

## **IMPROVING LIVES SELECT COMMISSION**

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

**Date: Wednesday, 1st February, 2017**

**Time: 1.30 p.m.**

### **A G E N D A**

**There will be a pre-briefing for all members of the Improving Lives Select Commission between 12.30 noon - 1.30 pm.**

1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.
2. To determine any item(s) the Chairperson is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence.
4. Declarations of Interest
5. Questions from members of the public and the press
6. Communications
  - Child-centred Borough - update
  - Corporate Parenting Panel - update
7. Minutes of the previous meeting held on 14th December, 2016 (Pages 1 - 12)
8. Voice of the Child Lifestyle Survey 2016 (Pages 13 - 73)
9. Early Help and Family Engagement (Pages 74 - 114)
10. Looked After Children and Care Leavers Sufficiency Strategy 2017-2021 (Pages 115 - 154)
11. Improving Lives Select Commission - Work Programme 2016/17 - update

12. Date and time of the next meeting - Wednesday 22 March 2017 at 1.30 pm

**Improving Lives Select Commission membership:-**

Chair – Councillor Clark  
Vice-Chair – Councillor Allcock

Councillors Beaumont, Cooksey, Cusworth, Elliot, Evans, Fenwick-Green, Hague, Jarvis, Rose Keenan, Khan, Marriott, Napper, Pitchley, Senior, Short, Tweed (18).

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

A handwritten signature in black ink that reads "Sharon Kemp." The signature is written in a cursive, slightly slanted style.

Sharon Kemp,  
Chief Executive.

**IMPROVING LIVES SELECT COMMISSION**  
**14th December, 2016**

Present:- Councillor Clark (in the Chair); Councillors Allcock, Beaumont, Cooksey, Cusworth, Elliot, Fenwick-Green, Jarvis, Keenan, Khan, Marriott, Napper and Evans and Joanna Jones (GROW).

Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety, was in attendance for Minute No. 39 (Domestic Abuse Service Provision in Rotherham).

Apologies for absence were received from The Mayor (Councillor Pitchley and Senior. Councillor Roche, Cabinet Member Adult Social Care and Health, submitted an apology for Minute No. 38 (Rotherham Adult Safeguarding Board)

**34. DECLARATIONS OF INTEREST**

Councillor Jarvis declared a non-pecuniary interest in Minute No. 39 (Domestic Abuse Service Provision in Rotherham) as she was a Board member of the Rotherham Rise Trust.

**35. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

There were no members of the public or press present at the meeting.

**36. COMMUNICATIONS**

Councillor Cusworth gave a brief verbal report on the business conducted at the recent meeting of the Corporate Parenting Panel. The agenda included:-

- Looked After Children and Care Leavers' Strategy 2017-2020
- Ofsted Activity Report – Children Looked After
- CCG Commissioning Compliance Tool for Looked After Children and Care Leaver Health Services
- LACC Report July to end of October, 2016 presented by 3 young people who were either current LAC or Care Leavers
- “The Care We Receive as Children Colours our Whole Life” (CQC 2016)
- Rotherham Fostering Service Performance Report 2015-16

Any Member wishing further information on the items discussed should contact Councillor Cusworth.

**37. MINUTES OF THE PREVIOUS MEETING HELD ON 2ND NOVEMBER, 2016**

Resolved:- That the minutes of the previous meeting of the Improving Lives Select Commission, held on 2<sup>nd</sup> November, 2016, be approved as a correct record for signature by the Chairman.

**38. ROTHERHAM ADULT SAFEGUARDING BOARD 2015-16 ANNUAL REPORT**

Sandie Keene, Independent Chair of Rotherham Safeguarding Adult Board, presented the Board's 2015-16 annual report in accordance with the Care Act 2014.

Whilst good progress had been made there was still much to do. It was the Board's aim to ensure that everyone in the Borough shared its zero tolerance of neglect and abuse of individuals with care and support needs whether in a family, community or care setting.

The key priorities for 2016-18 were:-

- All organisations and the wider community work together to prevent abuse, exploitation or neglect wherever possible
- Where abuse does occur we will safeguard the rights of people, support the individual and reduce the risk of further abuse to them or to other vulnerable adults
- Where abuse does occur, enable access to appropriate services and have increased access to justice while focussing on outcomes of people
- Staff in organisations across the partnership have the knowledge, skills and resources to raise standards to enable them to prevent abuse or to respond to it quickly and appropriately
- The whole community understands that abuse is not acceptable and that it is 'Everybody's business'

Sandie highlighted:-

- The Board had been reconstituted and relaunched in 2015 and had reviewed its membership and agreed its priorities
- There had been 2,556 concerns/alerts received in 2015. Of those 579 concerns were investigated further and a plan in place to protect the individuals concerned to prevent further abuse and ensure that the outcomes desired by the individual were met
- The need for proper performance management and to look at the quality of the work across agencies
- Refocussing of resources had enable a new Safeguarding Service Manager from within the establishment to be allocated
- Good attendance and commitment from all agencies at the Board
- Strategy, Constitution and Mission Statement published
- Emerging Safeguarding Adult Reviews of historical cases – 3 Reviews commissioned
- Discussion regarding creation of a budget for 2017-18 with possible

contributions from agencies

- Abuse occurred in care settings as well as in people's homes
- Future contribution to the national work taking place looking at people with Learning Disabilities who died an untimely death

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

- Was performance information available in a timely way to support the work of the Board? This had been raised with the Chief Executive and there was now a much more timely response.
- What measures and interventions led to an improvement in standards of care and safety? This was with regard to the Council's Contract Commissioning Team and contract quality rather than Safeguarding. If there was a Safeguarding enquiry it would be followed up as Social Worker intervention to make sure that things were resolved.
- Why had 306 individuals not been assessed under the Mental Capacity Act and Deprivation of Liberty Safeguards? The issue of the backlog had occurred because of a change in the interpretation of the Law and exponentially increased the numbers for the Local Authority. This had led to a backlog in assessments. The Board had requested that some work be carried out to reduce this. National guidance had been published by ADASS on prioritisation of assessments and the Board had been assured that all the cases had been through an initial assessment to identify risk and to make sure that the most appropriate people were prioritised. However, from the Board's perspective, it was unsatisfactory that the numbers were not coming down and needed to be reduced.
- Why had no-one from the Police or Probation Services attended any training in 2015/16? The training within the Police Force was quite robust and they felt that, because of their shift patterns and the specific training that Police Officers undertook, their training was sufficient.

The Probation Service had its own training programme. The Board's Training Sub-Group had examined training courses that would be particularly applicable to a multi-agency approach and when it would expect the Police or Probation involvement.

- How do agencies work with people who were 'self-neglecting' but may have capacity to make decision to try and stop them from slipping through the net? From a practical point of view, if someone had the capacity to make the decisions there was very little that could be done other than an agency attempting to get alongside that person and perhaps influence the decisions they were making. As far as agencies were concerned they needed to come together regularly to discuss the situation/risks and examine what might be able to be done in order to ensure that they had given it every consideration possible.

There needed to be robust case management when the individuals were known to agencies.

Little could be done with regard to influencing people's decisions if agencies had made sure that the individual had full awareness of the consequences of the decision. Predictably there were some cases nationally that fell within this category that had been subject to Safeguarding Reviews and the learning therefrom put into practice for the people of Rotherham.

- Did the Local Authority and its partners have things in place that could deal with self-neglect? There were things in place at the moment. A piece of work was being conducted around tracking people into Service, what they could do to support themselves or go to the community for extra support if needed. Work was also taking place with Mental Health with regard to what could be done e.g. people learning new skills to give them the opportunity to talk about their issues. It was hoped to align workers with the Mental Health Trust to boost capacity.
- Was there a reason for the high percentage of medication concerns in the residential nursing setting? The Authority had been carrying out some bespoke work with organisations and individual homes about how to raise the quality from a contract commissioning point of view.
- Was there a reason for the high percentage of staffing vacancies in the residential nursing setting? The figures quoted in the report were national statistics. There was a national shortage of qualified nursing staff in nursing homes with a number of homes deregistering due to the lack of staff.

Because of the issues, the Board felt it would be more than helpful to have a representative on the Board from the independent sector, either residential, nursing or domiciliary care which would strengthen the participation.

- Was there a representative from Housing on the Board? Yes however it did not include the private sector at the moment.
- How confident was the Board with regard to the level of Learning Disability and Autism training within Adult Social Care? As a Board it did not share the level of training and specific elements of either Health Care or Social Care. There had been concern within the Council about Learning Disability and Safeguarding and some restructuring had been undertaken in terms of addressing some of those concerns.
- How confident was the Board that the Making Safeguarding Personal Agenda across the Safeguarding Service would be fully implemented and embedded? There had been considerable work done across

Rotherham and there was a specific sub-group looking at it which was very much around the principles of making Safeguarding transparent and asking people at the beginning of the process what they wanted to achieve and at the end of the process ascertain if it had been achieved.

The aim was to make Safeguarding personal and roll it out across Adult Social Care. All Social Care assessors and staff, including all staff that were employed by the Council, had not only undertaken e-learning but also the e-learning for the Corporate Safeguarding. Presentations had been made to RDaSH, The Rotherham Foundation Trust and all provider services invited to participate in the training.

- Was there a commitment to retain the Vulnerable Persons Team? The individuals who were clients of the Team were the most chaotic of society with some being victims of CSE. Work was being undertaken to look at how the Service could be extended.

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

(2) That a representative from the independent care sector on the Rotherham Adult Safeguarding Board be supported.

(3) That work underway to improve the provision of performance and audit information to support the work of the Adult Safeguarding Board be noted.

(4) That the Chair conveys to the Chief Executive this Commission's wish that the improvements in the provision of timely performance information to support the Adult Safeguarding Board be maintained.

**(COUNCILLOR ALLCOCK ASSUMED THE CHAIR FOR THIS ITEM AS HE HAD BEEN LEADING THE WORK ON THIS ISSUE.)**

### **39. DOMESTIC ABUSE SERVICE PROVISION IN ROTHERHAM**

Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety, and Chair of the Safer Rotherham Partnership, referred to the recent history of the Safer Rotherham Partnership and the criticism it had received in the Casey report regarding its operation and the lack of challenge.

The previous Cabinet Member, former Councillor Kath Sims, who had had responsibility for the Partnership, had spent a lot of time restructuring and reinvigorating the Partnership and had started the work on a plan which included domestic violence.

Progress had been made but the Partnership was not where it wanted to be as yet. There was a lack of strategic overview and it was not known

where the gaps in service provision were. The report submitted set out the current domestic and sexual abuse offer in Rotherham and responded to the key lines of enquiry identified by the Commission:-

- What services are in place in Rotherham?
- How well do agencies work together at a strategic and operational level and how is this evidenced and evaluated?
- On what basis are services commissioned?
- How is the effectiveness of services evaluated for children and adult victims of domestic abuse and perpetrators?
- What is the funding available for services and is this resilient?
- How does provision compare with statistical neighbours?

Some funding had been secured from the Police and Crime Commissioner's Community Safety Fund to fund work going forward. An independent Peer Review had also been requested which would inform the revised Domestic and Sexual Abuse Strategy. Discussion at the Select Commission would help inform that revision.

There was now a Domestic Abuse Co-ordinator, Amanda Raven, in post. The multi-agency Domestic and Sexual Abuse Priority Group would be re-established consisting of officers and partners which would co-ordinate the work that needed to take place.

Phil Morris, Business Manager, Children and Young People's Services, and Amanda Raven, Domestic Abuse Co-ordinator, then gave the following powerpoint presentation:-

The Government definition of domestic violence and abuse  
"Any incident or pattern of incidents of controlling, coercive, or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members"

This is, but not limited to the following types of abuse

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Harm to children who witness domestic abuse can be signified. It is often categorised as

- Emotional abuse
- Physical abuse
- Neglect

Impact is on every aspect of a child's life

- Education
- Emotional wellbeing



- Social wellbeing
- Cognitive development

What is the prevalence

- 130,000 children live in households where there is high risk of domestic abuse
- 64% of victims have children
- 62% of children are directly harmed by their abuser
- 25% of children in high risk households are under 3 years of age and the abuse has been present throughout pregnancy
- 39% of children had difficulties at school
- 60% of children feel to blame
- 52% have behavioural issues
- 25% exhibit abusive behaviour with others
- Domestic abuse is a significant behaviour factor in 2/3rds of serious case reviews
- Domestic abuse factor in 60% of Care Order applications

Rotherham Picture

- 23% of Children Services contacts (April to August, 2016)
- 1,178 contacts for domestic abuse (April to August 2016)
- Between 30-40% require Social Care support

What should we do

- Protect the child
- Empower the non-abusive parent
- Hold abuser to account

Domestic Abuse Pathway

1	Children <18 years Domestic abuse incident Police attend, self or agency reported	1	Adults 16+ years Domestic abuse incident Police attend, self or agency reported
2	DASH risk assessment High, medium or standard risk to victim Immediate action to protect	2	DASH risk assessment High, medium or standard risk to victim Immediate action to protect
3	Notification and referral to MASH	3	Referral through to Assessment Direct single point of access if required
4	Screening IDVA/MASH Manager screening	4	Screening IDVA and Adult Services History

	History Current involvement		Current involvement
5	MADA (Multi-Agency Domestic Abuse) meeting 11.00 a.m. each working day All agencies High risk and some medium risk cases	5	MADA (Multi-Agency Domestic Abuse) meeting 11.00 a.m. each working day IDVA and Police only High risk and some medium risk cases
6	MADA outcome and actions Safety Planning Safeguarding MARAC Operation Encompass	6	Mada outcomes and actions Safety planning Referral to appropriate services MARAC

Discussion ensued with the following issues raised/clarified:-

- 3 years ago there was a Scrutiny Review undertaken in respect of Domestic Abuse. It was extremely disappointing that the progress had stalled. The Domestic and Sexual Abuse Priority Group had not met since December, 2014, and the post of Domestic and Sexual Abuse Co-ordinator had been vacant from July 2015 to October, 2016. Members had a role to play but if they did not know there were any gaps in Service provision how could they deal with it? The Cabinet Member fully concurred with the sentiment but that was not to say that the work was not being done by some officers. The Co-ordinator post now sat within the Community Safety Team and was monitored by the Partnership Board. Officers had been requested to look at the Scrutiny Review recommendations from the earlier Review.

Part of the Peer Review would be to look at the governance arrangements of the Safer Rotherham Partnership Board as well as performance monitoring. Funding had been secured from the Police and Crime Commissioner and the Council to employ a data analyst.

The Safer Rotherham Partnership's new plan identified domestic abuse as 1 of its key priorities together with community cohesion and hate crime. There was also a Performance Board which would receive the current data from the Police.

- It was anticipated that the newly reformed Domestic and Sexual Abuse Priority Group would meet in January 2017. The Group's Chair would be at Assistant Director/equivalent senior Police Officer level.
- From a children's perspective, the Local Safeguarding Children's Board had not had access to a Strategy that clearly defined the outcomes of the expected impact on the safeguarding and wellbeing

of children which the Board could scrutinise and ask questions of. It was important that the Strategy emphasised what the services should be and how would one expect those services to make a difference to the safety and wellbeing of children where there was domestic violence. The Board would then be able to ensure that the services in Rotherham were delivering what they should be delivering.

- There had not been a major discussion in the Safeguarding Adults Board with regard to domestic violence. However, there was little reference to the position of vulnerable adults in the domestic violence arena and the need for a pathway and establish where exactly the identification of a vulnerable adult may come. The scope of the Adult Board was set in Legislation in that it was particularly concerned with adults that had care and support needs and, therefore, would want to ensure that those thresholds were well co-ordinated in terms of who was doing what and identify together those people that fell under that umbrella, managing the risk involved and supporting people.
- Were there any emerging issues in Rotherham with regard to domestic abuse? There were pathways in place but they were not as clear as they could be in relation to vulnerable people. The Board needed to investigate and not just deal with what was happening at the time but try and get in front and see what was coming over the horizon with mechanisms put into place for prevention rather than reliant on an enforcement type approach.

Domestic violence now sat within the Vulnerable Persons Team in Adult Social Care and would make sense to include within the Domestic Violence Pathway. The MARAC had always been predominantly victim-led but as there became a more holistic and family led approach it may be that the voice of the child should be heard in that meeting. The MARAC considered what the victim was saying but what a child was saying may sway the way in which the MARAC may make decisions.

- A family holistic approach was a better use of resources – There were a number of ex-CSE cases being received which were passed to the Vulnerable Persons Team. These were people that were now making inappropriate choices of partners because of their history. The bigger picture should be looked at rather than victim led.
- Was the Perpetrator Programme happening and were people being referred into it? How was the Programme evaluated? Was a perpetrator re-referred if there were further incidents? If other issues such as alcohol, drugs etc. arose was the person referred to the other agencies for help? The Perpetrator Programme was an offender-based programme run through the Probation Service and delivered through the Community Rehabilitation Company. In many respects it was too late as the perpetrator had already committed the offence(s). Referrals would be made to agencies as required.

A more bespoke Perpetrator Programme would be far more beneficial but there were costs associated with it. Discussions were taking place with regard to a County-wide Programme based on Doncaster's experiences over the last 12 months.

Rotherham Rise had been proactively looking at getting a pre-offender Perpetrator Programme for quite some time. There were a number of bids submitted with neighbouring authorities for such programmes.

- Had an analysis been conducted of any perceived savings that would come to the Authority from having a Perpetrator Programme? No. There were national figures stating its success.
- The document talked about more employers recognising and supporting victims. Were we looking to get as many employers as possible on board and would they be given information on how to support victims and who to signpost to? The training programme had recently re-started with invitations to the Probation Service, Elected Members, voluntary sector and the NHS Trust to participate. Other areas such as dentists would also be invited.
- What about employees' sickness records? Certainly within the Council itself they were very good at picking up on that and did use inhouse services and the Service to support. There had recently been sickness record training.
- Had there been any research/statistics that identified drug abuse as a contingent of domestic abuse? Within the MARAC there was a special MARAC which considered the more complicated cases. Approximately 70-80% of those cases were either drug and/or alcohol related. The Vulnerable Persons' Team would be involved to offer support to the victim and perpetrator.

Mental Health was also a massive issue.

- If the funding was county-wide would it be allocated to areas with particular problems? The Police computer could pick out hotspots and consideration would be given to moving funding/support.
- Was there still a facility for men experiencing domestic abuse in Rotherham? Yes. Both Rotherham Rise and ISVA (Independent Sexual Violent Advocates) would work with both male and females. There had been an increase in male referrals to ISVA. There were also refuges for men which the Service had referred through to.

Men were considered to be part of the "hard to reach" groups.

- Was the Perpetrator Programme designed around the male or

female? The Programme recognised both sexes. Some were very bespoke around each person.

- The LGBT community were seeing a rise in hate crime and accessing the very limited service – Victims needed to come forward at an early stage and report their concerns.

There were increased reports of hate crime. There were great inroads being made in other parts of the community but the Authority and South Yorkshire Police were not having as much success in the LGBT community but were working hard to rectify the situation.

- Was there any help for the families of perpetrators? Sometimes they were as much at risk as everybody else and support had been offered to the family.

From the children's perspective the Police did refer cases through the MASH where an immediate assessment of the level of risk to the child was undertaken.

- Was there any support to a parent that was subject to domestic violence from their children(ren)? An increase was being seen in the number of cases. It was difficult because they would follow the same referral route of the victim (the parent) going to Rotherham Rise or the ISVA Service and staying in a refuge. However, very few parents would go into a refuge and leave their child(ren) behind. The offer of support currently was not what they wanted; what they wanted was support around mental health, drug and alcohol issues. There were a lot of services but no co-ordination.
- The presentation stated the categories of types of abuse which stated physical abuse was one. Was the term "violence" still used or was the preferred terminology "abuse"? Would the terminology be consistent in the revised Strategy?.
- What would a therapeutic programme look like and why would it be aimed at boys/young men? It had derived from feedback from Children's Services earlier in the year. It was not known what it would look like and was part of the considerations for the future.
- Was the Joint Strategic Needs Assessment (JSNA) up-to-date and what did it say about domestic abuse in Rotherham? The JSNA covered a wide range of areas, however, there was no specific element looking at domestic abuse and was an area that required review.

Resolved:- (1) That the current position in respect of domestic and sexual abuse service provision in Rotherham be noted.

(2) That the recommendations agreed by the Safer Rotherham Partnership Board on 5<sup>th</sup> December, 2016, be supported i.e.:-

- The commissioning of a full review and refresh of the Safer Rotherham Partnership Domestic and Sexual Abuse Strategy 2013/17;
- That an action plan is developed to underpin the partnership delivery of the refreshed Strategy which includes input from partners working in the field of domestic and sexual abuse;
- Reconvene the SRP multi-agency Domestic and Sexual Abuse Priority Group chaired by Assistant Director (Council) or equivalent level senior Police Officer or senior officer from one of the partnerships responsible authorities;
- Commission an independent peer review of the Partnership's domestic and sexual abuse offer to include governance arrangements, identification of gaps in service, pathways, funding arrangements and support networks;
- Approve funding of up to £10,000 from the Community Safety Fund 2016/17 to facilitate the above.

(3) That, in light of the discussions, that the recommendations from the 2013 Scrutiny Review be reconsidered.

(4) That there be a cost benefit analysis of the Perpetrator Programme and that this be used to inform the future commissioning of Services.

(5) That the Rotherham Safeguarding Adults and Safeguarding Children's Boards be involved in the development of the Strategy and Pathways.

(6) That domestic abuse be included in the future refresh of the Joint Strategic Needs Assessment.

(7) That the Chair of the Safer Rotherham Partnership submit a further report in 6 months outlining progress made in respect of tackling domestic and sexual abuse in Rotherham.

**40. DATE AND TIME OF THE NEXT MEETING**

Resolved:- That meeting be held in 2017 as follows:-

Wednesday, 1<sup>st</sup> February

22<sup>nd</sup> March

all commencing at 1.30 p.m.

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## Summary Sheet

**Council Report:**

Improving Lives Scrutiny Panel 1<sup>st</sup> February 2017

**Title:**

Voice of the Child Lifestyle Survey 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 CYPS)

**Report Author(s):**

Bev Pepperdine, Performance Assurance Manager  
Sue Wilson, Head of Service, Performance & Planning

**Ward(s) Affected:**

All

**Executive Summary:**

The report covers key findings from the 2016 Borough Wide Lifestyle Survey Report. The Lifestyle Survey was open to schools throughout June and July 2016.

The report also details the plans to distribute the borough wide lifestyle survey results to schools, the schedule for presenting the findings of the report to boards and on-going actions supporting the lifestyle survey results by partners.

**Recommendations:**

That Improving Lives Scrutiny Panel:

- Note the report and consider its content.
- Note that Health & Wellbeing Board and Child Centred Borough Group will own actions to address key issues.
- Note the presentation timetable for the survey results and overall distribution list.
- Note the press release that was issued January 7<sup>th</sup> 2017.

**List of Appendices Included:**

Appendix 1 – 2016 Borough Wide Report

Appendix 2 – 2016 Trend Data Analysis provided to Child Centred Borough Group

Appendix 3 – 2017 Press Release

**Background Papers:**

Rotherham Secondary School Lifestyle Survey 2015

What About Youth (WAY) 2015 National & Regional Results

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

Children's Commissioner Decision making meeting

Senior Leadership Team

Improving Lives Scrutiny Panel

**Council Approval Required:**

No

**Exempt from the Press and Public:**

No



**Title:**

Voice of the Child Lifestyle Survey 2016

**1. Recommendations**

1.1 That Improving Lives Scrutiny Panel note the report and provide views on

- Note the report and consider its content.
- Note that Health & Wellbeing Board and Child Centred Borough Group will own actions to address key issues.
- Note the presentation timetable for the survey results and overall distribution list.
- Note the press release that was issued January 7<sup>th</sup> 2017.

**2. Background**

2.1 The lifestyle survey results provide an insight into the experiences of children and young people living in the borough, and provide a series of measures to monitor the progress of the development of a child-centred borough and underpin the six themes, which are:

- A focus on the rights and voice of the child
- Keeping children safe and healthy
- Ensuring children reach their potential
- An inclusive borough
- Harnessing the resources of communities
- A sense of place.

2.2 This annual consultation is carried out with young people in Y7 and Y10 in Rotherham secondary schools and Pupil Referral Units (PRU). This method of consultation with the young people has been run annually for the past 9 years.

2.3 Each educational establishment receives a pack of information to support them run the survey. Once the survey closes each school or PRU that has participated receives a data pack containing their individual results which they can use to shape their own Personal Social and Health Education lessons and use their data to compare themselves against the borough wide data once released later in the year.

2.4 Parents and carers are given information about the survey and its contents ahead of it taking place, for Y10 pupils there are specific questions relating to sexual health and this is highlighted in the information to parents/carers.

2.5 Partners will receive data packs of information with the results specific to their service in order for them to implement any improvements during the following year.

2.6 The 2016 Lifestyle Survey saw 12 out of 16 secondary schools in Rotherham participating. The 4 schools that did not participate were Rawmarsh, Wickersley, Clifton and St. Bernards. Overall 2,806 pupils participated which is a 60% participation rate of the schools that took part.

### **3. Key Issues**

#### **3.1 Positive findings from the 2016 results were as follows:**

- Over 70% of young people drinking 1 or less high sugar drinks per day  
35.5% (994) young people say they do not drink any high sugar drinks;  
35.5% (993) young people say they only drink 1 each day.
- Consumption of high energy drinks reduced by a further 8% from 2015. 63% (1750) young people say they do not consume any high energy drinks, (55% in 2015).
- Increase in the % of young people who said they have never smoked. Overall 85.7% (2234) of young people who do not smoke said they have never smoked. (80% in 2015). This is made up of 94.3% of Y7 (92% in 2015) and 77.1% Y10 (68% in 2015). Rotherham has a higher % than national and regional figures of young people saying that they have never smoked.
- Increase in the % of pupils who said they have never had an alcoholic drink, both Y7 and Y10. Y7, 79.8% (1165) said they have never had an alcoholic drink (76% in 2015). Y10, 30.2% (406) said they have never had an alcoholic drink (29% in 2015).
- Increase in the number of pupils who have received CSE training as part of PSHE curriculum. 1232 (91.5%) of Y10 have received training and 894 (61.2%) of Y7 have received training, compared to 75% and 54% retrospectively in 2015.
- Decrease of 2% of Y10 pupils saying they did not use contraception when having sexual intercourse. 20% (51) of Y10 pupils said they did not use contraception, compared to 22% in 2015.
- Increase in the % of young people who said they have visited a youth centre or youth clinic. 23.7% (665) young people said they had visited in youth centre of youth clinic in 2016, compared to 13% in 2015.

#### **3.2 Areas for attention resulting from the 2016 survey**

- Increase in the % of young people saying they have a long term medical condition. In 2016 21.9% (616) pupils said they had a diagnosed condition, compared to 15% in 2015.
- More young people said they had a snack at break time and crisps are the most popular snack and fruit has dropped down to 5th choice for a snack from 1st choice in 2015.
- Decrease in the % of pupils who felt their weight was in health weight range and about the right size 59% (1661) in 2016 compared to 65% in 2015.
- Bullying % rates increased for the first time in 3 years. 26% (737) pupils said they have been bullied, compared to 22% in 2015.
- Cyber bullying has increased as a form of bullying to 8.2% (61) from 6% in 2015. Sexual inappropriate actions/comments as a form of bullying has increased to 3.7% (27) from 1% in 2015.
- Out of the 737 pupils who said they have been bullied, 547 reported the bullying, of these 58.7% (321) said they received some help; this has decreased from 65% receiving help in 2015.
- Increase in % of Y10 saying it is acceptable for young people of their age to get drunk.

- Slight increase in % of young people saying they have tried drugs, even if this was only once.
- Increase in the % of Y10 pupils saying they have had sexual intercourse after drinking alcohol or taking drugs.
- Decrease in the % of young people who said they have visited Rotherham town centre.
- Decrease in the % of pupils who would recommend Rotherham as a place to live

**3.3** Emerging themes from the survey will be shared with key stakeholders for them to action.

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

**4.1** That Improving Lives Scrutiny Board are asked to consider and approve:

- Note the report and consider its content.
- Note that Health & Wellbeing Board and Child Centred Borough Group will own actions to address key issues.
- Note the presentation timetable for the survey results and overall distribution list.
- Note the press release that was issued January 7<sup>th</sup> 2017.

## **5. Consultation**

**5.1** The results from the 2016 have been shared with the Health & Wellbeing Board and Child Centred Borough Working Group.

The Children Centred Borough Group have identified key performance information that will be measured through the results in the lifestyle survey to monitor the progress to become a child centred borough - Appendix 2

**5.2** It has been agreed that the lead officers for the priorities in the Health & Wellbeing strategy will share the results with their sponsor. This report will be used to develop their action plans for the relevant priority in the strategy.

**5.3** Distribution of the report with an offer to attend subsequent meetings are be made to

- Public Health
- Healthy Schools Consultant
- Safer Neighbourhood Partnership
- South Yorkshire Police
- South Yorkshire Passenger Transport
- Health and Well Being Board
- Neighbourhood Crime Manager
- Young Carers Provider – Barnardos
- Locality Team(s)
- School Nursing
- Families for Change

- Youth Cabinet
- Communications Team

All of the above teams or services will be offered trend information around specific topics relevant to their service.

## 6. Timetable and Accountability for Implementing this Decision

Date	Meeting	Officer
12 <sup>th</sup> September 2016	DLT CYPS	Sue Wilson
1 <sup>st</sup> November 2016	SLT	Sue Wilson Ian Thomas
13 <sup>th</sup> December 2016	Child-Centred Borough Group	Bev Pepperdine
11 <sup>th</sup> January 2017	Health and Well Being Board	Sue Wilson
1 <sup>st</sup> February 2017	Improving Lives Scrutiny Board	Bev Pepperdine
8 <sup>th</sup> February 2017	Children & Young People Partnership Board	Bev Pepperdine
TBC Date requested	Rotherham Together Partnership	Bev Pepperdine
30 <sup>th</sup> March 2017	Local Safeguarding Board	Bev Pepperdine

## 7. Financial and Procurement Implications

7.1 There are no financial and procurement implications

## 8. Legal Implications

8.1 There are no immediate legal implications associated with the proposals.

## 9. Human Resources Implications

9.1 There are no Human Resources implications associated with the proposals.

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

10.1 The fundamental rationale behind the Lifestyle Survey is to enable as wide a consultation as possible for young people in Rotherham in relation to not only their lifestyles but also how they feel about their personal safety. Actions are to be addressed by schools and partners to ensure that improvements are made to their services provided to children and young people.

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

**11.1** The survey aims to capture equalities information as part of the demographic section

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

**12.1** The results of the survey and associated actions are shared both council and Partnership-wide and it is important that these are communicated to ensure that any concerns actions are addressed

## **13. Risks and Mitigation**

**13.1** Actions are taken to mitigate any negative media attention resulting from publication of the results of the survey which includes working with the Communications Team in relation to a media strategy. A press release was distributed on 7<sup>th</sup> January 2017, prior to the report becoming a public document – Appendix 3.

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

Beverley Pepperdine (*Performance Assurance Manager*)  
Sue Wilson (*Head of Service, Performance & Planning*)

### **Approvals Obtained from:-**

**Strategic Director of Finance and Corporate Services: Not applicable**

**Director of Legal Services: etc.**

**Head of Procurement (if appropriate):**

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

Rotherham  
Voice of the Child  
Lifestyle Survey  
2016

Borough Wide Report

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## **Acknowledgements**

We would like to express our thanks to all of the Headteachers and staff at schools who co-ordinated the completion of the Lifestyle Survey for 2016.

In 2016, 12 out of 16 secondary schools in Rotherham participated in the survey along with 3 pupil referral units. Schools participating in the survey gave their commitment to enabling pupils at their school to have their voice heard to share their views on health, well-being and safety.

Also thank you to the 2806 young people who participated and shared their views by taking part in this years' survey.

## 1. Background Information

This report presents the summary of findings from the 2016 Lifestyle Survey.

The survey is open to all pupils in Y7 and Y10 at secondary schools and pupil referral units, pupils are 11/12 years and 14/15 years of age. The survey was open from Tuesday 7<sup>th</sup> June 2016 and closed Wednesday 20<sup>th</sup> July 2016. Overall in this age range in 2016 there were 6310 young people attending a secondary school or pupil referral unit.

This survey is open annually to young people in Rotherham and the sample group this is offered to, is the only opportunity regularly given for young people to have their say about their health, well-being and their future. The sample of 2,806 young people, who chose to participate in 2016, is 44.5% of the relevant population.

In the past five years, 14,947 young people have chosen to share their views about their health and well-being through this survey. This sample of relevant population gives a 95% confidence interval of +/- 1.38% so the lifestyle survey has continued to provide data with a high statistical significance.

As part of implementing the vision for the child-centred borough, the lifestyle results provide an insight into the experiences of children and young people living in the borough, and provide a series of measures to monitor the progress of the development of a child-centred borough and underpin the six themes:

- A focus on the rights and voice of the child
- Keeping children safe and healthy
- Ensuring children reach their potential
- An inclusive borough
- Harnessing the resources of communities
- A sense of place.

The survey is electronic and built using Survey Monkey that is accessed by pupils in educational settings through a web-link. All young people that participated in the survey were able to do so anonymously, and this is the 9<sup>th</sup> year that the survey has been run in Rotherham.

Each educational setting that participated have received a data pack giving them access to their own survey data; they can use this to compare their results to previous years' results and also to the borough wide information once published. Individual school reports assist them to gauge how well they are meeting their own health and wellbeing objectives and help shape their PSHE curriculum. This is highlighted as outstanding practice and gives evidence in relation to Ofsted grade descriptors

*“Grade descriptors: the quality of the curriculum in PSHE education Note: These descriptors should not be used as a checklist. They must be applied adopting a ‘best fit’ approach which relies on the professional judgement of the inspector. Supplementary subject-specific guidance Outstanding (1) v The imaginative and stimulating PSHE education curriculum is skilfully designed, taking into account local December 2013 health and social data and the full range of pupils’ needs, interests and aspirations. The programme ensures highly effective continuity and progression in pupils’ learning across all key stages. “*



This report gives a summary of key findings from the Lifestyle Survey and includes comparisons with regional and national information taken from results of the 'What About Youth Survey' results published December 2015; this comparison is specific to year 10, young people age 15 Years.

'What About Youth survey was a national survey, sent out to 15 year olds which took place for the first time in 2014, at present there are no plans to run this survey again. Participation in the national survey was as follows:-

## What About Youth Data

- Nationally 295,245 surveys were sent out, 120,115 were returned completed, which is a 40.7% participation rate.
- In Yorkshire & Humberside region 31,704 surveys were sent out. 13,034 were returned completed which is a 41.3% participation rate, this is slightly higher than the national return.
- In Rotherham for the What About Youth Survey, 2,126 surveys were sent out 860 were returned completed which is a 40.5% participation rate, slightly lower than the national and regional returns, and 19.5% (1946) lower participation rate than for Lifestyle Survey 2016.
- Comparison will also be included with statistical neighbours Barnsley, Doncaster, Wakefield and St. Helens.

Comparisons are included in this report with Y10 findings for the following topics

- Long term illnesses/disability
- Breakfast consumption
- General health
- Bullying
- Smoking
- Drinking alcohol
- Drugs

Parents were given information about the Lifestyle Survey and its contents ahead of the survey taking place, it was highlighted to parents and carers of young people in Y10 that there was specific questions relating to sexual health. These questions were not included in Y7 survey.

The borough wide results will be shared with the Health & Well Being Board and partners will receive specific trend data in relation to their specialism to allow them to take action and address any issues. Approval will be asked at DLT for the actions to be owned by the Health & Well Being Board.

## 2. Executive Summary

In total 2806 pupils participated in the 2016 lifestyle survey.

A higher % of girls completed the survey compared to boys and a higher % of Y7 completed the survey compared to Y10.

4 schools chose this year not to participate in the 2016 lifestyle survey.

Participation in the survey varied widely between individual schools, the variances ranged between 24% to 73% participation rates for secondary schools and pupil referral units achieved 100% participation.

## 2.1 Positive Results

- Over 70% of young people drinking 1 or less high sugar drinks per day  
35.5% (994) young people say they do not drink any high sugar drinks;  
35.5% (993) young people say they only drink 1 each day.
- Consumption of high energy drinks reduced by a further 8% from 2015. 63% (1750) young people say they do not consume any high energy drinks, (55% in 2015).
- Increase in the % of young people who said they have never smoked.  
Overall 85.7% (2234) of young people who do not smoke said they have never smoked. (80% in 2015). This is made up of 94.3% of Y7 (92% in 2015) and 77.1% Y10 (68% in 2015). Rotherham has a higher % than national and regional figures of young people saying that they have never smoked.
- Increase in the % of pupils who said they have never had an alcoholic drink, both Y7 and Y10. Y7, 79.8% (1165) said they have never had an alcoholic drink (76% in 2015). Y10, 30.2% (406) said they have never had an alcoholic drink (29% in 2015).
- Increase in the number of pupils who have received CSE training as part of PSHE curriculum. 1232 (91.5%) of Y10 have received training and 894 (61.2%) of Y7 have received training, compared to 75% and 54% retrospectively in 2015.
- Decrease of 2% of Y10 pupils saying they did not use contraception when having sexual intercourse. 20% (51) of Y10 pupils said they did not use contraception, compared to 22% in 2015.
- Increase in the % of young people who said they have visited a youth centre or youth clinic. 23.7% (665) young people said they had visited in youth centre of youth clinic in 2016, compared to 13% in 2015.

## 2.2 Areas of Concern

- Increase in the % of young people saying they have a long term medical condition. In 2016 21.9% (616) pupils said they had a diagnosed condition, compared to 15% in 2015.
- More young people said they had a snack at break time and crisps are the most popular snack and fruit has dropped down to 5<sup>th</sup> choice for a snack from 1<sup>st</sup> choice in 2015.
- Decrease in the % of pupils who felt their weight was in health weight range and about the right size 59% (1661) in 2016 compared to 65% in 2015.
- Bullying % rates increased for the first time in 3 years. 26% (737) pupils said they have been bullied, compared to 22% in 2015.
- Cyber bullying has increased as a form of bullying to 8.2% (61) from 6% in 2015. Sexual inappropriate actions/comments as a form of bullying has increased to 3.7% (27) from 1% in 2015.
- Out of the 737 pupils who said they have been bullied, 547 reported the bullying, of these 58.7% (321) said they received some help, this has decreased from 65% receiving help in 2015.
- Increase in % of Y10 saying it is acceptable for young people of their age to get drunk.
- Slight increase in % of young people saying they have tried drugs, even if this was only once.
- Increase in the % of Y10 pupils saying they have had sexual intercourse after drinking alcohol or taking drugs.
- Decrease in the % of young people who said they have visited Rotherham town centre.
- Decrease in the % of pupils who would recommend Rotherham as a place to live

### 3. Demographic Information

At the time of the survey there were 6,310 young people in Year 7 and Year 10 who attended 16 secondary schools and 3 Pupil Referral Units in Rotherham. The survey was offered to all 16 secondary schools and 3 Pupil Referral Units in Rotherham. 12 out of 16 secondary schools and 3 pupil referral units participated and offered the survey to 4728 pupils, out of which 2806 young people completed it.

Participation rates for those 12 schools and Pupil Referral Units who offered the survey was 60%. The percentages shown in this report reflect against the numbers of pupils who were offered the survey and not the cohort figures for Y7 & Y10 pupils at all Rotherham schools.

In 2015, 13 secondary schools participated and 3 pupil referral units in the survey - in total 3,110 young people participated.

#### 3.1 Participation Table 2016

This table shows the 12 schools and 3 Pupil Referral Units that participated in the survey.

The numbers of young people who did not take part at 4 schools were 811 pupils in Y7 and 771 pupils in Y10.

School	Total No. of Pupils Y7	Total No. of Pupils Y10	Overall Total	Total Participation Number	Overall Response Rate %
Aston	322	251	573	425	74
Brinsworth	223	208	431	247	57
Dinnington	174	184	358	224	63
Maltby	181	139	320	236	74
Oakwood	203	197	400	128	32
Saint Pius	128	129	257	153	60
Swinton	159	135	294	235	80
Thrybergh	110	84	194	47	24
Wales	266	244	510	379	74
Wath	303	288	591	325	55
Wingfield	147	158	305	123	40
Winterhill	238	225	463	243	52
<b>Pupil Referral Units</b>					
Rowan Centre	3	6	9	9	100
Riverside Aspire	3	7	10	10	100
Swinton Lock	9	8	17	17	100
<b>TOTAL</b>				<b>2806</b>	

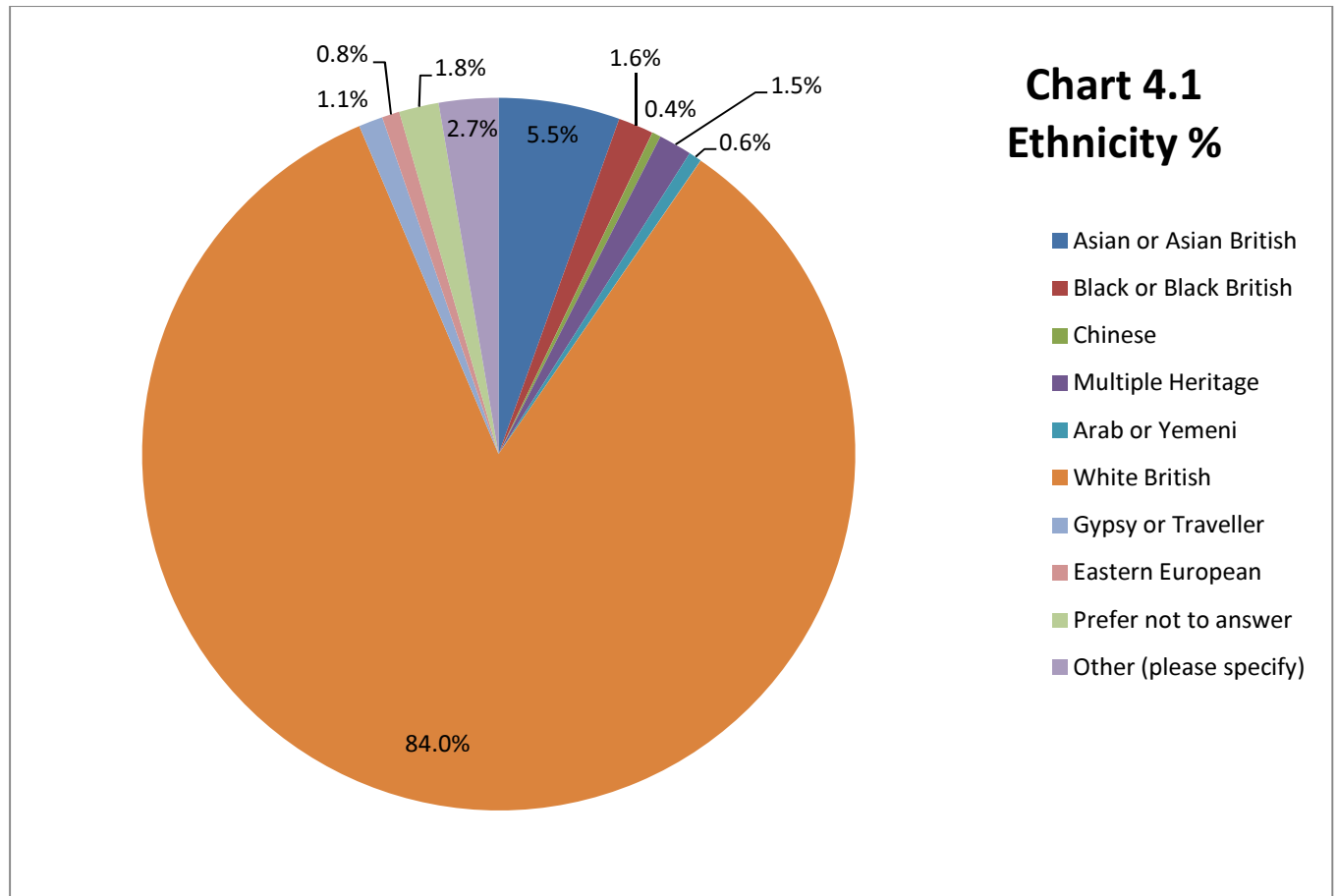
### 4. Characteristics

Of the pupils that completed the 2016 survey, 1442 (51.4%) were female and 1364 (48.6%) were male. 1460 (52%) were in year 7 and 1346 (48%) were in year 10.

#### 4.1 Ethnic Origin

When asked about their ethnicity, 84% (2,360) of pupils described themselves as White British (This is an increase of 2% from 2015). 11.5% (323) described themselves as from Black or Minority Ethnic group (BME) (this is a decrease from 15% in 2015). 1.8% (48) preferred not to say and 2.7% (75) described themselves from 'other' ethnicity group.

Chart 4.1 below shows the breakdown of pupil ethnicity by %. Analysis of data input to 'other' option showed in the majority pupils responding they were from multiple ethnicities, which should be included in the multiple heritage choice, which would make this % higher.



#### 4.2 Sexual Orientation (Year 10 Question Only)

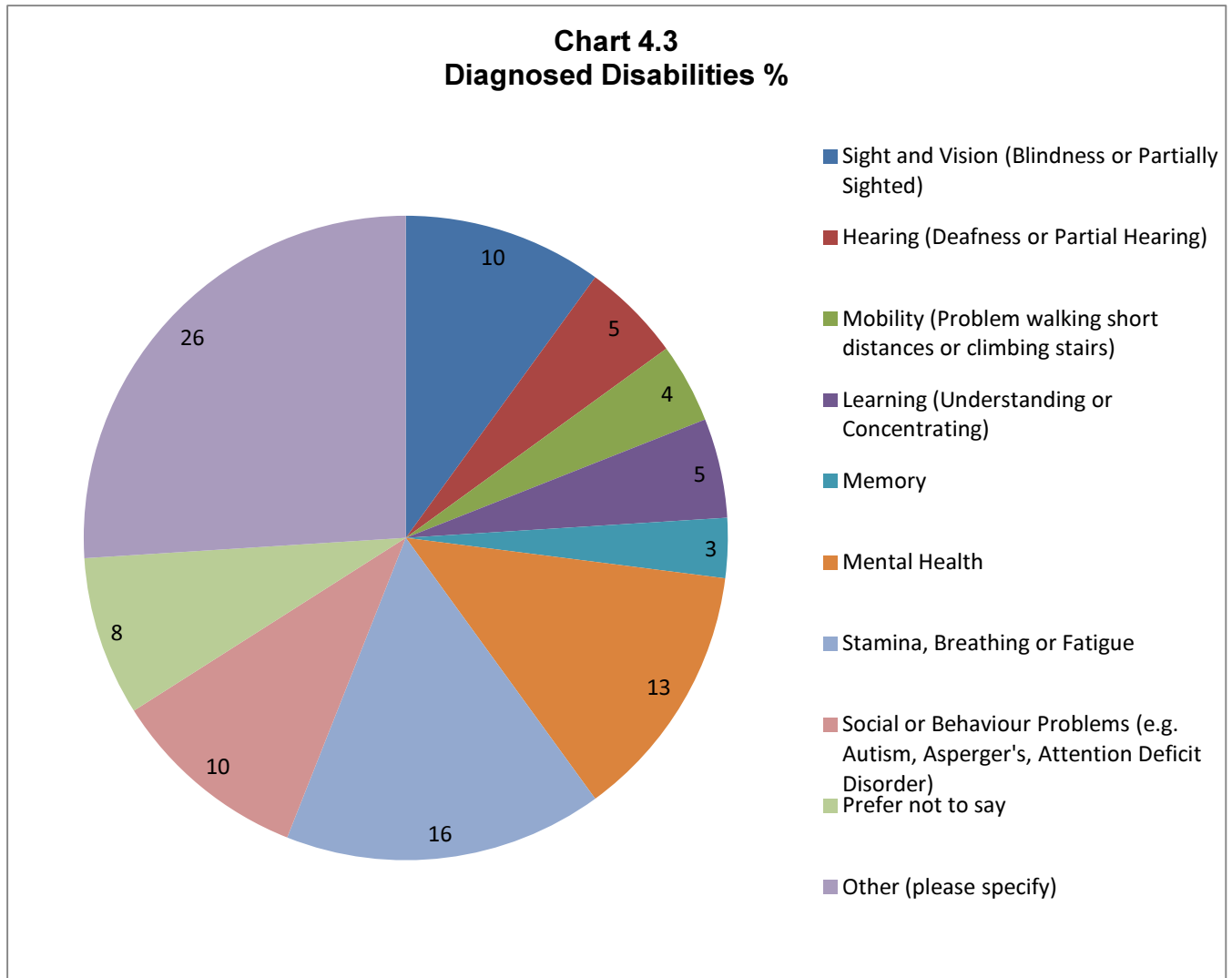
When asked about their sexual orientation, 86.5% (1164) of year 10 pupils said that they were heterosexual, (down from 89% in 2015). 5.74% (77) said that they were bisexual, (increase from 4% in 2015) and 1.3% (18) said that they were lesbian or gay (down from 2% in 2015). 3.3% (44) responded 'I don't know yet' and 3.2% (43) preferred not to say, both these similar to 2015. More boys responded that they were heterosexual and more girls responded that they were bisexual or lesbian.

#### 4.3 Health - Disabilities

Pupils were asked if they had a diagnosed long term illness, health problem, disability or medical condition. 21.9% (616) of pupils said they had a diagnosed condition (increase from 16% in 2015). This is almost equal between boys and girls, (306 girls and 310 boys). More Y7 pupils responded they had a diagnosed medical condition (323), compared to (293) Y10 pupils.

Out of the 616 (21.9%) who said they had a diagnosed condition, the % breakdown is detailed in Chart 4.3 below.

Analysis of data in the 'other' option showed that the majority, pupils reported conditions, such as Asthma, Diabetes, Skin Condition, IBS and ADHD. A further 15 pupils reported Asthma as their condition, this would increase the % for 'stamina, breathing, fatigue to 18.4%, 6 pupils responded ADHD, this would increase the % for 'social or behavioural problems to 11%. Other conditions responded include skin conditions (4), diabetes (3), hay fever (4) and IBS (7). 49 pupils preferred not to say what their condition was.



#### 4.3.1 Diagnosed Disability Benchmarking

The results from the What About Youth Survey (Y10) showed that nationally the highest diagnosed disability is Stamina, Breathing or Fatigue, same as Rotherham. 2<sup>nd</sup> choice nationally is Learning (understanding or concentrating and for Rotherham the 2<sup>nd</sup> highest choice is Mental Health. Mental Health nationally is 3<sup>rd</sup> highest.

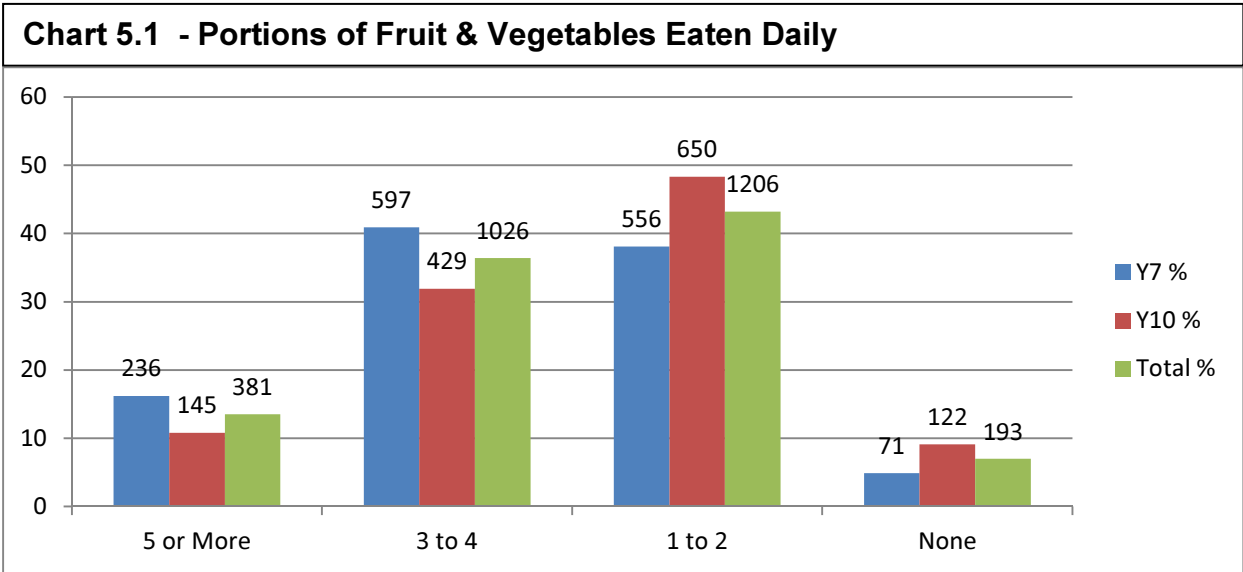
## 5. Food and Drink

It is recommended that young people should aim to have 5 or more portions of fruit and vegetables each day, and consume 6 or more glasses of water per day.

### 5.1 Fruit & Vegetables

The results from 2016, show that there has been a slight increase in the number of pupils having the recommended 5 or more portions of fruit and vegetables each day, this has increased to 13.5% (378) in 2016 from 13% in 2015. There has also been a decrease in the number of pupils who said they do not eat any fruit or vegetables down from 8% in 2015 to 7% (196) in 2016.

Chart 5.1 below shows the breakdown of 2016 responses.



Analysis of the data shows that Y7 are more likely to eat 5 or more portions of fruit and vegetables per day and are less likely to not consume any fruit or vegetables, this maybe likely that they have food prepared for them at meal times by their parents.

Girls in both Y7 and Y10 are the most likely to eat 5 portions of fruit and vegetables and are less likely not to eat any fruit or vegetables. 18.7% of girls in Y7 said they eat 5 portions per day and for boys this goes as low as 10.6% of Y10 boys who said they eat 5 portions per day.

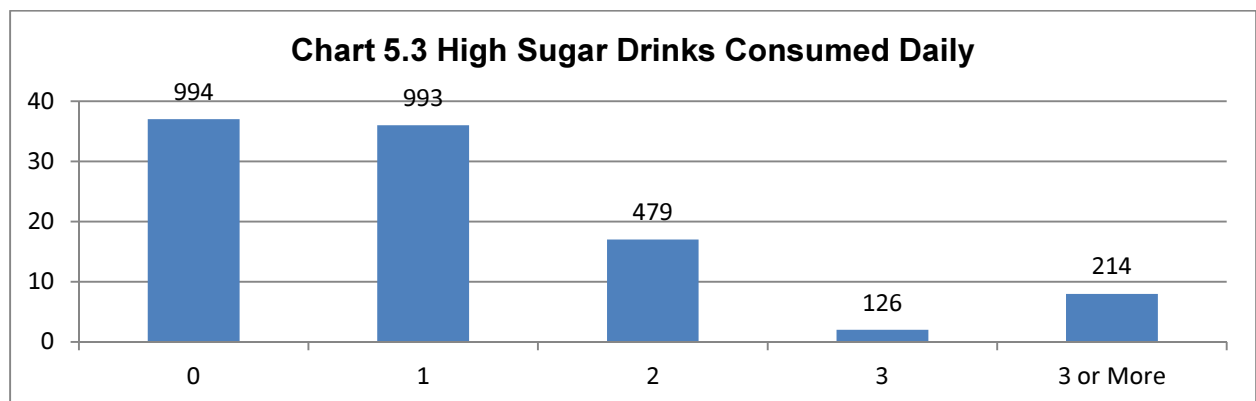
**5.2 Water**

When asked about how many glasses of water they drank a day, 72.6% (2036) of pupils responded that they drank 1 to 5 glasses of water (68% in 2015), 19.75% (558) said they had 6-10 glasses, this has reduced by over 4% (24% in 2015), although the number of pupils who responded that they drank no water at all has reduced to 7% (212) from 8% in 2015.

More year 7 pupils said that they drank 6-10 glasses than year 10 (23% Y7, compared to 16.5% Y10) and more Y10 pupils said that they drank no water (9.4% Y10 compared to 5.9% Y7). Boys were more likely to drink the recommended 6-10 glasses per day (21.9%) compared to (17.7% girls). Although more said they drank no water at all, 8% compared to 7.2% of girls.

**5.3 High Sugar Drinks**

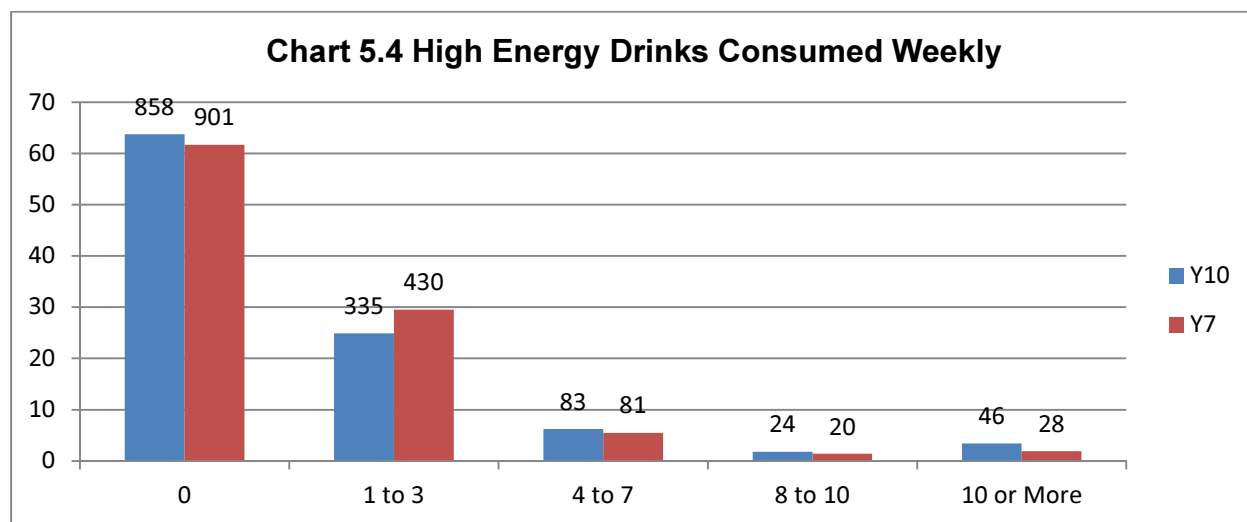
A new question was added to the 2016 survey to ascertain the volume of high sugar drinks that young people are consuming. Pupils were asked how many regular fizzy drinks (not diet, zero or low sugar drinks) they drink each day. The overall responses for Y7 & Y10 are detailed in Chart 5.3 below.



The majority of pupils 71% (1987) overall said they consumed either none or 1 high sugar drink each day. Girls in Y10 pupils are less likely to consume high sugar drinks with 41% of these saying they do not consume any, compared to 32% of boys in Y10. Overall Y10 pupils are less likely to consume high sugar drinks and boys are more likely to drink 3 or more high sugar drinks per day.

#### 5.4 High Energy Drinks

The improvement on the reduction in the consumption of high energy caffeinated drinks such as Red Bull or Monster has continued in 2016. Pupils saying they do not consume any of these drinks has increased to 63% (1750) (from 55% in 2015). Chart 5.4 below shows the overall results for the consumption of high energy drinks.



Boys are more likely to drink high energy drinks with 44% of all boys saying they consume at least 1 per week, compared to 31% of girls saying they consumed at least 1 per week. More Y10 pupils said they never drank a high energy drink 64% Y10 compared to 62% of Y7.

#### 5.5 Breakfast

Pupils who said they had breakfast has remained the same as in 2015 at 79% (2238), therefore overall on average 21% of pupils did not have breakfast. Out of the 2238 pupils who said they had breakfast 89% said they had breakfast at home, this has increased from the 86% who said they had breakfast at home last year. Year 10 pupils are less likely not to have breakfast 13.2% of Y7 compared to 27.9% of Y10. Girls are more likely to skip breakfast rather than boys.

##### 5.5.1 Breakfast Consumption Benchmarking

Figures reported in a national newspaper in 2015 stated that almost 30% of school children nationally go to school without having breakfast.

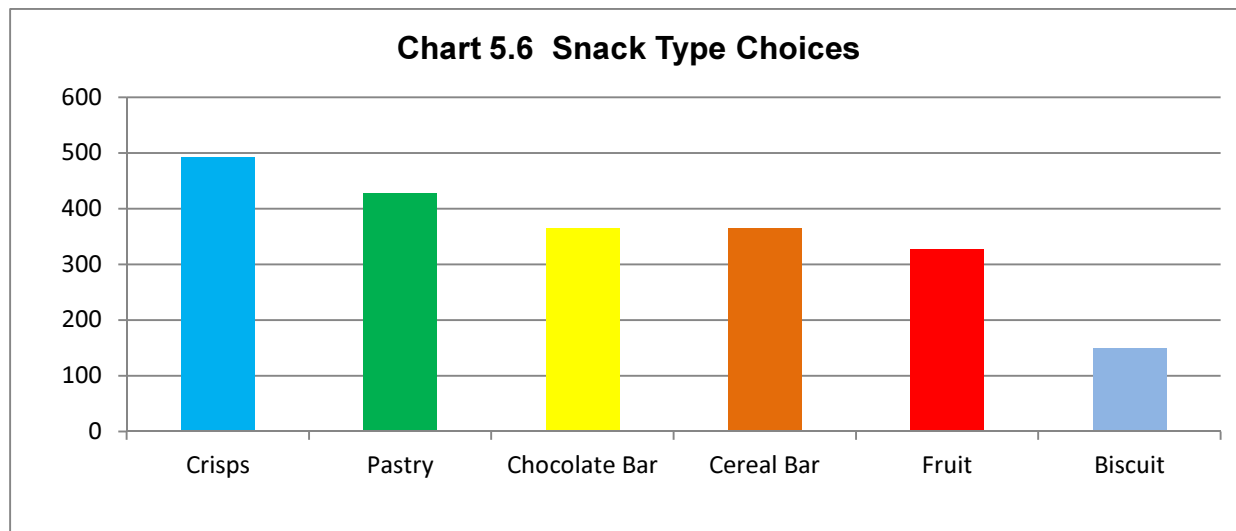
What About Youth Survey results (Y10) cannot be compared exactly, the question in this survey ask young people about their breakfast consumption in the past 7 days, the results from 120,115 young people that completed the survey nationally:-

- 67,264 (56%) ate breakfast every day
- 19,218 (16%) ate breakfast most days
- 20,419 (17%) ate breakfast some days
- 13,212 (11%) had not eaten breakfast in past 7 days.

## 5.6 Snacks

More young people are having a snack at break time, 76% (2125), compared to (67%% in 2015). In 2015, fruit was the most popular snack. The 2016 results show that crisps are the most popular snack and a pastry snack is 2<sup>nd</sup> most popular, fruit has dropped to the 5<sup>th</sup> most popular choice.

Out of the 2125 young people who said those chose to have a snack at break time, the different type of snacks are shown in chart 5.6 below



More girls are likely to choose fruit as their snack option and fruit was a more popular snack option for Y7 pupils than Y10.

## 5.7 Lunch

When asked where they mainly have lunch, 49.3% (1392) said that they have a school lunch. The 2015 results were almost the same at 49%. Year 7 pupils are more likely to have a school meal, 59.6% of Y7 have a school lunch compared to 38.9% of Y10, this is an increase for Y10 who have a school lunch up from (37% in 2015).

6% of pupils said they did not have a meal at lunchtime, which is the same as 2015. Y10 girls are the most likely not to have a meal at lunchtime (11.7%) compared to (2%) of Y7 boys who said they did not have a meal at lunchtime.

When the pupils didn't have a school meal 38.5% said they had brought a packed lunch from home, (increase from 37% in 2015); 4.8% bought lunch from the local shop, (decrease from 8% in 2015) and 1.4% said that they go home for lunch (decrease from 2% in 2015).

## 6. Exercise, Health & Weight.

The national recommendation is that all children and young people should engage in moderate to vigorous physical activity for at least 60 minutes per day. This definition was included in the survey for young people to read and understand before answering the question around sport and exercise

### 6.1 Regular Exercise

80% (2263) of pupils said that they regularly take part in sport or exercise (same result of 80% in 2015). Year 7 pupils are more likely to exercise regularly (86.2%) compared to year 10 pupils (75%). Overall boys are more likely to exercise regularly (84%) compared to girls (77%).

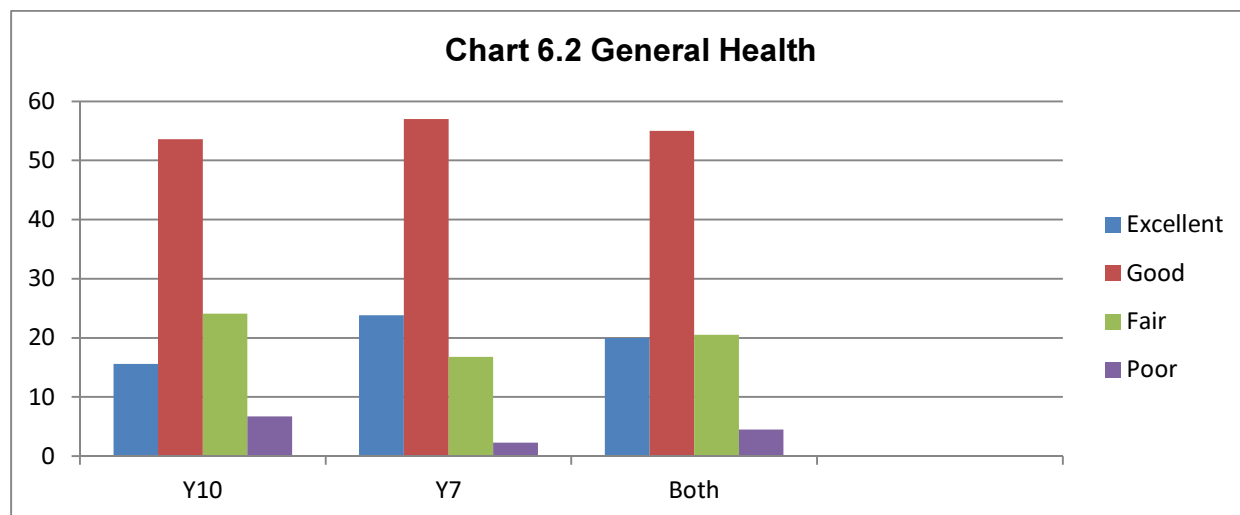
There has been an improvement with the increase in the frequency of times per week that pupils are exercising. Out of the 2263 number of pupils that said they participate in exercise –



- 18% exercised 6 to 7 times per week - the same as 18% in 2015
- 27% exercised 4 to 5 times per week - a decrease from 28% in 2015
- 41% exercised 1 to 3 times per week - an increase from 40% in 2015
- 8% exercised less than once per week – a decrease from 12% in 2015
- 6% said they never did any exercise

## 6.2 General Health

Pupils were asked to describe how they felt about their general health. These questions were equivalent to the questions asked in the What About Youth Survey. The responses are detailed below in Chart 6.2 and split showing Y7 and Y10 responses.



More boys in overall rated their health as excellent compared to girls.

More girls rated their health as poor compared to boys.

### 6.2.1 General Health Benchmarking

The results from the What About Youth Survey (Y10) showed Nationally and Yorkshire & Humberside region how young people rated their health:-

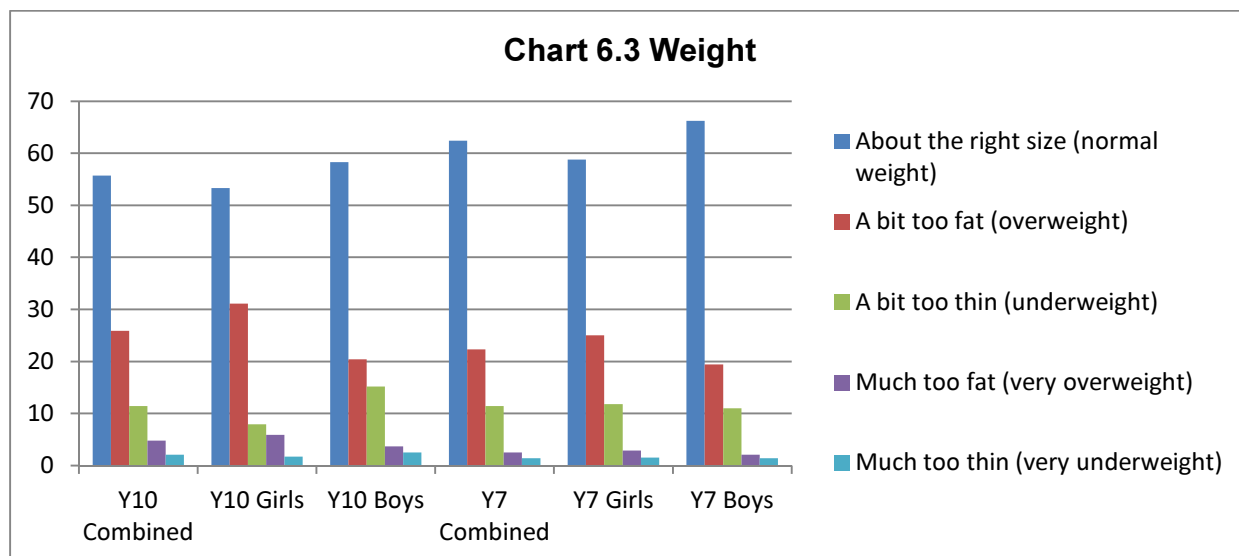
Rating	% Nationally	% Y&H Region	% Average Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
Excellent	29	29	30.3	20
Good	56	57	55.9	55
Fair	13	13	12.5	20.5
Poor	2	1	1.2	4.5

## 6.3 Weight

Pupils were asked if they were worried about their weight, the results show that overall the % is the same as in 2015 who said yes they were worried about their weight at 28.5% (798).

Girls in both Y10 and Y7 are more likely to be worried about their weight in Y10 (41.8%) compared to (19.3%) of boys, and in Y7 (32.1%) of girls compared to (19.1%) of boys.

Pupils were asked to describe how what they felt about their weight, chart 6.2 shows the responses split by girl/boy, Y7/Y10 and the overall results.



Overall pupils who said they felt their weight was about the right size is 59% (1661), this is a decrease from 65% who said their weight was about right in 2015 results.

Key overall findings from Y7 & Y10 combined results:

- 3.65% felt they were very overweight (up from 3% in 2015)
- 24% felt they were overweight (up from 20% in 2015)
- 11.4% felt they were underweight (up from 11% in 2015)
- 1.75% felt they were very underweight

All percentages have increased from 2015 for pupils who did not feel their weight was about the right size.

#### 6.4 Weight Benchmarking

The results from the What About Youth Survey (Y10) showed that young people nationally and from Yorkshire & Humberside region said their weight was:-

(Locality information was not available from What About Youth Results for this question, therefore unable to provide statistical neighbour comparison).

Range	% Nationally	% Y&H Region	% Rotherham Lifestyle Survey (Y10) - 2016
About Right Size	59	53	59
Overweight	21	29	24
Underweight	16	11	11.4
Very Overweight	3	6	3.65
Very Underweight	2	2	1.75

Rotherham Lifestyle survey results show we match the national picture for young people feeling they were about the right size, but higher than Yorkshire and Humberside region.

## 7. How Pupils Think and Feel

Pupils were asked to describe the things they felt good about and the things that they did not feel so good about. Overall Y10 pupils said they most felt good about:-

1. Friendships
2. Home Life
3. Future
4. Myself
5. Schoolwork
6. Relationships
7. How they look

These are placed in order of the overall results for both boys and girls in Y10.

Both girls and boys felt the best about friendships, and girls rated how they look as what they least felt good about, whereas boys felt least good about relationships.

Overall Y7 pupils said they most felt good about:-

1. Home Life
2. Friendships
3. Future
4. Myself
5. Schoolwork
6. Relationships
7. How they look

Girls in Y7 felt best about friendships, whereas boys felt best about home life.

Girls and boys in Y7 said the same about what they feel least good about as Y10, girls about how they look and boys was relationships.

### 7.1 Problems

Pupils were asked a follow-up question about how they felt about themselves, asking who they would discuss their problems with.

In 2015, no young person in either year said they would speak with their school nurse, and only Y7 girls said they would speak with a youth worker. This has improved in 2016 results, overall 10 young people said they would choose to speak with their school nurse and 29 young people would choose to speak with their youth worker.

YEAR 10		
Ranking	Girls	Boys
1	Friend	Friend
2	Family member	Family member
3	Adult at home	Adult at home
4	*Other	*Other
5	I do not have anyone to talk to	I do not have anyone to talk to
6	Member of staff at school	Member of staff at school
7	Youth worker	Youth worker
8	Social Worker	Health Professional i.e. GP
9	Health Professional i.e. GP	School Nurse
10	School Nurse	Social Worker

YEAR 7		
Ranking	Girls	Boys
1	Friend	Friend
2	Family member	Family member
3	Adult at home	Adult at home
4	*Other	*Other
5	I do not have anyone to talk to	Member of staff at school
6	Member of staff at school	Youth Worker
7	Youth Worker	I do not have anyone to talk to
8	Social Worker	Social Worker
9	School Nurse	Health Professional i.e. GP
10	Health Professional i.e. GP	School Nurse

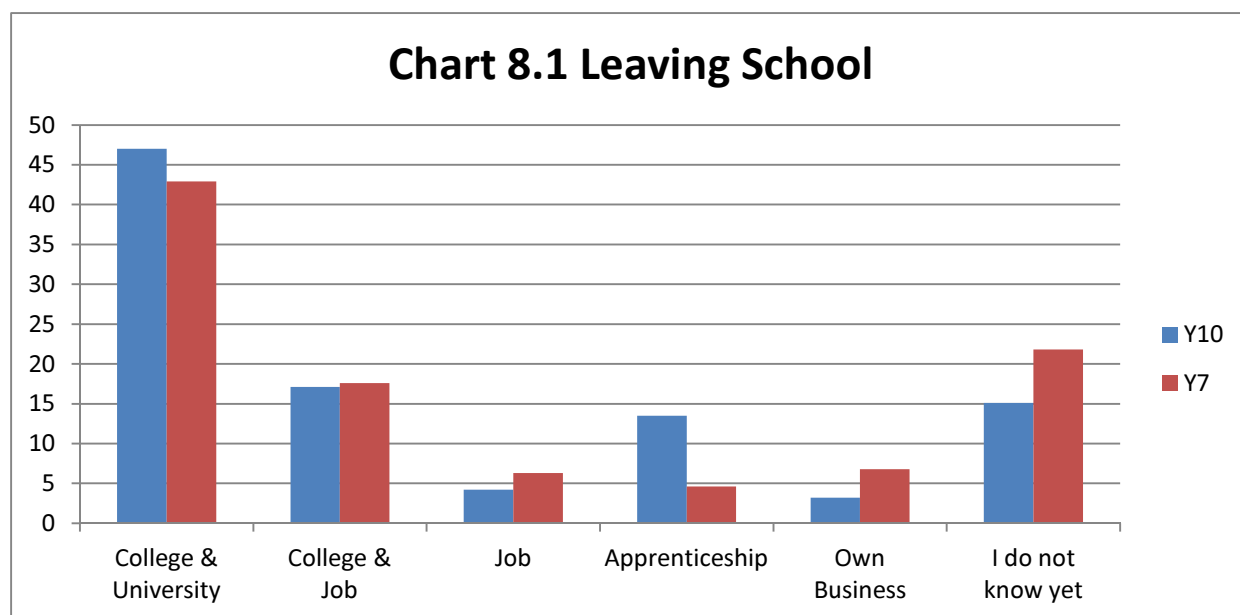
Analysis of the comments input into the 'other' option showed in the majority, pupils said multiple choices of the options given or either boyfriend/girlfriend.

## 8. In School

Pupils were asked a range of questions about being in school and their plans for when they leave school.

### 8.1 Leaving School

Chart 8.1 below shows the responses from pupils when they were asked what they hope to do when they leave school.



There has been a slight decrease since 2015 of the number of young people overall who said they would like to go to university down to 45% (1259) from 46% in 2015, although more Y10 pupils made this choice.

- 47% of Y10 chose this option up from 46% in 2015
- 43% of Y7 chose this option down from 48% in 2015

More girls than boys have chosen that they would like to go to university, in both Y7 and Y10.

Overall 5.25% of pupils said they hope to leave school and get a job straight away, this has increased from 4.5% in 2015

- 4.2% of Y10 chose this option up from 4% in 2015
- 6.3% of Y7 chose this option up from 5% in 2015

Overall 9% of pupils said they would like to get an apprenticeship when they leave school, this has increased from 8% in 2015.

- 13.5% of Y10 chose this option up from 12% in 2015
- 4.6% of Y7 chose this option up from 4% in 2015

More boys than girls chose that they would like an apprenticeship when they leave school, in both Y7 and Y10.

Overall 17.3% of pupils said they would like to study at college and then move into employment, this has slightly decreased from 18% in 2015.

- 17.1% of Y10 chose this option down from 19% in 2015
- 17.6% of Y7 chose this option up from 19% in 2015

Overall there are more young people who aspire to start their own business when they leave school. 5% said they would like to start their own business up from 3.5% in 2015.

- 3.2% of Y10 chose this option up from 2% in 2015
- 6.8% of Y7 chose this option up from 5% in 2015

There are 18.5% of young people who have not yet made their choice of what they would like to do when they leave school, more Y7 fall into this category. Y7 (21.8%), Y10 (15.1%)

## 8.2 School Council

When asked if they felt their school council made a difference, 12% (331) of pupils said yes they felt their school council made a difference, this has continued the downward trend over past 3 years (17% in 2015). 35% said that they didn't know whether their school council made a difference (30% in 2015), 36.8% said their school council did not make a difference (38% in 2015) and 16.4% said that they didn't realise they had a school council (from 15% in 2015).

Y7 pupils are more likely to feel their school council makes a difference compared to Y10.

## 8.3 School Nurse

Pupils were asked if they knew who their school nurse was, overall 43% said yes, this has decreased from (45%) in 2015. More Y7 knew you their school nurse was (43.8%) compared to (42.1%) of Y10.

## 9. Using Internet

Pupils were asked questions about using the internet, keeping safe and were asked for their views about risks using the internet.

### 9.1 Internet Use & Safety

The questions in this section support the child-centred borough theme 'keeping children safe and healthy' and helps with measures to monitor progress for this theme.

Out of the 2806 young people that completed the survey 1.2% (36) young people said they do not use the internet at all. The remaining 98.8% (2770) were asked where they had been taught about internet safety and keeping themselves safe on the internet

- 79.5% had learned about internet safety at school, improvement from 65% in 2015.
- 15% learned about internet safety at home, 29% in 2015.
- 2% learned about internet safety on-line 2% in 2015
- 0.75% learned about internet safety through friends, 3% in 2015
- 1.4% have not learned about internet safety, which is an improvement from 2015, when 2% had not learned about internet safety.

## 9.2 Internet and Risks

Out of the 2770 number of pupils that said they use the internet, they were asked what are the main risks when using the internet.

Overall people lying about who they say they are, was rated as the highest risk. This is a change from 2015, when cyber bullying was identified as the highest risk, pupils in 2016 rated cyber bullying as the 2<sup>nd</sup> highest risk. This was the same for both Y7 and Y10 and girls and boys.

The ranking overall by Y7 and Y10 pupils is from highest risk to lowest risk

1. People lying about who they say they are
2. Cyber Bullying
3. Message from people they do not know
4. Someone hacking their information
5. Seeing images that make them uncomfortable
6. Security issues (viruses)

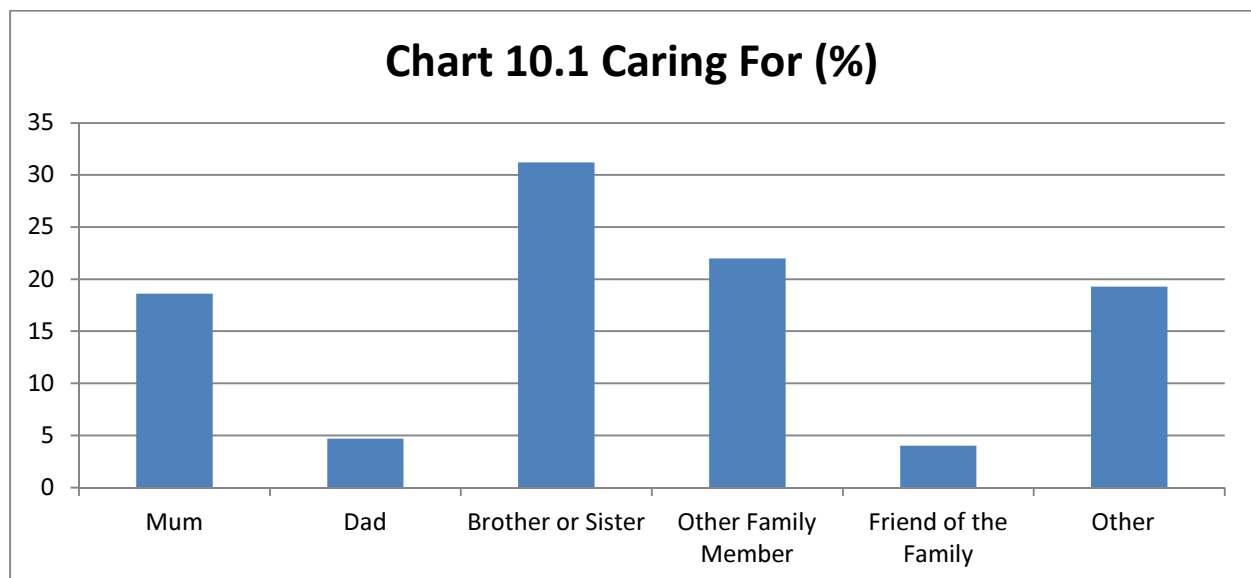
## 10. Young Carers

The downward trend of pupils who consider themselves to be a young carer has continued in 2016. 17% (478) young people said they are a young carer, compared to (21%) from 2015. More pupils from Y7, 18.7% (274) consider themselves to be young carers compared to 15.1% (204) Y10.

The census trend from 2011 census figures shows that 12% of young people in Rotherham are young carers.

### 10.1 Young Carers – Caring For

Out of the 17% (478) young people who identified themselves as young carers we asked them who they care for. Chart 10.1 below shows the % breakdown.



The majority of pupils said they are caring for their brother or sister, this is more likely to be in a babysitting role, taking them to school, rather than having to care for them.

Analysis of data input to 'other' option showed in the majority pupils said they were caring for more than one person, in the majority Mum and Dad.

### 10.2 Young Carers – Caring Tasks

Pupils were asked about what is the main task that they have to help with to support with caring. The pattern is the same as in 2015, the highest three tasks being:-

- Helping around the house for example cleaning (41.5%)
- Help look after brother or sister (16.2%)
- Keeping them company (not wanting to leave the person alone (11.2%)

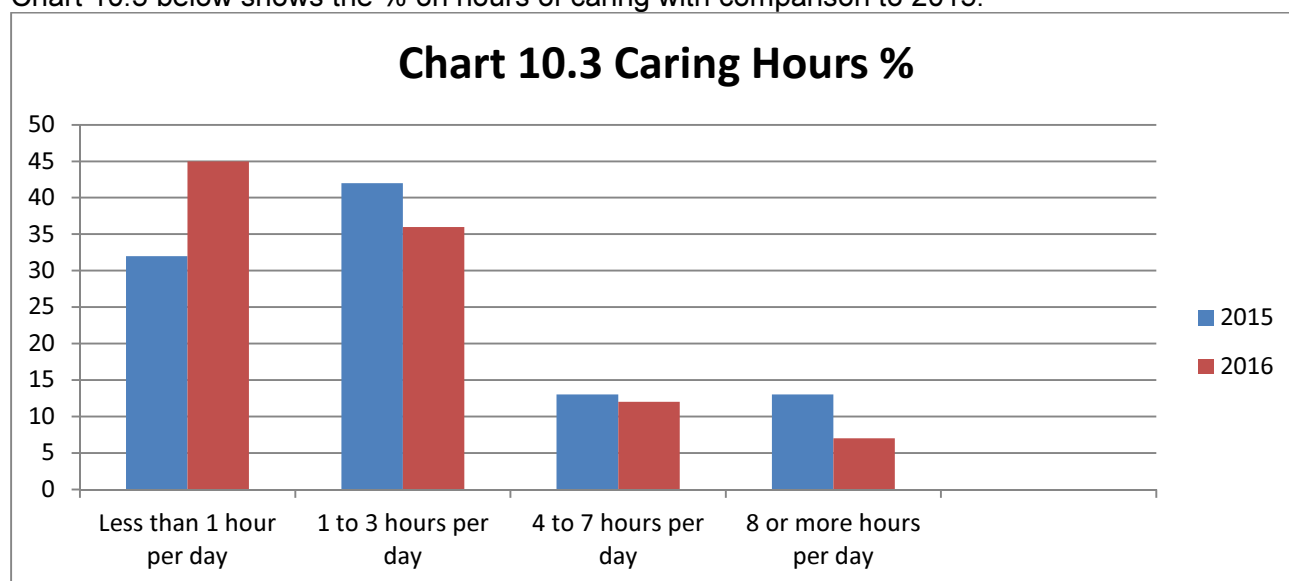
Other tasks that pupils who identified themselves as young carers said they carry out

- Shopping (5%)
- Personal Care (3.3%)
- Help give medicine (4.3%)
- Help with appointments (0.3%)
- Taking brother or sister to school (3.4%)
- Other (14.8%)

The number of pupils saying they carry out personal care tasks has reduced from 6% in 2015. Analysis of data input to 'other' option showed in the majority pupils were doing multi-tasks of the above, in the majority, cleaning and shopping.

### 10.3 Young Carers – Number of Hours Caring

Chart 10.3 below shows the % on hours of caring with comparison to 2015.



There has been a significant reduction in the number of pupils saying they care for 8 hours or more per day down from 13% to 7%. 2016 results showed that 33 young people said they care 8 hours or more, compared to 89 in 2015.

### 10.4 Supporting Young Carers

The majority of pupils who identified themselves as a young carer, would prefer to speak with a parent, carer or a family member about any issues arising from being young carers.

7 Y10 pupils said they would speak with someone from the young carer's service, but no pupils in Y7 said they would speak with young carer's service.

#### 10.4.1 Young Carers Service

There has been a further increase in the number of pupils who said they had heard about the young carers service, out of the young people who had identified themselves as young carers 44% said they had heard of this service, this is an increase from 33% in 2015.

### 10.4.2 Young Carers Card

A Young Carers card was introduced as a pilot to 5 secondary schools in 2014.

This card is now being promoted wider in schools and offered to all secondary schools.

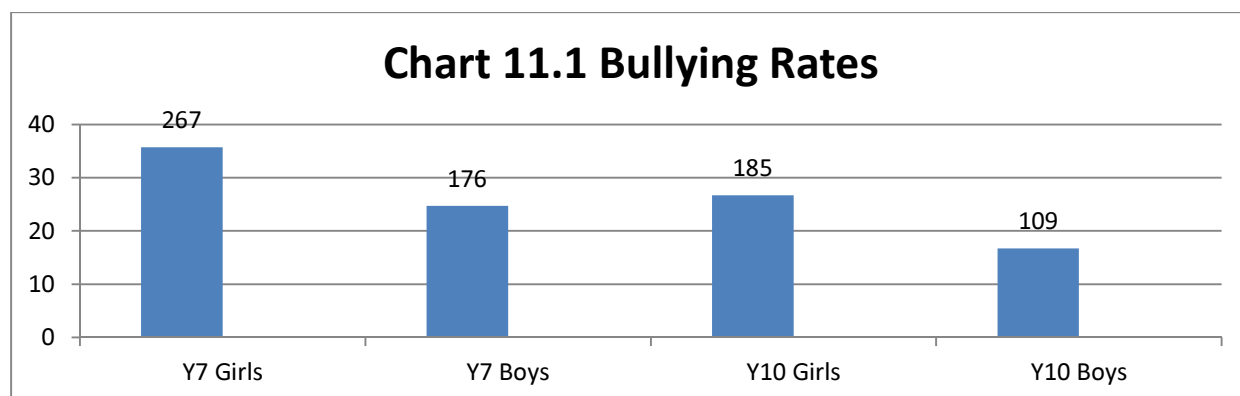
The results from 2015 showed that only 2 schools who participated responded to the question of whether pupils had heard of the young carer's card. The results in 2016 showed pupils from all 12 schools responded to this question, and out of those who identified themselves as a young carer, 17.5% had heard of the card.

## 11. Bullying

Bullying trends had decreased in the previous 3 years, but this year the trend has reversed and has increased.

### 11.1 Bullying Rates

Overall pupils reporting they have been bullied has increased to 26% (737) compared to 22% in 2015. As in previous years more Y7 pupils were more likely to say they have been bullied 30.3% (443) compared to Y10, 21.8% (294). Also as with previous years, there is a higher % of girls in both Y7 & Y10 said they were bullied compared to boys in both years. Chart 11.1 below shows the bullying rates for boys, girls in Y7 and Y10.



### 11.2 Bullying Frequency

Out of the 737 pupils who said they had been bullied

- 52.4% of pupils said bullying occurred during school time (from 53% in 2015).
- 9.3% of pupils said bullying occurred out of school time (from 10% in 2015)
- 38.3% of pupils said bullying occurred during both of these (from 37% in 2015)

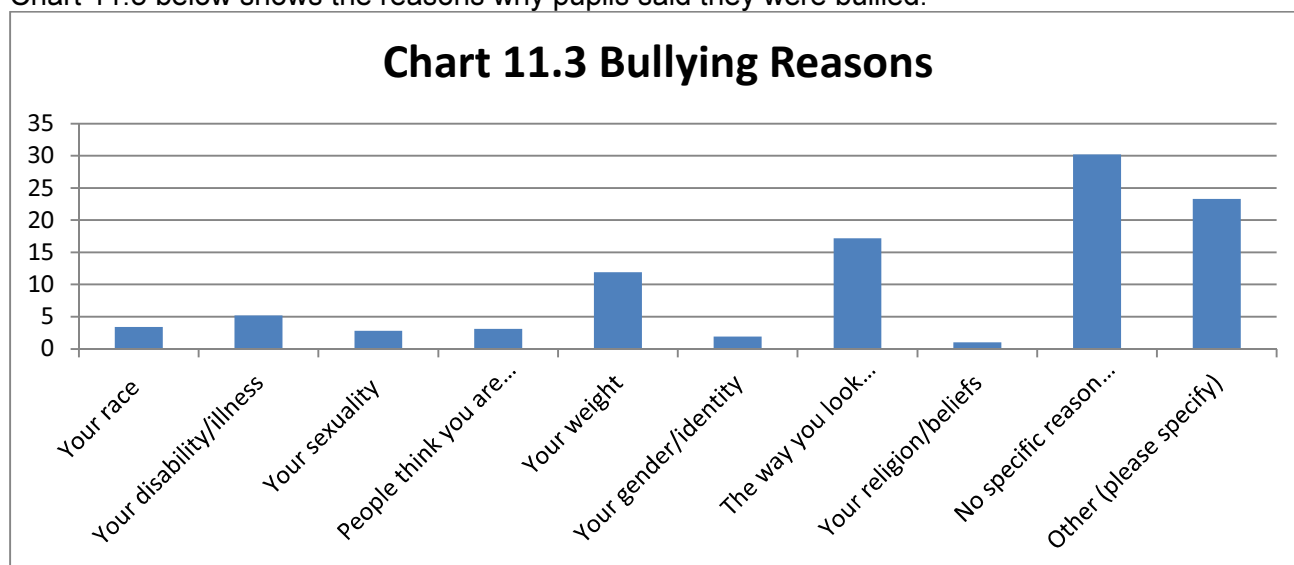
Pupils were asked for to say how frequent the bullying occurred, those who said they have been a victim of bullying:-

- 20.2% said they were bullied very frequently, almost everyday
- 27.4% said they were bullied frequently, more than 3 times per week
- 29.4% said they were bullied often, between 1-2 times per week
- 23% said they were bullied infrequently between 2-3 times per month



### 11.3 Bullying Reasons

Chart 11.3 below shows the reasons why pupils said they were bullied.



Analysis of data input to 'other' option showed in the majority pupils said they were bullied because people don't like or hate me or multi choices of the options.

### 11.4 Forms of Bullying & Reporting

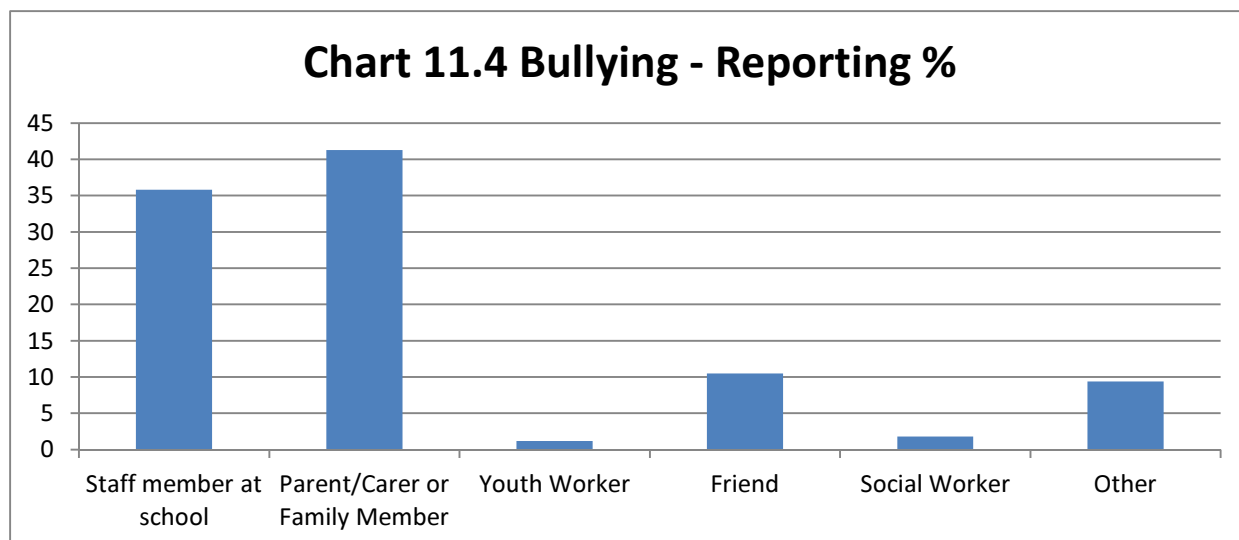
Of those 737 pupils who said they had been bullied the most frequent form of bullying is verbal (72.4%), followed by physical 10.5%. Cyber-Bullying has increased from 6% in 2015 to 8.2% in 2016. Other forms of bullying are: - Being ignored 5.2% and sexual, inappropriate comments/ touching/actions at 3.7%, this form has also increased from 2015 when it was 1%.

Cyber bullying data from What About Youth Survey results detail that 15% of young people nationally and from Yorkshire & Humberside region have been bullied through this form of bullying.

Pupils were asked about reporting bullying

25.7% (190) out of 737 either did not report the bullying or did not know who to report the bullying to. (24% in 2015). Y7 are more likely to report bullying than Y10, this has followed same trend as previous years.

Chart 11.4 details below the % rates of the 547 pupils who did report being bullied; whom they reported the bullying to.



Reporting the bullying to a family member or a member of staff has similar % results to 2015. Reporting bullying to a friend has reduced and 10 pupils said they reported bullying to a social worker which has increased from zero in 2015. Analysis of data input to 'other' option showed in the majority pupils said they reported bullying to either more than one of these options or boyfriend.

Out of the 547 who said they had reported being bullied only 58.7% said they received some help or support, this has reduced from 65% in 2015. Girls were more likely to say they received help and Y7 more likely to say they received help compared to Y10.

### 11.5 Bullying Benchmarking

The results from the What About Youth Survey (Y10) show National, Yorkshire & Humberside region and Rotherham statistical neighbours, bullying rates are far higher than the results from lifestyle survey for Rotherham 2016.

	% Nationally	% Y&H Region	% Average Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
<b>Experienced Bullying</b>	<b>55</b>	<b>55</b>	<b>55.8</b>	<b>26.7</b>

The question young people age 15 in Y10 were asked in this survey - Have they been bullied at least once in past couple of months.

Ditch the Label anti-bullying charity have information on their website saying that nationally 2.5 million teenagers experience bullying every week and there are 42% of teenagers have experienced some form of bullying. Rotherham lifestyle survey results from 2016 are less than this national figure.

## 12. Smoking, Drinking and Drugs

### 12.1 Smoking

When asked about smoking, 1796 (64%) of pupils said that their home was smoke-free, this is a reduction from 2015 when 66% said their home was smoke free. This result may be due to the increase in the use of electronic cigarettes and pupils identified family members who use these cigarettes as smokers.

To support with the campaign against peer pressure to smoke, young people were again asked whether they thought it was OK for young people of their age to smoke.

In 2016 87% (2444) of young people said it was not OK to smoke, this has decreased slightly from 2015 when 88% said it was not OK to smoke. This small increase in the number of pupils saying it was OK to smoke, has been the increase in the number of Y10 pupils saying it was OK to smoke. In 2016 22.4% of Y10 said it was OK to smoke (19% in 2015) although there has been a reduction in the number of Y7 who said they felt it was OK to smoke this has reduced to 4.2% in 2016 compared to 5% in 2015. Overall more girls said it was OK to smoke.

Pupils are asked if they currently smoke cigarettes, overall 2607 (92.75%) of pupils said they do not smoke, this is a decrease from 94% in 2015. There has been a slight increase in both Y7 and Y10 of pupils who said they do smoke now. 3% (44) of year 7 pupils said they smoked compared to 2% in 2015. 11.5% (155) of Y10 said they smoked compared to 10% in 2015.

The 2607 (92.75%) pupils who said they do not smoke were asked to best describe their smoking history.

- Overall 2234 (85.7%) (80% in 2015) young people said they have never smoked 94.3% of Y7 (92% in 2015) and 77.1% Y10 (68% in 2015).
- Overall 9.5% said they have tried it once (10.5% in 2015). 4.1% of Y7 (5% in 2015) and 14.9% Y10 (16% in 2015)
- Overall 4.8% said they used to smoke by don't now (4% in 2015) 1.6% Y7 (1% in 2015) and 8% Y10 (7% in 2015)

### 12.1.1 Smoking Benchmarking

The results from the What About Youth Survey (Y10) are detailed in the table below, showing comparisons nationally, regionally and Rotherham statistics.

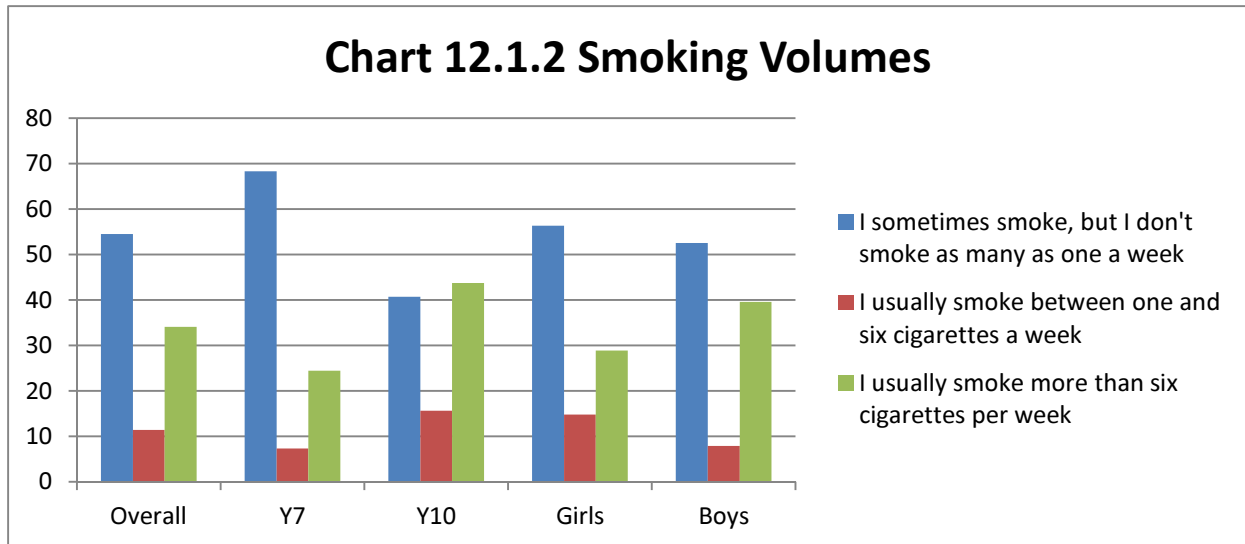
	% National	% Y&H Region	% Average Rotherham Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
<b>Young People currently smoking</b>	<b>8</b>	<b>9</b>	<b>9.1</b>	<b>11.5</b>
<b>Young People who have never smoked</b>	<b>76</b>	<b>75</b>	<b>75.7</b>	<b>77.1</b>

These statistics show that there is a higher percentage from Rotherham young people in age range of Y10 saying they are current smokers, compared to both national and regional picture, although there is a higher percentage of young people from Rotherham saying they have never smoked.

Data from Health & Social Care Information Centre, who carried out a survey in 2014 of 6173 young people aged between 11 to 15 year old, shows that 18% said they had smoked at least once, therefore 82% have never smoked. Nationally this is the lowest level since this type of survey being in 1982. Rotherham's figure from this cohort of pupils says that 77.1% have never smoked.

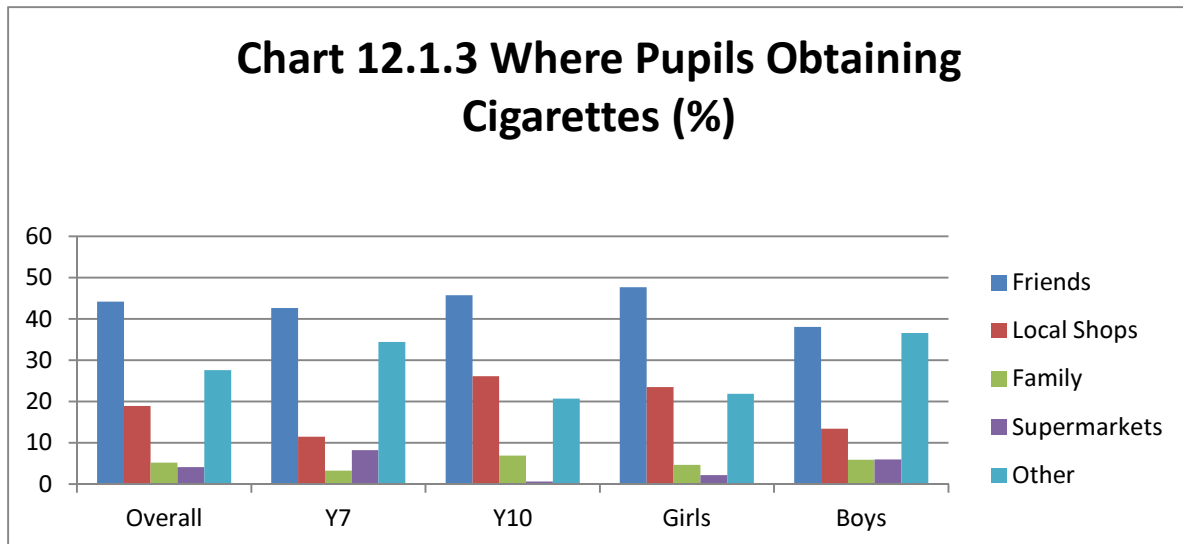
### 12.1.2 Smoking Volumes

The 199 (7.25%) pupils who said they currently smoke were asked to say how many cigarettes they smoked each week. Chart 12.1 below show the % of number of cigarettes smoked per week.



### 12.1.3 Obtaining Cigarettes

The 199 pupils who said they were smokers, were asked to say where they mainly obtained their cigarettes from. Chart 12.1.3 shows the results below



The trend in relation to pupils obtaining their cigarettes from friends as the most popular choice, has continued in 2016, same as in 2015.

There has been a campaign against the sale of cigarettes to children under age by RMBC Trading Standards. This does appear to have had some impact. The intelligence from trading standards show that the sale of cigarettes to under-age young people is reducing. The data from lifestyle survey results support this intelligence. In 2015 overall 24.5% of pupils who smoked, obtained them from local shops (23% of Y10 and 26% of Y7) The results from 2016 show overall 18.8% of pupils who smoked obtained them from local shops (26.1% of Y10 and 11.5% of Y7). Girls are more likely to obtain cigarettes from local shops than boys.

Analysis of data input to 'other' option showed that pupils were also obtaining cigarettes from:-

- Local dealers or fag house 4% (9)
- Take them without permission from friends/family 3.5% (7)
- Named a local shop 2% (4)
- I get someone to go into a shop who can get served 1.5% (3)

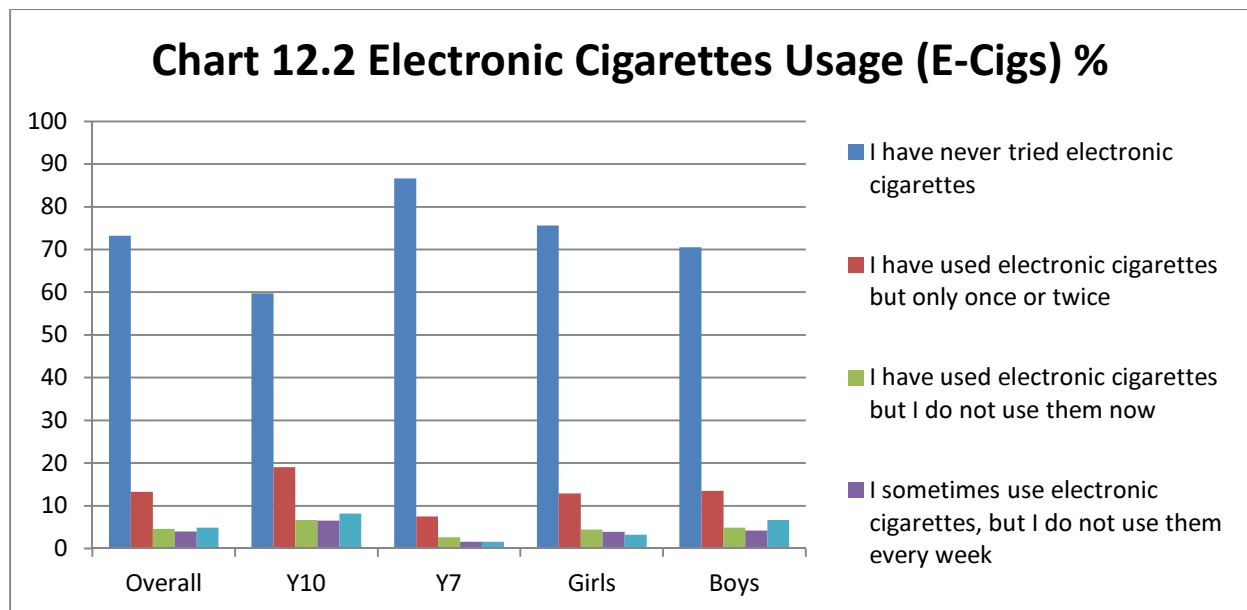
### 12.1.4 Stop Smoking

There has been an increase in the % of pupils who said they would like to stop smoking. In 2016, overall of those who said they did smoked 34.6% would like to stop this has increased from 21% in 2015.

### 12.2 Electronic Cigarettes

Overall, there has been a very slight decrease in the percentage of the number of pupils who said they have never used an electronic cigarette. 2016 (73.2%) compared to 2015 (73.5%)

Information about the use of electronic cigarettes is detailed in Chart 12.2 below



86.6% (1445) of Y7 pupils said they have never used an electronic cigarette (89% in 2015)  
59.7% (862) of Y10 pupils said they have never used an electronic cigarette (58% in 2015)

Of the 26.8% (739) of pupils that said they use or have tried an electronic cigarette, there are 533 young people who said they are still smoking electronic cigarettes. 206 young people tried them but no longer smoke them.

- 14.8% (79) are in Y10 and use them and smoke normal cigarettes too.
- 1.7% (9) are in Y7 and use them and smoke normal cigarettes too.
- 40% (214) are in Y10 and use electronic cigarettes but have never smoked a normal cigarette.
- 17.6% (94) are in Y7 and use electronic cigarettes but have never smoked a normal cigarette.
- 7.5% (40) are in Y10 and use them to help stop smoking normal cigarettes.
- 3.3% (18) are in Y7 and use them to help stop smoking normal cigarettes.
- 11.6% (62) are in Y10 and use them but no longer smoke normal cigarettes.
- 3.2% (17) are in Y7 and use them but no longer smoke normal cigarettes

The data is showing that there has been an increase in the number of young people in Y7 that are using electronic cigarettes but a decrease in Y10. Boys are more likely to say they are smoking e-cigarettes than girls.

#### 12.2.1 E-Cigarettes Benchmarking

Data from Health & Social Care Information Centre, who carried out a survey in 2014 of 6173 young people aged between 11 to 15 year old, show that 22% had used an e-cigarette at least once; Rotherham is higher than this at 26.85%

The results from the What About Youth Survey (Y10) are detailed in table below, showing comparison about smoking, the national, regional and Rotherham statistics.

	% National	% Y&H Region	% Average Rotherham Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
<b>Have tried an Electronic Cigarette (Yes)</b>	<b>18</b>	<b>23</b>	<b>23.4</b>	<b>26.8</b>

These results show that Rotherham has a higher % of young people in age range of Y10 that have tried an electronic cigarette, although this does reduce to 14% of the number of Y10 pupils who say they currently smoke electronic cigarettes.

### 12.3 Alcohol

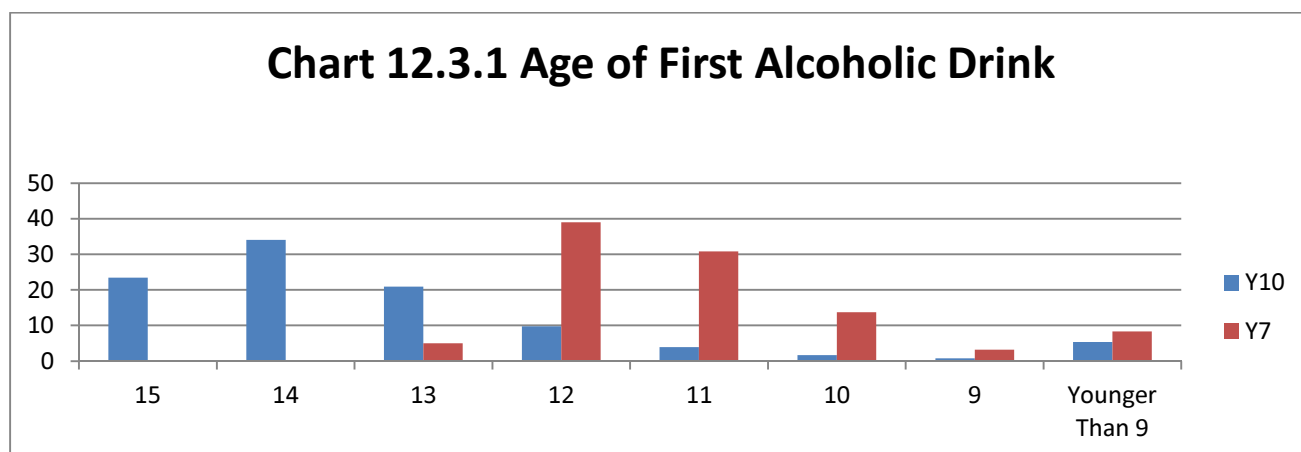
To support the campaign against peer pressure to drink alcohol and get drunk, young people were again asked whether they thought it was OK for young people of their age to get drunk. The 2016 results show overall that 70.65% (2008) of pupils said it was not OK of young people of their age to go and get drunk, this has reduced from 75% in 2015. The 2016 results show that 48.1% (648) of Y10 pupils thought it was OK for young people of their age to get drunk this has increased from 44% in 2015. There has been a slight decrease in the number of Y7 pupils, the 2016 results show that 6.8% (100) compared to 7% in 2015.

Overall 55% (1571) of all pupils said they have not had a proper alcoholic drink, this has improved from 54% in 2015.

- 79.8% (1165) of Y7 responded that they had not had a proper alcoholic drink (76% in 2015)
- 30.2% (406) of Y10 responded that they had not had a proper alcoholic drink (29% in 2015)

#### 12.3.1 Alcohol – Age Drinking Alcohol

Chart 12.3.1 below show the % responses to the question for those who said they have had an alcohol drink 1235 (45%) what age did you try your first alcoholic drink?

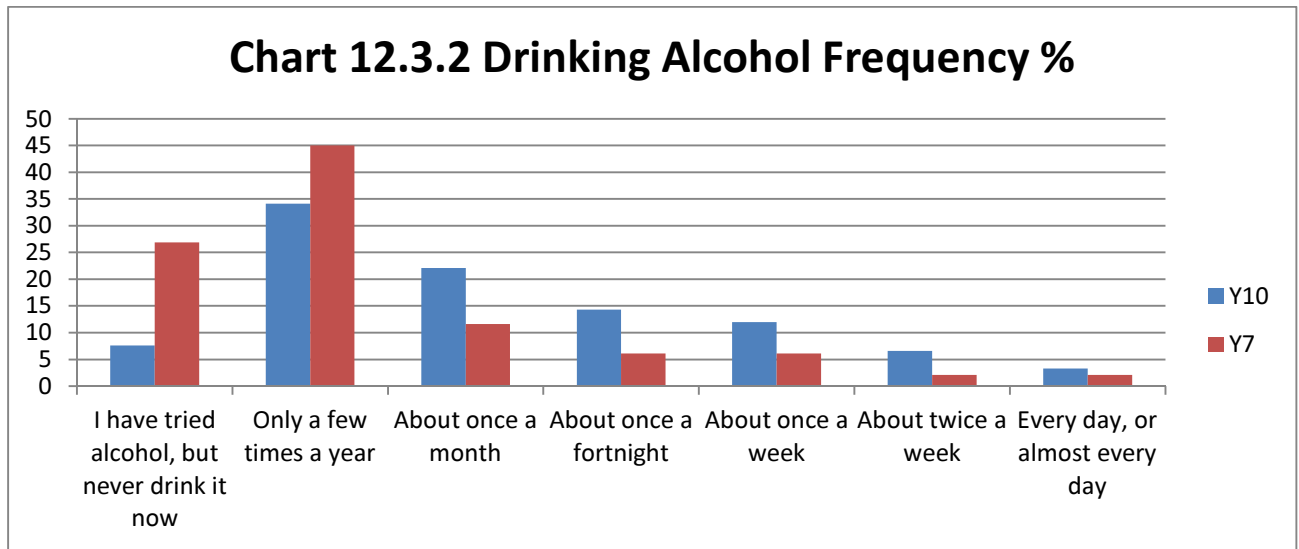


This data shows a slight change from 2015 results, age 13 was most popular in 2015 as the age a young person had their first alcoholic drink with Y10 pupils, this has changed to age 14. Y7 age 12 is most popular same as 2015. The national picture from the What About Youth results show the most popular age nationally for a young person having their first alcoholic drink is 14 also, matching the Rotherham statistic.

There were 11, Y7 pupils who put 13 as the age they had their first alcoholic drink, this is not possible as they would leave Y7 before they reach the age of 13.

### 12.3.2 Frequency of Drinking Alcohol

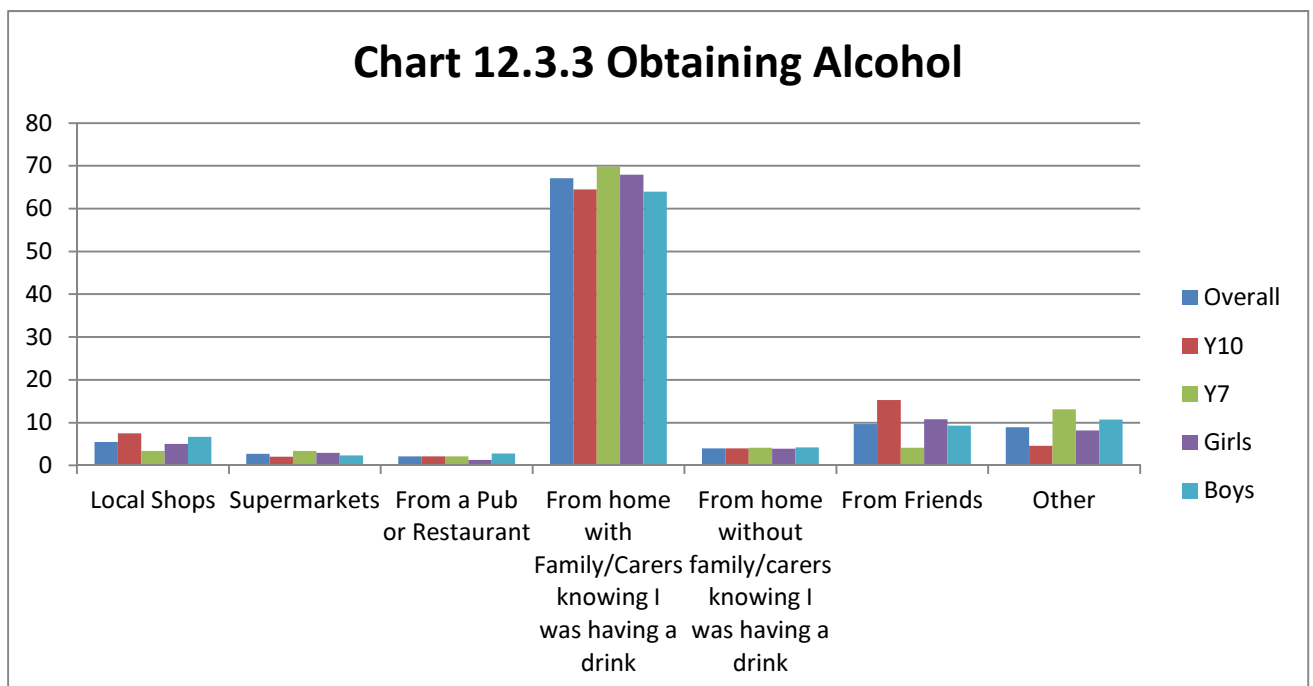
Chart 12.3.2 below shows the frequency of those 1235 (45%) who said they have tried alcohol, split by Y10 and Y7.



- 13% (161) of pupils have tried alcohol but no longer drink it now.
- 4.2% of Y7 said they have a drink daily/weekly, this has increased from 2% in 2015.
- 9.9% of Y10 said they have a drink daily/weekly, almost identical % to 2015 of 10%.
- The same % of male/female said they drank daily/weekly.

### 12.3.3 Obtaining Alcohol

Chart 12.3.3 below shows where the 1074 pupils who said they still drink alcohol, where they obtained their alcohol from.



As in previous years, the majority of both Y7 and Y10 pupils get their alcohol from family members (with their knowledge). The results from pupils being able to obtain alcohol from local

shops is similar % as 2015, and more boys seem to be able to obtain alcohol from local shops compared to girls. As with 2015 results supermarkets are lower than local shops as a location where young people can obtain alcohol. The lowest location from 2016 results where young people can obtain alcohol is restaurants and pubs, which suggest that their strict enforcement for ID and enforcing the law on underage drinking is relevantly successful.

Analysis of data input to 'other' option showed in the majority pupils said they were obtaining alcohol in the majority either on holiday or at time of celebrations e.g. weddings or birthdays.

### 12.3.4 Alcohol Stop Drinking

Of the pupils that said they drink alcohol 7.2% of Y7 and 3.9% of Y10 said they would like help to stop drinking.

### 12.3.5 Alcohol Benchmarking

Data from Health & Social Care Information Centre, who carried out a survey in 2014 of 6173 young people aged between 11 to 15 year old, shows that 38% of young people had tried alcohol at least once, the lowest proportion since 1982; this is a lower % than Rotherham when 45% said they have tried alcohol at least once.

The results from the What About Youth Survey (Y10) are detailed in table below, showing comparison about drinking alcohol with the national, regional, Rotherham statistical neighbours and Rotherham lifestyle survey 2016 results.

	% National	% Y&H Region	% Average Rotherham Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
<b>Have You Ever Had An Alcoholic Drink - Yes</b>	<b>62</b>	<b>66</b>	<b>74.4</b>	<b>69.8</b>

### 12.4 Drugs

To support the campaign against peer pressure to try drugs, pupils were again asked if they thought it was OK for young people of their age to use drugs.

The 2016 results show that

- 97.2% (1419) of Y7 said it was not OK to use drugs, this has reduced from 98% in 2015
- 89.9% (1210) of Y10 said it was not OK to use drugs; this has slightly reduced from 90% in 2015.
- More boys than girls said it was OK to use drugs, same as 2015.

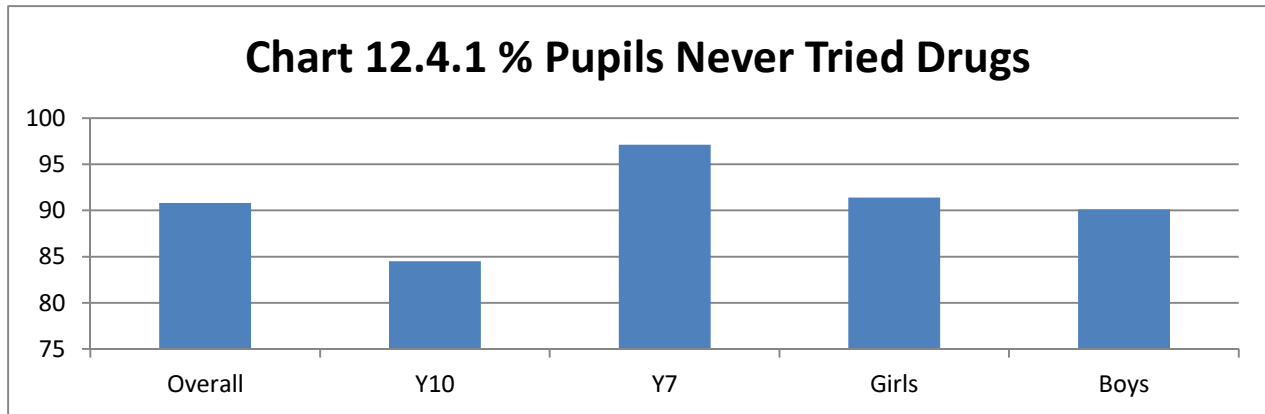
#### 12.4.1 Using Drugs

84.5% (1137) of young people in Y10 said they have never tried any type of drug; this has reduced from 87% in 2015.

97.1% (1418) of young people in Y7 said they have never tried any type of drug; this has reduced from 98% in 2015.

Chart 12.4.1 below shows the details of the % of pupils who have never tried drugs.

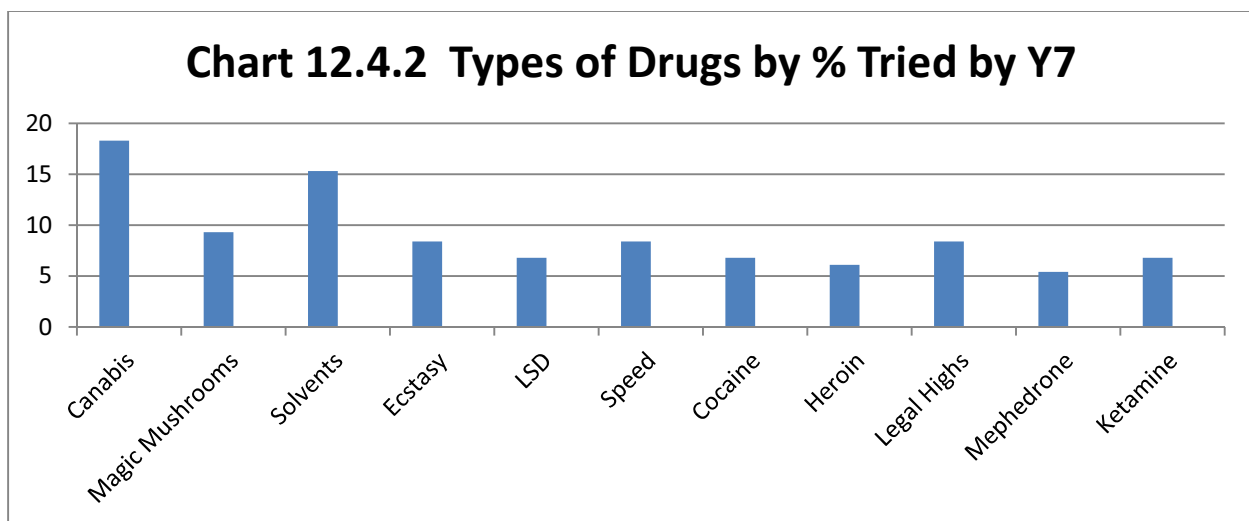




### 12.4.2 Types of Drugs

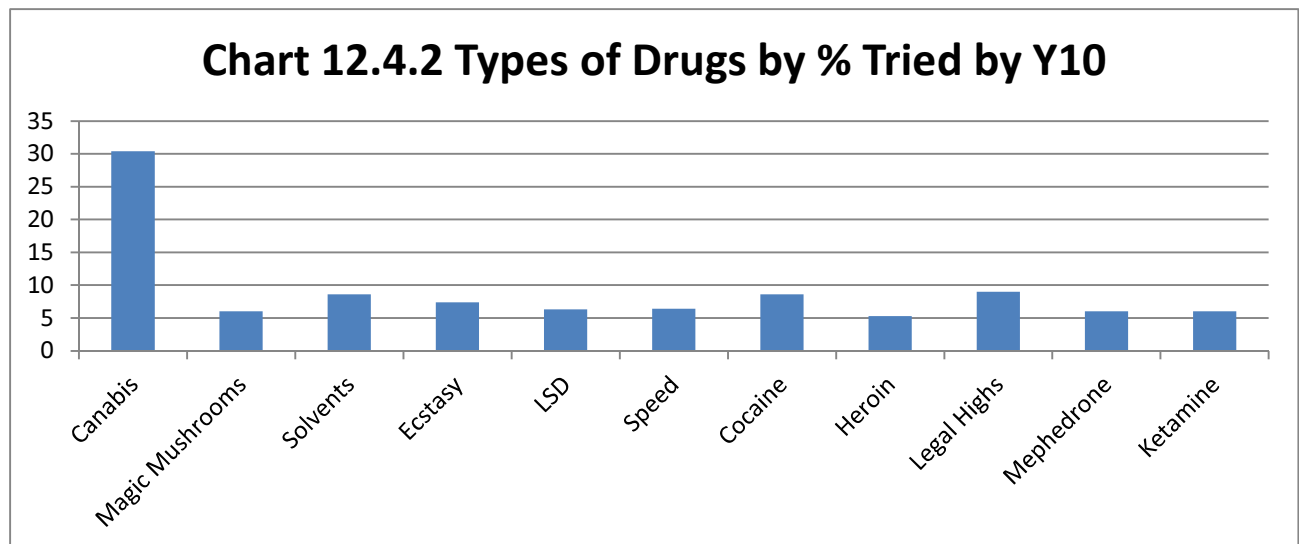
Pupils were asked if and how often they had taken various types of drugs. The results are shown below and are split into separate information for year 7 and year 10 responses:

The results from 2015 showed that cannabis and legal highs were the most popular form of drug that had been tried by pupils in Y7. Chart 12.4.2 (Y7) below shows the types of drugs that have been tried by the 2.9% (42) pupils in Y7. In 2016 the most popular forms tried by Y7 are cannabis and solvents. There is a slight difference between boys and girls; cannabis was the most popular choice with boys with solvents being 2<sup>nd</sup> most popular choice. Girls' results show that solvents are the most popular choice with cannabis being 2<sup>nd</sup>.



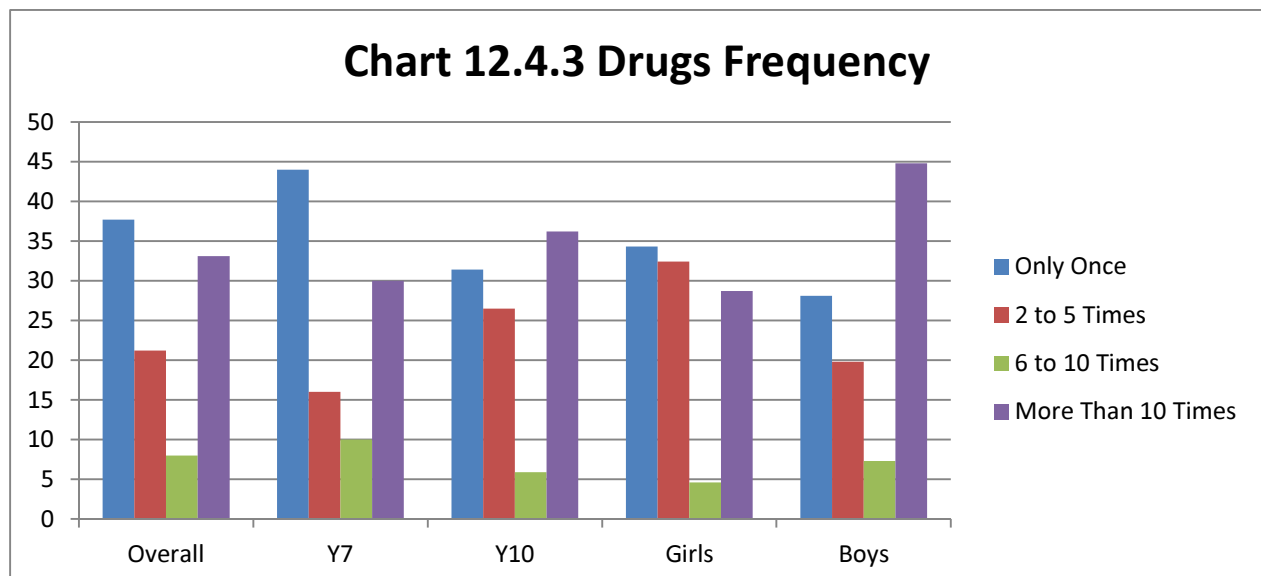
The results from 2015 showed that cannabis was the most popular form of drug tried by Y10, with ecstasy, legal highs and solvents being in equal 2<sup>nd</sup> for the form of drug tried by Y10 pupils. Chart 12.4.2 (Y10) below shows the types of drugs that have been tried by the 15.5% (209) pupils in Y10. In 2016 the most popular form tried by Y10 overall are cannabis and legal highs.

There is a slight difference between boys and girls; cannabis was the most popular choice with both, although girls 2<sup>nd</sup> most popular form of drug tried was equal between cocaine and legal highs. Boys 2<sup>nd</sup> most popular choice was equal between solvents and legal highs.



### 12.4.3 Frequency of Drugs

Out of the overall 9.2% (251) pupils that said they have tried some type of drug, they were asked how frequent they have tried drugs. Chart 12.4.3 below details their responses.



- Out of the Y7 pupils who said they had tried drugs 44% have only tried drugs once
- Out of the Y10 pupils who said they had tried drugs 31.3% have only tried drugs once

Pupils were asked when they had last tried drugs, out of the overall 251 pupils who said they have tried drugs:-

- 32.7% said they had tried drugs in the last week
- 20.6% said they had tried drugs during in the last month
- 16.6% said they had tried drugs in the last year
- 30.1% said it was more than a year ago since they had tried drugs

Overall out of 251 pupils that said they have tried some type of drug 19% would like help to stop taking drugs, this has increased from 11% in 2015. More girls than boys said they would like help to stop using drugs.

### 12.4.2 Drugs Benchmarking

Data from Health & Social Care Information Centre, who carried out a survey in 2014 of 6173 young people aged between 11 to 15 year old, shows that 15% of pupils said they had tried some drug. This is a higher average than Rotherham lifestyle survey results for 2016 when overall 9.2% said they have tried drugs at least once.

The results from the What About Youth Survey (Y10) are detailed in the table below, showing comparisons around trying drugs, with the national, regional, Rotherham statistical neighbours and Rotherham lifestyle survey 2016 results.

	% National	% Y&H Region	% Average Rotherham Statistical Neighbours	% Rotherham Lifestyle Survey (Y10) - 2016
<b>Have you ever tried cannabis?</b>	<b>11</b>	<b>10</b>	<b>8.9</b>	<b>7.6</b>
<b>Have you ever tried any other drug?</b>	<b>2</b>	<b>2</b>	<b>1.8</b>	<b>2.8</b>

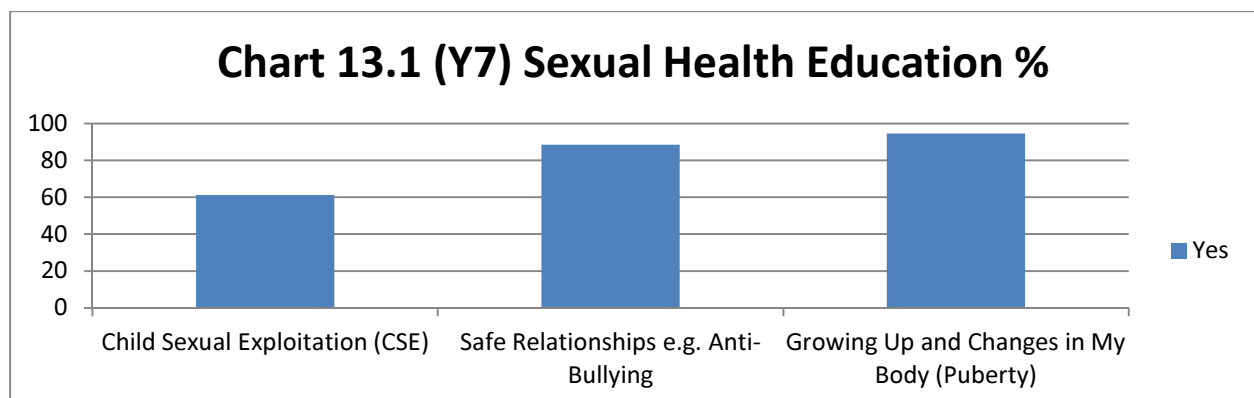
## 13. Sexual Health

Pupils were asked about what they have been taught at school as part of their personal, social and health education, in relation to sexual health. There were different questions asked for Y7 and Y10 pupils to make them age appropriate. Y10 pupils were asked questions about sexual relationships.

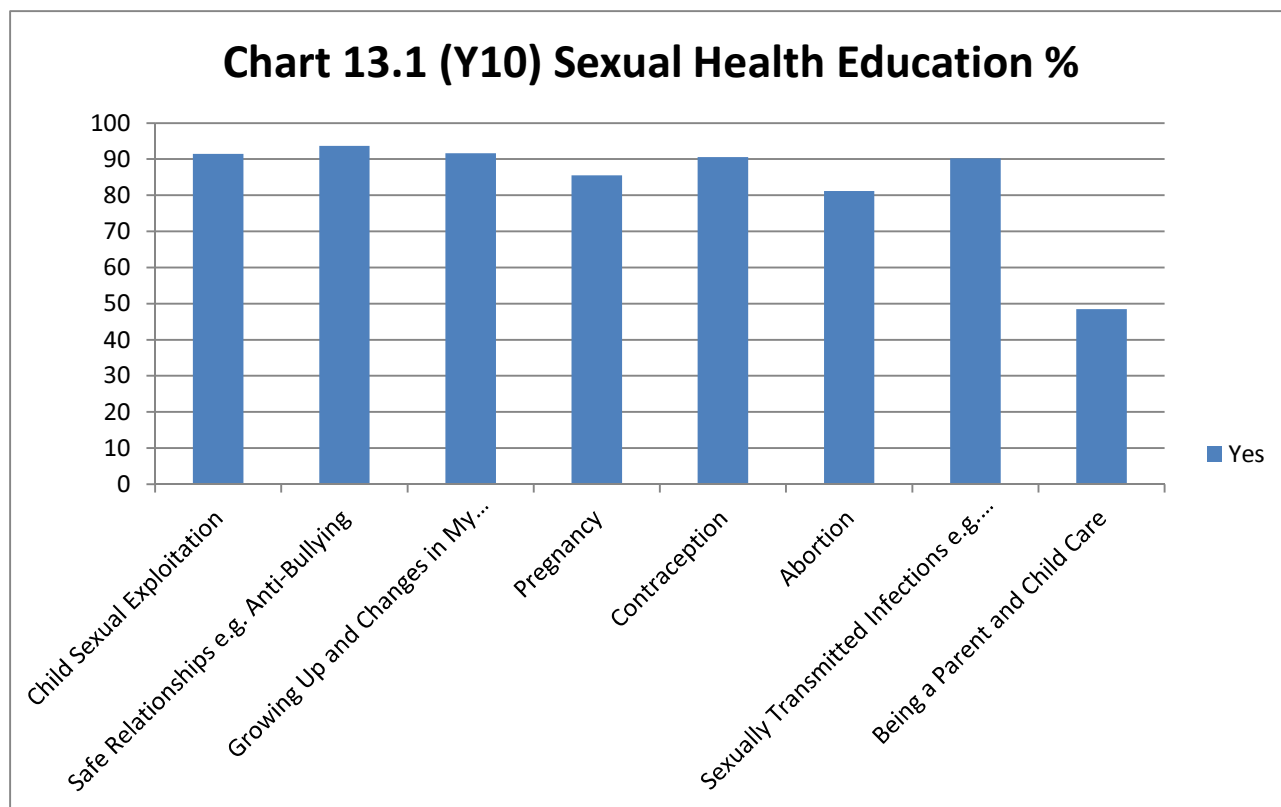
### 13.1 Sexual Health Education

Pupils were asked if they had been taught about specific subjects at school.

The charts 13.1 (Y7) and 13.1 (Y10) below show the pupils who said yes they have received education in these subjects.



61.2% of Y7 pupils said they have been taught about CSE, this is an improvement from 54% in 2015.



91.5 % of Y10 pupils said they have been taught about CSE, this is an improvement from 71% in 2015.

### 13.2 Sexual Health Y10 Only

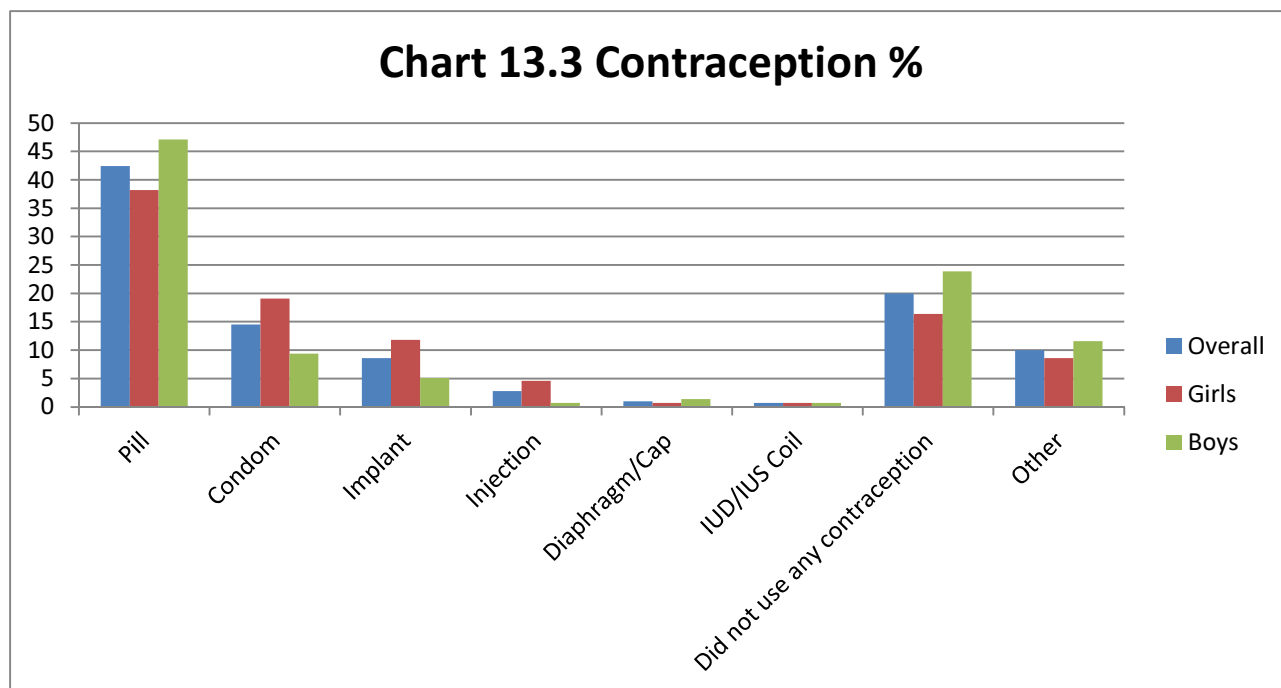
Pupils in Y10 were asked if they have had sexual intercourse

The results in 2015 showed that 23% of pupils in Y10 said they have had sex; this has reduced to 19.2% (258) in 2016, although a further option was added to the choice of 'prefer not to answer this question' and 9.7% (131) chose this option. In a reverse of the trend from 2015 results more girls said they have had sex, than boys.

Out of the pupils who said they have had sexual intercourse 24% said they had sex after drinking alcohol and taking drugs, this is an increase from 7% in 2015 when pupils were given the option to say if they have had sex after drinking alcohol.

### 13.3 Contraception

Pupils, who responded that they had sexual intercourse, were asked about what type of contraception they had used. Chart 13.3 below details the responses overall and male/female split.

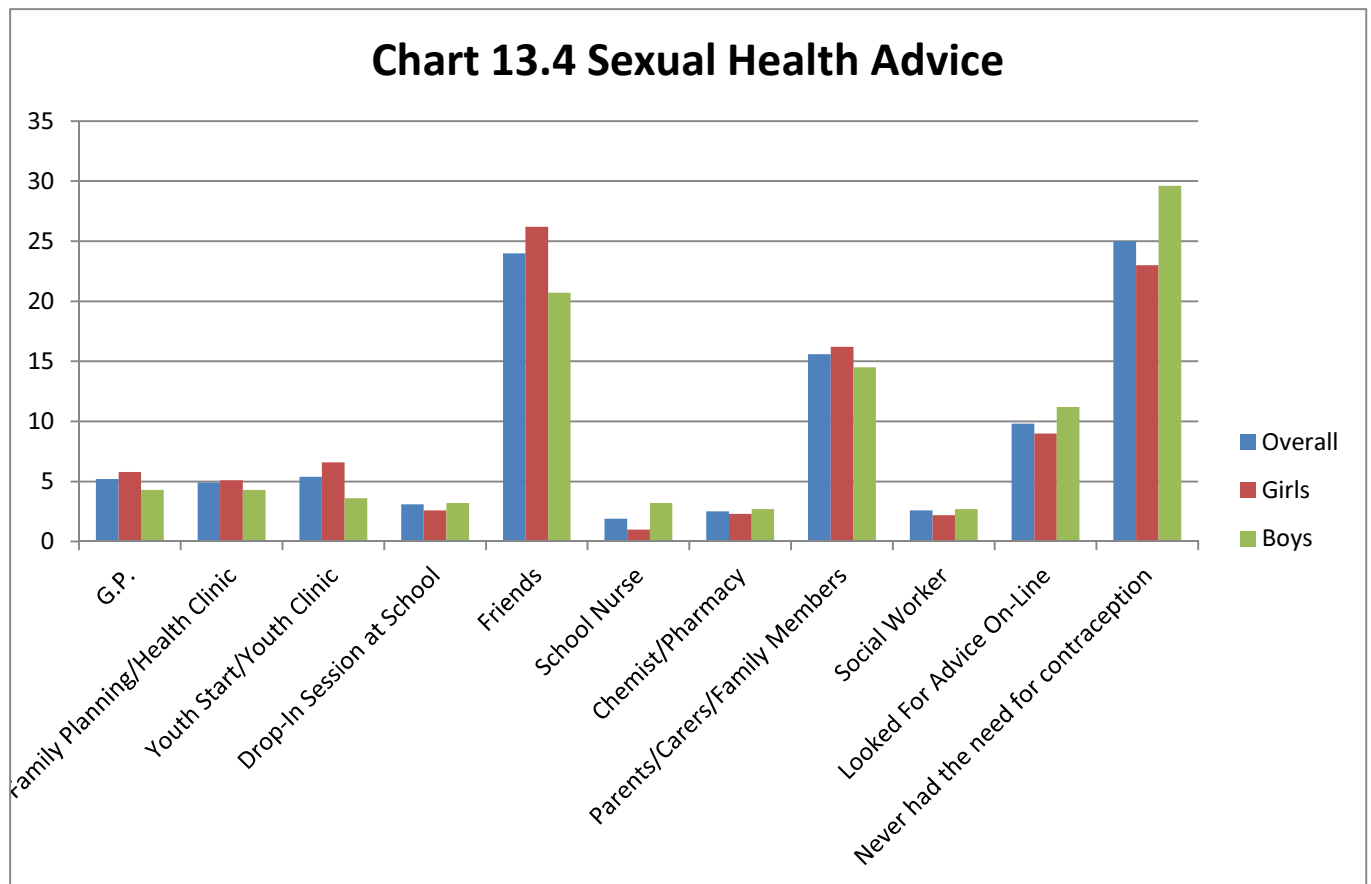


Pupils saying they did not use any form of contraception has improved in 2016 results, with 20% saying they did not use contraception compared to 22% in 2015.

Analysis of pupils who chose the option 'other shows that in the majority the responses were, using more than one method of contraception i.e. pill and condom.

### 13.4 Sexual Health Advice

Pupils in Y10 were all asked where they would go for sexual health advice. Responses are detailed in chart 13.4 below and split into male/female responses.



The results show that young people discuss sexual health with their friends above any other person available. Girls are more likely to go for sexual health advice from their G.P., Youth Clinic or Family Planning clinic than boys. Boys are more likely to speak with a school nurse or look for advice on line.

## 14. Your Town and Local Community

Pupils were asked questions about youth centres, town centre and their local community.

### 14.1 Youth Centres

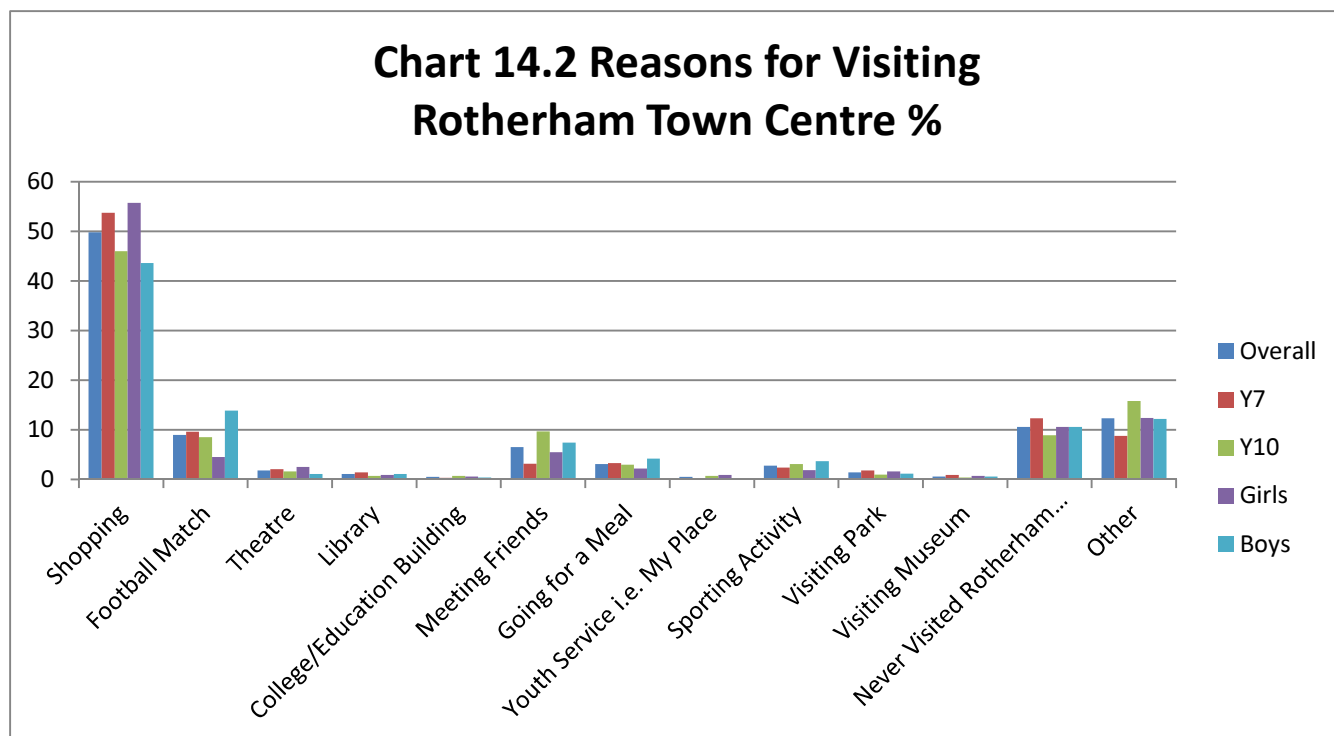
There has been an increase in the number of pupils who said they have visited either a Youth Centre or a Youth Clinic, the results overall in 2015 showed that 13% of pupils said they have visited a youth centre, this has improved to 23.7% from 2016 results.

There is a higher proportion of girls who said they have visited a youth centre compared to boys.

### 14.2 Town Centre

Pupils were asked about their visits to Rotherham Town Centre. They were asked do you regularly go into Rotherham town centre (at least once a week), 26% (732) of pupils said yes, this is slightly down from 2015 when 27% said yes. More girls in both year groups were more likely to visit Rotherham town centre regularly. Although from the following subsequent questions only 10.6% (299) young people said they had never visited Rotherham town centre.

For those 732 who said they visit the town centre regularly a further question was asked about the main reasons why they visit. Chart 14.2 below details their responses.



Overwhelmingly shopping is the main reason why pupils visit town centre.

Analysis of the responses to the option 'other' show that pupils either said multiple responses to the choices offered, also dentist, opticians and concerts were said as reasons for visiting.

### 14.3 Feeling Safe

Pupils are asked to say where they feel safe and since the survey in 2014 subsequent questions have been asked specifically around town centre locations. (The questions for 2016 survey were changed slightly to ascertain how safe young people are feeling; with the options of always feeling safe, sometimes feeling safe or never feeling safe replacing yes I feel safe or no I don't feel safe).

Overall the results show

At home

- 92.6% of pupils said they always feel safe at home
- 6.2% of pupils said they sometimes feel safe at home
- 1.2% of pupils said they never feel safe at home

Compared to 2015 results 94% said they feel safe at home and 6% said they did not feel safe at home.

At school

- 66.4% of pupils said they always feel safe at school
- 29.5% of pupils said they sometimes feel safe at school
- 4.1% of pupils said they never feel safe at school

Compared to 2015 results 56% said they felt safe at school and 44% said they did not feel safe at school

On Way to and from school

- 62.8% of pupils said they always feel safe on way to and from school
- 32.5% of pupils said they sometimes feel safe on way to and from school
- 4.7% of pupils said they never feel safe on way to and from school

Compared to 2015 results 43% said they felt safe on way to and from school and 57% said they did not feel safe.

On local buses and trains

- 34.6% of pupils said they always feel safe on local buses and trains
- 55.7% of pupils said they sometimes feel safe on local buses and trains
- 9.7% of pupils said they never feel safe on local buses and trains

Compared to 2015 results 20% said they felt safe on local buses or trains and 80% said they did not feel safe.

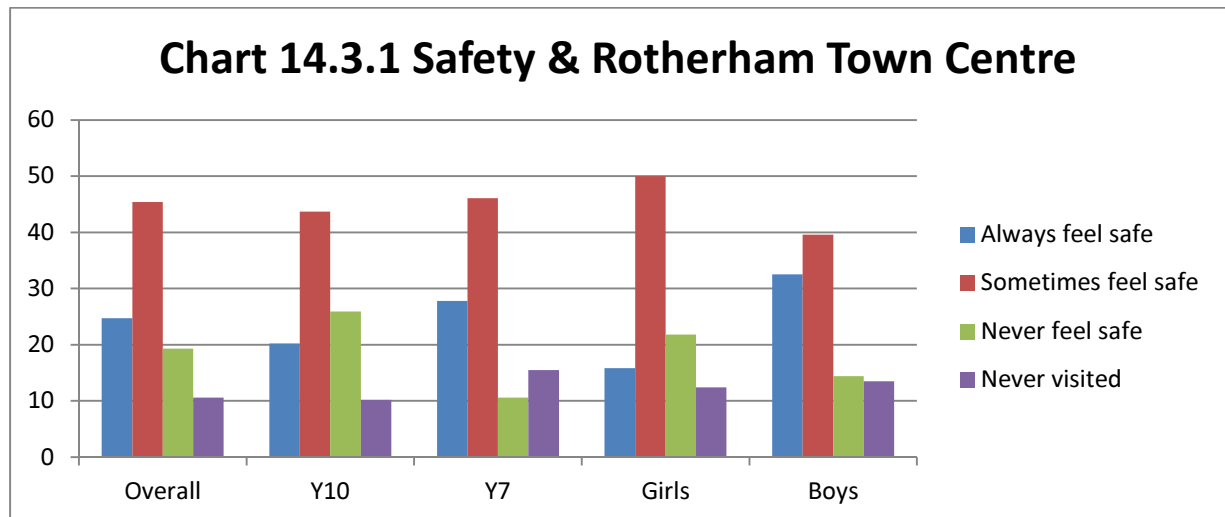
In your local community, where you live

- 54.5% of pupils said they always feel safe in the community where they live
- 39.5% of pupils said they sometimes feel safe in the community where they live
- 6% of pupils said they never feel safe in the community where they live

Compared to 2015 results 37% said they felt safe in their local community and 63% said they did not feel safe.

**14.3.1 Feeling Safe Rotherham Town Centre**

Chart 14.3.1 below details how safe pupils said they feel in Rotherham town centre, central bus interchange and Rotherham train station, they also had the option to respond they have never visited these location, so cannot comment about safety.

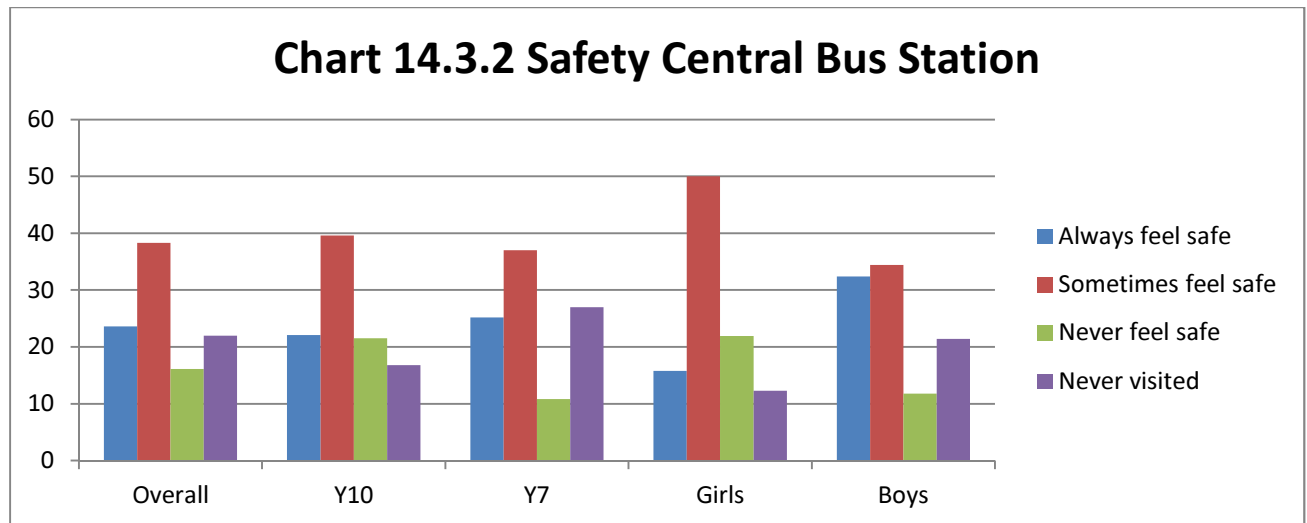


There has been an improvement in the percentage of pupils feeling safe in Rotherham town centre. 2015 results showed that 18% of pupils said they felt safe in town centre and 82% said they did not feel safe, overall the 2016 results show that 24.6% of pupils said they always feel safe, 45.4% said they sometimes feel safe and 19.3% said they never feel safe.



### 14.3.2 Feeling Safe Rotherham Town Centre Interchange

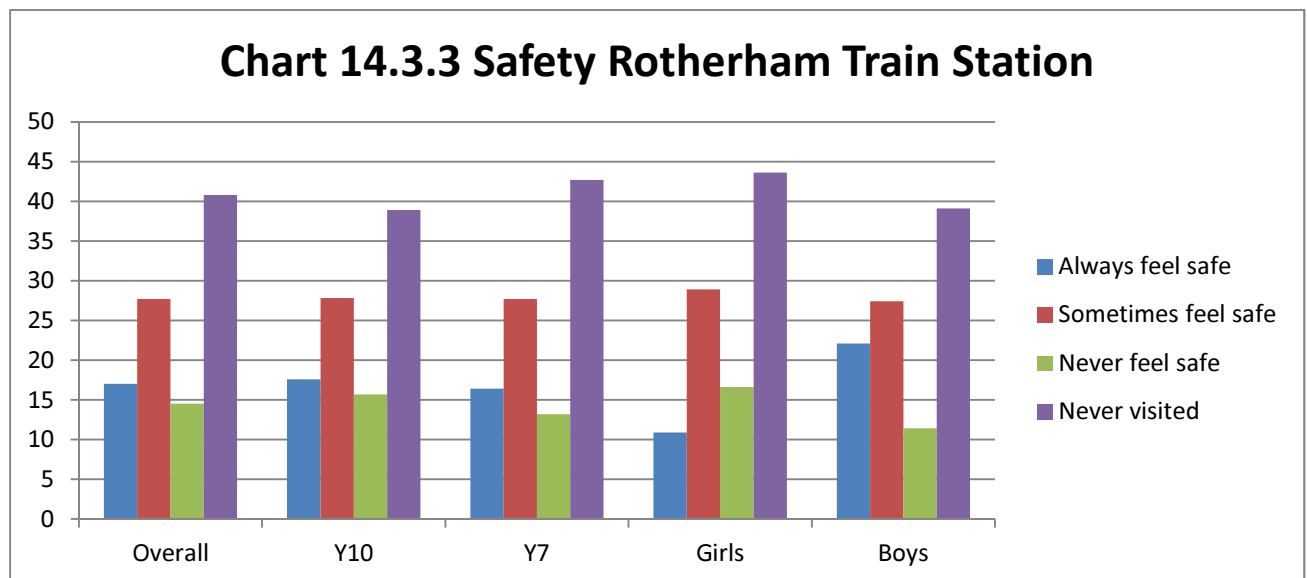
Chart 14.3.2 below describes how pupils feel about central bus station in Rotherham



There has been an improvement in the percentage of pupils feeling safe at Rotherham’s central bus station. 2015 results showed that 15% of pupils said they felt in this location and 85% said they did not feel safe, overall the 2016 results show that 23.6% of pupils said they always feel safe, 38.3% said they sometimes feel safe and 16.1% said they never feel safe, 22% of pupils overall said they have not used Rotherham central bus station.

### 14.3.3 Feeling Safe Rotherham Train Station

Chart 14.3.3 below describes how pupils feel about Rotherham train station.



There has been an improvement in the percentage of pupils feeling safe at Rotherham’s train station. 2015 results showed that 8% of pupils said they felt in this location and 92% said they did not feel safe, overall the 2016 results show that 17% of pupils said they always feel safe, 27.7% said they sometimes feel safe and 14.5% said they never feel safe, 40.8% of pupils overall said they have not used Rotherham train station.

Each of the town centre locations have shown improvement of pupils saying they feel safe. More pupils said they never felt safe at Rotherham train station, compared to the other two town centre locations. Boys are more likely to feel safe, compared to girls.

#### **14.4 Town Centre Risks**

Pupils were asked to think about safety and town centre locations and rank the statement to what they felt the biggest risk was to their safety. Overall these were rated from the highest risk (1) to the lowest risk (10):-

1. Fear of large groups/gangs
2. Being approached by people who are drunk
3. Protests or Marches
4. Dark Nights
5. Being approached by strangers
6. Being alone
7. Poor Lighting
8. Football match days
9. Lack of visible security for example police, wardens
10. People standing outside pubs

The results from 2015 showed that the top 3 risk reasons were, (1) being approached by strangers, (2) fear of large groups/gangs and (3) lack of visible security. Visible security has improved as this is now rated as the 9<sup>th</sup> in the risk list, replaced in 3<sup>rd</sup> place by protests and marches.

#### **14.5 Town Centre Improving Feeling Safe**

Pupils were asked to rate in order, what they felt could be put in place to improve the town centre to mitigate the risk of children and young people feeling unsafe. Overall these were rated from highest importance (1) to lowest (6):-

1. Better CCTV
2. Fewer Large Groups/Gangs
3. Cleaner town centre environment
4. The presence of more security for example police or wardens
5. Fewer protests and marches
6. Better lighting

#### **14.6 Your Local Community**

Pupils were asked which statement best describes the way in which people from different backgrounds get on with each other. The majority of pupils felt that people from different backgrounds mixed well, but there has been some problems 31.2%, compared to 41% in 2015. This is closely followed by, everyone mixes well together with very few problems 29.5%. Pupils said the people from different groups do not get on well together and there has been lots of problems has increased to 12.9% from 9% in 2015.

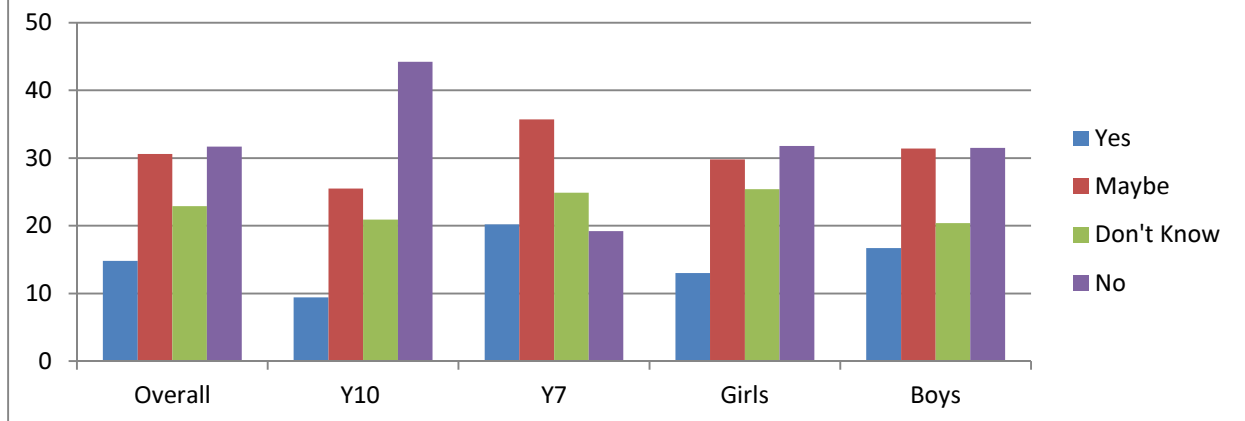
#### **14.7 Living in Rotherham**

Views from young people were again asked in 2016 about their thoughts on living in Rotherham.

##### **14.7.1 Recommending Rotherham**

Chart 14.7.1 details pupils' views on the whether they would recommend Rotherham as a place to live. These show the overall picture, a split by Y7 and Y10 and a split boys and girls.

**Chart 14.7.1 Would you recommend living in Rotherham?**

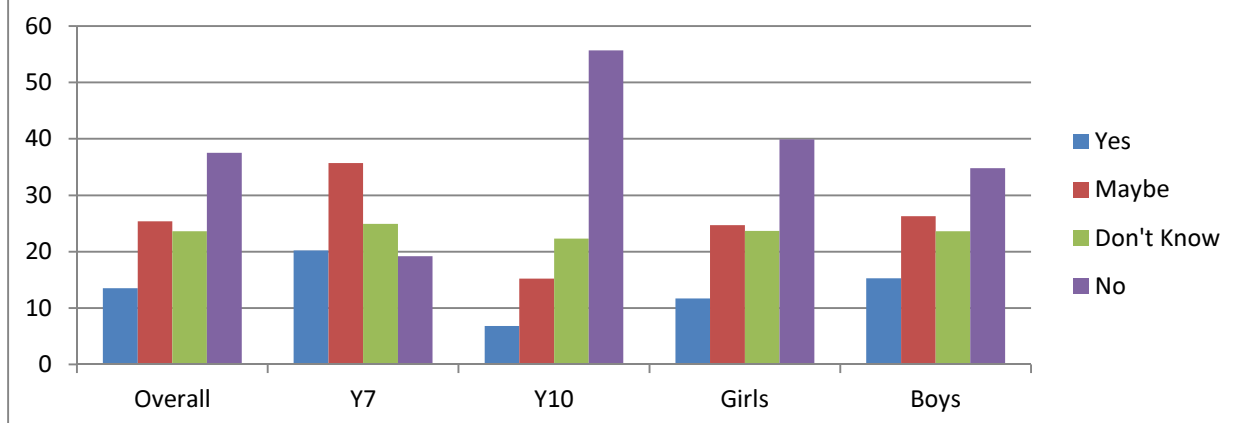


Overall 31.7% of pupils said 'no' they would not recommend Rotherham as a place to live. This has reduced from 34% in 2015. Although there has also been a reduction in the % of pupils who said they would definitely recommend Rotherham as a place to live, overall 2016 this is at 14.8% from 18% in 2015. Y7 pupils overall are more likely to recommend Rotherham as somewhere to live, compared to Y10 and more boys would recommend Rotherham as a place to live compared to girls.

#### 14.7.2 Future Living in Rotherham

Chart 14.7.2 details pupils' views on whether they would like to be living in Rotherham in 10 years' time. These show the overall picture, a split by Y7 and Y10 and a split boys and girls.

**Chart 14.7.2 Living in Rotherham in 10 Year's Time**



Overall 37.5% gave the response 'no' they would not like to be living in Rotherham in 10 years' time. This is a reduction from 48% who gave this response in 2015. There has been a small reduction in the % of pupils who said they would definitely like to be living in Rotherham in 10 years' time, this has reduced from 14% in 2015 to 13.5% in 2016.

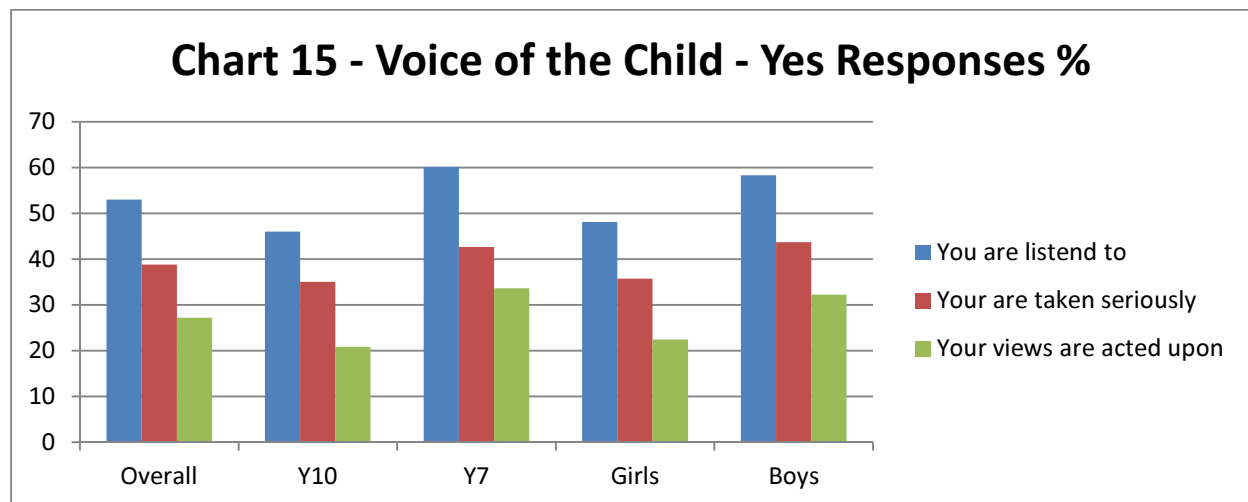
The same trend as in 2015 as followed with a significantly higher % of Y10 giving a negative response to this questions and saying they do not want to be living in Rotherham in 10 years' time compared to Y7, although in 2015 61% of Y10 said no to this question compared to 55.7%

in 2016. Also the same trend followed with more girls than boys saying they would not like to be living in Rotherham in 10 years' time.

### 15. Your Views & Experiences

Capturing the voice of the child is a high priority for Rotherham council and its partners, therefore questions were added in 2015 to the survey to ask them if they felt listened to, taken seriously and then their views acted upon.

The number of pupils who responded 'yes' to these questions, is detailed in the chart 15 below



Overall there has been a reduction in the % of pupils who felt their voice was listened to, taken seriously and their voice acted upon

- Voice listened to, reduced from 66% in 2015 to 53% in 2016
- Pupils views being taken seriously, reduced from 59% in 2015 to 39% in 2016
- Pupils' views being acted upon reduced from 45% to 27.2% in 2016.

Rotherham  
Voice of the Child  
Education Lifestyle Survey  
2016

Trends Analysis  
Child Centred Borough Measures  
Year 7 and Year 10  
2014 – 2016

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<b>7.</b>	<b>A Sense of Place</b>

## 1. Summary

There is a priority in the Improvement Plan for Rotherham Council to become a Child-Centred Borough. The aim of the Child-Centred Borough is for communities of children, young people and adults, including elected members to combine their resources to support every child to be the best they can.

A paper has been approved by cabinet which sets out the aspirations for Rotherham to become a borough that is recognisably child centred. A member led working group will develop and oversee a strategy that will focus on the following principles

- A focus on the rights and voice of the child
- Keeping children safe and health
- Ensuring children reach their potential
- An inclusive borough
- Harnessing the resources of communities
- A sense of place

The success of the child-centred borough strategy can be measured by a range of indicators in the annual Lifestyle Survey for Y7 (age 11/12 years) and Y10 (age 14/15 years) pupils.

The Lifestyle is an annual survey that is offered to schools and pupil referral units for two age groups of children. This is a survey that has been ongoing since 2008.

This report covers potential indicators and trend analysis since 2014 which could be used to support measuring the progress of the child-centred strategy.

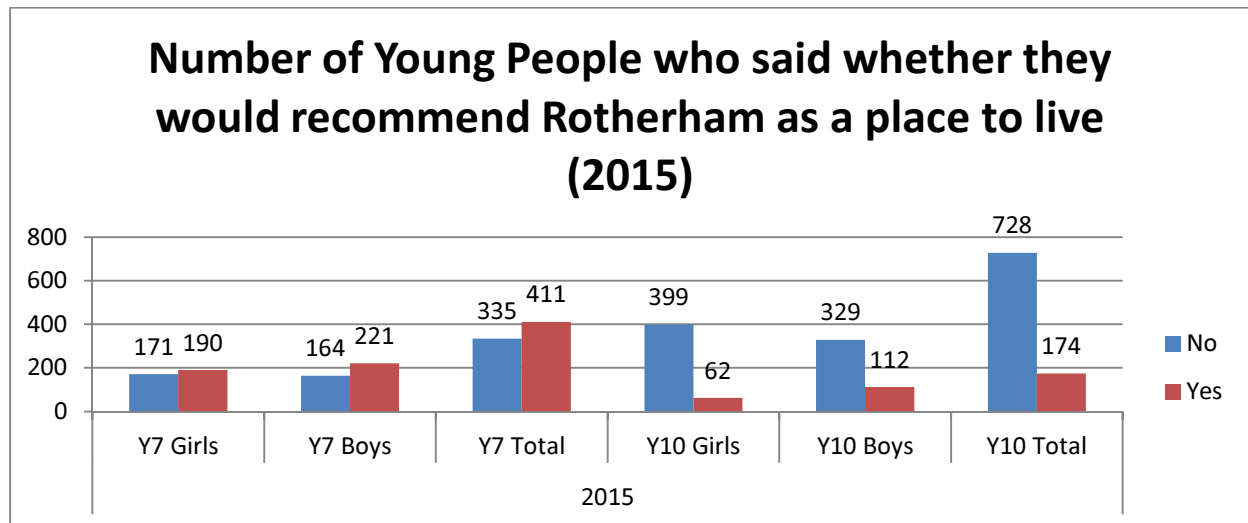
**2. Focus on the rights and voice of the child**

**2.1 Being proud about Rotherham**

Young people in the lifestyle survey are asked if they would recommend living in Rotherham and would they like to be living in Rotherham in 10 years' time.

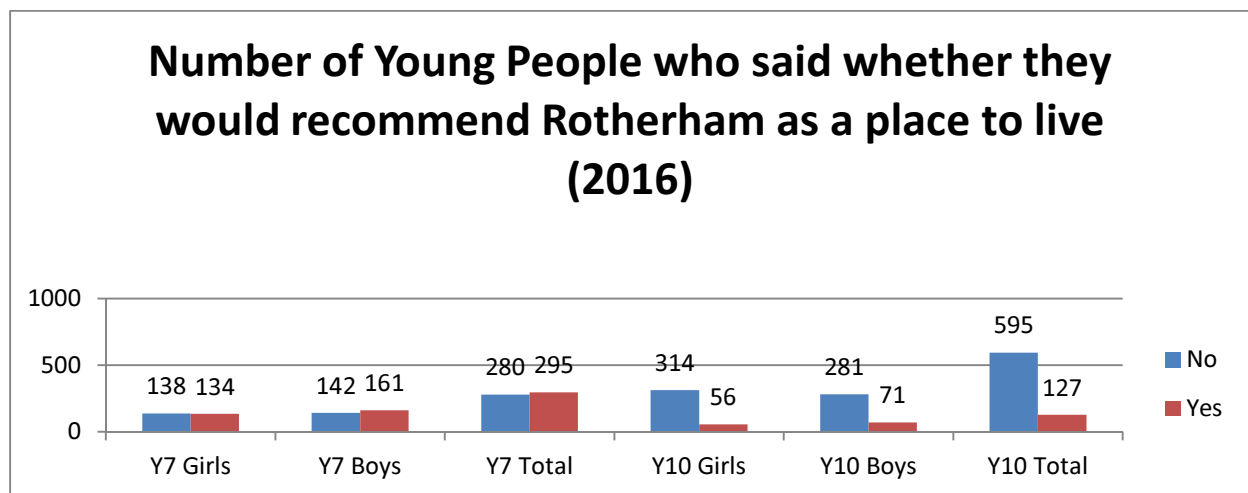
This questions allows young people to have their voice heard about their town and community and if they are proud of their town.

The results shown show the trend between 2015 and 2016.



**Overall for 2015**

- 16% of girls said they would recommend Rotherham as a place to live
- 35% of girls said they would not recommend Rotherham as a place to live
- 49% of girls were undecided
- 22% of boys said they would recommend Rotherham as a place to live
- 33% of boys said they would not recommend Rotherham as a place to live
- 55% of boys were undecided



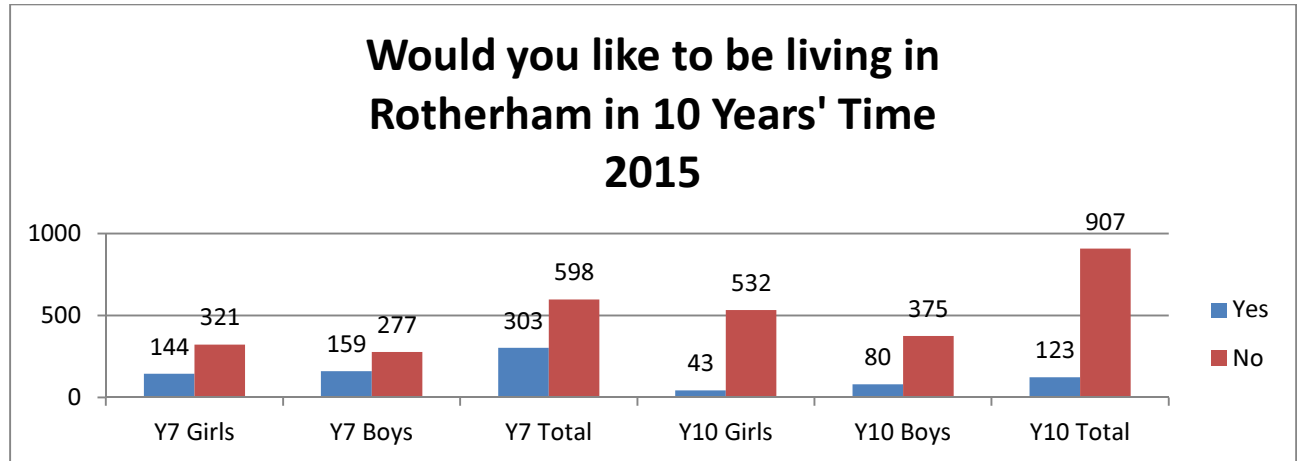
**Overall for 2016**

- 13% of girls said they would recommend Rotherham as a place to live
- 31% of girls said they would not recommend Rotherham as a place to live
- 56% of girls were undecided



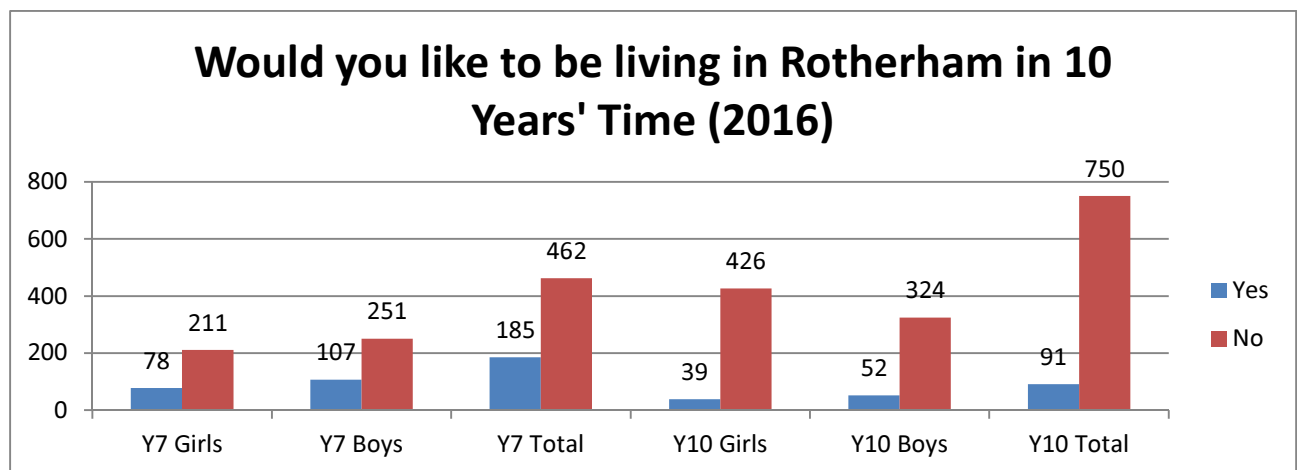
- 17% of boys said they would recommend Rotherham as a place to live
- 31% of boys said they would not recommend Rotherham as a place to live
- 52% of boys were undecided

It is evident that the decline in pupils not wanting to recommend Rotherham as a place to live happens by the time pupils reach Y10.



**Overall for 2015**

- 11% of girls said they would like to be living in Rotherham in 10 years' time
- 53% of girls said they would not like to be living in Rotherham in 10 years' time
- 36% of girls were undecided
- 16% of boys said they would like to be living in Rotherham in 10 years' time
- 34% of boys said they would not like to be living in Rotherham in 10 years' time
- 50% of boys were undecided



**Overall for 2016**

- 9% of girls said they would like to be living in Rotherham in 10 years' time
- 44% of girls said they would not like to be living in Rotherham in 10 years' time
- 47% of girls were undecided
- 12% of boys said they would like to be living in Rotherham in 10 years' time
- 42% of boys said they would not like to be living in Rotherham in 10 years' time
- 46% of boys were undecided

The trend for not wanting to live in Rotherham in 10 years' time continues from Y7 through to Y10 for both boys and girls.

**Possible Actions:**

- Develop survey for children in Y10 and above to ask them what would encourage them to want to recommend Rotherham as a place to live and want to live in Rotherham in the future?
- Promotion in schools to the benefits of living in Rotherham, what does Rotherham have to offer young people, what is planned for the future for Rotherham.

**3. Keeping Children Safe & Healthy**

**3.1 Feelings and Mental Health**

The lifestyle survey asks pupils questions about their feelings, what do they usually feel good about, this aims to ascertain how healthy children are feeling about their mental health.

The trend between 2014 and 2016 has shown that rated the highest for feeling good with an average of 85% (2385) children feel good about their home life.

Rated the lowest for feeling good with an average of 57% (1599) children feel good about the way they look, this is higher for girls than boys.

**3.2 Talking about mental health issues/problems**

Young people are asked who they would discuss their problems and issues with.

The results in 2014, 2015, and 2016 followed the same trend for both Y7 and Y10.

Most young people would prefer to talk to a friend or a family member if they have any problems that are worrying them.

In 2016 more young people are choosing to speak with their youth worker or school nurse.

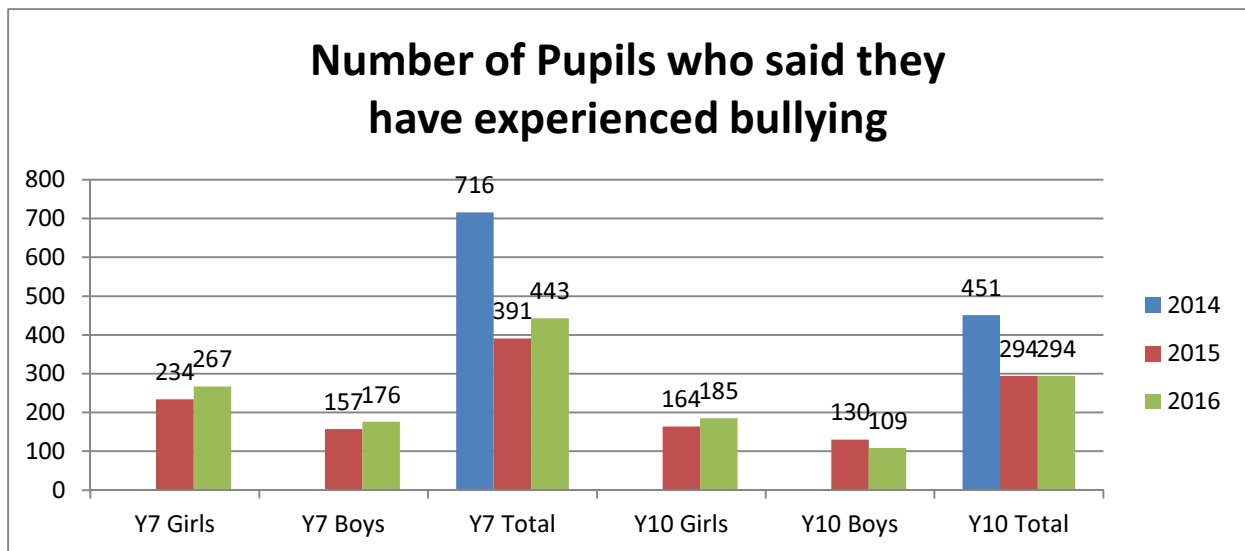
**Possible Actions**

- PSHE Leads at school to ensure that positive body image is included in the curriculum.
- All schools display information where young people can go for help if they have concerns about their mental health.
- Include links to mental health support services in 2017 Lifestyle Survey on Survey Monkey

**3.3 Bullying**

Childhood bullying can have lasting effects on Mental Health. Studies have found a link between bullying and a higher risk of mental health problems.

Pupils are asked in the lifestyle survey if they have experienced bullying.



The % of children who said they have been bullied has increased in 2016.

On average, bullying rates for overall Y7 and Y10 are

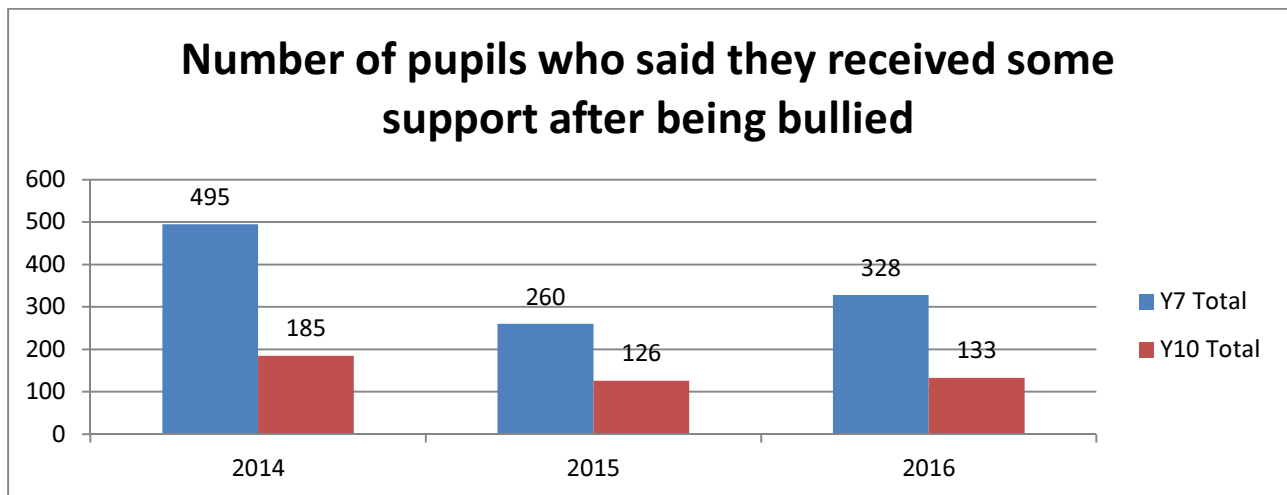
- 2014 - 28%
- 2015 - 22%
- 2016 - 26%

The split of data by boy/girl was not done for the bullying questions in 2016.

The data shows that more Y7 children said they have been bullied and more girls said they had been bullied.

#### 3.3.1 Receiving support after being bullied.

From the pupils who said they had been bullied, these are the figures for the young people who said they received some support.



The % of children who said they have been supported after being bullied has increased in 2016.

On average, the % rates for pupils who have been supported after being bullied, overall Y7 and Y10 are

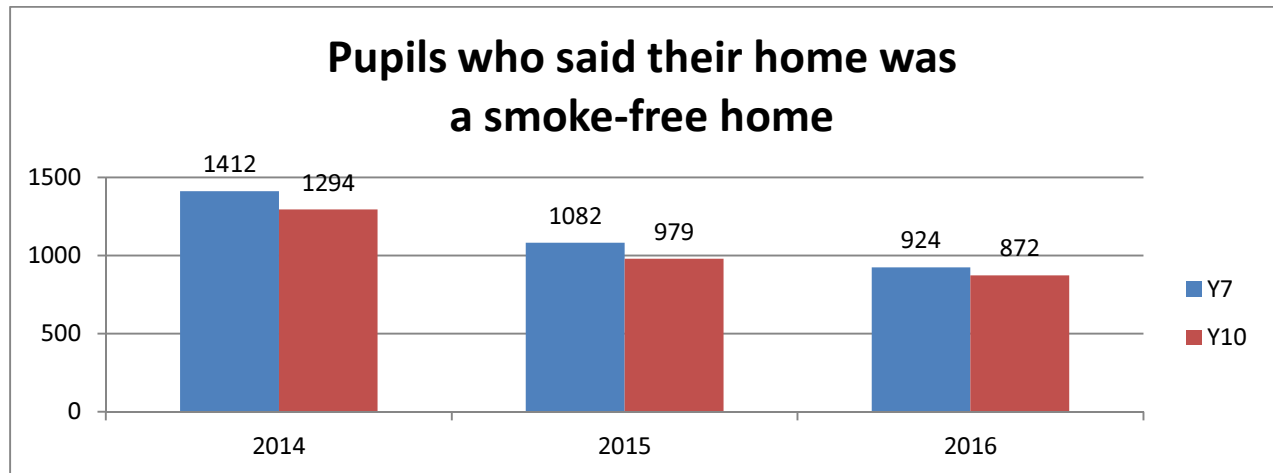
- 2014 - 55%
- 2015 - 55%
- 2016 - 58%

#### Possible Actions

- Raise awareness of bullying with Y7 pupils or Y6 pupils at transitions from primary school. Clear information on how to report bullying and preventative activities.

### 3.4 Smoking

Young people are asked if they live in a smoke-free home, this is explained to them that no members of their family are smokers.



The data shows that more year 7 pupils say their home is smoke free. On average over the 3 years it is 65% who say they live in a smoke free home.

- 2014 – 66%
- 2015 – 66%
- 2016 – 64%

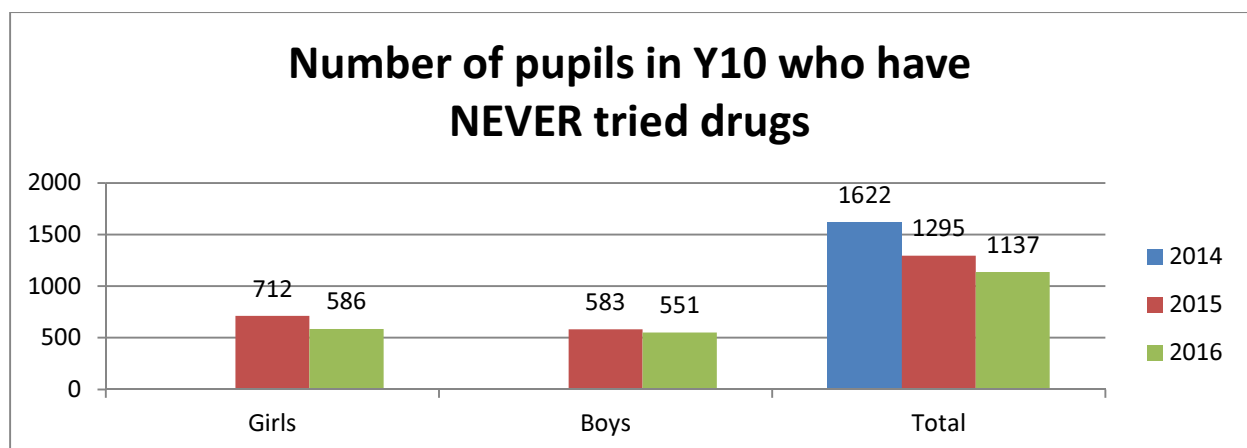
The decline in the % of pupils saying they come from a smoke free home could be attributed to the increase of use in electronic cigarettes. More pupils in 2016 said they have tried an electronic cigarette.

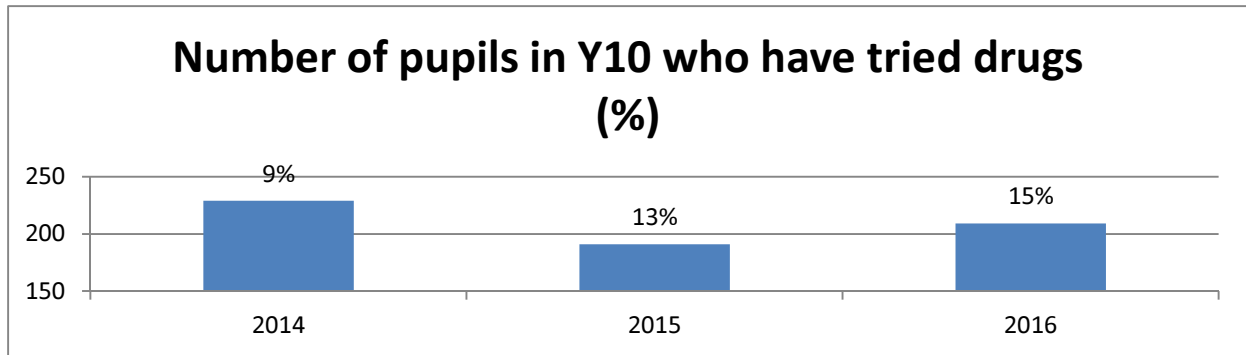
#### Possible Actions

- PSHE Leads at school highlight the issues with smoking both tobacco and electronic cigarettes.
- All schools to participate in activities to support No Smoking Day/Week
- Links to support for stopping smoking to be included in 2017 survey on Survey Monkey.

### 3.5 Drugs

Young people are asked if they have ever tried drugs. It has been identified a possible measure for Child-Centred Borough around health, is look at Y10 pupils who have said they have tried drugs, even if this was just once.





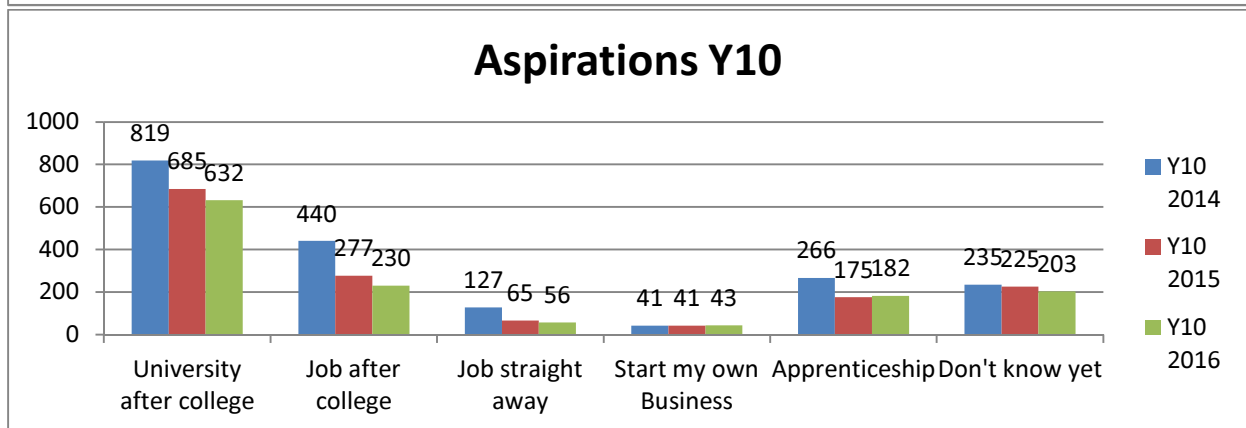
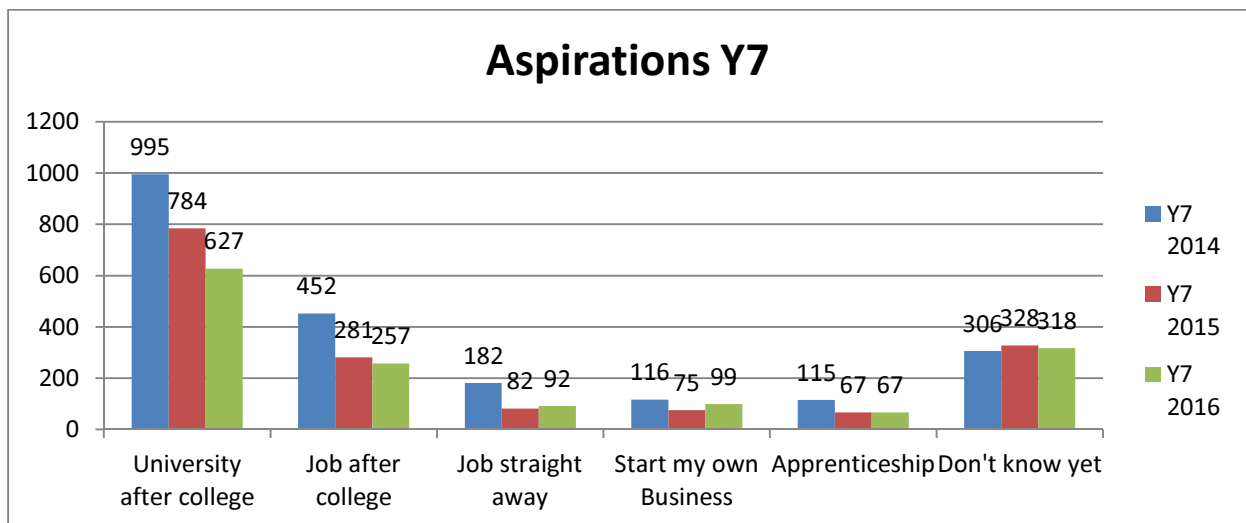
The data shows that there is an increase in the % of Y10 who have said they have tried drugs.

**Possible Actions**

- PSHE Leads at school highlight the issues around drugs in particular in Y10.
- Links to support for stopping using drugs to be included in 2017 survey on Survey Monkey.

**4 Ensuring Children Reach Their Potential**

The lifestyle survey asks pupils what are their aspirations for when they leave school. Pupils in Y10 at the time of the survey have just one further year at a secondary school, before making choices what they would like to do next. Pupils in Y7 are just completing their first year of secondary school.



For both Y7 and Y10 the trend has continued with the most popular choice for what pupils would like to do when they leave school being go to university.

Over the past 2 years through there has been an increase in the % for pupils choosing they would like to get an apprenticeship or start their own business

**On average overall the % choices are**

- University – 46%
- College then a job – 19%
- Don't know yet – 17%
- Apprenticeship – 11%
- Job straight from school – 5%
- Start own business – 2%

**Possible Action:**

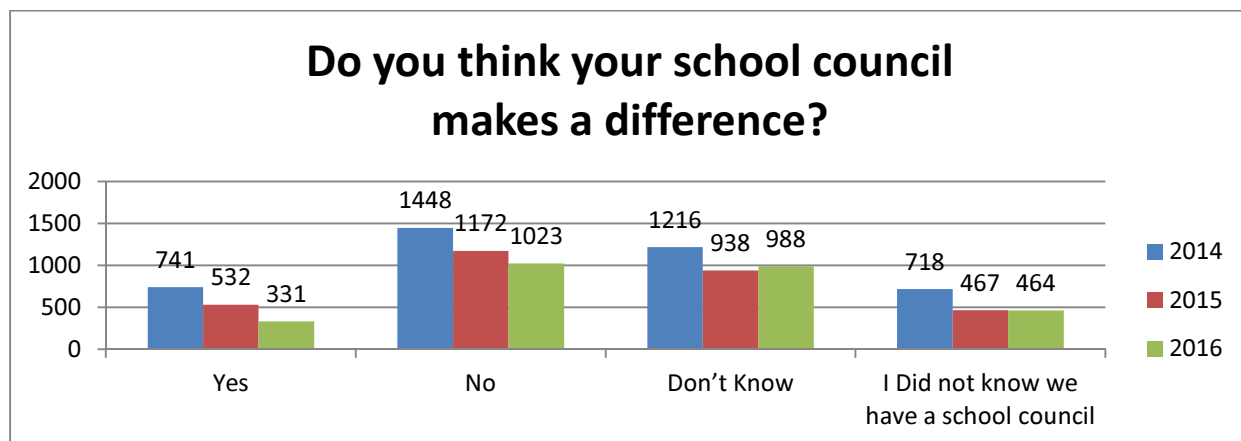
- Ensuring there is support to pupils at school with information about starting own business – work with RIDO

**5. Harnessing the resources of communities**

There are no specific measures identified that could be extracted from the lifestyle survey. There is potential to add further questions to the survey.

Pupils being involved with their school council are a volunteer opportunity for pupils to engage with school projects and be part of democratic processes.

Pupils are asked in the survey, do you think your school council makes a difference.



Overwhelmingly the lowest % is pupils saying that their school council makes a difference.

**Possible Action:**

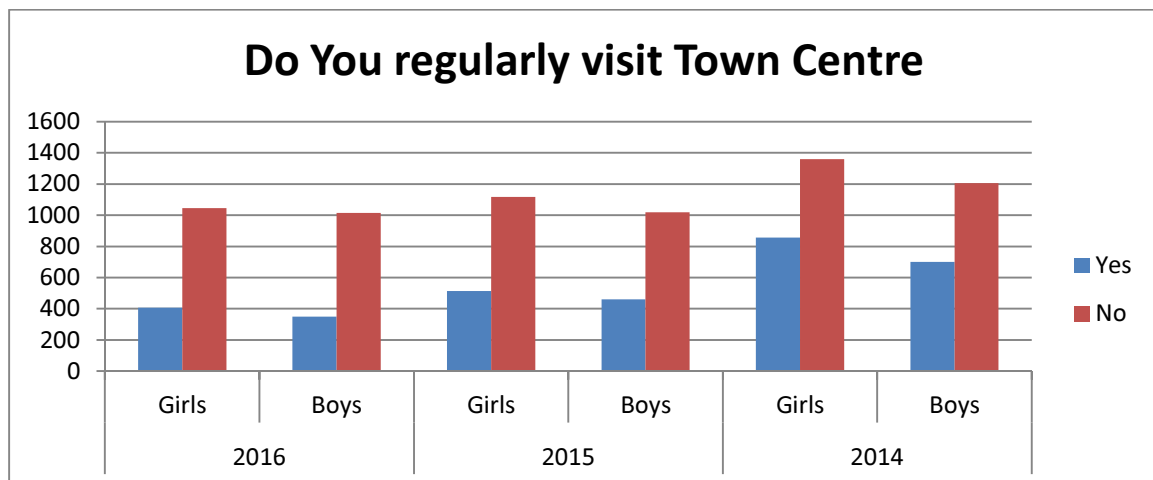
- Joint working with voluntary sector to identify potential questions that could be added to the survey to support this theme. A question could be asked if pupils are involved in volunteering.
- Ask school to promote their school council and communicate the benefits to pupils of being involved in school democratic processes.

**6. A Sense of Place**

**6.1 Visiting Rotherham Town Centre**

We want children to be proud of their home town and community and want to share positive messages about Rotherham. We want children and young people to feel safe when they in their local community and when they visit Rotherham town centre.

Young people were asked if they regularly visit Rotherham town centre, this is at least once per week.



There has been a downward trend of young people visiting Rotherham Town Centre. More girls did respond that they do visit the town centre.

## 6.2 Feeling Safe Town Centre & Local Community

The 2016 questions around safety were altered slightly to ascertain the level of feeling safe/unsafe. In 2014 and 2015 surveys young people were asked to state yes/no whether they felt safe or not. There have been significant improvements from young people saying they feel safe in the 2016 results.

	Year 7				2016 I never feel safe
	2014 Yes I feel safe	2015 Yes I feel safe	2016 I always feel safe	2016 - I sometimes feel safe	
In my local community	613 (28%)	503 (31%)	833 (58%)	555 (38%)	57 (4%)
In Rotherham town centre	181 (8%)	162 (10%)	403 (28%)	672 (46%)	155 (11%)
At Rotherham Town Centre Bus Interchange	136 (6%)	211 (13%)	365 (25%)	535 (37%)	157 (11%)
At Rotherham Train Station	100 (5%)	40 (2%)	236 (16%)	399 (28%)	191 (13%)

	Year 10				2016 I never feel safe
	2014 Yes I feel safe	2015 Yes I feel safe	2016 I always feel safe	2016 - I sometimes feel safe	
In my local community	739 (38%)	595 (40%)	52%	41%	7%
In Rotherham town centre	241 (12%)	267 (18%)	270 (20%)	587 (44%)	348 (26%)
At Rotherham Town Centre Bus Interchange	246 (13%)	297 (20%)	296 (22%)	530 (40%)	286 (21%)
At Rotherham Train Station	194 (10%)	267 (18%)	234 (18%)	370 (28%)	209 (16%)

### 6.3 Main reason for feeling unsafe

Pupils who said they did not always feel safe in the Rotherham Town Centre locations including town centre bus interchange and train station, were asked for the main reasons why they did not feel safe.

These are the top 3 reasons that young people have said over the past 3 years.

Fear of gangs or large groups, being approached by strangers and protests and marches are prominent reasons for feeling unsafe for both Y7 and Y10.

Year 7			
Risk Rating	2014	2015	2016
1	Being approached by strangers	Being approached by strangers	Fear of large gangs or groups
2	Being Alone	Fear of large gangs or groups	Being approached by drunks
3	People Standing Outside Pubs	Lack of visible security i.e. police or warden	Dark nights

Year 10			
Risk Rating	2014	2015	2016
1	Being approached by strangers	Being approached by strangers	Fear of large gangs or groups
2	Fear of large gangs or groups	Fear of large gangs or groups	Protests or Marches
3	Lack of visible security i.e. police or warden	Being Alone	Being approached by drunks

#### Possible Action

- Promote the ongoing work that has happened in Rotherham Town Centre and Bus station to improve the safety and well-being of children and young people.
- Share information in schools about safety, town centre and how to report a problem.



## ROTHERHAM COUNCIL NEWS RELEASE

Monday 9 January 2017

### BETTER LIFESTYLE CHOICES SURVEY SHOWS

Pupils are putting the brakes on bad lifestyle choices – like smoking and drinking sugary drinks - a new school survey has found.

Hundreds of teenagers responding to Rotherham Council's annual Lifestyle Survey have said they drink one or less high sugar drinks a day, which is being put down to campaigns to ban such drinks from schools.

And there has also been an increase in pupils saying they have never smoked, which is a higher percentage than national figures in similar surveys.

Young people have also told council officers they feel safer going into Rotherham town centre and visiting the bus station – which is a direct result of new safety measures put in place since the last survey, where children said they felt unsafe.

Other highlights of the survey show the use of contraception has increased among those having sex and there has also been an increase in awareness about child sexual exploitation, with more school lessons on this than ever before.

However, there are still areas of concern, including a rise in the numbers of pupils reporting issues around bullying and cyber bullying along with a slight increase in young people saying they have tried drugs, even if this was only once. Officials are now set to meet to discuss strategies to deal with this.

Ian Thomas, Strategic Director of Children's Services at Rotherham Council said:  
"We are committed as a Council to ensure every child gets the best start in life.

"Part of this commitment is making sure the voices of our young people are not only heard, but also have a direct influence on the work we do for them. That is why it is very important for us and schools to heed the results of surveys like this and listen to what Rotherham's children are telling us, good or bad.

"As a result of last year's survey both the Council and schools have taken a number of direct actions to tackle some of the issues raised and we will do the same again this year and we will report back the results of what we have done to enhance the lifestyle choices of our young people."

He added the ambition is to change the experiences of children and young people in Rotherham.

Over the last few years the survey has led to schools introducing a number of changes including:

- Introducing specific drug and alcohol awareness sessions
- Introducing afterschool cookery clubs with students encouraged to make healthy, simple recipes and enjoy these meals together. Parents are now being encouraged to attend these cookery clubs as well.
- Ban on all high sugar fizzy drinks

This year's survey will be extended from seven weeks to 12 to allow more time for pupils to take part, following feedback from schools that this would be helpful. This year's survey will go out to schools on 3<sup>rd</sup> May and run until 19<sup>th</sup> July.

The results of this year's Lifestyle Survey are to be looked at by the Health and Wellbeing Board at its meeting on Wednesday, 11<sup>th</sup> January where actions to address key areas of concern will be identified.

**ENDS**

**Notes to Editors:**

The Council undertakes the Lifestyle Survey every year in order to provide a unique insight into the everyday experiences of children and young people in Rotherham.

It is carried out with young people in year 7 and year 10 in the majority of Rotherham secondary schools and Pupil Referral Units (PRU). Overall 2,806 pupils across 12 secondary schools participated in the 2016 survey, which is a 60 per cent participation rate of the schools that took part.

The survey covers a range of issues for local young people including healthy eating, sport and exercise, aspirations, and feeling safe.

The data will help provide a benchmark for measuring the success of Rotherham as a child-centred borough over future years, as it provides the opportunity to track changes in the experience, ambitions, behaviours and feelings of local children and young people.

Learning from previous years' Lifestyle Survey data has enabled a number of improvements, including:

**Food and Drink**

- Schools have campaigned to stop the sale of high calorie and high sugar content snacks.

- The sale of high caffeine drinks was reduced in schools.

### **Mental Health**

- The 'My Mind Matters' website launched offering support, advice and guidance to young people and their parents.
- Child and Adolescent Mental Health Services (CAMHS) distributed pens with coping strategies to all secondary schools.
- Information provided to young people and schools around suicide and self-harm awareness.

### **Feeling Safe**

- Following reports of concerns of safety at bus stations the South Yorkshire Passenger Transport Executive (SYPTTE) updated information on their websites and put in place reporting mechanisms.
- Personal, Health and Social Education (PHSE) sessions have also been run with colleagues from the SYPTTE around feeling safe.

### **Smoking**

- A campaign has been held in all secondary schools to promote non-smoking.
- Trading Standards have issued warnings to local shops who sold tobacco to young people.

### **Child Sexual Exploitation Awareness**

- 3,852 Rotherham learners last year attended Chelsea's Choice awareness sessions in schools.

## Summary Sheet

### Council Report

Improving Lives – 1<sup>st</sup> February 2017

### Title

Early Help and Family Engagement

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

No

### Strategic Director Approving Submission of the Report

Ian Thomas

### Report Author(s)

David McWilliams

Assistant Director – Early Help and Family Engagement

Tel: 01709 254160

David.mcwilliams@rotherham.gov.uk

### Ward(s) Affected

All

### Summary

This report explains the journey of Rotherham's Early Help and Family Engagement Service since culminating with its launch on the 18<sup>th</sup> January 2016.

It also includes information about Service Priorities, current performance and progress against the budget savings proposals for 2016/2017.

### Recommendations

That the Improving Lives Committee;

- Note the report and appendices and consider its content

### List of Appendices Included

Early Help Performance Report – December 2017

Storyboard Early Help Overarching – January 2017

### Background Papers

None

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

Early Help Review Board

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## Title

Rotherham's Early Help and Family Engagement service: Progress report

### 1. Recommendations

1.1 That the Improving Lives Committee:

- Note the report and appendices and consider its content.

### 2. Background

2.1 Working Together 2015 defines early help as;

*.. providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Effective early help relies upon local agencies working together to;*

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help;
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Through our Early Help Strategy 2016-2019 we aim to reduce the demands upon high cost specialist and higher tier services.

#### 2.2 Early Help Offer

On the 18<sup>th</sup> January 2016, the new Early Help (EH) offer was officially launched in Rotherham. This included the EH Pathway, the new Request for Support form, the new EH Assessment (EHA) and the refreshed Early Help Offer website.

Prior to the launch of the new early help offer in January 2016 there were in excess of 30 different referral routes into Early Help, with information recorded across numerous different databases and systems.

#### 2.3 Step Down / Step Up Panel

On February 9<sup>th</sup> February 2016 we began our weekly Step-Down & Step Up Panel. The panel is co-chaired from senior managers in Early Help, Safeguarding and Health. It was introduced to ensure there is a consistent and robust process in place to manage, monitor and clearly record outcomes for all cases stepping down from Duty and Assessment teams and/or those coming off a CIN plan.

In total since the panel began we have stepped down 335 families\* and 802 children. 41 families and 76 children were recommended to partners. \*Accurate at January 2017

#### 2.4 Performance Management

In September 2016 a monthly Performance Scorecard was introduced. This includes key performance indicators that span across all components of Early Help and helps to measure impact and outcomes on the success of the service. Performance is monitored closely and action is taken where necessary to ensure that targets are met. On a quarterly basis

additional measures are included in the performance report which helps measure the impact of Early Help.

Performance is a regular item on the weekly Early Help SLT agenda as well as being reported and scrutinised by the Cabinet Member for CYPS and Commissioners (along with other Senior Leaders) at the Children and Young Peoples Service Performance Board, Improvement Board, Children and Young People's Partnership, the member led Early Help Review Board and the Early Help Steering Group.

### 2.5 Early Help Quality Assurance Framework

Alongside the new Early Help offer and performance reporting regime, a Quality Assurance (QA) framework was implemented. In Early Help, quality assurance is not an additional activity, but an integral part of everyday practice within the Service. Quality assurance work contributes to improving outcomes for the children, young people and families we work with by identifying gaps and problems so they can be recognised and addressed. It also helps us identify what interventions work for children and families and highlights our good practice.

The role of all team managers/lead workers and practitioners is to make sure that the service provided to children, young people and their families is consistently high quality and results in good outcomes and builds resilience in children and their families to thrive.

Each member of staff in early help has a duty to contribute to their own continued professional development by a variety of means; regular supervision, team meetings and the regular evaluation of the quality and impact of their practice. In 2016/17 early help completed 100% PDRs.

A critical aspect of the QA framework includes the completion of monthly team manager audits and senior manager re-audits. The aim of a case file audit is to examine records in paper files and case files stored electronically to assure the quality of practice and to ensure compliance with HM Working Together 2015 (WT15) and the Early Help and Family Engagement service standards. Audits will also identify whether there are positive outcomes and experiences for children and young people in receipt of an Early Help and Family Engagement Service.

At December 2016; 162 team manager audits have been undertaken. Of these 36% (59) were graded 'Good', 53% (85) were graded 'Requires Improvement' and 9% (15) were graded 'Inadequate'. In addition 1% (1) was graded 'Outstanding' and a further 1% (2) were incomplete. Any actions deemed necessary to improve outcomes for families are monitored and tracked to completion and the learning is used to improve practice through workforce development opportunities, supervision and team meetings.

### 2.6 Impact of Early Help

One of the ways that the impact of early help can be evidenced is by asking families to complete exit surveys when the intervention has finished and the agreed outcomes achieved. Exit surveys are critical to our improvement journey because they capture the direct feedback from our Service users; since its launch in May 2016 to the end of December 2016:-

171 surveys have been completed to date with the Quarter Three data showing that 94% of respondents said that the Early Help Service had had a positive impact on their life and their Children with 97% rated their overall experience of help and support they received as good or excellent. For a service that is barely twelve months old this is a real achievement and great credit must go to the front line staff and managers who are driving through the changes at pace.

Direct quotes from families include;

*“I am not isolated now, I feel free and I am able to manage myself.”*

*“Felt my voice was heard and was not afraid to say how I felt and what my issues were. “*

*“The service provided was above and beyond what was expected.”*

*“I didn't ask for support and didn't think I needed it. I spoke with someone at the hospital when I took J and they thought I needed some support with his behaviour. The referral was made by the neighbours who had reported me for J crying in the middle of the night. When the worker came she helped us with a lot of things we wouldn't have thought about.”*

*“I was in crisis and was self-harming and I had lots of support from early help during this period”*

Case studies are another way that we gain insight into how early help has impacted on families and the service are starting to build a bank of these to be able to learn from and improve. In addition, a regular ‘deep-dive’ case study is undertaken which involves discussions with family members (where appropriate and possible), ‘journey mapping’, (this includes looking at each point in a customer experience in order to identify good practice and areas for improvement) and multi-agency learning meetings. Actions are agreed in collaboration with partners and these are then monitored and shared to raise the standards and quality of what we do.

## 2.7 Early Help Governance Arrangements

Governance arrangements in Early Help are robust with the Senior Leadership Team meeting every week and the Assistant Director being a member of the CYPS Directorate Leadership Team (DLT) as well as the Improvement Board, Performance Board, Children and Young People's Strategic Partnership, Early Help Review Board, Early Help Steering Group, Safer Rotherham Partnership (SRP), Chair of the Youth Offending Team (YOT) Board and quarterly meetings with the Chief Executive.

The Early Help Steering Group inaugural meeting took place in August 2016. The Group is multi-agency and is chaired and attended by elected Members as well as a number of Partner agencies.

## 2.8 Evaluation and Review

As part of the evaluation of the success of Early Help the Local Safeguarding Childrens Board (LSCB) conducted a survey during March/April asking front line practitioners across partner and voluntary organisations including schools to provide views on their experiences whilst working with Early Help practioner's and also contacting the service via the new pathways. Further surveys will be conducted in the future and results analysed and compared to evidence improvements and/or areas for development.

In April 2016 Ofsted reviewed Rotherham's early help offer as part of their Improvement visits. See Appendices for summary.

Lincolnshire County Council is Children's Services Practice Improvement Partner. A comprehensive schedule of peer reviews and staff exchanges are underway, with a particular focus in early help on the three year savings targets and the development of edge of care services



In January 2017 The Youth Justice Board (YJB) undertook a review of the council's leadership and governance arrangements in relation to the Youth Offending Team (YOT) Board, Chaired by the Assistant Director for Early Help. A formal report is expected late February.

Since November 2015 the Early Help Review Board has been in place, Chaired by Cllr Albiston. The purpose of the group is to; *'to understand the impact of the Early Help savings proposals and to oversee the development of Rotherham's Early Help Offer and Strategy in light of these proposals.'*

We convened the new Youth Offending Team (YOT) Board on the 10<sup>th</sup> May 2016 and working with the YJB to facilitate a peer review in January 2017.

In June 2016 we launched the multi-agency Early Help Steering Group, which is the mechanism for ensuring partners contribute fully to Rotherham's Early Help offer through completion of Early Help Assessments, undertaking the lead professional role and engaging in Team around the Family Meetings. The Steering Group reports to the Children and Families Strategic Partnership and meets bi-monthly.

### **3. Key Issues**

3.1 The key issues in relation to the development of Rotherham's early help offer are;

- Achieving the 17/18 and 18/19 savings targets without encumbering the progress, impact and quality of the offer.
- Retaining high quality staff during the phase two whole service restructure.
- Increasing partner engagement in Rotherham's early help offer, (completion of early help assessments and co-location in locality bases).
- Ensuring high quality services and value for money from the 0-19 Public health child contract

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

4.1 That the Improving Lives Committee:

- Note the report and appendices and consider its content.

### **5. Consultation**

5.1 Throughout October and November 2016 we undertook a significant engagement piece with our staff, young people and partners on the Draft Early Help Strategy. The draft strategy was shared with; the Voluntary and Community Sector, the CYP Strategic Partnership, Health and Wellbeing Board, Local Safeguarding Board, Early Help Steering Group, Early Help Review Board, All Council Staff, DCLG (Troubled Families Unit), Sheffield City Council, DfE, our Practice Improvement Partner (Lincolnshire County Council) and all Rotherham Ward and Parish Councillors.

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

6.1 Not applicable.

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

7.1 Early Help have adhered to the directorate wide moratorium on non-essential spend. This, alongside tight vacancy control by the service has eradicated an inherited budget pressure of £250k.

7.2 In 2016/17 Early Help has achieved its budget savings target of £501k. In addition, robust vacancy management is forecast, as at January 2017, to deliver one-off in-year savings of £500k which will contribute to other directorate budget pressures outside of Early Help.

7.3 Future years' saving targets include: £421k in 2017/18 and a proposed £500k in 2018/19 (with £100k to be brought forward into 2017/18 through early adoption if possible). In December 2016 the Early Help SLT completed a HR and Finance validation exercise of the overall budget which will form the baseline for a whole service review to deliver savings committed to in 2018/19.

## **8. Legal Implications**

8.1 There are no legal implications associated with this report.

## **9. Human Resources Implications**

9.1 There are no Human Resource implications associated with this report.

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

10.1 The success of our Early Help offer will be measured in part by a reduction in the numbers of Children In Need as families are offered support at an earlier point before concerns escalate.

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

11.1 There are no Equalities and Human Rights implications associated with this report.

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

12.1 See 3.1.

## **13. Risks and Mitigation**

13.1 Risks and associated mitigations in relation to early help are captured in the Early help risk register which is updated monthly.

#### 14. Accountable Officer(s)

David McWilliams – Assistant Director for Early Help and Family Engagement.

Approvals Obtained from:-

Finance: Mark Chambers.

Director of Legal Services: - N/A

Head of Procurement: N/A

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

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

Appendices:

#### **Ofsted Improvement Visit: Early Help 19<sup>th</sup> – 20<sup>th</sup> April 2016**

On the 19<sup>th</sup> and 20<sup>th</sup> April Early Help was subject to an Ofsted Improvement visit. Two inspectors were on site and met with a range of staff, partners and service users. Very little of what Ofsted fed back was news to the Early Help Senior Leadership Team (SLT) which is positive and reinforces the previous Ofsted findings during monitoring visits that **'leadership and governance arrangements are now strong.'**

The overall judgement was that **"The Council know themselves well and that the pace of improvement in relation to development of the Early Help programme over the past six months has been positive and rapid."**

The following highlights are taken directly from the lead Inspectors written note to the Strategic Director of Children's Services and will be followed up with a formal letter.

- **Significant work has been undertaken to improve operational buy in from partners and this has improved significantly with schools and learning communities.**
- **The vision and priorities of the council are clearly set out in the new early help and Family Engagement service plan.** These are appropriately aligned with wider strategic planning to increase preventative and early help services through a variety of established, recent and planned services.

- **Refreshed governance arrangements are in evidence.** There is a clear commitment from senior managers and elected members to improve the quality of services and to improve outcomes for children and young people through a robust focus on early intervention and prevention. The Commissioner made early help a top service priority. A member led Early Help Review Board and early help sub group of the children and young people's strategic partnership is in place to oversee the development.
- **The council and its partners share an ambition** regarding the increased offer of early help to prevent the escalation of family difficulties through integrated and locality working.
- **There is strategic buy in from all major stakeholders.** This has the potential to provide valuable services and resources which are aligned to the views and needs of local communities.
- **Partnerships with the Police and YOS are particularly strong and well aligned with the troubled families' programme.**
- Work is underway to ensure police officers are fully briefed on the value of use of early help pathways. There is however still some way to go to secure full engagement and operational challenges remain to engage health visiting, school nurses and CAMHS. More work needs to be done to increase and improve education and health partners confidence not only in the early help offer but in their capacity to deliver early help assessments and support.
- **Threshold descriptors are clear and align with early help pathways to services** which outline a virtual pathway to and signpost professionals, practitioners and families to early help services. We have seen evidence while on site of the application of these descriptors to inform decision making. (Early help triage, step up and schools).
- **Re-referral rates to Children's Social Care are very slowly decreasing.**
- **All professionals in and out of RMBC are positive about the Early Help Triage process and find it helpful.**
- **There is evidence of robust management oversight of the team and decisions, appropriate and educative advice and challenge back to referrers, including the MASH and locality teams.**
- **New and robust quality assurance and performance monitoring arrangements in place for early help** and will go live from 1<sup>st</sup> April 2016. Routine DFE performance reporting systems are in place, enhanced with bespoke success measures which intend to capture for example; contact timeliness.
- **All staff spoken to, while feeling the pain of change, are incredibly committed, enthusiastic and excited about the changes. All have seen the integration of teams and the Ofsted process as a learning experience and opportunity to improve the lives of children in Rotherham, which was heart-warming.**

- **The Step-Down Panel provides quality assurance re the appropriateness of the recommendations to step down.** Currently there is an analysis of themes and areas for improvement for example, category of need, hot spot localities and gaps in service provision.
- **The Families for change programme is well embedded in the early help programme** with the Families for Change coordinator sitting on the Early Help Senior Leadership Team (SLT).
- **There is evidence of real synergy between the programme, police and Youth Offending Team. Rotherham has exceeded its target by 2% in identifying its cohort of 371 for the next phase.**
- **There is evidence staff have been and continue to be consulted on the transformation programme and while anxious about their jobs and what it means for them, remain on the whole positive.**

# Children & Young People Services



# Early Help and Family Engagement Monthly Performance Report

## As at Month End: December 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.*

*Data items which have been subject to change during the reporting month are highlighted in yellow. Yellow highlights will then be removed (along with obsolete measures) in subsequent months.*

### Document Details

**Status:** Draft 3

**Date Created:** 05/01/2017

**Created by:** Performance and Quality Team - Early Help

**Contact:** Ext. 54811 / [emma.soames@rotherham.gov.uk](mailto:emma.soames@rotherham.gov.uk)

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

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

**Data Note:** Measured indicated by \* are where new reporting arrangements are in place following implementation of liquid logic. Note: there may be some areas where the figures have changed.

	NO.	INDICATORS - EARLY HELP BOROUGH WIDE PERFORMANCE	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				
					Oct-16	Nov-16	Dec-16	YTD			DATA NOTE	Red	Amber	Target Green	2014/15	2015/16	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
TRIAGE	1.1	*Early Help Contacts with an Early Help recommendation during the reporting month (including Step downs) See Note 1 on EH Contacts tab	Info	Number	324	278	267	2712	Financial Year	↓										
	1.2	*Number and % of Early Help Contacts with an Early Help recommendation that were Triaged during the reporting month within Five working days of receipt (excluding Step downs) see note 2 on Triage Tab.	Info	Number	322	145	226	2323	Financial Year (Cumulative)	↑										
INITIAL CONTACTS	2.1	*Initial contacts made measured against open Early Help Assessment cases	Info	Number	97			1071	Financial Year (Cumulative)											
	2.1	*Number of Initial Contact cases that fell in to timeliness scope within the reporting month. See note 3 on EH Assessment Tab	Info	Number		91	118	209	Financial Year (Cumulative)	↑										
	2.2	*Number and % of Initial Contacts made within Three working days of allocation	Info	Number	66	23	28	489	Financial Year (Cumulative)	↓										
EARLY HELP ASSESSMENTS	3.1	*Number of Early Help Assessment cases completed within the reporting month.	Info	Number	50			536	Financial Year (Cumulative)											
	3.1	*Number of Early Help Assessment cases that fell in to timeliness scope within the reporting month. See note 4 on EH Assessment Tab	Info	Number		77	116	193	Financial Year (Cumulative)	↑										
	3.2	*Number and % of Early Help assessments completed within 35 working days	Info	Number	11	20	35	369	Financial Year (Cumulative)	↑										
	3.2		High	%	22.0%	26.0%	30.2%		Financial Year (Cumulative)	↑	R		>90% <100%	100%						
CASELOAD	4.1	Number of Open cases	Info	Number	1,188				Month end position											
	4.2	Number of Closed cases	Info	Number	286			600	Financial Year (Cumulative)											
STEP DOWNS	5.1	Number of cases (Families) submitted to Step Down Panel.	Info	Number	33	60	26	366	Financial Year (Cumulative)	↓										
	5.2	Number % and of Families allocated to Early Help and those working with partners following a step down panel during the reporting month	Info	Number	30	44	23	289	Financial Year (Cumulative)	↓										
CHILDREN'S CENTRES	6.1	% of children aged 0-5 living in the Rotherham area who are registered with a Children's Centre	High	% (Quarterly)			93%	93%	Financial Year		A		95%	98%	91%					
	6.2	% of children aged 0-5 living in the Rotherham area who have accessed Children's Centre activities	High	% (Quarterly)			43%	43%	Financial Year		A		66%	66%	54%					
EDUCATION WELFARE	7.1	% of Persistently Absent (PA) Children and Young People	Low	Primary % (Termly)	12.00%			12.00%	Academic Year	No comparable data available	A		8.4%	12.9% (Autumn Term 2014)	10.9% (Autumn Term 2015)	9.6% (Autumn Term 2015)	8.4% (Autumn 2015)	8.4% (2014/15) / 9.0% Autumn Term 2015		
			Low	Secondary % (Termly)	14.60%			14.60%	Academic Year	No comparable data available	A		13.8%	16.8% (Autumn Term 2014)	14.1% (Autumn Term 2015)	13.3% (Autumn Term 2015)	10.0% (Autumn Term 2015)	13.8% (2014/15) / 12.1% Autumn Term 2015		
	7.2	% of children attending School	High	Primary % (One month in arears)	95.8	95.9		95.9	Academic Year	↑	A		96.0%	95.4% (2014/15)	96.0% (Autumn Term 2015)	96.3% (Autumn Term 2015)	96.6% (Autumn Term 2015)	96.4% (Autumn Term 2015)		
			High	Secondary % (One month in arears)	94.6	94.8		94.8	Academic Year	↑	A		94.7%	94.0% (2014/15)	94.7% (Autumn Term 2015)	95.0% (Autumn Term 2015)	95.5% (Autumn 2015)	95.4% (Autumn Term 2015)		

"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

Data Note: Measured indicated by \* are where new reporting arrangements are in place following implementation of liquid logic. Note: there may be some areas where the figures have changed.

	NO.	INDICATORS - EARLY HELP BOROUGH WIDE PERFORMANCE	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				
					Oct-16	Nov-16	Dec-16	YTD			DATA NOTE	Red	Amber	Target Green	2014/15	2015/16	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
FAMILIES FOR CHANGE	8.1	Number and % of families engaged as a percentage of annual target Families For Change (FFC) Year 2	High	No	75	50	75	603	Monthly	↑	A			882 Families	117%	100%				
			High	Cumulative %	54%	60%	68%	68%	Monthly	↑	A									
	8.2	Number of FFC PbR outcomes claimed (evidence of employment outcome)	High	Number	19	19	19	19	Every 4 months (subject to confirmation of claim windows by TFU)							5				
	8.3	Number of FFC PbR outcomes claimed (evidence of significant & sustained progress)	High	Number	9	9	9	9							0					
NEETS	9.1	Young people aged 16-17 (academic age) whose current activity is not known	Low	%					Annual		G			2.8%	N/A	N/A				
					5.5%	3.0%	2.6%	2.6%	Monthly	↑			2.5%							
	9.2	Young people aged 16-17 (academic age) who are NEET	Low	%					Annual		G			3.1%	N/A	N/A				
					2.8%	3.0%	3.0%	3.0%	Monthly	→			3.0%							
	9.3	% of Academic Age 16,17,18 Corporate Responsibility LAC/CL EET	High	%	71.8%	70.9%	72.7%		Monthly	↑	R			80.0%	70.9% (Nov, Dec, Jan ave)	74.7% (Nov, Dec, Jan ave)				
	9.4	% of Academic Age 16,17,18 Corporate Responsibility LAC/CL NEET	Low	%	26.1%	28.4%	25.9%		Monthly	↑	R			20.0%	25.8% (Nov, Dec, Jan ave)	22.3% (Nov, Dec, Jan ave)				
9.5	Young people aged 16-17 (academic age) meeting the duty to participate	Info	%	90.3%	92.4%	92.8%	92.8%	Monthly	↑					90.8% (Nov, Dec, Jan ave)	91.9% (Nov, Dec, Jan ave)					
	9.6	No of Youth sessions undertaken in the reporting month	Info	Centre Based	Number	109	116	71	Annual	↓										
				Non-centre based	Number	56	43	17	Annual	↓										
YOT	10.1	Numbers of young people first time entrants (FTE) into the criminal justice system	Low	Rate per 10,000 of 10-17 population				460 (period Jul15 - Jun16)	Annual					564 (Data published Dec14 relating to Oct13 to Sep14)	519 (Period April 14 to March 15)	439.76		409.1		
	10.2	Use of Custody	Low	Rate per 100 of 10-17 population				0.37 (period Oct 15 - Sep 16)	Annual				Lower than same quarter previous year and comparable with national trends	0.36 (Data published Dec14 relating to Jan to Dec14)	0.24					
	10.3	Rate of re-offending by young offenders	Low	Binary Rate				27.3% (Jan14 - Dec 14)	Annual					37.1% (Data published Dec14 relating to Apr12 to Mar13)	Data not available until early 2017	36.28		37.95		
	10.4	Frequency of re-offending by young offenders	Low	Frequency Rate				0.65 (Jan14- Dec14)	Annual					1.04 (Data published Dec14 relating to Apr12 to Mar13)						
ESTABLISHMENT INFORMATION	11.1	Number of staff	Info	Contract Count	Number	331	330	327	327	Monthly	↓									
				FTE	Number	240.0	239.6	237.7	237.7		↓									
	11.2	Number of starters	Info	Number	2	0	1	6	Monthly	↑										
	11.3	Number of leavers	Info	Number	2	1	4	32	Monthly	↑										
	11.4	Staff Vacancies	Info	Number	37	39	53	5	Monthly	↑										
	11.5	Percentage of PDR's completed	High	%	100%	100%	100%	100%	Annual	→	G			98%	98%					
	11.6	Number of Formal Capability processes in progress	Info	Number	0	0	1	1	Monthly	↑										
	11.7	Sickness	Low	Cumulative Number	11.25	11.21	10.78	10.78	Annual	↑	A			10.2	10.46					
CUSTOMER FEEDBACK	12.1	No of Exit Surveys returned	Info	Number	25	31	17	171	Monthly	↓										
	12.2	Number of formal complaints received during the reporting month	Info	Number	0	0	0	3	Monthly	→										
	12.3	Number of formal complaints upheld in the reporting month	Info	Number	0	0	0	1	Monthly	→										
	12.4	Number of formal complaints closed during the month which were dealt with in timescales	High	Number	0	0	0	2	Monthly	→				100%						
	12.5	Number of compliments received during the reporting month	Info	Number	3	0	1	8	Monthly	↑										
QUALITY ASSURANCE	13.1	Number of Team Manager Audits completed in the reporting month	Info	Number	5	15	14	108	Monthly	↓										



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

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

	NO.	INDICATORS - EARLY HELP BOROUGH WIDE PERFORMANCE		Data Source	Frequency	GOOD PERF IS	DATA NOTE (Monthly)	2016/17				YTD	Direction of Travel	Sparkline
								Quarter 1 April - June 2016	Quarter 2 July - September 2016	Quarter 3 October - December 2016	Quarter 4 January - March 2017			
PRE BIRTH	1.1	Number of Teenage mothers who have received support through the programme	No of open cases at the last day of the quarter	Family Nurse Partnership	Quarterly	Info	Number	15				15	To be reported in Quarter 2	
	1.2	Number of Teenage mothers who have received support through the programme and were breastfeeding at:	Initiation			Info	Number	23.0%				23.0%		
	1.3		6-8 Weeks			Info	Number	0.0%				0.0%		
EARLY YEARS DEVELOPMENT	2.1	Percentage of mothers initiating breastfeeding		Family Nurse Partnership	Quarterly	High	%	58%				58%	To be reported in Quarter 2	
	2.2	Percentage of mothers continuing to breastfeed at 6 - 8 weeks				High	Number	31%				31%		
	3	Percentage of births that receive a face to face new birth visit within 14 days by a Health Visitor		Family Nurse Partnership	Quarterly	High	%	91.0%				91.0%	To be reported in Quarter 2	
	4.1	Immunisation of 1 year olds - Diphtheria, Tetanus and Whooping Cough - DTaP		Family Nurse Partnership	Quarterly	High	%	96.0%				96.0%	To be reported in Quarter 2	
	4.2	Immunisation of 2 year olds - Measles Mumps and Rubella - MMR				High	%	95.0%				95.0%		
	4.3	Percentage of children who received a 2 - 2.5 year review				High	%	92.0%				92.0%		
5	Number and Percentage of Eligible 2 years olds accessing their Early Years take-up		RMBC Early Years	Termly	High	%	86%	79.5%	87.20%		87.2%	↑		
EDUCATION	6.1	Number of Fixed Term Exclusions	Primary	RMBC Inclusion Department	Available Termly	Low	Number	124	33	84		241	↑	
			Secondary			Low	Number	813	373	786		1972	↑	
	6.2	Number of Permanent Exclusions	Primary			Low	Number	6	2	3		11	↑	
			Secondary			Low	Number	11	4	7		22	↑	
EARLY HELP	7.1	Number of re-referrals where original referral was Early Help	from Step Down Panel From MASH	RMBC Early Help Performance			Data in Development							
SOCIAL CARE	8.1	Number of Children on a CIN Plan		RMBC Performance and Quality Team	Quarterly	Info	Number	1683	1897	Awaiting Reporting			↑	
	8.2	Number of Children who are on a child protection plan (CPP)				Info	Number	325	305				↓	
	8.3	Number of Children who are Looked after (LAC)				Info	Number	429	454	Awaiting sign off				↑



**TRIAGE**

DEFINITION	Timeliness of Triage	Owner	Susan Claydon
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**Performance Analysis** 93% of cases were triaged by Early Help within the agreed timeliness measure of 5 working days. This is a slight increase from November and reflects good practice, particularly in light of the fact that during November and December the Liquid Logic System has been implemented and this can often affect data consistency.

Dec-16	1.1		
	ROTHERHAM		
	ROTHERHAM TOTAL	Contacts Triaged in 5 working days	
%		Number	
Early Help Assessment	104	94.2%	98
Early Help Assessment recommendation to Partners	1	100.0%	1
Co Working Request	25	96.0%	24
Open EH Notification	30	96.7%	29
Barnardos Recommendation	2	50.0%	1
Referral to External Partner	10	100.0%	10
Universal	26	96.2%	25
Universal with Action	45	84.4%	38
Step Down		-	
Escalation to Social Care		-	
<b>TOTAL</b>	<b>243</b>	<b>93.0%</b>	<b>226</b>

**Note 2:**  
For November Triage Timeliness data has been taken from the Liquid Logic EHM system. We are now reporting in the same manner as previous scorecards. Please note the timeliness measure is based on the time between the contact date and the Triage decision date for all contacts other than Step Down from LCS.

Data from April to October taken from CORE. All data from November onwards taken from EHM,

Past Performance 2016/17	April	May	June	July	August	September	October	November (New recording started)
Early Help Assessment	228	158	179	183	55	71	101	70
Early Help Assessment recommendation to Part							6	2
Co-Working Request	31	33	26	44	23	25	34	22
Open EH Notification	62	53	70	65	40	32	51	6
Barnardos Recommendation	7	10	7	7	0	0	0	0
Referral to External Partner								
Universal	15	26	32	39	49	52	27	12
Universal with Action						10	64	32
Step Down	33	48	32	24	40	14	30	
Escalation to Social Care	9	1	0	3	5	2	11	1
<b>TOTAL</b>	<b>385</b>	<b>329</b>	<b>346</b>	<b>365</b>	<b>212</b>	<b>206</b>	<b>324</b>	<b>145</b>
<b>Percentage</b>	<b>90.1%</b>	<b>86.9%</b>	<b>68.6%</b>	<b>94.0%</b>	<b>100.0%</b>	<b>99.5%</b>	<b>99.4%</b>	<b>92.4%</b>

## INITIAL CONTACTS

DEFINITION	Timeliness of initial contacts	Owner	Susan Claydon
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Performance Analysis	Of the families that were engaged in December 2016, 23.7% were engaged within 3 days and a further 33.9% were engaged outside of this timeframe (61.6% total engagement). There are several reasons why engagement can fall outside of timeliness, or take longer than the service would like; sometimes persistence is required over a number of weeks to encourage families to participate in support; the service is voluntary and professionals need to build up trust and families can often take time to engage. In some circumstances families are unavailable (i.e. on holiday or not contactable) and this can impact on timeliness of engagement. The service is committed to pursuing engagement and exhausting all strategies before closing a case and therefore achieving 100% timeliness targets, though an important target, is difficult to achieve.
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Dec-16	2.1.and 2.2							
	ROTHERHAM		NORTH		SOUTH		CENTRAL	
	Number	%	Number	%	Number	%	Number	%
Number of cases falling into scope (meeting 3 days) in month	118		38		43		37	
ICs completed in time	28	23.7%	14	36.8%	3	7.0%	11	29.7%
ICs completed out of time	40	33.9%	9	23.7%	13	30.2%	18	48.6%

Past Performance 2016/17	Rotherham	North	South	Central
April	18.4%	16.4%	16.7%	21.2%
May	31.1%	45.2%	25.3%	28.8%
June	39.0%	45.0%	45.8%	27.7%
July	50.0%	56.3%	51.3%	43.6%
August	53.9%	30.8%	53.6%	62.9%
September	65.8%	64.3%	69.2%	61.5%
October	68.0%	79.2%	78.9%	48.6%
November (New recording started)	25.3%	35.7%	22.6%	18.8%

### Note 3:

For December Initial Contact timeliness has been calculated using information from EHM. The measure is taken on any contacts with a recommendation of Early Help Assessment and is based on:

- EHM – number of days between Triage decision date and Initial Contact recorded

\*NB: 'In scope' is defined as initial contact being made in 3 working days

## EARLY HELP ASSESSMENT

DEFINITION	Early Help Assessments	Owner	Susan Claydon
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Performance Analysis	A timeliness measure of 35 days to complete the Early Help Assessment was introduced to embed standards across the service and to enable effective monitoring. Of the 116 assessments required in December, 30.2% were completed within timeframes and a further 10.4% were completed, though outside of timeframes. this highlights a 4% increase in performance from November for assessments completed in timeframes.
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Dec-16	3.1 and 3.2							
	ROTHERHAM		NORTH		SOUTH		CENTRAL	
	Number	%	Number	%	Number	%	Number	%
Number of cases falling into scope (meeting 35 days) in month	116		31		47		38	
Early Help Assessments completed in time	35	30.2%	16	51.6%	7	14.9%	12	31.6%
Early Help Assessments completed out of time	6	5.2%	1	3.2%	1	2.1%	4	10.5%

Past Performance 2016/17	Rotherham	North	South	Central
April	67.9%	46.4%	74.1%	75.9%
May	77.1%	72.2%	84.2%	75.8%
June	78.4%	61.5%	86.4%	81.3%
July	56.0%	59.1%	57.7%	53.8%
August	61.0%	71.9%	63.6%	48.6%
September	32.1%	37.5%	26.1%	35.3%
October	22.0%	28.6%	7.7%	26.1%
November (New Recording started)	26.0%	35.3%	10.7%	34.4%

### Note 4:

For December Early Help Assessment timeliness has been calculated using information from both Core and EHM. The measure is taken on any contacts with an outcome of Early Help Assessment or Step Down and is based on:

- Core records – number of days between Initial contact and EHA
- EHM records - number of days between Triage Decision date and EHA completion date (practitioner).

NB In scope is defined as initial contact being made in 35 days from Initial Contact

## EARLY HELP ASSESSMENT - COMPLETED BY PARTNERS

DEFINITION	Early Help Assessments - Completed by Partners	Owner	Susan Claydon
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Performance Analysis	Uptake of the Early Help Assessment by partners is slowly increasing from a low baseline. Further generation of the Early Help Assessment by partners is highly important in order to share responsibility more evenly with public and voluntary sector organisations. Following the system changing on 31 October this report is still being developed.
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Dec-16	3.3												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total to Date
Nursery Provision		1											1
Primary School		1	1	2		1	2						7
Secondary School		1		8			1						10
PRU				1									1
Rotherham Drug and Alcohol/RDaSH Health					1								1
Work Based Learning Provider		1				1							1
YWCA	3	1	2	1	7	2	1						17
Other LA			1										1
<b>Total</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>12</b>	<b>8</b>	<b>4</b>	<b>4</b>						<b>40</b>
<b>% against all completed EHA's</b>	<b>2.3%</b>	<b>5.6%</b>	<b>5.6%</b>	<b>10.3%</b>	<b>7.4%</b>	<b>5.9%</b>	<b>8.0%</b>						<b>6.4%</b>

**OPEN CASES**

<b>DEFINITION</b>	Open Early Help Cases	Owner	Susan Claydon
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Performance Analysis	Below is a breakdown of open cases across each locality area. Following the the system change on the 31 October reporting is still being developed and this data is not currently available.
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Dec-16	4.1												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
North					333	323	261	Awaiting reporting					
South					470	468	425						
Central					620	550	502						
<b>Total number of cases</b>					1423	1341	1188						

**CLOSED CASES**

DEFINITION	Closed Cases - A case is defined as any case that came through EH Triage and were allocated to localities	Owner	Susan Claydon
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Performance Analysis	Below is a breakdown of closed cases across each locality area. Following the system change on 31 October reporting is still being developed and therefore this data is not currently available.
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Dec-16	4.2													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total to Date	
North					58	39	84	Awaiting reporting						181
South					39	44	98							181
Central					53	81	104							238
<b>Number of Cases Closed during the reporting month</b>					150	164	286							600



**STEP DOWN PANEL**

<b>DEFINITION</b>	The outcome of the step down panel - <b>Monthly</b> To Date 20th December 2016	Owner	Karla Capstick
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**Monthly Performance Analysis**

The step down panel continues to meet weekly. It is jointly chaired by senior managers in Early Help and Social Care and has dedicated business support. Early Help Managers also attend on a weekly rotation to support their professional development and understanding around thresholds, decision making and rationale as required. Three Safeguarding Managers now attend panel. Senior Health colleagues began attending panel in September, to date four cases have been allocated to health, three since their attendance at panel. The panel was subject to an internal joint review with Early help and Safeguarding Senior Managers in September; the proposals and recommendations for change were presented to DLT on the 10th October 2016. DLT agreed with the recommendation that panel continues to function as is to support the smooth transition of the new ICT system. The step up process will then be reviewed and will form part of a wider review of step down/step up process during November 2016 - January 2017. Heads of Service and Service Directors have met to discuss how the process can become more embedded in the locality and this work will be progressed by a task and finish group who will commence work on this during February 2017, alongside other developments during January - February around the MASH, Triage and Duty Process. Work planned in October to strengthen the relationships between duty and early help, has been re-scheduled for the New year to coincide with step down developments. The forms have been redesigned to embed the process into the new ICT system, this will streamline the process and reduce duplication. There have been some issues with the implementation of Liquid Logic; however the programme team and project board are aware of this, it is RAG rated on the action plan/issue log, an interim solution has been found and guidance has been issued to all Managers around the step down process. Work will be progressed to resolve this in late January 2017.

The number of families and children submitted to panel has remained relatively stable since the process became embedded from March 2016. However there was a decrease in December; this is possible due to Christmas period and it is therefore anticipated that January will see an increase. There was also a decrease in the number of cases rejected; this is positive demonstrating that the advice issued around the new Liquid Logic system has been successfully addressed. The Duty and Assessment Teams continue to step down the largest number of cases on a monthly basis, with 57% cumulative total. The locality social work teams are now increasingly stepping down more resulting in 43% cumulative to date of the total number of families. The main presenting issue at panel continues to be parenting.

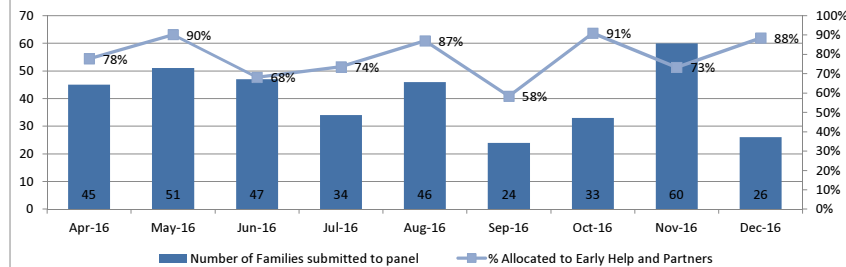
**Outcomes - Number of Families - Monthly Data**

	5.1				
	Number of Families submitted to panel	% Allocated to Early Help and Partners	Number Allocated to Early Help	Recommendation to Partners	Step Down Rejected
Apr-16	45	78%	29	6	10
May-16	51	90%	44	2	5
Jun-16	47	68%	29	3	15
Jul-16	34	74%	21	4	9
Aug-16	46	87%	37	3	6
Sep-16	24	58%	14	0	10
Oct-16	33	91%	27	3	3
Nov-16	60	73%	40	4	16
Dec-16	26	88%	19	4	3
Total to Date	366	79%	260	29	77
			<b>71.0%</b>	<b>7.9%</b>	<b>21.0%</b>

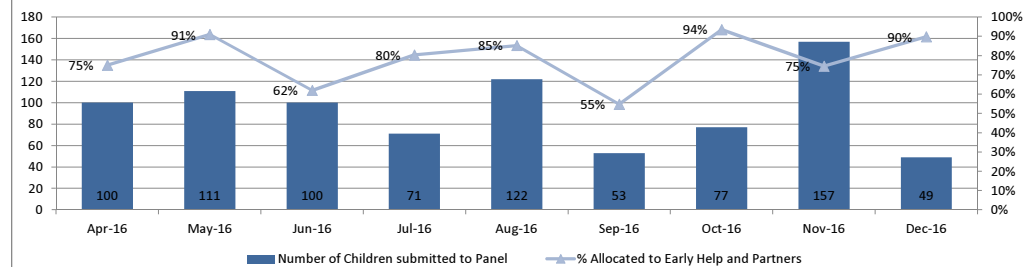
**Outcomes - Number of Children - Monthly Data**

	Number of Children submitted to Panel	% Allocated to Early Help and Partners	Number Allocated to Early Help	Recommendation to Partners	Step Down Rejected
Apr-16	100	75%	66	9	25
May-16	111	91%	98	3	10
Jun-16	100	62%	55	7	38
Jul-16	71	80%	51	6	14
Aug-16	122	85%	99	5	18
Sep-16	53	55%	29	0	24
Oct-16	77	94%	64	8	5
Nov-16	157	75%	108	9	40
Dec-16	49	90%	37	7	5
Total to Date	840	79%	607	54	179
			<b>72.3%</b>	<b>6.4%</b>	<b>21.3%</b>

**Number of Families Submitted to Panel and the % of those allocated to EH and Partners**



**Number of Children Submitted to Panel and the % of those allocated to EH and Partners**



## CHILDREN'S CENTRES

DEFINITION	Children's Centres	Owner	Karla Capstick
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**Performance Analysis**

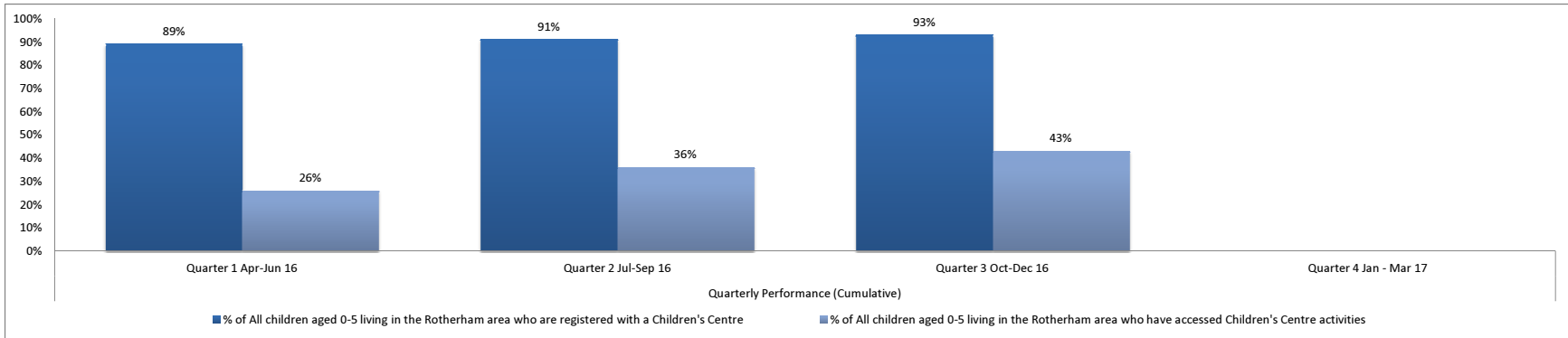
In quarter 3 registration rates overall were just below the target of 95% with 2 areas now at target; only Central area remains below target overall. This is partly historic due to previous staffing issues and poorer performance at Broom Valley during the period with no lead in post. However staff in central and particularly Broom Valley have been focussing on targeted work. This is evidenced in the 30% LSOA registration rates which have met the 95% target overall with South and North areas performing above target, and Central area improving from 89% last quarter to 92% this quarter, demonstrating that those families living in the areas with the highest needs are the focus which is positive. NB: 95% Ofsted's 'Good' rating criteria.

The engagement figures are cumulative with an end of year target of 66%. continued positive progress has been made across the Borough, however in order to meet the Quarter 4 target of 66% further focussed work needs to commence in the final quarter and this will be discussed with Heads of Centres. All Centres are again focussing on the 30% LSOA's and if the pace and rigour continues the target for those most in need will be met by Quarter 4. The South figures are lower mainly due to the very large reach areas covered in the south with nearly twice as many children residing in the rural areas compared to the Town Centre, with lower resources available. Resources across the Children's Centres will be addressed as part of the wider review of Early Help; however as required interim arrangements will be explored at a centre level through management discussions. Some staff are now working additional hours to mitigate effects of the vacancy freeze and delays to appointments.

There continue to be issues with the data received from health due to a maternity leave in the data team at The Rotherham Hospital Foundation Trust (TRFT); work round solutions have been implemented and the Head of Service has discussed concerns with health and public health commissioners. This has now been escalated to Assistant Director level with a request to meet with TRFT leads to discuss urgently. This will also be raised as an urgent issue as part of the 0-19 mobilisation meetings/Service Specification with public health and TRFT.

This data although dated as quarter 3 has just become available mid-January (as it is retrospective reporting) further deep dive analysis will now take place in January and February by the Head of Service and Centre leads to ensure resources are used to target effectively and improve performance where required most in Quarter 4.

Scorecard Measure	6.1				6.2				6.2				6.2				
	% of All children aged 0-5 living in the Rotherham area who are registered with a Children's Centre				% of All children aged 0-5 living in the Rotherham area who have accessed Children's Centre activities				% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who are registered with a Children's Centre				% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who have engaged with Children's Centre activities				
	Rotherham Overall	North	South	Central	Rotherham Overall	North	South	Central	Rotherham Overall	North	South	Central	Rotherham Overall	North	South	Central	
Quarterly Performance (Cumulative)	Quarter 1 Apr-Jun 16	89%	100%	85%	87%	26%	35%	19%	29%	93%	100%	100%	89%	32%	36%	25%	32%
	Quarter 2 Jul-Sep 16	91%	100%	100%	87%	36%	44%	29%	38%	95%	100%	98%	89%	44%	48%	37%	44%
	Quarter 3 Oct-Dec 16	93%	98%	95%	87%	43%	50%	36%	47%	98%	100%	100%	92%	52%	55%	46%	53%
	Quarter 4 Jan - Mar 17																



**EDUCATION WELFARE**

<b>DEFINITION</b>	Persistent Absence	Owner	David McWilliams
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Following a DfE consultation, a revised persistent absence measure was introduced where a pupil enrolment is classified as a persistent absentee (PA) if they miss 10% or more of their own possible sessions. The change in the way persistent absence is measured has been backdated and is effective from September 2015. Performance has therefore been recalculated based upon the new definition.

The LA Primary School Persistent Absence (PA) for Half Term 1 is 12.0%  
 92 (out of 95) Primary Schools submitted their PA Data, of those:  
 20 Primary Schools had less PA than the National Average (8.4%)

The average percentage PA in the North Locality area is 13.5%. Of the 27 primary schools in the North area, 3 schools had less PA than the National Average.  
 The average percentage PA in the Central Locality area is 13.5%. Of the 22 primary schools in the Central area, 3 schools had less PA than the National Average.  
 The average percentage PA in the South Locality area is 10.2%. Of the 46 primary schools in the South area, 14 schools had less PA than the National Average.

The 20 schools who have less PA than the National Average are:  
 North Locality Area – Rawmarsh Ashwood Primary, Rawmarsh Rosehill and Trinity Croft CE Primary  
 Central Locality Area – Coleridge Primary, Sitwell Infant, Thorpe Hesley Primary  
 South Locality Area – Anston Brook Primary, Aston Fence J&I, Aston Hall J&I, Bramley Sunnyside Junior, Flanderwell Primary, Kiveton Park Infant, Kiveton Park Meadow Junior, Ravenfield Primary, Wickersley St. Albans, St. Mary's Herringthorpe, Todwick Primary, Wales Primary, Whiston Junior and Infant and Wickersley Northfield Primary.

The 3 primary schools who did not share their Half Term 1 PA data with the Local Authority are: Thurcroft Academy, Listerdale Primary and Dinnington Community Primary.

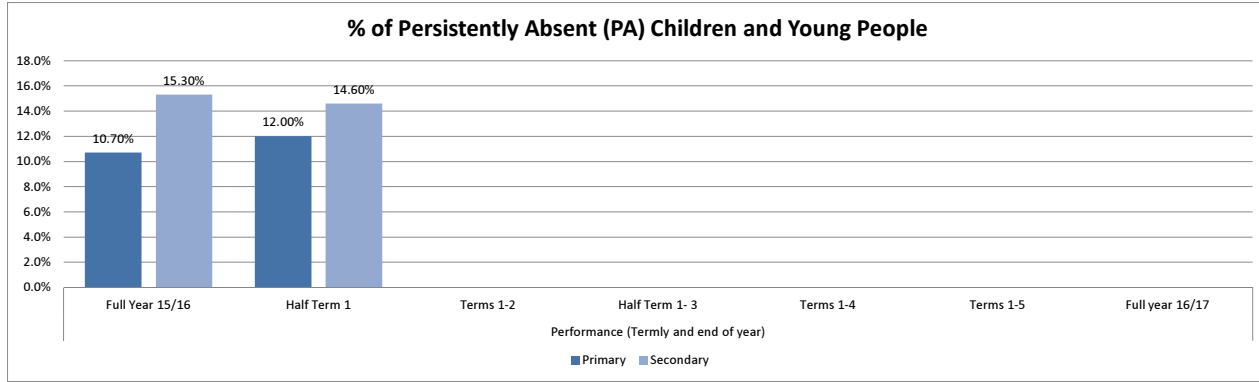
14 (out of 16) Secondary Schools submitted their PA Data, of those:  
 6 Secondary Schools had less PA than the National Average (13.8%)

The average percentage PA in the North Locality area is 14.8%. Of the 5 secondary schools in the North area, 2 schools had less PA than the National Average.  
 The average percentage PA in the Central Locality area is 19.0%. Of the 5 secondary schools in the Central area, 1 school had less PA than the National Average.  
 The average percentage PA in the South Locality area is 11.8%. Of the 6 schools in the South area, 3 schools had less PA than the National Average.

The 6 secondary schools who have less PA than the National Average are:  
 North Locality Area – Rawmarsh Community School and St. Pius X  
 Central Locality Area – St. Bernard's Catholic High School  
 South Locality Area – Brinsworth Academy, Wales High and Wickersley School and Sports College.

The 2 secondary schools who did not share their Half Term 1 PA data with the Local Authority are: Aston Academy and Oakwood High School.

Scorecard Measure	7.1	
	% of Persistently Absent (PA) Children and Young People	
	Primary	Secondary
Full Year 15/16	10.70%	15.30%
Half Term 1	12.00%	14.60%
Terms 1-2		
Half Term 1-3		
Terms 1-4		
Terms 1-5		
Full year 16/17		



Performance (Termly and end of year)

**EDUCATION WELFARE**

<b>DEFINITION</b>	Attendance (reported one month in arrears)	Owner	David McWilliams
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**Primary Whole School Attendance for November 2016 is 95.9%**  
 91 (out of 95) primary schools submitted their attendance data to the Local Authority, of those:  
 50 primary schools were in line or exceeded the published national average percentage attendance (96%)  
 62 primary schools were in line or exceeded the published local average percentage attendance (95.4%)

The average percentage attendance in the North Area is 95.4%. Of the 27 primary schools in the North area, 10 schools were in line or exceeded the national average.  
 The average percentage attendance in the South Area is 96.4%. Of the 46 primary schools in the South area, 30 schools were in line or exceeded the national average.  
 The average percentage attendance in the Central Area is 95.8%. Of the 22 primary schools in the Central area, 10 schools were in line or exceeded the national average.

The Schools who were in line or exceeded the published national average are:  
**North Area Locality**  
 Brampton Ellis Primary, High Greave Junior, Our Lady and St. Joseph's, Rawmarsh Ashwood J&I, Monkwood Primary, Rosehill Junior, Sandhill Academy, St. Gerard's Thrybergh, Swinton Fitzwilliam Primary, Wath CE Primary  
**Central Area Locality**  
 Blackburn Primary, Coleridge Primary, Herringthorpe Infant, Herringthorpe Junior, Meadoview Primary, Sitwell Infant, Sitwell Junior, St. Mary's Herringthorpe, Thornhill Primary, Thorpe Hesley Primary  
**South Area Locality**  
 Anston Greenlands, Anston Hillcrest Primary, Anston Park Infant, Anston Park Junior, Aston C of E J&I, Aston Fence J&I, Aston Hall J&I, Aston Springwood Academy, Bramley Sunnyside Infant, Bramley Sunnyside Junior, Brinsworth Howarth J&I, Brinsworth Manor Infant, Brinsworth Manor Junior, Brinsworth Whitehill Primary, Flanderwell Primary, Harthill Primary, Kiveton Park Meadows Junior, Laughton J&I, Ravenfield Primary, St. Albans CE, Swallownest Primary, Thurcroft Infant, Thurcroft Junior Academy, Todwick Primary, Treeton CE, Wales Primary, Whiston J&I, Whiston Worrygoose J&I, Wickersley Northfield Primary and Woodsetts Primary.

The primary schools who did not share their November attendance data with the LA are: Badsley Primary, Bramley Grange Primary, Listerdale J&I and Dinnington Community Primary.

**Secondary Whole School Attendance for November 2016 is 94.8%.**  
 15 (out of 16) secondary schools submitted their attendance data to the Local Authority, of those:  
 9 secondary schools were in line or exceeded the published national average percentage attendance (94.7%)  
 12 secondary schools were in line or exceeded the published local average percentage attendance (94.0%)

The average percentage attendance in the North area is 94.2%. Of the 5 secondary schools in the North area, 2 schools were in line or exceeded the national average.  
 The average percentage attendance in the South area is 95.5%. Of the 6 secondary schools in the South area, 5 schools were in line or exceeded the national average.  
 The average percentage attendance in the Central area is 95.0%. Of the 5 secondary schools in the Central area, 2 schools were in line or exceeded the national average.

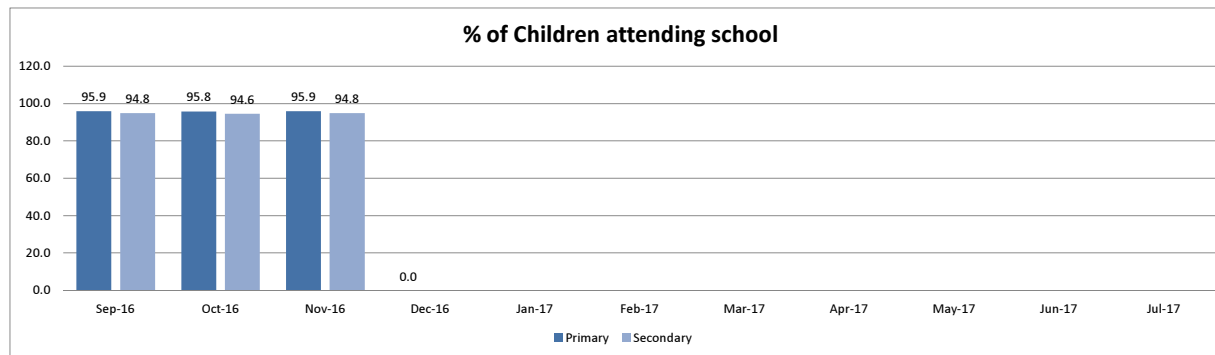
The Schools who were in line or exceeded the published national average are:  
**North Area Locality**  
 Rawmarsh Community School and St Pius  
**Central Area Locality**  
 Winterhill School and St. Bernard's Catholic High  
**South Area Locality**  
 Aston Academy, Brinsworth Academy, Dinnington High School, Wales Academy and Wickersley School and Sports College.

Unfortunately, due to staffing issues, Oakwood High School were unable to share their data.

Performance Analysis

Scorecard Measure	7.2	
	% of Children attending school	
	Primary	Secondary
Sep-16	95.9	94.8
Oct-16	95.8	94.6
Nov-16	95.9	94.8
Dec-16	Due to be reported January 2017	
Jan-17		
Feb-17		
Mar-17		
Apr-17		
May-17		
Jun-17		
Jul-17		
Aug-17		

Monthly Performance



**FAMILIES FOR CHANGE**

DEFINITION	Families For Change	Owner	Jenny Lingrell
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Performance Analysis

In 2016/17 Rotherham has committed to identifying and engaging 882 families in the Troubled Families Programme (known locally as Families for Change). In December 75 new families were attached to the programme. This represents a recovery from the previous month which is what was expected following the introduction of Liquid Logic. The introduction of Liquid Logic in October 2016 altered the flow of data between operational and performance teams and this affected our ability to identify families during the Early Help Triage process. Reporting is now in place to support the Families for Change programme. However, in order to recover the low identification of families between August and November it will be necessary to undertake some remedial work in the remaining months of this financial year; caseload reviews are planned with all Early Help locality teams.

The target number of families for whom Rotherham claims a payment by results outcome is currently set in the range of 280-350. It is unclear whether funding for unclaimed outcomes will be available to draw down in future years. In September 28 new payment by results claims were made. From November a new process has been implemented to identify families where the outcomes achieved indicate that they are eligible for a payment by results claim. There are currently 18 families where the data has been verified and indicates that a claim can be submitted to audit in January 2017. There are an additional 33 families where PbR data validation still needs to be completed; if it is possible to submit at least 50% of this number to audit it would bring the annual figure to approximately 60. This is significantly below the target set, however it is not out of kilter with other South Yorkshire authorities.

Scorecard Measure	8.1			
	Number of families engaged in Rotherham against a monthly target of 74	Number of families engaged in <u>North</u>	Number of families engaged in <u>South</u>	Number of families engaged in <u>Central</u>
Apr-16	62	12	24	26
May-16	86	19	29	38
Jun-16	71	22	21	28
Jul-16	73	28	15	30
Aug-16	59	15	21	23
Sep-16	52	17	19	16
Oct-16	75	18	30	27
Nov-16	50	10	16	24
Dec-16	75	25	24	26
Jan-17				
Feb-17				
Mar-17				
Year to Date	603	166	199	238

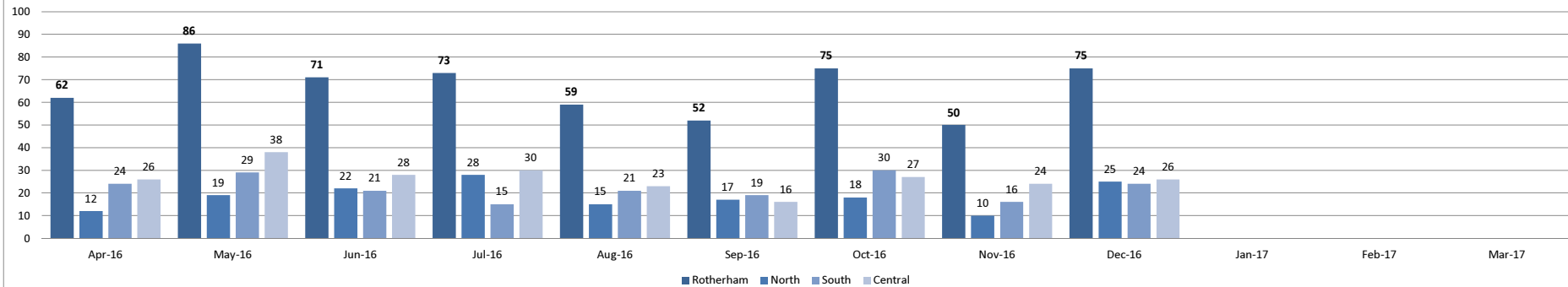
8.1			
Number of families engaged as percentage of annual target of 882 in Rotherham (Year 2)	Number of families engaged as percentage of annual target in <u>North</u>	Number of families engaged as percentage of annual target in <u>South</u>	Number of families engaged as percentage of annual target in <u>Central</u>
7%	1%	3%	3%
16%	3%	6%	7%
24%	6%	8%	10%
33%	9%	10%	14%
40%	11%	12%	16%
46%	13%	15%	18%
54%	15%	18%	21%
60%	16%	20%	24%
68%	19%	22%	27%

Yearly Cumulative Performance	8.2	8.3
	Number of FFC PbR outcomes claimed (evidence of employment outcome)	Number of FFC PbR outcomes claimed (evidence of significant & sustained progress)
Year 1 to date	5	0
Year 2 to date	19	9
Year 3 to date		
Year 4 to date		
Year 5 to date		

Monthly Performance

Monthly Performance

**Number of families engaged with FFC in Rotherham**



**NEETS AND NOT KNOWNS**

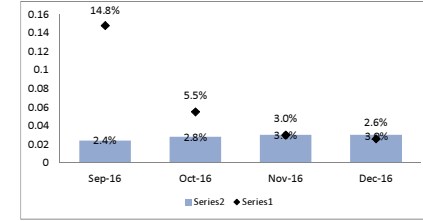
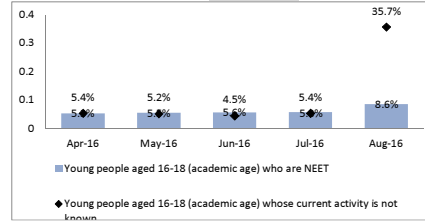
DEFINITION	NEETS and NOT KNOWNS	Owner	Collette Bailey
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**Performance Analysis**  
 The position at the end of December shows a NEET figure of 3.0% (against a local target of 3.0%) and a Not Known figure of 2.6% (against a local target of 2.5%). Whilst the NEET figure hit target the Not Known figure was 0.1% above target. This is the second month of our annual measure ( taken across Nov, Dec and Jan) and to ensure we meet our targets of 3.0% NEET and 2.8% Not Known, the Not known target for January has been revised down to 2.9%. Data sharing exercises and follow up will continue, as will work to re engage the NEET cohort, both centrally and across all localities to ensure we remain on track. Latest comparison data available for November return shows that Rotherham are now better than statistical neighbours, national and region in regard to Not Knowns. In respect of NEET figures Rotherham are enjoying better results than statistical neighbours whilst being in line with both region and national returns.

**Old indicator**

Monthly Performance		9.1	9.2
		Young people aged 16-18 (academic age) whose current activity is not known	Young people aged 16-18 (academic age) who are NEET
Apr-16		5.4%	5.3%
May-16		5.2%	5.5%
Jun-16		4.5%	5.6%
Jul-16		5.4%	5.8%
Aug-16		35.7%	8.6%

Monthly Performance	Scorecard Measure	9.1	9.2
		Young people aged 16-17 (academic age) whose current activity is not known	Young people aged 16-17 (academic age) who are NEET
Sep-16		14.8%	2.4%
Oct-16		5.5%	2.8%
Nov-16		3.0%	3.0%
Dec-16		2.6%	3.0%
Jan-17			
Feb-17			
Mar-17			



Monthly Performance	North		South		Central		
	% of Young people aged 16-18 (academic age) whose current activity is not known	% of Young people aged 16-18 (academic age) who are NEET	% of Young people aged 16-18 (academic age) whose current activity is not known	% of Young people aged 16-18 (academic age) who are NEET	% of Young people aged 16-18 (academic age) whose current activity is not known	% of Young people aged 16-18 (academic age) who are NEET	
Apr-16	5.7%	5.5%	3.4%	4.1%	7.9%	6.9%	
May-16	5.6%	5.6%	3.3%	4.3%	7.6%	7.1%	
Jun-16	5.7%	4.8%	4.5%	2.4%	7.1%	7.1%	
Jul-16	5.8%	6.1%	2.7%	4.5%	8.2%	7.5%	
Aug-16	37.5%	9.0%	31.8%	6.5%	39.7%	11.5%	
Monthly Performance	Young people aged 16-17 (academic age) whose current activity is not known	Young people aged 16-17 (academic age) who are NEET	Young people aged 16-17 (academic age) whose current activity is not known	Young people aged 16-17 (academic age) who are NEET	Young people aged 16-17 (academic age) whose current activity is not known	Young people aged 16-17 (academic age) who are NEET	
	Sep-16	14.0%	3.2%	13.7%	2.0%	17.0%	2.9%
	Oct-16	5.6%	3.1%	3.6%	2.0%	7.4%	3.1%
	Nov-16	1.9%	2.9%	1.7%	2.8%	5.4%	3.3%
	Dec-16	2.0%	2.9%	1.7%	2.9%	4.2%	3.3%
	Jan-17						
	Feb-17						
Mar-17							

## YOUTH ACTIVITY AND LEARNING

DEFINITION	In Learning and Youth Activity	Owner	Collette Bailey
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**Performance Analysis**  
 Rotherham performs well in terms of participation. Most recent data for comparators (November) evidences that Rotherham participation was better than statistical neighbours (89.3%), region (91.9%), and national (90%). Youth Centre based activity showed a drop in December due to the reduction in delivery over the Christmas holiday period. Centre based activity increasingly has become more focussed on targeted group work. We are unable to give any comparison for Corporate LAC/Care Leaver data as this is not a published data set. However, most recent data (published Sept 16) at national level relating to resident Care Leavers in EET evidences that Rotherham's performance at 75% is above statistical neighbours (52.1%), regional (68.7%) and national (57.3%).

9.3	
% of Academic Age 16,17,18 Corporate Responsibility LAC/CL EET	
ROTHERHAM	
Apr-16	74.5%
May-16	76.2%
Jun-16	74.2%
Jul-16	76.7%
Aug-16	59.5%
Sep-16	71.6%
Oct-16	71.8%
Nov-16	70.9%
Dec-16	72.7%
Jan-17	
Feb-17	
Mar-17	

9.5 (old indicator)				
% of Young people aged 16-18 (academic age) who are in Learning				
	ROTHERHAM	NORTH	SOUTH	CENTRAL
Apr-16	86.3%	85.2%	90.2%	81.8%
May-16	86.3%	84.8%	90.5%	81.8%
Jun-16	86.6%	85.3%	90.6%	82.1%
Jul-16	85.6%	84.0%	90.2%	80.6%
Aug-16	55.3%	52.5%	61.3%	49.4%

9.5				
Young people aged 16 - 17 (academic age) meeting the duty to participate				
	ROTHERHAM	NORTH	SOUTH	CENTRAL
Sep-16	82.0%	82.3%	83.8%	79.4%
Oct-16	90.3%	89.5%	92.3%	87.8%
Nov-16	92.4%	93.1%	94.1%	89.7%
Dec-16	92.8%	93.2%	94.2%	90.8%
Jan-17				
Feb-17				
Mar-17				

9.6								
Number of Youth Activity sessions undertaken during the month								
	ROTHERHAM		NORTH		SOUTH		CENTRAL	
	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based
Apr-16	134	35	54	10	35	20	45	5
May-16	128	32	49	8	36	20	43	4
Jun-16	131	15	46	2	35	13	40	0
Jul-16	93	37	37	0	27	23	29	14
Aug-16	68	26	32	0	18	16	18	10
Sep-16	56	22	14	1	18	10	24	11
Oct-16	109	56	24	10	38	32	47	14
Nov-16	116	43	23	9	50	12	50	12
Dec-16	71	17	14	2	31	4	26	11
Jan-17								
Feb-17								
Mar-17								

Number of Unique Attendees at Youth Activities								
	ROTHERHAM		NORTH		SOUTH		CENTRAL	
	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based
Apr-16	496	205	69	75	277	111	150	19
May-16	416	225	55	82	234	141	128	2
Jun-16	375	96	80	16	181	80	114	0
Jul-16	337	169	77	0	170	146	91	23
Aug-16	135	75	23	0	78	70	34	5
Sep-16	166	136	55	0	49	114	62	22
Oct-16	543	106	181	73	209	198	153	75
Nov-16	618	289	166	106	298	59	298	59
Dec-16	459	65	145	34	205	24	109	7
Jan-17								
Feb-17								
Mar-17								

**YOUTH OFFENDING TEAM**

<b>DEFINITION</b>	Youth Offending Team (YOT)	Owner	Collette Bailey
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**Performance Analysis**

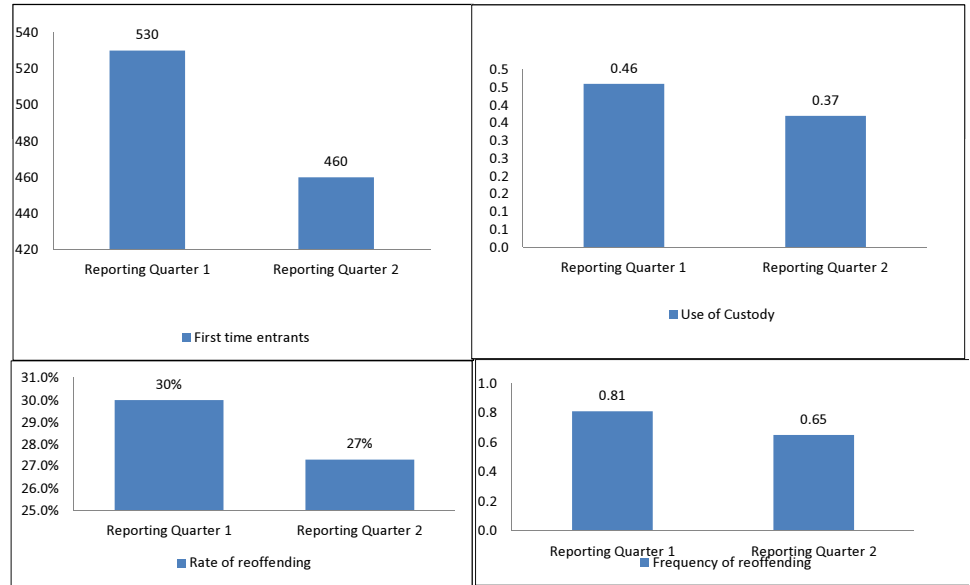
**Latest available data;**  
 Numbers of young people first time entrants (FTE) into the criminal justice system :  
 Figures based on latest released YJB data (Sep 2016) and covers period Jul 15 to Jun 16. Rotherham has shown a decrease of 7.9% from the same period last year, whilst national figures stand lower at 348 ( decrease of 11.2% on same time last year). Comparison with the North East region gives a similar picture with the regional figure standing at 408 but with a decrease of 9.9%. The actual decrease in numbers for Rotherham relates to 11 young people.

**Use of Custody:**  
 Figures based on latest released YJB data (Sep 2016) and covers period Oct 15 to Sep16. Yr on Yr data is shown as same period for previous year. Rotherham has shown a decrease of 0.04 % from the same period last year, now standing at 0.37. National figures stand marginally lower at 0.36 ( decrease of 0.08% on same time last year). North East figures stand at 0.38 with a decrease of 0.07 for the same period.

**Rate of re-offending by young offenders:**  
 Figures based on latest released YJB data (Sep 2016) and covers period Jan14 to Dec 14. Rotherham has shown a decrease in this measure of 13.1%, now standing at 27.3%. National figures have also shown a decrease of 6.5% and stands at 30.7%, whilst North East figures have remained stable at 39.4%. Reoffending is increasing generally in YOT cohorts across the country and this is attributed by the YJB and MoJ to a decrease in numbers in cohorts with those remaining being a smaller but more complex and challenging group more likely to reoffend having a greater history of offending behaviour. The data contained here is related to the MoJ "proven rate of offending" in which reoffending is tracked for 12 months with additional 3 months added to allow for conviction. The YOT therefore uses a live tracker to determine re-offending and this is based on current arrests, whilst not as accurate, it is nevertheless a useful proxy for looking at re-offending trends. This predicts this increase followed by a subsequent decrease in later quarters. Interesting to note that the frequency of reoffending remains lower than regional and national indicators which indicate some impact on the cohort. Work in partnership with the police and a new assessment process are likely to have an impact on this cohort. For all YJB indicators actions in relation to future work are articulated in the Youth Justice Plan.

**Frequency of re-offending by young offenders :**  
 Figures based on latest released YJB data (Sep 2016) and covers period Jan 14 to Dec 14. Rotherham now stands at 0.65, which is a decrease in this measure of 38.1%, and still stands lower than both North East (1.35) and National figures (0.9). North East has actually shown an increase of 5.9%, whilst national figures have shown a decrease in their rate of 17.6%.

Scorecard Measure	10.1	10.2	10.3	10.4
	Numbers of young people first time entrants (FTE) into the criminal justice system	Use of Custody (Rate)	Binary Rate of re-offending by young offenders	Frequency of re-offending by young offenders
Reporting Quarter 1	530	0.46	30%	0.81
	(period Apr15 - Mar16)	(period Jul 15 - Jun 16)	(Oct 13 - Sep 14)	(Oct 13-Sep 14)
Reporting Quarter 2	460	0.37	27%	0.65
	( Jul15 - Jun 16)	(Oct 15 -Sep 16)	(Jan14 - Dec 14)	(Jan14 - Dec 14)
Quarter 3				
Quarter 4				





## EARLY HELP - HUMAN RESOURCES (HR)

DEFINITION	Establishment Information	Owner	David McWilliams
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**Performance Analysis**

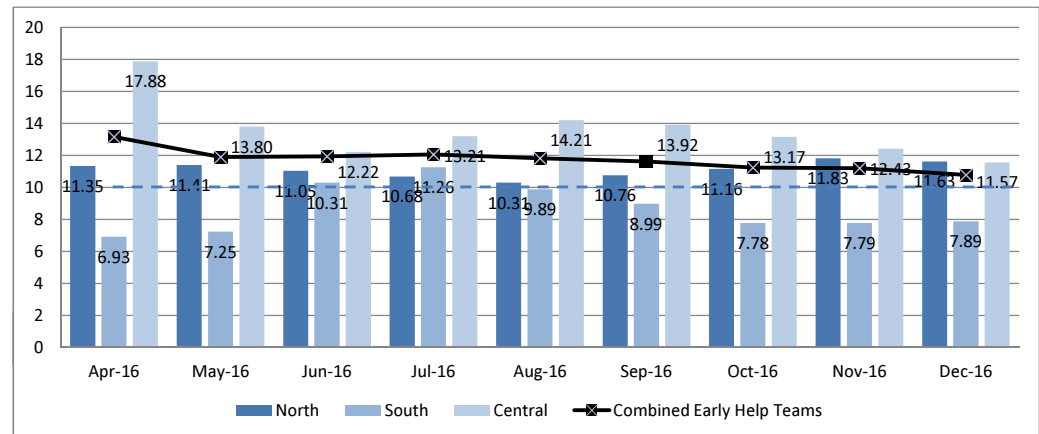
The target for RMBC is 10.2 Annual FTE Sick days. The combined figure also includes Troubled Families and Education Welfare along with the North, South and Central teams.

Figures show that the Early Help service has in most cases improved the sickness rate as this is a variable monthly figure. Heads of Service and managers work closely with HR colleagues to provide support to staff whilst managing sickness across the service. In the reporting month the sickness rate has dropped in most cases however South has seen an increase but is still below the RMBC target. Central although 1.37 over the RMBC target have seen a reduction since Octobers reporting. North also saw a small reduction of 0.2.

Please note, the sickness value is subject to change and is shown as a projected annual value based on year to date performance in line with the old best value definition.

Scorecard Measure	11.7			
	Sickness - Annual FTE sick days			
	North	South	Central	Combined Early Help Teams
Apr-16	11.35	6.93	17.88	13.17
May-16	11.41	7.25	13.80	11.91
Jun-16	11.05	10.31	12.22	11.94
Jul-16	10.68	11.26	13.21	12.06
Aug-16	10.31	9.89	14.21	11.83
Sep-16	10.76	8.99	13.92	11.63
Oct-16	11.16	7.78	13.17	11.25
Nov-16	11.83	7.79	12.43	11.21
Dec-16	11.63	7.89	11.57	10.78
Jan-17				
Feb-17				
Mar-17				

Monthly Performance



**CUSTOMER FEEDBACK**

DEFINITION	Customer Feedback	Owner	David McWilliams
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Performance Analysis

Customer feedback is important for us as it helps us to improve our services and also to celebrate good practice. Over time we will be implementing new ways of obtaining feedback and will include information about this moving forward. Guidance has been sent to managers to remind them of the process for centrally recording feedback from customers, as compliments are usually sent directly to front line staff and/or their managers.

Every case that closes or steps down to universal services should have an exit survey completed by at least one family member capturing their personal experience of receiving our services. It is the lead workers responsibility to ensure this happens, and encourage and support a child, young person or family in completing the questionnaire. Team managers ensure through the supervision process that exit surveys are completed. December has seen a decrease in the number of exit surveys being completed across locality teams. Surveys can be also completed anonymously, either online through the web based tool, Survey Monkey. During the reporting month Central had 7 exit surveys completed, North had 5 and South had 4. There were 2 further surveys completed without a locality selected.

There were no complaints but there was 1 compliment recorded in the reporting month. However it has been noted that not all compliments are passed on to be recorded centrally therefore there could be more for each locality that aren't being recorded.

Scorecard Measure	12.1					
	Exit Surveys					
	Completed exit surveys - North	Completed exit surveys - South	Completed exit surveys - Central	Completed exit surveys - Borough Wide	Exit surveys where no area was specified	Total Number of exit surveys received
Apr-16						0
May-16					1	1
Jun-16	2	4	26	0	2	34
Jul-16	4	3	14	0	1	22
Aug-16	5	3	10	0	1	19
Sep-16	5	7	8	0	2	22
Oct-16	8	2	14	0	1	25
Nov-16	17	5	9	0	0	31
Dec-16	4	3	6	2	2	17
Jan-17						
Feb-17						
Mar-17						
<b>Year to Date</b>	<b>45</b>	<b>27</b>	<b>87</b>	<b>2</b>	<b>10</b>	<b>171</b>

Monthly Performance

12.2	12.3	12.4	12.5
Complaints			Compliments
Number of formal complaints received during the reporting month	Number of complaints upheld in the reporting month	Number of complaints closed during the month which were dealt with in timescales	Number of compliments received during the reporting month
0	0	0	2
0	0	0	0
1	1 (partial)	1	0
0	0	0	0
1	0	1	1
1	0	1	1
0	0	0	3
0	0	0	0
0	0	0	1
<b>3</b>	<b>0</b>	<b>3</b>	<b>8</b>

**QUALITY ASSURANCE**

DEFINITION	Team Manager Audits	Owner	David McWilliams
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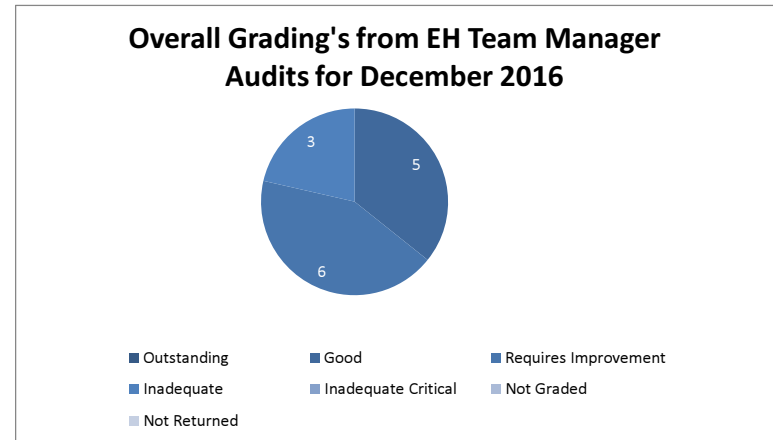
**Performance Analysis**

The Early Help Quality Assurance Framework was implemented in December 2015. An integral part of the framework involves regular auditing of case work by team managers as well as re-auditing by Heads of Service.

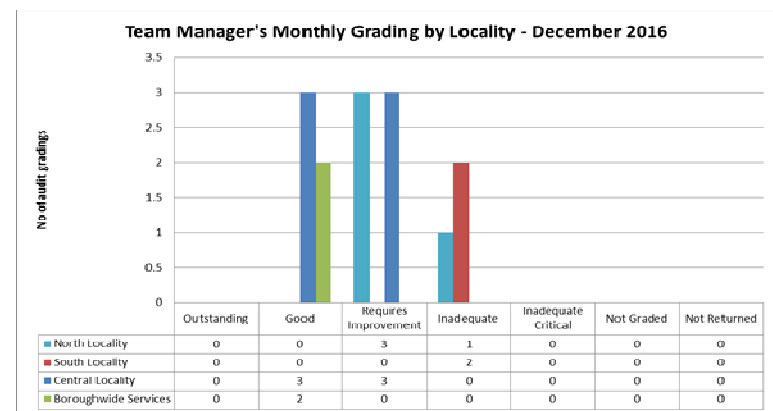
During December 2016, 14 scheduled monthly audits were issued and 14 were completed (100% completion)

Of the 14 scheduled team manager audits completed, 5 were graded as 'Good', 6 as 'Requires improvement' and 3 were 'Inadequate'. Any actions arising as a result of audits being undertaken are the responsibility of the relevant team manager.

Monthly Performance	Scorecard Measure	13.1						
		Team Manager Audits						
		Outstanding	Good	Requires Improvement	Inadequate	Inadequate - Critical	Not Graded	Not returned
Apr-16	0	3	11	1	0	0	3	
May-16	0	6	7	0	0	0	3	
Jun-16	0	0	0	0	0	0	0	
Jul-16	0	5	7	2	0	1	2	
Aug-16	0	5	10	1	0	0	0	
Sep-16	1	5	6	2	0	0	1	
Oct-16	0	2	3	0	0	0	2	
Nov-16	0	4	11	0	0	0	0	
Dec-16	0	5	6	3	0	0	0	
Jan-17								
Feb-17								
Mar-17								



Monthly Performance	Scorecard Measure	Response Rates							
		North		South		Central		Borough Wide Services	
		Number	%	Number	%	Number	%	Number	%
Apr-16	4 out of 5	80%	2 out of 3	67%	6 out of 6	100%	3 out of 3	100%	
May-16	3 out of 4	75%	4 out of 4	100%	4 out of 6	66%	3 out of 3	100%	
Jun-16	-	-	-	-	-	-	-	-	
Jul-16	4 out of 4	100%	2 out of 4	50%	6 out of 6	100%	3 out of 3	100%	
Aug-16	4 out of 4	100%	3 out of 3	100%	6 out of 6	100%	3 out of 3	100%	
Sep-16	4 out of 4	100%	3 out of 3	100%	6 out of 6	100%	1 out of 2	66%	
Oct-16	2 out of 2	100%	0 out of 1	0%	2 out of 2	100%	1 out of 2	50%	
Nov-16	3 out of 3	100%	4 out of 4	100%	6 out of 6	100%	2 out of 2	100%	
Dec-16	4 out of 4	100%	2 out of 2	100%	6 out of 6	100%	2 out of 2	100%	
Jan-17									
Feb-17									
Mar-17									



## Early Help Overview

### What is Early Help?

Early help is a means providing support as soon as problems begin to emerge; at any point in a child's life, from the foundation years through to the teenage years. Effective early help relies upon local agencies working together to;

- Identify children and families early who would benefit from support to stop the problems from getting worse;
- Undertake an assessment of need to identify what support is required;
- Provide targeted early help intervention to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child and family.

### What was the issue?

#### OFSTED (September 2014):

"Too many Family CAFs do not meet a good enough standard and fail to capture the views of children and their families, or to include clear action plans."

"Data and information on cases which step down to universal services or step up to children's social care are not collated."

"The single assessment, introduced in April 2014, is not ensuring that children and young people's needs are met in a timely way."

"The authority has failed to act upon the recommendation from previous inspections to improve the consistency and quality of referrals, including notifications from the police."

"The threshold for intervention by children's social care is not understood by all partner agencies."

"The quality of many referrals is poor and not all agencies complete the multi-agency referral form (MARF). This results in a significant number of inappropriate contacts to children's social care."

## What Have We Done?

### The structure:

- Between October and December 2015 we successfully appointed three Heads of Service, nine Team Managers and three Children Centre Leads to the Early Help Senior Leadership Team (SLT) and the integrated Locality Manager Structure. These appointments provided the necessary leadership and capacity to drive forward the improvements required at pace. The Early Help Leadership Team meets weekly and the extended Early Help Team meets every two weeks.
- We have embedded a new structure of integrated, colocated teams moving from nine previously separate service areas to one integrated Early Help Service based in localities and aligned with Childrens Social Care.
- In January 2016 we introduced the Early Help Triage Team to address the confusion being expressed by partners and to consolidate in excess of thirty different referral routes into early help, into one single pathway.

### HR and Finance:

- We quickly developed a tight grip and oversight of all HR and financial matters across Early Help and through a stringent moratorium on non-essential spend and tight vacancy control eradicated an inherited budget pressure of £250k. In 16/17 we achieved our savings target of £501k plus an additional £500k of in year savings through robust vacancy management. Further savings targets include; £421k in 17/18 and £500k in 18/19 \*(with £100k to be brought forward into 17/18). In December 2016 the Early Help SLT completed a further HR / Finance validation exercise.

### Performance:

- In September 2016 we launched the Early Help Monthly Performance Report.
- Achieved 100% PDR's (Appraisals)

### Practice:

- In January 2016, after extensive consultation with partners, we launched the new Early Help pathway with a single Early Help Assessment Tool & Request for Early Help Support based on the Strengthening Families model and a one family, one worker, one plan principle.
- We commissioned Pepper Stacey Ltd to provide assurance on Inspection readiness for our Children Centres.
- Implemented the new Early Help Quality Assurance Framework.
- In February 2016 we launched our weekly Step-Down Panel co-chaired by Childrens Social Care and Early Help Heads of Service.
- Delivered Restorative Practice training across the Early Help workforce and are now set to widen this to partners and DLT in 2017.
- In September 2016 Early Help piloted the first CYPS Performance Clinic reviewing the various Early Help Service Plans.
- In November 2016, all Health Visitors and School Nurses received bespoke briefings to establish the importance of carrying out the Early Help Assessment and sharing responsibility for the throughput and volume of cases in the system. This was delivered jointly by an Early Help Head

of Service and the Senior Lead from Health. Further work is underway to ensure that the assessment is embedded within the health case management system to support this work.

- In November 2016 we produced; “What do good early help services look like?” A document which looked at the last two years of ‘Good and Outstanding’ local authority Children’s Services Inspection Reports.

### Engagement:

- From January 2016, Heads of Service and locality Team Managers visited all Rotherham schools to establish a coproduced Early Help Offer aligned with need in localities and the Learning Community which was well received by head teachers.
- Locality managers attend regular meetings in schools and hold joint meetings with Children’s Social Care in localities.
- Throughout October and November 2016 we undertook a significant engagement piece with our staff, young people and partners on the Draft Early Help Strategy. The draft strategy was shared with; the Voluntary and Community Sector, the CYP Strategic Partnership, Health and Wellbeing Board, Local Safeguarding Board, Early Help Steering Group, Early Help Review Board, All Council Staff, DCLG (Troubled Families Unit), Sheffield City Council, DfE, our Practice Improvement Partner (Lincolnshire County Council) and all Rotherham Ward and Parish Councillors.
- In October 2016 we launched the new Early Help branding after extensive partner, staff and young people focus groups.
- In January 2017 we are implementing our new approach to parenting to embed consistent, validated approaches in conjunction with Sheffield City Council.

### Governance:

- We have established a Member led, Early Help Review Board that has met monthly since November 2015. Part of the work of the Review Board is to oversee savings proposals across early help. The purpose of the Review Board is; *‘to understand the impact of the Early Help savings proposals and to oversee the development of Rotherham’s Early Help Offer and Strategy in light of these proposals.’* The Board has recently approved the 17/18 Savings proposals of £421k and agreed to a whole service review to achieve additional savings of £500k in £18/19.
- We convened the new Youth Offending Team (YOT) Board on the 10<sup>th</sup> May 2016 and are working with the Youth Justice Board to facilitate a peer review of leadership and governance in January 2017.
- In June 2016 we launched the multi-agency Early Help Steering Group, which is the mechanism for ensuring partners contribute fully to Rotherham’s Early Help offer through completion of Early Help Assessments, undertaking the lead professional role and engaging in Team around the Family Meetings. The Steering Group reports to the Children and Families Strategic Partnership and meets bi-monthly.

## What difference has this made?

### Children and families:

In May 2016 we launched an exit questionnaire for families that can be completed anonymously either on-line through survey monkey, or by hand with options of where to return it.

By the end of Quarter Three (December 2016) we had received 171 Exit Surveys. Some examples of the results are below;

- 97% (61 people who responded) rated their overall experience of the help and support they received from the worker(s) within the Early Help Team as good or excellent service.
- 98% (69 people of who responded) said they got the support when they most needed it.
- 98% respondents (70 people) said we delivered the Service they were expecting.
- 97% (57 people who responded) said they did feel listened to and involved in the planning and support they received.
- 96% (66 of people responded) said our staff dealt with all the problems they asked them about.

*"I didn't ask for support and didn't think I needed it. I spoke with someone at the hospital when I took XXX and they thought I needed some support with his behaviour. The referral was made by the neighbours who had reported me for XXX crying in the middle of the night. When the worker came she helped us with a lot of things we wouldn't have thought about."*

*"I was in crisis and was self-harming and I had lots of support from early help during this period"*

*"Felt my voice was heard and was not afraid to say how I felt and what my issues were. "*

*"The service provided was above and beyond what was expected."*

### Feedback (1)

*My name is Cherie; I called for help regarding my son Harrison last year as I was having a tremendous amount trouble with him regarding XXX School. I was sent a lady called Diane who came to my house later that day. What I want to say about her I don't think I could put into words because she has been an absolute god send. Her support throughout this very emotional and stressful time has been incredible. She has supported Harrison so much and helped him begin to overcome his horrendous time at School, but not only has she has been a great support to Harrison but to myself and my family to the point that I don't think we would have got to this stage in our lives without her. Her advice has always been spot on and the way she always seems to understand Harrison is truly an art form. The way she cares about her job really does come through and I wanted to say that she has been like a guardian angel sent to us in our hour of need and boy did we need it. People seem to write letters of complaint which I have done a few myself this last few months so I wanted to write something positive and say you have a truly caring woman working for you who has had such a positive effect on my family. Thanks Cherie*

**Feedback (2)**

*I have recently done the 6 weeks parenting course, I found this to be a big eye opener. Sometime I would only see the bad and found it hard to see a positive, this course helped me to always try and find that positive. I do feel like I understand my young adult a little better. I am not saying that I have it all figured out but I hope my son would say I take more time to listen to him and don't shout as much. I have become firmer and make him do his bit around the house now and he knows that this has to be done by him or this will not get done at all.*

*I feel I have more control in my house even with my 3-year-old; things seem to run that bit smoother. I couldn't thank Victoria and Vicky more. They are lovely women and don't judge and always have time to listen to your problems. We need more women like this in the work and I would recommend these classes to everyone. You are not given instruction with a child but these classes help and guide you. They should give these to all parents.*

**Partners:**

*It was great to be in a forum where you felt that you were being listened to. It was also useful to talk to others from different professions and providers. This fostered a much better understanding of the whole area of Early Help.*

*Universal services, preventing escalation to Social Care. Very positive session. Love the proposed structure with Team Manager and Link Worker. Love the simple form which is then allocated out and very bespoke for the family. I will share all this with my LC Heads.*

**Performance and Quality:**

Whilst the new Early Help arrangements have only been in place since 18<sup>th</sup> January 2016, the signs are encouraging. We now have the systems and processes and the right mix of skills, experience and leadership to continue with the pace of change.

*Although I have only made referrals to the service recently, I have been struck by the professionalism and willingness to help of the admin staff within the EH Triage team. In addition, it is incredibly helpful as a practitioner to have a service which addresses referrals in such a timely fashion – my patients have been very pleasantly surprised to hear about the timeframe in which you process referrals, and being able to offer support at the point of need means that problems are far more likely to be addressed before becoming larger and more entrenched. Rotherham Doncaster and South Humber NHS Foundation Trust.*

In October 2016 we migrated to the new case management system, Liquid Logic. \*It is anticipated that this will have a negative impact on our performance in the short term until the new systems and processes have had time to embed and the migrated data validated.

As well as direct feedback and external evaluation (Safeguarding Board partnership survey in March / April 2016) and Ofsted April 2016, our progress and impact is measured through;

- Monthly Performance Meetings (RMBC)
- Monthly Progress Board (RMBC)
- Monthly Improvement Board (Partners)
- Early Help Review Board (Elected Members)
- Early Help Steering Group (Partners)
- Early Help (Monthly) Performance Scorecard
- CYPS Improvement Plan
- Corporate Improvement Plan
- Early Help Action Plan
- Early Help Service Plans



**Performance summary:**

- Since the launch of the Early Help offer (18<sup>th</sup> January 16 – 13<sup>th</sup> January 17) 1103 Early Help Assessments have been completed. This compares to 815 FCAF's that were completed in the preceding three and a half years.
- The Step- Down Panel was implemented on 9 February 16 and continues to meet weekly. It is jointly chaired by senior managers from both Social Care and Early Help. Since April 16 (this financial year) we have stepped down 260 families and 607 children (up to 31 December 2016) to our Early Help Locality Teams, along with making recommendations for 29 families and 54 children to be worked with by our partners.  
NB: In total since the panel began we have stepped down 335 families and 802 children. 41 families and 76 children were recommended to partners.
- NEET performance in December 16 was 3.0% therefore meeting the local target. The figures below show statistical, regional and national comparisons and are from the month of November as this is the latest published data. The figures relate to the new tracking cohort of academic age 16/17, and also incorporate the removal of the NEET adjustment calculation.

November 2016				
Rotherham	Stat Neighbours	Regional	National	
3.0%	3.6%	3.0%	2.6%	NEET
3.0%	4.7%	3.7%	5.2%	Not Known
6.0%	8.3%	6.7%	7.8%	Combined NEET / Not Known
96.9%	94.3%	95.3%	94.2%	YR 12 Participation
87.6%	85.8%	88.5%	85.8%	YR 13 Participation

- At the end of Quarter Three, registration rates in Children's Centres currently stand at 93% against the local annual target of 95%. Even more encouraging, the 30% Lower Super Output Areas are already at 98% which is above target and is excellent progress in this area.
- In 2016/17 Rotherham has committed to identifying and engaging 882 families in the Troubled Families Programme (known locally as Families for Change); In December 75 new families were attached to the programme and therefore means that at the end of the quarter performance is at 68% of the annual target. Work is underway to address to increase the rate of identification and engagement by improving processes to connect the good practice in Early Help Triage and locality teams with required tracking systems.

**What do we still need to do and by when?****Finance**

Continue with our tight financial grip and; implement our savings proposals for 2017/18.

**Partners**

Whilst we continue to benefit from great support at a number of strategic Boards and partnerships, the latest performance figures, show that since April 2016, over 92% of all new Early Help Assessments are being completed by RMBC Early Help Staff.

## Our priorities for the next few months include:

- Continue to increase partner engagement in the Early Help offer.
- Develop and embed Family Group Conferencing, Edge of Care services and expand the MST offer.
- Develop the Early Help Performance Scorecard further to include locality caseloads.
- A revised focus on Persistent Absence and School attendance
- Continue to roll out restorative practice.
- Improve, (Month on Month) upon our key performance targets. (**\*See Early Help Monthly Performance Scorecard**).
- Further embed our Quality assurance processes; Audit activity and Exit Surveys, including 'Beyond Auditing.'
- Launch the Early Help Strategy.
- Consult on our Early Help Attendance Strategy.

## Ofsted Improvement Visit: Early Help 19<sup>th</sup> – 20<sup>th</sup> April 2016

On the 19<sup>th</sup> and 20<sup>th</sup> April Early Help was subject to an Ofsted Improvement visit. Two inspectors were on site and met with a range of staff, partners and service users. Very little of what Ofsted fed back was news to the Early Help Senior Leadership Team (SLT) which is positive and reinforces the previous Ofsted findings during monitoring visits that **'leadership and governance arrangements are now strong.'**

The overall judgement was that **"The Council know themselves well and that the pace of improvement in relation to development of the Early Help programme over the past six months has been positive and rapid."**

The following highlights are taken directly from the lead Inspectors written note to the Strategic Director of Children's Services and will be followed up with a formal letter.

- **Significant work has been undertaken to improve operational buy in from partners and this has improved significantly with schools and learning communities.**
- **The vision and priorities of the council are clearly set out in the new early help and Family Engagement service plan.** These are appropriately aligned with wider strategic planning to increase preventative and early help services through a variety of established, recent and planned services.
- **Refreshed governance arrangements are in evidence.** There is a clear commitment from senior managers and elected members to improve the quality of services and to improve outcomes for children and young people through a robust focus on early intervention and prevention. The Commissioner made early help a top service priority. A member led Early Help Review Board and early help sub group of the children and young people's strategic partnership is in place to oversee the development.
- **The council and its partners share an ambition** regarding the increased offer of early help to prevent the escalation of family difficulties through integrated and locality working.
- **There is strategic buy in from all major stakeholders.** This has the potential to provide valuable services and resources which are aligned to the views and needs of local communities.
- **Partnerships with the Police and YOS are particularly strong and well aligned with the troubled families' programme.**
- Work is underway to ensure police officers are fully briefed on the value of use of early help pathways. There is however still some way to go to secure full engagement and operational challenges remain to engage health visiting, school nurses and CAMHS. More work needs to be done to increase and improve education and health partners confidence not only in the early help offer but in their capacity to deliver early help assessments and support.
- **Threshold descriptors are clear and align with early help pathways to services** which outline a virtual pathway to and signpost professionals, practitioners and families

to early help services. We have seen evidence while on site of the application of these descriptors to inform decision making. (Early help triage, step up and schools).

- **Re-referral rates to Children's Social Care are very slowly decreasing.**
- **All professionals in and out of RMBC are positive about the Early Help Triage process and find it helpful.**
- **There is evidence of robust management oversight of the team and decisions, appropriate and educative advice and challenge back to referrers, including the MASH and locality teams.**
- **New and robust quality assurance and performance monitoring arrangements in place for early help** and will go live from 1<sup>st</sup> April 2016. Routine DFE performance reporting systems are in place, enhanced with bespoke success measures which intend to capture for example; contact timeliness.
- **All staff spoken to, while feeling the pain of change, are incredibly committed, enthusiastic and excited about the changes. All have seen the integration of teams and the Ofsted process as a learning experience and opportunity to improve the lives of children in Rotherham, which was heart-warming.**
- **The Step-Down Panel provides quality assurance re the appropriateness of the recommendations to step down.** Currently there is an analysis of themes and areas for improvement for example, category of need, hot spot localities and gaps in service provision.
- **The Families for change programme is well embedded in the early help programme** with the Families for Change coordinator sitting on the Early Help Senior Leadership Team (SLT).
- **There is evidence of real synergy between the programme, police and Youth Offending Team. Rotherham has exceeded its target by 2% in identifying its cohort of 371 for the next phase.**
- **There is evidence staff have been and continue to be consulted on the transformation programme and while anxious about their jobs and what it means for them, remain on the whole positive.**

The New Early Help Structure was put in place in October 2015. All 15 Management posts were appointed to by December 2015. We launched our new Early Help; Pathway, Offer, Request for Support and Early Help Assessment on January 18<sup>th</sup> 2016 and on February 9<sup>th</sup> we launched our weekly Step Down Panel. Within this context, the feedback received is very encouraging and is a testament to the hard work and dedication of the whole Early Help Workforce.

**Council Report**

Improving Lives Select Commission – Wednesday 1<sup>st</sup> February 2017

**Title**

Looked After Children and Care Leavers Sufficiency Strategy 2017-2021

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

Yes

**Director Approving Submission of the Report**

Ian Thomas, Strategic Director for CYPS

**Report author(s):**

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**Ward(s) Affected**

All

**Executive Summary**

The Looked After Children and Care Leavers Sufficiency Strategy has been developed in line with the duty to provide or procure placements for Children Looked After (CLA) by the local authority (Children Act 1989, Sufficiency Statutory Guidance 2010, Care Planning, Placement and Case Review Regulations 2011). This includes a duty of 'sufficiency' that requires Local Authorities and Children's Trust partners to ensure that there is a range of sufficient placements which meet the needs of children and young people in care, and to take steps to develop and shape service provision to meet the needs of all children and young people in care at a local level, as far as is reasonably possible.

The Strategy sets out how Rotherham Children's Services will fulfil its role as a Corporate Parent and meet its statutory sufficiency duty by providing good quality care, effective parenting and support to children and young people in and leaving our care. It describes our 'one market' approach to the commissioning and provision of secure, safe and appropriate accommodation and support to children in care and care leavers over the next four years.

The outcome of the strategy will be to safely and appropriately reduce the number of young people requiring care by the local authority, responding to the challenges identified and improving outcomes for children.

Whilst this Strategy is not primarily a financial one, it is expected that the commissioning and strategic intentions set out will provide significant cost avoidance and savings opportunities and are essential to the sustainability of improved outcomes and the Local Authority budget.

**Recommendations**

- That the Improving Lives Select Commission is asked to consider the attached Looked After Children and Care Leavers Strategy 2017-2021.

**List of Appendices Included**

Looked After Children and Care Leavers Sufficiency Strategy 2017-2021.

**Background Papers**

Reports to the Cabinet and Commissioners Decision Making Meeting – Council Medium Term Financial Strategy Update 14 November 2016.

Investment Bids – CYPS

Executive Summary, Safeguarding Pressures Phase 5 – December 2016 – Association of Directors of Children’s Services

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

No

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## **Looked After Children and Care Leavers Sufficiency Strategy 2017-2021**

### **1. Recommendations**

- 1.1 That the Improving Lives Select Commission is asked to consider the attached Looked After Children and Care Leavers Strategy 2017-2021.

### **2. Background**

- 2.1 The Looked After Children's Sufficiency Strategy sets out how Rotherham Children's Services will fulfil its role as a Corporate Parent and meet its statutory sufficiency duty by providing good quality care, effective parenting and support to children and young people in and leaving our care. It describes a 'one market' approach to the commissioning and provision of secure, safe and appropriate accommodation and support to children in care and care leavers over the next four years.
- 2.3 The commissioning approach outlined will rethink services and ways of working with families. Investment in the right support at the right time will be necessary, enhancing early help and prevention so that fewer children come into care in the first place. Participation will be encouraged by engaging customers throughout the commissioning process to ensure that children, young people and their families help design services and influence the way in which they are delivered.
- 2.4 Achieving this requires the collective engagement of the local authority and its partners working together, involving children and young people in the decisions affecting their lives.
- 2.5 The Looked After Children's Strategy 2016-2019, previously considered by the Improvement Board in November 2016, describes five strategic objectives required to improve the outcomes for looked after children and which inform the strategic intentions in this Sufficiency Strategy:
- To improve the degree and timeliness of placement stability and permanence and ensure that children are able to enjoy a continuity of relationships.
  - To improve the emotional wellbeing and physical health of looked after children (which will also support care and school placement stability).
  - To improve the educational progress and attainment and narrow the gap between attainment of LAC and their peers.
  - To improve the support and opportunities for care leavers and to increase the number and proportion of them who are in Education Employment or Training (EET).
  - To listen to children and young people so as to ensure that they can influence their own plans as well as wider service delivery and development.

### **3. Key Issues**

- 3.1 Rotherham has an increasingly high number of children in its care. In common generally with the national picture, there has been a consistent upward trend year on year in the numbers of children and young people looked after by the Local Authority. However in Rotherham the number has increased from 424 as of January 2016 to 488 as of December 2016 (15% increase in a 12 month period) and is expected to increase without intervention.

3.2 Analysis of Rotherham Looked After Children key data and current provision identified the following challenges:

- There are too many looked after children in the care of Rotherham MBC. Historically poorly performing services have left a legacy of more complex need as well as a legacy of rising numbers.
- There is a need to ensure that the Local Authority has provision which enables it to manage demand and that preventative provision and early help is in place to minimise the number of children coming into care. For some children, for whom the right decision has been to become looked after, there is insufficient timely access to appropriate specialist support.
- The number of those children in care placed out of borough is too high, closing gaps in the provision of sufficient local placement accommodation, preferably in a family setting, is required so children and young people in care and care leavers are able to continue to live within or close to the Borough.
- There is a need to work with key providers of specialist provision to help us to meet a range of needs and sufficiency of placement provision. More needs to be done to ensure the efficient and effective operation of our local market. Delivering much better value in terms of quality, price, unit costs and outcomes is essential across all provision.

3.3 The outcome of the strategy will be to safely and appropriately reduce the number of young people requiring care by the local authority whilst responding to the challenges identified.

3.4 By 2021 we expect that the interventions will safely reducing the number of LAC to around 399 (closer to the statistical neighbour average of 64 per 10,000 population i.e. 360). The planned reduction in the number of looked after children is expected to result in a net reduction of 61 placements; 4 in 2017/18; 13 in 2018/19; 22 in 2019/20; and 22 in 2020/21.

3.5 Whilst this Strategy is not primarily a financial one it is expected that the commissioning and strategic intentions set out will provide significant cost avoidance and savings opportunities and are essential to the sustainability of improved outcomes and the Local Authority budget.

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

4.1 In response to the challenges identified, the commissioning intention has been to develop a range of preventative and support services/ interventions, some of which have required investment to facilitate the reduction in numbers and deliver the necessary cost reductions and improved outcomes. The strategy is founded on securing those improved outcomes through provision of prevention and early help services, adequate support once children are looked after, alongside significant social work practice improvement.

- Supporting children and young people on the 'edge of care' to stay at home
- Returning children to their birth/extended families when safe to do so
- Supporting permanency through Adoption and special guardianship
- Placement commissioning and development
- Support around the placement to meet the individual needs of the child/young person and carer (including SEMH needs)



- 4.2 This strategy sets out the challenges and the commissioning intentions, the Council and Commissioners have already approved a number of investments, described above to manage demand for services, achieve the necessary improvements in outcomes and longer term cost reduction required.

## **5. Consultation**

- 5.1 This strategy articulates the investments and commissioning which have been developed in conjunction with other Directorates and Partners including Adults Social Care, Housing, Health and Schools.

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

- 6.1 The timetable for the implementation of this decision the subject of the report to the Cabinet and Commissioners Decision Making Meeting on the 14 November 2016 for the Council Medium Term Financial Strategy Update.

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

- 7.1 The financial impact of the Strategy was outlined in the report to the Cabinet and Commissioners Decision Making Meeting for the Council Medium Term Financial Strategy Update on the 14<sup>th</sup> November 2016 and ratified at Council on 7<sup>th</sup> December. The report included a number of investments and savings related to the Looked after Children and Care Leavers Strategy.
- 7.2 The Council Medium Term Financial Strategy sets out an expected cost avoidance of £5.6m directly related to the implementation of this Strategy by March 2021.

## **8. Legal Implications**

- 8.1 The Strategy proposed by this report will underpin the Council's compliance with the statutory duties it owes towards looked after children, such as the duties under the Children Act 1989 (as amended by the Children and Families Act 2014) to provide accommodation for and to safeguard and promote the welfare of looked after children.

## **9. Human Resources Implications**

- 9.1 There are no direct employee implications arising from this report.

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

- 10.1 This strategy aims to improve the outcomes for Children either through prevention and early intervention or in providing support to meet their individual needs should they become Looked After.
- 10.2 The strategy recognises that the future of young people leaving care continues well into their adulthood. Services will look to build on strengths whilst children and young people are in care to develop their resilience. Transition pathways will offer support up to the age of 25.

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

- 11.1 There are no direct equalities or human rights implications arising from this report.

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

- 12.1 Achieving this requires the collective engagement of the local authority and its partners working together, involving children and young people in the decisions affecting their lives. The investments and intentions described in this strategy have been developed in conjunction with other Directorates and Partners including Adults Social Care, Housing, Health and schools.

**13. Risks and Mitigation**

- 13.1 The effectiveness of the interventions and investments will be tracked in terms of contributing to safely and appropriately reducing the number of children and young people requiring care by 61 placements. A number of key measures will be established which will help us to understand whether we are making a difference.
- 13.2 This strategy will be supported by a transformational commissioning action plan and a commissioning strategy. There will be quarterly reviews and oversight from our Corporate Parenting Panel. It will be owned and implemented by all professionals and partner organisations working with children, young people, their parents and carers.

**14. Accountable Officer(s)**

- 14.1 Ian Thomas, Strategic Director for Children and Young People's Services.  
Linda Harper (Interim Assistant Director, Commissioning, Performance And Quality – Children and Young People's Services).

Approvals Obtained from:

Strategic Director of Finance and Corporate Services: Mark Chambers 25.01.17

Director of Legal Services: Neil Concannon, 25.01.17

Head of HR Services: Theresa Caswell, Business Partner, 25.01.17

Head of Procurement: Joanne Kirk, Purchase to Pay Manager, 24.01.17

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**(DRAFT)**

**Rotherham  
Looked After Children  
and Care Leavers  
SUFFICIENCY STRATEGY  
2017-2021**

Version 0.8

Date of Publication: January 2017

Date of Review: January 2018

## Document Control

## Version History

Issue	Date	Author	Change Description
0.1	28/10/16	Angela Tracey	First Draft for comments to Deputy Strategic Director
0.2	28/10/16	Angela Tracey	Incorporate Amendments
0.3	31/10/16	Angela Tracey	Circulate to LAC Strategy Group for comments
0.4	04/11/16	Angela Tracey	Incorporate Amendments
0.5	10/11/16	Angela Tracey	Draft for comments to Interim AD Commissioning
0.6	05/12/16	Angela Tracey	Incorporate Amendments and draft to DLT 05/12/16
0.7	19/12/16	Angela Tracey	Final Draft to DLT 19/12/16
0.8	19/01/17	Angela Tracey	Final Draft to DLT 19/01/17 and Improvement Board 25/01/17

## Authorisation

Title	Name	Date	Signature
DLT	-	19/01/17	
Strategic Director	Ian Thomas		
Lead Member CYPS	Cllr Gordon Watson		
Children's Improvement Board	Commissioner Bradwell Debbie Barnes		
Chair of the Rotherham Children's Safeguarding Board	Christine Cassell	Virtual Circulation	
Corporate Parenting Panel	Cllr Brian Steele		

## Circulation

Title	Name	Date	Signature

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## Foreword

In Rotherham, we will strive for the children we look after to have the same things that every good parent or carer would want; that they are healthy and happy, that they feel valued for who they are, and when they grow up they achieve their potential.

This document sets out how Rotherham Children's Services will fulfil its role as a Corporate Parent and meet its statutory sufficiency duty by providing good quality care, effective parenting and support to children and young people in and leaving our care. It describes our 'one market' approach to the commissioning and provision of secure, safe and appropriate accommodation and support to children in care and care leavers over the next four years.

We identify the key challenges that we face in achieving sufficiency and our strategic approach to overcoming them. Our commissioning approach will rethink services and the way we work with families. We will invest in the right support at the right time, enhancing early help and prevention so that fewer children come into care in the first place. We will encourage participation by engaging customers throughout the commissioning process to ensure that children, young people and their families help us to design services and influence the way in which they are delivered. This is at the heart of Rotherham's Children's Transformation Programme and Children's Financial Sustainability Plan 2016-2021.

This Strategy also describes the on-going needs of children for whom we need to develop additional provision with key providers to ensure a range of specialist support and choice. It will focus on ensuring that the local market is developed over time so children and young people who remain in our care are able to continue to live in a family setting with the right support within or close to the Borough.

Achieving this requires the collective engagement of the local authority and its partners working together, involving children and young people in the decisions affecting their lives. As Corporate Parents we will provide scrutiny and seek assurance that the Strategy and the actions are owned and implemented by all professionals and partner organisations working with children, young people, their parents and carers to secure the best outcomes for our children.

Signed:

Signed

Councillor Gordon Watson  
**Lead Member,  
Children and Young People Services**

Ian Thomas  
**Strategic Director, Children & Young  
People's Service**

## 1. Introduction and Rotherham's Context

### Overview

- 1.1 The duty to provide or procure placements for Children Looked After (CLA) by the local authority is explicit in the Children Act 1989. This has since been strengthened by the introduction of Sufficiency Statutory Guidance (2010) and the Care Planning, Placement and Case Review Regulations (implementation April 2011). There is a duty of 'sufficiency' that requires Local Authorities and Children's Trust partners to ensure that there is a range of sufficient placements which meet the needs of children and young people in care, and to take steps to develop and shape service provision to meet the needs of all children and young people in care at a local level, as far as is reasonably possible.
- 1.2 This Sufficiency Strategy analyses the needs of children and young people in care that are not currently being met within Rotherham. It also considers the likely changes in the overall care population between now and 2020, taking into account the ambition to improve preventative services, increase the number of children for whom permanency is secured and ensuring children are matched to the right placement to meet their needs.
- 1.3 Some of our Looked After children will have special educational needs and disabilities. We recognise for this cohort of children that their placement will be driven by their special educational need and is considered in a separate Sufficiency Strategy for SEND. This strategy gives consideration to the cohort of children that display a high level of Social, Educational and Mental Health (SEMH) issues only some of whom will have SEN statements or Education, Health and Care Plans (EHCPs).
- 1.4 Young people leaving care are some of the most vulnerable young people in our society. Leaving care is a key moment in these young people's lives, and events at this stage in their life will have a lasting impact. Care leavers generally face having to be independent much younger than their peers. Care leavers need support at events in their lives such as moving into their first home, perhaps getting a job at a far earlier age than their peers and all of this without the support network and safety net of a family. The sufficiency of the support and accommodation provided for them will be considered.

### Strategic Outcomes

- 1.5 Rotherham Children & Families Strategic Partnership have agreed three underpinning outcomes which inform the Commissioning Strategy:
  - Children and young people are healthy and safe from harm.
  - Children and young people start school ready to learn for life.
  - Children, young people and their families are ready for the world of work.
- 1.6 Alongside these outcomes, the Looked After Children Service has developed 5 strategic objectives. They drive the key achievements and service improvements that will need to be made over the course of the next four years in order to improve the outcomes for looked after children and inform the strategic intentions in this Sufficiency Strategy:
  - To improve the degree and timeliness of placement stability and permanence and ensure that children are able to enjoy a continuity of relationships.
  - To improve the emotional wellbeing and physical health of looked after children (which will also support care and school placement stability).

- To improve the educational progress and attainment and narrow the gap between attainment of LAC and their peers.
- To improve the support and opportunities for care leavers and to increase the number and proportion of them who are in Education Employment or Training (EET).
- To listen to children and young people so as to ensure that they can influence their own plans as well as wider service delivery and development.

### Supporting Strategies

- 1.7 This document and the Strategy are separate to but linked to and informed by the following:
- The Rotherham Joint Strategic Needs Assessment (JSNA)
  - The Rotherham Children & Young Peoples Plan
  - The Looked After Children's Strategy 2016-2019
  - The Corporate Parenting Strategy.
  - The Corporate Parenting Promise to Looked After Children.
  - The Pledge to Looked After Children.
  - The Rotherham Offer to Care Leavers.
  - CYPS Sustainability Plan 2016-2021
  - The Early Help Strategy 2016-2019
  - CAMHS Transformation Plan

### Rotherham Local Context

- 1.8 Rotherham is a diverse borough with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large council built housing estates, leafy private housing suburbs, industrial areas and rural villages.
- 1.9 Rotherham is currently home to 260,000 residents with approximately:
- 56,356 (21.6%) children and young people aged 0 to 17 years
  - Of which, 16,004 (28.6%) are aged 0-4
- 1.10 There are significantly more people aged over 60 than children under 18. The child population has not changed significantly in total since 2011, although those aged under 5 years have increased in recent years. However, the number of children aged 0-4 is projected to stabilise before falling slightly to 15,800 by 2019. The largest reduction will be in young people aged 16-19, whose numbers are projected to reduce by 9% from 12,200 in 2015 to 11,100 to 2025.
- 1.11 Our Black and Minority Ethnic (BME) population is less than half the national average, but this has more than doubled between 2001 and 2011 from 10,080 to 20,842 (8.1%) and becoming increasingly diverse. The largest of over 75 different BME groups is Pakistani and Kashmiri who numbered 7,912 in 2011 (or 3.1% of the population). There were 3,418 (1.4%) 'other White' residents mainly Slovak, Czech and Romanian Roma.
- 1.12 Whilst the child population has not changed much in total since 2011, ethnic composition has changed rather more. The child BME percentage is estimated to have increased from 12.7% in 2011 to 17.9% in 2016. Of this Pakistani and Kashmiri is the largest group (6.7%) The 'other White' child population has seen the most increase, now estimated to represent 4.5%.
- 1.13 Rotherham has an increasingly high number of children in its care. There has been a consistent upward trend year on year in the numbers of children and young people looked after by the Local Authority. The number has increased from 424 as of



January 2016 to 488 as of December 2016 (15% increase in a 12 month period) and is expected to increase.

- 1.14 Black and Minority Ethnic children now represent 19.4% (95) of the Looked After Children population. As a proportion, this is broadly in line with the child population as a whole (17.9%).

## 2. Our Challenges

- 2.1 The data identified below is crucial to understanding the makeup of Rotherham's LAC population and being able to forecast future trends and to identify the right placement, in the right place at the right time.

### THE NUMBERS OF LOOKED AFTER CHILDREN RISING AND LEGACY OF NEED

**Table 1 - Numbers of Looked After Children per 10,000 under 18 population as at period end**

	31 <sup>st</sup> March 2014	31 <sup>st</sup> March 2015	31 <sup>st</sup> March 2016	31 <sup>st</sup> Dec 2016
<b>Rotherham</b>	69.9	72.2	76.6	86.5
<b>Stat Neighbour Average</b>	73.3	73.2	75.8	-
<b>England Average</b>	60.0	60.0	60.0	-

- 2.2 The number of Looked After Children in Rotherham is high when compared to Statistical Neighbours and England averages. However, the Authority acknowledges historically poorly performing services and practice have left a legacy of need as well as a legacy of numbers.

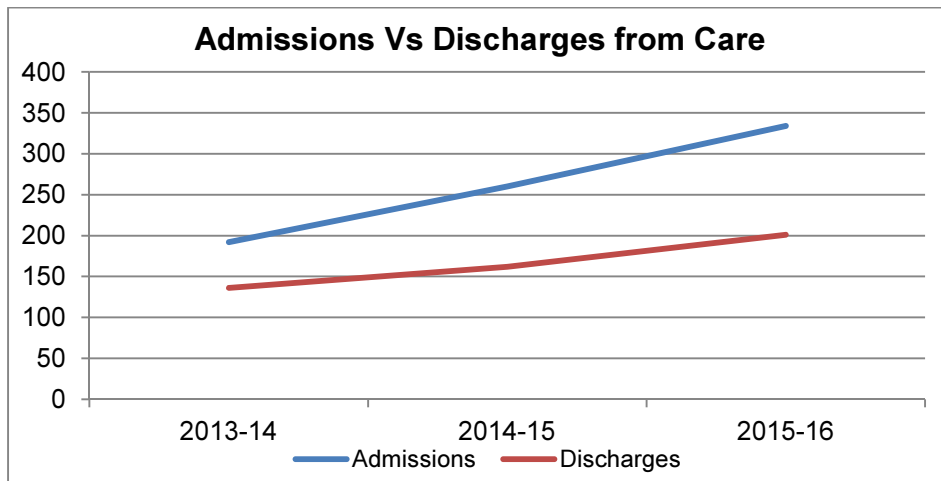
**Table 2 - Numbers of Looked After Children by Age Group as at period end**

Age Group	31 <sup>st</sup> March 2014	31 <sup>st</sup> March 2015	31 <sup>st</sup> March 2016	31 <sup>st</sup> Dec 2016
<b>Under 1</b>	23	18	29	39
<b>1 to 4</b>	59	60	52	62
<b>5 to 9</b>	80	80	87	102
<b>10 to 15</b>	160	162	174	186
<b>16 &amp; Over</b>	72	87	89	99
<b>Total</b>	<b>394</b>	<b>407</b>	<b>431</b>	<b>488</b>

- 2.3 Rotherham has a disproportionate number of older children with nearly two thirds of the children looked after aged 10 and over. The net numbers of children looked after aged between 10 and 15 admitted to care remaining constant (Table 3 and 4). At December 2016, of the children and young people looked after for more than 2 years, (41%) were aged 10 and over.
- 2.4 The likelihood of these young people returning to their birth families or achieving permanency through adoption or special guardianship orders diminishes the older they become and they are more likely to remain looked after. Often (but not always) the older children have a greater complexity of need which impacts on education and stability of school placements

### Admissions and Discharges Activity In Year

- 2.5 Table 3 and 4 below show both admissions and discharges have risen significantly over the last 3 years. With an increasing number of children coming in to care than those being discharged, the gap is widening and the net LAC population is growing.



- 2.6 There are an increasing proportion of babies and young children becoming looked after between birth and 4 years of age which has risen from 37% in 2013/2014 to 45% in December 2016. Following the establishment of a new LAC Court and Permanence Team in November 2015 and as a result of a review of Public Law Outline (PLO) practice completed in April 2016 the service has refocused its efforts on early permanence planning to intervene and secure permanent alternative care for babies and young children within a legal framework.

**Table 3 - Admissions to Care by Age Group**

Age Group	2013-2014	2014-2015	2015-2016	Apr-Dec 2016
Under 1	39/20%	48/18%	57/17%	47/23%
1 to 4	33/17%	70/27%	81/24%	45/22%
5 to 9	39/20%	47/18%	90/27%	38/19%
10 to 15	53/28%	66/25%	67/20%	56/28%
16 & Over	28/15%	29/11%	39/12%	15/7%
<b>Total</b>	<b>192</b>	<b>260</b>	<b>334</b>	<b>201</b>

**Table 4 - Discharges from Care by Age**

Age Group on Leaving Care	2013-2014	2014-2015	2015-2016	Apr-Dec 2016
Under 1	14/10%	17/10%	23/11%	22/15%
1 to 4	45/33%	52/32%	61/30%	35/24%
5 to 9	17/13%	20/12%	27/13%	18/13%
10 to 15	19/14%	21/13%	34/17%	22/15%
16 & Over	41/30%	52/32%	56/28%	46/32%
<b>Total</b>	<b>136</b>	<b>162</b>	<b>201</b>	<b>143</b>

Table 5 - Discharges from Care by End Reason

Reason Care Ceased	2013-2014	2014-2015	2015-2016	Apr-Dec 2016
Returned Home to live with birth parent or person with parental responsibility	44/ 32%	52/ 32%	56/29%	43/30%
To live with parents, relatives, or other person with no parental responsibility	-	-	-	20/13%
Adopted (permanence)	36/ 27%	44/ 27%	43/ 21%	19/13%
Alternative permanent care with 'connected people' (SGO)	19/ 14%	18/ 11%	33/ 16%	16/11%
Transition to Adult Services - disability and learning difficulties	2/ 1%	4/ 2%	1/ 1%	4/3%
Becoming an 18 year old Adult (move to independent living)	23/ 17%	14/ 9%	9/ 4%	13/10%
All Other	12/ 9%	30/ 19%	59/ 29%	28/20%
<b>Total</b>	<b>136</b>	<b>162</b>	<b>201</b>	<b>143</b>

- 2.7 Returning children to their birth or extended families where it is safe to do so shows a marked increase on 2015/16 to 45% by December 2016 Year to Date figures. Discharges of 37% in 2015/16 were to permanency arrangements through adoption or special guardianship orders.

## HOW WE CURRENTLY CARE FOR OUR LOOKED AFTER CHILDREN

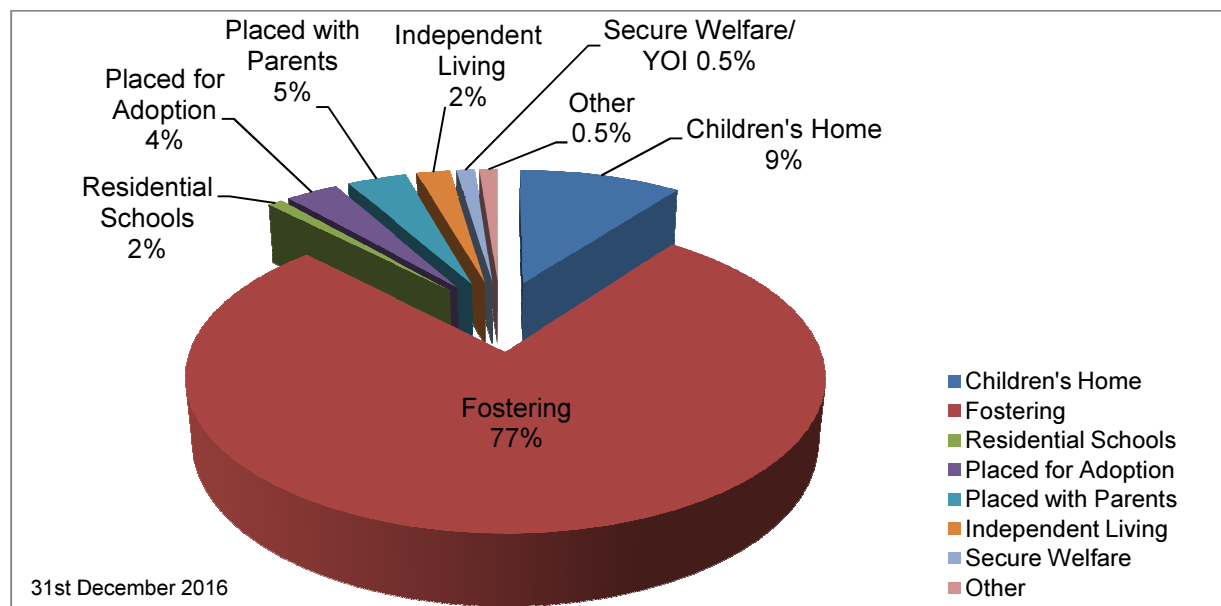
Table 6 - Numbers of Looked After Children by Legal Status as at period end

Legal Status	31 <sup>st</sup> March 2014	31 <sup>st</sup> March 2015	31 <sup>st</sup> March 2016	31 <sup>st</sup> Dec 2016
Interim Care Order	51/13%	61/15%	78/18%	138/28%
Full Care Order	239/60%	237/58%	251/58%	241/49%
Section 20	40/10%	59/15%	58/13%	59/12%
Placement Order	62/16%	50/12%	41/10%	46/9%
On remand, committed for trial, or detained	2/1%	-	2/0.5%	3/0.5%
Emergency orders or police protection	-	-	1/0.5%	1/0.5%
<b>Total</b>	<b>394</b>	<b>407</b>	<b>431</b>	<b>488</b>

- 2.8 There is a sustained proportionate increase in the numbers of children subject to ongoing care proceedings (interim care order) which would suggest that a permanent legal resolution is being sought for more children more of the time.

Table 7 - Numbers of Looked After Children by Placement Type as at Period End

Placement Type	31 <sup>st</sup> March 2014	31 <sup>st</sup> March 2015	31 <sup>st</sup> March 2016	31 <sup>st</sup> Dec 2016
<b>Children's Home</b> in-house provision	19/ 5%	16/ 4%	3/ 1%	0
<b>Children's Home</b> provision by others	22/ 6%	30/ 7%	41/ 10%	45/ 9%
<b>Fostering</b> in-house provision	155/ 39%	167/ 41%	178/ 41%	179/ 36%
<b>Fostering</b> with 'connected people' (relatives or friends)	10/ 3%	16/ 4%	20/ 5%	20/ 5%
<b>Fostering</b> provision by others (IFAs & other LAs)	102/ 26%	110/ 27%	136/ 32%	176/ 36%
<b>Residential Schools</b>	3/ 1%	3/ 1%	4/ 1%	9/ 2%
<b>Placed for Adoption</b> (with prospective adoptive parents)	37/ 9%	24/ 6%	14/ 3%	21/ 4%
<b>Placed with Parents</b> (and subject to a FCO or other Order of the court)	18/ 5%	14/ 3%	16/ 4%	23/ 5%
<b>Independent Living</b>	10/ 3%	11/ 3%	9/2%	11/ 2%
<b>Secure Accommodation</b> (Welfare grounds)	4/ 1%	2/ 0%	5/ 1%	1/ 0%
<b>Young Offender Institute or Prison</b>	3/ 1%	1/ 0%	0%	1/ 0%
<b>Other</b>	11/ 3%	13/ 3%	5/ 1%	2/ 0.5%
<b>Total</b>	<b>394</b>	<b>407</b>	<b>431</b>	<b>488</b>



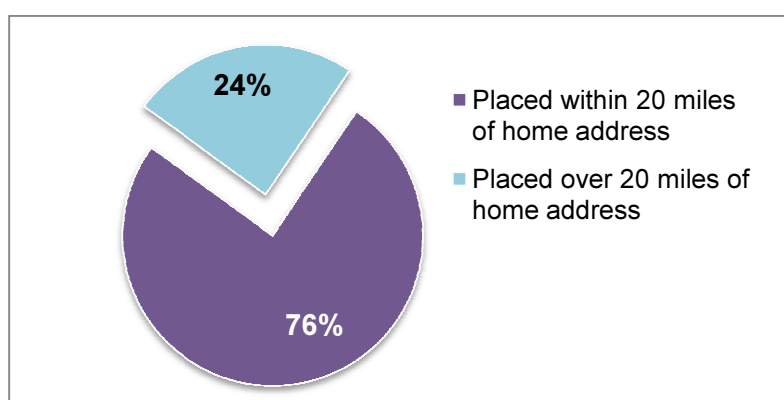
2.9 The breakdown of placements by type indicate that the vast majority of LAC are placed in foster care (77%) which is consistent with the department's commitment to place children in family based arrangements. Of the 77%, 41% are in-house placement (including connected people, relatives or friends) and 36% with Independent Fostering Agencies.

## WHERE WE CURRENTLY CARE FOR OUR LOOKED AFTER CHILDREN

2.10 When compared with statistical neighbours and the rest of the country, too many LAC are placed out of borough – more than 20 miles away from their home. This has implications for the child and family in terms of maintaining contact and for social work practice and oversight.

**Table 8 – % of children placed more than 20 miles from their home, outside LA Boundary**

% of children placed more than 20 miles from their home, outside LA Boundary	31 <sup>st</sup> March 2014	31 <sup>st</sup> March 2015	31 <sup>st</sup> March 2016
<b>Rotherham</b>	20	19	n/a
<b>Stat Neighbour</b>	15.25	12.70	n/a
<b>England</b>	13	14	n/a



**Table 9 – LAC placement driving distance from home by placement type as at July 2016**

Driving distance from Home Address	Internal Fostering	Independent Fostering Agency	Internal Residential	Independent Residential	Other provision	Grand Total
<b>July 2016</b>						<b>No/ %</b>
<b>Within Rotherham</b>	178/ 96.2%	93/ 62.4%	1/ 50%	17/ 32.7%	43/ 78.2%	332/ 75.1%
<b>20 to 49</b>	6/ 3.3%	33/ 2.1%	1/ 50%	13/ 25%	6/ 10.9%	59/ 13.4%
<b>50 to 99</b>	-	22/ 14.8%	-	17/ 32.7%	4/ 7.3%	42/ 9.5%
<b>100+</b>	1/ 0.5%	1/ 0.7%	-	5/ 9.6%	2/ 3.6%	9/ 2%
<b>Total LAC</b>	<b>185</b>	<b>149</b>	<b>2</b>	<b>52</b>	<b>55</b>	<b>442</b>

## DEMAND FOR SOCIAL, EMOTIONAL AND MENTAL HEALTH SUPPORT

2.11 An increasing number of Looked After Children are presenting with emotional wellbeing and mental health need. There has been a 39% increase in 2015/16 in the number of Looked After Children accessing emotional wellbeing and mental health support from the Looked After and Adopted Children's Therapeutic Team (LAACTT).

**Table 10 - Looked After Children Accessing LAC Therapeutic Team**

	<b>31<sup>st</sup> March 2015</b>	<b>31<sup>st</sup> March 2016</b>
	<b>No.</b>	<b>No.</b>
<b>Active cases</b>	150	208

- 2.12 There has been a 41% decrease in the number of Looked After Children accessing Rotherham Doncaster and South Humber NHS Foundation Trust CAMHS for mental health treatment in 2015/16 from the previous year's figure. This decrease may in part be due to RDASH CAMHS working more closely with the Therapeutic Team and preventing an escalation of need.

**Table 11 - LAC and Care Leavers accessing the RDASH CAMHS treatment service**

	<b>31<sup>st</sup> March 2015</b>	<b>31<sup>st</sup> March 2016</b>
	<b>No.</b>	<b>No.</b>
<b>Numbers accessing the CAMHS treatment service:</b>		
<b>Numbers of LAC and Care Leavers accessing</b>	131	77

- 2.13 There is evidence of good joint working between RDASH CAMHS and the Therapeutic Team and that each respective service is working with the appropriate cohort of children and young people.
- 2.14 At the time of writing, children accessing CAMHS are on average 13½ years old. Most of those not being referred as part of the specialist Learning Disability pathway have either experienced, or are at high risk of Child Sexual Exploitation or were referred for a neuro-developmental assessment (ASD or ADHD). Of the current cohort 92% were deemed to be 'routine' referrals

## SUPPORTING OUR YOUNG PEOPLE LEAVING CARE

**Table 12 - Percentage of Care Leavers in Suitable Accommodation**

<b>Suitable Accommodation</b>	<b>31<sup>st</sup> March 2014</b>	<b>31<sup>st</sup> March 2015</b>	<b>31<sup>st</sup> March 2016</b>	<b>31<sup>st</sup> Dec 2016</b>
<b>Rotherham</b>	82.80%	94.00%	96.5%	97.3%
<b>Stat Neighbours</b>	74.24%	85.10%	-	-
<b>England</b>	77.88%	81.00%	-	-

**Table 13 - Percentage of Care Leavers Not in Education, Employment or Training (NEET)**

<b>NEET</b>	<b>31<sup>st</sup> March 2014</b>	<b>31<sup>st</sup> March 2015</b>	<b>31<sup>st</sup> March 2016</b>	<b>31<sup>st</sup> Dec 2016</b>
<b>Rotherham</b>	38.00%	34.00%	32.00%	28.6%
<b>Stat Neighbours</b>	37.40%	39.60%	-	-
<b>England</b>	38.00%	39.00%	-	-

- 2.15 The vast majority of young people leaving care (97%) are in suitable accommodation which is well above the national average (81%). There are no young people placed in bed and breakfast accommodation.

### INDICATOR OUTCOMES

- 2.16 The performance against the following indicators is directly related to the evaluation of placement sufficiency and accommodation.

	Roth 2013/14	Roth 2014/15	Roth 2015/16	Roth Apr-Dec 2016	England 2015/16
Number of Looked After Children per 10,000 under 18 population	69.9	72.2	76.6	86.5	60
<b>Achieving permanence</b>					
Number of adoptions	-	-	43	19	-
% adoptions completed within 12 months of SHOBPA	55.6%	84.6%	53.5%	52.6%	-
Number of Special Guardianship Orders	5	1	16	16	
<b>Stability of Placements</b>					
No. of long term LAC placements stable for at least 2 years	108/157	110/153	109/150	102/148	-
% long term LAC placements stable for at least 2 years (NI063)	68.8%	71.9%	72.7%	68.9%	67%
No. of LAC who have had 3 or more placements - rolling 12 months (NI062)	44/393	49/409	56/431	62/454 At Sep	-
% LAC who have had 3 or more placements - rolling 12 months	11.2%	12.0%	13.0%	13.7% At Sep	11.0%
<b>Personal Education Plan</b>					
% LAC with a Personal Education Plan	65.7%	68.7%	97.8%	91.2% At Sep	-
% LAC with up to date Personal Education Plan	73.3%	76.0%	95.0%	85.0% At Sep	-
<b>Health</b>					
Health of Looked After Children – up to date Health Assessments	82.7%	81.4%	92.8%	89.2%	-
Health of Looked After Children – up to date Dental Assessments	42.5%	58.8%	95.0%	65.5%	-

- 2.17 A social care case management system was implemented in October 2016 which, as expected with any new system, would have a short term impact on reporting information in some areas. Where possible December data has been provided along with efforts to ensure that figures used have been manually validated for accuracy of reporting.



### Placement Stability and Disruption

- 2.18 Placement stability continues to be a factor in offering an effective Fostering Service and crucial to ensuring that the Council delivers good outcomes to each looked after child. Stability is measured by 2 national indicators, NI062 relating to children who experience 3 placement moves within 12 months and NI063 which relates to children looked after for 2.5 years who have been in the same placement for 2 years.
- 2.19 There has been steady improvement over the last 3 years in the placement stability NI063 placement stability figure which was 72.7% at March 2015. There has been a small decline in year at December 2016 to 68.9%. However the longer term trend is upwards and remains higher than statistical neighbours (67%).
- 2.20 Foster placement disruptions happen when the placement has had an unplanned ending outside of the child's care planning arrangements. In 2015/16 within RMBC in-house fostering service there were 15 foster placement disruptions involving 17 children in care. This compares with 40 placement disruptions that took place, during the same timeframe from within independent fostering agencies.
- 2.21 The national indicator NI062 shows steady increase to 13% in 2015/16 in placement breakdowns. This trend has continued into 2016 and is higher than statistical neighbours and higher than Rotherham's target of 10%.

### Adoption and Early Permanence planning

- 2.22 Analysis indicates an increase in the number of Looked After Children aged 0 to 4 whose permanence plan is adoption and reflects the trend of an increase in the number of children aged 0 to 4 entering care. In 2015/16, 19 children under the age of 1 year, had a SHOBPA (Should be placed for Adoption Decision). Eighteen children aged between 1 and 4 years had a SHOBPA decision.
- 2.23 From 1st April 2016 to 1st December, 17 children under the age of 1 year old, had a SHOBPA decision and 10 children aged between 1 and 4. It is likely that the number of children 4 and under whose plan is adoption will exceed the 2015/16 total. This reflects the trend in the growing numbers of children aged 4 or under entering care.
- 2.24 Early Permanence Planning (EPP) has enabled identification of unborn children who are likely to come in to care, develop a permanence plan for adoption and place them with adopters who are temporarily approved as foster carers. In 2015/16, 16 unborns were considered for EPP. Of these, 8 children (50%) were placed in Early Permanence Placements. In 2016/17 year to date, 14 children have been considered for EPP with 3 children placed.
- 2.25 During 2015/16 the average time between becoming a looked after child and placed for adoption (A1) was 296 days. This is within the government target of 426 days demonstrating that permanence is achieved in a timely manner and permanence plans are not allowed to drift.
- 2.26 The average time between the child being the subject of a placement order and being matched with adopters was 136 days during 2015/16 (A2). Although this missed the government target of 121 days, the underlying performance does represent an improvement on the previous year with 72% of children adopted with the target of 121 days compared to 37% in 2014/15.

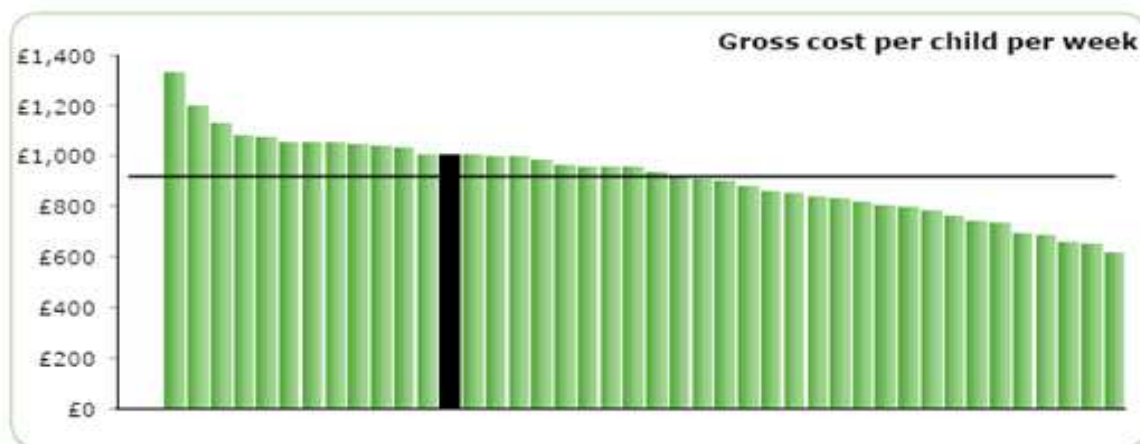
### 3. Our Current Approach

#### Current Provision Overview

- 3.1 There has been a consistent upward trend year on year in the numbers of children and young people Looked After by Rotherham. Overall the number of children in care has increased from 407 at end of 2014/15 to 433 at the end of 2015/16. The trend continues upwards, being 488 and rising at the time of writing in December 2016.
- 3.2 Whilst this upward trend is reflected across many local authorities in the Yorkshire and Humber region, at a rate of 86.5 per 10,000 children this is above the national average of 60 looked after children per 10,000 of population (as at 31st March 2016). If the current trend of increasing numbers of Looked After Children was allowed to continue unabated, by November 2019 there will be a projected 604 looked after children.
- 3.3 Rotherham has had an inadequate 'alternative offer' to support children and families at times of crisis and this has also led to more children coming into care. Once in care there has been inadequate support provision for the child and carer and this has implications for placement stability, impacts on the child's education and potentially poorer outcomes.
- 3.4 In conjunction with this, the recruitment and retention of in-house foster carers has been insufficient to meet demand and the children's residential care homes have been of such poor or inconsistent quality that they have been deemed unviable. In turn this has led to an over-reliance on Independent Fostering Agencies (IFA) and private providers of children's residential care homes
- 3.5 In addition the lack of in-house provision too many young people have been placed some distance away from the Rotherham boundary. More than 24% (110 children) are placed more than 20 miles from their home address. (Section 2, Table 9).
- 3.6 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.
- 3.7 The Virtual School supports education wherever the child is placed and it is more difficult to support/challenge schools that are out of borough. We also experience a lack of prioritisation of Rotherham Looked After Children in other authorities. In addition some local authorities do not have a sufficiency of therapeutic support, Education Psychology input, post-16 support to be able to support our Looked After Children. Addressing the number of children looked after 'out of borough' is a key consideration in respect of their educational outcomes.
- 3.8 Where larger sibling groups have to come into care seeking to accommodate these larger groups (3+) in the same setting is difficult irrespective of the placement type. The resulting break up of sibling groups adds to the trauma which the young people experience at point of placement. Larger sibling groups are common amongst Rotherham's BME population.

- 3.9 The most recent **INITIAL** (2016) Chartered Institute of Public Finance and Accountancy (CIPFA) LAC Benchmarking Club shows Rotherham's weekly gross cost at £1,006. The overall trend is down on the previous year and is moving towards the benchmarking average of £918. The Benchmarking data show that there is scope to manage the sufficiency in the market as a whole for family based support within the Rotherham Borough.

**Table 14 - Gross cost per child per week by LA (Rotherham shown in black)**



Unit Costs Gross (£ per child per week)	Roth	Avg.
LA Homes	0	£3,049
Other Homes	£3,712	£3,571
In-House Foster Care	£525	£477
Other Foster Care	£901	£879
Overall	£1,019	£925

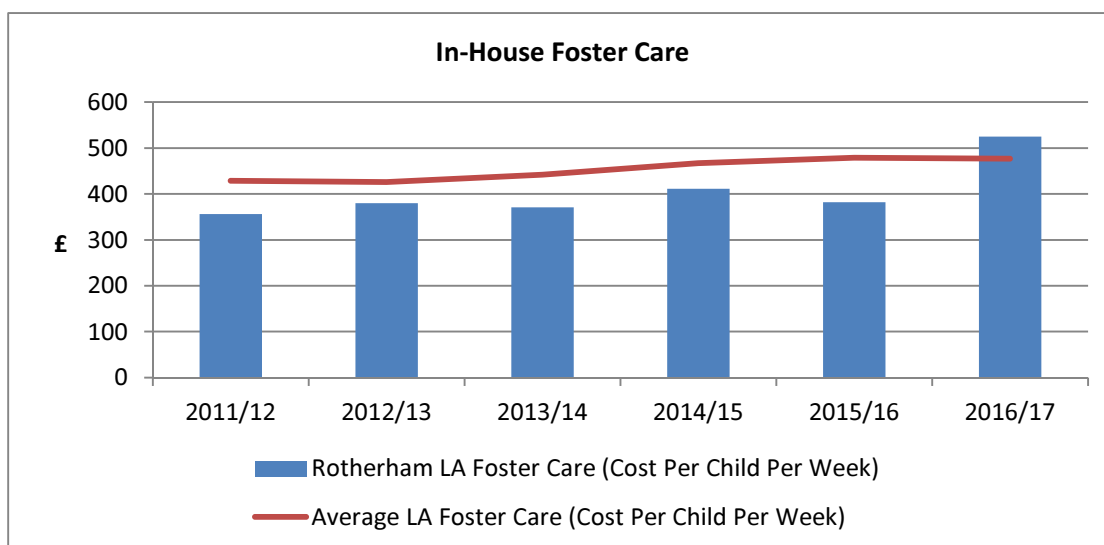
Composition Placements	No.	%	Avg
LA Homes	0	na	3%
Other Homes	42	10%	9%
In-House Foster Care	196	47%	56%
Other Foster Care	155	38%	27%
	347		

## IN-HOUSE PROVISION

### In-house Foster Care

- 3.10 During the course of 2015/16, despite recruitment, there was a net loss of 3 carers but this did not translate into a loss of placements as those who deregistered were not actively taking child placements. Placements increased from 167 to 178. In December 2016 the proportion of placements with local authority fostering accounted for 36% of the placement market (178 placements), a proportion that has remained consistent over the past 3 years but needs to increase. The target increase for 2016/17 is a net increase of 15 placements of in-house foster carers.
- 3.11 The In-House Fostering Service experienced an increase in the number of placement disruptions in 2015/16 which is indicative of a lack of placement choice to match against the child's needs. The Council will not meet its sufficiency of placement provision for 'Looked After Children' without attracting additional carers to foster for Rotherham and ensuring existing Foster Carers are retained and developed.

- 3.12 In response to the current sufficiency position work has begun to transform the local authority's in-house fostering agency 'offer' including a revised scheme of payments and support provision.
- 3.13 Rotherham, in common with local authorities across the Yorkshire and Humber region, has a shortage of all foster care placements, in particular in relation to placement sufficiency for:
- Older children - adolescents aged 12+
  - Larger sibling groups
  - Children and young people described as having 'challenging behaviour'
- 3.14 It is anticipated that some existing Rotherham foster households will be able to increase the number of children they care for and provide an opportunity to increase placements.
- 3.15 Rotherham Fostering Service have 7 Foster Plus carers who provide support to children and young people described as having 'challenging behaviour'. Three of the Foster Plus carers provide emergency placements for those children placed out of hours. Rotherham also has 4 foster carers who specialise in caring for children at risk of or subject to child sexual exploitation.
- 3.16 In previous benchmarking reports Rotherham has been consistently below the average weekly cost per child for in-house foster care. From 2016-17 this position changes following an improved payment scheme introduced in October 2016.



- 3.17 Recruitment of in-house foster carers will be a key element of the Sufficiency Strategy and the Directorate financial sustainability plans. Whilst an improved offer has increased costs increasing the numbers of in-house foster carers will help to reduce the reliance on more expensive independent fostering placements. The current gross unit cost for in-house provision is £525 per child per week.
- 3.18 The provision of high-quality training of foster carers is a key issue to support them to care for Rotherham children to upskill carers to improve the prospect of placement stability. This includes intensive and ongoing work on attachment, trauma, resilience, behaviour management as well as education.

### In-house Residential Care

- 3.19 In-house support at Liberty House provides planned short break overnight respite care seven days a week for up to eight children, aged between 8 to 18 years, of either

gender who have physical or sensory disabilities, complex health needs and challenging behaviour as a result of their disability. The provision was rated outstanding by Ofsted in November 2016.

## INDEPENDENT SECTOR PROVISION

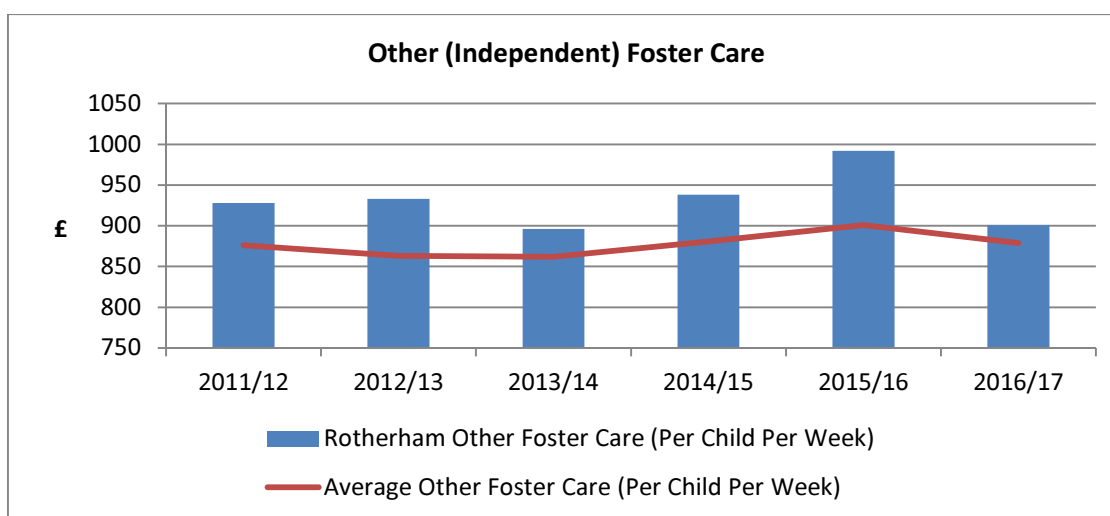
### Independent Fostering Agencies

- 3.20 Rotherham has commissioned framework arrangements for standard independent fostering provision from April 2016 until March 2019 with an option to extend for a further year. The framework consists of 19 providers and according to data submitted within their tender submissions these agencies had 391 fostering households within South Yorkshire, of which 62 were within Rotherham.
- 3.21 The establishment of the Rotherham Fostering Framework in April 2016 forms part of the sufficiency offer and a recent early evaluation of the impact of the Framework has deemed that it has provided additional and responsive capacity.
- 3.22 The number of IFA placements the council has used has increased over the last 3 years and with it the use of those outside of Rotherham's boundaries (table 9 refers):

**Table 15 – Numbers of IFA Placements by type**

Placement Type	2013/14		2014/15		2015/16	
	Admission	Discharge	Admission	Discharge	Admission	Discharge
Standard	18	89	17	90	26	118
Enhanced / Complex	8	38	7	53	9	54
Solo / Specialist	0	14	0	18	1	25
Parent & Child	1	4	0	1	1	4

- 3.23 IFA's will continue to be an important element in providing the right placement sufficiency. However, the average cost of an IFA placement is higher than in-house provision. The average current gross unit cost for independent foster care provision is £901 per child per week. This varies based on the needs of the child between £600 per week for a standard placement for a child under 5 to £1500 per week for a parent and child placement. The total annual budget for 2016/17 is £5.07m per annum.



- 3.24 Recent benchmarking reports have shown Rotherham to have a higher than average cost per child for independent foster placements. Although Rotherham has a

downward trend in IFA costs in line with other authorities our average cost per child is slightly higher than the average.

- 3.25 IFA's can provide stable long term placements for some young people in care. At December 2016, 33.5% of Rotherham children (59 of 176) have been in the same IFA placement for longer than 2 years.
- 3.26 Placement stability is key to good outcomes being achieved with every change of placement and school having the potential to impact on grades. However, 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 a result of the fact that our older and more challenging looked after young people are more likely to be placed within the IFAs.

### **Independent Residential**

- 3.27 There has been an increase in the use of independent residential provision over the last 3 years. In respect of Out of Authority residential placements the financial impact is significant with placements costing an average of £3,712 per week. The budget for residential placements in 2016/17 is £6.958m.
- 3.28 Rotherham is a member of the White Rose Residential Framework; a collaborative framework set up by the nine South and West Yorkshire Authorities and since joined by York, Hull and North East Lincolnshire. The framework aims to secure high quality independent residential care for young people and to meet local demand for LAC. The framework was developed to ensure capacity to cope with fluctuations in demand across participating councils and has created a tier system of tried and tested providers.
- 3.29 The framework supports regional contract management and quality assurance which minimises costs to the participating member authorities and provides an effective interface with all independent providers. The current framework agreement originally ran to July 2015 and the option to extend until July 2017 has been taken up with a replacement framework currently in development.
- 3.30 The White Rose Residential Framework has provided stable placement costs (no price increases were approved across the framework until the introduction of the Living Wage), which were less than the Authority were paying prior to joining. It gives access to provision from 42 different providers all being consistently quality assured to the same standards with that QA work shared across participating authorities.

### **CARE LEAVERS ACCOMMODATION AND SUPPORT**

- 3.31 At the end of December 2016 the leaving care service was being accessed by 223 young people. During September 140 (63%) of young people accessing the service were receiving a range of support in their accommodation from daily to weekly contact. Of these 90 (40%) were under 18 years and 60% over. The gender split for Care Leavers is 49% female and 51% male.
- 3.32 Care leavers are actively encouraged to remain looked after until they are 18 where this is appropriate, and supported to remain in their placement post 18 under the 'Staying Put' initiative. 11% of care Leavers aged 18+ are in Staying Put Arrangements. The 'Staying Put' Policy is being embedded but requires further promotion with foster carers, young people and social care staff.
- 3.33 Within the annual return to the DFE (903 data) 97% of our care leavers are in suitable accommodation (unsuitable accommodation is defined as custody; homelessness

(including sofa surfing); bed and breakfast). However, the quality of that accommodation varies and we believe that too many young people are living beyond the borough's boundaries in relatively expensive supported accommodation provided by the private sector.

- 3.34 Planning is underway to review the quality and cost of our spot purchased supported accommodation with a view to re-directing resources to enable young people to live within the borough, particularly for those who will take longer to be equipped to manage the responsibilities of a tenancy in their own right. In addition, the children's commissioning team will be taking responsibility for identifying these placements from early 2017 which will bring increased rigour when purchasing these services.
- 3.35 The leaving care service (in-house) operates from a dedicated support hub in Rotherham town centre which was developed in response to young people's wishes. Personal advisors and other team members are available at the hub during the week and offer a duty service, drop-in facility and 1:1 appointments.
- 3.36 The service also has an in-house supported living facility (Hollowgate) in the town centre providing nine flats for semi-independent living plus a resource for staff to meet with young people. The provision helps them make a positive transition into adulthood. Young people housed at Hollowgate report that the service they are receiving is improved, supportive and appropriate. A further facility providing seven bedsits near the town centre was decommissioned earlier in 2016.
- 3.37 Hollowgate provides 10 young people with floating support living in dispersed properties provided by the Council's Housing Service (request data of numbers from Mick). In addition they offer continued support to young people who have moved on from Hollowgate through access to 3 properties shared by 6 young people. In addition to this and in response to identified need 2 newly built 2 bedroom properties will be allocated to care leavers as preparation for applying for a social housing tenancy, this is expected to be available from late 2017.
- 3.38 Work is needed to ensure that referrals for accommodation and support for young people is co-ordinated and that accommodation identified for young people is quality assured and consistent and able to appropriately meet the needs of young people referred to them and provide good outcomes for care leavers.
- 3.39 Relationships with the Council's Housing Service are positive. Young people are supported in their own tenancies/dispersed tenancies and supported accommodation to appropriately manage their homes and finances and how to keep themselves safe within their home.
- 3.40 During 2016 a Transitions Project has focused on effective transitioning young people into their adulthood including care leavers. A collaboration across Directorates and with partners (Transitions Project) is working with children from a younger age to prepare them for adulthood and is establishing better links with Adult Services to create pathways to identify any ongoing needs and support as they leave care.

## **ADDITIONAL SUPPORT SERVICES FOR LOOKED AFTER CHILDREN**

### **Social, Emotional and Mental Health Support**

- 3.41 The main increase in presenting need for young people requiring an Education, Health and Care (EHC) Assessment and Plan is Social Emotional and Mental Health needs (SEMH) only some of whom are not Looked After. This will be described in

more detail in the SEND sufficiency strategy but an outline of provision is described here particularly as it links to the support around foster care placements.

- 3.42 The current support for SEMH in Rotherham is provided in-house by The Looked After and Adopted Children's Therapeutic Team (LAACTT) and Rotherham Doncaster and South Humber NHS Foundation Trust – CAMHS.

#### **Rotherham's Therapeutic Team (LAACTT)**

- 3.43 The Looked After and Adopted Children's Therapeutic Team offer advice, training and intervention to parents or carers and professionals working with looked after and adopted children to support the emotional wellbeing of the children and young people in their care. Demand for services has been high and there are capacity issues.

#### **Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH) - CAMHS**

- 3.44 RDASH CAMHS is the mental health treatment service in Rotherham. They offer a variety of therapeutic interventions, such as family systemic therapy, art psychotherapy, cognitive behavioural therapy, psychoanalytical therapy, and solution focused therapy, play work and many other short and long term therapies.

- 3.45 Some of the issues that they help children/young people manage include anxiety disorders, severe behavioural issues, chronic fatigue/somatisation disorder, conduct disorder, eating disorders, gender identity disorder, mood disorder or depression, obsessive compulsive disorder, post-traumatic stress disorder, psychosis or suspected psychosis, self-harming behaviours, suspected attention deficit hyperactive disorder (ADHD), and suspected autism spectrum conditions (ASC).

- 3.46 RDASH CAMHS have, from 1st November 2016, implemented a process for the prioritisation of Looked After Children and Care Leavers for mental health treatment, which is as follows:

- 3.47 Following a referral for a looked after child, the assessment will be undertaken within the same timescales as an urgent referral i.e. within 24 hours. The outcome of the assessment and risks will determine the appropriate course of action which range from advice to children and carers for further managing the presenting situation, to intensive support to the young person and carer within 7 days of the initial assessment, to specialist therapeutic intervention for identified mental health problems prioritised for LAC.

- 3.48 In response to Rotherham's sufficiency challenge and the CAMHS Transformation Plan, there has been an increasing focus on promoting resilience, prevention and early intervention in this area. This has included:

- Initial work with schools in Rotherham on Social, Emotional and Mental Health (SEMH) approaches, which is specifically targeting the most vulnerable children in schools
- Five secondary schools and one special school participating in the 'whole school approach to Emotional Wellbeing and Mental Health' pilot project.
- A whole-service reconfiguration of the RDASH CAMHS service has been undertaken and as part of this reconfiguration, a locality service has been established, whereby locality workers interface and provide support and advice to locality Social Care teams, GP Practice localities and locality Early Help teams. In addition, the locality workers are also working closely with schools and providing support and advice to staff and direct contact with pupils as necessary.



- Rotherham's My Mind Matters website: [www.mymindmatters.org.uk](http://www.mymindmatters.org.uk) website for all children, young people, parents, carers and practitioners provides information on how to get help, what help there is and how to look after mental health and emotional wellbeing.

## SUMMARY

3.49 The key challenges that we face in achieving sufficiency are as follows:

- There are too many looked after children in the care of Rotherham MBC. Historically poorly performing services have left a legacy of more complex need as well as a legacy of rising numbers.
- There is a need to ensure that the Local Authority has provision which enables it to manage demand and that preventative provision and early help is in place to minimise the number of children coming into care. For some children, for whom the right decision has been to become looked after, there is insufficient timely access to appropriate specialist support.
- The number of those children in care placed out of borough is too high, closing gaps in the provision of sufficient local placement accommodation, preferably in a family setting, is required so children and young people in care and care leavers are able to continue to live within or close to the Borough.
- There is a need to work with key providers of specialist provision to help us to meet a range of needs and sufficiency of placement provision. More needs to be done to ensure the efficient and effective operation of our local market. Delivering much better value in terms of quality, price, unit costs and outcomes is essential across all provision.

## 4. Our Intended Response

- 4.1 In response to the challenges we face, we are committed to four clear intentions which inform our commissioning:
- a. For those children and young people on the edge of care, we will ensure that they are supported to stay with their parents or extended family and only come into care where it is absolutely necessary and justified in the best interests of the child or young person, and that all support options and strategies have been exhausted.
  - b. For young children who come into care we will work to return to their birth or extended families, as a best outcome for them, when it is safe to do so. Where it is not, we will seek permanency for them through adoption or special guardianship orders wherever possible.
  - c. For children who remain in our care we will ensure that we have good quality placement in a family setting or suitable residential provision in or close to Rotherham.
  - d. For young people leaving care we will actively encourage them to remain looked after until they are 18 where this is appropriate. We will help them to 'stay put' in their placement after they are 18. Where this is not possible or appropriate we will ensure that we have sufficient accommodation locally to meet their needs including support to enable smooth transition to independent living.
- 4.2 We intend to facilitate a reduction in the number of children and young people looked after in Rotherham by investing in the right support at the right time for children and families across early help and on the edge of care; children's social care and education settings to develop better, more affordable placement choices. It is our intention to develop a range of preventative and support services/ interventions. There are five strands contained within the LAC strategy 2016-2019, which are as follows:
- Supporting children and young people on the 'edge of care' to stay at home
  - Supporting permanency through Adoption and special guardianship
  - Placement commissioning and development
  - Support around the placement for child/young person and carer (including SEMH needs)
  - Returning children to their birth/extended families when safe to do so

### Supporting children and young people on the 'edge of care'

- 4.4 We will develop enhanced 'Edge of Care' interventions within Early Help Services to support children and families where there is an immediate risk of family breakdown or to respond to families in crisis. This will ensure that the opportunity to intervene earlier when problems begin to emerge is enhanced by a robust continuum of evidence based practice across the children's workforce.
- a. Establishing an '**Edge of Care**' Team – by investing in the recruitment and development of a dedicated team of practitioners offering a range of services to support children to remain living safely with their immediate or extended families they will be given the best chance to thrive without long-term reliance on services.

- b. Continue **Multi-Systemic Therapy (MST)** – an intensive programme that works within the whole ecology of a young person including parents, family, the community and school at the same time in a solution-focused, strengths-based approach to empower the family to take responsibility for solving problems. In the longer term this strategy will also push demand for placements down from costly high tier services to less expensive early interventions.
- c. Establish **Family Group Conferencing (FGC)** – FGC is an effective tool for identifying and engaging with wider family members and friends at an early stage of concern regarding a child. It is a child-centred, family-led decision making and planning process which develops existing strengths to build safety for children. Targeting services at children and young people at an earlier stage of their journey is likely to reduce the number of children subject to a child protection plan and consequently reduce the numbers that escalate to PLO care proceedings and ultimately entering care.
- d. Implement the **Pause Project** – It has been determined that over a 7 year period 29% of care applications in the UK involved women who had previously had a child removed from their care and this often related to trans-generational patterns of neglect and/or abuse. Repeat removal of a child or children is a particular issue in Rotherham. The Pause Project aims to engage with mothers on a one to one basis to provide intensive therapeutic activities and practical support to encourage them to think of themselves as individuals, often for the first time in their lives. The programme gives women the chance to ‘pause’ and take control of their lives, breaking the destructive cycle that causes them and their children deep trauma. To support this process they are encouraged to take Long Acting Reversible Contraception (LARC) during the intervention to create the space to reflect, learn and aspire.

#### Returning children to their birth/extended families

- 4.5 We will continue the work to consider and formally assess young people in terms of the viability of them returning to the care of their birth/extended families. This is a partnership arrangement with the NSPCC (**Taking Care Project**) through which young people will be considered and formally assessed in respect of the viability of them returning to the care of their birth/extended families over a two year period.
- 4.6 This programme is evidence based and not only strengthens the assessment and decision making process when deciding whether a child should return home but also informs how best to support children and families throughout the reunification process and after they have returned home. The LAC social workers have been fully trained in the process so that the intervention should become embedded practice and self-supporting. This in turn should reduce the drift that is a factor within the current care planning processes in the LAC service.

#### Supporting permanency through Adoption and special guardianship.

- 4.7 Rotherham has a commitment to offer the best opportunity for permanence for Looked After Children by ensuring that they are looked after by family, friends or established foster care placements, wherever possible and appropriate for the child.
- 4.8 Our intention, in line with DfE direction to **regionalise adoption services**, is to enter a joint venture along with Barnsley, Sheffield, Doncaster MBC and Doncaster Children’s Services Trust by a planned implementation date of June 2017. This creation of a South Yorkshire Adoption Agency will enable the pooling of resources in respect of assessments and availability of adoptive placements.

- 4.9 Special Guardianship Orders (SGO) offer the opportunity for family, friends or existing foster carers to give a permanent home to the child without the financial loss normally associated with adoption but without Social Care or Independent Reviewing Officer input associated with foster care offer permanency within a family setting therefore improving the opportunities for the best outcomes for the child. Special Guardianship Orders (SGO) offer continued therapeutic services support in line with specific needs. The intention is to increase the number of SGO's from 2017/18.

#### Placement commissioning and development

- 4.10 LAC are a particularly vulnerable group and are at high risk of social exclusion, health inequalities, inequalities in educational attainment and wider negative outcomes. We acknowledge that it is critical to ensure we place LAC in the most appropriate placement available and that we have a market available to meet those needs. Ensuring sufficiency of all placement types in and close to Rotherham is important across foster care and residential provision.
- 4.12 It is our intention that wherever possible, children and young people should be looked after in Rotherham in a family setting, placed with foster carers and in-house foster carers where these are available. In-house foster carers are able to offer placements at a lower cost than Independent Foster Agency placements. Reducing the overall costs of providing service to children and young people in care enables us to invest more in services to children and young people who are on the edge of care, and in preventative services.
- 4.13 The intention is to increase the number of Foster Carers in the local authority, but importantly, increasing this supply of capacity sufficiently to ensure more placement choice when matching children with fostering families. The initial aim is to increase the proportion of placements with local authority fostering from around 36% as of December 2016 to a forecast 67% in March 2021; an additional net 15 placements per year.
- 4.14 A revised **Foster Carer Payment Scheme along with appropriate support and development** was approved for implementation by the Children's Commissioner. The scheme was co-produced in partnership with the local foster carer consultation group. By investing in a well-trained and supported in-house foster care provision, the aim is to attract additional foster carers to Rotherham, especially for adolescents and large sibling groups, and to improve the retention and development of existing experienced carers. In addition, Rotherham will adopt one of the key practice principles set out in 'Putting Children First' so that foster carers will be actively involved in decisions about the children they are looking after. A target of 15 or more placements being secured per annum between 2016-19.
- 4.15 Independent Foster Agencies will continue to be an important provider in ensuring the sufficiency of accommodation for looked after children. Whilst in overall terms our intention is to reduce our current reliance on them, there will be a focus on working with them develop a sufficient local provision and to secure better value in terms of quality, price and outcomes. IFA's will continue to provide the Council with an important viable alternative to out of authority residential provision.
- 4.16 For some children and young people a residential placement will be the right option. We will continue to ensure sufficiency of residential placement whilst looking to reduce out of borough residential placements gradually over time so as not to remove a child from settled and successful placement.

#### Support around the child and carer

- 4.17 We are developing a cohesive interagency LAC provision between RDaSH CAMHS and RMBC Looked After and Adopted Children's Therapeutic Team. The two services continue to work closely together to develop collaborative approaches to best support the needs of this client group. The longer term approach is described at 5.17.
- 4.18 There has been a pathway and a clear threshold criterion established to identify when children and young people require support from LACCST or CAMHS. The emphasis of this provision focuses on keeping continuity of care of the child or young person with familiar clinician, with the aim of avoiding or minimising unnecessary transitions between the services.
- 4.19 As part of this overall offer the intention is to expand the **Rotherham Therapeutic Team (RTT)** commissioning clinicians to provide access to good quality and responsive wrap around therapeutic support to address the child's specific emotional and mental well-being needs. Targeted at in-house foster care and SGO's, the support to the child and carer will reduce the likelihood of a placement breakdown which often results in the use of more expensive placement provision and will lead to healthier emotional wellbeing and better outcomes. Pathways to CAMHS will be clear as will consideration of clinical risk and governance.
- 4.20 This support will be based on the 'team around the child' model where the carer and professionals will be supported to develop their skills, resilience and knowledge to respond in a confident, competent and consistent way to emerging issues by preventing escalation and disruption. It is forecast that the team could support up to 30 looked after children and their carers per year and contribute to reducing the number of placement disruptions. This stability in turn should support LAC to achieve better outcomes including in respect of their educational attainment.

## SOCIAL, EMOTIONAL AND MENTAL HEALTH

### CAMHS Transformation

- 4.21 The Future in Mind Report (FiM) was published in May 2015 and sets out a clear national ambition to transform the design and delivery of a local offer of services for children and young people with mental health needs.
- 4.22 Future in Mind describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes and is structured around 5 key themes:-
- Promoting resilience, prevention and early intervention.
  - Improving access to effective support – a system without tiers.
  - Care for the most vulnerable.
  - Accountability and transparency.
  - Developing the workforce.
- 4.23 In response to Future in Mind, Rotherham Clinical Commissioning Group jointly produced with Rotherham MBC and partners, the CAMHS Transformation Plan 2015 to 2019, which was a requirement for the release of the extra funding from NHS England.

### Promoting resilience, prevention and early intervention.

- 4.24 There will be a continued strong focus on promoting resilience, prevention and early intervention within the CAMHS Transformation Plan. This work will impact positively on Looked After Children, as it will enhance information, self-help approaches and

provide support that will prevent escalation into mental health treatment services. The key developments are as follows:

- Rotherham's primary and secondary schools have established SEMH partnerships. Schools will work together collaboratively and in partnership with each other, Early Help and CAMHS to achieve maximum impact and better outcomes for this vulnerable group.
- Following the implementation of the locality service the RDaSH CAMHS locality workers interface and provide support and advice to locality Social Care teams, GP Practice localities and locality Early Help teams, and work closely with schools.
- Rotherham MBC Public Health is leading on the development of a Rotherham Public Mental Health Strategy, which will include early intervention and prevention approaches for children and young people.

4.25 Over time it is intended that the local authority will incrementally decommission one of its pupil referral units and increasingly enable partnerships of schools to develop and commission more local, alternative solutions. Early indications are that this is beginning to reduce the number of fixed and permanent exclusions from secondary schools.

#### **Improving access to effective support – a system without tiers**

4.26 When children and young people do need support, we are focussing on an alternative to the 'Tiered' system and a 'one stop shop' model of provision. There are two local priority schemes which relate to this area and are as follows:

- We are developing a Single Point of Access (SPA) for CAMHS services. The SPA is currently operational within the CAMHS structure, but we are combining this with the RMBC Early Help Triage service. The CAMHS SPA will co-locate with the Early Help Triage service by mid-January 2017 and referrals will be directed to the most appropriate service as early as possible in the process.
- The Single Point of Access for mental health and early help referrals will ensure improved and targeted access to appropriate services. The main KPI associated with this scheme will be that 95% of referrals received by RDaSH CAMHS will either be accepted by the service or signposted to an appropriate service.

#### **CARE LEAVERS ACCOMMODATION AND SUPPORT**

4.27 We intend to reduce the number of young people placed within other local authorities. Permanent social housing tenancies are rarely available in other authorities so wherever possible and where it meets the longer term interests of our young people, we want them to be prepared for living independently within the community they are from and will inevitably return to.

4.28 Currently, Supporting People (SP) provides significant funding to our in-house provision (Hollowgate) and to 2 main voluntary sector providers of supported accommodation to 16-25 year olds. Hollowgate's funding will reduce by almost 50% over the next 2 years, potentially reducing capacity by the same proportion. The other 2 main providers of supported accommodation to 16-25 year olds will see a reduction of funded places from 68 beds to 28. Emergency and short term beds (12 in total) are not affected. A tender for the new funding will be released in 2017 which will accommodate the general population of 16-25 year olds including care leavers.

- 4.29 This presents a significant challenge. Over the past year, approximately 39 16/17 year olds were provided with accommodation through SP, mainly with 2 providers: Action and Rush House. This data needs refining to determine how many of these young people became or should have become looked after as a consequence of their homelessness. We will be clearer about how many young people will require accommodation provided by children's services if places through SP are no longer available. It will also determine whether a leaving care service should be provided at age 18, including the need for children's and young people's services to ensure that they continue to live in suitable accommodation after they have left the SP funded accommodation.
- 4.30 Given that the unit cost for support is c. £170 (rent is covered by HB), a place with an SP funded provider within the borough is generally preferable to a spot purchased private sector provider at a unit cost of £400 - £1,200+. Initial discussions with the 2 main providers (Action and Rush House) confirm that they would be open to being commissioned by Children and Young People's Services at the same rate and unit cost as current SP funding.
- 4.31 As corporate parents we understand that our aspirations for the future of young people leaving our care continues well into their adulthood. Transition pathways will offer continuity of support up to the age of 25, but we appreciate that we need to base our services on a whole life approach supporting them to stay healthy and independent at home and to deliver person centred care and support. We will be looking to build on strengths whilst they are in our care to develop their resilience, understanding that some vulnerabilities may be carried into adult life and as good parents we need to anticipate potential needs.

## 5. Management of the Market

### Commissioning Approach

- 5.1 Our aims over the period of this Strategy to address our key sufficiency challenges are underpinned by the following commitments:
- To invest in the right support at the right time for families
  - To enhance early help and preventative action
  - To support children and families so that fewer children come into care in the first place
  - To develop partnership working based on an asset based life journey approach
  - To further develop the in-house foster care service
  - To close the gaps in the provision of sufficient local placement accommodation so children and young people in care and care leavers are able to continue to live within or close to the Borough
  - To close gaps in support to children and young people once they are in care
  - To continuously improve the quality of care and support by robust market management and a 'one market' approach
- 5.2 The management of the market is fundamental in relation to how we will deal with and exceed our sufficiency challenge in Rotherham. A 'one market' approach will be our driver to ensure that children and young people are empowered to improve their life chances and are recognised for the skills and talents they have rather than the needs they present.
- 5.3 This asset based approach to commissioning will embrace both the in-house services and the external market to ensure we can offer choice, quality and value for money services in Rotherham, recognising that all top quality services have their place within one market. The benefits to the pooling and rationalisation of services in this way bring greater economies of scale, greater transparency and accountability and the ability to respond rapidly to provider failure.
- 5.4 Diversity brings choice, competition and innovation, and particularly by working with the voluntary and community sector, local knowledge and connections, trust and a relationship based approach. Relationships are at the heart of high quality commissioning and will be a key priority as the 'one market' in Rotherham is shaped and embedded.
- 5.5 The collection and effective use of accurate data as part of our commissioning process will ensure the 'one market' approach is informed, robust and responsive to changing market forces, cost and need. We will base our commissioning intentions and decisions on three data sources:
- Population Data- We will build our population data to support the fulfilment of our Sufficiency Duty and will allow us to predict the characteristics of the population, the duration of each individual child's case, the rate of the referrals, the size of the population and the level and cost of services required for each child. We will as a result develop a more person-centric approach to the utilisation of data
  - Costs Data - We will develop robust cost data across internal and external services based on a child's journey to ensure we are clear about the costs of commissioned services and to inform our developing approach to personal budgets.
  - Outcomes Data - We will collate and analyse data about the outcomes achieved by children and young people in order to measure and monitor



performance of commissioned services. This move to outcome based commissioning will mean we pay providers based on social outcomes rather than broader output measures. This will involve a shift of control to providers to undertake support and activities which they think will promote positive outcomes. This shift will foster innovation as providers find new ways of delivering high quality services for children and young people in Rotherham.

- 5.6 The commissioning of services based on a 'one market' approach subsequently will be underpinned by robust local data. In addition to effective use of data commissioning will further embed the Quality Benchmarking Assessment Framework which is used as a tool to improve the monitoring of the quality of the services provided. This tool has also been designed to help us to work together to improve the services for Children and Young People in Rotherham and to build good working relationships with providers which in turn will provide a robust line of sight across the child's journey through transition to adulthood. This benchmarking tool will enable self-assessment and support improvement.
- 5.7 The Quality Assessment Framework informs whole market areas for improvement which are in turn collaboratively addressed by Service Improvement Partnerships with providers with a particular focus on Fostering and Residential Care. The Service Improvement Partnerships are excellent examples of a collaborative approach to the improvement of services based on evidenced monitoring and review, enabling the sharing of good practice, workspace and learning and development opportunities.

## **INDEPENDENT RESIDENTIAL PROVISION**

### **Collaborative Regional Working**

- 5.8 Rotherham Council are members of the White Rose consortium, a collaborative framework which now involves all authorities across Yorkshire and Lincolnshire (with the exception of North Yorkshire). Rotherham participates in their frameworks for the provision of independent residential placements, Post 16 placements and SEN placements. There is an intention to continue this regional collaboration to strengthen market options and choice.

### **Strategic Partnerships**

- 5.9 Residential placement numbers are expected to be small and needs diverse so subsequently the intention is not to provide in-house residential care. A Strategic commissioning review determined this position which was further compounded by concerns in relation to quality and the ability to sustain improvement to the standards we now expect. We will develop strategic partnerships with independent providers to ensure that Looked After Children can be cared for in Rotherham to mitigate against high risk of social exclusion, health inequalities, inequalities in educational attainment and wider negative outcomes.

## 6. Voice of the Child

- 6.1 The views, opinions and feedback of looked after children are sought regularly across services. Children and young people are given the opportunity to provide their views before their annual reviews are held LAC Reviews; Independent Visitors and Advocates are available to help with concerns of Looked After Children and care leavers ensuring that their views and feelings are heard. Views are also captured through lifestyle surveys and learning is taken from complaints and compliments.
- 6.2 The Council places young people at the heart of inspecting services delivered to children and young people through our highly commended 'Young Inspectors' scheme which was established to make sure services are meeting quality standards and that the voices of children and young people are listened to and acted upon. Young people who are in care or leaving care (11 to 18 years old) also hold regular meetings of the LAC Council to have their say about the things that affect them and to work together to influence positive decisions to improve the lives of young people living in care in Rotherham.
- 6.3 The balance of the listening and action is on an individual child level. Our next phase is to ensure that views, opinions and feedback are more systematically collected, that we capture intelligence that can be used to influence the commissioning of services, and that we encourage participation of children and young people in their design and continuous improvement.
- 6.4 The intention is that we redistribute power within our social care system by connecting life experiences to strategy. We will co-produce and co-design strategy and services with children and young people. We will work to gain the children and young people's trust and take the time to create safe and stimulating spaces to enable their voices to be heard.
- 6.5 The approach we will take to co-producing with our stakeholders is two-fold:
- Participation in service design/ redesign and
  - Hearing their voice in the everyday experience of the service
- 6.6 For all future commissioning it is imperative to work with all stakeholders throughout the design process in order to develop the right services in the right way.
- 6.7 What we will do throughout the life of the service is gather qualitative and quantitative data around our stakeholders experiences using this as a tool for continuous improvement. We will use this data to clearly define any problems or issues that emerge and will seek solutions. The intelligence we gather will be systematically used to inform future commissioning.
- 6.8 Effective commissioning is critical to successful delivery of the sufficiency strategy and as part of that the participation and engagement of children and young people in co-production, design and the continuous improvement of value for money services

## 7. Impact of this Strategy

- 7.1 This document has looked at Rotherham and the challenges faced in meeting our sufficiency duty. Strategic priorities have been identified and actions and interventions proposed, that when implemented will mean we are better placed to meet our Sufficiency Challenge and deliver a financially sustainable Children's Services. The outcome of the strategy will be to safely and appropriately reduce the number of young people requiring care by the local authority.
- 7.2 Our intention is to develop a range of preventative and support services/interventions, some of which have required investment to facilitate the reduction in numbers and deliver the necessary cost reductions and improved outcomes.
- Supporting children and young people on the 'edge of care' to stay at home
  - Returning children to their birth/extended families when safe to do so
  - Supporting permanency through Adoption and special guardianship
  - Placement commissioning and development
  - Support around the placement to meet the individual needs of the child/young person and carer (including SEMH needs)
- 7.3 By 2021 we expect that the interventions will safely reducing the number of LAC to around 399 (closer to the statistical neighbour average of 64 per 10,000 population i.e. 360). The planned reduction in the number of looked after children is expected to result in a net reduction of 61 placements; 4 in 2017/18; 13 in 2018/19; 22 in 2019/20; and 22 in 2020/21.
- 7.4 We will track the effectiveness of the interventions and investments in contributing to safely and appropriately reducing the number of children and young people requiring care by 61 placements and the cost reductions. We will establish a number of key measures which will help us to understand whether we are making a difference amongst which will be:
- The Number and rate of LAC
  - Comparison with statistical neighbours and England average (rate per 10,000)
  - Reduction in overall placements costs
  - Reduction of placement disruption to at or below national average.
  - Increase in placement stability and decrease placement disruption
  - Increased permanency – adoption and special guardianship
  - A changed composition of placements over time to increase the share of in-house foster care provision, have sufficient numbers of independent foster agencies and residential placement provision in the local area.
- 7.5 Throughout the life of this document we will continue to work with our children in care, care leavers and key partners to develop our plans and priorities. We believe it is important that this Strategy remains a 'live' document. The strategy itself will be updated annually but will have a key mid-term review in 2018 to ensure that the Strategy remains as relevant in 2020 as it is now.
- 7.6 This strategy will be supported by a transformational commissioning action plan. There will be quarterly reviews and oversight from our Corporate Parenting Panel. It will be owned and implemented by all professionals and partner organisations working with children, young people, their parents and carers.

7.7 Regular reports and monitoring of progress will be made to the CYPS Directorate Leadership Team, the Children's Improvement Board, the RCSB and to our Elected Members and Commissioners to ensure the following:

- A Quarterly Report on the progress of our performance measures and analysis of our progress
- Implementation of Sufficiency Strategy Action Plan
- A robust Sufficiency Performance Dashboard and quality assurance system reporting on how much we do, how well we do it and what difference it makes in terms of whether anyone is better off.
- An Annual Report which reflects evidenced outcomes
- An annual consultation with Children in Care to review progress and discuss key issues and aspirations for improvement