<b>Total</b>	<b>66</b>	<b>113</b>	<b>19</b>	<b>1</b>	<b>0</b>

### 15.8 Identifying good practice, problem resolution and escalation:

IRO's have had to challenge practitioners and managers informally on 66 occasions and formally on 133 (see above). In 2014/15 the comparable figures were higher at 174 for informal concerns and 190 formal disputes. This is in part a reflection of the increasing management grip on case work and the impact that this had had for children and young people in care. Of note, IRO's have noted improvements in relation to the timeliness of visits, the quality of contact between children, young people and their allocated Social Workers and completion of Personal Education Plans.

15.9 All informal challenges related to a mix of issues including the following:

Reasons	Number
Care Plan not being associated	10
Statutory visits not being completed	10
Chronologies not being updated	3
Concerns about management oversight of plans	15
PEP documents not being on file after meetings have been completed	8

15.10 Challenges escalated to the formal dispute levels have included a similar mix of issues with 113 cases referred to Team Managers, 20 cases escalated to Service Managers and 3 cases being escalated further for resolution.

15.11 These figures do not reflect the full extent of the work done by IROs to flag up issues as part of the regular preparation before reviews. Intervening early and monitoring between the reviews ensures that routine issues are resolved in a timely manner and before the reviews take place.

15.12 Issues that have been raised in DRP1, 2 and 3 have related to the following issues, which seem to be ongoing themes for the year.

Reasons	Number
Statutory visit records not containing details of visits	36
Concerns about care planning – 'drift and delay'	21
Supervision gaps	5
Concern about decision making including safeguarding & risk management in placement	23
Delay in Health assessment taking place	4
Missed PEP	14
Delay in application to revoke Placement Orders	5
Delay in permanence planning in respect of SGOs	4
Lack of updated Care Plan	4
Delay in progressing adoption	1
Transition to Adult Care Services & delay in ACS assessments	4
Lack of available Pas in Leaving Care & impact on independence	4
Delays in finding appropriate therapeutic resources (when approval given )	4
Lack of assessment regarding contact arrangements	13
Robustness of viability assessments for care / rehabilitation to family members	9



*(Please note that for some escalations there are multiple issues highlighted which have been counted individually, to allow for oversight of emerging themes and issues)*

15.13 In 2015 / 16 there have been some challenges regarding managerial responses. As part of the service's drive to offer high challenge and high support, the Dispute Resolution Process has been reviewed in order to demonstrate greater transparency about the way in which concerns have been resolved. The proposed changes will be subject to a consultation period in June 2016 and implementation of the agreed changes will be implemented in July 2016.

### **15.16 Quality of Care Planning**

IROs monitor the quality of care plans and have raised concerns individually around the quality of the care plans via the DRP. Moving forward there will be more rigorous and systematic feedback provided about the quality of assessment and planning and the extent to which the child's voice is heard. The proposed grading system at the point of each review will allow the service to reflect on evidence about standards for individual young people, the performance of individual teams and the service as a whole. IROs routinely check that the care planning process has helped children and young people to have their say about matters important to them and helped them to understand what is happening and why.

15.16 Whilst IROs have raised issues of concern regarding the corporate parenting function in year, the impact of IROs in achieving change and better outcomes for children must become more visible. Work with the team has begun in this regard and will continue in the forthcoming year.

### **15.17 Supervision and Training of IROs**

IROs have scheduled supervision as well as ad hoc supervision and supervision when required. These arrangements have been impacted upon by the Operation Manager's span of control having 16.5 direct reports. A solution to this has been agreed and with an interim plan being in place in June 2016 whilst longer term permanent arrangements being proposed by the Head of Safeguarding and Quality Assurance shortly thereafter. All IRO's have had a Personal Development Review (PDR) which includes a learning and development programme and encouragement to take up relevant opportunities. Moving forward whilst the service and management support is under review it is anticipated that the IROs will have more direct support and supervision and greater management scrutiny.

### **15.18 Any Resource Issues Putting at Risk the Delivery of a Quality Service**

The IRO team has been through a challenging year and is now looking forward with renewed enthusiasm and focus. Under the leadership of a new permanent Head of Service, with increased capacity at Operational Service Manager level and a largely permanent and more stable IRO team it is anticipated that the 2016 / 17 year will be positive.

15.19 The number of existing looked after children and young people and focus on delivering the improvement priorities will continue to place pressures on the IRO service. This will mean that regular case discussions will be required to prioritise key tasks to ensure continued compliance with statutory guidance. The caseloads and capacity of IROs will be kept under regular review.

### **16.0 Areas for Improvement and Development - IRO Service Priorities for 2016 to 2017**

There are a number of priorities for the IRO Service over the next 12 months to:

- a) Further improve the consistent contribution of children and young people to their own review process, including where possible helping young people to chair their own reviews;
- b) Maximise the positive contribution of parents and carers to children's looked after reviews and implement more effective ways of doing this;
- c) Implement a revised Dispute Resolution Process that focuses on impact and outcomes measures so that key issues are addressed for individual children and young people and thematic issues are captured across teams and services;
- d) Ensure that the timeliness of reviews improves on the previous performance and reaches a minimum target of 95% of reviews being completed within timescales;
- e) Ensure that all reports from the reviews are distributed with 20 working days of the review being completed;
- f) Ensure that IROs are establishing a clear judgement about the quality of care at each review and, using their knowledge and influence, improving the standard of practice for each child and young person in care;
- g) Introduce a programme of audit, observation, feedback and challenge for IROs to ensure an efficient and transparent service that maximises good outcomes for children;

- h) Strengthen management arrangements within the Safeguarding and Quality Assurance Service through a restructure of the current management arrangements;
- i) Work with services to improve the timeliness of health assessments and dental checks;
- j) Pay particular attention to the Care Plan for children at home on care orders or returning home from care, ensuring that this is a safe plan and that there is a planned and timely exit from care.

Rebecca Wall  
Operations Manager for IROs and Conference Chairs  
Safeguarding & Quality Assurance Service  
May 2016

## Looked After Children Summary as at 31-Mar-2016

<b>Number of Looked After Children</b>	<b>431</b>
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<b>Gender Breakdown</b>	
<b>Gender</b>	<b>Count</b>
Female	199
Male	232
<b>Total</b>	<b>431</b>

<b>Age Breakdown</b>	
<b>Age at 31/03/16</b>	<b>Count</b>
0	29
1	13
2	12
3	10
4	17
5	13
6	16
7	12
8	16
9	30
10	24
11	25
12	18
13	26
14	34
15	47
16	38
17	51
<b>Total</b>	<b>431</b>

Ethnicity Breakdown	
Ethnicity	Count
Asian - Other	1
Asian - Pakistani	10
Black - African	2
Dual Heritage - White And Black Caribbean	1
Dual Heritage - Other	9
Dual Heritage - White And Asian	27
Dual Heritage - White And Black African	3
Gypsy/Roma	17
Other - Any	3
Traveller Of Irish Heritage	1
White - British	351
White - Other	6
<b>Total</b>	<b>431</b>

On Disability Register
Yes
<b>Yes Total</b>
No
<b>Total</b>

Nationality Breakdown	
Nationality	Total
British	152
Iraqi	1
Not Recorded	268
Pakistani	3
Polish	1
Romanian	1
Slovakian	5
<b>Total</b>	<b>431</b>

<b>Disability Breakdown</b>	
<b>Disability Category</b>	<b>Count</b>
<i>Communication disability inc Autism</i>	1
<i>Development/learning disabilities</i>	9
<i>Emotional/behavioural disabilities</i>	3
<i>Multiple Categories Exists.</i>	32
<i>Not Recorded</i>	14
<i>Physical Impairment</i>	1
	<b>60</b>
	371
	<b>431</b>

## Summary Sheet

### Council Report

Corporate Parenting Panel – 27 September 2016

### Title

Care Leavers Annual Report

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

No

### Strategic Director Approving Submission of the Report

Mel Meggs, Deputy Director of Children and Young People's Services

### Report Author(s)

Janet Simon, Service Manager – Leaving Care Service  
01709 334543 janet.simon@rotherham.gov.uk

### Ward(s) Affected

All

### Summary

Rotherham Metropolitan Borough Council's aim is to ensure that all young people leaving care are supported through their transition into adulthood and to give care leavers the same level of care and support that other young people receive from their parents.

The Leaving Care Service assists Looked After young people through the process of Leaving Care and provides, support and financial assistance to Rotherham Care Leavers. The Service is made up of Personal Advisors (PA's) and Social Workers who work with young people to assess their needs and agree any support they may need through a Pathway Plan.

This paper sets out the support that Rotherham Metropolitan Borough Council provides to young people leaving care, and how we have met our statutory duties.

### Recommendations

That the report is received and that Councillors are made aware of the support provided to Care Leavers from Rotherham.

### List of Appendices Included

Leaving Care Charter

**Background Papers**

None

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No



## **Title: Care Leavers Annual Report**

### **1. Recommendations**

That the report is received and that Councillors are made aware of the support provided to Care Leavers from Rotherham.

### **2. Background**

The Leaving Care Service assists, befriends and advises young people to make a successful transition from the local authority's care to independent living in the community.

Social Workers assess and draw up a Pathway Plan for young people in Care at age 16. The plan identifies the support what a young person will require to gain independence. A Personal Adviser takes full case responsibility when the young person leaves Care at age 18. The Pathway Plan sets out the support available for all aspects of their life, with a particular emphasis on securing settled accommodation and appropriate Education, Training and Employment (EET). The Plan is reviewed at a minimum every six months until the young person is 21, or later if they are completing an agreed course of education, training and employment when support can be extended up until they are 25.

### **3. Key Issues**

#### **3.1 Current Rotherham Provision**

Rotherham has two dedicated Leaving Care Teams and a Leaving Care Accommodation team which works with young people aged 16+. The teams are made up of qualified social workers, support workers and personal advisors, all experienced in working with and supporting young people. 225 young people are currently entitled to a Leaving Care Service from Rotherham.

#### **3.2 Assessment and Planning**

Care Leavers face a number of challenges as they transition to independence. Pathway Plans play a key role in preparing young people leaving care in making sure young people have the support and skills and are prepared to live independently.

16 and 17 year olds have an allocated social worker within the looked after service and are jointly allocated a personal advisor from Leaving Care. Qualified social workers undertake the assessment of each eligible and relevant child (those under 18years). Where young people have left care but are over 18, personal advisors within the Leaving care team, overseen by a qualified social worker, review the Pathway Plan.

Young people must be involved in the preparation and review of their plan and their views, wishes and feelings should be included and listened to throughout. The plan is reviewed with them on a regular basis (at least every 6 months or sooner if requested by the young person or their needs have changed). The Plan must detail how these needs will be met and who is responsible for what and by when and should address the following;

- Accommodation
- Practical life skills
- Education and training
- Employment
- Financial support
- Specific support needs e.g. Health and Family
- Contingency plans for support if independent living breaks down

### 3.3 Personal Advisors

Personal advisors work with young people to establish a positive working relationship and to effectively support the young person in achieving the targets in their Pathway Plan. Personal Advisors are also responsible for making sure that young people have had an appropriate financial assessment and that they are supported to access benefits if they are not in employment or are in education/training which precludes them from benefits.

### 3.4 Preparation for independence

The Leaving Care Service uses a resource called the Moving on Toolkit which is designed to support young people to develop their independent living skills. It is made up of fact sheets, conversation topics, quizzes and activities. It can be completed as a group, one to one with a foster carer or key worker, or independently by the young person.

The toolkit covers key areas such as safety, health and wellbeing, personal issues, education, employment and training, housing and budgeting. This toolkit allows a young person to demonstrate that they are ready for their own tenancy. It also provides evidence for the Moving on Panel, which young people must present at if they wish to access an RMBC tenancy.

### 3.5 Accommodation

98.4% of Rotherham Care Leavers are in suitable accommodation which is well above the national average (77.8%) and higher than our statistical neighbour average (74.2%). A Suitable Accommodation checklist has been devised to assist PA's when assessing whether accommodation for care leavers is of a suitable standard

Accommodation costs for those under 18 are met by the Local Authority. Young people in care are encouraged to remain in a regulated placement as long as possible. Personal Advisors work with the young person to ensure that their accommodation is suitable and safe to live in and Care Leavers are given priority

status on Rotherham's local housing register. When they are assessed as being ready for their own tenancy they will be supported to attend the Councils 'Moving On' panel which considers their application for housing and plans to make sure that appropriate support is in place to guide them through the bidding and allocation process. All young people accessing housing through this panel must agree to tenancy support for at least 3 months. Young people who progress to Higher Education are supported financially to ensure they are able to secure appropriate accommodation and living costs.

Young people who have been living in foster care and wish to remain beyond 18 years old can be supported under a Staying Put arrangement. Rotherham currently has 16 young people in Staying Put arrangements and a further 6 arrangements due to start within the next 3 months. Young people are able to maintain their Staying Put Arrangement so that they are able to return home during holidays and continue to be part of a family when they go to University. Below is an example of a young person who is being supported to attend University and continue within a Staying Put arrangement.

**'C'**

'C' is 17 years old and due to start University in September in Leeds. 'C' and his siblings (one younger and one older) were placed together in a successful fostering arrangement where there are strong attachments to their carers and the boys are clearly part of the family. 'C's older brother at 19 remains in the home under a Staying Put arrangement. 'C' was worried about how he would manage financially at University and considering not going as was worried that he would also not be able to retain his placement with his foster carers post 18. A meeting was held with 'C' and his carers to discuss his and their anxieties and advice, support and information was provided to answer their concerns and questions. 'C' has now confirmed his place at University. The financial support available to him to ensure he is able to complete his studies without worrying has been set out in a clear plan. An arrangement has also been put in place to ensure he can return to his placement under a Staying Put arrangement during holidays.

### 3.6 Leaving Care Accommodation Team

Rotherham currently has one specialist accommodation project at Hollowgate for young people operated by RMBC. Hollowgate consists of 10 self-contained flats. One of the flats is utilised as a resource area for group work and 1:1 work with young people. The accommodation is of a high standard and there have been significant improvements to the service offered to young people in the last 6 months. Young people housed at Hollowgate report that the service they are receiving is improved, supportive and appropriate

The Leaving care accommodation team provides support to the young residents around their tenancy and independent living skills. This team developed the local authorities 'moving on toolkit' which is referenced earlier and was recognised as an area of good practice by Ofsted in 2014.

The Leaving Care Accommodation Team also provides tenancy support to young people in their own accommodation and dispersed properties. In addition to the nine residents at Hollowgate, seven young people are receiving tenancy support services in the community, and two young people are placed in dispersed properties and have floating support in place. There are ongoing plans with housing to increase the numbers of dispersed properties available to care leavers.

Structured activities are in place at Hollowgate and open to all young people residing at Hollowgate and those receiving floating/tenancy support in the community. Examples of these activities include:

- Breakfast club 08.00-10.00 Wednesday mornings
- Cooking workshop 18.00-20.00 every Thursday
- Drop in sessions held monthly by Barnardo's & Know the Score (Substance Misuse Service)
- Monthly Residents meetings held at the beginning of every month
- Move on toolkit group workshops held every two weeks

The leaving care accommodation team work closely with care leavers who require additional support in the community. Below are two case examples of support offered to Care Leavers by the Accommodation Team;

### 'D'

'D' is aged 18 and was a late entry into care at the age of 17 as he was homeless and vulnerable after his relationship with his parents broke down. 'D' was placed in Hollowgate following a short period in a homeless provision and allocated a key worker. 'D's' support needs included substance misuse, self-harm, support with appropriate relationship and independence skills. A Support Plan was completed with 'D' and his Personal Advisor which included intensive work with his key worker. 'D' was supported to work with services such as 'Grow' around managing appropriate relationships. The key worker maintained good communication with Grow to ensure key work sessions and individual work complimented their work. 'D' was supported to attend CAMH's but this was declined.

The key worker and staff at the service worked intensively on reinforcing positive boundaries and routines. Individual work was completed to increase his independence skills using the Moving on Toolkit such as personal budgeting plans, cooking and introducing rotas to maintain his flat. 'D's' support plan included accessing EET opportunities and he was encouraged and supported in this. Local training provider, CTS was identified to support him in this and he completed Functional Skills followed by a Health & Social Care qualification and a work programme with the Princes Trust. The service provided daily emotional support and this support contributed towards developing 'D's' self-esteem and confidence.

'D' has now attended the Young Person's Move on Panel and is able to bid for his first property. He will continue to be supported throughout this whole process and will transfer to the Leaving Care Tenancy support service retaining continuity

with his current key worker. 'D' has now been successful in finding full-time employment. He is very involved in the service and regularly contribute towards service improvement ideas and has participated in interviewing permanent staff to join RMBC.

## 'E'

'E' is a 20 year old care leaver. In 2012, 'E' was convicted of a sexual offence against his younger sister and received a 12 month custodial sentence. A forensic psychological risk assessment was completed prior to his release identifying risks, and offering recommendations of how best to meet 'E's future needs and the the type of support required to give him the best opportunity to reach his potential and reduce potential future risks. 'E' was accommodated based on a combination of the recommendations from assessments and multi-agency CIN meetings and discussions. 'E's parents contributed to the decision making and felt they could not offer the level of supervision necessary to keep 'E' safe and prevent any future offending.

When 'E' was sentenced the Youth Offending Service identified potential placements / units specifically dealing with sexually harmful behaviour so that upon release 'E' could be placed in an environment best able to respond to his needs. 'E' also expressed a wish upon release to go to an environment that would allow him to engage in therapy to reduce his offending behaviour.

'E' was discharged from the identified provision in January 2015 and moved into a Dispersed property. 'E' was provided with floating support provided by the Leaving Care Accommodation team. With support, 'E' was able to secure employment as a drivers mate in July 2015. 'E' has utilised the support made available to him, maintained his tenancy well managing his finances and continued in employment. The risks identified have reduced significantly and he has been supported to take on the tenancy having built links locally and settled. 'E' regularly contributes and comments on how the plans and support are making a difference. He is an active participant within the process and he contributes effectively and is clear about where he wants to be and what he sees in his future.

### 3.7 Setting up home Allowance/ Leaving care grant

In Rotherham young people who have left care are entitled to a grant of £2000. This grant is used to purchase the essential items to furnish a home and give young people a start in their home. In practical terms this may mean that a small amount is accessed in the first instance when a young person moves into semi-independent or supported accommodation as some items and furnishings are provided. A larger amount would then be accessed when the young person is successful in securing their own tenancy. Spending from this grant is supervised to support the young person to budget to get all the essential items for their home. Personal advisors and accommodation support workers are vital to this as they often have well established contacts for affordable and suitable items.

## 3.8 Other needs

The young person's assessment and Pathway Plan may identify other financial needs. The leaving care team can provide support young people with assessed needs where appropriate. This might include;

- Travel
- Family contact
- Clothing
- Childcare costs
- Education support costs
- Work support costs
- Health costs
- Prom/ Graduation costs.
- Driving Lessons

## 3.9 Keeping in touch

Personal Advisors are responsible for keeping in touch with Care Leavers. If contact is lost with a care leaver the personal advisor will take reasonable steps to re-establish contact until contact is re-established. We retain responsibility for our young people wherever they live. This means that Personal Advisors will continue to support our young people if they move to another area. Contact is made with our young people at least once every 8 weeks; however this may be more or less frequent if identified and agreed in their pathway plan and will include visiting the young person in their accommodation.

## 3.10 Education, Training and Employment

This is a major focus for Personal Advisors and young people and 68% of Care Leavers in Rotherham are in education employment or training. Whilst there is obviously room to improve this is above statistical neighbours and the national average

Personal Advisors work closely with the Virtual School and the Integrated Youth Support Service (IYSS) to ensure that young people have a clear plan, encouragement and support to access Education, Training and Employment. Young people under the age of 18 are required to have a PEP (Personal Education Plan) which is supported by Rotherham's Virtual School. Young people can be supported to access Employability group work sessions to provide additional support and guidance where needed.

In the last academic year we had a number of young people who achieved in their chosen courses of education and training and a number of young people who progressed on to Higher Education. Results for academic achievements for young people studying for GCSE's/A Levels in this academic year will be available in August 2016.

Rotherham currently has 8 Care Leavers at University. The table below highlights their achievements and progression. 4 young people are planning to start

University in the next academic year and two to resume their University studies. Also below are two examples of Care Leavers pursuing higher education;

	<b>Academic Year 2015/16</b>	<b>Year</b>
1	Research- Sport Science	<b>PHD</b>
2	Digital media production	<b>Year 3</b>
3	Economics	Year 2
4	Music Technology	Year 1
5	Aerospace Technology	Year 1
6	Social Work	Year 1
7	Law	Year 1
8	ACCA (Association of Chartered Certificated Accountants)	14-17
	<b>Due to start September 2016</b>	
1	Nursing	2016/17
2	Health & Social Care	2016/17
3	International business studies	Took a year out - Y1
4	TBA	Took a year out - Y1
5	Sports Science	2016/17 start
6	Digital Media	Masters

### Examples

#### 'A'

'A' was voluntarily accommodated in 2008, following a long period of intervention with the family on a child in need basis from the age of 2 years.

'A' spent periods of time with extended family members however, her placement with family broke down and she was in a Residential Care Home within the Local Authority and then supported by the Leaving Care Service in a semi-independent provision and assisted to develop her independence skills and secure her own tenancy in 2011 where she remains.

A's relationship with her birth mother and younger brother continued to be a stressor and a demand on her, at times visiting them in prison and supporting her mother within her own home on her release from Prison. Despite these pressures, 'A' successfully completed her further education plan of Level 3 Health and Social Care in July 2015 and was offered a University Place. 'A' made a decision to defer her university offer in September 2014 and her Personal Advisor supported her advising the options and support available to her and her entitlements, to enable her to make an informed decision. 'A' started a BA honours Degree in Social Work at Sheffield Hallam University in September

2015 – she has received a 1st for her first year and is planning her second year attendance and placement.

‘A’ has shown resilience and determination to further her aspirations and is doing extremely well.

### ‘B’

‘B’ came into care initially under Section 20 at the age of 10 years due to his mother’s ill health and hospitalisation. ‘B’ experienced the death of both his birth parents during his childhood years whilst a looked after child. Care Proceedings were initiated. At the time of becoming Looked After, no family members came forward to be assessed as carers, however sometime later his aunt and uncle put themselves forward as prospective carers; ‘B’ along with his siblings moved into their home and they were approved as foster carers. This placement subsequently broke down and ‘B’ was placed within an alternative foster placement; however, this was one of 8 placements for ‘B’ until he moved to Leaving Care Semi-Independent provision at the age of 17 years and progressed to live in his own independent tenancy within one year.

‘B’ expressed within his Pathway Planning an aspirations around progressing his interest in Music and this has been a focus of his plan; not only could ‘B’ play instruments he completed his Diploma in Performing Arts at Rotherham College and was a key member of the LAC Council, Youth Cabinet and Drama Projects. ‘B’ has progressed to Higher Education and attends Rotherham College of Arts & Technology campus (University of Hull) to study BA Honours Degree in Music Technology and has aspirations to become self-employed and owning his own music studio and be a producer, and is working towards this with support alongside his studies. He has achieved a 1<sup>st</sup> in his first year and is looking forward to resuming his studies in September.

‘B’ is a motivated, mature and articulate young man who is able to manage his finances well utilising the support provided to him.

### 3.11 Care Leaver Engagement and Local Offer

There has been consultation with young people through an engagement day and further days are planned. A Care Leavers Forum has been established to enable consultation around matters which impact on young people in and leaving care and to involve young people in the shaping of the Leaving Care Service. The Forum has been consulted on the Care Leavers Charter which is attached as an appendix for consideration and approval.

The Care Leavers forum are keen to be involved in the development of the service making useful suggestions towards the development of the service and the use of Chatham Villas in the second phase. The group identified that they have not previously felt involved. This group of care leavers agree with the principles of the Care Leavers Charter and would like the local authority to



commit to this. The group have offered good ideas and insights into the service giving a balanced view. Young people have suggested different ways to demonstrate the local authority's commitment such as demonstrating that they are providing a service to young people in line with what a reasonable parent would provide. This includes young people being able to "borrow" money for a special night out / if they are short as they might from a parent if they were living at home. One young person stated there should be "less corporate and more parenting" a view echoed by other young people within the group.

There has been a Review of the Leaving Care Teams and Leaving Care Accommodation Team and how we deliver services to Care Leavers in Rotherham and we are updating Policies/Procedures and Joint Protocols for Care Leavers.

A Leaving Care Guide and Leaving Care entitlement booklet is being developed which will set out clearly Care Leavers entitlements and the support they will receive from the Local Authority – this will be done in consultation with young people and the Corporate Parenting Board. This will be ready for consultation by the second week of September and will reflect the Bill and the new Care Leavers Strategy.

Leaving Care are planning an event for all Young people who are thinking about applying to University in August 2016. The event will be delivered in partnership with Sheffield Hallam University and young people will be provided with Information packs about going to University to complete a degree qualification and information to enable young people to be prepared for University and answer any questions or worries they may have including finances.

Planning is underway for National Care Leavers week in October (22<sup>ND</sup> – 30<sup>TH</sup>) The Theme for 2016 is "Care to Where?" and the week is an opportunity to highlight the needs of Care Leavers and celebrating Care Leavers achievements. The achievements of our young people are important, academic and otherwise and the Leaving Care Team will be planning an event to celebrate our young people's achievements in October during Care Leavers week as well as other events.

### 3.12 Accommodation for Leaving Care Services

The Leaving Care Service has now relocated to Chatham Villas. This is the new dedicated support 'hub' for care leavers, and is somewhere that young people can come to when in need or to 'drop in' to have contact with staff. Young people leaving care do not always have positive links with their birth family or previous carers so it is vital that we can create a homely environment where they feel comfortable to drop by and feel at home. The 'Hub' is in response to young people's wishes that they would like a building that is for is dedicated to them. Care Leavers have previously spoken about not feeling that they had a place that was theirs or that they could just drop in to see staff or where they felt comfortable.

Personal Advisors and the Leaving Care Team are available on site during the week at Chatham Villas and offer a duty, drop-in and a 1:1 service.

The second phase of the hub is in development with an expected completion date of mid-October 2016 and the plan is for a launch to take place during Care Leavers week. The Hub will offer a range of facilities including a breakfast club, drop in space, group work targeted around themes relevant to young people such as health, education and employability; a learning space, relaxation/recreation area and access to life-skills areas including a kitchen and laundry. Workshops are being carried out with young people to co-design the service.

### 3.13 Other Opportunities

3 young people recently participated in an activity based week away offering them the opportunity to explore new environments and experiences. There are plans to organise future events such as activity days and residential weeks where young people can meet each other and take part in activities together.

### 3.14 Health

The Specialist Looked after children's nursing team provides support to young people leaving care. Young people leaving care are able to access a Health Assessment if required from this team or can be supported to access their GP and universal health services.

Personal Advisors also support young people to access sexual health, substance misuse, mental health services and clinics and drop in sessions where required. The number of Looked After young people aged 16 & 17 years attending their review health assessment is currently 84%.

A Health Passport has been developed for all young people, which contains all their basic health details. However, this still requires further active promotion and is not fully embedded.

### 3.15 Policies and Procedures

It is important for young people and those working with them that are clearly written and transparent policies and information about their entitlements in place including the following;

- Provision for the allocation of leaving care support to young people who are eligible, relevant or former relevant children
- The allocation of leaving care Personal Advisors
- Consulting with young people and how their views contribute to developing/improving leaving care services
- The review of Pathway Plans
- Financial Policy
- Staying Put Policy

- Joint Housing Protocol

The following Care Leaving Policies and Procedures are in the process of being updated/developed;

- Finances
- Staying Put
- Care Leavers Charter
- Leaving Care Guide
- Rights and Entitlement Booklet
- Joint Housing Protocol

**4. Options considered and recommended proposal**

None

**5. Consultation**

RMBC Directorate Leadership Team

**6. Timetable and Accountability for Implementing this Decision**

Not applicable

**7. Financial and Procurement Implications**

Finance for Care Leavers is detailed within the councils leaving care financial policy. This guidance was updated in April 2015 and requires updating in particular to take into consideration and reflect changes to student finance for young people attending university, supporting young people with driving lessons and incentives.

**8. Legal Implications**

RMBC must ensure that they are meeting their legal requirements under the Children (Leaving Care) Act 2000

**9. Human Resources Implications**

Arrangements to recruit to permanent positions within the structure which are currently covered by agency staff are underway.

**10. Implications for Children and Young People and Vulnerable Adults**

The Leaving Care Service provides advice, guidance and support directly to young people leaving care.

## **11 Equalities and Human Rights Implications**

Young people leaving care are one of the most vulnerable groups in our society who have diverse needs which are based on background, age, gender, ethnicity, sexual orientation and any disability they may have. Those working with these young people, or advocating on their behalf, are expected to support pro-actively their human rights, including their right to equal opportunities, through anti-discriminatory practice.

Research into outcomes for care leavers has identified ;

- 20 per cent of young homeless people were previously in care;
- 24 per cent of the adult prison population have been in care;
- 70 per cent of sex workers have been in care;
- Care leavers are roughly twice as likely not to be in education training or employment at 19 than the rest of the population; and
- Only six per cent of care leavers are in higher education at 19, compared to roughly 30 per cent of young people nationally.

Survival of the Fittest – Improving Outcomes for Care Leavers, Centre for Social Justice (2014))

## **12. Implications for Partners and Other Directorates**

In order for young people leaving care to be supported effectively partners and other directorates are required to provide services and ensure that young people leaving care are supported by their corporate parent. This is relevant to the council as a whole.

Corporate Parents are responsible for ensuring the rights of the children and young people in their care are respected. They should do this by:

- considering their wellbeing
- assessing their needs
- promoting their best interests
- making sure their voices and opinions are heard
- providing opportunities for them
- providing advice and assistance when they're needed
- making sure services are easy to access for them.

## **13. Risks and Mitigation**

Service for Care Leavers is part of the Ofsted Inspection Framework and as such carries a separate judgement; in 2014 the Leaving Care Service was graded as

inadequate. There is a focus on improvement and development of the service to ensure that progress is made and young people's outcomes are improved.

Areas for improvement/development include;

- Limited choice of appropriate accommodation particularly for those care leavers with complex needs.
- The potential impact of changes in financial support to young people in further education on care leavers in further education.
- The numbers of Care Leavers accessing Apprenticeship opportunities.
- EET opportunities for Care Leavers
- The development of group work and community based activities.
- Provision of information to young people about Rotherham's offer to young people.
- Considerations of the implications of the Social Work Bill for all Care Leavers to have access to a Personal Adviser up to age 25

#### **14. Accountable Officer(s)**

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:- Named officer

Director of Legal Services:- Named officer

Head of Procurement (if appropriate):-

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



Department  
for Education



# Charter for Care Leavers

A Charter is a set of principles and promises. This Charter sets out promises care leavers want the Central and Local Government to make. Promises and Principles help in decision making and do not replace laws; they give guidance to show how laws are designed to be interpreted.

The key principles in this Charter will remain constant through any changes in Legislation, Regulation and Guidance. Care leavers urge Local Authorities to use these principles when they make decisions about young people's lives. The Charter for Care Leavers is designed to raise expectation, aspiration and understanding of what care leavers need and what Government and Local Authorities should do to be good Corporate Parents.

## We Promise:

### To respect and honour your identity

- We will support you to discover and to be who you are and honour your unique identity. We will help you develop your own personal beliefs and values and accept your culture and heritage. We will celebrate your identity as an individual, as a member of identity groups and as a valued member of your community. We will value and support important relationships, and help you manage changing relationships or come to terms with loss, trauma or other significant life events. We will support you to express your identity positively to others.

### To believe in you

- We will value your strengths, gifts and talents and encourage your aspirations. We will hold a belief in your potential and a vision for your future even if you have lost sight of these yourself. We will help you push aside limiting barriers and encourage and support you to pursue your goals in whatever ways we can. We will believe in you, celebrate you and affirm you.

### To listen to you

- We will take time to listen to you, respect, and strive to understand your point of view. We will place your needs, thoughts and feelings at the heart of all decisions about you, negotiate with you, and show how we have taken these into account. If we don't agree with you we will fully explain why. We will provide easy access to complaint and appeals processes and promote and encourage access to independent advocacy whenever you need it.

### To inform you

- We will give you information that you need at every point in your journey, from care to adulthood, presented in a way that you want including information on legal entitlements and the service you can expect to receive from us at different stages in the journey. We will keep information up to date and accurate. We will ensure you know where to get current information once you are no longer in regular touch with leaving care services. We will make it clear to you what information about yourself and your time in care you are entitled to see. We will support you to access this when you want it, to manage any feelings that you might have about the information, and to put on record any disagreement with factual content.

### To support you

- We will provide any support set out in current Regulations and Guidance and will not unreasonably withhold advice when you are no longer legally entitled to this service. As well as information, advice, practical and financial help we will provide emotional support. We will make sure you do not have to fight for support you are entitled to and we will fight for you if other agencies let you down. We will not punish you if you change your mind about what you want to do. We will continue to care about you even when we are no longer caring for you. We will make it our responsibility to understand your needs. If we can't meet those needs we will try and help you find a service that can. We will help you learn from your mistakes; we will not judge you and we will be here for you no matter how many times you come back for support.

### To find you a home

- We will work alongside you to prepare you for your move into independent living only when you are ready. We will help you think about the choices available and to find accommodation that is right for you. We will do everything we can to ensure you are happy and feel safe when you move to independent living. We recognise that at different times you may need to take a step back and start over again. We will do our best to support you until you are settled in your independent life; we will not judge you for your mistakes or refuse to advise you because you did not listen to us before. We will work proactively with other agencies to help you sustain your home.

### To be a lifelong champion

- We will do our best to help you break down barriers encountered dealing with other agencies. We will work together with the services you need, including housing, benefits, colleges & universities, employment providers and health services to help you establish yourself as an independent individual. We will treat you with courtesy and humanity whatever your age when you return to us for advice or support. We will help you to be the driver of your life and not the passenger. We will point you in a positive direction and journey alongside you at your pace. We will trust and respect you. We will not forget about you. We will remain your supporters in whatever way we can, even when our formal relationship with you has ended.

## Summary Sheet

### Council Report

#### Title

Placement Sufficiency 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, Strategic Director of Children and Young People's Services

#### Report Author

Ian Walker, Head of Service, Children in Care

#### Ward(s) Affected

All

#### Summary

Rotherham MBC has been too reliant on the private providers of fostering and residential placements for its looked after children. This continues to present significant challenges in terms of managing the budget given the additional costs that such placements incur. In addition by placing young people outside of the authority some degree of control is lost over the services and support available to such young people such as in respect of their education, CAMHS and health needs provision. As a result the outcomes achieved by these young people can be negatively impacted.

Rotherham CYPS is currently undertaking a series of initiatives and developments to enable more looked after children to remain looked after 'in-house'. Some of these proposals are predicated on an invest to save basis which will be achieved both by reducing the numbers of children in our care and placing more children within Rotherham placements – 'the right children in the right placement'.

#### Recommendations

CPP is recommended to note the contents of the report and endorse the proposals included to make Rotherham more self-sufficient in terms of its placement provision.

#### List of Appendices Included

None

#### Background Papers

None



**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## **Title Placement Sufficiency Report (Main Report)**

### **1. Recommendations**

- 1.1 That CPP note the contents of this report and endorse the proposals contained in it that are designed to reduce the reliance on Independent Fostering Agency (IFA) and Out of Authority (OoA) placements to meet the placement needs of looked after children in Rotherham.

### **2. Background**

- 2.1 As of the end of July there were a total of 442 looked after children in Rotherham which reflects an ongoing upward trend.

- 2.2 These young people were placed in the following placement types:-

- 168 with In-House foster Carers
- 17 with Relatives or Friends on a kinship fostering basis in Rotherham
- 149 with Independent foster placements (IFA's)
- 47 with Out of Authority children's Homes (OoAs) placed in a Residential School
- 2 in a secure unit
- 1 in a Mother and baby unit
- 54 in a variety of other placements including pre-adoptive placements, independent living and living at home as part of a rehabilitation plan subject to the Placement with Parents Regulations.

- 2.3 As a result 55% of looked after children are living in privately provided placements which falls some way short of the internal target set of a reduction to 40%.

- 2.4 This reliance on the private providers brings with it some significant financial consequences. The average IFA cost can vary between £714 per week for a standard placement to £1012 per week for an enhanced placement with a total annual budget of £5.07m per annum. In house placements cost on average less than half this amount. In respect of the OoAs the financial impact is even more significant with the 52 placements costing an average of £3669 per week leading to an annual budget being set of £6.95m which, on current projections, looks likely to be overspent.

- 2.5 In addition the lack of in-house provision has a discernible impact on the outcomes achieved by those young people. This is aggravated by the fact that 108 of these placements are more than 20 miles from their home address with 55 children being more than 50 miles and 2 children more than 100 miles from their home address. These distances can make social worker and commissioning oversight of the placements difficult in terms of ensuring that the young person is receiving the services that have actually been commissioned such as therapeutic interventions, enhanced staff support packages, respite care etc. Furthermore, these placements bring with them a dependency on other agencies to provide for many of the other needs of the looked after young

person including their education, non-teaching support, CAMHS intervention and health and dental treatment. There is evidence that some children from Rotherham are experiencing a limited or lower priority service from some other agencies in terms of having these needs met and this can have an impact on their outcomes.

- 2.6 Despite the additional costs incurred via the IFA placements the performance data would indicate that they do little to provide additional placement stability for looked after children. Between February and July 2016 four in-house placements came to an unplanned end where 18 IFA placements were similarly disrupted. It could be argued that this is not surprising given that our older and more challenging looked after young people are more likely to be placed within the IFAs. However, placement stability is key to good outcomes being achieved with every change of placement and school being assessed at reducing GCSE grades by one third. With over 12% of the cohort having had 3 or more placement moves in the past 12 months up 54 young people will be disadvantaged by the equivalent of 2 grades in their GCSEs even before they sit their exams. As a result the Sufficiency Strategy is designed to place more young people within in-house foster placements, increase placement stability and support young people to achieve better outcomes.

### **3. Key Issues**

- 3.1 To address this reliance on the IFA and OoA providers Rotherham CYPS is currently developing its Sufficiency Strategy in order to increase the proportion of children in care placed within in-house provision.

There are 5 main strands to this Strategy:-

- i. The Foster Carers Payments Scheme, Support and Development – by reviewing the way in which foster carers are financially rewarded and supported and trained it is hoped that we can increase the number of in-house foster carers by 15 fostering households (net) per annum.
- ii. The Rotherham Therapeutic Team Transformation – by enhancing and expanding the therapeutic support available to looked after children and their carers it is a reasonable assumption to make that less young people will suffer the series of placement disruptions that often culminates in them having to be placed with the private providers. In addition this should also reduce the need to place such young people in OoA ‘Therapeutic Residential Placements’ in order to have those therapeutic needs met.

This Transformation will be implemented in conjunction with the terms of reference for the Children with Complex Care Needs Panel being revised so that the Panel is more directed at developing multi-agency packages of enhanced support to enable more young people to remain placed in in-house placements.

- iii. Edge of Care – by developing a ‘virtual’ multi-agency team that can provide immediate support to families at times of crisis it is anticipated that the number of young people who are admitted to care via Section 20 of the Children Act (Voluntary Accommodation)

will be reduced. This is especially relevant as most of these young people are adolescents for whom there is a shortage of placements in Rotherham making them more likely to end up placed with the private providers. This enhanced support package will include a significant investment in Family Group Conferencing which aims to identify and formalise the internal support mechanisms within family and social networks to enhance the resilience of parents and young people.

- iv. The Adoption Regionalisation – Rotherham is committed to the regionalisation of adoption services in line with the Government guidance on the issue. This programme should ensure that prospective adopters receive faster responses, better matching takes place, there is a quicker pathway from the Agency Decision Making regarding the suitability of a child for adoption to family finding being completed and that there is better post-adoption support. Within this programme Rotherham is looking to take the lead on Early Permanence Planning and the development of an integrated I.T. system.
- v. The Taking Care Scheme – working in partnership with the NSPCC, Rotherham aims to support up to 30 young people to return to the care of their birth families over a two year period in a safe and supported manner. It is generally acknowledged that as looked after young people approach adulthood they tend to ‘drift’ back to the care of their parents. By formalising this process it is anticipated that it can be accelerated whilst at the same time reducing the risks of family relationships breaking down again in the future.

#### **4. Options considered and recommended proposal**

- 4.1 The current model of placement provision is unsustainable in anything other than the very short-term given the financial implications and the negative impact it can have on the outcomes achieved by young people. However, there can be no magic bullet and this multi-strand Sufficiency Strategy is considered to be the best means of achieving a significant reduction in the reliance on IFA and OoA placements.

#### **5. Consultation**

- 5.1 There has been appropriate consultation in respect of each of the individual strands.

#### **6. Timetable and Accountability for Implementing this Decision**

- 6.1 It is planned that all of the strands will be implemented and in progress between the next 3 and 6 months. The accountable manager will be Ian Walker, Interim Head of Service.

## **7. Financial and Procurement Implications**

- 7.1 Each of the individual strands has its own financial implications as set out in their individual DLT reports. Overall it is anticipated that they will bring significant budget benefits to the department.

## **8. Legal Implications**

- 8.1 The approaches set out in the sufficiency strategy will contribute to the Council's compliance with its general duty under section 17 of the Children Act 1989, to safeguard and promote the welfare of children within its area who are in need and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

## **9. Human Resources Implications**

- 9.1 None noted

## **10. Implications for Children and Young People and Vulnerable Adults**

- 10.1 The proposals contained in this report are designed to have a positive impact of the outcomes achieved by looked after young people.

## **11. Equalities and Human Rights Implications**

- 11.1 These proposals will also ensure a better equality of opportunity for looked after young people and to better ensure their Human Rights are respected.

## **12. Implications for Partners and Other Directorates**

- 12.1 None

## **13. Risks and Mitigation**

- 13.1 The main risk is that if these Strands are not successfully implemented in full then the significant budget and outcomes pressure that currently exists will be perpetuated. These risks can be mitigated by the successful implementation of each of the 5 strands.

## **14. Accountable Officer(s)**

Ian Walker – Interim Head of Service, Children in Care.

Approvals Obtained from:-

Finance and Corporate Services, CYPS:- Mark Chamber

Legal Services:- Neil Concannon

HR Services):- Luke Ricketts

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## Corporate Parenting Panel – 27 Sept 2016

### Title: Overview of Corporate Parenting Training for Elected Members

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

No

#### Strategic Director Approving Submission of the Report

Shokat Lal, Assistant Chief Executive

Ian Thomas, Strategic Director for Children's and Young People's Services

#### Report Author

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#### Ward(s) Affected

All

#### Summary

This paper gives an overview of member development activity to support elected members in their role as corporate parents.

#### Recommendations

1. That the Corporate Parenting Panel comments on the overview of corporate parenting training for elected members;
2. That consideration be given to what future corporate parenting training should be incorporated into the member development programme;
3. That a further update on development activity be provided to the Corporate Parenting Panel in six months' time.

#### List of Appendices Included

Appendix 1 – summary of evaluation sheets from sessions held on June 24 and July 22, 2016.

#### Background Papers

Nil

#### Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

#### Council Approval Required

No

#### Exempt from the Press and Public

No

**Report title: Overview of Corporate Parenting Training for Elected Members**

**1 Recommendations**

- 1.1 That the Corporate Parenting Panel comments on the overview of corporate parenting training for elected members;
- 1.2 That consideration be given to what future corporate parenting training should be incorporated into the member development programme;
- 1.3 That a further update on development activity be provided to the Corporate Parenting Panel in six months' time.

**2 Background**

- 2.1 The Fresh Start Improvement Plan (Phase 1) had two specific actions relating to Corporate Parenting.
  - Well-developed role of Cabinet Member for Children's Service;
  - Visible elected member leadership on looked after children and child protection issues.
- 2.2 In response to the Improvement Plan, the member development 'offer' has taken a tiered approach reflecting the different levels of corporate parenting responsibilities. These different levels are outlined in the National Children's Bureau's (NCB) publication "Putting Corporate Parenting into Practice" (2015), and are as follows:
  - Universal responsibility (Level 1) – all members;
  - Targeted responsibility (Level 2) – those with more specific roles e.g. those undertaking Regulation 33 visits; members of fostering and adoption panels; members of Corporate Parenting Panel (CPP);
  - Specialist responsibility (Level 3) – Lead Member.
- 2.3 Democratic Services (Member Development) has organised the delivery of Level 1 training to newly elected and returning members as part of the 2016 Member Induction Programme. All members have been invited to attend these sessions. Of those members elected in 2016, **19 out of 24** have attended at least one session on corporate parenting (including Level 1 and 2 sessions). **53 out of 63 members** have attended an in-house development session on corporate parenting since 2014 (84%).
- 2.4 Work has commenced to organise Level 2 input for members with more specific roles but this is at a preliminary stage. This will be provided largely by officers in the Children in Care team, although there is scope to explore external delivery if required.
- 2.5 At Level 3, the Commissioner for Children's Social Care and Senior Officers from Children and Young People's Service (CYPS) have provided specific development support to the Lead Member, with Democratic Services facilitating external support and development opportunities to the Lead Member via the LGA.

**3 Key Issues**

**3.1 Universal Responsibility (Level 1)**

Two generic induction sessions outlining corporate parenting responsibilities of councillors were delivered a LGA Peer Member (these sessions were delivered as part

of the LGA support to the Council's improvement programme). The sessions were run on 24 June and 22 July 2016. 22 members attended these sessions (of which 18 were elected in May 2016). Similar sessions were offered in 2014-15 and 2015-16.

3.2 The outline of this programme is as follows:

- The Council's statutory responsibilities to looked after children and care leavers
- What are members responsibilities as corporate parents
- Explore key policy issues and challenges
- Key lines of enquiry for councillors

3.3 All members attending the sessions in 2016 completed an evaluation sheet (summary attached as Appendix 1). Feedback from these sessions has been positive. In respect of specific requests for further information a 'resource' pack has been circulated and is available on-line (see para 3.8). CPP is asked to consider the evaluation and determine what further action is required on the basis of the feedback.

#### 3.4 Targeted Responsibility (Level 2)

A session for members of CPP and Improving Lives Scrutiny Select Commission was delivered by the Head of Service, Children in Care on 7 June, 2016. Five members attended this (including three new members). Of these, only one member of CPP attended. Because of the low attendance, it is suggested that this session is repeated at a future point.

3.5 The purpose of the training was to give councillors a more in-depth understanding of their roles as corporate parents and some the key issues for scrutiny. An outline of the session is as follows:

- Providing an overview and understanding of the legislative and policy framework for looked-after children.
- Mapping out and gaining knowledge of the local arrangements for looked-after children.
- Working in a child-centred way to understand the views and experiences of children and young people in care.
- Understanding and involving local partners and other agencies which have a stake in the arrangements for looked-after children.
- Creating clear recommendations for improvement and monitoring the impact on both the system and the lives of children.

3.6 A request has been made to organise an induction session for new members on the Adoption and Fostering Panel. In addition, further in-depth briefings will be provided to members on the Corporate Parenting Panel to update members of policy developments or specific service initiatives or issues. Progress will be reported back to a future CPP.

#### 3.7 Specialist Responsibility (Level 3)

The Lead Member has received sector specific support from CYPS and the Commissioner for Children's Social Care. In addition, a peer mentor has been appointed through the LGA. Development opportunities are available from September 2016 on the LGA Leadership Academy and LGA 'Essentials' sessions; including specific input on children's services and commissioning.



### 3.8 Resources

The following resources are available on the intranet for all members:

- LGIU guide for councillors as corporate parents “If this was my child”<sup>1</sup>;
- LGA Guide “Must Knows: What you need to know about safeguarding and corporate parenting”;
- National Children’s Bureau (NCB)/ LGA/ Centre for Public Scrutiny publication “10 Questions to ask if you are scrutinising services for Looked After Children”.
- Each member of the Corporate Parenting Panel has been given a copy of the NCB “Putting Corporate Parenting into Practice: A handbook for Councillors”. Following feedback from the induction session requesting detailed information on the corporate parenting role, two further copies have been left in each of the Political Group Offices for reference.

3.9 There is scope for members to access e-learning through the RMBC Directions pages on the intranet should relevant modules be posted on-line. There is a specific question on the personal development plan (PDP) questionnaire to identify if members wish to access learning and development through on-line resources.

### 3.10 Seminar Programme

The Seminar programme is a complementary part of development programme, giving the opportunity to brief members on policy developments or ‘hot topics’. Should relevant areas be identified, these can be factored into the seminar programme accordingly. There is also scope to brief members through the fortnightly member newsletter.

### 3.11 Audit

A record is kept of attendance at each session, which is recorded on the Council’s HR system. This enables Democratic Services (Member Development) to identify when members have last attended a session or if they are yet to attend (see para 2.3). This information will be reported to the Member Development Panel in due course, to inform the development programme (including refresher sessions) accordingly.

### 3.12 Personal Development Plan

As part of the Improvement Plan it has been agreed that each member will have a PDP in place<sup>2</sup>. As part of this process, each member will be asked specific questions about the training and support they have received and whether they are confident of their role as Corporate Parents. There is opportunity in the PDP for Members to identify individual training needs related to their generic or specific responsibilities. The outcomes from PDPs will be fed back to the Member Development Panel to inform future member development programmes.

## 4 Options considered and recommended proposal

4.1 The induction sessions for members have already been delivered. The Joint Improvement Board received regular progress reports on the Improvement Plan and agreed that the actions outlined in Para 2.1 were substantively complete. Future activity will be to be picked up as part of the ongoing focus on member support/development in Phase 2 of the Improvement Plan.

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<sup>1</sup> Although the LGIU guide was written in 2003, the questions and checklists are still relevant and a helpful guide to understanding councillor’s role

<sup>2</sup> The format of the PDP process is currently under consideration.

## **5 Consultation**

5.1 The initial focus of the programme was agreed by the Leader in consultation with the Lead Member and Leaders of the Opposition Groups (March 2016). The suggested approach was endorsed by Commissioners and SLT. Future corporate parenting programmes will be developed on the basis of the PDP process and input from CPP, the Lead Member, Member Development Panel, Commissioners and SLT.

## **6 Timetable and Accountability for Implementing this Decision**

6.1 The generic induction session has been delivered. The wider programme of support and ongoing development is being formulated. Progress will be reported to the Joint Improvement Board (as part of the ongoing focus on member support/development), Member Development Panel and Corporate Parenting Panel.

## **7 Financial and Procurement Implications**

7.1 There are no financial or procurement implications arising from this report.

## **8 Legal Implications**

8.1 There are no legal implications arising from this report.

## **9 Human Resources Implications**

9.1 Members should have regards to the human resources required to deliver training and development interventions to ensure that they are cost effective and value for money.

## **10 Implications for Children and Young People and Vulnerable Adults**

10.1 Councillors as Corporate Parents have a key role in improving the outcomes for looked after children and care leavers, many of whom may become vulnerable adults. It is therefore important that elected members consider and promote the welfare of looked after children through their various activities and are equipped with the knowledge and understanding to do this effectively.

## **11 Equalities and Human Rights Implications**

11.1 In developing and delivering a training and development programme, consideration has been given to equalities implications. An equalities impact assessment has not taken place, but is a relevant consideration particularly in respect of looked after children and care leavers who have protected characteristics.

## **12 Implications for Partners and Other Directorates**

12.1 The development of a learning and development framework for corporate parenting involves close liaison between CYPS and Democratic Services.

## **13 Risks and Mitigation**

13.1 By providing comprehensive learning and development opportunities, the risks of councillors not being effective corporate parents is mitigated.

**14 Accountable Officer(s)**

James McLaughlin, Democratic Services Manager and Statutory Scrutiny Officer  
Ian Walker, Interim Head of Service, Children in Care, CYPS

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:- N/A

Assistant Director of Legal Services:- N/A

Head of Procurement (if appropriate):- N/A

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

## Appendix 1

## Members' role as Corporate Parents 2016 (Induction) – Summary of evaluation sheets

Of 22 responses:

<b>Were your objectives achieved</b>							
<i>Please tick one box</i>							
Yes, in full	15	Yes, partly	7	No, not at all	0	Too early to say	0
<b>To what extent did the session cover issues relevant to your role?</b>							
<i>Please tick one box</i>							
To a great extent	16	To a moderate extent	6	To a small extent	0	Not at all	0
<b>Please rate how satisfied you were with this session, overall:</b>							
<i>Please tick one box</i>							
Very satisfied	18	Fairly dissatisfied	0				
Fairly satisfied	4	Very dissatisfied	0				
Neither satisfied or dissatisfied	0	Don't know	0				
<b>Overall, did the session...</b>							
<i>Please tick one box</i>							
Exceed your expectations	9	Meet your expectations	13	Fall short of your expectations	0		

**What have you learned today**

The meaning and the importance of understanding a councillors role and responsibilities; Methods to "do" it successfully  
 Emphasis on assurances - What to look for; Questions to ask; What actions/steps we can take to fulfil our responsibilities  
 Different sources of information/data, guides and documents  
 Importance of building relationships with relevant professionals;  
 Request feedback from independent reviewing officers  
 Awareness of the Rotherham context; Scale of Corporate Parenting in RMBC; Statistics; Costs to RMBC  
 Schools responsibilities for LAC; Virtual schools  
 I need more detailed information re fostering and their dos and don'ts;  
 More information on outcomes; Checking implementations are in place  
 Further information such as Abduction notices  
 To be vigilant that all external reports are not always accurate; To check with other councillors and the area they are working on

**What do you still not understand**

Figures still don't add up

**What will you consider doing differently**

Be a more informed and effective councillor; To be more proactive and not reactive - going further than the face value  
 Consider how Looked After Children are affected by all services  
 Setting up a working group  
 Request more evidence of what is happening & whether it is a good experience for LAC  
 Ask appropriate questions; challenge and probe officers

**What did you find most beneficial**

Being able to discuss points and increase knowledge of the subject  
 Better able to recognise the signs that things may be going amiss in this field  
 Understanding the responsibility we have as councillors as Corporate

Parents

All of it; very informative; very engaging session

Detailed explanation of a councillors responsibilities; discussions and knowing how to ask the right questions

**How could the session be improved**

Bullet point printout; references; further information/web pages; more specific instruction on how to practically carry out my duties

**Any other comments**

An excellent and informative session, encouraging important discussion; Useful introduction/clarification; Highly knowledgeable presenter