

## IMPROVING LIVES SELECT COMMISSION

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

Date: Tuesday, 4th July, 2017

Time: 6.00 p.m.

### A G E N D A

**There will be a pre-briefing for all members of the Improving Lives Select Commission between 4.00-5.30 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.
7. Minutes of the previous meeting held on 22nd March 2017 (Pages 1 - 13)

#### **Pre-decision Scrutiny (items delegated to Improving Lives Select Commission for consideration)**

8. Personal Budget and Resource Allocation System for Disabled Children (Pages 14 - 34)
9. Early Help: Phase 2 (Pages 35 - 57)

## For Decision

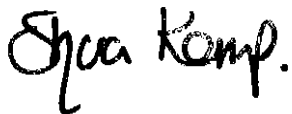
10. Evaluation Report: Barnardo's Reach Out Service (Pages 58 - 86)
11. CSE Post Abuse Services Update (Pages 87 - 97)
12. Improving Lives Select Commission work programme and prioritisation (Pages 98 - 101)
13. Date and time of the next meeting: -  
Wednesday, 25<sup>th</sup> July, 2017 at 5.30 p.m.

### Improving Lives Select Commission membership:-

Chair – Councillor Clark  
Vice-Chair – Councillor Cusworth

Councillors Allcock, Beaumont, Brookes, Cooksey, Elliot, Fenwick-Green, Hague, Jarvis, Khan, Marles Marriott, Napper, Pitchley, Sansome, Senior and Short (18).

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



Sharon Kemp,  
Chief Executive.

**IMPROVING LIVES SELECT COMMISSION  
22nd March, 2017**

Present:- Councillor Clark (in the Chair); Councillors Allcock, Beaumont, Cooksey, Cusworth, Elliot, Jarvis, Keenan, Marriott, Napper, Senior and Short.

Apologies for absence:- Apologies were received from The Mayor (Councillor Pitchley) and Councillor Khan.

**49. DECLARATIONS OF INTEREST**

Councillor Allcock declared a non-pecuniary interest in Minute No. 53 (Overview of the Provision and Services for Children and Young People with Special Educational Needs and Disability (SEND) in Rotherham) as he was a member of the SENDIASS Moderating Committee.

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

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

**51. COMMUNICATIONS**

Corporate Parenting Panel

Councillor Cusworth had provided Members of the Select Commission with a summary of the last meeting of the CPP and drew attention to the following issues:-

- Initial Health Assessments for Looked After Children (LAC) were still causing concern. Part of the delay was due to partners such as doctors typing up notes. It was hoped that Liquid Logic would alleviate some of the issues with nurses receiving requests for assessments a lot sooner
- Recruitment of Social Workers in the area of LAC
- Wilmott Dixon had committed to ringfencing a portion of the sixteen apprenticeships to care leavers, waiving the requirement for GCSE Maths and English and supporting the young person to achieve the qualifications during the period of apprenticeship
- 67% of care leavers were in Education, Employment and Training compared to the national average of 43%
- Rotherham had 12% of care leavers in higher education
- The recent Ofsted visit to Liberty House had recognised further improvements

Fostering Panel – 6<sup>th</sup> March

- Recommended approval of one new prospective foster carer
- Considered two annual reviews and two bi-annual reviews and recommended continued approval of all
- Two foster carers had resigned
- The Panel would welcome any Elected Member

Child-Centred Borough

Councillor Allcock reported that at the last meeting:-

- A representative from Leeds City Council had attended to talk about their approach to being child centred and how they had managed to embed it as an ethos across the whole authority
- Looked at ideas that the Authority may start implementing across Rotherham in order to move towards being more child centred and focussed

**52. MINUTES OF THE PREVIOUS MEETING HELD ON 1ST FEBRUARY, 2017**

Resolved:- (1) That the minutes of the previous meeting of the Improving Lives Select Commission, held on 1<sup>st</sup> February, 2017, be approved as a correct record for signature by the Chairman.

(2) That an update be provided to the next meeting with regard to the management of sickness absence amongst staff (Minute No. 46 - Early Help and Family Engagement).

**53. OVERVIEW OF THE PROVISION AND SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) IN ROTHERHAM**

Paula Williams, Workforce Development & Quality Assurance Co-ordinator, gave the following powerpoint presentation:-

The Rotherham Context

- There were 43,882 children and young people attending Rotherham's maintained schools as at January 2016 School Census. 7,124 children are identified as having a Special Educational Need (16%)
- 2.8% have needs met with support of an Education Health and Care Plan
- 21.8% have needs met by a graduated response

Current Provision – what constitutes the current offer

- Family Advice and Support
- Special Schools
- Enhanced Resources
- Local Authority Alternative Provision
- Post-14 Transitions
- Private and Voluntary
- Early Years Support
- The Mainstream Inclusion offer
- Social Care Provision
- The Health Offer

**IMPROVING LIVES SELECT COMMISSION - 22/03/17**

Special Schools (total capacity 595) – current offer

- Hilltop – PMLD – age 2-19 95 places  
Redwood Early Years Resource
- Abbey (designation under review) 7-16 90 places (110 from September)
- Kelford (SLD, PMLD) age 2-19 100 places  
Kimberworth Primary Resource
- Milton (Autism and Complex Needs) age 5-16 120 places  
Canal Side Resource
- The Willows (MLD) age 7-16 100 places
- Newman (Physical needs) age 2-19 102 places  
Newman Enhanced Resource (highly complex needs and autism 20 places)

Enhanced Resources

- Hearing Impaired Resources  
Bramley Grange Primary age 5-11 11 places
- Hearing Impaired Resources  
Wickersley age 11-16 11 places
- Primary Speech and Language Resource  
Anston Hillcrest Primary age 5-11 15 places
- Secondary Autism Resource  
Swinton Secondary School age 11-16 20 places

Local Authority Alternative Provision

- Aspire  
Primary (19) and secondary (60 places plus 30 in partnerships)  
Sites currently being reconfigured
- Rowan Health Alternative Provision  
42 places age 5-19
- Home Tuition  
19 places age 5-19
- Private and Voluntary  
Morthyng  
Really Neet Co.
- Post-16 Providers

RMBC CYPS – SEND/Inclusion within Education and Skills

- Education Health and Care Assessment Team
- Educational Psychology Service
- Inclusion Support Services: Autism Communication Team, Education Other than At School and Central Register, Hearing Impairment Team, Learning Support Service, Social Emotional and Mental Health Team, Visual Impairment Team
- Special Educational Needs and Disability Information Advice and Support Services (SENDIASS)

Close liaison with:-

- Rotherham Parents Forum
- Virtual School for Looked After Children
- Elective Home Education

Demographics in Rotherham

- Evidence suggests that the population of Rotherham will increase by 1.7% from 2016 to 2021 from 261,400 to 265,800. A growth of 4,400 people
- We can assume that although the overall population is growing at 1.7% the adult population is producing a higher ratio of children
- There is a greater predicted increase in pupils aged 3-19. If realised, there will be a corresponding increase in the number of school age pupils from 44,626 to 48,858, a growth of 2,231 (an increase of 5%)
- It is predicted that the number of pupils with SEND will increase from 7,253 (2016) to 7,616 by 2021 which is an increase of 363 pupils (5%). This represents the total increase in SEND and includes pupils with EHC Plans and those pupils receiving SEN Support in mainstream schools

Education Health and Care Planning – Local Picture

- Overall Rotherham have 1,570 statements and Education Health and Care Plans (EHCP)
- 2.8% of the population (2.8% national average)
- As of February 2016 we have 545 Statement conversions to complete (DfE target date 31<sup>st</sup> March 2018)
- Conversions target 2016/17 – Y6, Y9, Y11, Y14 = 255 (in total)
- Conversion target LDAs December 2016 – fully met
- Average number of new EHC assessment referrals 24 per month

National Picture May 2016

- Education Health and Care Plans issued within 20 weeks in May 2016
- Rotherham 66.9% - national average 59.5%
- Rotherham Tribunal Cases 2016/17 – one – national average 4.34%

Genuine Partnerships

- National work of Rotherham Charter Team launched June 2016
- Local Authority (Educational Psychologist) and Parent Forum Co-lead
- Diverse team of parents, carers, young people and practitioners modelling genuine co-production, appreciative approaches
- Consultation, training packages, tiered packages of support leading to Gold Accreditation
- Influential to SEND reforms 2014, wider than SEND
- NATIONAL INTEREST – Voices: National Alliance for Local Area Partnership Working
- Partnership for NDTi (“inspirational”), Shropshire, more to follow
- Four Charter Principles to be adopted nationally as ‘Cornerstones for Participation’, starting with four Local Authority pilots (pending DfE formal statement and funding arrangements)

**IMPROVING LIVES SELECT COMMISSION - 22/03/17**

- Rotherham described by Voices as a “Mothership” Local Authority
- Grant funding (Awards for All and Comic Relief): Parent and Practitioner Induction Programme and Young People’s Project
- University of Sheffield regional project
- Rotherham Forum 600+ members, positive relationships in main with young people and families, tribunals rare
- Hybrid of Local Authority, trading and grant funds – three year Business Plan, seeking continued Local Authority financial partnership post-2017 as important social investment raising Rotherham profile and saving money for Council

**SEND Governance Arrangements**

- Children’s Progress Board
- CYPS Transformation Project Group
- Children and Families Strategic Partnership
- SEND and Inclusion Senior Management Group
- SEND Data Dashboard
- Education and Skills Senior Leadership Team
- CYPS DLT – Children’s Transformation Board and Children’s Resource Board
- Joint Commissioning Strategy
- Health and Wellbeing Board
- SEND Area Inspections
- SEND Assurance
- Children’s Improvement Board

**Rotherham SEND Strengths**

- Excellent nationally recognised relationships with parents/carers and a high level of co-production
- Drive and determination from all practitioners to ensure provision is matched and personalised to need
- High take up of traded services by educational settings
- Ability to provide high quality training bespoke to a diverse audience
- Newly appointed stable leadership improving the whole system

**Rotherham SEND main areas for development**

- To continue to improve and achieve timelines for Education Health and Care Plans, Annual Reviews and Statement conversions
- Reconfiguration of provision for Social Emotional and Mental Health and Autism needs
- Co-location of services within a SEND Hub

The Select Commission welcomed Catherine who was a Service user and Kerry Taylor, Service Lead, SENDIASS. Catherine explained her family circumstances and her experience of using SENDIASS.

Discussion ensued with the following issues raised/clarified:-

- How good were the schools that specifically focussed on an area of specialism able to support children with multiple and complex needs – Most schools supported children with a range of needs; even though a school may have a resource e.g. Speech and Language Resource, it would only be for up to 15 children - the rest were in mainstream school. The School would also have a Special Needs Co-ordinator who had the experience and knowledge of the graduated response to deal with the whole range of needs of the remainder of the school. It was very rare for children with Special Educational Needs to have just one difficulty. The Service endeavoured to always put the child at the centre and personalise around that child.
  
- What was the process of reviewing children who had entered special school provision at an early age and if possible helping them access mainstream school? – A child entered into a specialist provision via an Education Health Care Plan (EHC). The EHC, which legally had to be reviewed annually but could be done sooner, would look at the child's provision. It was common to have children moving from one specialist provision to another but there was not enough children moving back into mainstream provision. Often emotional, social and health needs were of a temporary nature and the Service was investigating how services could be personalised around the children with those needs with regular reviews taking place to ensure that provision was adapted and de-escalated if needed with the child returning to mainstream as and when appropriate.

If a parent wanted a child to stay in mainstream school then the Service would make the appropriate provision through the EHC for them to be maintained in a mainstream school.

- How were the wishes and feelings of the young people and children captured? – Work had commenced on what needed to be developed with one of the self-assessments taking regard to the voice of the young person. Rotherham had “Child Centred Reviewing” with some young people leading their own review. Every attempt was made to involve children and young people in the strategic work.

SENDIASS had a Moderating Group that looked at its services and included representation from different Service users including children and young people and considered what it needed to offer them. There was a Children's Information Officer who worked with children 0-16 around SEND and a Young People's Information Officer who worked with the 16-25 age within the Team. The work also covered many different issues such as the annual review process, the EHC work that took place to make sure wishes, hopes and feelings were captured and they could support any SEN matter in school. It was new to the Service and still developing but had already seen a doubled amount of children accessing the Service.



- Nationally the statistic for young people accessing the Service was three boys to one girl. Were there any thoughts as to why that particularly happened in Rotherham as well and what was the Service's approach? Work was taking place on establishing a better understanding of all the data to enable to address any issues necessary. Rotherham was in line with the national position.
- The report to a approximate overspend of £30,000 overspend, £14,000 to be carried over and £16,000 to be recouped by the Local Authority. Was the £16,000 from other agencies? SENDIASS had been allocated £30,000 from the SEND Reform Grant when the 2015/16 annual report had been prepared. However, at that time the Service had changed significantly due to the loss of staff. Some of the funding had been utilised to recruit a Referral Officer for parents but the lengthy recruitment process had resulted in the underspend. It was a similar position for the current financial year.
- Why had the provision of advice, information and support to young people moved from the Integrated Youth Service to sit within Rotherham SENDIASS? It had been as a result of restructuring within CYPS, the development of the Early Help provision and in order to ensure that SENDIASS was appropriately placed as they who had the expertise within special education needs and disability to support families and young people. However, the relationship between Early Help, Health and Social Care was very close. It was hoped that parents and the young people did not see a division and that they had the appropriate specialists around the table who were working together to support the family rather than acting as independent organisations.
- There was a special schools total capacity of 595 but only 20 places in the highly complex needs and Autism. What happened if there was a need for more than the 20 places? A Sufficiency report was being compiled looking at the growth in population, the type of/how much future provision was needed and bringing the special schools together, along with providers, to look at how to plan to increase provision.
- Were there any barriers preventing Services getting into schools? On the whole Rotherham Academies were working with Services and in most cases the SEND provision and services were well established and working before they were academised. Through the work of the School Improvement Service the Head Teachers regularly met and shared the knowledge of what services were available. As part of the approach to Social, Emotional and Mental Health issues, there were now partnerships of schools working together and look at how to address those needs in their localities more strategically.

- What position would the Local Authority be in if a school decided it could/would not to buy in services? Certain areas of the work were statutory such as the Educational Psychologist who had to provide a report for an EHC Plan. The EHC Plan, once written, was a legal document which would state the type of support that was necessary which necessitated schools having to bring in the required specialists. Schools/academies were legally bound to deliver an EHC Plan and could be directed to accept a child with an EHC Plan.
- With regard to the case study, did schools buy into training and more education to stop others having to go through the same experience? SENDIASS were there to listen, help and support the family.
- Was there genuine buy in from partners e.g. CAMHS? Rotherham was ahead of other areas with regard to the Authority's relationship with Health Services and CAMHS and there was a good and developing relationship with the CCG who commissioned services. The SEND hub would be in the same building as CAMHS, health therapists and the Social Care Disability Team bringing the three areas together to develop communication and improve the EHC process and the offer that was available to families. The CAMHS Transformation Plan had brought a team together consisting of Education, Health and Social Care staff to support parents after a child has been diagnosed.
- Were there any checks to establish if Pupil Premium was spent on the child for the benefit of the child? Pupil Premium information had to appear on a maintained school/academy's website. The Council had responsibility for the allocation of Pupil Premium for a Looked After Child and had to evaluate its effectiveness.
- Traditionally there were problems on the transition from Children's Services to Adult Services and work had taken place in this area. Were there any particular problems being commonly encountered on the seamless life journey? The Transition Group and Plan had brought together Adult Services and Children Services from across Education, Health and Care. The Group was looking at a number of actions some of which had already happened. There was now a Transitions Team in Adult Social Care that worked very closely with colleagues in Children's starting their work with children of 14 years to commence the preparation of, not only what they needed to do as a Service, but also to prepare the young person for being an adult and part of Adult Services. It also helped the families to understand some of the expectations around Adult Services and what was/was not provided.
- Was the Transition Team involved in the commissioning cycle looking at future services? The Team would be involved in the outcome of the Sufficiency plan as well as the SEND hub and some of the strategic groups. It was the intention that they be involved in every

strategy for SEND that covered Children and Adults' education, health and social care.

- Governance arrangements – what role did Elected Members play? Elected Members attended many of the meetings.
- There had been a reduction in the number of referrals to the Service followed by a noticeable sharp increase. Was there any particular reason for that or just natural fluctuation? The reduction in the number of referrals had been at the time of the staffing issues at SENDIASS. So far this year, there had been a massive incline in numbers - as of 14<sup>th</sup> March there was a 25% increase in referrals compared to the same period last year.

There had also been an incline because of the change from Statements to ECH Plans.

- What additional safeguarding training/checks were carried out because of the vulnerability of these children? The starting point was that the children had to be and must be safe. Safeguarding was a key element both in terms of staff training, commissioning of places and the monitoring of any place. The focus on safeguarding was the first piece of work that had to be carried out.

The Chair thanked Paula, Karen and Kerry for their presentation.

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

(2) That once complete the Sufficiency Strategy be submitted to the Select Commission for discussion.

(3) That the Select Commission given consideration to the establishment of a Working Group to discuss the case study

(4) That consideration be given to a joint meeting with the Health Select Commission with regard to Transitions to Adult Services.

**54. CHILDREN'S AND YOUNG PEOPLE'S SERVICES PERFORMANCE REPORT - JANUARY 2016/17**

Mel Meggs, Deputy Strategic Director, presented a summary of performance under key themes for Children's Social Care and Early Help Services as at the end of January, 2017.

It was noted that this was the first performance report for the Select Commission since the implementation of the new Liquid Logic case management system at the end of October, 2016. The changeover had created a number of challenges in terms of data quality and reporting but significant progress had been made. However, teams were still adjusting to new recording requirements and addressing data migration gaps.

The report highlighted examples of good and improved performance and key areas for further improvement.

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

- Social Worker caseloads had reduced again across all the teams and were now within the normal bounds – only one with a caseload of 25.
- Currently there was only one Social Worker and one Team Manager vacancy.
- Had there been an improvement since the extra staff had started in the amount work carried out? The caseloads had reduced. The Service had seen its first outstanding audit and the Looked After Children Service had had its first outstanding element of an audit. Ofsted had not deemed any cases to be critically inadequate as nor had the Peer Review; most the cases were deemed requiring improvement which was a better position than that originally. Over the next couple of months “Signs of Safety” would be implemented and a dramatic improvement expected; now that there were the numbers of staff to have the time to do the quality of work desired they now needed the tools to do the work.
- The persistent absence percentage was high and the percentage of children attending school was low. What work was being done – The Government had changed the persistent absence threshold and a student only had to have a few absences for it to be classed as persistent absenteeism; this may account for some of the increase. Clearly there was link between persistent absence and levels of attendance and the Education Welfare Officers who worked as part of the Early Help offer were producing some additional actions.
- Were we looking into how individual schools were tackling persistent absenteeism/low attendance? It relied upon the Local Authority having voluntary engagement with the schools. Schools not maintained by the Local Authority were allowed to make their own decisions with regard to absences and the sharing of information. The Early Help Teams were there to provide support to schools around their absence policies and procedures and clearly had to have that relationship because it was the Local Authority that had the power to take formal action around school attendance. Each school would be expected to have an attendance strategy but that was done with Early Help support.
- Health Assessments should be completed within 35 working days. Was that realistic? A family did not wait long for an assessment where it was known that there were needs that could be met. Families needed a timely service and it would be made sure an assessment was undertaken to access those services. The 35 days

could be extended but it was questionable whether the quality of the information or assessment would be any better as opposed to the quality of the experience for the family. There were no information or guidelines but 35 days was a good principal.

- The Leaving Care tracker showed 10 young people were not in suitable accommodation - was there any movement on the ones that were overcrowded/bed and breakfast/sofa surfing? These were the most vulnerable young people and were kept under review. Their personal adviser would be working with them.
- Early Help was doing well and Ofsted were impressed. Looking at Early Help as a form of mitigation from families, children being stepped up. Are we seeing that coming through in the figures or something expected to see in the future? The Children in Need figures over the last couple of months had seen a decrease of approximately 200-300 children being supported by Social Care. It was known that children would not live their life at one point of a threshold and it was important that they received a seamless service whatever their needs. It was expected that when some of the evidence based models e.g. Signs of Safety were implemented that coming out of the Social Care system should be quicker for children. There should be fewer children in care and more supported at home with their parents.
- In January 2017 there were twelve children that ceased to be LAC. Had they reached an age where they ceased to be LAC or twelve families that work had taken place with and managed to return them home? It could be one of three routes. It may be that they had found alternative permanency through adoption or Special Guardianship Orders where they stayed with their family, those that turned 18 years of age so became care leavers and those that had returned home.
- Could a breakdown be provided of the percentage of LAC who had had three or more placements? It was more likely that it was those children who came late into the care system and therefore subject to more placement disruption. It was known that a child was unlikely to disrupt a placement if they came into the system at an early age; if they came in at the age of 14 it could sometimes take longer to find an appropriate family. Some of the disrupted placements were due to planned moves but there was no doubt that there were too many children whose placement was disrupted because their carers could not meet their needs. A strengths and difficulties questionnaire had been undertaken with the results analysed to give an assessment of a child's emotional wellbeing. A score of 18 indicated that they were more likely to have placement disruption; 30 children had been identified through the process and extra resources to be provided to give support prior to disruption. A scheme, "Mocking Bird", was to be introduced where foster carers provided support to other foster carers.

- In January, 2017 50% of the Health Assessments of LAC carried out. The 50% was two children of which only one had a Health Assessment.

A Health Summit with the CQC had been held looking at a range of issues of which Health Assessments was one of them and a range of actions were in place. The CQC had been asked to conduct a review as the Authority felt its issues had been resolved. The issues that remained were within the Health part of the system and were working very hard to manage them – having sufficient clinic time and the paediatricians submitting their report within 20 days. There was an action plan which was monitored every week.

- Was there any data on how many children had stopped going into care because their families were looking after them through Section 20 etc.? Was there support for families? If Social Care had not been involved the child could live with a relation under a private fostering arrangement. Where Social Care was involved, there was an obligation to support whoever cared for the child. If it was a Special Guardianship Order the Authority would pay an allowance and make a contribution to the child's upkeep as well as providing a range of different support dependent upon the level of need. They would be considered as a Child in Need. There were also children at home on a Supervision Order and a Child Arrangement Order where the Authority provided help and support. Those arrangements were reviewed to ensure they were fully working.
- Voice of the Child – for audit purposes how well were the decisions documented not to instigate a Section 4.7 investigation? They were documented under the management decision on every child's case and there would be a rationale as to why that decision was made. In January there been 19 cases where it had been found that the concerns had not been substantiated and in those instances an audit had been requested to check that the decision was right and the rationale was clear.
- What was being done to make ensure that a CPP was not being closed down too soon? It was felt that Signs of Safety would help in ensuring better analysis and only closing cases where they could be when it was seen that the change in a child's circumstances was being sustained. Most of the cases were those on a CPP because of emotional abuse and neglect so it was more difficult to know when and if a family was able to sustain an improvement. The Authority was applying for funding to pilot under the National Innovation Programme, NST for Neglect, as there was work to be done around how families were helped where it was believed neglect was having an impact on the children.

- What other reasons were there for the decline in performance other than high turnover of staff across the LAC Service? – The number of children placed in an out of area placement was an issue. Rotherham's caseloads were low in comparison with other authorities but Social Workers had distances to travel and was why attempts were being made to bring children back to Rotherham to Rotherham families. The target for the number of foster families had been achieved (15) and had been increased to 25.
- Were there applicants from all across the community and society? There was insufficient diversity in the system. Specialist recruitment work in some communities would not be unhelpful.

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

(2) That the next Children and Young People's performance report include SEND Service performance data.

(3) That the Select Commission consider as part of the 2017/18 work place exclusions and persistent absence.

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

Resolved:- (1) That the next schedule meeting be held on Wednesday, 14th June, 2017 at 1.30 p.m.

(2) That a special meeting be held on 17<sup>th</sup> May to look at the work programme and to consider the report of the review group on the alternative models for Children and Young People's Services.

## Summary Sheet

### Cabinet and Commissioners' Decision Making Meeting – 10 July 2017

#### The introduction of a Resource Allocation System (RAS) for Children and Young People

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

Yes

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

Ian Thomas, Strategic Director, Children and Young Peoples Services

#### Report Author(s):

Ailsa Barr, Head of Locality Social Work;  
Mary Jarrett, Service Manager, Children with Disabilities

#### Ward(s) Affected:

All

#### Executive Summary:

To support the implementation over the next year of a Children and Young People's Resource Allocation System (RAS) to promote financial transparency and to deliver person-centred outcomes for children and young people with Special Educational Needs and Disabilities (SEND).

#### Recommendations:

1. That approval be given to the implementation of the Children's RAS as a tool to support social care assessments, associated financial allocation and the offer of Personal Budgets to disabled children, young people and their families from August 2017.
2. That approval be given to a 12 month implementation period for the RAS tool based on the need to review children and young people's current packages of care to inform their new packages of support supported by a personal budget.
3. That approval be given to a three month notice period for packages of care assessed as lower than previously calculated, as new arrangements are being put into place.



**List of Appendices Included:**

Appendix i - Clinical Commissioning Group (CCG) Children's Personal Budget policy

Appendix ii - Equality Analysis

**Background Papers:**

Children and Families Act, 2014

SEND Code of Practice, 2014

Chronically Sick and Disabled Persons Act, 1970

Direct Payments Leaflet for Families with Education (attached)

Resource Allocation System (attached)

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

Improving Lives Select Commission

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## **Title (Main Report)**

### **1. Recommendations**

- 1.1 That approval be given to the implementation of the Children's RAS as a tool to support social care assessments, associated financial allocation and the offer of Personal Budgets to disabled children, young people and their families from August 2017.
- 1.2 That approval be given to a 12 month implementation period for the RAS tool based on the need to review children and young people's current packages of care to inform their new packages of support supported by a personal budget.
- 1.3 That approval be given to a three month notice period for packages of care assessed as lower than previously calculated, as new arrangements are being put into place.

### **2. Background**

- 2.1 The Children and Families Act (2014) and subsequent Special Educational Need and Disabilities (SEND) Code of Practice makes it mandatory for Local Authorities to have a Personal Budgets policy and to consider, upon request from parents, any instance where a Personal Budget could contribute in part or full towards a young person's Education, Health and Care Plan (EHCP).
- 2.2 A Personal Budget is an amount of money identified by the local authority to deliver support and services (education, health, and/or social care) to meet the assessed support needs of a child or young person as outlined in their EHCP or Care Plan. This will be established during the EHC or Care planning process and will be clearly communicated to families. The Personal Budget will not replace or replicate existing services and will only be used to create bespoke services, where there is an identified need or gap in a child's plan.
- 2.3 A Direct Payment is one way of taking control of a Personal Budget for the child, young person and family. Direct payments are made directly to the child's parent or the young person into a designated bank account, which allows them to arrange provision themselves. In all instances the direct payment arrangement will be underpinned by a signed written agreement and supported by the positive risk taking policy. Whatever the individual then purchases with their direct payment is bought as a private purchaser, although the money is still public money and remains so for the purpose of recovery when the support package ends. It will cover aspects of the Child's Plan that can be offered as a Personal Budget. It will not cover the cost of funding a school place, residential care placement or post-16 institution.
- 2.4 In Rotherham personal budgets are already being used to facilitate, where necessary, the provision of support and care for children and young people with SEND, particularly where personal care is required or where a child, young person or their family requires a break from their caring responsibilities. At present 111 children or young people receive a Direct Payment from Children and Young People's Services. These are allocated on the basis of an Early

Help assessment or Social Care assessment and there is little transparency of process. Decisions about Direct Payments are agreed by the Children's Short Breaks Panel, which contributes to work in developing person-centred, outcome-focused plans for children and young people.

- 2.5 In 2015/16 spend on Direct Payments was £210,000. In 2016/17, this increased to £420,000. The increase was in part due to a move away from commissioning care for children via block contracts and an increase in families requesting personal budgets as personalisation has become a more established way of providing care for children and young people with SEND. Moreover, an increasing number of children and young people are living longer with more complex disabilities and families are increasingly choosing to support their children and young people at home and in their communities rather than institutionalising them.
- 2.6 Children's Disability Services has worked with the leading national personalisation charity 'In-Control' to develop a RAS which will enable, in the first instance, social workers and disability family support workers to develop an outcome-based, person-centred plan which is costed to match the level of need of the young person. A RAS therefore creates equity of provision and an understanding of the resource required to deliver social care.
- 2.7 The outcomes identified for children and young people within the Rotherham Children's RAS include enabling them to develop independence skills, behaviour management skills, enjoy good relationships with their families and communities and achieve success in education. The aim and underlying principles of the support plan are to enable children and young people with SEND to lead ordinary lives as a matter of course within their local communities.
- 2.8 The Children's RAS was created using the actual costs of care currently in Rotherham, based on a detailed analysis of payments made in the last year to children, young people and families receiving a Direct Payment to meet the costs of their care.
- 2.9 The Children's RAS is primarily a tool to support outcome based plans for children, young people and families who require additional support, whilst simultaneously providing a financial rationale for decisions.
- 2.10 The Children's RAS has been piloted 'in principle' (i.e. applying the tool to existing packages of care in current use) to ensure it is viable and that it accurately reflects the relationship between the outcomes needed for the child or young person, the resources already present within the child's environment to support them achieving these outcomes and the additional resource required to achieve these outcomes in the short, medium and long term.
- 2.11 It is proposed that all packages of care will be reviewed every 6 months using the RAS to recognise that children and young people's care needs will not be static. The annual review will take place in alignment with a child or young person's EHCP review to ensure that children and young people have a holistic package of care.

2.12 Worthy of note, Rotherham CCG adopts a similar outcomes based support plan to enable families with children who are eligible for continuing healthcare to develop personal, health budget support plans (appendix i) and examples of local practice have been shared with Rotherham CCG to inform the development of the RAS.

### **3. Key Issues**

3.1 Use of a RAS in Children's services will create a more equitable system and also provide some bench-marking and calculation of Social Care costs for children with SEND in Rotherham

3.2 Implementation of the RAS in Children's services will take a year, with pilot use of the tool demonstrating that in the majority of instances, care packages will remain unchanged by the system. However, plans for children and young people will become more clearly understood by all parties involved in a child or young person's care and plans will be more child-centred.

3.3 Where the pilot has demonstrated a lower figure for care than the family is currently receiving, this has been mitigated by the improved Care and Support plan which is the key feature of the proposed RMBC Children's RAS. Subject to approval, families will be given sufficient time (3 months) and support to find alternative packages of care, which demonstrably meet their child or young person's identified needs.

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

4.1 RMBC faced the following options when considering the distribution of Personal Budgets and use of a Resource Allocation System:

- **Do nothing**- not recommended as current system lacks transparency for families and does not produce equitable support plans based on identified outcomes.
- **Buy an 'off the shelf' RAS** –not recommended because it will not recognise Rotherham's ambitions in becoming a child-centred borough and will not recognise local costs or local needs.
- **Develop a new RAS using advice and expertise from 'In-Control'** – This is the recommended option as it allows local flexibility within an established methodology for agreeing outcomes and calculating costs, relative to the context (and high ambitions) in Rotherham.

### **5. Consultation**

5.1 A meeting was held with Rotherham Parent Carers Forum at the end of March 2017, where the RAS and Personal Budgets policy was shared with stakeholders, with alterations made as appropriate and outcomes agreed.

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

6.1 If approved the roll out will commence in August 2017.

- 6.2 It is anticipated that the implementation of the RAS will take one year. During this year existing packages of care will be reviewed and new packages assessed using the RAS.
- 6.3 Accountability for implementation rests with the Strategic Director of Children's and Young People's Services.

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

- 7.1 As children, young people and families have requested more personalised packages of care the Direct Payments budget within Children's Services has increased. At present there is no mechanism for ensuring that spend is equitable, meets needs and delivers outcomes. The RAS will enable spend to become more predictable and should enable the Children's Direct Payments budget to be standardised and fair. The Children's Commissioning team will be undertaking a market development exercise to ensure that children, young people and families have a good range of local services to meet their needs.
- 7.2 The 2017/18 Direct Payments budget was increased to £450k in order to align the budget to previous year's expenditure and anticipated future increase in demand. Some of this provision has been funded by the recent review of Short Breaks. The implementation of the RAS should ensure spend is contained within this 2017/18 budget allocation.
- 7.3 A review of the 2017/18 budget and resulting impact of RAS will be picked up as part of the budget monitoring process.
- 7.4 The reviewing of children and young people's current packages of care and introduction of new packages will be monitored as part of this budget monitoring process and any impact identified.
- 7.5 Governance and administration processes will be reviewed and revised to ensure effective and efficient management of payments and desired outcomes.

## **8. Legal Implications**

- 8.1 The Children and Families Act 2014 (section 49) creates a statutory duty for the Local Authority to prepare a personal budget for a child or young person if asked to do so by the child's parent or the young person. The Special Educational Needs (Personal Budgets) Regulations 2014, require the Authority to ensure that the amount of direct payments is adequate to secure the agreed provision and may adjust direct payments to ensure this. Following a review, should the Authority decide to reduce the amount of a direct payment, then it must provide reasonable notice to the recipient before decreasing the payment and provide written reasons for the decision. The Authority would also be required to reconsider its decision where requested to do so by the recipient of the direct payment.
- 8.2 The Authority also has statutory duties to provide short breaks for Disabled Children in accordance with section 2 of the Chronically Sick and Disabled Persons Act 1970.

8.3 The proposed RAS will provide support to the Authority in managing challenge and operating fairly and transparently when meeting these duties.

## **9. Human Resources Implications**

9.1 None.

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

10.1 The RAS will support the more equitable provision of Personal Budgets to children and young people with SEND and their families within their community. The RAS will promote outcomes-based plans, which are more ambitious in using resources to support children and young people within their communities to achieve their full potential.

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

11.1 The RAS will promote equality of access for children and young people with SEND and ensure that the Council continues to address issues of Disability Discrimination by supporting children and young people with SEND with equitably resourced person-centred plans. An Equality Analysis (EA) was completed subsequent to formal consultation with service users. Decision-makers should give due regard to the result of the EA which can be found at appendix ii to this report.

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

12.1 The Children's RAS has been shared with colleagues in Adults Social Care who will be involved with the implementation of the Children and Young People's RAS

12.2 The RAS has been shared with partners via the SEND Commissioning Group.

## **13. Risks and Mitigation**

13.1 The primary risk to the Council is via challenge from families whose personal budgets decrease as a result of the implementation of the RAS. This will be mitigated by the three month notice period, the transparency of process involved in calculating the RAS and the regular review process.

13.2 The secondary risk to the Council is increased spend on personal budgets, this has been mitigated by a commissioning review of short breaks for disabled children undertaken by Children and Young people's services and exploration of some joint commissioning with adults, including the current Home Care contract.

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

Mel Meggs, Deputy Strategic Director, Children and Young People's Services  
Linda Harper, Interim Assistant Director, Commissioning, Children and Young People's Services

Approvals Obtained from:-

On behalf of the Strategic Director of Finance & Customer Services:-  
Mark Chambers

On behalf of the Assistant Director of Legal Services:-  
Neil Concanon/Moira Cooper

Head of Procurement:- N/A

Human Resources:- N/A

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

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

# **Rotherham's Personal Budget Policy**

For Children and Young People aged 0 - 25 with Special  
Educational Needs and Disabilities

in partnership with



Version Six: 03.05.16



# Personal Budget Policy

## 1. Introduction

Within the SEND Code of Practice 2015 Parents have a legal right to request a Personal Budget if their child has an EHC Plan or is assessed as needing an EHC Plan.

The Local Authority has a legal duty to assess this request and must publish it's Personal Budget Policy on the Local Offer Web-site.

The purpose of this document is to outline the policy of Rotherham Metropolitan Borough Council and NHS Rotherham Clinical Commissioning Group (RCCG) in relation to the Children and Families Act, 2014, the Statutory Guidance and Code of Practice for special educational needs and disability 0-25 years, and the Special Educational Needs {Personal Budgets} Regulations 2014.

## 2. What is Personalisation?

Personalisation is a key feature of the Special Educational Needs and Disability (SEND) reforms, and is about putting children, young people and their families at the centre of the Education Health and Care (EHCP) planning processes. It means starting with the person as an individual with strengths, preferences and aspirations, identifying their needs and making choices about how and when they are supported to live their lives based on an asset based approach.

There are a number of ways in which personalisation is being developed. These include:

- **engaging** disabled children, young people and their families in developing support rather than being passive recipients of services
- supporting disabled children, young people and their families to have increased **influence, choice and control** about how services are provided.
- **personalising** the support that families receive by working in partnership with services across education, health, social care and wider partners.
- implementing funding mechanisms through the use of **Personal Budgets** including direct payments
- providing support to help families to develop a **Personalised Support Plan** that describes how they will use their budget to meet **agreed outcomes**.

## 3. Who does this policy apply to?

The Policy applies to any child or young person with special educational needs and disabilities where a personal budget has been requested from either RCCG or the Local Authority

Parents have control of a personal budget up to the end of year 11 {post compulsory school age}. It is then the young person who has this responsibility, as long as they have the mental capacity in relation to exercising choices in relation to their education as defined by the Mental Capacity Act, and should be consulted; they can choose their parent/carer to manage their funding.

## 4. What is a Personal Budget?

**A Personal Budget is not the sum total of all the resources that are available to support a child or young person.**

A Personal Budget is an amount of money identified by the local authority and / or RCCG to deliver support and services (education, health, and/or social care) to meet the assessed support needs of a child or young person as outlined in their EHCP or Care Plan. This will be established during the EHC or Care planning process and will be clearly communicated to families. The Personal Budget will not replace or replicate existing services and will only be used to create bespoke services where there is an identified need or gap in a child's plan.

A Personal Budget is used to purchase the services and support required by a child/young person with SEND to meet their specific assessed needs.

The Personal Budgets section of the EHCP does not need to list all the costs associated with supporting a child or young person. It should provide a detailed explanation of how a personal budget will be used to deliver identified and agreed support; the needs and outcomes it will meet, and will explain how the money will be used and managed, including arrangements in relation to any direct payments.

- **A personal social care budget:** This refers to the budget that will be made available if it is clear that a young person or child needs additional support at home, a Short Break or when out and about in the local and wider community. This will be assessed by the child or young person's Social Worker, Early Help worker or Transitions worker using a Person-centred plan.
- **A personal health budget:** This refers to the budget that will be made available should a young person or child have complex, long term and/or a life-limiting condition/s. A personal health budget may also be made available to help with equipment costs or other health services. This provision will be assessed and agreed by Rotherham Clinical Commissioning Group.
- **A personal SEN budget:** This is a sum of money made available by a local authority because it is clear that without this additional {top-up} funding it will not be possible to meet the child's learning support needs. It will be pupils or students with more complex learning support needs or students whose needs cannot be met within existing provision who might require a personal SEN budget.

## 5. How can Personal Budgets be made up?

Personal budgets can be made up in the following different ways:

- **A Direct Payment** is one way of taking control of a Personal Budget for the child, young person and family. Direct payments are made directly to the child's parent or the young person into a designated bank account which allows them to arrange provision themselves. In all instances the direct payment arrangement will be underpinned by a signed written agreement and supported by the positive risk taking policy. Whatever the individual then purchases with their direct payment is bought as a private purchaser, although the money is still public money and remains so for the purpose of recovery

when the support package ends. It will cover aspects of the Child's Plan that can be offered as a Personal Budget. It will not cover the cost of funding a school place or post-16 institution.

- **Notional Budget**- this is where no money changes hands. Parent carers are informed how much money is available and with support identify the different ways to spend that money meeting the outcomes of the EHCP. The services can then be commissioned on the family's behalf if the family chose this.
- **Budget held by a third party**- this is where a different organisation or trust holds the money and helps parent carers to decide the best way to spend the funding and then buy the chosen services. This is known as an Individual Service Fund.

Personal budgets can be a mixture of these three options but can only be used for outcomes identified in the EHCP. and where existing services cannot meet identified need.

## 6. Principles and Commitments

Rotherham Council and Rotherham Clinical Commissioning Group are committed to empowering children, young people with SEND and their families by working towards a shared vision which:

- offers a process that is open, fair and transparent
- Achieves ambitious outcomes for children and young people
- provides greater choice and control for children, young people and families
- focuses on the outcomes identified in the EHC Plan and Social Care Plans
- ensures that children, young people and families are offered help and support to manage their budget and personalised support plan

Professionals working with children and young people will adhere to these principles in order to ensure that the purpose of the policy is fulfilled.

## 7. What is in scope?

The exact aspects of what can be included in a personal budget, relating to an individual child or young person will be outlined in the EHCP or Child's Care Plan.



The E.H.C. Plan for the child or young person should reference how all the various services including community (for example family or local clubs), universal resources (for example schools) and targeted resources (for example C.A.M.H.S.; physiotherapy or S.A.L.T.) are supporting the agreed outcomes for the child or young person, contained in their E.H.C. plan. The Individual resources required (for example a Personal assistant to support access to a Community Group) should also be identified and these can be taken as a Personal Budget.

## 8. What is not in scope?

- Areas where it is difficult to separate an individual cost from an overall amount will not normally be offered as part of a personal budget. For example, where it is not possible to separate funding that is currently supporting provision of services to a number of children and young people.
- Provision which already exists within the Local Authority.
- Day care provision for working parents

## 9 How will funding be made available?

If a personal budget is agreed, and a Direct Payment is the chosen way of receiving this, each partner agency will agree their individual contributions according to their individual assessments and care plans and ensure that they take responsibility for monitoring their agreed share of the budget. Any agreed costs from the R.C.C.G. would be paid by the agreed process to fund the plan. The eventual aim will be for pooled budgets between the R.C.C.G. and the Council.

The Social Care element of any Personal Budget will be calculated using a Resource Allocation System or determined via an Early Help Assessment; Carer's Assessment or Child and Family Assessment to ensure that the totality of a child or young person's needs are assessed.

## 10 Decision Making

**1. Within the Education, Health and Care Planning Process:** When a statutory integrated assessment starts, the personal budget process will be discussed with the family by their (EHC Assessment Coordinator) to see if this is something they may be interested in pursuing, if appropriate. The benefits and responsibilities around the personal budget will be explained by the lead professional.

An indicative amount will be given, as soon as possible following the completion of the integrated assessment and if an EHCP is the outcome of the assessment. Some families may already be accessing personal budgets for care or health and these will continue and be incorporated in the final EHCP if one is issued.

All professional reports will outline the provision required from their perspective. However, the vital part of the assessment and support planning process will be the views and aspirations of the child, young person and family. The assessment will be asset based, working with the strengths of the young person rather than the needs and deficits. This person centred planning approach will include each party to the plan and what they will contribute, including the community, young person/child and their family.

**2. Within Social Care:** Social Care use Personal Budgets as a resource to provide Short Breaks from Caring or to support a child or young person to access social activities which their disability would otherwise prevent them from accessing.. Where a Social Care professional identifies that a child or young person might benefit from a Personal Budget to meet their Social Care Needs then they will complete a Support Plan and Resource Allocation tool with the family to identify levels of need and indicative costs.

**3. Within Health-** RCCG will, as a minimum, accept any expression of interest in a Personal Health Budget and will offer a personalised conversation to explore the reasons for the request. These conversations will focus on improving outcomes, and whether needs could be met differently, resulting in a personalised care plan. RCCG :

The following links outline the position of RCCG regarding personal health budgets.

<http://www.rotherhamccg.nhs.uk/personal-health-budgets.htm>

<http://www.rotherhamccg.nhs.uk/local-offer-20162017.htm>

## 11 Who would be excluded from holding a Personal Budget as a Direct Payment?

The legal guidance for the law relating to personal budgets states the following people may not receive direct payments:

- A person who is subject to a drug rehabilitation order
- A person who is subject to an alcohol treatment order
- A person who is subject to a youth rehabilitation order
- A parent whose child is in care. If in long term foster care the foster parents may access a personal budget if there is agreement as part of the plan

- A child who has a Safeguarding Plan. Any use of a personal budget would have to be a part of the agreed plan. If the use of it was felt not to meet the aims of the plan, and to compromise the safety of the child/young person, it would not be agreed

## **12. Management of Direct Payments.**

**The responsibility for managing the Direct Payment lies with the Parent.**

The Local Authority has a separate booklet (see appendix A) which outlines the responsibilities for managing the Direct Payment for Parents and their duties.

## **13. Transitions:**

The person with Parental responsibility will manage direct payments for their child until they are 16 years of age.

Once a young person reaches 16, it is possible for payments to be made to them in their own right, so long as the local authority believes that they have the ability to manage direct payments with help. This is regardless of whether that help comes from parents, a user controlled trust or a local support service. This allows a 16/17 year old to choose if they want to take control of part or all of their direct payments. Alternatively their parent can continue to receive direct payments on their behalf. As a young person approaches their 18<sup>th</sup> Birthday the Adults Transitions Team will assess needs for adulthood using the Rotherham Adults Resource Allocation System.

## **14. Reviews and Appeals Processes:**

If Parents, carers and young people disagree with the decisions relating to their Personal Budgets or Direct Payments they can request that these decisions are reconsidered either by contacting the appropriate agency SEN; Social Care or R.C.C.G. or alternatively contact Rotherham S.E.N.D.I.A.S.S. ([www.rotherhamsendiass.org.uk](http://www.rotherhamsendiass.org.uk)) who can advise parents and young people regarding SEND appeals and Tribunals.

**RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)**

<b>Under the Equality Act 2010 Protected characteristics</b> are age, disability, gender, gender identity, race, religion or belief, sexuality, civil partnerships and marriage, pregnancy and maternity. Page 6 of guidance. Other areas to note see guidance appendix 1	
<b>Name of policy, service or function. If a policy, list any associated policies:</b>	Personal Budget Policy and Children's Resource Allocation System.(RAS)
<b>Name of service and Directorate</b>	CYPS: Children with Disabilities Team
<b>Lead manager</b>	Mary Jarrett
<b>Date of Equality Analysis (EA)</b>	12/4/17
<b>Names of those involved in the EA (Should include at least two other people)</b>	Linda Harper Jackie Parkin
<p><b>Aim/Scope</b> (who the Policy /Service affects and intended outcomes if known) See page 7 of guidance step 1</p> <p>The Personal Budgets Policy will affect children and young people with Special Education Needs and Disabilities (SEND) and their families. The outcomes of the policy are to inform children, young people and their families about their entitlements to be assessed for a Personal Budget in accordance with the Children and Families Act 2014 and the SEND Code of Practice and to use the Children's Resource Allocation System to determine a support plan and resources necessary to implement this plan.</p>	
<p><b>What equality information is available? Include any engagement undertaken and identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?</b> See page 7 of guidance step 2</p> <p><b>Engagement was undertaken with Rotherham Parent Carers Forum (RPCF) who shared the policy with their members and then attended a formal consultation meeting where the Policy was revised and agreed with them.</b> <b>During this meeting the RPCF supported staff to alter language so that it became more inclusive and less technical, bought examples of policies they felt were useful and agreed the process described within the RAS to create a child-centred plan.</b></p> <p><b>The Disability register which is held by Children's Services gives a definitive profile of Rotherham children whose parents have registered them as disabled, their level of need, postcode and family composition.</b> <b>It will be possible to use this information to analyse whether the distribution of Personal Budgets is equitable across the range of families who have children with a disability. And this should be undertaken as a matter of course every 6 months.</b></p> <p><b>Legally the Policy and supplementary documents should be available on the Council's SEND Local Offer to ensure equality of access and information.</b></p>	

**RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)**

<p><b>Engagement undertaken with customers. (date and group(s) consulted and key findings)</b> See page 7 of guidance step 3</p>	<p>Policy sent to RPCF on 21/3/17 Meeting with representatives from Forum on 29th March 2017.</p> <p>Issues addressed in meeting:</p> <p>Use of jargon- addressed and revised during meeting Presentation of information- revised during meeting Accessibility of information- information can only be uploaded to Local Offer web-site when approved by Council, I agreed to notify RPCF when this was completed.</p>
<p><b>Engagement undertaken with staff about the implications on service users (date and group(s) consulted and key findings)</b> See page 7 of guidance step 3</p>	<p>The policy was shared and discussed at the SEND strategic Commissioning Group on 8<sup>th</sup> March 2017 It was shared with Finance colleagues on 3<sup>rd</sup> March 2017 It was shared with colleagues from education on 10<sup>th</sup> March 2017 The RAS has been discussed with Managers from the Disability Family Support team and they are piloting it with families during April 2017.</p> <p>The key findings were addressed in subsequent revisions of the Document, with issues such as use of language, including the appeals process and ensuring financial accuracy of Resource Allocation System.</p>
<p>The Analysis</p>	
<p><b>How do you think the Policy/Service meets the needs of different communities and groups?</b> Protected characteristics of age, disability, gender, gender identity, race, religion or belief, sexuality, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other social economic factors. This list is not exhaustive - see guidance appendix 1 and page 8 of guidance step 4</p>	



**RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)**

**Analysis of the actual or likely effect of the Policy or Service:**

See page 8 of guidance step 4 and 5

**Does your Policy/Service present any problems or barriers to communities or Group? Identify by protected characteristics Does the Service/Policy provide any improvements/remove barriers? Identify by protected characteristics**

**The Personal Budgets Policy and Resource Allocation System will meet the needs of families with SEND by offering a transparent and equitable service which is clearly described and published on the Council web-site (with translations available as appropriate)**

**The Policy and the Resource Allocation System were co-produced through consultation with the Rotherham Parents Carers Forum and they are happy with the final documents.**

**The publication of the Policy will lead to increased requests for Personal Budgets and assessment of these is part of the Statutory Duties of the Local Authority. The use of the Resource Allocation System will lead to increased transparency of decision-making in relation to the allocation of specific Social Care resources in the form of Direct Payments to disabled children, young people and their families. Financial profiling of Children and young people currently receiving Direct Payments for Social Care suggests that the implementation of the Personal Budgets Policy and Resource Allocation System will have little financial impact on the Local Authority but will allow the Authority to clearly articulate the rationale for decisions made in relation to Direct Payments, what these are being spent on and to allow the Authority to more accurately forecast spend.**

**The policy will therefore improve access to services for disabled children and their families from all ethnic groups and regardless of family composition, the policy is actively endorsed and co-produced with the RPCF.**

**The Policy will not affect older people unless they are carers for children and young people with SEND.**

**At present the lack of a Personal Budget's Policy and Resource Allocation System disadvantages parents and carers of children with SEND as they cannot ascertain their statutory entitlements are be supported to understand the support they are entitled to.**

**What affect will the Policy/Service have on community relations? Identify by protected characteristics**

**The policy will support vulnerable children and young people with SEND living in their own communities. Personal Budgets and Direct Payments are part of a wider personalisation agenda, designed to enable children and young people with SEND to live with support**

**RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)**

within their communities rather than being moved into external residential care.

Please list any **actions and targets** by Protected Characteristic that need to be taken as a consequence of this assessment and ensure that they are added into your service plan.

**Website Key Findings Summary:** To meet legislative requirements a summary of the Equality Analysis needs to be completed and published.

**RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)**

**Equality Analysis Action Plan** - See page 9 of guidance step 6 and 7

**Time Period** .....

Manager:..... Service Area:..... Tel:.....

**Title of Equality Analysis:**

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic.

List all the Actions and Equality Targets identified

Action/Target	State Protected Characteristics (A,D,RE,RoB,G,GI O, SO, PM,CPM, C or All)*	Target date (MM/YY)
Review applications for Personal Budgets and match against profile of Disabled children in Rotherham as per Disability Register	All	December 2017
Name Of Director who approved Plan		Date

\*A = Age, C= Carers D= Disability, G = Gender, GI Gender Identity, O= other groups, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage.

**RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)**

**Website Summary – Please complete for publishing on our website and append to any reports to Elected Members, SLT or Directorate Management Teams**

<b>Completed equality analysis</b>	<b>Key findings</b>	<b>Future actions</b>
<p>Directorate: .....</p> <p>Function, policy or proposal name: .....</p> <p>.....</p> <p>Function or policy status: ..... (new, changing or existing)</p> <p>Name of lead officer completing the assessment:</p> <p>.....</p> <p>Date of assessment: .....</p>		

Cabinet and Commissioners' Decision Making Meeting  
Public Report

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## Council Report

### Cabinet and Commissioners' Decision Making Meeting – 10 July 2017

Early Help Strategy: Phase Two, Whole Service Review

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

Yes

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

Ian Thomas, Strategic Director, Children's Services

#### Report Author(s)

David McWilliams

Assistant Director Early Help – Children and Young People's Services

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Jenny Lingrell

Acting Head of Service Early Help – Transformation Projects

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#### Ward(s) Affected

All

## Summary

The Early Help Service is an essential component of Rotherham's Improvement Plan. It is designed to meet the needs of children, young people and families quickly, when they first emerge and to prevent the escalation of issues and the requirement for statutory intervention. Working Together (2015) sets out the statutory requirement for Early Help services whilst Ofsted findings suggest that effective, high-performing children's social care is always accompanied by a high quality Early Help offer.

In January 2016, a new Early Help Service was launched with locality teams made up of practitioners with a blend of complementary skills and the launch of a single point of access to the service, through the Early Help Request for Support and a single Early Help Assessment.

The council's aim is to continue to develop an Early Help Service that meets the needs of children, young people and families as soon as such needs are identified. This must be delivered in a way that feels relevant to Rotherham's families and is flexible enough to respond to needs as they emerge.

The re-design of the Early Help Service will also achieve £421k of savings in 2017/18, together with further savings in 2018/19, which will contribute to the Council's overall savings target.

The Early Help Whole Service Review will be undertaken in line with the vision and objectives set out in the Early Help Strategy. It is the realisation of phase two of the strategy which is to, 'refine the Early Help offer through further integration and service redesign with our partners and stakeholders.'

This report provides the vision; objectives and guiding principles of the Early Help Whole Service Review and set out the timeline for full consultation and implementation on 1<sup>st</sup> April 2018.

**Recommendations**

1. That the guiding principles for the Early Help Whole Service Review be approved.
2. That the associated timeline for the whole service review in order to achieve implementation by 1<sup>st</sup> April 2018 be approved.

**List of Appendices Included:**

None

**Background Papers**

Rotherham's Early Help Strategy 2016-2019  
Ofsted Monitoring Visit letter; 13<sup>th</sup> March 2017  
Working Together to Safeguard Children, 2015

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

No

**Council Approval Required:**

No

**Exempt from the Press and Public:**

No

## Early Help Strategy: Phase Two, Whole Service Review

### 1. Recommendations

- 1.1 That the guiding principles for the Early Help Whole Service Review be approved.
- 1.2 That the associated timeline for the whole service review in order to achieve implementation by 1<sup>st</sup> April 2018 be approved.

### 2. Background

- 2.1 The Early Help Service is an essential component of Rotherham's Improvement Plan. It is designed to meet the needs of children, young people and families quickly, when they first emerge, and to prevent the escalation of issues and the requirement for statutory intervention. Since the publication of the Graham Allen report in 2011 and the subsequent creation of the Early Intervention Foundation, a body of evidence has been pulled together to make the case for Early Intervention. The evidence shows that outcomes are better for children and young people if agencies intervene earlier; that working with the whole family is most effective and that the work yields cost benefits across public service, including adult social care; the criminal justice and welfare systems.
- 2.2 The statutory guidance, Working Together to Safeguard Children (2015), sets out the requirements for Early Help Services, stating, *'local areas should have a range of effective, evidence-based services in place to address assessed needs early. The Early Help on offer should draw upon the local assessment of need and the latest evidence of the effectiveness of early help and early intervention programmes. In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence. Services may also focus on improving family functioning and building the family's own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made'*.
- 2.3 The guidance in Working Together to Safeguard Children (2015) makes it clear that all local agencies should work together to support children and families. As such, a strong Early Help offer will also be a key enabler for integrated working at neighbourhood level across all ages.
- 2.4 Ofsted findings suggest that effective, high-performing children's social care is always accompanied by a high quality Early Help offer and Rotherham's new Early Help offer was launched on the 18<sup>th</sup> January 2016. This followed a restructure in October 2015 when a new management team was established and a range of separate services and professional disciplines were brought together to form integrated, multi-disciplinary, early help locality teams.

2.5 In April 2016 Ofsted noted:

‘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’. 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’.

2.6 In February 2017 Ofsted undertook a monitoring visit. The feedback, in relation to the progress and development of the Early Help service noted:

2.6.1 The implementation of multi-disciplinary locality teams is leading to improved coordination of early help support to families by the local authority.

2.6.2 There is much evidence of children’s circumstances improving as a result of the early help being provided.

2.6.3 There are also some positive examples of very timely intervention and support for families, who have an allocated worker within one of the locality teams.

2.7 The Rotherham Early Help Strategy 2016-2019 is an ambitious three-year plan for the Council and its partners. The vision for Early Help is:

*“All agencies working together to ensure children, young people and families have their needs identified early so that they can receive swift access to targeted help and support.”*

2.8 The strategy articulates the Early Help journey in three distinct phases.

2.8.1 Phase one is the creation of integrated Early Help teams and co-locating staff with partners in multi-agency Early Help hubs. It includes putting in place systems to monitor and track progress and quality and the right governance to ensure appropriate accountability and effective support and challenge across the system.

2.8.2 Phase two is whole service delivery redesign; developing new job roles and more efficient and effective ways of working to embed a shared responsibility across the partnership for meeting the needs of families earlier.

2.8.3 Phase three will ensure that the Early Help offer is sustainable. Partners will work together to explore the potential for all-age family integrated services and look at innovative ways to reshape existing buildings and centres into all age delivery points in localities and communities.



2.9 The development of Rotherham's Early Help offer and strategy is intrinsically linked to the delivery of a challenging three year savings target to contribute to the Council's overall savings target.

2.10 In 2016/17 Early Help Service made a saving of £501k. In 2017/18 a further saving of £421k has been agreed. The Whole Service review will identify further efficiencies in future.

### **3. Key Issues**

3.1 The Early Help Whole Service Review is needed to deliver a re-designed Early Help service offer that meets the needs of children, young people and families. This must be delivered in a way that feels relevant to Rotherham's families and is flexible enough to respond to needs as they emerge. The success of the Early Help offer will contribute directly to the improvement journey of Rotherham's Children's Services and a positive judgement from Ofsted.

3.2 Since October 2015 Requests for Support to the Early Help Service have been sent through a single point of access. This simplified process has made it easy for families and universal services who work with families to request targeted support for families who are vulnerable. It enables early intervention with a coordinated whole family offer that is designed to ensure that the need for higher tier services is avoided. There are currently more than 1500 families with an active Early Help Assessment.

3.3 To ensure that the service is fit for purpose in the future, and is able to respond to the needs of children, young people and families, there is a need to re-design the service.

3.4 The re-design will ensure that Early Help Practitioners have the right skill mix to respond to the needs of families, and that the workforce is well supported with appropriate management oversight. The re-design will also create opportunities for practitioners to develop and progress within the service.

3.5 The re-designed services will also deliver an Early Help workforce with skills to complement and support partners and stakeholders who share responsibility for meeting the needs of families earlier.

3.6 The Early Help offer is currently delivered through a mixed economy of outreach work, with staff based in locality offices on eight sites across the borough, and Youth Centres and Children's Centres. The Early Help offer must be delivered in a way that supports partnership and neighbourhood working, and is relevant to children, young people and families.

3.7 A full needs analysis will demonstrate where Early Help teams should be located to ensure that there are opportunities to work collaboratively with children's social care; schools and partners including: health; South Yorkshire Police and the voluntary and community sector.

3.8 The re-design process will also explore opportunities to deliver interventions that are responsive to need in negotiated spaces; relevant to the community and flexible enough to meet changing patterns of demand.

3.9 In summary, the guiding principles of the Early Help Whole Service Review are:

- To build on what's working well
- To embed whole family working (one family, one worker, one plan)
- To support integrated locality working
- To work restoratively with a culture of continuous improvement and excellence
- To deliver value for money
- To seek savings through reducing the management structure
- To ensure there are clear lines of responsibility and clear progression routes
- To invest in workforce development
- To enable flexible working with high quality and affordable delivery points.

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

4.1 Option 1 would be to continue to deliver Early Help using the current operating model. Whilst the progress to date has been commended by Ofsted, this option would not achieve the desired contribution to the Council's savings, nor would it be flexible enough to meet the needs of children, young people and families. The response to the youth consultation in particular suggests that there is a need to modernise the delivery model to make it more relevant and responsive to the needs of children, young people and families.

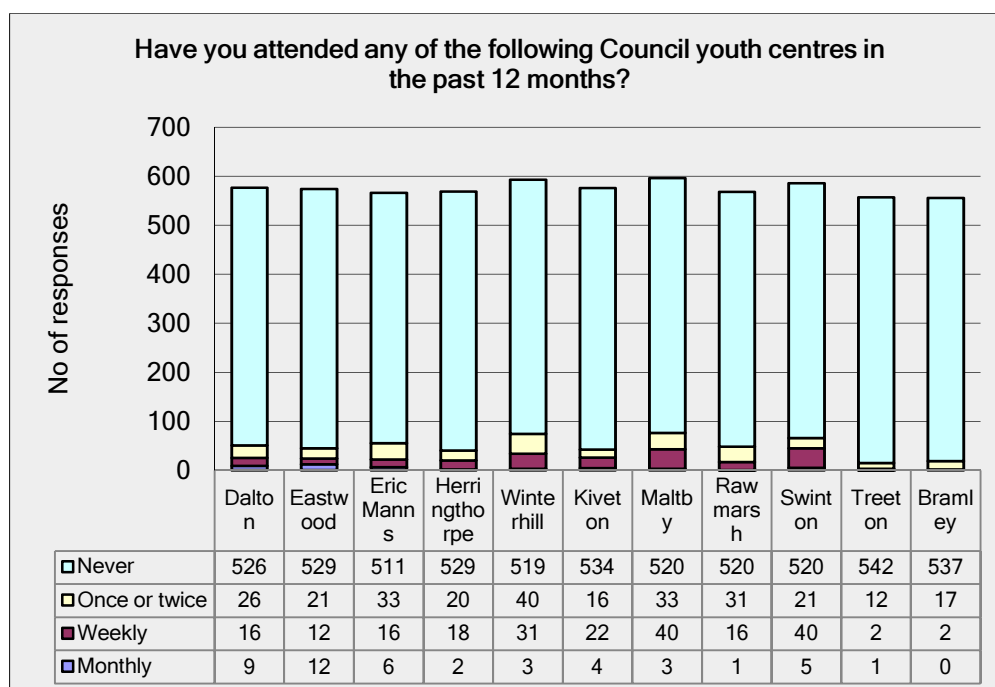
4.2 Option 2 is to proceed with the Early Help Whole Service Review. It is proposed that, following the guiding principles set out in this report, a detailed proposal is developed that sets out the delivery model, the implications for the Early Help footprint in the borough and the staffing structure. This detailed proposal will precede full staff and public 90 day consultation.

#### **5. Consultation**

5.1 The consultation process and co-production of Rotherham's Early Help Service and offer has been ongoing since November 2015. In developing Rotherham's Early Help Strategy a significant consultation was undertaken with; children and young people; staff, Voluntary and Community Sector; the Children and Young People's Strategic Partnership; Health and Wellbeing Board; Local Safeguarding Board; Early Help Steering Group; Early Help Review Board; Department for Communities & Local Government; Troubled Families Unit; Sheffield City Council; Department for Education; Ofsted; Practice Improvement Partner (Lincolnshire County Council) and all Rotherham Ward and Parish Councillors.

5.2 A public consultation took place in 2014 to understand demand in relation to the Council’s Children’s Centre offer. The findings of the consultation were considered by Cabinet on 18<sup>th</sup> June 2014. The major concern raised during this consultation was that additional travel would be required as a result of closing centre buildings and this might reduce the number of families accessing the Children’s Centres. The report further noted that local authorities are not required to provide a Centre building in walking distance. However, they are required to provide access to services locally. There is a need to undertake a new public consultation due to the period of time that has passed since 2014, and also to ensure that the public understand the local offer in the context of the overall Early Help Service offer (that did not exist in 2014).

5.3 In March 2016, a Youth Service Consultation took place. 897 people responded to the consultation and findings were shared with the Early Help Steering Group. As can be seen below, the majority of young people who responded did not visit Council youth centres. However, more than 60% of young people felt that it was very important or important to keep Youth Centres in Rotherham. These findings indicate that the current youth offer isn’t reaching enough young people, but that it is important services are re-designed in such a way that they are relevant and accessible.



5.4 Throughout November and December 2016, the Early Help Senior Leadership Team undertook a series of staff and partner engagement events, creating opportunities through ‘structured conversations’ to further shape the development of Early Help in Rotherham.

5.5 In March 2017 the extended Early Help Management Team attended a workshop on Phase Two of the Early Help Strategy and to inform the guiding principles of the proposed Whole Service Review.

5.6 Subject to commissioner and Members' approval formal consultation on the final proposals for the new service delivery model, service structure and job roles will commence in September 2017 and run for 90 days.

5.7 90 Day Consultation:

5.7.1 A robust staff and public 90 day consultation will involve meetings with all staff as well as formal communication via letter and the offer of individual support through Human Resources (HR) and Early Help managers. The consultation will involve the Trade Unions and will be delivered through a combination of public meetings, online surveys and use of existing forums, for example Children's Centre Advisory Panel. This consultation will seek the views of; parents, young people, Members, partners, stakeholders, professionals and members of the community.

## 6. Timetable and Accountability for Implementing this Decision

6.1 Subject to approval, the table below sets out a high level timeline with the implementation date for the new structure to be in place from April 2018.

1.	Cabinet Report (1)	10 <sup>th</sup> July 2017
3.	Detailed proposals developed	July – September 2017
4.	Cabinet Report (2)	11 <sup>th</sup> September 2017
5.	Staff / Public consultation (90 days)	12 <sup>th</sup> Sept – 12 <sup>th</sup> Dec 2017
6.	Cabinet Report (3)	19 <sup>th</sup> February 2018
7.	New structure implementation	1 <sup>st</sup> April 2018

## 7. Financial and Procurement Implications

7.1 The Early Help Service must achieve £421k of savings in 2017/18, together with further savings in 2018/19, which will be achieved through a Whole Service Review.

7.2 The Early Help service operates a stringent moratorium of non-essential spend and tight vacancy control. A challenging three year savings profile was set for the service and the first two year targets have been successfully achieved.

7.3 In 2016/17 the service achieved a savings target of £501k whilst eradicating an inherited budget pressure of £250k.

7.4 The 2017/18 savings target of £421k has already been met through prudent vacancy management and good financial planning.

7.5 In 2018/19 further savings will be achieved through delivery of the Early Help Strategy, phase two through a Whole Service Review.

7.6 Any delays to the timetable set out in this report would have an impact on the savings proposed. In order to achieve the full year affect the review must be operational by April 1<sup>st</sup> 2018.

- 7.7 In order to achieve the flexibility and creativity desired in the Early Help offer, it may be most effective to work with third party organisations, including partners and the voluntary and community sector to deliver evidence-based interventions. Where this need is identified the Early Help service will work through the appropriate commissioning and procurement channels.

## **8. Legal Implications**

- 8.1 It is imperative that the proposed Whole Service Review leading to the development of the future Early Help Service Model should take into account the need to comply with the Council's statutory duties in this area. In particular this includes the duties under the Education Act 1996, around securing sufficient educational leisure time activities and facilities for the improvement of the well-being of young persons, and the duties under Childcare Act 2006 to ensure there are sufficient Children's Centres, so far as reasonably practicable, to meet local need.
- 8.2 Any future proposals to significantly change Early Help services as part of the Whole Service Review would first require a robust consultation exercise with staff, service users and other stakeholders. This is properly identified and catered for in the timeline set out in 6.1.

## **9. Human Resources Implications**

- 9.1 In December 2016 the Early Help Senior Leadership Team completed a further HR establishment and budget validation exercise.
- 9.2 In 2015/16 the Early Help staffing establishment was 270.06\* FTE (Full Time Equivalents). \*October 2015.
- 9.3 In 2016/17 the Early Help staffing establishment was 263.28 FTE.
- 9.4 In 2017/18 the Early Help staffing establishment was 236.23\* FTE.
- 9.5 This equates to a reduction of 33.83 FTE since October 2015.

\*Includes investments for Edge of Care; Family Group Conferencing; and Multi-Systemic Therapy.

- 9.6 The changes proposed in this phase of the Whole Service Review are likely to involve considerable change, both in relation to individual roles and their redesign and also in relation to staffing structures. If this is the case it will require a detailed consultation process with staff and Trade Unions.
- 9.7 Any staff who are at risk as a result of the changes will be given full support in terms of redeployment. Equally, staff will be supported in relation to the changing nature of their roles and the move to more generic duties and responsibilities.

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

- 10.1 The Early Help Service directly contributes to a number of the Council's key strategies and objectives:

10.1.1 The Rotherham Plan. A New Perspective 2025:

*“Contributing to this is... refreshed Early Help programme, which involves partners working together to ensure children, young people and families have their needs identified early so that they can receive swift access to targeted help and support.”*

10.1.2 A Child Centred Borough

Six principles that will enable children to thrive:

- *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.*

10.1.3 The Children and Young People’s Plan, 2016-2019.

The three main strategic outcomes to be achieved for children, young people and their families in Rotherham are:

- *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*

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

11.1 Rotherham Council is under a duty to promote equality and diversity in all the work it does and services it delivers. The Council will need to work with customers to co-produce an Equality Analysis when designing the new structure and operating model.

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

12.1 Key partners, stakeholders and staff will be engaged with as part of the 90 day consultation process.

## **13. Risks and Mitigation**

13.1 The Council will need to consider emerging risks, but these are likely to be specific to individuals. The overriding risks are not following statutory processes, the potential negative impact on performance and quality during the review period and implementation stage and reputational damage as a result of a reduction in buildings and services across the borough. Officers will work closely with HR and the communications team to mitigate any risks normally associated with a Whole Service Review and restructure through Legal, Financial and HR compliance.

**14. Accountable Officer(s)**

Ian Thomas  
Strategic Director, Children and Young People's Services  
[ian.thomas@rotherham.gov.uk](mailto:ian.thomas@rotherham.gov.uk)

**Approvals Obtained from:-**

**Finance and Corporate Services:**

**Finance:** Mick Wildman – Finance Manager **Date:** 24<sup>th</sup> April 2017

**HR:** Paul Fitzpatrick – HR Business Partner **Date:** 18<sup>th</sup> April 2017

**Assistant Director of Legal Services:**

Neil Concannon – Service Manager **Date:** 25<sup>th</sup> May 2017

**Head of Procurement:** Ian Murphy **Date:** 20<sup>th</sup> April 2017

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## Council Report

### Cabinet and Commissioners' Decision Making Meeting – 10 July 2017

**Title:** Early Help Strategy: Phase Two, Whole Service Review

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

Yes

### Strategic Director Approving Submission of the Report:

Ian Thomas, Strategic Director, Children's Services

### Report Author(s)

David McWilliams  
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David.mcwilliams@rotherham.gov.uk

Jenny Lingrell  
Acting Head of Service Early Help – Transformation Projects  
Tel: 01709 254836  
jenny.lingrell@rotherham.gov.uk

### Ward(s) Affected

All

### Summary

The Early Help Service is an essential component of Rotherham's Improvement Plan. It is designed to meet the needs of children, young people and families quickly, when they first emerge and to prevent the escalation of issues and the requirement for statutory intervention. Working Together (2015) sets out the statutory requirement for Early Help services whilst Ofsted findings suggest that effective, high-performing children's social care is always accompanied by a high quality Early Help offer.

In January 2016, a new Early Help Service was launched with locality teams made up of practitioners with a blend of complementary skills and the launch of a single point of access to the service, through the Early Help Request for Support and a single Early Help Assessment.



The council's aim is to continue to develop an Early Help Service that meets the needs of children, young people and families as soon as such needs are identified. This must be delivered in a way that feels relevant to Rotherham's families and is flexible enough to respond to needs as they emerge.

The re-design of the Early Help Service will also achieve £421k of savings in 2017/18, together with further savings in 2018/19, which will contribute to the Council's overall savings target.

The Early Help Whole Service Review will be undertaken in line with the vision and objectives set out in the Early Help Strategy. It is the realisation of phase two of the strategy which is to, 'refine the Early Help offer through further integration and service redesign with our partners and stakeholders.'

This report provides the vision; objectives and guiding principles of the Early Help Whole Service Review and set out the timeline for full consultation and implementation on 1<sup>st</sup> April 2018.

### **Recommendations**

The Commissioner is asked to approve:

- The guiding principles for the Early Help Whole Service Review.
- The associated timeline for the whole service review in order to achieve implementation by 1<sup>st</sup> April 2018.

### **List of Appendices Included:**

None

### **Background Papers**

- Rotherham's Early Help Strategy 2016-2019
- Ofsted Monitoring Visit letter; 13<sup>th</sup> March 2017
- Working Together to Safeguard Children, 2015

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

No

**Council Approval Required:** No.

**Exempt from the Press and Public:** This report is not exempt.

**Title: Early Help Strategy: Phase Two, Whole Service Review**

## **1. Recommendations**

That Commissioner is asked to approve:

- 1.1 The guiding principles for the Early Help Whole Service Review.
- 1.2 The associated timeline for the Whole Service Review in order to achieve implementation by 1<sup>st</sup> April 2018.

## **2. Background**

- 2.1 The Early Help Service is an essential component of Rotherham's Improvement Plan. It is designed to meet the needs of children, young people and families quickly, when they first emerge, and to prevent the escalation of issues and the requirement for statutory intervention. Since the publication of the Graham Allen report in 2011 and the subsequent creation of the Early Intervention Foundation, a body of evidence has been pulled together to make the case for Early Intervention. The evidence shows that outcomes are better for children and young people if agencies intervene earlier; that working with the whole family is most effective and that the work yields cost benefits across public service, including adult social care; the criminal justice and welfare systems.
- 2.2 The statutory guidance, Working Together to Safeguard Children (2015), sets out the requirements for Early Help Services, stating, *'local areas should have a range of effective, evidence-based services in place to address assessed needs early. The Early Help on offer should draw upon the local assessment of need and the latest evidence of the effectiveness of early help and early intervention programmes. In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence. Services may also focus on improving family functioning and building the family's own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made'*.
- 2.3 The guidance in Working Together to Safeguard Children (2015) makes it clear that all local agencies should work together to support children and families. As such, a strong Early Help offer will also be a key enabler for integrated working at neighbourhood level across all ages.
- 2.4 Ofsted findings suggest that an effective, high-performing children's social care is always accompanied by a high quality Early Help offer and Rotherham's Early Help offer was launched on the 18<sup>th</sup> January 2016. This followed a restructure in October 2015 when a new management team was established and a range of separate services and professional

disciplines were brought together to form integrated, multi-disciplinary, early help locality teams.

2.5 In April 2016 Ofsted noted:

‘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’. 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’.

2.6 In February 2017 Ofsted undertook a monitoring visit. The feedback, in relation to the progress and development of the Early Help service noted:

2.6.1 The implementation of multi-disciplinary locality teams is leading to improved coordination of early help support to families by the local authority.

2.6.2 There is much evidence of children’s circumstances improving as a result of the early help being provided.

2.6.3 There are also some positive examples of very timely intervention and support for families, who have an allocated worker within one of the locality teams.

2.7 The Rotherham Early Help Strategy 2016-2019 is an ambitious three-year plan for the Council and its partners. The vision for Early Help is:

*“All agencies working together to ensure children, young people and families have their needs identified early so that they can receive swift access to targeted help and support.”*

2.8 The strategy articulates the Early Help journey in three distinct phases.

2.8.1 Phase one is the creation of integrated Early Help teams and co-locating staff with partners in multi-agency Early Help hubs. It includes putting in place systems to monitor and track progress and quality and the right governance to ensure appropriate accountability and effective support and challenge across the system.

2.8.2 Phase two is whole service delivery redesign; developing new job roles and more efficient and effective ways of working to embed a shared responsibility across the partnership for meeting the needs of families earlier.

2.8.3 Phase three will ensure that the Early Help offer is sustainable. Partners will work together to explore the potential for all-age family integrated services and look at innovative ways to reshape existing

buildings and centres into all age delivery points in localities and communities.

2.9 The development of Rotherham's Early Help offer and strategy is intrinsically linked to the delivery of a challenging three year savings target to contribute to the Council's overall savings target.

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### **3. Key Issues**

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3.2 Since October 2015 Requests for Support to the Early Help Service have been sent through a single point of access. This simplified process has made it easy for families and universal services who work with families to request targeted support for families who are vulnerable. It enables early intervention with a coordinated whole family offer that is designed to ensure that the need for higher tier services is avoided. There are currently more than 1500 families with an active Early Help Assessment.

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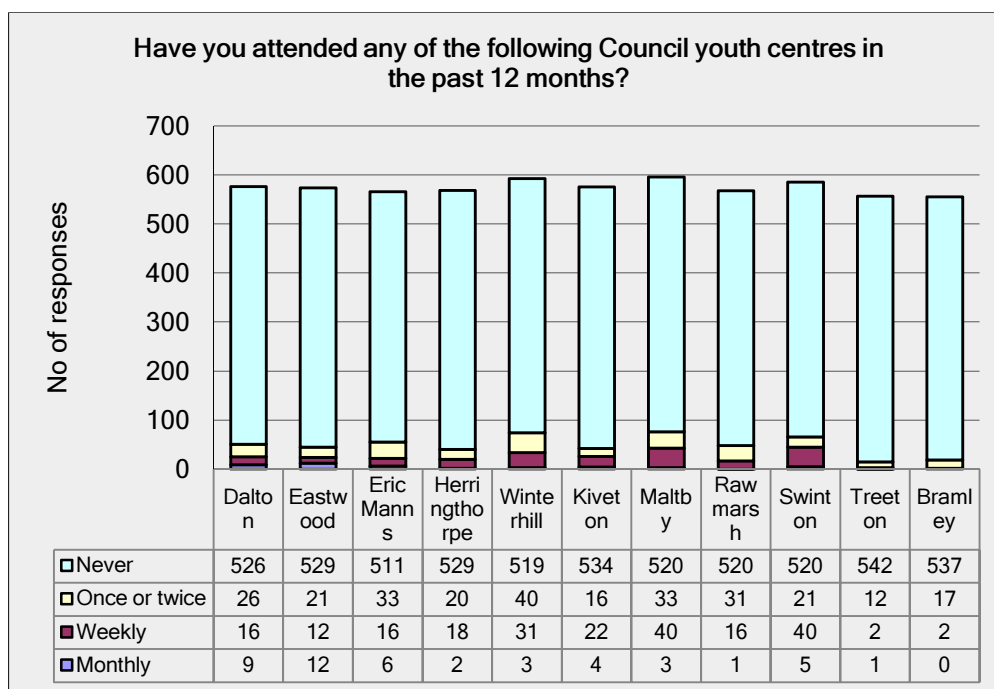
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#### **4. Options considered and recommended proposal**

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5.4 Throughout November and December 2016, the Early Help Senior Leadership Team undertook a series of staff and partner engagement events, creating opportunities through ‘structured conversations’ to further shape the development of Early Help in Rotherham.

5.5 In March 2017 the extended Early Help Management Team attended a workshop on Phase Two of the Early Help Strategy and to inform the guiding principles of the proposed Whole Service Review.

5.6 Subject to commissioner and Members’ approval formal consultation on the final proposals for the new service delivery model, service structure and job roles will commence in September 2017 and run for 90 days.

5.7 90 Day Consultation:

5.7.1 A robust staff and public 90 day consultation will involve meetings with all staff as well as formal communication via letter and the offer of individual support through Human Resources (HR) and Early Help managers. The consultation will involve the Trade Unions and will be delivered through a combination of public meetings, online surveys and use of existing forums, for example Children’s Centre Advisory Panel. This consultation will seek the views of; parents, young people, Members, partners, stakeholders, professionals and members of the community. The consultation will run for 90 days.

## 6. Timetable and Accountability for Implementing this Decision

- 6.1 Subject to approval, the table below sets out a high level timeline with the implementation date for the new structure to be in place from April 2018.

1.	Cabinet Report (1)	10 <sup>th</sup> July 2017
3.	Detailed proposals developed	July – September 2017
4.	Cabinet Report (2)	11 <sup>th</sup> September 2017
5.	Staff / Public consultation (90 days)	12 <sup>th</sup> Sept – 12 <sup>th</sup> Dec 2017
6.	Cabinet Report (3)	19 <sup>th</sup> February 2018
7.	New structure implementation	1 <sup>st</sup> April 2018

## 7. Financial and Procurement Implications

- 7.1 The Early Help Service must achieve £421k of savings in 2017/18, together with further savings in 2018/19, which will be achieved through a Whole Service Review.
- 7.2 The Early Help service operates a stringent moratorium of non-essential spend and tight vacancy control. A challenging three year savings profile was set for the service and the first two year targets have been successfully achieved.
- 7.3 In 2016/17 the service achieved a savings target of £501k whilst eradicating an inherited budget pressure of £250k.
- 7.4 The 2017/18 savings target of £421k has already been met through prudent vacancy management and good financial planning.
- 7.5 In 2018/19 further savings will be achieved through delivery of the Early Help Strategy, phase two through a Whole Service Review.
- 7.6 Any delays to the timetable set out in this report would have an impact on the savings proposed. In order to achieve the full year affect the review must be operational by April 1<sup>st</sup> 2018.
- 7.7 In order to achieve the flexibility and creativity desired in the Early Help offer, it may be most effective to work with third party organisations, including partners and the voluntary and community sector to deliver evidence-based interventions. Where this need is identified the Early Help service will work through the appropriate commissioning and procurement channels.

## 8. Legal Implications

- 8.1 It is imperative that the proposed Whole Service Review leading to the development of the future Early Help Service Model should take into account the need to comply with the Council's statutory duties in this area. In particular this includes the duties under the Education Act 1996, around securing sufficient educational leisure time activities and facilities for the



improvement of the well-being of young persons, and the duties under Childcare Act 2006 to ensure there are sufficient Children's Centres, so far as reasonably practicable, to meet local need.

- 8.2 Any future proposals to significantly change Early Help services as part of the Whole Service Review would first require a robust consultation exercise with staff, service users and other stakeholders. This is properly identified and catered for in the timeline set out in 6.1.

## 9. Human Resources Implications

- 9.1 In December 2016 the Early Help Senior Leadership Team completed a further HR establishment and budget validation exercise.
- 9.2 In 2015/16 the Early Help staffing establishment was 270.06\* FTE (Full Time Equivalents). \*October 2015.
- 9.3 In 2016/17 the Early Help staffing establishment was 263.28 FTE.
- 9.4 In 2017/18 the Early Help staffing establishment was 236.23\* FTE.
- 9.5 This equates to a reduction of 33.83 FTE since October 2015.

\*Includes investments for Edge of Care; Family Group Conferencing; and Multi-Systemic Therapy.

- 9.6 The changes proposed in this phase of the Whole Service Review are likely to involve considerable change, both in relation to individual roles and their redesign and also in relation to staffing structures. If this is the case it will require a detailed consultation process with staff and Trade Unions.
- 9.7 Any staff who are at risk as a result of the changes will be given full support in terms of redeployment. Equally, staff will be supported in relation to the changing nature of their roles and the move to more generic duties and responsibilities.

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

- 10.1 The Early Help Service directly contributes to a number of the Council's key strategies and objectives:

- 10.1.1 The Rotherham Plan. A New Perspective 2025:

*"Contributing to this is... refreshed Early Help programme, which involves partners working together to ensure children, young people and families have their needs identified early so that they can receive swift access to targeted help and support."*

- 10.1.2 A Child Centred Borough

Six principles that will enable children to thrive:

- *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.*

#### 10.1.3 The Children and Young People's Plan, 2016-2019.

The three main strategic outcomes to be achieved for children, young people and their families in Rotherham are:

- *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*

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

11.1 Rotherham Council is under a duty to promote equality and diversity in all the work it does and services it delivers. The Council will need to work with customers to co-produce an Equality Analysis when designing the new structure and operating model.

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

12.1 Key partners, stakeholders and staff will be engaged with as part of the 90 day consultation process.

### **13. Risks and Mitigation**

13.1 The Council will need to consider emerging risks, but these are likely to be specific to individuals. The overriding risks are not following statutory processes, the potential negative impact on performance and quality during the review period and implementation stage and reputational damage as a result of a reduction in buildings and services across the borough. Officers will work closely with HR and the communications team to mitigate any risks normally associated with a Whole Service Review and restructure through Legal, Financial and HR compliance.

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

Ian Thomas  
Strategic Director, Children and Young People's Services  
[ian.thomas@rotherham.gov.uk](mailto:ian.thomas@rotherham.gov.uk)

**Approvals Obtained from:-**

**Finance and Corporate Services:**

**Finance:** Mick Wildman – Finance Manager

**Date:** 24<sup>th</sup> April 2017

**HR:** Paul Fitzpatrick – HR Business Partner

**Date:** 18<sup>th</sup> April 2017

**Director of Legal Services:**

Neil Concannon – Service Manager

**Date:** 25<sup>th</sup> May 2017

**Head of Procurement:** Ian Murphy

**Date:** 20<sup>th</sup> April 2017

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**Improving Lives Select Commission July 4, 2017**

**Title:-**Evaluation of Barnardo's ReachOut Service

**Strategic Director Approving Submission of the Report**

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

**Briefing Author(s)**

Jo Smith Head of Strategic Commissioning, Children and Young People's Services

**Ward(s) Affected**

All

**Summary**

The Council and Barnardo's are part of an innovative, cutting-edge partnership with the DfE and KPMG, which has led to the successful creation and implementation of a forward thinking outreach service called Reach Out. This project strives to support and protect children and young people who at risk of CSE in Rotherham, with shared funding from all partners.

The Reach Out project is funded for a period of three years 2016 - 18 with Rotherham Council contributing £234,000 per annum alongside partners KPMG Foundation Trust (£1,0229), DfE (£500,000) and Barnardo's (£425,000).

Most young people referred to the Reach Out service are identified as at risk of CSE because of concerns about their ability to identify abusive, exploitative behaviour and/or concerns about their ability to keep safe on-line. However, there is often a range of other issues underlying these concerns, including emotional health/mental wellbeing issues, worries about relationships with friends/peers and family as well as unhealthy personal and sexual relationships.

The Reach Out Project has delivered the following key areas of work up to present:

- Preventative education in schools and other settings (primarily delivering the healthy relationship education package 'Real Love Rocks');
- Targeted outreach to young people at risk;
- Direct support to individual young people and their parents.

Barnardo's is currently forward planning and developing the ReachOut Service to ensure sustainability into the future.

The Reach Out service commenced in January 2016 and has now been operational for over a year.

Evaluation of the service has been separately funded and is being undertaken by Bedfordshire University.

**List of Appendices Included**

Appendix 1 Evaluation Report: Barnardo's ReachOut Service

Appendix 2 Independent Evaluation: Barnardo's ReachOut Service

**Background Papers**

None

**Exempt from the Press and Public**

No

<b>Appendix 1 Barnardo's ReachOut Evaluation for Improving Lives Select Commission</b>
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<b>1.</b>	<b>Date of meeting:</b>	<b>July 2017</b>
<b>2.</b>	<b>Title:</b>	<b>Evaluation ReachOut</b>
<b>3.</b>	<b>Directorate:</b>	<b>CYPS Commissioning</b>

#### **4. Introduction**

The ReachOut Team celebrated their first year in operation in January 2017 and reflected on a very busy and challenging year. The information included in this report reflects the first year of operation and the position of the service in January 2017.

All the practitioners from a range of disciplines have worked together to share and develop skills which has ensured that all the staff are confident in delivering across the broad range for provision which has now been established.

This report demonstrates the amount of innovative activity being generated by the highly committed and creative team on a daily basis; through busy outreach, individual and schools work programmes.

#### **5. Individual Referrals**

ReachOut currently has 90 open cases and has received 116 referrals for one to one support to date; as anticipated the service received a steady flow of referrals from January to June which resulted in the service reaching capacity (i.e. all the practitioners carrying a caseload of approximately 10 in addition to their school and outreach work plans). At this point the ReachOut management team reviewed the nature of the concerns presenting at time of referral to satisfy themselves that the referrals being taken fitted with the preventative CSE remit of the service. They also audited assessments and plans to ensure that 'drift' and/or duplication was being avoided. The service has received 44 referrals in the last 6 months and concluded work with 55 young people over the last 6 months

The Service manager is continuing to work closely with the Head of Safeguarding and Quality Assurance to clarify and refine referral pathways and referral criteria in line with the review of the RMBC MASH function and processes.

For the short period that the service was unable to accept additional referrals as outlined above, the duty workers signposted to alternative support including Early Help (RMBC) and also provided advice along with relevant resources to professionals and carers who were in a position to offer preventative interventions directly. There were requests for support which did not receive a response.

Of the referrals received by the service, 7 of the young people have been identified as having a learning disability which continues to be a significant vulnerability indicator within the service especially in relation to online grooming. The team have benefitted from training provided by a Barnardo's specialist service working with young people who may be vulnerable to CSE with additional needs to ensure capacity to support this group of young people. This is reflected in school work targeting special schools and offering bespoke group sessions.

Only 10 of the total referrals to ReachOut have been for one to one work with boys; raising awareness of the vulnerability of boys to sexual exploitation particularly online remains an area of work the service will be prioritising during the next 12 months.

## **CASE EXAMPLE – PENNY**

### **Presenting issues**

Penny aged 15 was referred to the ReachOut service by her mum as she had been communicating with a 23 year old male via the social media Meow App. The police were involved and seized the phone as evidence and social care undertook an initial assessment but felt there was no need for further statutory intervention. The police subsequently arrested a 23 year old male.

Penny was living alone with her mum, was quite low and missing her sister who had recently left home. Penny also had little understanding of exploitative behaviour and despite Penny's mum referring Penny for support she was quite mistrusting of the worker due to historic negative feelings toward social care.

### **Nature of the Intervention**

The ReachOut worker undertook some direct work to raise awareness of online safety and potential exploitation in an overall context of what constitutes a healthy relationship. In an effort to engage mum in the process she initially joined the sessions but as this was not productive for Penny this was changed to a debrief for mum at the end of each session with Penny agreeing what would be shared.

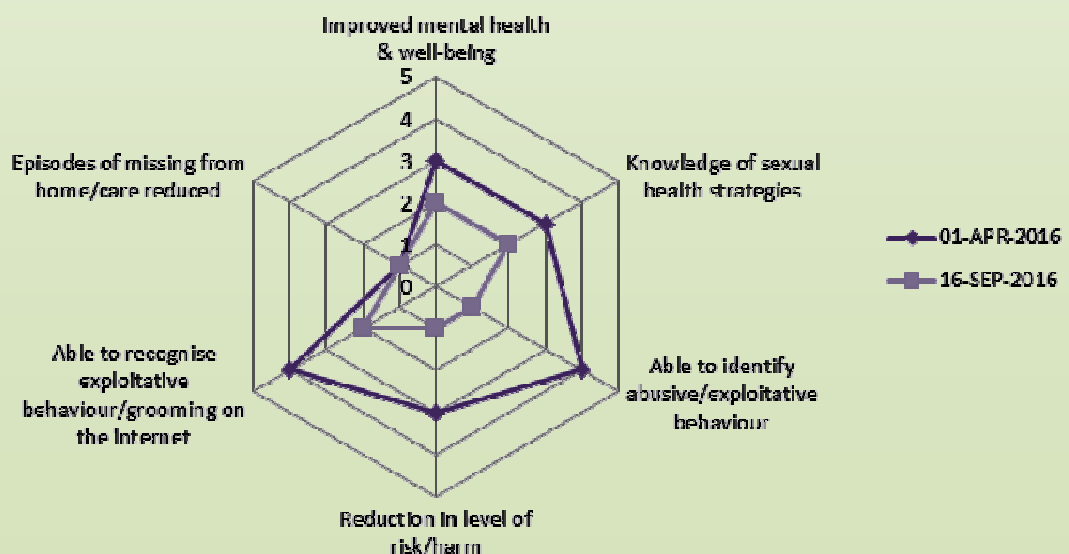
This worked well and gave Penny an opportunity to talk and to build a positive relationship with a male worker displaying pro-social modelling. Given PENNY's dad had left when she was very young the worker felt this valuable in promoting the healthy relationship work.

### **Outcome of the work**

Penny engaged really well and developed the confidence to talk about her thoughts and feelings which in turn improved her relationship with her mother, reduced her isolation and increased her mother's ability to act as a protective factor.

The graph below illustrates Penny's progress from pre to post intervention using Barnardo's Outcomes Framework.

### **Assessment Scores**





ReachOut continue to offers support to young people through bespoke weekly sessions based on their individual needs. These sessions typically include work on healthy relationships, keeping safe online, image sharing and the law, grooming and consent. Young people are provided with opportunities to explore issues using a variety of mediums, including arts, music, sports, creative writing and dance.

## 6. Work with Schools

The table below gives an overview of the schools programme from September 2016 - January 2017

<b>Current Schools Programme</b>				
<b>School</b>	<b>Reason for targeting</b>	<b>Number Of Classes</b>	<b>Number of Pupils</b>	<b>Work Activity</b>
<b><u>Primary</u></b>				
Crags Community School	Revisited as Crags were the first school to sign up, a number of referrals have been received. Engaged in evaluation with University of Bedfordshire. To be targeted for train trainers in 2016-17	2	48	Real Love Rocks
Kimberworth Community Primary	New school in 2016-17 feeder school for Winterhill Secondary	1	29	Real Love Rocks
Saint Anne's Primary	New school for 2016-17. Priority primary school due to catchment and feeder school for Clifton. A number of the pupils attend outreach sessions in Eastwood	2	52	Real Love Rocks (last session end of January)
Maltby Manor Primary	New school in 2016-17 linked to feeder school for Maltby Academy and MALP where lots of one to one referrals have been received	2	47	Real Love Rocks
Thrybergh Primary School	New school for 2016-17. Priority school due to	2	26	Real Love Rocks

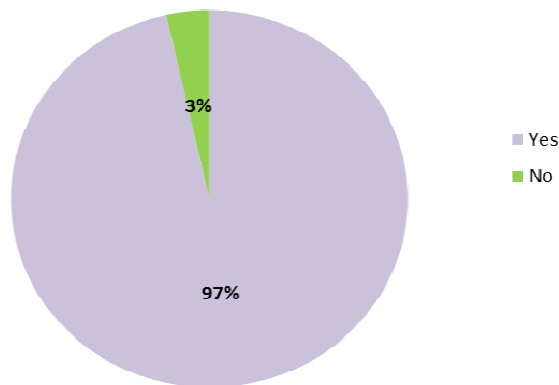
	catchment to Thrybergh Academy and a number of referrals have been received from the Secondary but have struggled to engage school in preventative education			
Laughton All Saints Primary	Direct request from the school for preventative education	Due to start May 2017		Real Love Rocks and Parenting session
<b>Secondary</b>				
Oakwood High School	Priority Secondary school due to catchment area and one to one referrals. Target school for Train the Trainers in June 2017	6	94	Real Love Rocks
Wingfield Comprehensive School	New school for 2016-17. RLR sessions planned for February-March 2017	1	18	Promotional Talk to Year 9 students
Winterhill School	Priority school due to recent police operation linked to the school and one to one referrals received	5	105	Real Love Rocks to 5 classes. Plus a whole year sexting assembly
Wath Comprehensive	New school for 2016-17. Priority school due to number of referrals received for one to one support. Safeguarding lead School and PENNYE lead have requested Train the Trainers in July			Real Love Rocks due to start May 2016
Clifton Secondary	New school for 2016-17. Priority school due to catchment and a number of referrals	Assembly		Sexting Assembly/ promotion of ReachOut Service

	for individual support.			
<b>PRU &amp; Special Schools</b>				
Hilltop School	Young people vulnerable to CSE due to learning disabilities. Bespoke offer: Weekly lesson with last year in school delivered RLR from Sept until end of Dec 2016	1	16	Real Love Rocks

**Feedback from Primary and secondary pupils and teachers**

The chart below is one of the survey monkey results following delivery of Real Love Rocks; this is consistent with the national survey recently undertaken by Barnardo's (as part of its campaign for compulsory sex and relationships education in schools) which showed that 70% of 11-15 year olds want the government to introduce compulsory school lessons on sex and relationships and 74% believe all children would be safer if they had classes on the subject.

**'I think children my age should have lessons about these things'**



Young People Feedback

**'The teachers had varied personalities and this help brighten the lessons up a bit'**

**'It was fun and good for children to learn about but it was a bit scary as well'**

**'I really enjoyed it, they explained everything very well'**

**'I enjoyed all of it. I mainly liked the grooming session as I now know the signs and how to spot them'**

**'I got informed about grooming and keeping safe, making me feel more comfortable and safe on the internet and in real life'**

The table below illustrates the Survey Monkey results for a cohort of 203 children who attended Real Love Rocks

	<b>Learned a lot</b>	<b>Learned a bit</b>	<b>Not sure</b>	<b>Didn't learn much</b>	<b>Didn't learn anything</b>	<b>Total</b>
<b>What is a healthy relationship</b>	59.7% (120)	28.36% (57)	4.98% (10)	3.98% (8)	2.99% (6)	201
<b>What is sexual exploitation and grooming</b>	71.29% (144)	22.77% (46)	3.47% (7)	1.49% (3)	0.99% (2)	202
<b>How to keep safe when you're out</b>	64.68% (130)	21.89% (44)	3.48% (7)	5.47% (11)	4.48% (9)	201
<b>How to keep safe online</b>	52.71% (107)	30.54% (62)	5.42% (11)	7.88% (16)	3.45% (7)	203
<b>The impact of pornography and sexting</b>	65.00% (117)	28.33% (51)	4.44% (8)	1.67% (3)	0.56% (1)	180
<b>Where to go for help</b>	68.47% (139)	20.20% (41)	5.42% (11)	2.46% (5)	3.45% (7)	203

### Teacher Feedback

- 'Really helpful, useful and totally relevant' (Winterhill)
- 'Consistent approach very positive with the students, brilliant presentations and activities' (Winterhill)
- 'I think the class really engaged with the topics- this was down to the excellence of the delivery of the sessions and interactions with the pupils' (Oakwood)

ReachOut has been delivering Barnardo's Real Love Rocks preventative CSE age appropriate programme at both Primary and Secondary School level. The programmes focus on peer to peer grooming, e-safety, self-harming and suicide, body image and sexual health awareness. ReachOut is adapting the programmes resources to work with LGBT young people, young people with additional needs who are not in main stream education and children where English is not their first language.

Between September –January 2017 Real Love Rocks was delivered to 5 Primary Schools, 3 Secondary Schools and a Special School.

A total of 409 children for Years 6 & 8 received the programme. From January 2016 a total of 1114 have received Barnardo's real Love Rocks programme.

ReachOut has continued to respond to requests for creative ways to presenting issues within different schools including assemblies addressing sexting and group sessions with a group of girls identified as particularly vulnerable.

## Train the Trainer

Following the success of Real Love Rocks delivery in school over the last 12 months, ReachOut launched the train the trainer programme at the LSCB Safeguarding Forum in January 2017. The one day training event including resource has been offered free to all Primary and Secondary schools in Rotherham and will commence in June 2017. It is envisaged 48 schools will be trained to deliver the Real Love Rocks. To date 8 schools have signed up for the free training.

## 7 Outreach

The mobile unit enables ReachOut to have a visible presence in priority areas and other key locations and events across the town. The mobile unit is used as part of the Outreach Programme and enables the Team to engage with young people within their own communities.

<b>Current Outreach Programme</b>			
<b>Event/Group</b>	<b>Frequency</b>	<b>Where</b>	<b>Reason For Targeting</b>
RUSH house drop in	Weekly	RUSH house	Targeted outreach for YP who may be vulnerable due to housing needs
Girls Group	Weekly	Clifton Learning Partnership	Weekly engagement session with young women who are in a priority area linked to police operation
CLP Youth Club	Weekly	Clifton Learning Partnership	Weekly open access sessions in partnership with CLP and Early help in priority location
Eastwood Outreach	Weekly	Eastwood Various Locations	Weekly outreach session in priority/Hot spot area
Girls Group/Boys Group, Winterhill	Weekly – 8 week programme	Winterhill School	Targeted work with vulnerable group of girls and boys

Rotherham Young Carers	Every 6 weeks	ReachOut	Awareness raising sessions on CSE every 6 weeks for vulnerable group of young people who are young carers
Hollowgate Care Leavers	Monthly	Hollowgate Care leavers accommodation	Drop in sessions for vulnerable group
Maltby Linx	Monthly	Linx youth and community centre	Drop in sessions for identified vulnerable group and open access for Maltby Pupils to attend drop in during lunch break
Action Housing	Fortnightly	Action Housing	Targeted drop in session for young people to engage with services who are vulnerable to homelessness
Saturday Outreach	Fortnightly	Rotherham	Intelligence led – hotspot areas /raising awareness of ReachOut service. Bus mobile and information/advice stalls throughout Rotherham including Meadow hall interchange

### Large Annual Events

Large Annual Events				
Event	Date	Number of people engaged with	Aim of session	Outcome
Rotherham Show	10/09/2016	200	Raise awareness of brand and project. Promote safe selfie with Young	Weather affected the event with numbers etc, this meant activities such as Safe Selfie

			People.	booth didn't get as much interaction as intended. However the communication was successful and positive. Also activities were limited (badminton etc) due to pitch and weather
Rotherham Carnival	24/09/2016	150	To raise awareness of the ReachOut service	Safe selfie booth, great activity, service very well promoted

### Action Housing

ReachOut have worked with Action Housing, a supported accommodation provider for young people, to deliver a three week course for residents on internet safety. Internet Safety sessions are mandatory for residents as part of their tenancy agreement. From October to January eleven sessions were delivered, however, these were sporadic in attendance and ReachOut are now revising the service requirement to include monthly drop in's and CSE awareness sessions for staff.

### Sessions with local training provider

Barnardo's was approached by a local training provider for support with students who had been using sexually inappropriate language and making inappropriate sexual suggestions to other students. This concerning behaviour had led to distress within the group and several students being excluded. The group are predominantly students of Roma heritage.

After a meeting with the education coordinator, it was agreed that ReachOut would work alongside a practitioner from The Junction, Harmful Sexual Behaviour service to offer three sessions to the students addressing three separate but interwoven elements of Sex & Relationships education.

The first of these sessions concentrated on SRE elements such as; puberty, contraception, sexual acts, pregnancy & consent. This session ran well, being delivered to 23 young people and receiving good feedback from both staff and students.

The second session will concentrate on CSE awareness, discussing the grooming cycle and how young people can get help for either themselves or their friends. The final session will look at what is and what isn't appropriate in terms of sexualised language and acts within the classroom and to a range of other individuals. At the end



of the final session, the scheme of work will be evaluated with both the staff and students.

### **Planned Work**

Weekly Drop in sessions will be delivered at JADE, a young people's charity based in Dinnington, which provides alternative curriculum and one to one mentoring support. This work will include supporting JADE to provide regular and consistent keeping safe work for highly vulnerable young people, many who are not in school.

Detached work is to be undertaken with Ferham Early Help Team using the youth service mobile unit, art, crafts and positive activities.

ReachOut is negotiating partnership delivery within the sexual health youth clinic network and has been approved by Integrated Sexual Health Services as a distributor of the new sexual health Hardwear Scheme. ReachOut is aiming to support three youth clinics a week including JADE as a pilot which will be reviewed at the end of March.

Following a recent meeting with REMA (Rotherham Ethnic Minority Alliance) The ReachOut team are in contact with the Hate Crime Coordinator for Ferham and Masbrough, Hate Crime Advocates and a facilitator of women's empowerment sessions for the Pakistani community, all of whom have requested support for members of their community who are concerned about their children's safety when using the internet.

## **8 Partnerships**

ReachOut continues to work closely with police and social care to develop and deliver partnership responses to information and intelligence identifying children who may be vulnerable to sexual exploitation. These partnerships are productive at a strategic and operational level with Barnardo's being represented at all key multi-agency decision making forums.

A ReachOut Team Manager attends weekly meetings alongside Police, Social Care, Health and Licencing to discuss current intelligence and agree appropriate responses. This has proved invaluable for both Outreach and one to one work.

Rotherham LSCB (CSE Subgroup) has been undertaking work with partners to develop the use of an App to make the most effective use of CSE soft intelligence across the partnership. ReachOut is taking part in piloting the app in the next few weeks and looks forward to extending its use to all practitioners within the service.

ReachOut is currently following up expressions of interest for the service to engage with children, families and community members attending local Mosques.

ReachOut are a third party reporting centre for Operation Solar which was launched by South Yorkshire Police in May 2016. Operation Solar encourages people to report hate crimes anonymously or through community groups. It gives victims the confidence to report hate crimes and reassures communities that hate crimes will not be tolerated. All ReachOut staff have completed training on the process and attend regular meetings with the Operation Solar co-ordinator.

**Delivery of Training to Partners**

The table below gives an overview of the training and awareness raising sessions ReachOut has delivered to partners.

<b>Training to Partners</b>		
<b>Type of Training</b>	<b>Organisation</b>	<b>Number of attendees</b>
CSE Training. The Jay report and beyond	Nationwide Barnardo's staff	17
Presentation of service	Dalton Early Help Team	12
CSE Training x 2	Remedi (victim support, advocacy, mediation and restorative justice)	7
Multi-agency child sexual exploitation service training - Presentation of service x 4	Multi-agency	100
Presentation of service	Wath comprehensive school safeguarding staff	3
CSE Training	16+ students on a work based training course	5
Training needs meeting	South Yorkshire fire service	4
CSE training	SYEDA youth eating disorder charity	14
RLR train the trainer	Winterhill school teachers	3
Safezone/LGBT	Barnardo's Rotherham Services	23
RLR train the trainer	Winterhill School Teachers	3
LEAP Participation training	Barnardo's Rotherham Services	15
CSE Training	South Yorkshire Fire and Rescue – Red Watch	8

### **Fire Service Training**

ReachOut has engaged in partnership work with fire service managers to deliver CSE awareness training with four fire crews. Feedback has been very positive and staff report that they now have a greater understanding of CSE risk indicators and feel more confident to identify vulnerable young people and relevant soft intelligence.

### **Operational Missing Meeting and Missing, Evaluation and Review Group (MERG)**

ReachOut has been instrumental in helping to establish an effective weekly partnership missing meeting. These meetings are designed to discuss the previous week's missing young people and to ensure appropriate follow up action has been taken.

The Team Manager represents ReachOut at the MERG which oversees the quality and impact of multi-agency provision for children and young people who go missing from home, school or care in Rotherham.

ReachOut recently contributed to an audit undertaken by LSCB and received positive feedback:

'That's fantastic – your answers are really full and considered and will contribute well to the audit'.

### **LGBT – SafeZone**

ReachOut practitioners undertook the Barnardo's Safezone and Train the Trainers Training, as run by the Positive Identities Service. ReachOut have delivered three Safezone training sessions to 40 members of staff.

Safezone Training is to increase participant's awareness of LGBT issues and understand the impact of living in a homophobic society and to consider personal values relation to LGBT issues.

ReachOut is convening a meeting between Local LGBT providers to promote a joined up approach and to identify gaps in provision and avoid duplication. ReachOut is prioritising this area of work to ensure that it is accessible to those children who may identify as LGBT.

### **Young People who Offend Online Resource**

ReachOut is working collaboratively with The Junction HSB Service and their Digital Safeguarding Consultant to develop an online resource for young people who have offended online. It is hoped that this resource will be available within the year and will be of benefit to practitioners in preventative and specialist services.

## **9 Voice and Influence**

**LEAP** – (Life skills, leadership, limitless potential):

This 2 year project is funded by the European Commission and is delivered in 4 countries (UK, Bulgaria, Romania, and the Netherlands). A central aim of the project is to develop confidence amongst practitioners and strengthen commitments to participatory practice when supporting children and young people who are affected by sexual violence.

The ReachOut practitioners directly involved in this project have attended a four day training course and continue to attend quarterly 'Communities of Practice' to develop their own work and that of the service through delivering workshops on what is participatory practice, the benefits of embedding participatory practice alongside ethical implications to consider.

ReachOut now has a cohort of young people who have volunteered to speak to the evaluators about the service they have received and in addition to other young people who have accessed the service through outreach and schools activity they will be offered the opportunity of joining a ReachOut Young People's 'Forum'. The name and terms of reference for this group will be determined by the young people but broadly their remit will be to provide challenge to the existing service provision, board function and co-production in terms of new service developments. The Service will make direct approaches to young people throughout February with a view to holding the first meeting in March.

### **Photography Project**

A third year photography student on placement with ReachOut is planning to work with a group of young people to research and develop a series of photographic images which can be used in a range of applications to challenge perceptions and promote young people's images of where they live; telling us what makes them proud to live in Rotherham. These images will be displayed on the walls at ReachOut and will also be used in multimedia applications and promotional materials.

### **Voice and Influence Partnership**

ReachOut is supporting the development of the Voice and Influence Partnership (VIP) through direct engagement and time limited/targeted funding. The VIP is a sub group of the CYP Consortium and a collaboration between statutory bodies and the VCS that aims to promote and share good practice in strengthening the voice of children, young people and families in the decisions which affect them. Funding will support the overall co-ordination and administration but also a young people's event:

- To showcase services for children, young people and families
- To influence services for children, young people and families
- To involve a wider representation in the work of the youth cabinet and furthering of the youth manifesto
- To promote self-esteem and confidence in celebration of the young people of Rotherham and their achievements and explore the possibility of awards for children/young people
- To turn around the negative image of Rotherham and challenge thinking about being proud of Rotherham
- To explore young people's ideas on what it means to be a child-centred borough

## **10 Reachout Team and Workforce Development**

In the last 6 months the ReachOut Team has welcomed and waved goodbye to 2 social work students who made a valuable contribution to the team. Reachout have also recruited their first volunteer and have welcomed two new practitioners as a result of some staff having or expecting new additions to their own families.

The team are very much looking forward to further developing the work of the service through their attendance at the following training:

- **DICE** - is a six week parenting programme developed by Barnardo's Turnaround Service in partnership with Bradford Safeguarding Children's Board. The DICE Programme addresses: Coping; The Life of a Teenager; Grooming; Digital Dangers; Parenting the 'at risk' child; Who can help?
- **Infant Mental Health and Early Intervention with Under Threes and their Parents** - This intensive 10 week course in Infant Mental Health aims to help professionals to address difficulties in the parent-infant relationship. Following the 10 week course are 3 once-a-month consultations to help embed the learning into practice.
- **Understanding the sexual Exploitation of Children and Young People** – this is a five day taught and assessed short course delivered by the University of Bedfordshire and will draw on contemporary research and current academic debates within the field and explore the implications for policy and practice. The Team will be encouraged to critically engage with the complexities of safeguarding young people who may not see themselves as victims of abuse, and the challenges associated with the merging of the online and offline worlds and other key contextual factors.

#### **Feedback from a Social Work student on placement:**

"I completed my first placement at the ReachOut service. The project was a really valuable experience. It offered opportunities to work in a diverse setting undertaking challenging work. Each member of the team works to improve each other's practice through sharing resources, knowledge and skills. This enables them to deliver a high quality service to the young people. The work the project is doing is vital; it offers much needed support to vulnerable young people. The project is adapting to meet the needs of it young people and striving to offer as much as possible".

## **11 Financial Statement**

ReachOut receives partnership funding from KPMG Foundation, Rotherham Metropolitan Borough Council, Department for Education, Department for Communities and Local Government and Barnardo's. Budget control is the responsibility of Barnardo's financial teams; as at January 2017 budgets are on target and forecasting is not currently set to change.

## **12 Conclusion**

ReachOut is able to evidence a high level of activity with positive outcomes across the Borough for individuals, schools, families, other organisations and services. The responsive nature of the service means that it is able to flex in accordance with need which has been particularly valuable in the service response to Police Operations.

The Bedfordshire University Evaluation Team are constantly evaluating the work of ReachOut and gathering views of all stakeholders. Learning from the delivery of this service will be valuable in meeting the needs of children, young people and families in Rotherham in the future.

Jo Smith, Head of Strategic Commissioning CYPS  
January 2017

Appendix 1 – Example of Direct Work



This was a piece of work was produced by a young person referred following her contacting people that she did not know online and also sending sexual images which were then being shared online.

The young person liked art and was asked if she would like to create a poster of the things that she had learnt about how to stay safe. This poster was used by the worker to assess what knowledge she had retained as well as getting her to think about her safety between sessions.

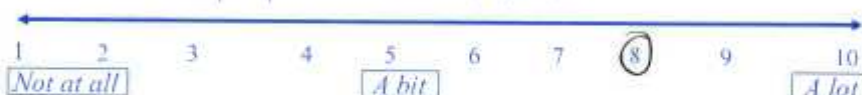
Appendix 2 – Individual Feedback



# Barnardo's



1. How much do you think Barnardo's helped you sort out the behaviour that people were worried about?



Do you want to say any more about this?

I feel alot happier now.

2.

How many of the activities in your sessions were helpful to sort out the behaviour that people were worried about?



Activities that helped...

writing a letter about what happened.



Activities that didn't really help...

making a poster about relationships.

3. What were the best things about working with Barnardo's?

The friendly people working there

What do you think we could do better when working with young people?

Do you have any ideas about how we could have done things different?



4. Think back to when you were told a worker from Barnardo's was visiting, draw or write how you were feeling.

When I was first told I was nervous because I was scared to talk about what happened to me.

Now the worker has finished, draw or write how you are feeling now.

I feel alot happier with myself. Things have improved.



6.

How nice was your worker during your time working with them?



Tell me why you chose that number on the scale.

Very friendly easy to talk to  
(selma)

7.

If someone you knew needed our help, what would you say to them about Barnardo's?

Thank you They are easy to talk to about your problem.



Thank you 😊

Parents/carers comments.....

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If you are happy to provide your name then please do so, this is optional but if you would like a response from Barnardo's in relation to your feedback, we will need a name so that we can contact you.



## Evaluation of Barnardo's ReachOut Rotherham Project Year One Summary Report

### Introduction

This report summarises the progress and achievements of the Barnardo's ReachOut project during its first year. It describes how the project's work has evolved and what has been learnt so far.

Barnardo's ReachOut is a preventative child sexual exploitation (CSE) project established under a partnership funding agreement between Barnardo's, the KPMG Foundation, Department for Education, Communities and Local Government and Rotherham Metropolitan Borough Council (RMBC). An independent evaluation was commissioned from the University of Bedfordshire and DMSS Research both to evaluate the impact of the project and to provide ongoing learning and feedback to help shape its development. Most of the staff team were recruited in December 2015, work began in January 2016 and the project was launched at an open day in early February. The team consists of a children's service manager, two team leaders, 12 project workers and administrative staff. The recruitment strategy successfully created a diverse staff team with a range of professional backgrounds including criminal justice, social work, teaching and youth work. The team has remained largely stable over the first year.

*'I don't think I've ever worked in a staff team that's so positive and willing to help.'* (Staff member)

Multi-agency working is central to ReachOut and is reflected in the way it was established, including a project board comprising representatives of key agencies and an independent chair. The project has developed working relationships with a wide range of statutory and voluntary sector agencies. Evaluation interviews with partner agencies have elicited positive feedback about ReachOut's collaborative and inclusive style of working.

*'[ReachOut has] been very proactive and sensitive about the impact on smaller organisations so they don't feel overwhelmed or overtaken.'* (Partner agency)

## The aims of ReachOut

There was no pre-existing 'blueprint' for ReachOut. At an initial workshop in April 2016 involving board members and staff, a theory of change was identified along with three core strands of activity:

- Outreach work to raise awareness of CSE and reach out to children and young people in their communities
- Healthy relationship education in schools and other settings
- One to one support for children and young people identified as at risk of CSE

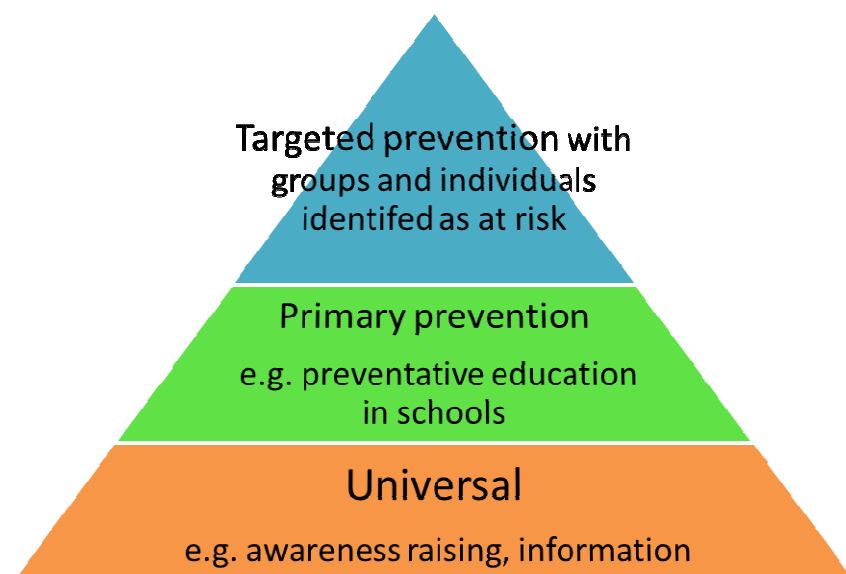
### ReachOut's Theory of change (April 2016)

The ultimate goal of the ReachOut project is for Rotherham to be a safe and supportive place for children of all communities to grow up - a place where families and communities are confident in their ability to safeguard their children, and where young people make positive choices and enjoy healthy relationships.

In order to achieve this goal, ReachOut believes that all children and young people need healthy relationship education – while more vulnerable young people need targeted support to raise their awareness, aspirations and self-esteem and to access help before problems escalate.

ReachOut believes that both professionals and parents need information and support to build confidence in their own abilities in safeguarding across diverse communities and that schools offer a vital access route to parents and staff in daily contact with children and young people.

The three strands of work can be seen to operate at three levels of prevention as shown in the pyramid below:



## The evaluation

Over the course of the year evaluators have: carried out interviews with ReachOut staff and managers and representatives from external agencies; observed sessions of ReachOut delivery and interviewed staff and young people involved; interviewed samples of young people and parents who have received one to one support; analysed feedback questionnaires from school students and staff; reviewed project monitoring and samples of case records.

The evaluation team has also produced three rapid evidence reviews on preventative education initiatives, outreach work and direct support for children and young people affected by CSE<sup>1</sup> to inform project development.

## Summary of evaluation findings

### Outreach

ReachOut's outreach work operates at all levels of the above prevention pyramid. At the universal level, workers use the ReachOut bus three nights a week and alternate Saturdays, sometimes to visit 'hotspots' where intelligence suggests there may be young people potentially at risk. Other uses of the bus include visits to schools and venues such as libraries, leisure centres, shopping centres and supermarkets. ReachOut has also been involved in a wide range of large and small community events and themed activities.

Primary preventative outreach has involved engaging existing groups of young people or awareness raising with adults who may have contact with vulnerable children and young people and who might spot the signs of CSE. More targeted outreach with those identified as more vulnerable to CSE usually involves regular engagement with the same group of children and young people, almost always in partnership with other agencies. Examples include: regular drop in sessions at Rush House and youth work sessions in Eastwood.

*'The fact that that Reachout come here is vital. It would not work otherwise, as young people would not go to ReachOut offices or anywhere else for this support.'* (Partner Agency)

Whilst the nature of outreach work makes it difficult to evaluate the specific impact of outreach activities, the activities undertaken by ReachOut are consistent with the available evidence on effective approaches and the project has been successful in reaching large numbers of people with a CSE preventative message. The experience in year one has also generated some important lessons about what outreach activities work best in engaging young people and this learning is informing current priorities. In developing new outreach work, priority is being given to initiatives in partnership with other agencies, including those where ReachOut can 'piggyback' on and add value to current developments.

*'History tells us that it takes time for victims to disclose. The work we're doing now is for the disclosures of the future.'* (Partner Agency)

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<sup>1</sup> Available on Barnardo's website

## Preventative education

The main preventative education resource used by ReachOut in schools has been the Barnardo's 'Real Love Rocks' programme. From February 2016 to January 2017, a total of 1735 children and young people have received the programme.

Feedback from 351 secondary and 509 primary school students shows that most children and young people enjoyed the sessions and that the programme achieves its immediate learning outcomes for a high proportion of participants. Responses from 39 school staff indicate that teachers think that the quality and effectiveness of the sessions is very good. Key success factors have been the quality of the materials, the skills of facilitators, the role of outside expertise and integrating the delivery with the needs of the individual school.

*'I think the class really engaged with the topic and this was down to the excellence of delivery of the sessions and interactions with the pupils'*  
(Teacher)

ReachOut have also targeted settings where young people may be particularly vulnerable including Pupil Referral Units and Special schools. In these settings, they have taken a more tailored approach which has been highly valued.

*'Work like this is so important because many of these young people who are not accessing any other kind of support...ReachOut is working really well. They don't try to make something fit when it doesn't'. (College tutor)*

The work in schools has been resource-intensive and would be difficult to sustain over the longer term. A current development, therefore, is the introduction of a 'training the trainer' approach to equip schools to deliver the Real Love Rocks materials for themselves.

## Direct work with children and young people

Between the 1<sup>st</sup> February 2016 and 31st January 2017 ReachOut received a total of 160 referrals of individual children and young people. Almost half of referrals came from Social Care, a further 12% came through the Early Help Triage and a quarter from Education. There have been 3 self-referrals so far. 90% of those referred were girls and young women. Ages ranged from 8 to 20 years with the majority (69%) being aged between 13 and 16 years. The ethnicity of 85% of those referred was recorded as White British.

The majority of referrals had been triggered by concerns over young people's on-line behaviours (particularly sharing inappropriate images of themselves or contact with adult strangers). However, most were identified as also having a range of underlying issues that were thought to heighten their potential vulnerability to CSE.

Towards the end of year one, ReachOut's referral criteria were clarified to exclude children and young people with Child Protection or Care plans at the time of referral. This has reinforced the focus of the project as clearly preventative.

Worker assessment of core outcomes suggests that the project has successfully increased young people's ability to recognise exploitative behaviour – particularly when this occurs on the internet and thereby reduced their level of risk of exploitation. Qualitative evidence suggests that a wider range of additional outcomes have been achieved for some young people. These include considerable improvements in self-esteem and confidence, improved relationships with parents and re-engagement with education. All of which are important factors in increasing the resilience of young people.

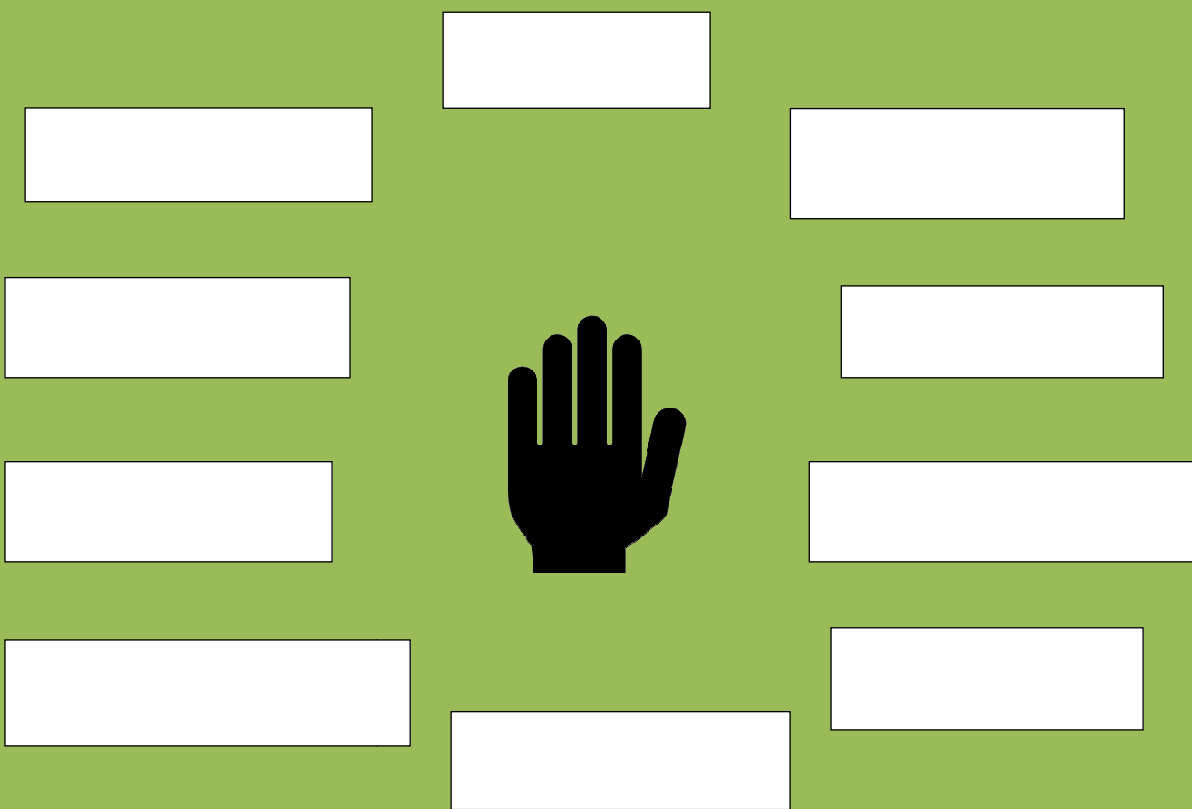
*'When I look back 6 months ago I feel like I was a different person. If someone I didn't know had messaged me back then I'd have messaged them back. Now I block them straightaway...I've learnt loads of self-respect since working with ReachOut. I cared about others more than about myself, now I have learnt to put myself before other people.'*  
(Young person)

Feedback from young people and parents has been extremely positive about the quality of relationships with ReachOut staff and the support they have received.

*'Working with X has helped us communicate where we just used to argue. Now if we have a row we know how to handle it... It's changed the way we see each other, we have become friends. I know when to be there for her and when to leave things...I've learnt strategies...We needed someone neutral and from outside...it has made family life so much easier'. (Parent)*

A current initiative is the development of a groupwork programme intended to complement ReachOut's individual work, where young people are assessed as likely to benefit from a group intervention either instead of, or as a follow up to, one to one support.

**How has coming to ReachOut helped you?**



### **In conclusion**

During its first six months, ReachOut established itself with remarkable speed, not only undertaking plenty of outward-facing activity, but also ensuring the essential building blocks of a healthy organisation were in place to underpin that activity. At the end of year one, ReachOut has sustained that momentum. The project has maintained a stable staff team which has retained its enthusiasm and developed a strong, supportive culture.

ReachOut's 'listening, learning and helping' approach has been well received by partner agencies and ReachOut's contribution to CSE partnership work in Rotherham is widely appreciated. Developing its targeted outreach in partnership with local organisations has proved to be an effective strategy.

ReachOut's preventative education programme has been highly acceptable to young people - and to school staff. This work has raised the project's profile, established relationships with Rotherham schools and has generated appropriate referrals for one-to-one work. The bespoke programmes offered to non-mainstream settings have also been greatly appreciated. The new 'training the trainer' approach to build the skills and capacity of school staff to deliver the programme is widely welcomed.

ReachOut's direct work seems to have reached the 'right' children and young people i.e. those at risk of CSE at the 'right' level i.e. targeted prevention. Evidence so far suggests that

positive outcomes are being achieved, both in terms of reducing immediate risk and in positively impacting on resilience factors in young people's lives.



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**Improving Lives Select Commission July 4, 2017**

**Title:** CSE Post Abuse Services Update

**Strategic Director Approving Submission of the Report**

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

**Report Author(s)**

Jo Smith, Head of Strategic Commissioning, Children and Young People's Services

**Ward(s) Affected**

All

**1 Background**

- 1.1 An update report is requested to ascertain the current position of RMBC in relation to the provision of Post Abuse Support in Rotherham.
- 1.2 In the wake of the Jay Report in October 2014 and the Casey report 2015 a number of Voluntary and Community Sector organisations with experience of working with people affected by CSE were commissioned to ensure that support would be available to any individual coming forward with disclosure of such issues.
- 1.3 The organisations commissioned are GROW, Rotherham RISE (Previously Rotherham Women's Refuge), Rotherham Abuse Counselling Service (RACS) formerly Women's Counselling Service, Swinton Lock (short term until June 2017), These organisations offer a suite of services which are reflective of need across the service user group (**Appendix 1 CSE Post Abuse Support Services Update**)
- 1.4 It must be recognised that the support offered is needs led and therefore dictated by the individual/family accessing it. Whilst we are actively encouraging people to come forward we recognise that it can take months or years of support and therapy before the individual is ready to take this step. Post disclosure support and therapy can again take months and years before that individual can move on with their lives.
- 1.5 Support is taking many different forms: case studies include families who have needed to relocate where support for things such as organising the logistics of relocation, settling children into new schools and changing utilities has been needed. Others have required more therapeutic intervention, counselling, group work and art therapy.
- 1.6 There are three shared CSE priorities from the Rotherham JSNA which are reflected in the services currently offered;

PREVENT children becoming victims of CSE through education and awareness raising and assuring local communities that agencies take the issue seriously.

PROTECT children and safeguard them from risk of harm from CSE.

PURSUE the perpetrators of CSE and ensure appropriate multi-agency plans are in place to support victims and to enable them to safely disclose the abuse and provide the evidence to prosecute offenders.

## **2. Consultation**

- 2.1 The needs analysis 2015 undertaken by Public Health colleagues describes a breadth of support needs ranging from 'hand holding', practical support through to high level mental health intervention. This range is reflected in the suite of services now on offer. The analysis included voice and influence of individuals and groups taking into account the experiences of those who had previously been failed by the system.
- 2.2 To ensure that all communities with the Borough had a voice in the development of services Salford University were commissioned to work with a number of VCS organisations to capture their thoughts, ideas and experience post Casey and Jay Reports.
- 2.3 The Salford Report along with the Needs Analysis and other voice and influence work has helped to shape the CSE services now in place and being commissioned.
- 2.4 All Commissioned Post Abuse Services are required to include voice and influence elements to their support and this is monitored alongside other outcome monitoring arrangements. **Please find Service User Feedback (Appendix 2)**

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

- 3.1 Children and young people have access to a range of post abuse support services in accordance with individual need.
- 3.2 Vulnerable adults who have experienced child sexual exploitation and family members affected by the exploitation has access to a range of post abuse support services in accordance with individual need.

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

- 4.1 An Equalities Impact Assessment was undertaken when developing the Service Specification.

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

- 5.1 Partners and other directorates, where appropriate have been consulted as part of the development of the service specification.
- 5.2 Partners and other Directorates are aware of the services available.

## **6 Risks and Mitigation**

- 6.1 There is a risk that due to past failings that the services may not be accessed due to issues of mistrust. This risk was partially mitigated through tendering the services and ensuring delivery through trusted voluntary and community sector organisations within the borough. As convictions have been secured and awareness of support services has been raised referrals into post abuse support services has increased. It would appear that confidence in RMBC

and Police is increasing in parallel with access to post abuse support.

- 6.2 There is a risk that as Police Operations emerge support going through the legal process and post court proceedings may exceed capacity. There is flexibility within the service specification to mitigate this risk.
- 6.3 Support will need to evolve in accordance with need and demand. There is flexibility within the service specification and monitoring arrangements

### **Background Papers**

Post Abuse Support Service Specification

CSE Needs Analysis 2015

Salford Report 2015

Children's and Young People's Service Improvement Plan, 2015

RMBC Corporate Plan 2015 – 2018

Child Sexual Exploitation: The Way Forward 2015 – 2018

Rotherham JSNA 2016

Rotherham Borough Joint Health and Wellbeing Strategy 2015-2018

Rotherham's Improvement Plan: *A Fresh Start*

Child Sexual Exploitation Delivery Plan

### **List of Appendices Included**

Appendix 1: CSE Post Abuse Services Update 2017

Appendix 2: Service User feedback

### **Exempt from the Press and Public**

No

## **CSE Post Abuse Services Update for Scrutiny Panel June 2017**

**Report Author: Jo Smith, Head of Strategic Commissioning CYPS**

### **1 Context**

In the wake of the Jay Report in October 2014 a number of Voluntary Community Sector (VCS) organisations with experience of working with people affected by CSE were commissioned as an interim measure to ensure that support would be available to any individual coming forward with disclosure of such issues.

The organisations commissioned in the short term were GROW, Rotherham RISE (Previously Rotherham Women's Refuge), Rotherham Abuse Counselling Service (RACS) formerly Women's Counselling Service, Swinton Lock, Rape Crisis and Apna Haq. A helpline was also commissioned to allow 24 hour access to telephone advice through the NSPCC, however take up of this service was extremely low and this ceased 31<sup>st</sup> March 2016.

It must be recognised that the support offered is needs led and therefore dictated by the individual/family accessing it. Whilst the Council is actively encouraging people to come forward it is recognised that it can take months or years of support and therapy before the individual is ready to take this step. Post disclosure support and therapy can again take months and years before that individual can move on with their lives. Recent successful convictions of perpetrators will add to the growing confidence in statutory and VCS support being offered.

Support is taking many different forms: case studies include families who have needed to relocate where support for things such as organising the logistics of relocation, settling children into new schools and changing utilities has been needed. Others have required more therapeutic intervention, counselling, group work and art therapy.

The needs analysis 2015 undertaken by Public Health colleagues describes a breadth of support needs ranging from 'hand holding', practical support through to high level mental health intervention. This range is reflected in the suite of services now on offer. The analysis included voice and influence of individuals and groups taking into account the experiences of those who had previously been failed by the system.

To ensure that all communities with the Borough had a voice in the development of services and to identify if there were any barriers to accessing post abuse support services, Salford University were commissioned to work with a number of VCS organisations to capture their thoughts, ideas and experience post Casey and Jay Reports.

This report along with the Needs Analysis and other voice and influence work has helped to shape the CSE services now in place and those being commissioned for the longer term.

## **2 CSE Post Abuse Support Service Specification 2016**

The Service Specification is for the long term post CSE support services for victims, survivors and their families in Rotherham that have been commissioned from the 1 July, 2016 for 3 years, with an option to extend for a further 2 years.

There are two main service areas that have been commissioned which provide a range of services to meet the levels of needs identified and also to offer a choice to individuals. These services include:-

- i. Practical, emotional support and advocacy and
- ii. Evidence based therapeutic interventions.

The demand for post CSE support services from July was estimated based on above needs analyses and the number of victims, survivors and family members that are currently receiving services including those supported by the former BASE Project, funded by Minister of Justice (MoJ). The service specification was been developed with direct input from people affected by CSE.

A transition plan for victims and survivors currently accessing services through organisations that were not re-commissioned was developed in line with the arrangements described for step down. Additional capacity has been factored into the first year of the long term post CSE contract to enable victims and survivors currently receiving support to continue to receive support.

The organisations that are now delivering the long term post CSE support services are GROW, Rotherham Rise and Rotherham Abuse Counselling Service. Swinton Lock has also been awarded a 12 month contract to enable existing service users to continue to receive support without the need to transfer to a different provider.

### **Numbers of Adults Supported – October 2014 to March 2017**

Counselling Services - 464 adults aged between 18 - 64

Practical and Emotional Support and Advocacy – 399 Adults aged between 18 - 64

### **Rotherham Abuse Counselling Service (RACS) (formerly Rotherham Women's Counselling Service and Pit Stop for Men)**

RACS and Pit Stop for Men provide one-to-one specialist trauma counselling for adults (10% are male). They also offer therapeutic group counselling for women who choose this while they await one-to-one counselling, or following the ending of their counselling sessions. This professional counselling service offers the individual the opportunity to reach a greater understanding of how past abuse has affected them and enable survivors to make informed choices whilst minimising the cycle of abuse.

Between October 2014 and March 2017, 215 new referrals for CSE were received for counselling.

In April 2015 the Counselling Service purchased a new database and improvements are being made to the collection and validation of data. Improvements have been achieved in relation to analysing the data especially around waiting times. Outcomes are now also being monitored on the database, using the Patient Health Questionnaire scores (PHQ) and determining the progress achieved between each counselling session.

### **GROW**

GROW's Involve Project operates a bespoke trauma service model, incorporating a person centred approach to support children, young people and families. They work in partnership with Children and Young People's Services and receive referrals for young people as both new victims and to those survivors who are now coming forward and disclosing historical abuse. These workers also provide support to the survivor's family to enable their recovery, and their ability to be a protective factor for their child/young person.

The majority of the young people referred to the service for practical, emotional support and advocacy due to historic sexual exploitation also had other support needs such as drugs, isolation, internet grooming, attachment issues, suicidal tendencies and the need to develop positive relationships. The total number of referrals between October 2014 and March 2017 is 157. The majority of victims and survivors being supported are adults with 84 aged 24+ and 50 aged 18-24. 23 young people under the age of 18 have also been supported. Support to parents is also being provided, helping them to come to terms with their child's sexual exploitation and supporting them to help their child. Some of the outcomes achieved include referrals for specialist support such as Know the Score, Young Women's Housing Project, counselling and also one to one support to build resilience such as understanding about stranger danger, positive relationships, life skills, building confidence.

### **Rotherham (RISE) – Project Survive**

Building on their experience of providing support for women and their children where domestic abuse has been a feature, RISE utilise this experience and approach to enable the delivery of specialist support for survivors of Child Sexual exploitation (CSE). They work with young people 12 - 18 and women aged 18+, also offering family support and counselling.

The number of new referrals to the service between January 2015 and March 2017 is 122 in relation to practical, emotional support and advocacy. This included 32 young people under the age of 18. Rotherham Rise also delivers counselling to victims and survivors and has received 92 referrals between March 2016 and March 2017, 20 of which were under the age of 18.

### **Swinton Lock**

Between October 2014 and March 2017, 127 victims and survivors have been supported. Swinton Lock are supporting victims, survivors and family members around a variety of issues, often practical support but includes Police interviews and Court Hearings. The outcomes achieved include: support to parents about parenting skills and safety, referrals to social care and other statutory organisations, referrals for counselling, support to witnesses in Operation Clover, referrals to specialist services such as drugs and alcohol services, support to attend college, attendance at group therapy and family support.

### **Commissioned Services Waiting Times**

Waiting lists and times vary between providers from no wait to 8 - 20 weeks currently. The Council has requested that should any service be operating a waiting list that they make the other services available known to the service user so that an interim support measure can be taken if required. All Commissioned Services have variable capacity as the offer is 'needs led' and, therefore, can range from a telephone call check to an intensive support package.

### **Mental Health Services Related to CSE**

CAMHS (Children and Adolescent Mental Health Services) is meeting its target of seeing non-urgent cases within 3 weeks of referral for the first appointment and there is no waiting list into the service for this first assessment. CSE post abuse cases where there is a mental health concern would currently be seen within this structure.

For adult survivors with mental health difficulty, support would depend on the nature of the need, from GP based services to therapy support, with waiting lists varying according to the GP surgery. If they are too complex or risky they would then be referred to secondary care and then they would be assessed for an appropriate service, and these will all have a variety of waiting times depending upon need.

In July 2016 the Clinical Commissioning Group (CCG) made the post of CSE Psychotherapist permanent and agreed to fund a 0.8 post for a

CAMHS practitioner to support the CSE pathway. The Psychotherapist post works 2 days per week with children, 2 days with adults and 1 day with the Voluntary Sector organisations delivering commissioned services offering clinical case consultation and support to delivery staff.



## **Feedback from CSE Victims and Survivors – May 2017**

### **Outcomes for post CSE support and counselling services:**

1. Start to recover from their trauma of child sexual exploitation
2. Build resilience and develop coping strategies for everyday life
3. Improve their self-esteem and self-confidence
4. Improve their mental health and wellbeing
5. Be supported in fulfilling their maximum potential
6. Reduce the risk of harm.

### **Feedback:**

Thank you for my support I'm very grateful. At the moment I think I am alright and I do not need the support anymore but thank you for everything you've done for me it's really helped. **Outcomes 1, 2, 3 & 4**

Hi, its K. I would like to stop coming to support because I feel like I don't need the support anymore, thank you for all your help and support. **Outcomes 1, 2, 3 & 4**

When I started to seek support, I was very scared of going out alone and very emotional. Since I have received support from my keyworker, I can honestly say I have become more confident and my wellbeing a lot better. I cannot thank her enough for her fantastic support and guidance. **Outcomes 1, 2, 3 & 4**

Worker was really easy to talk to and explained what RR was about and how a support plan is made. It helped me focus on things and I was able to look back and see how far I have come since I first came. **Outcomes 1, 2, 3 & 4**

I have become a lot more confident and able to do the things I was scared to do like go out unaccompanied. **Outcome 3**

Counselling really helped me to understand a lot of things; feelings and emotions, that they are all completely normal. I truly believe that I'm not going crazy. **Outcome 4**

This experience of counselling has changed my life in a positive way and helped me to learn some valuable coping mechanisms for when things go wrong. **Outcome 2**

### **Additional feedback**

#### **Question from end of support questionnaires**

##### **What was good about the support?**

Talking about problems.

Friendly staff, confident

That my worker came to my house for home visits

Made to feel comfortable

Good service

The way my keyworker reassured me about everything and reassured me it was not my fault.

The order of the support plan- it was very clear and straight forward.

The options to go to groups

The visual aids were really good

Very understanding and caring

##### **Comment from referrer to keyworker at the end of support**

"Referrer said that client looks a lot better in herself In college and is much happier and healthier- we agreed this was really positive and I explained how well client had done in the support sessions.

Referrer said she really appreciated the work I had done with client and thanked me for it as it had shown a big change in client- we agreed this was really positive"

**Comment from CYP (child/young person)**

Don't be afraid to cry or scream, worker won't be shocked. Just be yourself and be open about how you really feel. Don't forget that it's ok to wobble. Keep taking little steps even when you want to give up because you are a survivor and Rotherham Rise will help you heal. Worker is an amazing asset to Rise

Give it a try; you might not think it's for you because I was the same but stick at it. See your support worker and it will really help and you will start to become the person you was before. Give it time.

**Case Study**

Client Y experienced CSE, she presented with a number of trauma related symptoms including flashbacks, nightmares, panic attacks and anxiety. She can be afraid to leave the house can struggle with confidence and interpersonal interactions. She feels a sense of blame regarding the abuse and is highly self-critical. She also suffers from an eating disorder and self-harms.

Client Y received 1-1 therapy for 12 weeks.

Client Y now finds it easier to share how she is feeling with others. She is more confident in dealing with her 'inner critic' and know how to ask for help when she is experiencing a flashback or panic attack - she find it easier to communicate her needs to others. She has been able to apply for a job, which previously her lack of confidence had prevented her for doing.

**Improving Lives Select Commission – 4 July 2017**

**Title: Improving Lives Select Commission work programme and prioritisation**

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

No

**Strategic Director Approving Submission of the Report**

Assistant Chief Executive

**Report Author(s)**

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**Ward(s) Affected**

All

**Summary**

This paper provides Members with an outline work programme for 2017/18.

**Recommendations:**

1. That consideration be given to the prioritised items within the Improving Lives Select Commission's work programme 2017/18 as attached in Para 2.1;
2. That the Commission agrees to undertake a scrutiny review on improving outcomes for looked-after children (LAC) and care leavers.

**List of Appendices Included**

None

**Background Papers**

Nil

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

N/A

**Council Approval Required**

No

**Exempt from the Press and Public**

No

**Report title: Improving Lives Select Commission work programme and prioritisation****1 Recommendations**

- 1.1 That consideration be given to the prioritised items within the Improving Lives Select Commission's work programme 2017/18 as attached in Para 2.1;
- 1.2 That the Commission agrees to undertake a scrutiny review on improving outcomes for looked-after children (LAC) and care leavers.

**2 Background**

- 2.1 Members of the Improving Lives Select Committee held an informal work planning session on May 17, 2017 to consider what items to include in the commission's work programme for the 2017/18 municipal year. In doing so, Members gave consideration to the following items which have been prioritised and provisionally scheduled as follows:

Meeting date	Agenda Item	
July 4, 2017	<b>CSE</b> <ul style="list-style-type: none"> <li>• Evaluation of ReachOut Project</li> <li>• <b>Post-abuse support</b> - Focus on recovery. How do we know if services are making a positive difference to CSE survivors?</li> </ul>	<b>Update</b>
July 25, 2017	<b>Domestic Abuse:</b> update CYPS Performance Outturn	<b>Update report</b>
September 12, 2017	<b>CYPS Budget Update - TBC</b>	<b>Update report</b>
October 31, 2017	<b>Local Children's Safeguarding Board Annual Report</b> Scrutiny of the Annual Report <b>Adult Safeguarding Annual Report</b>	<b>Monitoring</b>
December 12, 2017	<b>Home-to-School Transport (TBC)</b>	<b>Update report</b>
January 23, 2018	<b>Missing from Home and Education (tbc)</b>	<b>Spotlight</b>
March 13, 2018	<b>Early Help</b>	<b>Spotlight</b>
April 24, 2018	TBC	

<b>Items to schedule</b>	
LAC sufficiency strategy and related budgetary issues	<b>Update report</b>
SEND sufficiency strategy	<b>Update report</b>
CYPS Workforce development	<b>Update report</b>
Readiness for the Single Inspection framework	<b>Update report</b>
Young carers	(Improving Lives Members to attend Health Select Commission to receive update on Carer's Strategy)
Prevent	initial discussion at OSMB
Performance monitoring reports	Scheduled throughout the year

- 2.2 This informal meeting also recommended that an in-depth scrutiny review be undertaken to improve outcomes for looked after children and care leavers. Subject to the agreement of the Commission, this review will commence early in the municipal year and will report in April 2018. This review will link to the work of the Corporate Parenting Panel to ensure that duplication is avoided.

### 3 Key Issues

- 3.1 Improving Lives Select Commission previously agreed the use of the '**PAPERS**' tools as a framework for prioritising its scrutiny work programme. This is as follows:

**Public Interest:** the concerns of local people should influence the issues chosen for scrutiny;

**Ability** to change: priority should be given to issues that the Committee can realistically influence;

**Performance:** priority should be given to the areas in which the Council and other agencies are not performing well;

**Extent:** priority should be given to issues that are relevant to all or large parts of the district;

**Replication:** work programmes must take account of what else is happening in the areas being considered to avoid duplication or wasted effort;

**Statutory responsibility:** where an issue is part of a statutory duty to scrutinise or hold to account (or the area under scrutiny is a statutory, high profile responsibility)

- 3.2 On the basis of this framework, this report requests that the Commission endorses the items listed in para 2.1 and para 2.2 for inclusion in the work programme. Once this has been done, work can commence to plan what review work may be undertaken and what papers will be brought to future meetings in accordance with the work programme.
- 3.3 The Commission should be mindful of the timeliness of the matters within its work programme and ensure that it leaves sufficient flexibility within its work programme to undertake any pre-decision scrutiny arising from matters in the Forward Plan of Key Decisions or any items referred to it directly from either the Cabinet or OSMB.

### 4 Options considered and recommended proposal

- 4.1 Members of the Improving Lives Select Commission have commenced the process of planning a work programme and this paper is submitted to assist the process of finalisation.

### 5 Consultation

- 5.1 In developing its work programme, the Commission should have regard to input from the Cabinet, Senior Leadership Team, partners and the public who may identify issues which may be relevant to its remit.

### 6 Timetable and Accountability for Implementing this Decision

- 6.1 The Commission is responsible for the preparation and delivery of its own work programme, with support provided by the Scrutiny Team and designated Link Officer from the council's Strategic Leadership Team.

## **7 Financial and Procurement Implications**

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

## **8 Legal Implications**

8.1 There are no legal implications arising from this report.

## **9 Human Resources Implications**

9.1 Members should have regards to the human resources required to undertake the activities within a work programme. In doing so, Members should be mindful of their own commitments as well as the available officer resource to support any activity across the authority.

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

10.1 Good scrutiny is an essential part of providing critical checks and balances to the performance and quality of all aspects of safeguarding. It provides a mechanism to hold the executives and partners to account.

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

11.1 In developing a work programme, the Commission should be mindful of the equalities implications of the issues prioritised for scrutiny.

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

12.1 Overview and scrutiny activity will have implications for partners and other directorates. The Commission has been allocated a link officer to with Members to identify possible implications in the planning of its work programme.

## **13 Risks and Mitigation**

13.1 There are no risks directly arising from this report.

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

James McLaughlin, Democratic Services Manager and Statutory Scrutiny Manager

Approvals Obtained from:-

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

Assistant Director of Legal Services:- N/A

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

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