

IMPROVING LIVES SELECT COMMISSION

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

Date: Tuesday, 5th June, 2018

Time: 5.30 p.m.

A G E N D A

**There will be a pre-briefing for all members of the
Improving Lives Select Commission at 4.00 p.m.**

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 24th April, 2018 (Pages 1 - 11)
8. Barnardo's ReachOut Service Update (Pages 12 - 61)
9. CSE Post Abuse Services Update (Pages 62 - 97)
10. Children & Young People's Services Edge of Care Provision (Pages 98 - 124)

11. Date and time of the next meeting - Tuesday, 17th July, 2018 at 5.30 p.m.

Improving Lives Select Commission membership 2018/19:-

Chair – Councillor Cusworth
Vice-Chair – Councillor Brookes

Councillors Allcock, Beaumont, Clark, Elliot, Hague, Ireland, Jarvis, Khan, Marles.
Marriott, Pitchley, Price, Senior, Short and Julie Turner

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



Sharon Kemp,
Chief Executive.

IMPROVING LIVES SELECT COMMISSION**24th April, 2018**

Present:- Councillor Clark (in the Chair); Councillors Beaumont, Brookes, Cooksey, Cusworth, Fenwick-Green, Ireland, Jarvis, Khan, Marles, Marriott, Pitchley and Senior.

Apologies for absence:- Apologies were received from Councillors Elliot, Hague, Short, Julie Turner and Jones (GROW).

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

124. DECLARATIONS OF INTEREST

Councillor Cusworth declared a non-pecuniary interest in Minute No. 128 as she was a Governor at a Rotherham school.

125. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

126. COMMUNICATIONS

(1) As it was the last meeting of the Municipal Year, the Chair wished to place on record her thanks to Members of the Select Commission and every Officer who had attended and also to Caroline Webb (Senior Adviser) for her support during the year.

(2) The inaugural meeting of the Pause Board had taken place on 20th April to agree its Terms of Reference. The next meeting would be held in June.

(3) Councillor Cusworth reported that the Corporate Parenting Panel had not met since the last meeting of the Select Commission.

(4) Councillor Cusworth reported that the Performance Sub-Group had met to discuss the Early Help scorecards. The Sub-Group would meet quarterly to consider the data and briefings submitted to the Performance Board.

127. MINUTES OF THE PREVIOUS MEETING HELD ON 13TH MARCH, 2018

Consideration was given to the minutes of the previous meeting of the Improving Lives Select Commission, held on 13th March, 2018, and matters arising from those minutes.

Further to Minute No. 119 (Adult Learning), it was noted that the report would be submitted to the June Select Commission meeting.

Resolved:- That the minutes of the previous meeting of the Improving Lives Select Commission held on 13th March, 2018, be approved for signature by the Chairman.

128. 2017 EDUCATION PERFORMANCE OUTCOMES

Del Rew, Head of Education, presented an overview of the educational outcomes of children and young people in primary, secondary schools and academies in Rotherham for the academic year ending in the summer of 2017 in comparison to statistical neighbours, regional Yorkshire and Humber authorities and national averages for the same period of time. The report also made comparison with Sheffield's results and whilst not a statistical neighbour, provided a further sub-regional context.

The Department for Education (DfE) had made significant changes in the Key Stage 1 (KS1) Teacher Assessment (TA), Key Stage 2 (KS2) TA and Test Outcomes and Key Stage 4 (KS4) and Key Stage 5 (KS5) examinations in 2016 and further changes in KS4 and KS5 in 2017. It was not, therefore, possible to make comparison to historical data prior to 2016 at KS1 and KS2 and prior to 2017 for the majority of the thresholds at KS4 and KS5.

The report detailed:-

- A summary of outcomes
- School Ofsted Inspections
- Early Years Foundation Stage Profile
- Key Stage 1
- Key Stage 2
- Key Stage 4
- Key Stage 5
- Rotherham 2017/18 Overall Priorities

The following strengths were highlighted:-

- Early Years Foundation Stage – the good level of development had continued to rise above the national average. This was a well established trend and was first compared to statistical neighbours and joint second within the region
- Phonics – At the end of Year 1 (5/6 year olds) had shown an improvement but this was 2% below the national average. Last year 79% of Rotherham's children gained the Phonics Screening requirement compared with 81% nationally. . The authority was joint 5th against its statistical neighbours and 7th out of 15 regional local authorities

- KS1 was strong and for the first time Rotherham was above the national average
- KS2 was in line with the national average with particularly good progress in writing (girls) and mathematics (boys). The Higher Standard at the end of KS2 for more able children was below national average and needed to improve
- KS4 average attainment score was broadly in line with the national average.
- KS5 was above the national average

Areas of improvement included:-

- Performance of disadvantaged children from Foundation through to secondary stage
- Performance of Gypsy/Roma/Traveller children had fallen below the national average
- Reading in KS1 and KS2, although above the national average in the combined score, it was below in reading
- The higher ability children at the end of KS2
- For secondary schools, the new measures introduced last year around grades for English and Mathematics

It was noted that the assessment for KS1, 2 and 4 had changed so it was difficult to compare like for like.

Discussion ensued with the following issues raised/clarified:-

- The description of a “disadvantaged child” in the report was as defined by the DfE and all the statistics collated were in accordance with that criteria. There was to be consultation by the DfE around this definition and collecting data about children who are not Looked After and may not fit the criteria
- Do we know what we are doing at early years compared with later key stages were greater improvements have to be made - The School Improvement Service had a Traded Services Offer to schools which was mainly geared towards primary aged children, with Special schools also accessing the offer. There are fewer secondary schools accessing the Local Authority School Improvement offer

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- To encourage schools to work together, the Service attended meetings of the secondary Head Teachers looking at the data; the Head Teachers were keen to work together. There was some very strong collaborative working practices from groups of schools in the secondary sector
- A few years ago secondary schools had been at the national average or above and it had been the primary schools that had been below. However, there had been a breakthrough and for the first time primaries were in line or above and secondaries, against the new measures, were below
- A report was to be submitted to Cabinet proposing the establishment of an Education Improvement Board
- Training had been delivered training to some of Rotherham's school leaders. It had been a one day course held earlier in the school year, attended by 35 people, who had received accreditation and resources to enable them to carry out Pupil Premium Reviews in other schools. In the new Traded Services School offer from September 2018, if schools bought back into the Service, they could have a Pupil Premium Review which included 2 appropriately trained accredited reviewers going into their school and carrying out a forensic analysis of how the Pupil Premium money was spent, what they were doing with it, and the evidence of the impact it had. They would receive a written report and a follow-up visit 6 months later with the "so what". The school would take it to its Governing Body and compile an action plan, supported by the reviewers, which was checked through and monitored. 3 schools had already taken up the offer.
- The performance of disadvantaged children had been a focus at Head Teacher meetings using data of where schools have either improved the performance of their disadvantaged children or had a strong record of their disadvantaged children doing very well. It had been looked at in terms of context and those who had been successful requested to hold a mini workshop to show what they did, the impact etc. There was also the opportunity within the Traded Services Offer to see it in action with a couple of schools opening up their doors and inviting other schools to observe what they were doing, see the extra interventions and how the disadvantaged children were targeted with questioning in lessons. It would be a big priority next year and looking at work with school leaders on a strategy for closing the gap
- The vast majority of Rotherham's secondary schools were academies and did not buy the School Improvement Offer. A reason for the proposed establishment of an Education Improvement Board and the work with the Regional Schools Commissioner was to influence those who were not maintained by the Local Authority to address some the issues being found around performance. The Local Authority had an influencing role and obviously wanted to make sure that it had a

Traded Services Offer that was attractive that schools wanted to spend their budget on. School Improvement was something that was bought rather than enforced

- The 2018/19 Traded Services Offer had been sent to all schools. The new Offer had been highlighted to secondary schools with the hope that it would be of more interest to them and something they would want to be engaged with such as the Outstanding Teaching Programme and Outstanding Teaching Assistant
- The Authority had a statutory duty with regard to any school that was not performing well. If it was a Local Authority maintained school it would be brought into the Schools Causing Concern process. The Local Authority had a responsibility for the education for all children in all Rotherham settings. The vehicle would be via the Regional Schools Commissioner. Termly meetings took place with the Regional Schools Commissioner's Office where discussions would take place on schools, whether they be academies or Local Authority maintained schools, that were potentially underperforming and what was happening with them. Similarly the same happened with the senior HMI Ofsted lead for the region
- The Traded Services Offer was for all schools. A number of academies bought fully back into the Traded Services Offer and some Local Authority maintained schools that only bought certain parts
- Although the percentage of Gypsy/Roma/Traveller pupils achieving a Good Level of Development (GLD) had increased by 13%, it remained below the national average. This cohort was a vulnerable group of pupils nationally and in terms of their education performance. In Rotherham they were centred around a small number of primary and secondary schools in the Town Centre. There were a range of reasons why they were not achieving some of which centred upon their language being less developed and expectations for formal education in this country. A representative from Rotherham's Virtual School had contacted Doncaster who had set up a virtual school for Gypsy/Roma/Traveller children and had had some success
- School attendance was an issue for the Gypsy/Roma/Traveller children. Work was taking place in the schools in terms of working with parents and instilling the importance of good attendance
- Research showed that a focus on Early Years was the best opportunity to address issues that would impact upon social mobility in later years. An intention of free nursery education was in part to help parents to establish good trends at an early stage and prepare children for school.

- It was known that in terms of social mobility children that came from low income households did not perform as well and often found it much more difficult to achieve and attain in the longer term. Good quality Early Years provision was fundamental to supporting children to develop the right skills to learn and enjoy learning. It was important that the focus was around speech, language and communication. Proposals were being considered for a Speech Therapist to be included within the Virtual School for children in care along with the teaching staff
- Schools that were below the floor standard were Brookfield Academy, Dinnington Primary Academy and St. Joseph's Dinnington Academy. There were no secondary schools below the floor standard
- The Rotherham coasting schools were Dinnington Primary Academy, Brookfield Academy, Maltby Lily Hall Academy and Ferham Primary School and Dinnington High School (Academy)
- There was a set cost for the Traded Service Offer. The 3 Early Years settings received a reduced set cost which is fully subscribed.. For primary schools there was a full subscribed offer of £25 per pupil, as calculated on the October Census and the number on roll, which enabled them to access absolutely everything. The larger schools with the corresponding larger budgets paid more. Other schools bought certain things at a certain price on a "pay as you go" but it had been found that that method was more expensive. All the special schools and nurseries fully subscribed, the majority of primaries with secondary schools buying back certain items
- Are there other ways of measuring Children's performance beyond the academic core curriculum for example sports, health, fitness and wellbeing. In terms of other areas of the curriculum, work was taking place with primary schools in particular around the importance of accessing areas beyond the core curriculum. There was a national concern from Ofsted around the narrowing of the curriculum with the focus on English and Mathematics but so that children did not miss out on opportunities to shine and thrive in other areas. The new lead of Ofsted had made a speech on such and guidance, together with examples of where things were going well in terms of the broad balance curriculum offer, was to be issued
- There was no strategy in connection with Brexit and school turbulence as yet although the Local Government Association would work with local authorities as to how they were preparing for it
- Within the Early Years setting it was imperative to be supportive of both boys and girls to develop the skills they needed. Boys often required help to develop expressive communication and to be able to develop their language skills

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- The bid for additional funding to the Education Endowment Foundation to extend the Improving Outcomes for Boys in the EYFS project had not been successful. A lot of work had been undertaken in the last 2 years to engage boys into language. There had been 12 schools engaged in Cohort 1 of the project with another 12 in Cohort 2. There was also a new project with the National Literacy Trust to support parents and carers to prepare their children for school and which activities could develop children's vocabulary and language (targeted at parents of boys in particular)
- Forge Teaching School was the newest teaching school in Rotherham, led by the Head Teacher at Wath C. of E. School, and consisted of a group of schools who were keen to work with other schools in Rotherham, to be a part of the improvement agenda and to work across faiths. The Service was working with them and had been a partner in their bid for a project which was based on Bedrock Learning.

Bedrock Learning was around language acquisition and vocabulary, all based on research, and had identified that, particularly for disadvantaged children, the lack of academic aspirational academic language limited their educational performance. Bedrock Learning was a structured approach to teaching key vocabulary designed to help them in terms of their comprehension of the things they heard but also what they read. Reading comprehension with the way the curriculum was set up in the country at the moment and it was important that children develop this skill from an early age for later academic success.

Currently Bedrock Learning consisted of 30+ schools in Rotherham mainly primary but some secondary, and was about structured systematic teaching of academic vocabulary. Bedrock Learning visited every term to check progress. Children used digital technology so they could either do it at home or in school lessons and consisted of basic tests with words missing and learning what the words meant

It was targeted at Years 4-9 because that was what the company had developed, however, they were currently working on developing something for Years 1, 2 and 3 but it had not been published as yet. Some of the Rotherham schools had chosen to use it with Year 3 because they wanted it as a whole Key Stage. All the children had completed a baseline reading test to give a starting point as Bedrock Learning was keen to prove how it increased children's vocabulary with a similar test at the end. The company visited every term to answer any questions.

As well as Bedrock there were other personal development opportunities and ways of teaching vocabulary which would be open to all Rotherham schools

This was not part of the Traded Services Offer. It was a successful bid to the DfE Strategic School Improvement Fund for which there was an eligibility criteria. The DfE had a list of schools in terms of their performance and data that they wanted to improve. At least 70% of the schools had to be from that list with the remaining 30% of schools who were interested and committed to taking part

- No work had been carried out as yet on the impact of the roll out of Universal Credit as to whether it would increase the numbers of disadvantaged children or not. Feedback from some areas was that numbers had decreased due to the eligibility for Free School Meals but it may have an impact on Pupil Premium numbers
- There had been some really positive feedback to the Service's proposals around Re-enabling School Improvement. A number of the academies had engaged in the consultation and there had been lots of feedback about wanting to work collaboratively through the School Improvement Partnership Arrangement

The Chair thanked Del for his presentation

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

(2) That a further report be submitted once the work around the possible impact of Universal Credit had been completed.

129. OFSTED SINGLE INSPECTION FRAMEWORK RECOMMENDATIONS

Sue Wilson, Head of Performance Planning, presented a report on the Ofsted Single Inspection Framework recommendations.

The Ofsted report with the findings from the November 2017 Single Inspection Framework (re-inspection) had been published on 29th January, 2018, and found that overall services for children and young people in Rotherham were Good. The report detailed 8 recommendations across the Framework where the Service still needed to make additional improvements; these would be monitored as part of the routine Service Planning and reported to the Children and Young People's Service monthly Performance Board.

An action plan had to be submitted to Ofsted by 10th May, 2018 (70 working days from the publication date of the report) in relation to the recommendations as part of their Single Inspection Framework.

A named Lead Officer had been allocated to each of the 8 Ofsted recommendations to ensure that the Service was accountable for the actions that needed to be in place to fully undertake the recommendations. The Officers would be held to account as part of the quarterly Service Plan Performance Clinics and monthly Performance Board meetings.

The Audit Committee continued to review an overview of progress from recommendations from external inspections and as such progress against them would be included in the regular report on a 6 monthly basis.

Inspection readiness continued to be a priority in Children's Services as the Framework for the Inspection of Local Authority Children's Services had now been published and included an annual self-assessment (which would need to cover progress against the 8 recommendations) and an annual conversation which was a visit from an Ofsted HMI to discuss the progress being made and any risks and issues. These together determined when the next inspection would take place.

Discussion ensued with the following issues raised/clarified:-

- There were an additional 8 specific actions regarding the Looked After Children Service with the aim of moving it from Requires Improvement to Good and beyond
- There was a process of Quality Assurance Framework across the Service which included Social Care, Early Help and just about to embed some Education Services. There were approximately 30-40 audits undertaken on a monthly basis by Team Managers. The Team selected cases for which Early Help and Social Care Managers undertook a detailed audit which included providing an Ofsted style rating e.g. inadequate etc. A report was then compiled and submitted to the monthly Performance Board. In addition there were monthly Ofsted style visits – practice learning days – where a team of staff from the Director down to Business Support went out and conducted an Ofsted style visit, observed practice, looked at performance, held a focus group for staff. The Director would return and provide feedback
- The performance measures were reviewed on an annual basis, however, if something cropped up during the year it would be added. A refresh of the measures and targets that were to be included in the Council Plan had just taken place to ensure the Framework and Plan coincided. There may be specific pieces of service/of work that may need a score card developed as a result
- For Looked After Children, particularly those for whom permanence was achieved outside of their family, life story work was fundamental to enable them to be able to progress. It was also something that was looked for in the audits
- When conducting the mini Ofsted visits a similar approach would be adopted to that of the Ofsted Framework. The definition of Outstanding was that children were making sustainable progress i.e. do we exceed what the minimum requirements are and evidence that children were making sustained progress. The key word was “sustained” to be Outstanding

- The auditors were asked to speak to the child and the family as part of the audit as well as the people who worked with them. It was a fairly new practice (October 2017) so there was a small body evidence of what child/children thought about the work that was being carried out
- There had not been a case found “Critical” or “Inadequate” for 14 months although there was still work that was believed not to meet standards. There was a tracker for those cases and they were monitored on a fortnightly basis in performance meetings to make sure that changes were being made to get cases up to at least “Requires Improvement”. Due to the number of “Inadequate” cases being low, the same would now apply to those cases that “Requires Improvement” and would be entered onto the tracker, managers would have oversight and be clear to staff what needed to be done to get it to “Good”
- There were 2 areas that were particularly challenging. Firstly Exclusions and the obligation to try and reduce the vulnerability that being excluded from school had for children and secondly the Rotherham Family Approach which was the implementation of Signs of Safety and restorative practice. To fully embed and implement Signs of Safety, it was reliant upon Liquid Logic to be able to reflect that in the forms. Work was taking place with colleagues in IT around the next phase of its implementation.

Sue was thanked for her presentation.

The Chair also wished to place on record her thanks to Mel Meggs who had been the Link Officer from the Directorate to the Select Commission. Mel was to be the Acting Strategic Director of Children and Young People’s Services due to Ian Thomas’ leaving the Authority until a new postholder was appointed.

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

(2) That a copy of the 8 specific additional actions for the Looked After Children Service be circulated to the Select Commission for information.

(3) That a presentation on Signs of Safety be included in the 2018/19 work plan.

(4) That the Select Commission’s thanked be placed on record to Ian Thomas, Strategic Director of Children and Young People’s Services, and best wishes for the future.

130. VICE-CHAIR

The Chair thanked Councillor Cusworth for her Vice-Chairmanship during the 2017/18 Municipal Year and all her support and encouragement.

131. DATE AND TIME OF THE NEXT MEETING

Resolved:- That a further meeting be held on Tuesday, 5th June, 2018, commencing at 5.30 p.m.

Summary Sheet**Committee Name and Date of Committee Meeting**

Improving Lives Select Commission – 5th June 2018

Report Title

Barnardo's ReachOut Service Update

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

No

Strategic Director Approving Submission of the Report

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

Report Author

Sean Hill, Commissioning Officer, Children and Young People's Service

Wards Affected

All

Summary

The Barnardo's ReachOut project is an innovative outreach service that strives to support and protect children and young people in Rotherham who are at risk of CSE. The key areas of work for the project are:

- Preventative educations in schools and other settings, primarily delivering the healthy relationships education package 'Real Love Rocks';
- Target outreach to young people at risk;
- Direct Support to individual young people and their parents.

The ReachOut Service began delivery on January 2016 and therefore has been operational for over 2 years and the project is undergoing an independent evaluation of service delivery provided by the University of Bedfordshire.

A Barnardo's ReachOut Service update report was presented to the Improving Lives Select Commission on the 4th July 2017 and as a result a further update was requested to outline the following:

1. Work underway to evaluate the impact of the training package

2. A detailed account of the work in schools and levels of engagement.

This report presents an update of the key areas of service delivery and sets out responses to the recommendations made at the Improving lives Select commission on the 4th July 2017. The full ReachOut Report March 2018 is attached. Please see Appendix 1, and the summary report of the Year 2 evaluation of the service undertaken by the University of Bedfordshire, Appendix 2

List of Appendices Included

Appendix 1 – ReachOut Report March 2018

Appendix 2 – ReachOut Evaluation Year 2 Summary Report

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Barnardo's ReachOut Service Update

1. Recommendations

- 1.1 That the Barnardo's ReachOut Service update be noted
- 1.2 That a further update is presented in 6 months' time to include the University of Bedfordshire's independent evaluation of the project.

2. Background

Introduction

"The ultimate goal the ReachOut project shares with its partners is for Rotherham to be a safe and supportive place for children of all communities to grow up - a place where families and communities have the information and support they need to confidently safeguard their children, and where young people are less vulnerable, 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 and thereby reduce the need for statutory interventions

ReachOut aims to contribute to the further development of a culture of trust between agencies and communities. It seeks to build the capability of professionals, develop sustainable support to effectively to combat CSE."

Barnardo's ReachOut Internal Evaluation Report Year Two

University of Bedfordshire - February 2018

2.1 Individual Referrals

ReachOut has received referrals for 1:1 support for over 260 vulnerable children since the beginning of the service in 2016. Typically children referred to the service are struggling with a number of issues indicating increased vulnerability to a range of poor outcomes including sexual exploitation. However the rationale for the request for service from ReachOut is commonly due to concerns around inappropriate/unsafe relationships, online safety and image sharing. Inevitably as the work progresses additional vulnerabilities are often identified.

From 1st October 2017 to 10th March 2018 there have been 39 new referrals. Of those referred 85% are aged 11-15 years but they are also receiving a number of enquiries from primary schools concerned about children's online safety and their access to pornography.

Their referrals are received from a range of partners but Early Help and Children's Social Care accounted for 26% and 36% respectively between 1st

October 2017 and 10th March 2018. 20% of referrals were received from local Schools; 15% from other statutory agencies and 3% from family members.

All ReachOut practitioners now offer an Early Help Assessment with the aim of identifying holistic support for families. This is incorporated into the services recording protocol.

From 1st October 2017 to 10th March 2018 ReachOut have worked with 110 children. Of those 110 13 have been boys and 9 children from BME communities; 12 children are recorded as having an identifiable disability including 6 with a learning disability; 4 assessed as having an autistic spectrum disorder; 1 with a physical impairment and 1 with mental health issues.

The team have been working hard on the delivery plan for the year ahead to focus on increasing the number of self-referrals, referrals from boys, those identifying as LGBTQ and children from BME communities particularly Pakistani heritage families

2.2 Train the Trainer, 'Real Love Rocks', Recommendation 1.

Following the success of Real Love Rocks delivery in schools ReachOut continues to focus on a Train the Trainer programme to encourage schools to deliver the programme themselves. They have continued to support the roll out with schools and feedback has been positive. Since October 2017 Real Love Rocks has been delivered to 25 professionals including teaching and support workers.

As a result of the roll out of Real Love Rocks, two Secondary Schools have purchased the RLR programme from Manchester to deliver to their pupils as part of their curriculum.

All schools who received Train the Trainer will be offered ongoing support from the ReachOut Team to ensure the delivery model is appropriate to the needs of young people and that staff within the schools feel they have the right tools and guidance to support delivery. Schools and other agencies delivering the Real Love Rocks sessions have been asked to sign an agreement so they are part of the ongoing evaluation of the preventative education work in schools which the University of Bedfordshire will continue to evaluate.

The tables below identify which schools and agencies have undertaken the second delivery of Train the Trainers since October.

Primary Train the Trainer	
<u>Name of School or establishment</u>	<u>Number of attendees</u>
6th October	
Maltby Redwood	1
Meadow View Primary	2
Thrybergh Primary	2
Rotherham Creative Learning Centre	1
Herringthorpe Junior School	2
East dene primary	1
Rockingham School	1
Thorpe Hesley Primary	1
Brampton Ellis Primary	2
Hilltop	1
Eastwood Village Primary	2
Total: 11	Total: 16

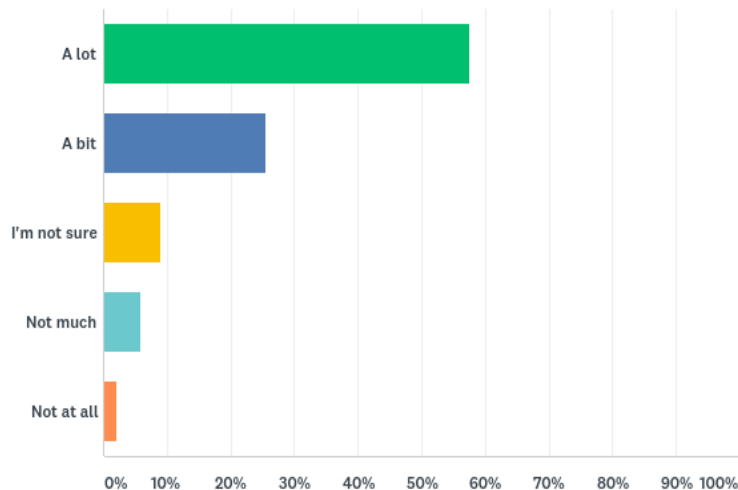
Secondary Train the Trainer	
9th October	
Hilltop Special School	1
Brinsworth Academy	1
Rawmarsh community school	1
Chislett Centre (KPCP)	2
18th January	
Wingfield School	4
	Total: 9

There is currently a reserve list for schools wishing to have train the trainer training. Their aim over the next 6 months is to ensure those on the reserve list are able to complete the training and following this, they will evaluate whether further train the trainer sessions are needed in the Rotherham area.

Ongoing feedback is collected from students and staff so there is now a database of responses from 528 secondary and 574 primary school students. These clearly indicate that the programme achieves its immediate learning outcomes for a high proportion of participants. In addition, 90% of primary students and 92% of secondary students felt able to join in or ask questions if they wanted to.

Large numbers of primary and secondary students had discussed ReachOut sessions outside the classroom. This is a good indication of awareness, engagement and relevance. Many primary and secondary students had talked to friends and around a quarter of secondary and over a third of primary children had talked to their parents/carers about RLR. Perhaps most importantly in terms of impact and retention students enjoyed the sessions with over half of primary pupils reporting that they enjoyed them 'a lot'.

Q4 Did you enjoy the Real Love Rocks sessions?



Responses from 50 school staff indicate that teachers continue to view the quality and effectiveness of RLR as very good with 100% agreement that:

- The sessions were well planned and organised
- The materials were appropriate for the children's age and stage
- The workers interacted well with the children
- Real Love Rocks was relevant to all children involved in the sessions

'Fantastic delivery of the sessions. They were engaging and the presenters showed enthusiasm and vibrant personalities which enthused the students and engaged them in discussions. (Teacher)

ReachOut's delivery in schools is resource-intensive and difficult to sustain over the longer term. In year two, therefore, a 'training the trainer' programme has been introduced to help embed the delivery of RLR by schools themselves. Participant feedback on the courses is very positive.

'Really well presented, lots of time for discussion. Good resources, it taught me lots of good ways to add to my lessons in PHSE. I'm looking forward to using this programme.' (Teacher)

There are also early indications that this may be an effective approach to spreading and embedding healthy relationship education into Rotherham schools. A follow up e-survey of participants from the first two training courses received 15 responses – 7 had already run RLR sessions in their schools and the others had established plans to do so.

'The programme has been delivered between a team of staff to approximately 200 year 8 students and small groups / individual students as deemed necessary in other year groups. The sessions went really well and promoted a lot of interaction and discussion with students'. (School manager)

2.3 Work with Schools, Recommendation 2.

As of March 2018, 2,314 Children have attended the Real Love Rocks (RLR) programme in both primary and secondary schools. Rotherham currently has 85 primary and 16 secondary schools within the borough.

Direct delivery has recently been completed to a special school. The sessions were delivered to 12 pupils and were extended to an eight week period in order to meet the additional learning needs of the students. There are plans to offer sessions to other special schools and Pupil Referral Units.

ReachOut have also completed 4 assemblies delivering awareness raising CSE sessions to 820 year 7/8 pupils since October 2017. In addition the team has hosted a drop in on 6th February 2018 at Dinnington High School which was attended by 70 pupils.

Between January and February 2018 ReachOut have worked in partnership with Early Help to deliver CSE awareness raising to over 180 year 9 pupils in Rawmarsh Academy. Students worked in groups discussing several topics such as how to access local health services, delaying sexual activity, healthy relationships, internet safety and the reasons why young people embark on sexual relationships for the first time. Since the sessions have taken place, it has been reported by Early Help that the number of young people attending their local health clinics has increased. Also, as a result of this work, two young people were referred to the service, one as self-referral and one via social care following a disclosure to the CHAT clinic.

By the end of March over 300 year 7 pupils will have attended a CSE Super Day at Wales Academy where the ReachOut team will deliver CSE awareness raising.

Since the start of the project RLR has been delivered to 11 out of 16 Secondary Schools in Rotherham which means that 1,331 pupils out of 3,318 in years 8 have received the programme. This equates to 40% of all year 8 Rotherham pupils.

RLR has been delivered to 22 out of 85 Primary Schools in Rotherham which means that 873 pupils out of 3,178 in year 6 have received the programme. This equates to 27% of all year 6 pupils in Rotherham.

In addition to this schools work the service was approached by Rotherham College who requested work around Healthy Relationships and CSE awareness for Art & Design (including Graphic Design and Fashion Design), and Hospitality departments. They have reached 81 learners out of 129 learners (62.8%) aged between 16 to 19 years. There are plans for additional sessions in the summer.

2.4 Outreach

The Mobile Unit continues to enable ReachOut to have a visible presence in priority areas and hot spot areas of Rotherham and engage with children and young people in their own communities. A detailed table of the current outreach programme is contained in the full report attached.

2.5 Taxi Driver Training

ReachOut has been working in partnership with RMBC Taxi Licensing Officers to deliver Safeguarding CSE awareness raising sessions. Since October 2017 the service has delivered sessions to 48 new Taxi Drivers and there are plans to continue with this collaboration going forward. Plans are for the training to be rolled out for existing Taxi Drivers on renewal of their licence.

2.6 Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) – SAFE ZONE

ReachOut are now even more involved in the planning of Rotherham Pride, with a member of their staff being the Pride committee's official lead for Youth Engagement. The committee has grown this year and the Pride event is going to be bigger than ever, featuring a Pride parade for the first time in Rotherham. As well as attending the monthly Pride planning meetings, they have also helped to plan fundraising events throughout the year to raise money and awareness for Pride, such as a Christmas market and an LGBT History Month quiz. Being part of Pride is a great opportunity for multi-agency work, and at this year's event they will be running the young people's area in collaboration with MyPlace and the Rainbow Project, and are consulting young people as to what resources, equipment and support they would like in this area. They are also recruiting young volunteers to support in the young people's area and providing training for them prior to the event.

ReachOut's LGBTQ lead has also recently delivered a training session to staff to update them on recent developments that are relevant to working with and supporting LGBTQ young people. Staff gave excellent feedback and saying that this was a very useful session.

2.7 Engagement with Children from Black, Asian, Minority Ethnic and Refugee (BAMER) Communities

Although it has been recognised that the service has undertaken effective community engagement work with children and young people from the Roma/Slovak communities in Eastwood and Ferham they have not had the same success in engaging with local Asian families. They have recently been successful in recruiting a Community Engagement Worker. The new Worker is a respected and active member of local Asian community groups and forums.

Another key role for the community engagement worker will be the development of a CSE Toolkit specifically designed to work with BAMER families to raise awareness of the Sexual Exploitation of Asian girls and young women in Rotherham. This is a new and exciting piece of work currently being developed.

3. Conclusion

Barnardo's ReachOut Service continues to deliver above expectation. The service is agile and evolving according to emerging need. There is recognition that the needs of children and young people from across the Borough are broader in terms of CSA (rather than only CSE). Funding to continue and develop delivery is being sourced. The lasting legacy of the ReachOut Service in its current form will be:

- Excellent examples of partnership working
- Supporting development of other agencies to ensure a safer place for Rotherham children to grow up in
- Awareness of CSE and indicators
- Children describing a feeling of being supported and empowered

4. Consultation

A Participation Consultation Event took place on 14th February 2018 and was attended by 22 children known to the ReachOut service. The children and young people had the opportunity to engage with a carousel of workshops to learn more about the potential participation activities that could be provided by Barnardo's and were then asked to say which, if any they would be interested in. The workshops included:

- A book of voices
- Young person's interview panel
- E-Safety ambassador
- Different but Equal board
- Young person's newsletter
- Pride volunteers

Although a full evaluation of the day has not yet taken place, the verbal feedback from children and young people who attended was that they enjoyed the event and were interested in a number of the participation opportunities that were showcased on the day. Attendees have also asked when the next event like this will be taking place, as they enjoyed having the chance to meet other young people.

5. Accountable Officer(s)

Approvals Obtained from:-

	Named Officer	Date
Assistant Director of Commissioning, Performance and Quality (CYPS)	Mark Chambers	18/05/2018
Strategic Director of Children's Services	Mel Meggs	

Report Author: Sean Hill, Commissioning Officer, Children's Commissioning Team

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

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

Believe in children



Barnardo's

ReachOut Report

Title:	Operational Report
Date:	10 th March 2018
Author:	Marie Harris, Deputy Children's Services Manager, Barnardo's
Version:	1



INTRODUCTION

“The ultimate goal the ReachOut project shares with its partners is for Rotherham to be a safe and supportive place for children of all communities to grow up - a place where families and communities have the information and support they need to confidently safeguard their children, and where young people are less vulnerable, 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 and thereby reduce the need for statutory interventions

ReachOut aims to contribute to the further development of a culture of trust between agencies and communities. It seeks to build the capability of professionals, develop sustainable support to effectively to combat CSE.” -

Barnardo’s ReachOut Internal Evaluation Report Year Two

University of Bedfordshire - February 2018

1 INDIVIDUAL REFERRALS *(See Appendix 4)*

ReachOut has received referrals for 1:1 support for over 260 vulnerable children since the beginning of the service in 2016. Typically children referred to the service are struggling with a number of issues indicating increased vulnerability to a range of poor outcomes including sexual exploitation. However the rationale for the request for service from ReachOut is commonly due to concerns around inappropriate/unsafe relationships, online safety and image sharing. Inevitably as the work progresses additional vulnerabilities are often identified.

From 1st October 2017 to 10th March 2018 there have been 39 new referrals. Of those referred 85% are aged 11-15yrs but we are also receiving a number of enquiries from primary schools concerned about children's online safety and their access to pornography.

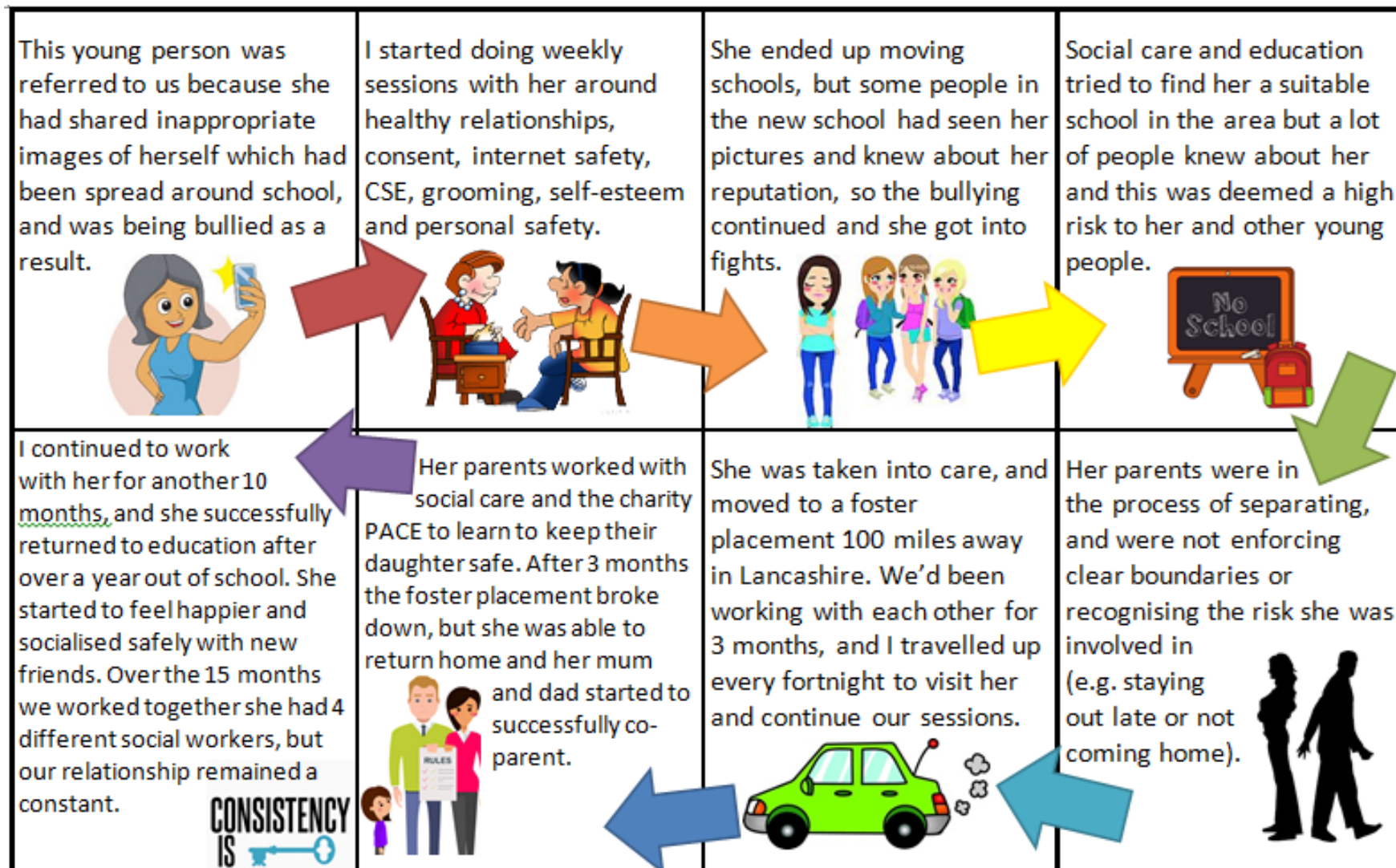
Our referrals are received from a range of partners but Early Help and Children's Social Care accounted for 26% and 36% respectively between the 1st October 2017 and 10th March 2018. 20% of referrals were received from local Schools; 15% from other statutory agencies and 3% from family members.

All ReachOut practitioners now offer an Early Help Assessment with the aim of identifying holistic support for families. This is incorporated into the services recording protocol.

From 1st October 2017 to 10th March 2018 ReachOut have worked with 110 children. Of those 110 13 have been boys and 9 children from BME communities; 12 children are recorded as having an identifiable disability including 6 with a learning disability; 4 assessed as having an autistic spectrum disorder; 1 with a physical impairment and 1 with mental health issues.

The team have been working hard on the delivery plan for the year ahead to focus on increasing the number of self-referrals, referrals from boys, those identifying as LGBTQ and children from BME communities particularly Pakistani heritage families.

Case Study Example



Appendix 1 – Reachout Report

2 WORK WITH SCHOOLS

As of March 2018, 2,314 Children have attended the Real Love Rocks programme in both primary and secondary schools. Rotherham currently has 85 primary and 16 secondary schools within the borough.

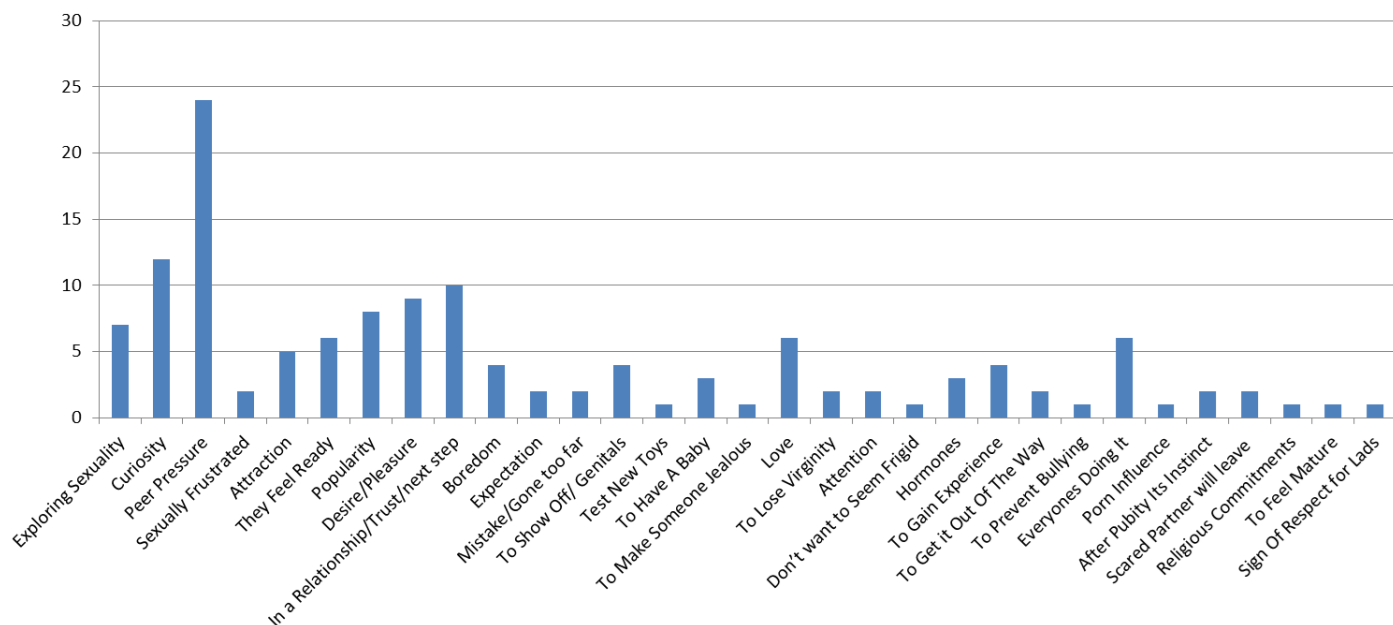
Direct delivery has recently been completed to a special school. The sessions were delivered to 12 pupils and were extended to an eight week period in order to meet the additional learning needs of the students. There are plans to offer sessions to other special schools and Pupil Referral Units.

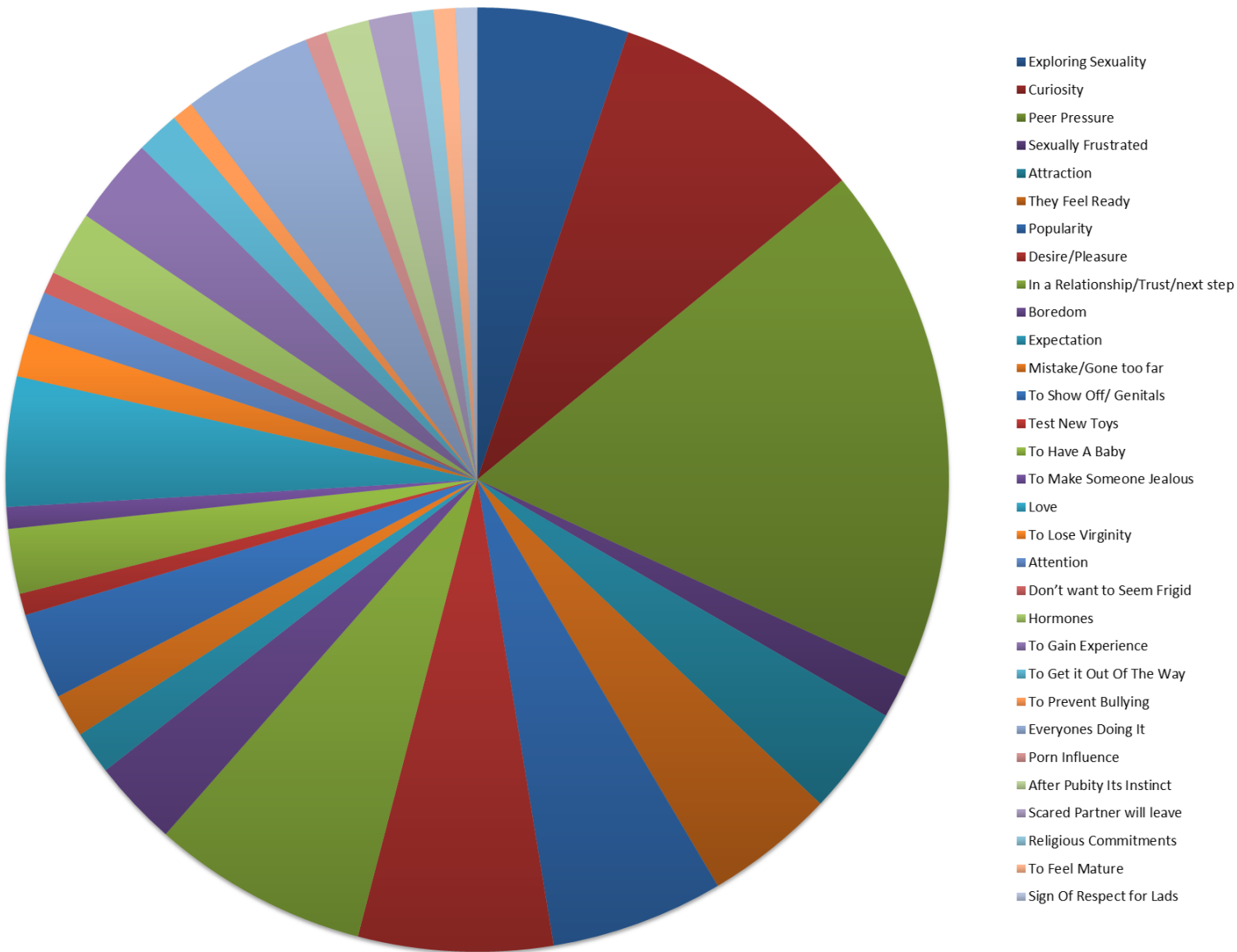
ReachOut have also completed 4 assemblies delivering awareness raising CSE sessions to 820 year 7/8 pupils since October 2017. In addition the team has hosted a drop in on 6th February 2018 at Dinnington High School which was attended by 70 pupils.

Between January and February 2018 ReachOut have worked in partnership with Early Help to deliver CSE awareness raising to over 180 year 9 pupils in Rawmarsh Academy. Students worked in groups discussing several topics such as how to access local health services, delaying sexual activity, healthy relationships, internet safety and the reasons why young people embark on sexual relationships for the first time (see graphs below). Since the sessions have taken place, it has been reported by Early Help that the number of young people attending their local health clinics has increased. Also, as a result of this work, two young people were referred to the service, one as self-referral and one via social care following a disclosure to the CHAT clinic.

Below are illustrations of some of the work covered with Rawmarsh Academy students showing the answers given by young people (in their groups) to the following question?

Q: what are the reasons for having sex for the first time?





It can be noted that 'peer pressure' was the most frequent answer, followed by 'curiosity' and 'in a relationship'.

The feedback received through evaluations was positive from both pupils and teachers.

I have learnt how to be safer in the future

It was great and I now know what to do if I am in trouble

Very engaging and full of useful information. It made me feel as though I am safe to ask questions

It was informative and I can use this information to protect my friends

By the end of March over 300 year 7 pupils will have attended a CSE Super Day at Wales Academy where the ReachOut team will deliver CSE awareness raising.

Since the start of the project RLR has been delivered to 11 out of 16 Secondary Schools in Rotherham which means that 1,331 pupils out of 3,318 in years 8 have received the programme. This equates to 40% of all year 8 Rotherham pupils.

RLR has been delivered to 22 out of 85 Primary Schools in Rotherham which means that 873 pupils out of 3,178 in year 6 have received the programme. This equates to 27% of all year 6 pupils in Rotherham.

In addition to this schools work the service was approached by Rotherham College who requested work around Healthy Relationships and CSE awareness for Art & Design (including Graphic Design and Fashion Design), and Hospitality departments. We have reached 81 learners out of 129 learners (62.8%) aged between 16 to 19 years. There are plans for additional sessions in the summer.

Feedback from Primary and Secondary Schools



Young People Feedback

I have learnt a lot about child sexual exploitation that I didn't know in the past and generally interesting

Thank you Sarah, Sara and Debbie for helping me to feel at home and find a better me

It was very informative and interesting

Always made me feel welcome and cared about

Teacher Feedback

Sarah and Debbie have been amazing! They have adapted the sessions to suit the needs of the learners

It was adapted using both primary and secondary schemes of work so that it was meaning for all learners

I was really proud of our young people's engagement and learning

It is so important that all young people with SEN learn about keeping safe and healthy relationships

Train the Trainer – RLR

Following the success of Real Love Rocks delivery in schools ReachOut continues to focus on a Train the Trainer programme to encourage schools to deliver the programme themselves. We have continued to support the roll out with schools and feedback has been positive. Since October 2017 Real Love Rocks has been delivered to 25 professionals including teaching and support workers.

As a result of the roll out of Real Love Rocks, two Secondary Schools have purchased the RLR programme from Manchester to deliver to their pupils as part of their curriculum.

All schools who received Train the Trainer will be offered ongoing support from the ReachOut Team to ensure the delivery model is appropriate to the needs of young people and that staff within the schools feel they have the right tools and guidance to support delivery. Schools and other agencies delivering the Real Love Rocks sessions have been asked to sign an agreement so they are part of the ongoing evaluation of the preventative education work in schools which the University of Bedfordshire will continue to evaluate.

The tables below identify which schools and agencies have undertaken the second delivery of Train the Trainers in October.

Primary Train the Trainer	
<u>Name of School or establishment</u>	<u>Number of attendees</u>
6th October	
Maltby Redwood	1
Meadow View Primary	2
Thrybergh Primary	2
Rotherham Creative Learning Centre	1
Herringthorpe Junior School	2
East dene primary	1
Rockingham School	1
Thorpe Hesley Primary	1
Brampton Ellis Primary	2
Hilltop	1
Eastwood Village Primary	2
Total: 11	Total: 16

Secondary Train the Trainer	
9th October	
Hilltop Special School	1
Brinsworth Academy	1
Rawmarsh community school	1
Chislett Centre (KPCP)	2
18th January	
Wingfield School	4
	Total: 9

There is currently a reserve list for schools wishing to have train the trainer training. Our aim over the next 6 months is to ensure those on the reserve list are able to complete the training and following this, we will evaluate whether further train the trainer sessions are needed in the Rotherham area.

3 OUTREACH

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

Current Outreach Programme			
Event/Group	Frequency	Where	Reason For Targeting
Action Housing drop in	Weekly	Action Housing - Rawmarsh	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

CLP Youth Club	Weekly	Clifton Learning Partnership	Weekly open access sessions in partnership with CLP and Early help in priority location
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
Ferham Outreach	Weekly	Ferham Park	Weekly engagement session with Children and Young People in Ferham. Activities include internet safety, healthy relationships, keeping safe and positive activities.
KeepSafe Operations	In response to intelligence	Various locations in Rotherham	Responding to intelligence and supporting KeepSafe Operations.
Living Life to the Full	Weekly	Dinnington High School	To improve emotional and mental health of young people attending the LLTF course.

Taxi Driver Training

ReachOut has been working in partnership with RMBC Taxi Licensing Officers to deliver Safeguarding CSE awareness raising sessions. Since October 2017 the service has delivered sessions to 48 new Taxi Drivers and there are plans to continue with this collaboration going forward. Plans are for the training to be rolled out for existing Taxi Drivers on renewal of their licence.

LGBTQ – Safezone

ReachOut are now even more involved in the planning of Rotherham Pride, with a member of our staff being the Pride committee's official lead for Youth Engagement. The committee has grown this year and the Pride event is going to be bigger than ever, featuring a Pride parade for the first time in Rotherham. As well as attending the monthly Pride planning meetings, we have also helped to plan fundraising events throughout the year to raise money and awareness for Pride, such as a Christmas market and an LGBT History Month quiz. Being part of Pride is a great opportunity for multi-

agency work, and at this year's event we will be running the young people's area in collaboration with MyPlace and the Rainbow Project, and are consulting young people as to what resources, equipment and support they would like in this area. We are also recruiting young volunteers to support in the young people's area and providing training for them prior to the event.

ReachOut's LGBTQ lead has also recently delivered a training session to staff to update them on recent developments that are relevant to working with and supporting LGBTQ young people. Staff gave excellent feedback and saying that this was a very useful session.

The Photography Project

We have been working alongside Clifton Learning Partnership who were awarded funding by People's Postcode Lottery to complete a photography project entitled "This is me, who are you".

The project aimed to look at different perspectives of Eastwood, through the medium of photography and for participants to create photographs which help them express their feelings about Eastwood and what they like about the area.

The final exhibition will take place at ROAR, Westgate, S60 1AN from 27th March to 6th April. The exhibition will also be made available for people to view at the central library in Riverside House during the summer holidays and we plan to display some of the young people's photographs here at Nightingale Court.



Participation Event

A Participation Consultation Event took place on 14th February 2018 and was attended by 22 children known to the ReachOut service. The children and young people had the opportunity to engage with a carousel of workshops to learn more about the potential participation activities that could be provided by Barnardo's and were then asked to say which, if any they would be interested in. The workshops included:

- A book of voices
- Young person's interview panel
- E-Safety ambassador
- Different but Equal board
- Young person's newsletter
- Pride volunteers

Although a full evaluation of the day has not yet taken place, the verbal feedback from children and young people who attended was that they enjoyed the event and were interested in a number of the participation opportunities that were showcased on the day. Attendees have also asked when the next event like this will be taking place, as they enjoyed having the chance to meet other young people.

Technology-Assisted behaviour (Sexting/Internet)

ReachOut is working collaboratively with The Junction Harmful Sexual Behaviour Service and our Digital Safeguarding Consultant to develop an online resource for young people who have offended or behaved inappropriately online. This interactive resource is now being piloted with service users and should be ready for wider use in late 2018. It is hoped that this resource will be of benefit to practitioners in both preventative and specialist services and can be used in an individual or group work setting.

4 VOICE AND INFLUENCE

ReachOut has continued to directly support the development of our voice and influence partnership consisting of a wide range of statutory and voluntary organisations and Different but Equal Board comprising of young people from each of the organisations. ReachOut have contributed our resources and funding to enable young people to organise several events. These have included a film of the Different but Equal journey which was launched at a wonderful event at the Carlton Park Hotel on 2nd November. The Different but Equal members decided they wanted to present the film in the guise of a film premier which was attended by representatives from a range of Rotherham statutory and voluntary agencies. More recently the board organised an award ceremony in celebration of the achievements of

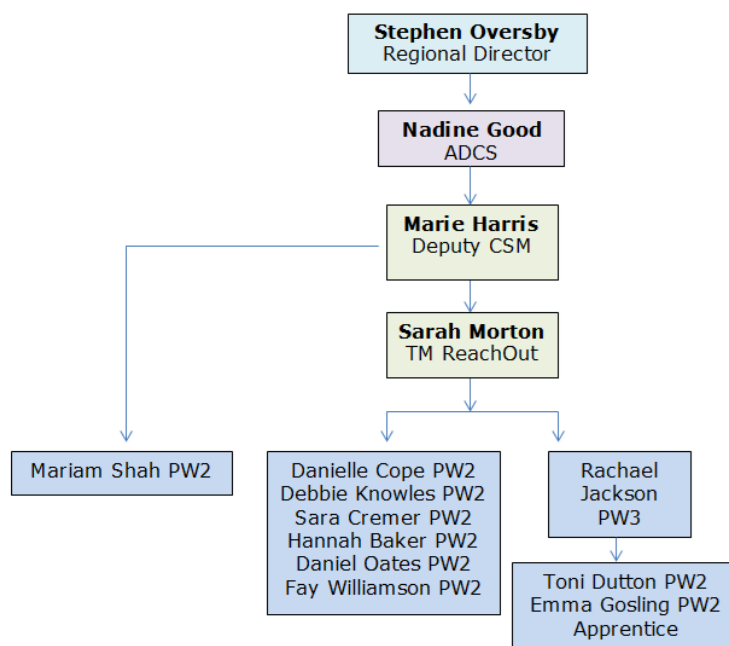
the children of Rotherham nominated by the various services working with them. All events have been extremely successful in boosting the self-esteem and confidence of children and young people from Rotherham many of whom have felt the negative spot light both on them and their town. Our service involvement has also given us the opportunity to speak with an established group of children and young people to gain insight on helping shape service delivery.



ReachOut have recently successfully appointed a Youth Engagement Worker through the Barnardo's Apprenticeship scheme to continue developing the extraordinary participation work with children and young people in Rotherham. The apprentice will gain a level III Diploma for the Children and Young People's Workforce (City and Guilds) and will be part of ensuring that we continue to capture and act on the 'voice of the child'.

5 REACHOUT TEAM AND WORKFORCE DEVELOPMENT

Due to changes amongst the ReachOut team we have realigned the management structure to provide continuity over the year ahead. We internally have recruited a Project Worker 3 to support the management team. We are confident that we will continue to maintain the quality and diversity of the ReachOut Team.



Key

ADCS- Assistant Director Children's Services
 CSM- Children's Services Manager
 TM- Team Manager
 PW- Project Worker

The team have continued to benefit from professional development opportunities including the following training since the last report:

- Digital Safeguarding
- Early Help Master Class
- Brief Interventions Substance Misuse
- CSE BAMER Toolkit
- Trauma training
- Child Protection 2
- Court training

ReachOut staff have also benefitted working on cases being managed by the Junction which includes first-hand experience of complex cases involving Sexual Harmful Behaviour; this has provided high experience

insight into how to manage complex cases as well as developing their working knowledge of offending behaviour in CSA from a very young age.

Engagement with Children from BAMER Communities

Although it has been recognised that the service has undertaken effective community engagement work with children and young people from the Roma/Slovak communities in Eastwood and Ferham we have not had the same success in engaging with local Asian families. We have recently been successful in recruiting a Community Engagement Worker. Mariah Shah is a respected and active member of local Asian community groups and forums. She has extensive knowledge and experience of the BAMER communities and the issues they experience in the town. The plan of work is for Mariam to engage with these communities to identify need and support to enable us to raise awareness about CSE. This work is very culturally challenging and sensitive work.

Another key role for the community engagement worker will be the development of a CSE Toolkit specifically designed to work with BAMER families to raise awareness of the Sexual Exploitation of Asian girls and young women in Rotherham. This is a new and exciting piece of work currently being developed.

Securing convictions

Since the last report convictions and sentencing related to Sonya have been finalised (Sonya's story was discussed during the last Board meeting). Three perpetrators were found guilty of offences against Sonya and four other children – 2 of whom were supported by the service including; sexual activity with the child; engaging a child in sexual activity; inciting a child; causing a child to watch a sexual act; sexual assault of child and rape of a child. Sentences in total were 27 years. There are two pending court cases relating to Sonya in March 2018. She has been supported leading up to the court cases as well as during them and will continue to be supported after the hearings.

6 FINANCIAL STATEMENT

As at March 2018, the ReachOut budget is on target. There has been financial monitoring of the service budget by Barnardo's financial teams, in line with Barnardo's internal financial audit process.

7 CLOSING REMARKS

Now in our third year of the ReachOut project, staff remain focused and committed to building on our achievements and continuing with the delivery of effective approaches influenced by the findings of the independent evaluation.

We thank members of our Team who have recently moved on for their much valued contribution to the development of the service and wish them well in their new ventures. We are especially grateful to Karen Goddard and wish her well in her early retirement. Karen has been a key driving force in developing the service through her dedication to working with children, young people and families. We will be advertising for her replacement soon. In the meantime, Marie Harris as Deputy Children's Service Manager is continuing to lead the team.

The support and guidance provided by members of the ReachOut Board and wider partners has been very much appreciated by all the team.

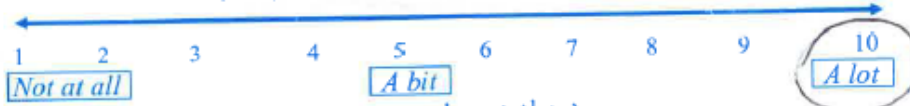
Appendix 1 – Reachout Report

Appendix 2 – Young People Feedback

Barnardo's Satellite

Name (optional)

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?

It has helped with my self esteem and confidence.

2.

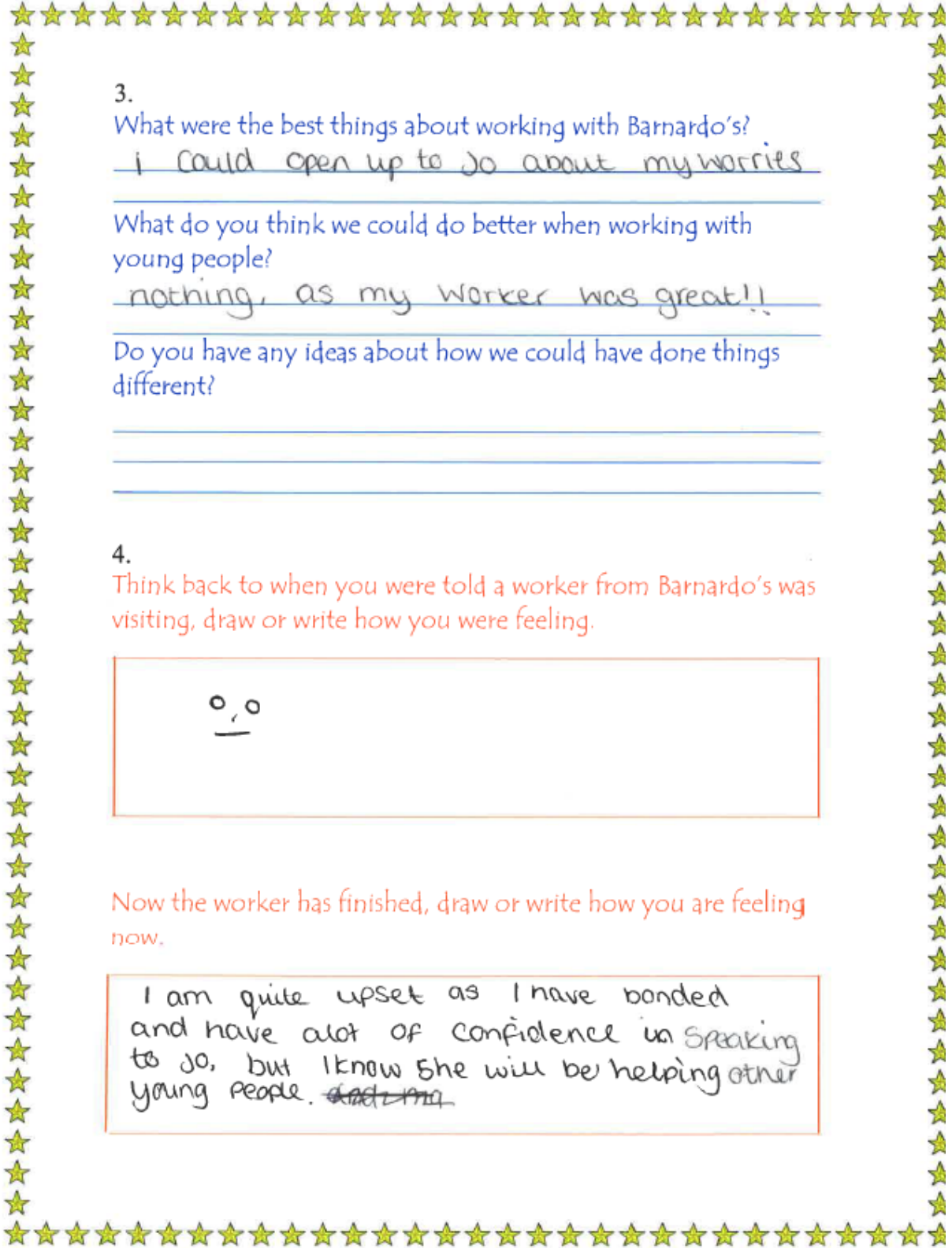
How many of the activities in your sessions were helpful to sort out the behaviour that people were worried about?



Activities that helped...

I have learnt what a healthy relationship is.

Activities that didn't really help...



3.

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

i could open up to Jo about my worries

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

nothing, as my worker was great!!

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.

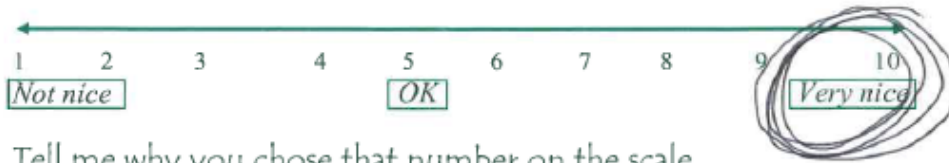


Now the worker has finished, draw or write how you are feeling now.

I am quite upset as I have bonded and have alot of confidence in speaking to Jo, but I know she will be helping other young people. ~~and me~~

5.

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



Tell me why you chose that number on the scale.

She was happy to let me go at my own pace.

6.

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

that they wouldn't pressure you into talking to them but if really help as it is all confidential

Thank you 😊

Parents/carers comments.....

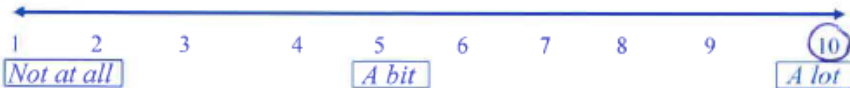
My daughters worker is a fantastic lady who has been there for myself + my daughter whenever we have needed her, my daughter has built up a ^{good} relationship with her, and I know ~~she~~ my daughter is going to miss working with her. Thankyou for everything # is really appreciated!!

😊.

Ba **out**

Name (optional)

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?

Barnardo's made me see life from a different light which helped me create a better friendship with my family and others around me.

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 list of people I had to contact and things I have to do.

Activities that didn't really help...

Three horizontal lines for writing.

3.

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

Been able to talk to someone who will take the time to listen

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.

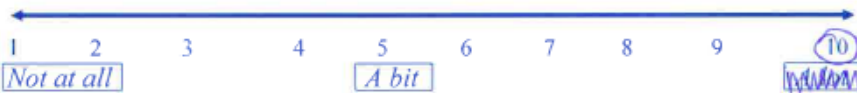
When I was first told I was working with Barnardo's I was in a dark place and I could not find a way out.

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

Now I am in a stable port in my life where I am confident to do it on my own.

Barnardo's Reachout

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?

no but if I need any help in the future & I can ring but I will still be coming to groups.

2.

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



Activities that helped...

going out and talking about things or going back to Barnardo's and taking in school.

Activities that didn't really help...

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

What do you think we could do better when working with young people?
Nothing it is already good! what you do with young people.

Do you have any ideas about how we could have done things different?
We to talk one to one or you can have your teacher there.

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

They was fine because at least I had someone to help me.

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

I am fine but if I need anyone I will be in touch.

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



Tell me why you chose that number on the scale.

because she help me and did a lot of different work with me.

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

you would need to get in touch with them because they are very nice they will help you.

Thank you 😊

Parents/carers comments.....

Mum was in bed when we got to the house because sister was ill. chelsea said mum thinks she is less gobby now, does well at school and behaves better.

Appendix 3 – Professionals Feedback

Barnardo's ReachOut/Satellite Services Professional Feedback Form

Name of the Young Person	M
Referring Agency/Name	Rotherham College
Name and Agency completing the feedback form	D Cornwell Rotherham College
Date	6/3/2018

What difference is or has our intervention made to the young person?
Huge difference, the service here at College can only support internally so the external advocacy and support has been vital for M.
What worked well?
Debbie (practitioner) made herself available to M on a regular basis and also managed some ad hoc sessions when M was in crisis. The relationship between Debbie and M was excellent and this rapport was key to the success of the intervention. The family work that Debbie did was also very useful and this cannot have been easy as M's Father could sometimes present as quite challenging.
As a service what are we good at?
Very accessible and a fairly easy referral process. Practitioner was allowed the time to make a real connection, fostering the rapport and trust needed to do the work.
What do you think we could do better/change in the future?
Service was quite quick to take up the referral anyway, but anything that improves the speed of engagement would be welcomed.

Dear Sarah

I am writing to you to provide feedback on D who I understand works for you within the Barnardos organisation,

By way of introduction, my wife and I, K and G are foster carers in the Rotherham area of South Yorkshire. In 2017 we were foster carers for K, a 16 year old girl, for 6 months before she moved in to semi-independent living at Future 19 in Doncaster. During the time that K was with us D was involved with supporting K. We came to know D well over that period, he was a person that had developed an excellent relationship with K, she trusted him and spoke highly of him to us. At the same time the work he did with K prepared her well for semi-independent living, increasing her awareness of the risks around CSE.

D also developed a great working relationship with us, the work he did also increased our awareness and the information has been useful both in dealing with other children in our care as well as our own kids. D is open and personable and develops a rapport with all he comes in to contact with. We have worked with a number of professionals within child care but D stands out in our minds as a person prepared to go the extra mile to provide a level of support and care that was a pleasure to behold.

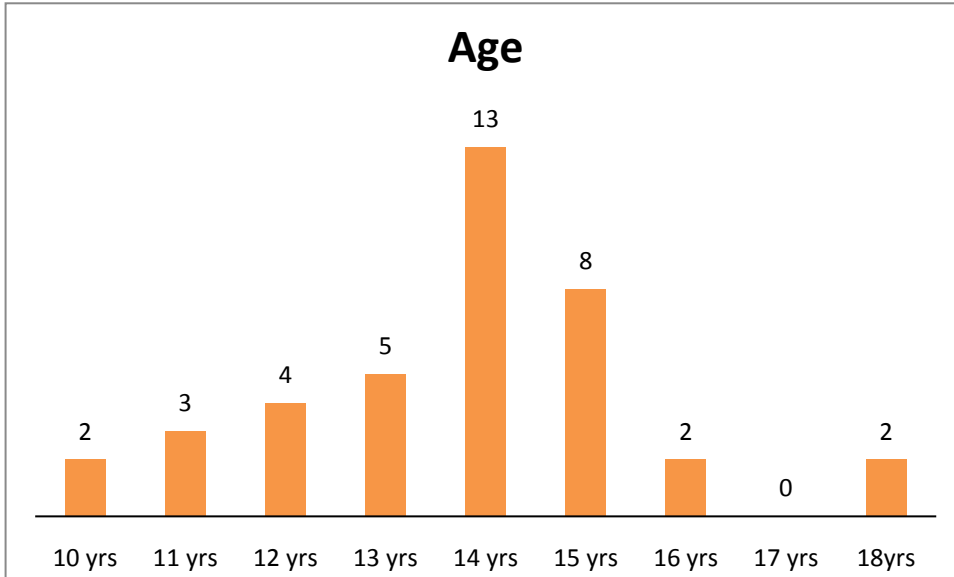
If you require any further information then please do not hesitate to get in contact.

Thanks

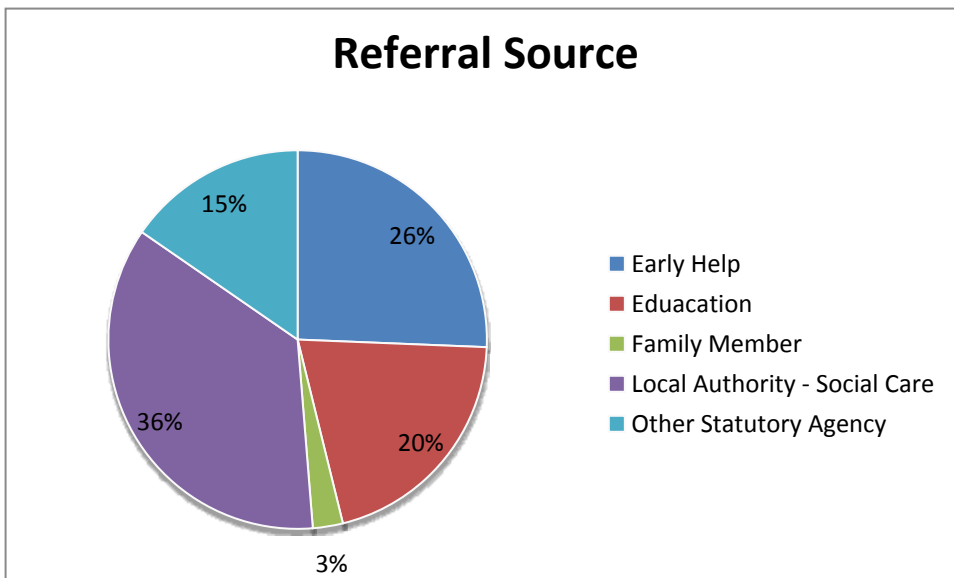
G and K

Appendix 4

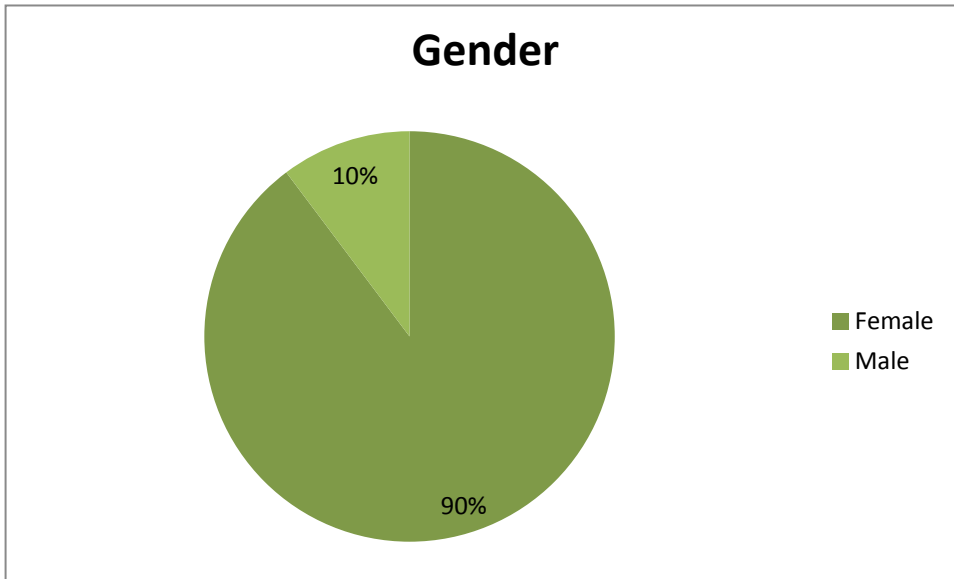
Individual Referrals (1st October 2017 – 10th March 2018)



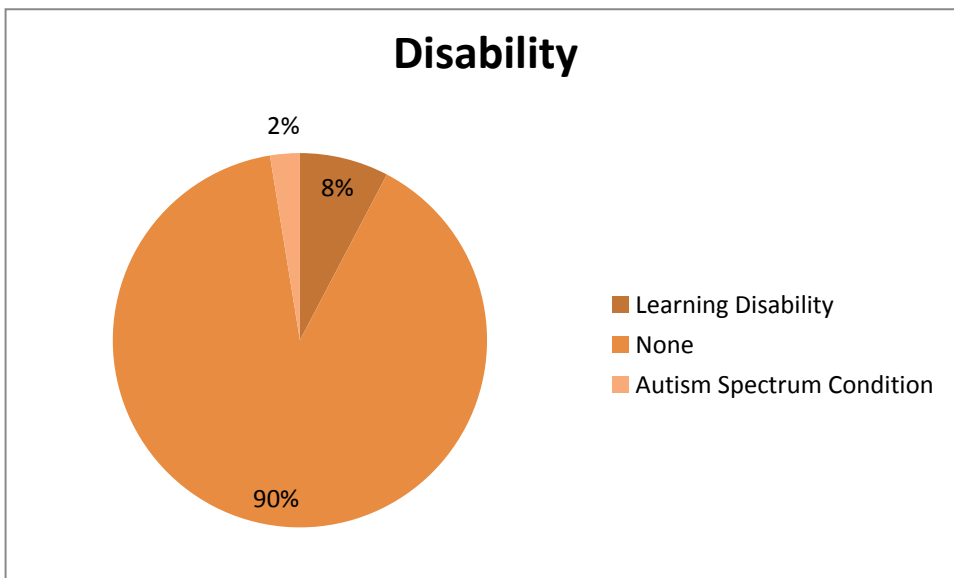
Graph 1. Age



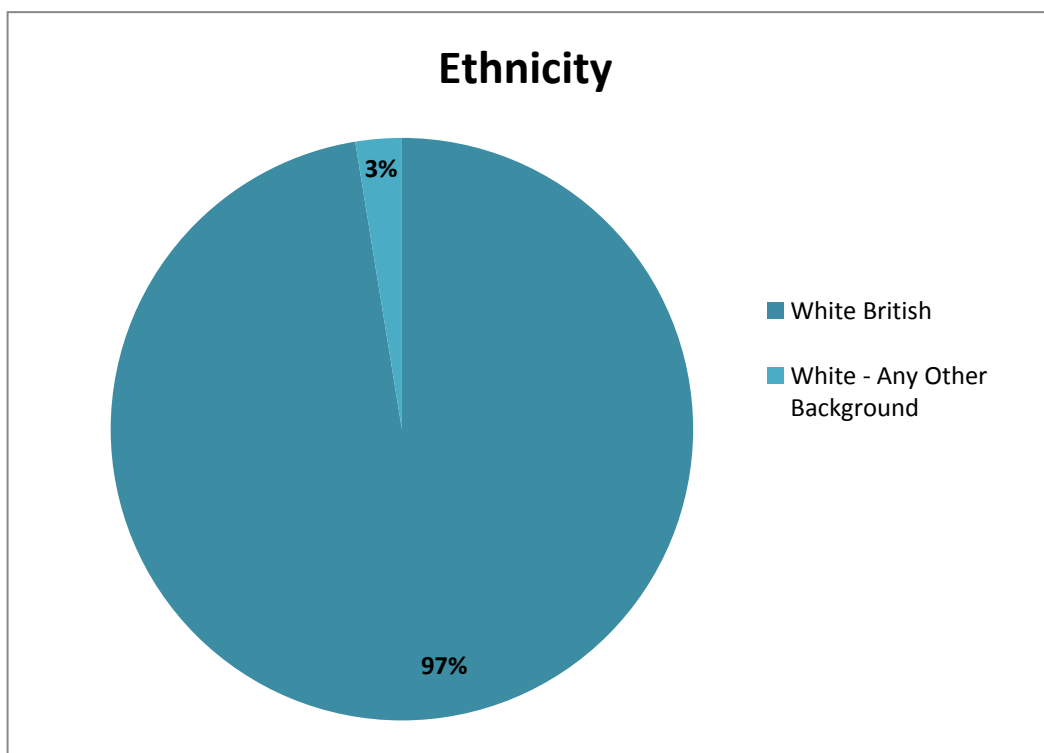
Graph 2. Referral Source



Graph 3. Gender



Graph 4. Disability



Graph 4. Ethnicity



Evaluation of Barnardo's ReachOut Rotherham Project Year Two Summary Report

Introduction

This summary of the annual evaluation report on the ReachOut project in Rotherham reviews the progress and achievements of the project during its second year of operation.

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.

At the start of the project a diverse staff team was recruited from a range of professional backgrounds including criminal justice, social work and youth work. As would be expected, there have been some staff changes in year two and a slight overall reduction in staff capacity. However, the team maintains its motivation and continues to demonstrate a strong commitment to work with children and young people.

Partnership working is central to ReachOut and the good relationships established in its first year have been sustained and strengthened in year two. Highlights of partnership working this year include more joint work with Early Help, the continued collaboration with the Clifton Learning Partnership and the successful development of the Voice and Influence Partnership. Evaluation interviews with partner agencies have continued to elicit positive feedback.

'None of this would have happened without the ReachOut funding, but more importantly they helped to create a safe space to allow it to happen. Barnardo's helped to provide the belief that it could happen.' (Partner agency)

The ReachOut project

At the outset of the project the ReachOut board, staff and stakeholders came together to identify the project's theory of change which has since been revisited annually as part of the project's planning and review cycle.

Box 1: ReachOut’s Theory of change (refreshed April 2017)

The ultimate goal the ReachOut project shares with its partners is for Rotherham to be a safe and supportive place for children of all communities to grow up - a place where families and communities have the information and support they need to confidently safeguard their children, and where young people are less vulnerable, 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 and thereby reduce the need for statutory interventions

ReachOut aims to contribute to the further development of a culture of trust between agencies and between agencies and communities. It seeks to build the capability of professionals and develop sustainable support to effectively combat CSE.

ReachOut’s three main strands of activity continue to be:

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

These operate at three levels of prevention: universal, including outreach at community events such as Rotherham Pride, which helps to convey the message that CSE is relevant to everyone; primary prevention, including education work in schools which continues to reach large numbers of children and young people; targeted prevention with groups and communities identified as potentially more vulnerable to CSE as well as direct work with children and young people.

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.

Summary of evaluation findings

Outreach

The specific impact of outreach activities is hard to measure. However, the outreach undertaken by ReachOut is consistent with the available evidence on effective approaches and the project continues to reach large numbers of people with a CSE preventative message.

The learning from year one informed year two priorities for outreach and this year work has included community outreach in new areas alongside the police and Early Help. It has also included ongoing training for taxi drivers which is having positive effects:

'Any initial reluctance on the part of drivers was overcome when they saw the benefits to themselves – they now see it as part of what protects them from possible complaints etc....[And] We're starting to see drivers raising concerns – not just children but adults such as confused elderly. Feel drivers are more clued up about safety generally and starting to see themselves as having a role in safeguarding'(Partner agency)

Continued work in Eastwood has demonstrated the pay-off of long term, community-based work and the relationships which ensue.

'It's been a success but things take time. The girls attend the group because workers were pro-active and went out 'pulling' them in, they slowly built the group up through building relationships and doing activities, eventually they did do more CSE work but they had to develop relationships first. The girls now know who they are and what they do in terms of CSE prevention'.(Partner agency)

Healthy relationship education

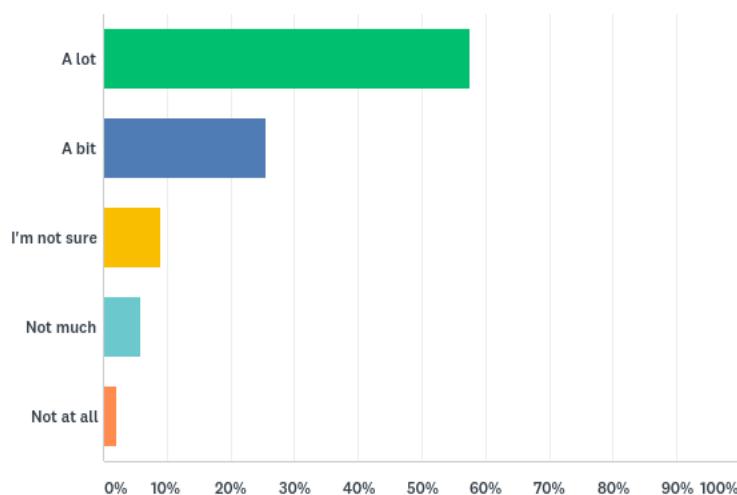
ReachOut has continued its programme of 'Real Love Rocks' delivery in schools giving greater priority in year two to schools in targeted areas.

Ongoing feedback is collected from students and staff so we now have a database of responses from 528 secondary and 574 primary school students. These clearly indicate that the programme achieves its immediate learning outcomes for a high proportion of participants. In addition, 90% of primary students and 92% of secondary students felt able to join in or ask questions if they wanted to.

Large numbers of primary and secondary students had discussed ReachOut sessions outside the classroom. This is a good indication of awareness, engagement and relevance. Many primary and secondary students had talked to friends and around a quarter of secondary and over a third of primary children and talked to their parents/carers about RLR. Perhaps

most importantly in terms of impact and retention students enjoyed the sessions with over half of primary pupils reporting that they enjoyed them ‘a lot’.

Q4 Did you enjoy the Real Love Rocks sessions?



Responses from 50 school staff indicate that teachers continue to view the quality and effectiveness of RLR as very good with 100% agreement that:

- The sessions were well planned and organised
- The materials were appropriate for the children’s age and stage
- The workers interacted well with the children
- Real Love Rocks was relevant to all children involved in the sessions

‘Fantastic delivery of the sessions. They were engaging and the presenters showed enthusiasm and vibrant personalities which enthused the students and engaged them in discussions. (Teacher)

ReachOut’s delivery in schools is resource-intensive and difficult to sustain over the longer term. In year two, therefore, a ‘training the trainer’ programme has been introduced to help embed the delivery of RLR by schools themselves. Participant feedback on the courses is very positive.

‘Really well presented, lots of time for discussion. Good resources, it taught me lots of good ways to add to my lessons in PHSE. I’m looking forward to using this programme.’ (Teacher)

There are also early indications that this may be an effective approach to spreading and embedding healthy relationship education into Rotherham schools. A follow up e-survey of participants from the first two training courses received 15 responses – 7 had already run RLR sessions in their schools and the others had established plans to do so.

'The programme has been delivered between a team of staff to approximately 200 year 8 students and small groups / individual students as deemed necessary in other year groups. The sessions went really well and promoted a lot of interaction and discussion with students'. (School manager)

Direct work with children and young people

Between the 1st January 2017 and 31st December 2017 ReachOut received a total of 101 referrals of individual children and young people. 37% of referrals came from Social Care, a further 30% came through Early Help. There was a decrease in referrals from Education from 24% in 2016 to 17% in 2017. One young person was referred by a health service and 5 by members of their family.

95% of those referred were girls and young women. Ages ranged from 9 to 18 years with the majority (72%) being aged between 13 and 15 years. The mean average length of intervention was 5.5 months.

Referrals were frequently triggered by concerns over young people's cyber behaviours, the most common cause for concern being that young people had shared inappropriate photographs of themselves with strangers, or were having inappropriate contact with adults on line. In a quarter of the sample these online contacts had already led to meeting up with men encountered on line; known sexual exploitation and abusive relationships.

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 reduced their level of risk of exploitation.

Feedback from young people and parents has been extremely positive about the quality of relationships with ReachOut staff and the support they have received. All the young people we interviewed were able to give clear and specific accounts of the CSE related knowledge and understanding they had gained, but it was the relationship with a specific worker and the practical, reliable, holistic support they had received that had made the greatest impression on them.

"[I got choices about what I wanted to learn about] I wanted to know more about substance abuse, so we did 4 weeks on drugs and 4 weeks on alcohol. [They also looked at how to build her self-esteem and to encourage positive ways of thinking] I've put quotes on the bedroom wall that make me feel good about myself. When I look back to last year, I didn't know much, now I know a lot more than I did then'....I have a good relationship with E she's really hyper- which is a good thing! I can talk with her outside sessions if I needs

her ... ReachOut is good, if you ever want to know anything they always can tell you what you want to know.’ (Young person)

‘Her self-esteem has sky-rocketed since being with us and E is part of that. We have worked as a team. E recently did the ‘helping hand tool’ with her on a visit here and she wrote down about 30 things/ideas for the future when before she would have struggled to write down 3 or 4. This looked like real evidence of change and it’s all been a joint process between us.’ (Foster Carer)

In conclusion

In conclusion, ReachOut has continued to develop and deliver a programme of high quality work during 2017. The project has maintained its strong commitment to partnership working including its involvement in the multi-agency Evolve team. A highlight of the year has been the contribution to young peoples’ voice and influence through its support of the Different but Equal board.

ReachOut’s healthy relationship education remains important and valued and the training the trainer approach trialled this year shows promise for embedding the work into schools in a way that can be sustained.

The direct work with children and young people continues to be of a consistently high quality and is highly valued by young people and parents.

The recent Ofsted inspection gave Rotherham an assessment of ‘good’ for its children’s services, a significant improvement from 2014 and the contribution of ReachOut to this improvement was acknowledged by those we interviewed for this evaluation:

‘Given our history we needed the extra input especially at the preventive level. The local authority has boosted the early help response too but it’s been helpful to have the expertise of Barnardo’s in CSE. ReachOut has become part of an emerging success story in Rotherham.’

Summary Sheet**Committee Name and Date of Committee Meeting**

Improving Lives Select Commission – 5th June 2018

Report Title

CSE Post Abuse Services Update

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

No

Strategic Director Approving Submission of the Report

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

Report Author

Sean Hill, Commissioning Officer, Children and Young People's Service

Wards Affected

All

Summary

In summer 2016 Rotherham MBC and Rotherham Clinical Commissioning Group (CCG) jointly commissioned support services for young people and adults who have experienced child sexual exploitation (CSE). The vast majority of service users who have sought support through these services are adults.

The outcomes for commissioned post CSE support services are that all victims, survivors and their families will:-

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

A CSE Post Abuse Services update report was presented to the Improving Lives Select Commission on the 4th July 2017 and as a result a further update was requested to outline the following:

1. A map of all provision across Rotherham, with an outline of how provision is being quality assured;
2. The Impact of funding reductions on voluntary sector provision and service users;
3. What contingency is in place if funding bids are unsuccessful
4. Evidence of post-trial support to survivors
5. An assessment of the needs analysis to establish if it requires refreshing.

Responding to this request and to the capacity concerns identified through performance monitoring, a Service Review was undertaken by Children's Commissioning between October and December 2017 to quantify and understand the current pressures on the services. The review document is attached (Appendix 1).

This report presents the key findings of the review, sets out responses to the recommendations made at the Improving lives Select Commission on the 4th July 2017 and the longer term recommendations for the commissioning of CSE Post Abuse Services.

List of Appendices Included

Appendix 1 – Post CSE Service Review

Appendix 2 – Commissioning Timeline

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

CSE Post Abuse Services Update

1. Recommendations

- 1.1 That the update on CSE Post Abuse Services be noted
- 1.2 That a further update is presented in 6 months' time outlining the impact of the remedial actions and the progress made on the proposed Joint Commissioning of CSE Post Abuse Services.

2. Background

Commissioning History

- 2.1 In summer 2016 Rotherham MBC and NHS Rotherham Clinical Commissioning Group (CCG) jointly commissioned support services for young people and adults who have experienced child sexual exploitation (CSE). Although the services are jointly commissioned all funding for these services is from RMBC Children and Young People's Services.
- 2.2 Contracts were entered into with three voluntary sector providers from 1st July 2016 to 31st March 2019 with an option to extend for a further two years. The value of the commissioned post CSE support services over the three year contracted period is £514,948. The two main service areas commissioned were:
 - Practical, emotional support and advocacy; and
 - Evidence based therapeutic interventions (counselling).
- 2.3 The financial terms and conditions of the contracts set out a reduction of 19% in 2017/18 and a further reduction of 23% in 2018/19. The profiled funding reduction was based on the modelling of numbers needing support as set out in the December 2015 Needs Analysis undertaken by the CSE Joint Intelligence Working Group.

Service Review

- 2.4 A Service Review was undertaken by Children's Commissioning between October and December 2017 (provided at Appendix 1) to quantify and understand the pressures on the services. This Service Review involved informal meetings with victims and survivors and engagement with the Service Providers.
- 2.5 The Service Review demonstrated that joint working with adult commissioning was vital to understand the broader context of service provision. A draft of the Review findings was shared with the Strategic Director of Adult Care in November 2017. A briefing note was provided to CYPS's DLT on 18th December 2018 outlining the findings of the Review. The Review was also provided to the Chief Executive on 18th January 2018.

2.6 The key findings of the Service Review are:

- Referrals for emotional and practical support are broadly in line with the original anticipated need. However there have been significantly more referrals for therapeutic intervention than the original estimate in the first 15 months of the contract.
- There is little flexibility to adjust funding between contracts to meet demand pressures. Any future service design will need to be able to adapt to changing need.
- Service Users expressed extremely positive views regarding the support they received. The positive impact of the services is also demonstrated through case studies and outcome monitoring data.
- There was a decrease in the number of live cases from April 2017 onwards as service providers scaled back capacity in line with the funding profile.
- There are significant differences in volume of cases held by providers.
- Significant waiting lists have developed in both service areas but not for all providers. For practical and emotional support there are more people waiting for a service from Rotherham Rise than from GROW. For therapeutic intervention there are significantly more people waiting for a service from Rotherham Abuse Counselling Service (RACS) than from Rotherham Rise.
- The length of time that victims and survivors are waiting for support or therapeutic intervention varies considerably between providers. Long waiting times mean that people are not getting the 'right care' at the 'right time' and may lead to negative consequences.
- The length of time that victims and survivors are waiting for support or therapeutic intervention is likely to increase as funding is profiled to reduce in 2018/19 and providers reduce their service offer accordingly.
- As investigations progress and engagement activity with victims and survivors increases, it is very likely that demand for and pressures on commissioned and non-commissioned services will increase.
- Given that the timescales for police investigations and prosecution can last up to 2 years the expectation of 12 months support (as set out in the service specification) might not be appropriate. On the other hand it is recognised that trauma can be a lifelong issue. Future service design will need to consider an appropriate timescale for interventions.
- Post-trial support has been highlighted as crucial and is within the scope of the current service specification, however, there is limited capacity to provide post-trial support at present because of the pressures from increased referrals and waiting lists.

- To date the commissioned services have been accessed predominantly by adults. The funding for Post CSE commissioned services has been provided by RMBC Children and Young People's Service although other organisations have aligned roles and remits to offer support to victims and survivors.
- The landscape of service provision in Rotherham is developing and clarity around the pathways between services commissioned by a variety of organisations is vital to ensure victims and survivors can access the right help at the right time.
- The 2015 Need Analysis (although based on the best information available at the time) underestimated the need and the pattern of support required. Given the pattern of help seeking so far, it would be beneficial to re-visit and revise the assumptions of the needs analysis.

Actions to address the recommendations of the Improving Lives Select Commission held 4th July 2017:

Action: A map of all provision across Rotherham, with an outline of how provision is being quality assured.

- 2.7 As described in the key findings of the review above, the landscape of provision in Rotherham is developing. CYPS Commissioning has a good understanding of the commissioned post abuse services, their capacity and quality of service. Commissioned services are required to report monthly data in relation to activity and quarterly around what's working well, what services are worried about and what needs to happen to improve. In addition a Service Improvement Partnership group has been established with the commissioned CSE service providers, Adults and CYPS Commissioning, and Rotherham Clinical Commissioning Group (CCG). The intention is to extend the membership of this group to other delivery partners once firmly established.
- 2.8 There are a range of support services provided by the local voluntary, faith and community sector as well as national organisations that are not currently funded by RMBC. National organisations that can offer additional support are Samaritans, Victim Support and the Havens. Swinton Lock and Apna Haq were previously funded by RMBC and now have accessed funding from other sources such as the Big Lottery.
- 2.9 Victims / survivors also have access to Independent Sexual Violence Advocacy (ISVA) which is funded by the National Crime Agency (NCA) as part of Operation Stovewood. ISVA's advocate on behalf of someone who has been a victim of sexual violence and help them to access support and services from a range of statutory and non-statutory services such as: health services, housing support, benefits advice and counselling. Services that are not commissioned by RMBC will have terms and conditions set by, and be subject to the quality assurance requirements of, their own funding/commissioning organisation.
- 2.10 Further work is required to develop a fully comprehensive map of services that are available to victims or survivors of CSE in Rotherham. To address this a Post CSE Commissioned Services Group has been established under the CSE

sub-group of the Safer Rotherham Partnership. The group includes representation from all key commissioners of victim support services: RMBC Adult Commissioning, RMBC Children's Commissioning, NHS Rotherham CCG, RMBC Adult Safeguarding, RMBC Children's Safeguarding, Safer Rotherham Partnership and the Police and Crime Commissioners Office. Key actions for this group are to:

- Map current support services for adult victims and survivors across all commissioning bodies, taking into account mainstream support services within mental health, services for vulnerable adults and support from the voluntary, community and faith sector. Mapping will also identify potential future pressures due to funding and contract ends dates and gaps in service provision;
- Develop, or build on existing engagement mechanisms to listen to the views of victims and survivors to understand what recovery looks like including prevention, self-management and early intervention to support recovery;
- Seek to align or pool commissioning resources to increase efficiencies, reduce duplication, and to ensure value for money.

Action: The Impact of funding reductions on voluntary sector provision and service users.

- 2.11 The reduction in funding as profiled in the contracts and service specifications for the Post Abuse Services has resulted in a reduction in capacity in the services. The service review highlighted that referrals for emotional and practical support are broadly in line with the original anticipated need, however the intensity and length of this support was underestimated. The service specification anticipated that the maximum timescales of involvement with service users is 12 months unless in exceptional circumstances and that service providers develop an exit strategy from day one of support. However, given the timescales for police investigations and prosecutions can last up to 2 years this expectation is not be appropriate in cases that go to trial.
- 2.12 The review also finds that there have been significantly more referrals for therapeutic interventions than originally estimated. As a result significant waiting lists have developed in both service areas. The size of the waiting lists vary between providers and service areas however the most significant waiting list is for therapeutic interventions with Rotherham Abuse Counselling Services where there are currently (as at end of April 2018) 131 victims or survivors waiting for a service and they could be waiting for up to 6 months. Long waiting times mean that victims and survivors are not getting the right care at the right time and this may lead to negative consequences.
- 2.13 The following actions have commenced to mitigate the effects of the reduced funding and resulting waiting lists:
- In relation to the current waiting lists with Rotherham Abuse Counselling Service (RACS) there have been recent discussions between the Head of Mental Health Commissioning, Chief Executive of RACS and the Care Group Director (RDASH). A joint piece of work has commenced to

undertake an in-depth assessment of the waiting list and identify alternative support where appropriate. For example, to ensure that those who meet the threshold for IAPT (Improving Access to Psychological Therapies) are able to access support for depression or anxiety where appropriate.

- In relation to the Practical and Emotional support delivered by Rotherham Rise and GROW, Adult commissioning will share best practice in reviewing operational delivery to maximise current provisions. Key areas to review will include throughput and duplication of service. At this stage we do not know if Service Users are accessing more than one provision of support for example, Domestic Violence Services or Housing Related Support.
- A service improvement partnership has been established with the post-CSE commissioned service providers, Adults and CYP's Commissioning and the CCG. The intention is to extend this to other delivery partners (for example, the Stovewood trauma and Resilience Service) once firmly established. The focus of the improvement partnership is to develop more streamlined pathways between commissioned services across health, justice, adult's services, children's services and non-commissioned services.
- Further discussion will take place with the post-CSE commissioned service providers to understand the impact of non-RMBC funding streams on long term sustainability.

Action: What contingency is in place if funding bids are unsuccessful?

2.14 On 3rd November 2017 confirmation was received that a Rotherham multi-agency application to Government for funding support had been unsuccessful. However the Council and partners are continuing to lobby Government departments in order to secure the necessary resources to support victims and survivors. with regard to the wrap around support required for victims and survivors involved in Stovewood. The wrap around support identified includes a proposal for £600,000 over 4 years for advocacy, practical support and counselling.

2.15 Rotherham CCG has been awarded funding of £250,000 by NHS England Health & Justice department to work with victims / survivors of the Stovewood investigation, as well as staff from the range of agencies working with them during the pre-trial and trial period. In 2018/19 the provision of this service has been commissioned from Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH). Initially this is a one-year funding allocation with the possibility of further funding in 2019/20 subject to a positive evaluation. This work will include:

- Where helpful and appropriate the service can offer direct therapeutic consultation jointly with Victim Support workers, therapeutic services, or primary care services within the governance arrangements of the trust.
- 'Ageless' in that it will offer joint consultations to partners and families of those effected by the aftermath of CSE but who are not secondary mental health patients.
- Liaison and signposting to other services.

- Managing the emotional support required to Stovewood clients, their families and the staff associated with the pre-trial and trial challenges.

Action: Evidence of post-trial support to survivors

- 2.16 Post-trial support has been highlighted as crucial and is within the scope of the current service specification, however, there is limited capacity to provide post-trial support at present because of the pressures from increased referrals and waiting lists. The service review confirms that there are gaps or inconsistencies in the level of post-trial support available. Below is a quote from a counsellor that describes the feelings of service users succinctly:

“my client initially felt ecstatic when her perpetrator was convicted. She felt it was confirmation that she was finally believed and that justice was done. However following that came a slump as the effects of her abuse were still there. She had put such a lot into the outcome and falsely believed that a conviction would mean closure. Some clients can feel re-traumatised and feel tricked by some of the complicated ways the perpetrators defence phrases questions”.

- 2.17 There are a number of examples of where post-trial support has been offered. Rotherham Rise’s criteria for accessing a service does not differentiate between victims or survivors who are pre, during or post-trial, the menu of support is the same.

Client A was referred to Rotherham Rise but had a trial pending. The date for the trial was in 8 months. She was working with the ISVA service but also accessed 1-1 Outreach support. When this ended, she had 1-1 counselling. She was told, she could also access support once the trial is over if she needed to. So she would re-refer back to the service.

- 2.18 GROW has offered 14 victims / witnesses support through the final stages of the Clover 1 trial and post-trial. Six victims / witness from Clover 1 accessed support for 3 months post-trial.

Action: An assessment of the needs analysis to establish if it requires refreshing.

- 2.19 The Service Review has highlighted significant pressure on the post-CSE commissioned services. It is anticipated that these pressures will increase further as investigations progress through Operation Stovewood. The 2015 Needs Analysis is not reflective of current (or future) needs of victims and survivors in Rotherham. The services commissioned on the findings of the 2015 Needs Analysis, therefore, are not in a position to be able to meet current need.
- 2.20 Without an accurate needs analysis that is co-produced with service users and other key stakeholders, it is difficult to describe what kind or level of service is (or will be) required going forward. Partners have recognised that a joint commissioning approach is vital and whole system mapping is required to understand the journey of the victim/survivor. Accurate needs analysis and whole system mapping will enable the alignment or pooling of resources and all

partners to respond in a co-ordinated way should additional resources be identified, for example, from central government or third sector funding bodies.

3. Options considered and recommended proposals

3.1 The longer term recommendations agreed by the Children's Services Leadership Team are that:

- A whole system approach to commissioning support services is developed with partners (including the National Crime Agency, the Police and Crime Commissioners Officer and NHS Rotherham Clinical Commissioning Group) to avoid duplication, maximise resources and improve the service user experience.

This approach is supported in a recent document from NHS England. NHS England Strategic Direction for Sexual Assault and Abuse Services (2018-2023) describes the complex system of support:

*"It spans a number of different systems and government organisations, including health, care and justice and requires them to work together. The commissioners of services are varied and there is a wide range of providers, including some specialist and third sector organisations. This creates a significant challenge and all the different bodies can find it difficult to work together effectively to meet the lifelong needs of victims and survivors."*¹

- A needs analysis is undertaken to help inform the future commissioning of services and to inform bids for external funding opportunities. The Needs Analysis will take an asset/strength based approach to find out "what matters" to victims and survivors instead of "what's the matter". It will consider the accessibility of current support services (from all sections of the community) and draw together evidence and first-hand accounts of what works in helping victims and survivors begin to recover and build resilience. The Needs Analysis will help identify protective factors that might minimise escalation of need as well as evaluating prevalence data to identify trends for support over the next 5 years.
- Contracts for the post-CSE commissioned services are extended from 1st April 2019 to 30th September 2019 to allow for commissioning of a different service offer following the findings of the Needs Analysis and whole system mapping. A draft timeline is attached to this report (Appendix 2) Initial feedback on the commissioning timeline would suggest that it is tight and may need to be extended by a further 3 months.

4. Consultation

4.1 Victims and survivors have been directly engaged with and their views listened to as part of the Service Review. Informal meetings were held at GROW (16/11/17) and RACS (28/11/17 and (06/12/17) to seek views on the impact of the services and quality of support.

¹ Strategic Direction for Sexual Assault and Abuse Services: Lifelong care for victims and Survivors:2018 -2023, NHS England, 12 April 2018 Publications Gateway Reference: 07912

- 4.2 Effective and productive relationships have been developed between children's commissioning and the Service Providers. Meetings with Rotherham Rise (03/10/17) RACS (26/09/17) and GROW (10/10/17), in addition to routine contract monitoring meetings, have taken place to understand their perspective on the pressures, how they are managing pressures safely and what they consider is required to address capacity issues.
- 4.3 Consultation and engagement will be included in the brief for a research partner to inform the needs analysis.
- 4.4 Children's Commissioning have engaged with Adult Commissioning and the CCG in the development of remedial mitigation actions and longer term recommendations.

5. Timetable and Accountability for Implementing this Decision

- 5.1. The wider partnership approach will be through the CSE sub-group which reports to the Rotherham Local Safeguarding Children Board (RLSCB).

6. Financial and Procurement Implications

- 6.1 Children and Young People's Service are wholly funding the commissioned CSE services which are predominantly used by adults. CYPS have actively sought to identify additional resources to address capacity issues identified in the service review; however, given current budget constraints this hasn't been possible. Moving forward, the aim is to develop pooled or aligned commissioning resources that will reflect the shared responsibilities between health, justice and adult care.
- 6.2 All procurement will be undertaken in line with the Council's Contracts Standing Orders and early engagement and dialogue must be held with the Council's Procurement Team to effectively plan and resource the procurement activity detailed within this report.

7. Implications for Children and Young People and Vulnerable Adults

- 7.1 The needs of Victims and survivors of CSE and their families will be better understood and service can be commissioned to respond more effectively.

8. Equalities and Human Rights Implications

- 8.1 The Public Sector Equality Duty (PSED) requires public authorities to have due regard to the aims of the equality duty when making decisions and setting policies; for example understanding the effect of policies and practices on people with Protected Characteristics.
- 8.2 Guidance on meeting the equality duty in policy and decision-making (Equality & Human Rights Commission, 2012) identifies that consideration given to equality in decision-making needs to be proportionate to the importance of the policy. In all decisions, financial and other considerations will inevitably also be

important; therefore appropriate weight should be given to equality alongside the other considerations.

8.3 An initial equality impact assessment will be undertaken when proposals are in development and completed following consultation. Consultation will explicitly seek to assess the impact of any proposed changes on the most vulnerable.

9. Implications for Partners and Other Directorates

9.1 There are implications for other directorates and external partners. Specifically:

- RMBC Adult Care and Housing Directorate
- NHS Rotherham CCG
- Safer Rotherham Partnership
- South Yorkshire Police and Crime Commissioner's Office

10. Risks and Mitigation

10.1 There are both political and reputational risks if RMBC is not providing a high quality service able to meet victims and survivors needs.

11. Accountable Officer(s)

Approvals Obtained from:-

	Named Officer	Date
Assistant Director of Commissioning, Performance and Quality (CYPS)	Mark Chambers	18/05/2018
Strategic Director of Children's Services	Mel Meggs	

Report Author: Sean Hill, Commissioning Officer, Children's Commissioning Team

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Appendix 1 – Post CSE Commissioned Services – Service Review

1.0 Introduction

- 1.1 This purpose of this Service Review is to consider current pressures on post-CSE support services commissioned jointly by Rotherham MBC and NHS Rotherham CCG in 2016. The Review compares how services have supported victims and survivors against estimates forecast in 2015.
- 1.2 The Review also considers the impact of the services in terms of improving outcomes for victims and survivors. This has been informed by outcome monitoring data, case studies, feedback and direct conversations with service users.
- 1.3 The RMBC commissioned services are part of a wider support system for CSE victims and survivors that is commissioned by a number of different organisations. This wider system of is also explored in the Service Review including support post-trial.

2.0 Context

- 2.1 In summer 2016 Rotherham MBC and Rotherham Clinical Commissioning Group (CCG) jointly commissioned support services for young people and adults who have experienced child sexual exploitation (CSE).
- 2.2 The outcomes for commissioned post CSE support services are that all victims, survivors and their families will:-
- Start to recover from their trauma of child sexual exploitation;
 - Build resilience and develop coping strategies for everyday life;
 - Improve their self-esteem and self-confidence;
 - Improve their mental health and wellbeing;
 - Be supported in fulfilling their maximum potential; and
 - Reduce the risk of harm.
- 2.3 Following an open one stage European Union (EU) compliant competitive tendering process, contracts were entered into with three providers from 1 July 2016 to 31 March 2019 with an option to extend for a further two years. Three local voluntary sector organisations were successful. The table below outlines the service areas, the contracted providers and the funding profile.

Post CSE Support Service Area	Provider	2016/17 (July 2016-March2017)	2017/18	2018/19
Practical, emotional support and advocacy for young people (up to the	Rotherham Rise	£28,237	£21,300	£19,050
	GROW	£28,237	£21,300	£19,050

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age of 25)				
Practical, emotional support and advocacy for adults	Rotherham Rise	£28,237	£19,200	£13,950
	GROW	£28,237	£19,200	£13,950
Evidence based therapeutic interventions	Rotherham Rise	£49,500	£45,000	£33,000
	Rotherham Abuse Counselling Service (RACS)	£49,500	£45,000	£33,000
Totals		£211,948	£171,000	£132,000

- 2.4 Contracts and service delivery for the Long-Term Post CSE Support were initially planned to commence in April 2016. However this was delayed until the 1st July 2016 due to additional work required to inform the needs analysis and service specification. The funding for year one was therefore pro rata as set out in the table above.
- 2.5 These commissioned services are part of a wider support system for CSE victims and survivors. Swinton Lock, with the help of Big Lottery funding, continue to support victims and survivors of CSE and their families, however RMBC no longer fund this service following the cessation of a one year contract that was awarded in July 2016. The National Crime Agency also funds dedicated Independent Sexual Violence Advocates (ISVAs) who support victims through the investigations and court proceedings as part of Operation Stovewood and work closely with commissioned services in Rotherham. This is explored in more detail in section 11.

3.0 Anticipated Service Need

- 3.1 The commissioning process for post-CSE support services was informed by the Needs Analysis undertaken by the CSE Joint Intelligence Working Group (appendix 1) in December 2015.
- 3.2 The Needs Analysis set out scenarios which assumed various patterns of help seeking behaviour to predict the number of victims and survivors that were likely to be seeking support over the 5 year period.

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Modelled numbers needing support 2015-2020								
Assumptions: legacy of 1600 requiring support of which 30% have accessed/do not seek/do not need further support; the remaining 30%, 20%, 10%, 5% and 5% seek help over the next 5 years								
Year	Legacy	100 new cases 15/16	100 new cases 16/17	75 new cases 17/18	75 new cases 18/19	50 new cases 19/20	Total	Cases needing therapeutic support assuming 30% of total
2015/16	480	30					510	155
2016/17	320	20	30				370	111
2017/18	160	10	20	23			213	64
2018/19	80	5	10	15	23		133	40
2019/20	80	5	5	8	8	15	121	38

- 3.3 In recognition that some victims and survivors will seek support through statutory or other voluntary sector support services, it was estimated that two thirds of victims and survivors would seek help through the commissioned support services. The table below shows the anticipated need for these commissioned post-CSE support services that was over the contract term.

Anticipated Need for Post CSE Support Services 2016-2019				
Service Area	2016/2017	2017/2018	2018/2019	Total
Practical and Emotional Support (young people and adults)	251	135	110	496
Evidence Based Therapeutic Interventions	110	75	55	240

- 3.3 The profiled reduction in funding described in section 2.3 (19% in the year two and 23% in year three) was based on these numbers needing support.

4.0 Actual Service uptake

- 4.1 Contract monitoring from Service Providers suggests that the need analysis (although based on the best information available at the time) underestimated the need and the pattern of support required.

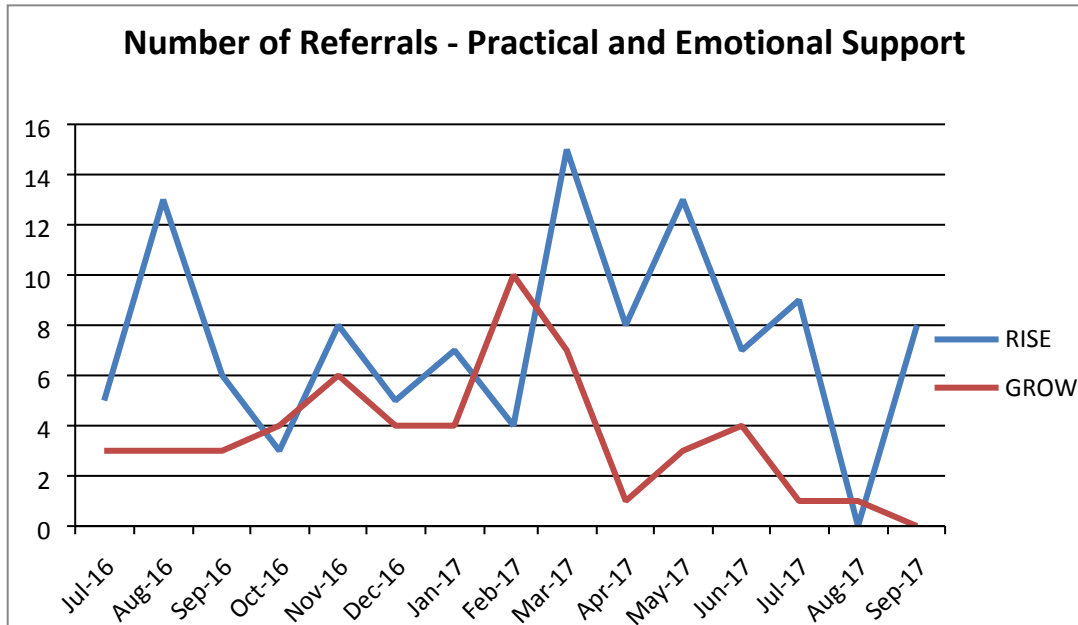
Referrals

- 4.2 The two graphs below illustrate the number of referrals for practical and emotional support and therapeutic intervention from July 2016 to September 2017. For both service areas there is a clear spike in referrals for in February and March 2017 (although this is not the case for practical and emotional

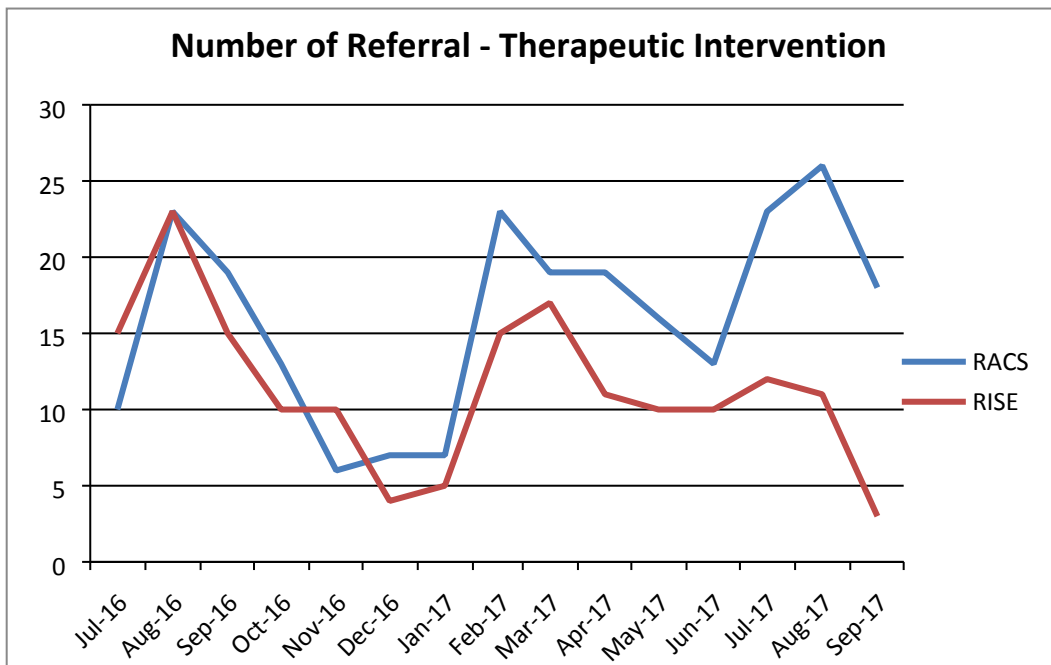
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support provided by GROW in this period). Counselling services also reported an increase in referrals during July and August 2017.

Graph 1: Number of Referrals per month - Practical & Emotional Support



Graph 2: Number of Referrals per month – Therapeutic Intervention



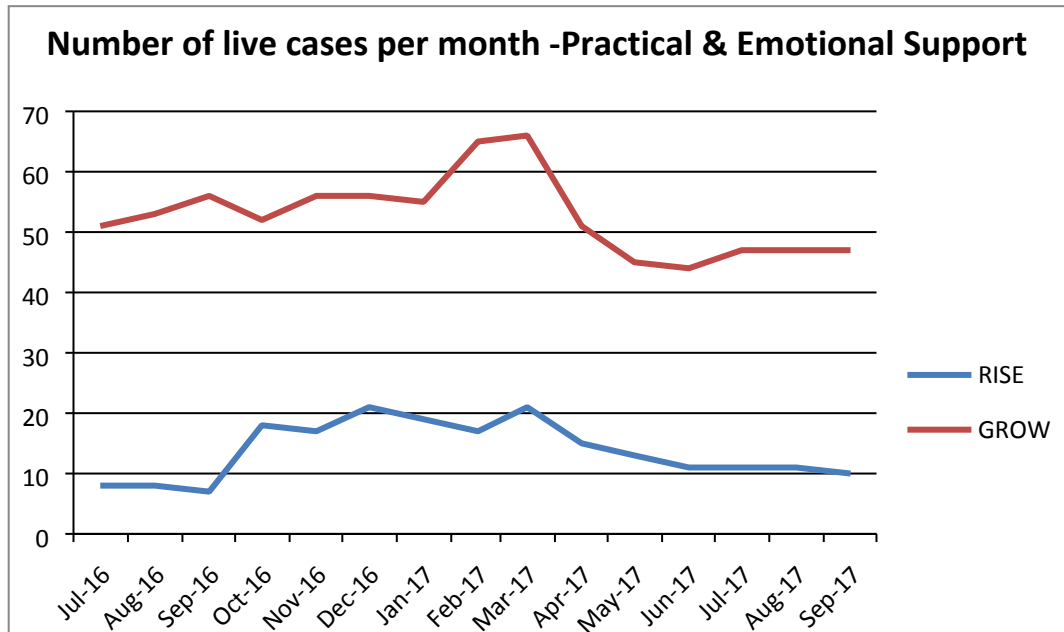
Live Cases

4.3 Contract monitoring data captures the number of live cases per month. Graph 3 and graph 4 below illustrate the number of live cases for practical and emotional support and therapeutic intervention services from July 2016 to

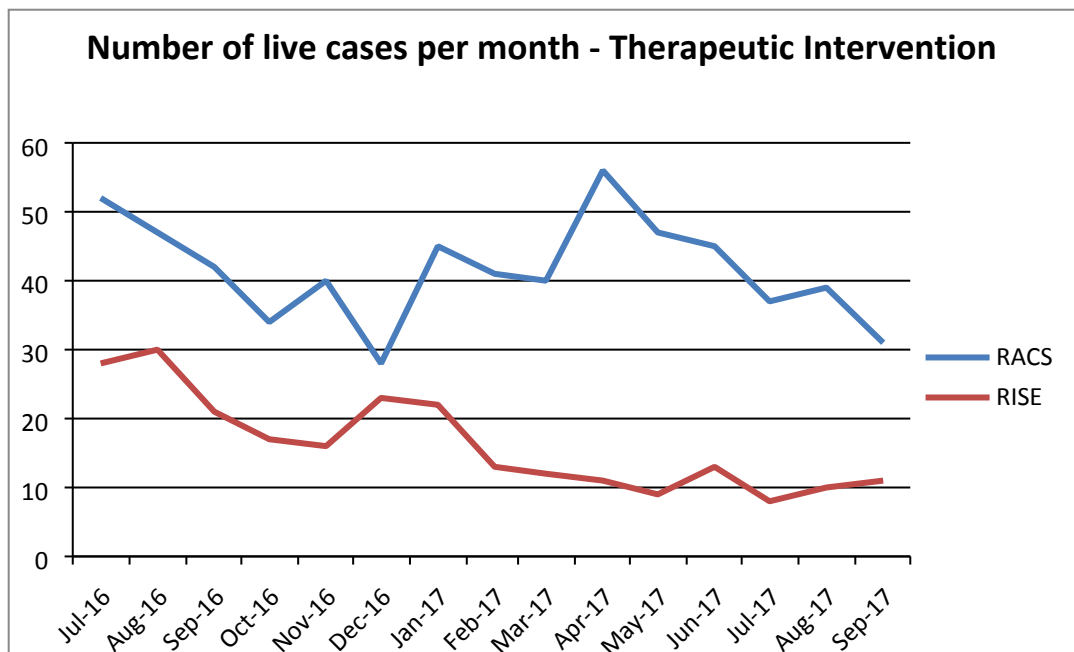
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September 2017. The reduction in funding from April 2017 is reflected in the reduction of live cases from this period - particularly with regard to GROW where the number of live cases fell from 66 in March 2017 to 47 in September 2017.

Graph 3: Number of Live Cases per month - Practical & Emotional Support



Graph 4: Number of Live cases per month - Therapeutic Intervention

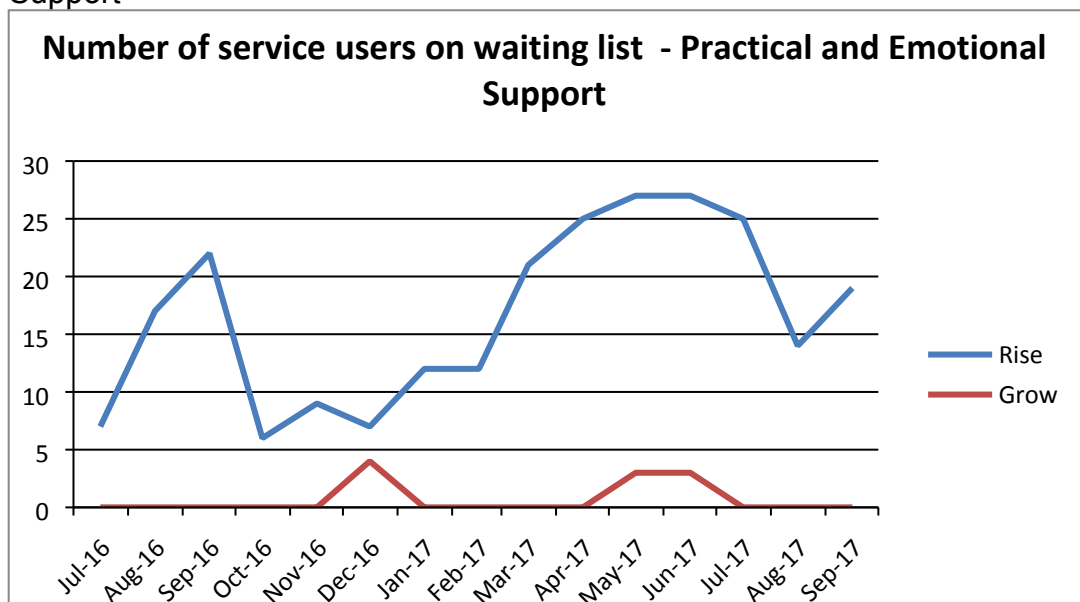


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Waiting Lists

- 4.5 Waiting lists have developed in both service areas but not for all providers. The two graphs below show the number of service users waiting for each service area.
- 4.6 For practical and emotional support there have been more people waiting for a service from Rotherham Rise compared to those waiting for a service from GROW. Contract monitoring data was not available for Quarter 2 2017/18 (July to September) for GROW and a nil return has been used for the purposes of this graph. To date, the maximum number of people waiting for a service from GROW has been 4.

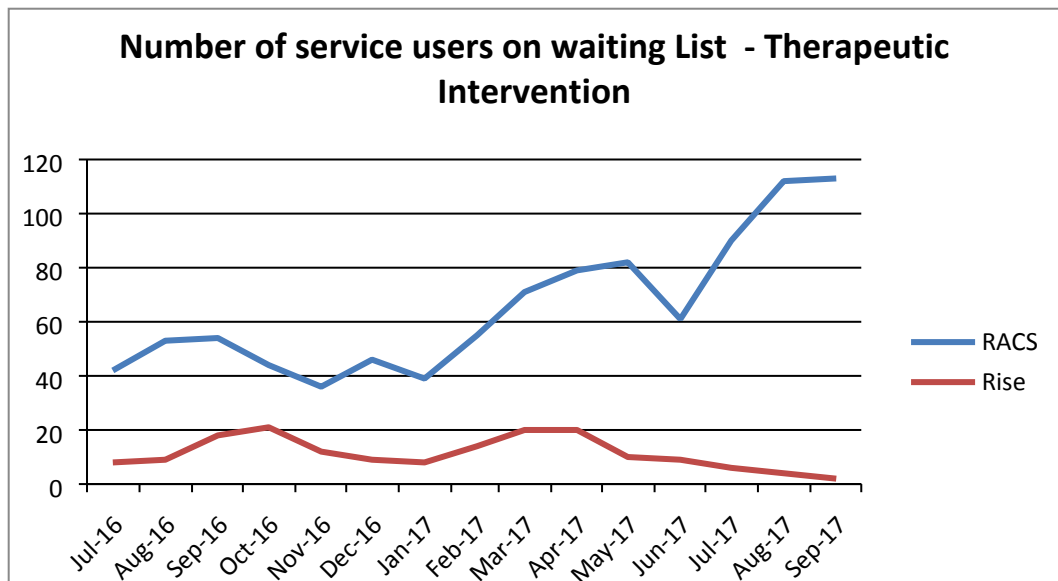
Graph 5: Number of service users on waiting List – Practical and Emotional Support



- 4.7 For therapeutic interventions there have been significantly less people waiting for a service from Rotherham Rise compared to those waiting for a service from RACS. The number waiting for a service at RACS grew significantly from July to September 2017. At the end of September 2017 there were 113 people waiting for a service from RACS and 2 people waiting for a service from Rotherham Rise. RACS have forecast that there will be 219 people waiting by the end of December 2017.

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Graph 6: Number of service users on waiting list



4.8 Contract monitoring data does not provide a breakdown of how long people have waited. However, providers have offered the following information regarding current length of wait:

Practical and Emotional Support (young people and adults)	Rise	4-5 months
	Grow	6 – 8 weeks
Evidence Based Therapeutic Interventions	Rise	less than 4 week
	RACS	Maximum waiting time has been 5 months

4.9 Broadly speaking, long waiting times mean that people are not getting the ‘right care’ at the ‘right time’. Consequently they may disengage and find it more difficult to access support once support does become available.

4.10 It is interesting to note that RMBC Early Help service has reported that they are holding cases due to waiting times for these commissioned services.

4.11 Services do keep in contact with service users whilst they are on a waiting list and offer telephone support, advice and information about other services available so that interim support measures can be taken up if required.

5.0 Comparison of anticipated and actual service delivery

5.1 This section provides a comparison of service delivery against the modelling within the 2015 Needs Analysis.

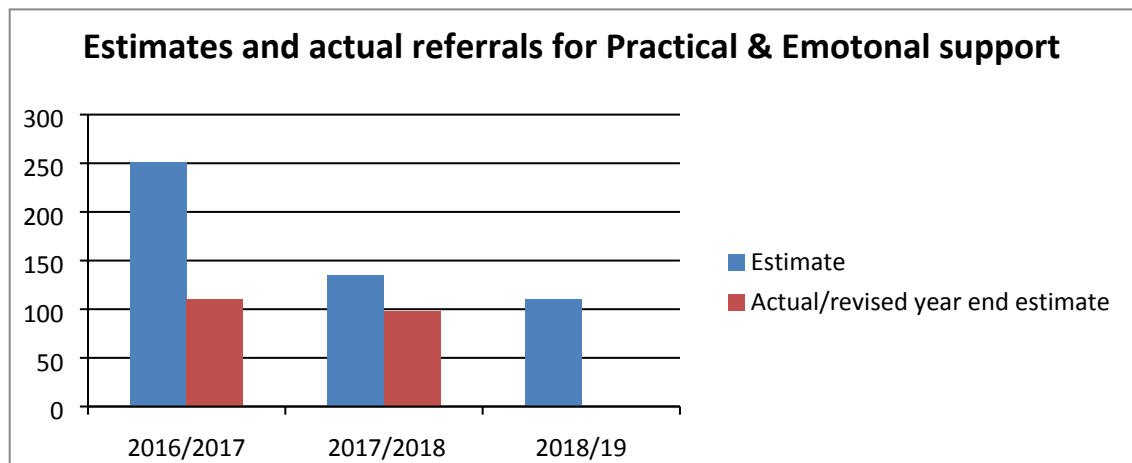
5.2 It was anticipated that 496 victims and survivors would require practical and emotional support over the 3 year contract period. From 01 July 2016 to 31 March 2017 there were 110 referrals received against a projection of 251 (for

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the period 01 April 2016 to 31 March 2017). From 1 April 2017 to 31 September 2017 there have been 57 referrals for support.

- 5.3 The graph below provides a comparison of the original estimates against referrals for practical and emotional support. The estimate for 2017/18 is the number of referrals for the first 6 months of 2017/18 multiplied by two. The graph illustrates that referrals for emotional and practical support are broadly in line the original anticipated need.

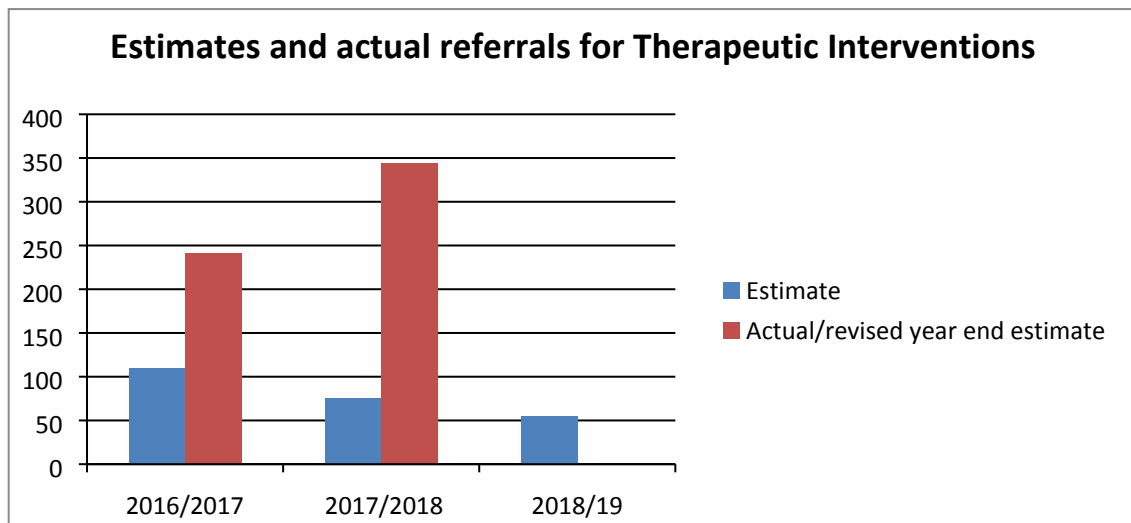
Graph 7: Estimates and actual referrals for Practical & Emotional Support



- 5.4 It was anticipated that 240 victims and survivors would require a therapeutic intervention over the contracted 3 year period. From 01 July 2016 to 31 September 2017 there have been 413 referrals for a therapeutic intervention. This represents 72% more referrals for therapeutic intervention than the original estimate in the first 15 months of the contract.
- 5.5 Graph 8 provides a comparison of the original estimates against referrals for therapeutic interventions. The estimate for 2017/18 is the number of referrals for the first 6 months of 2017/18 multiplied by two.

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Graph 8: Estimates and actual referrals for Therapeutic Interventions



5.6 The length of time that victims and survivors are waiting for support or therapeutic intervention is likely to increase as funding is profiled to reduce in 2018/19 and providers reduce their service offer accordingly.

Closed Cases

5.7 The length of time needed to engage with, and improved outcomes for victims and survivors were not considered in the 2016 Needs Analysis. The Service Specification anticipated that “the maximum timescales of involvement with the service user is 12 months unless there are exceptional circumstances”. And that service providers “will develop an exit strategy from day one of the support and ensure it is appropriate to the Service User”.

5.8 Given the timescales for police investigations and prosecution can last up to 2 years this expectation of 12 months support might not be appropriate. Post-trial support is also crucial and has been highlighted as a key time when other services may pull back. It also needs to be recognised that for some people trauma will be a lifelong issue and support will be on-going.

5.9 The number of closed cases is provided for both service areas in the table below.

Number of cases closed 01 July 2017 to 31 September 2017		
Service Area	Planned	Unplanned
Practical and Emotional Support (young people and adults)	67	59
Evidence Based Therapeutic Interventions	126	222

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6.0 Service Users Engagement and Views

- 6.1 To understand whether services are meeting needs and improving outcomes the commissioning team met with Service Users at GROW and RACS to ask for their views on how the services had supported them and what else they could do to support. Rotherham Rise was invited to facilitate a meeting with Service Users but felt that this was difficult from an ‘ethical’ perspective in context of counselling. Rotherham Rise submitted feedback from service users on similar questions as an alternative.
- 6.2 Engagement took place with five Service Users in total at GROW on 16 November 2017 and RACS on 28 November 2017 and 06 December 2017. Rotherham Rise also provided several feedback forms from service users who have accessed services.
- 6.3 In summary Service Users have expressed extremely positive views on the support they had received. There were comments that the number of sessions available were sometimes sufficient because it took time to build trust and feel able to talk.
- 6.4 Below are some quotes from conversations with Service Users that illustrate the impact of the Services.

“Tell you the truth – it kept me alive”

“The way they came across, it didn’t take me that long to trust them”

“At the time I was very depressed and suicidal and I kept telling myself over and over just go one more week”

“One of the best services I have ever used”

“It’s good to have the opportunity to put my feelings and wishes across”

“I trust them 101%”

“They are literally life-savers”

“You feel like you’re the only one and this feeling of isolation is immense. It is so amazing to know others understand you and relate to you”

“I was a complete gibbering wreck but they helped build me up and I was able to share with others.”

“You can’t fix 30 years of abuse in one year”

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“I love it here – it’s like my second home – even if I feel rubbish I still come.”

“This experience of counselling has changed my life in a positive way and helped me learn some valuable coping mechanisms for when things go wrong”

“I have had an excellent counsellor, I have come to trust her and value her thank you so very much”

“it’s been really positive; it’s made me look at things in a different light. I feel that I now have a future with my children and for myself”

6.5 Service Users identified the following areas for development:

- More whole family work
- Activity classes once a month
- Trips out to play with the kids
- More celebration events such as the one they held recently for Halloween.
- Baby scales so that mums can weigh their babies or a regular health visitor drop in.
- Bigger room for the baby group
- Out of Hours support
- Long term support – there are no quick fixes
- Opportunity to have more extra sessions if needed

7.0 Outcomes and Impact

7.1 This section explores the wider evidence available to describe the impact of the Post CSE commissioned services. Full details can be found in appendix 2

RACS

7.2 RACS monitor the impact of therapy delivered by using an outcomes assessment tool, the Patient Health Questionnaire (PHQ) for depression and the Generalised Anxiety Disorder Assessment (GAD) for anxiety. A summary of the positive impact / changes experienced by service users for Quarter 1 and Quarter 2 of 2017-18 can be seen in appendix 3. Significant positive changes include improvements to trauma symptoms, for example; flashbacks, nightmares, intrusive thoughts and panic attacks and to social engagement where victims / survivors are experiencing fewer issues at work, moving into work or volunteering, taking up hobbies.

7.3 A number of short case studies have been submitted and are included in appendix 3. The case study below is illustrative:

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Client J has experienced CSA from the age of 5 to 8, neglect (she was left at home for long periods of time as a child) and emotional abuse and was bullied throughout school. The effects were depression, lack of self confidence and self-esteem. She had blocked out the CSA until her own baby was born and then suffered from post- natal depression.

The client received long term one-to-one counselling where she was able to explore her relationship with her own mother and what an ideal mum should be.

This resulted in the client being able to tell her mum about the case for the first time and the mum was able to provide the name of the perpetrator, counselling gave her the confidence to eventually report the perpetrator to the police and the case has gone to the CPS. The client has begun to believe in herself, recognise that it was not her fault. She has realised she had become a people pleaser and is now more assertive and able to say no to people. She would like to now return to education and training as a paramedic.

Rotherham Rise

- 7.4 Rotherham Rise has submitted a short case study and feedback comments from some of the service users who have been helped.

'J was referred to our service through her GP. She was a victim of historic child sexual exploitation. She was groomed at the age of 14 by a family friend. J had not spoken to anyone about this for 20 years. Her GP put in a referral to Rotherham Rise and J was seen by a 1-1 outreach worker.

J had very low self-esteem and couldn't understand how she didn't recognise the abuse. J was also in a domestic violence relationship and had been in several in the past. She had weekly hour sessions where she was supported to recognise the dynamics of CSE and how she was manipulated and lead to believe she was in a 'relationship'. J was also supported to report recent incidents to the police around domestic violence and managed to get a non-molestation order to protect her.

J attended group sessions around domestic violence and her confidence increased. She began to see her friends more and got better social and community relationships. Her aim was to work as a carer and she began to make applications and focused on gaining employment. She was successful in getting a part-time job with an agency as a carer. She was supported to notify the Council and Housing to ensure her housing benefit was changed so she wouldn't get into debt on the property.

J had a successful exit from the service as she was able to make her own decisions and with support, she became confident at putting them into practice.

Other Feedback:

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“I was made to feel normal”

“Feeling open enough to talk”

“No judgement was huge for me”

“Friendly safe environment, great staff, fantastic support worker”

“Being able to talk openly with someone not emotionally involved but who understood”

“Feeling comfortable and being able to discuss issues that affect me and receiving information and advice about services”

GROW

- 7.5 GROW have submitted a number of case studies and these are included in appendix 3. The following extract is taken from one of the case studies to demonstrate impact:

I was introduced to GROW in October/November 2015 when I was part of Colver 1 and struggling to cope with the abuse I have suffered. The support I have received from GROW has been very positive, I don't know how I would have coped without them. GROW have helped me to problem solve and they think around the whole family, not just me. It has been extremely difficult coming through the Clover trial, it had dragged up a lot of stuff for me that had been buried for such a long time. I feel comfortable at GROW and trust them. I have not had a lot of trust in the local authority/ Social Care who I feel some resent towards. GROW take the pressure off every day to day struggles, they listen, support and action things. They don't pressure me to do things I'm not comfortable or ready for.

GROW help me to get out into the community so I don't feel so isolated due to my anxiety, I attend the baby group and really look forward to going, I feel at ease there and not worried. I do feel in some ways stronger and empowered by the experience of the trial and the support I have received, but I feel I am now at a stage where the experience of the abuse which has been pulled out and brought to the surface is causing me emotional distress, and I now feel I have to address this and try and deal with it. It has taken time to get where I feel ready to focus on what I have experienced. If GROW's support is taken away I will feel really upset and angry that I have been let down again and not sure what I will do. I don't feel I could get the same support from anywhere else as it has taken a lot to get to this point with GROW's support and build that trust, I can't start again it's too much.

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After working with different agencies I feel GROW is the best. If this service is taken away I will suffer again. I've been let down by authority as they failed to protect me as a child and taking GROW away will make me feel let down again. I cannot work with any other project as talking about my past is too distressing, which will mean you take GROW and I'm left to suffer alone.

GROW has helped my confidence and I've met new friends. I hope GROW stays and continues to help and support the survivors through difficult times like they have me, I also think it would be nice for more funding for GROW so us survivors along with GROW can take our children out on day trips to help us regain positivity with our children.

8.0 Service Providers Responses

- 8.1 Engagement with individual Service Providers has taken place to understand their perspective of the pressures on the services and how they are managing these challenges.

RACS

- 8.2 RACS report an increase in need for counselling services across all counselling services, not only CSE specific counselling. There are 4 FTE Counsellors, a clinical lead and a lead counsellor which equates to 107 weekly sessions and roughly 30 assessments per month across all service areas. ROTHACS have used students in their final year of training (with carefully matching) and use bank/agency counsellors to support service capacity. There is no prioritisation of those on the waiting list, although a triage approach has been considered. For more stable cases sessions are extended to fortnightly instead of weekly with the approval from the clinical lead.

Rotherham Rise

- 8.3 Rotherham Rise are reporting a 4/5 month waiting list for 1:1 practical and emotional support and have initially looked to address this by implementing a new structural framework of support. This framework that offers time-limited; outcome focussed support that reduces the length of time victims and survivors are on service and is designed to promote independence not dependency. It is anticipated that demand for support will increase as a result of the increasing profile of Rotherham Rise and the recent opening of the men's centre. Rotherham Rise is not currently reporting a waiting list for Counselling based on current referral numbers. However, they are not in a position to accept additional referrals to help address the numbers on the waiting list at RACS based on the current / future funding levels.

GROW

- 8.4 GROW has reduced staff hours by 30% from 1st July 2017 to match the reduced funding profile. New referrals received from July 2017 onwards have

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been offered a reduced service (support visits every 3 weeks compared to weekly). This reduction in the frequency of sessions offered has extended capacity but has come at a cost of threatening to impact on the quality of the service. A position report has been produced by GROW and is attached as appendix 4.

Wider Issues

8.5 A part of these discussions with service providers and service users a number of gaps and wider issues were raised that should be noted here:

- Lack of family support for families with young children who may experience attachment issues whilst dealing their past.
- Lack of appropriate parenting course for parents who have had children removed.
- Acknowledgement of the support to wider family member and the impact of trauma on these relationships.
- Precarious nature of funding climate for third sector organisations and impact on service continuity and stability.
- Length of time needed to build trusting relationships.
- For some people support will be required for a very long period of time – trauma can be a lifelong issue.
- The wider support services that they might have referred onto in the past, to help re-establish people within the community, are reducing or no longer available.

9.0 Commissioning Resources

9.1 The Post-CSE commissioned support services were jointly commissioned by RMBC and NHS Rotherham CCG in summer 2016. Funding for these services has been provided by the Children and Young People’s Service at RMBC. The 2015 Needs Analysis provided a model of the age range of historic victims likely to seek help and support and a significant proportion were expected to be aged less than 18 years. This information is provided in the table below. To date the commissioned services have been accessed predominantly by adults. For example 92% of referrals from July - September 2017 for both service areas were from adults.

2015 Need Analysis			
Modelled age range of historic victims			
	Under 18	18-24 yrs	25 yrs and over
2015/16	20%	45%	35%
2019/20:	47%	30%	23%

9.2 NHS Rotherham CCG has commissioned clinical supervision and consultation for local authority and voluntary sector staff who offer services to those affected

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by CSE. This service is delivered by RDaSH CAMHS from 1st December 2016 – 31st March 2018 for £50,000 per year with funding from the Local Transformation Plan. NHS Rotherham CCG has provided a draft story board that describes the response from health partners after the Jay report. This can be found at appendix 5.

- 9.3 The National Crime Agency (NCA) has made a commitment to the ongoing support for all victims and survivors of CSE in Rotherham over the Operation Stovewood period (1997 – 2013). The NCA currently funds the dedicated Independent Sexual Violence Advocates (ISVAs) who support victims through the investigations and court proceedings as part of Operation Stovewood.
- 9.4 The South Yorkshire Police and Crime Commissioner's Office commission victim support services as per the Victims Code of Practice. However at present there is no commissioned therapy or counselling services to support victims of crime cope with the impact of crime and recover from the harm experienced. As part of the wider research to identify what other support might be available it was identified that the West Yorkshire Police and Crime Commissioners office fund a dedicated service for historic CSE victims and survivors. Details can be found through this link: <https://basisyorkshire.org.uk/historic-cse/>
- 9.5 RMBC Adult Care and Housing provide services for vulnerable adults such Domestic Violence services and some of the victims / survivors have been able to access these. However, further work is needed to understand the interface with other service for example around domestic violence.
- 9.6 In January 2017 a bid was submitted to the Department for Education and the Home Office which included £600,000 over 4 years for commissioned services who were 'pivotal in the success of recent historic abuse court cases and their cost effective support for victims'. Discussions with Government are on-going to secure the funding with regard to the wrap around support required for victims and survivors involved in Stovewood. This includes a proposal for £600,000 over 4 years for advocacy, practical support and counselling.
- 9.7 It has more recently been confirmed that the health element of the Fusion funding bid is being released. NHS England has committed £250,000 for 2018/19 and a further £250,000 for 2019/20 to provide a trauma consultation and emotional well-being service to the Stovewood cohort. The primary aim of the service is to find way to support Stovewood cohort through the experience of being a witness. This will include:
- An experience, qualified multidisciplinary team of mental health professionals.
 - A well-being plan that will include interventions for children of survivors in relation to their role as parents.
 - Contribute to the development of trauma sensitive care and services.
 - Direct consultation with survivors and consultation through advocates to reduce the impact of multiple professionals being involved.

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9.8 The landscape of service provision in Rotherham is developing and clarity around the pathways between services commissioned by a variety of organisations is vital to ensure victims and survivors can access the right help at the right time.

10.0 Post-Trial Support

10.1 There is a growing body of anecdotal evidence that suggests there are gaps in the levels of support post – trial. This was reflected in the conversations with Service Users that have informed this review. The level of feeling expressed was often intense - being let down, angry and like being abused again. The quote below from a counsellor illustrates this point succinctly:

“my client initially felt ecstatic when her perpetrator was convicted. She felt it was confirmation that she was finally believed and that justice was done. However following that [...] came a slump as the effects of her abuse were still there. She had put such a lot into the outcome and falsely believed that a conviction would mean closure. Some clients can feel re traumatised and feel tricked by some of the complicated ways the perpetrators defence phrases questions. “

10.2 The remit of different services described above is worth considering in this context. Police and Crown Prosecution Service involvement would end after trial.

10.3 If found guilty, ISVAs will meet the client a week or two after the verdict to look at claiming compensation, finalise a support plan and exit strategy. If the individual has counselling in place they will keep contact for a month and then withdraw. Anecdotally it is reported that often people who have refused counselling in the past now choose to take up the offer post –verdict.

10.4 If found not guilty, ISVAs meet the client as soon as possible due to safeguarding issues (e.g. self-harm) and make appropriate referrals to crisis, GP sanctuary. They will also broach taking up counselling again and develop a support plan.

10.5 It is not clear how many people go through the court process without an ISVA. Anecdotally it has been reported that there is only one option to refer for an ISVA when making a report to the police and that not all police officers are fully aware of the ISVA role and remit.

10.6 RACS have developed “Moving On Groups” to support people who have been through the counselling service. The groups are largely self-organising and aim to develop confidence, friendship and practical support. The women’s Moving on Group has visited Northern College (which led to one individual taking up a course). The group also go on trips together and try different things to move people out of their comfort zone in a safe and supportive way.

Appendix 1 – Post CSE Commissioned Services – Service Review

10.7 Rotherham Rise criteria for accessing the service and the services offered do not differentiate between victims / survivors who are pre, during or post-trial, the menu of support would be the same but tailored to individual need.

10.8 Service Users complete a post-trial agreement if they are part of a court process. This sets out an agreement to show that specific discussions cannot be had about the court case in case it impacts on it. Service Users are offered up to 8 sessions during this time, then an additional 8 post trial if required so that if there is anything they need support with after, they can openly discuss this post-trial. Example below:

Client A was referred to Rotherham Rise but had a trial pending. The date for the trial was in 8 months. She was working with the ISVA service but also accessed 1-1 Outreach support. When this ended, she had 1-1 counselling. She was told, she could also access support once the trial is over if she needed to. So she would re-refer back to the service.

10.9 GROW has offered 14 victims/witnesses support through the final stages of the Clover 1 trial and post trial. 3 months post trial 6 victims/witnesses from Clover 1 continued with support from GROW, 1 of these victims was also part of Clover 2 and Thunder. 3 of these victims/survivors are also currently receiving support from GROW through Stovewood. Below is an outline of the support provided and the impact it has had.

3 of the victims/survivors originally came to GROW through the partnership team around Operation Clover in November 2015 whilst viewing their video interviews prior to Court. 1 of the Women who was a witness for her daughter was referred around the same time through the Clover partnership care meeting, also as a result of the care meetings 2 victims were identified who required support, but were not ready at that time to continue with trial proceedings. GROW offered emotional support throughout this process and supported numerous women to court for verdict and sentencing. This was a very difficult time throughout for all victims/witnesses and had raked up years of suppressed emotions and memories which was then having a significant impact on their current mental health, stability and relationships.

The pain that these Women have felt from being sexually abused is deep and profound, it is overwhelming and experienced physically and emotionally, having received conflicting perceptions on their abuse when they were younger by perpetrators, family and authority, has also impacted deeply causing the feelings of guilt and shame harder to process and deal with, finding trust and communicating this is was extremely difficult for these women and has taken time. Their sense of self has been damaged and their ability to separate themselves from abuse has been influential to their healing, intensive support around these issues and re processing of their abuse has been provided and for some is still ongoing. GROW have worked with them at

Appendix 1 – Post CSE Commissioned Services – Service Review

their own pace and addressed the complexity and damage of their abuse that's enabled recognition around all aspects of this, including mental health issues, drug and alcohol misuse, child protection concerns, unhealthy/abusive relationships. Through this approach GROW were able to support these women to access and engage with relevant services i.e. mental health/therapy, drug and alcohol services, social care, solicitors, police and housing. Time spent with these women to establish rapport and trust in a safe and therapeutic environment has had positive impact and significant benefits for these Women and their families.

The long term work that has been provided with a professional and structured approach whilst retaining a friendly and approachable method of working has enabled these women to feel empowered and to transition themselves from a CSE victim to a survivor. It has enabled an awareness of the survivors own strength to recognise and create feelings of empowerment as individuals, providing new foundations to build upon for a positive future.

GROW have also provided a Mum and baby group that has been accessed by a few of these women with their young children. GROW do not receive funding for this, but it has proven to be extremely beneficial for service users and their families. GROW have been able to offer support through a more therapeutic parenting approach, with focus around attachment and parent infant relationship. GROW have used therapeutic activities using play, art/crafts and storytelling to increase development and provide positive experience and attachment between parent and child/children. We have provided separate work on a 1-1 that explores past trauma and childhood experience that's enabled recognition of emotions and painful feelings impacting on their parenting, this has allowed the parent to connect with the child's feelings and recognize and respond to their needs and emotions. This has been exceptionally beneficial to both parent and child when CIN plans, CP plans and legal proceedings have been in place and resulted in Social Care closing. Also service users who have experienced past sexual abuse/CSE have expressed their sense of shame and blame in regards to their abuse and have found it a long process of changing their perceptions which have been influenced by their abusers, the impact of their own attachment difficulties and also the perception they feel from society itself. Due to this and anxiety issues, many find it difficult to access universal services and especially children's centres as they feel judged and that they do or have not fitted in to "normal society". This is why having the support and opportunity to access our groups and service builds on their confidence and creates experience for them and their children to integrate into their community and reduce isolation to improve development for their children and their selves.

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11.0 Wider Support Services

- 11.1 In addition to the RMBC commissioned services, there are arrange of support services provided by the local voluntary, faith and community sector as well as national organisations.
- 11.2 Swinton Lock and Apna Haq were previously funded by RMBC and now have accessed funding from other sources such as the Big Lottery. Victims / survivors also have access to Independent Sexual Violence Advocacy (ISVA) which is funded by the National Crime Agency (NCA) as part of Operation Stovewood. ISVA's advocate on behalf of someone who has been a victim of sexual violence and help them to access support and services from a range of statutory and non-statutory services such as: health services, housing support, benefits advice and counselling. Services, such as these, that are not commissioned by RMBC will have terms and conditions and be subject to quality assurance requirements as set by their own funding/commissioning organisation.
- 11.2 National organisations that can offer additional support are Samaritans, Victim Support and the Havens.
- 11.3 From June 2015 to March 2016 funding from the Home Office was provided to a local consortium of 9 voluntary sector organisations called The Base to delivery range of support and advice to CSE survivors and victim. Further work is needed to understand whether any of these services have been sustained longer term.

12.0 Service Providers Proposals

- 12.1 Service Providers have examined current costs and proposed alternative funding levels to increase their capacity and to reduce waiting times. These proposals are included below:

RACS

- 12.2 RACS have considered the resources required to address waiting lists over a year and have proposed the following level of additional resource.

RACS additional funding proposal	Cost	Equivalent Number of Full Time Therapists
105 clients attending 11 sessions	£116,655	4
105 clients completing therapy (20 sessions)	£212,100	7

Note: the average number of sessions for one client is 11 but to complete therapy is 20 sessions.

Appendix 1 – Post CSE Commissioned Services – Service ReviewGROW

- 12.3 GROW have proposed additional funding to employ a senior full time project worker and 2 full time project workers. Delivery hours would increase from 45.5 hours per week support to 111 hours per week by. This increase reflects a full cost recovery model that wasn't factored in during competitive tendering. It does not include funding for workforce or service development.

GROW additional funding proposal	
Nov 2017 – Mar 2018 (5 months)	£31,308.64
April 2018 – Mar 2019	£53,528.06

Rotherham Rise

- 12.4 Rotherham Rise have proposed an increase of £31,500 to employ an additional FTE support worker or £49,000 to employ a full time and a part time support worker. This figure is for salaries and on-costs only. With this additional resource Rotherham Rise would have capacity to offer immediate support to the victims / survivors on their waiting list and to better manage referrals and waiting time going forward.

13.0 Projections

- 13.1 The original 2015 Needs analysis covered the period 01 April 2015 to 31 March 2020. Given the pattern of help seeking so far, it would be beneficial to re-visit and revise the assumptions of the needs analysis and extend the timeframe to help inform future commissioning intentions.
- 13.2 However we can say with some certainty that as investigations progress and engagement activity with victims and survivors increases, it is likely that demand for and pressures on commissioned and non-commissioned services will also increase.

14.0 Key Findings

- 14.1 The key findings from this Service Review are:

- Referrals for emotional and practical support are broadly in line the original anticipated need. However there have been significantly more referrals for therapeutic intervention than the original estimate in the first 15 months of the contract.
- There is little flexibility to adjust funding between contracts to meet demand pressures. Any future service design will need to be able to adapt more flexibility to changing need.

Appendix 1 – Post CSE Commissioned Services – Service Review

- Service Users have expressed extremely positive views on the support they had received. The positive impact of the services is also demonstrated through case studies and outcome monitoring data.
- There was a decrease in the number of live cases from April 2017 onwards as providers scale back capacity in line with the funding profile. Further work needs to be done to understand the significant difference in volume between providers.
- Waiting lists have developed in both service areas but not for all providers. For practical and emotional support there are more people waiting for a service from Rotherham Rise than from GROW. For therapeutic intervention there are significantly more people waiting for a service from RACS than from Rotherham Rise.
- The length of time that victims and survivors are waiting for support or therapeutic intervention varies considerably between providers. Long waiting times mean that people are not getting the 'right care' at the 'right time' and may lead to negative consequences.
- The length of time that victims and survivors are waiting for support or therapeutic intervention is likely to increase as funding is profiled to reduce in 2018/19 and providers reduce their service offer accordingly.
- As investigations progress and engagement activity with victims and survivors increases, it is very likely that demand for and pressures on commissioned and non-commissioned services will increase.
- Given that the timescales for police investigations and prosecution can last up to 2 years the expectation of 12 months support (as set out in the service specification) might not be appropriate. On the other hand it is recognised that trauma can be a lifelong issue. Future service design will need to consider an appropriate timescale for interventions.
- Post-trial support has been highlighted as crucial and is within the scope of the current service specification, however, there is limited capacity to provide post-trial support at present because of the pressures from increased referrals and waiting lists.
- To date the commissioned services have been accessed predominantly by adults. The funding for post-CSE commissioned services has been provided by RMBC Children and Young People's Service although other statutory

Appendix 1 – Post CSE Commissioned Services – Service Review

organisations have aligned roles and remits to offer support to victims and survivors.

- The landscape of service provision in Rotherham is developing and clarity around the pathways between services commissioned by a variety of organisations is vital to ensure victims and survivors can access the right help at the right time.
- The 2015 Need Analysis (although based on the best information available at the time) underestimated the need and the pattern of support required. Given the pattern of help seeking so far, it would be beneficial to re-visit and revise the assumptions of the needs analysis.

15.0 Appendices

Appendix 1: December 2015 Joint Intelligence Group CSE Needs Analysis



Appendix 1
December 2015 Joint

Appendix 2: Service Review of Post CSE Commissioned Services- Service User Engagement



Appendix 2 Service
Review Service User i

Appendix 3: Outcomes and Impact



Appendix 3
Outcomes and Impact

Appendix 4: GROW Position Report September 2017



Appendix 4 GROW
Position Report Septe

Appendix 5: Draft Rotherham CCG Storyboard



Appendix 5 Draft
Rotherham CCG STO

Appendix 2 - CSE Services Commissioning Timeline

Action No.	Action / Activity	Start Date	End Date
1.	Present CSE Service report to CYPS DLT	12/04/2018	12/04/2018
2.	Establish Project Team for re-commissioning	13/04/2018	13/04/2018
3.	Draft and Agree Scope for Needs Analysis work to be carried out by a research partner.	13/04/2018	13/04/2018
4.	Develop methodology for scoring RFQ	13/04/2018	20/04/2018
5.	Circulate Request for Quote for research partner	07/05/2018	21/05/2018
6.	Closing date for Requests for Quote	21/05/2018	21/05/2018
7.	Tenders Scored	22/05/2018	25/05/2018
8.	Contract for Needs Analysis work Awarded	01/06/2018	
9.	Work carried out	01/06/2018	30/09/2018
10.	Findings / Needs Analysis / report completed	30/09/2018	
11.	Proposals for re-commissioning developed and initial impact assessment	01/10/2018	31/10/2018
12.	Report to DLT & Cabinet on proposals	01/11/2018	07/11/2018
13.	Full Public Consultation on proposals for revised services	Early November 2018	End of January 2019
14.	Public Consultation findings reported to DLT / Cabinet Including updated impact assessment	Early February 2019	Early February 2019
15.	Service Spec development	February 2019	31/03/2019
16.	Tender Documents Developed	01/04/2019	30/04/2019
17.	Evaluation Criteria / Method Statement Developed	01/04/2019	30/04/2019
18.	Establish if TUPE applies	01/04/2019	30/04/2019
19.	Publish OJEU notice	01/05/2019	
20.	Publish Tender	03/05/2019	+30 days
21.	Tenders opened	02/06/2019	
22.	Tender evaluations, Moderation, Due Diligence	03/06/2019	30/06/2019
23.	DLT / Cabinet reports on outcome of Tender and proposed provider/s	Early July 2019	
24.	Contract Award	Late July 2019	
25.	Standstill Period	Late July 2019	+10 days
26.	Notice of Award	Early August 2019	
27.	Contract Transition	Early August 2019	30/09/2019
28.	New Contract implementation / commencement	01/10/2019	

Committee Name and Date of Committee Meeting

Improving Lives Select Commission – 05 June 2018

Report Title

Children & Young People's Services Edge of Care Provision

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

No

Strategic Director Approving Submission of the Report

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

Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

This report is submitted to provide an update on the implementation of Edge of Care Services by the Children and Young People's Directorate, following the decision by Cabinet in November 2016 to invest in Family Group Conferencing, an Edge of Care Team, sustaining the arrangements to deliver Multi-Systemic Therapy and a Pause scoping exercise.

The Committee is asked to note the progress made and advise how they wish to maintain oversight of the service provision and any proposed changes to this in future.

Recommendations

1. That the committee notes that Family Group Conferencing and Edge of Care Teams are fully operational.
2. That the committee scrutinises the performance outcomes to date.
3. That the committee notes that Rotherham's Pause Practice is due to launch in July 2018.
4. That the committee specifies how it would like to receive future updates to maintain oversight of the service provision and any proposed changes to service provision in future.

List of Appendices Included

Appendix 1 Edge of Care Scorecard April 2018

Background Papers

Pause Scoping Exercise Outcomes – Briefing to Improving Lives Select Commission, October 2017

Consideration by any other Council Committee, Scrutiny or Advisory Panel
Cabinet and Commissioners' Decision Making Meeting – 14 November 2016
Improving Lives Select Commission – 31 October 2017

Council Approval Required

No

Exempt from the Press and Public

No

Children & Young People's Services Edge of Care Provision

1. Background

- 1.1 In November 2016, Cabinet approved additional investment funding for Children and Young People's Services to establish Family Group Conferencing and an Edge of Care Team. The purpose of these interventions is to work with families so that demand on higher-tier services is reduced and the need for children to become looked after is avoided.
- 1.2 Cabinet also agreed funding to continue to provide Multi-Systemic Therapy, an evidence-based intervention that is currently delivered through a shared service agreement with Barnsley Metropolitan Borough Council. Funding to date, and for this financial year is allocated from the Troubled Families grant. New investment will fund the service in 2019/20 and 2020/21.
- 1.3 Pause is a national charity that supports a network of local Pause Practices across the country. Pause works with women who have experienced - or are at risk of - repeated pregnancies that result in children needing to be removed from their care. The programme gives women the chance to pause and take control over their lives with the aim of preventing repeated unwanted pregnancy. In November 2016, Cabinet asked for Pause to be commissioned to carry out a scoping exercise to provide detailed data and analysis of repeat removals of children from their mother's care. This scoping report provides robust information upon which to base decisions about how to respond locally to this issue.
- 1.4 This report provides an update on the implementation of these services and their impact.

2. Key Issues

2.1 Family Group Conferencing

- 2.1.1 Family Group Conferencing is an evidence-based model designed to support families to find solutions to problems that are putting children at risk. The family group conference is facilitated to enable family members to plan and make decisions to keep the child or children safe. It is a voluntary process and families cannot be forced to have a family group conference.
- 2.1.2 The Rotherham service was launched in April 2017. The team is made up of a Family Group Conference Coordinator and three Family Group Conference Practitioners. The size of this team was dictated by the funding that was made available. In December 2017, an additional Practitioner was added to the team; additional funding was identified through efficiencies across the Early Help Service.
- 2.1.3 The focus of the team is on working on families who have a Child in Need plan, particularly if risks are escalating. This aligns with the voluntary ethos of the model and provides the best opportunity for the family to reduce concerns quickly. However, during the initial year following the

service launch, it has been necessary to be flexible and test work with families with a Child Protection Plan, families who are already in a Public Law Outline process and with Looked After Children where there may be an opportunity for a child or young person to return home.

- 2.1.4 Referrals for a Family Group Conference are made directly to the team via LiquidLogic. In 2017/18 181 families were referred to the team. 61 Family Group Conferences took place in the last financial year.
- 2.1.5 Not all referrals are likely to progress to an FGC. The Children's Social Care Innovation Programme for Family Valued - the Leeds model that includes FGC - suggests that a conversion rate of 45% from enquiry to completion is to expected and in line with other FGC services in England (Morris et al.2016). The Rotherham team will measure this rate and ensure this conversion rate is maintained and exceeded where possible.
- 2.1.6 25% of FGCs that did not take place during the 6 week timescale, these are families who required a longer period of time due to family dynamics and availability of family members when arranging a conference date. This is not a representation of the practitioner allocated to the case, and instead factors outside of their control and in these instances they worked creatively to encourage the family to organise an FGC even though this did mean not meeting the 6 week timescale.
- 2.1.7 Only 38% of referrals were allocated within 3 days. This is due to the current waiting list the FGC team; each member of the team is working at full capacity with their caseloads making it difficult to allocate referrals quickly.

2.2 Edge of Care Team

- 2.2.1 The Edge of Care Team is a multi-disciplinary team made up of practitioners who have complementary skills and experience developed through working with adults with complex needs as well as with families. The team takes a systemic approach that is able to help and challenge families to change to the extent that they are able to stay together or reunite. The team has the skills to address behaviours linked to adult trauma and its impact and has, at its core, weekly group supervision with a consultant clinical psychologist. In addition to this the Team Coordinator has monthly personal systemic supervision, the team take part in monthly group supervision and an ongoing programme of systemic training is in place.
- 2.2.2 The team consists of The team consists of a consultant clinical psychologist, a Team Coordinator who is skilled in systemic family therapy, a Parenting Practitioner who can deliver 1:1 outreach support, a Level 3 Social Worker and 3 Family Intervention Workers.
- 2.2.3 Following a period of intensive training the team started to take referrals in September 2017. All referrals are made through the new Edge of Care panel, a multi-agency panel chaired by a Head of Service from social care, which meets weekly.

- 2.2.4 The attached Edge of Care Scorecard shows that between September 26th 2017 and the end of the financial year, 79 families were referred to the Edge of Care panel. In April 2018, 9 families were referred to the Edge of Care panel. The rate of referrals has been steady.
- 2.2.5 The Edge of Care Team tab shows that the team are currently at full capacity with an open caseload of 75 children. The status of the child within the Early Help / Social Care system represents a snapshot measured at the end of April 2018. For example, children with an Early Help episode have stepped down to Early Help during the involvement of the Edge of Care team. The majority of children have a Child Protection Plan when they are accepted on to the Edge of Care team caseload.
- 2.2.6 As well as capturing the size of the caseload on a month by month basis, the performance summary tab seeks to measure the quality of the practice by recording key indicators and measuring these against a target figure that is aligned to Early Help practice. The team are currently falling behind in relation to completing assessments within a 35 day timescale. Visibility of this measure provides a baseline to work from and improve.
- 2.2.7 The Edge of Care Impact tab provides a visual representation of where the team has had a 'positive impact'. This outcome is recorded where a child has stepped-down to a lower tier service during the period of intervention. Children who were Looked After Children and are now living with birth family supported by the Edge of Care team represent a genuine cost saving to the system. Whilst the outcome of 'no change' appears to be neutral in this context it is, in fact, a very positive outcome, given that most of the children referred to the team are likely to enter the care system without this level of intensive intervention. The 'no change' assessment represents cost avoidance to the system.
- 2.2.8 The scorecard currently measures the headline change in a child's status, for example, from Child Protection to Child In Need, it does not measure the progress or outcome of legal proceedings. For example, a sibling group of six children currently on caseload had entered the Public Law Outline with an expected outcome of a full care order for all children. Based on the work undertaken by the Edge of Care Team, and the positive engagement from the family and significant improvements made, the judge granted a 12 month Supervision Order at home for all six children (care and cost avoided).
- 2.2.9 The alignment of financial benefits to the outcome for children is still under development. However, it is estimated that the average cost of care for a full year is £50k. Five children have successfully moved home from foster care following an intervention by the Edge of Care team, with two more on caseload. This represents a full year saving of £350k. The cost avoidance figures are much higher. Only one child has become looked after during the involvement of the Edge of Care Team. One child was in care at the point of referral and, following a period of family therapy it has been agreed that this is the best outcome for that young person.

2.2.10 The Edge of Care Team will also measure their impact using validated Routine Outcome Measures. Score 15 is a self-report outcome measure designed to be sensitive to the kinds of changes in family relationships that systemic family and couples therapists see as indications of useful therapeutic change. Outcome Rating Scale is a family self-report measure which captures the view of the respondent and their perception of how they are feeling overall, and across individual, inter-personal and social domains.

2.2.11 The LiquidLogic team are currently developing reports that will visually display the Routine Outcome Measures captured, however some examples of Score 15 outcomes are: 44 down to 35, 44 down to 38 and 46 down to 36 (where the maximum negative perception score is 75, this indicates a significant increase in positive self-perception and family relationships).

2.3 Multi-Systemic Therapy

2.3.1 Multi-Systemic Therapy (MST) is a shared service, delivered in partnership by Rotherham and Barnsley councils to support families where there is a risk that a child or young person will become looked after or go into custody.

2.3.2 This arrangement began in July 2014 with a pilot arrangement for 10 young people and a formal agreement has been in place since April 2015.

2.3.3 The MST team work with 40-45 young people per year; 50 percent of the annual capacity is allocated to Rotherham young people.

2.3.4 All MST referrals are now allocated via the Edge of Care panel; this provides an opportunity to match the needs of each young person and family with the right service.

2.3.5 MST is an evidence-based programme and routine outcome measures are recorded for each case. Work is underway to embed these outcome measures into the Edge of Care scorecard. However, the outcomes are attached to this report in a stand-alone document.

2.3.6 It has been consistently difficult to achieve a positive outcome for education for young people on the MST caseload. The target of 90% school attendance is challenging and has not been achieved despite a deep dive review at the MST Board. This will be an area of ongoing work with the team.

2.3.7 MST records outcomes up to 3 months after closure and these are consistently positive. However there has been a trend of cases being re-referred to the Edge of Care panel. Where possible the team re-engage

the family in the plans that MST created with the family and this has been successful in stabilising the situation.

- 2.3.8 Learning from MST has been embedded in all Edge of Care work and close joint working with the lead social worker is a requirement. Joint supervisions are now held to ensure that planning is aligned between the social care pathway and MST and Edge of Care work respectively.

2.4 Pause Rotherham

- 2.4.1 The Pause scoping exercise was presented to Improving Lives Select Commission in October 2017. The Committee was supportive of the findings and the recommendation to set up a Pause Practice in Rotherham.
- 2.4.2 Funding has been identified from the Early Help budget to set up a Pause Practice for a minimum of 18 months. Each Pause Practice comprises a Pause Practice Lead, 3 Pause Practitioners and a Pause Coordinator. The team has capacity to work with between 20 and 24 women during the pilot phase.
- 2.4.3 The planning and implementation phase has been successful to date. The Pause Practice Lead has been appointed and will start in post on June 11th 2018. The recruitment process for the remainder of the team is underway with the goal of everyone being in post by July 9th 2018.
- 2.4.4 The Pause Rotherham Board has been established and includes broad multi-agency representation as well as a Rotherham councillor. The first meeting took place on 20th April 2018. At the next meeting on 15th June 2018 the prioritisation of the cohort will be discussed.

3. Options considered and recommended proposal

- 3.1 The options were considered when the investment was agreed. If there are further updates regarding new options to provide services that address the rising demand in Children's Social Care, these will be presented to decision makers in due course.

4. Consultation on proposal

- 4.1 The voice of children and young people and their parents is consistently captured through the practice of all teams, and recorded on the respective recording systems. However, no specific consultation has been undertaken on the issues raised in this report.

5. Timetable and Accountability for Implementing this Decision

- 5.1 All services have been implemented as quickly as possible following the approval of investment in November 2016.

- 5.2 The impact of all interventions is reported monthly through the Right Child, Right Care project which is part of the Children and Young People's Transformation programme and accountable to the Children and Young People's Transformation Board.

6. Financial and Procurement Advice and Implications

- 6.1 The financial impact of the investments is recorded through the Children and Young People's Services Investment Tracker. This is reviewed monthly at the Children and Young People's Transformation Board. It is proposed that the financial impact of the work is embedded within the Scorecard so that data for the Investment Tracker is generated monthly and the reports are aligned.
- 6.2 Family Group Conferencing, Edge of Care and Pause are all internal teams. Multi-Systemic Therapy is a shared service, delivered in partnership with Barnsley Metropolitan Borough Council. As such, it is exempt from Standing Orders.
- 6.3 The Edge of Care team's practice is supported by the provision of systemic training and individual and group supervision. This is currently delivered by ORCA group and an exemption report has been approved to enable this innovative arrangement to continue. It will be reviewed on an annual basis to ensure that it remains responsive to the needs of the team.

7. Legal Advice and Implications

- 7.1 The secondment arrangement that supports a Clinical Psychologist employed by Rotherham, Doncaster and South Humber Trust to be embedded in the Edge of Care Team is supported by a legal contract; this has been reviewed and approved by legal specialists within RMBC.
- 7.2 The Pause Practice Agreement defines the relationship between RMBC and Pause. This is due to be signed pending further clarification sought from Pause following legal advice received from the RMBC legal team.

8. Human Resources Advice and Implications

- 8.1 The development of Edge of Care services has created twelve new full time posts in Early Help, the new Pause team will take this total to seventeen. All MST staff are employed by Barnsley Metropolitan Borough Council.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 All the interventions referred to in this report take a whole family report. To improve outcomes for the children, often the work is directly with their parents or carers. As such, the impact of work described applies to both children and young people and vulnerable adults.

10. Equalities and Human Rights Advice and Implications

- 10.1 Ensuring that the Council meets its equalities and human rights duties and obligations is central to how it manages its performance, sets its priorities and

delivers services across the board. The equalities and human rights implications are considered throughout work with individual children and young people and their families as is the case for all other safeguarding or early help interventions.

11. Implications for Partners

- 11.1 The work of the Edge of Care team, in particular, is closely linked with the Child and Adolescent Mental Health Service. The systemic approach enables the team to respond to families where family therapy is needed even when no mental health need has been identified.
- 11.2 A clinical psychologist, embedded in the team and supervised by a senior clinical psychologist in CAMHS ensures that casework is aligned and strategic links are identified.

12. Risks and Mitigation

- 12.1 The investment into Edge of Care interventions was agreed by RMBC Cabinet as part of the Medium Term Financial Strategy. The investment has been made based on assumptions about the cost avoidance and savings that would be generated by prevention children and young people entering the care system or being reunified with family following a period in care. Whilst the teams are having a positive impact, the number of children entering the care system has continued to rise and demand is increasing across the system.

13. Accountable Officer

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

Approvals obtained on behalf of:-

	Named Officer	Date
Strategic Director of Finance & Customer Services (S.151 Officer)	Mick Wildman	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Neil Concannon	Click here to enter a date.
Head of Procurement (if appropriate)	Karen Middlebrook	Click here to enter a date.
Head of Human Resources (if appropriate)	Amy Leech	Click here to enter a date.

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Children & Young People Services

Edge of Care

Monthly Performance Report

As at Month End: April 2018



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Performance Summary

**DOT' - Direction of travel represents the direction of 'performance' since the previous month		RAG Status	
 <i>increase in numbers</i>  <i>stable with last month</i>  <i>decrease in numbers</i>	 <i>improvement in performance</i>  <i>decline in performance but still within li</i>  <i>decline in performance, not within</i>		

	NO.	INDICATORS - EDGE OF CARE SERVICE PERFORMANCE	Apr-18	May-18	Jun-18	Year To Date 2018/19	DOT (Month on Month)
EDGE OF CARE PANEL	1.1	Number of referrals to the Edge of Care panel during the reporting month (families)	9			9	
	1.2	Number of cases discussed at the Edge of Care panel during the reporting month (families)	7			7	
	1.3	Number of cases reviewed at Edge of Care panel during the reporting month (families)	0			0	
	1.4	Number of Cases re-referred to the Edge of Care panel within 6 months (families)	0			0	
EDGE OF CARE	2.1a	Number of referrals received during the reporting month (children)	7			7	
	2.1b	Number of referrals received during the reporting month (families)	Under Development			Under Development	
	2.2	Total number of open cases at the end of the reporting month (children)	75			75	
	2.3	Number of cases closed during the reporting month	1			1	
	2.4	Number and percentage of cases allocated to a worker within 3 working day	Under Development			Under Development	
	2.5	Number and percentage of Initial Contacts made within 3 working days of allocation	Under Development			Under Development	
	2.6	Number and percentage of Edge of Care Assessments completed during the month that were within 35 working days from date of allocation	0/37(0.00%)			0/37 (0.00%)	
	2.7a	Average duration of cases closed in reporting month	119			119	
	2.7b	Average duration of all cases closed	126			126	
		3.1a	Number of referrals received during the reporting month (children)	41			41
3.1b		Number of referrals received during the reporting month (families)	22			22	
3.1c		Number of referrals accepted during the reporting month (children)	11			11	
3.1d		Number of referrals accepted during the reporting month (families)	8			8	
3.2a		Number of referrals rejected during the month (children)	18			18	
3.2b		Number of referrals rejected during the month (families)	8			8	

Performance Summary

DOT - Direction of travel represents the direction of 'performance' since the previous month		RAG Status	
	<i>increase in numbers</i>		<i>improvement in performance</i>
	<i>stable with last month</i>		<i>decline in performance but still within limits</i>
	<i>decrease in numbers</i>		<i>decline in performance, not within limits</i>

	NO.	INDICATORS - EDGE OF CARE SERVICE PERFORMANCE	Apr-18	May-18	Jun-18	Year To Date 2018/19	DOT (Month on Month)
FAMILY GROUP CONFERENCING (FGC)	3.3a	Number of referrals received and rejected during the month due to an inappropriate referral (families)	Under Development			Under Development	
	3.3b	Number of referrals received and rejected during the month due to awaiting further information (families)	Under Development			Under Development	
	3.3c	Number of referrals received during the month and awaiting allocation (children)	12			12	
	3.3d	Number of referrals received during the month and awaiting allocation (families)	6			6	
	3.4	Number of Family Group Conferences which have taken place during the reporting month (families)	7			7	
	3.5	Number of Family Group Conferences which have taken place during the reporting month (children)	12			12	
	3.6	Number of Family Group Conference Reviews which have taken place during the reporting month (families)	3			3	
	3.7	Total number of open cases at the end of the reporting month (families)	48			48	
	3.8	Total number of cases closed during the reporting month (families)	9			9	
	3.9	Number and percentage of accepted referrals allocated to a worker within 3 working days of receiving the referral	3/8 (38%)			3/8 (38%)	
	310a	Number of Initial Contacts due in reporting month (families)	16			16	
	3.10b	Number and percentage of Initial Contacts made within 3 working days of allocation (families)	16 (100%)			16 (100%)	
	3.11	Number and percentage of Family Group Conferences which have taken place within 6 weeks of allocation	6/8 (75%)			6/8 (75%)	
3.12	Number and % of FGC allocated referrals that have resulted in a Family Group Conference (conversion rate)	Under Development			Under Development		
MULTI-SYSTEMIC THERAPY (MST)	4.1	Number of referrals received during the reporting month	2			2	
	4.2	Total number of open cases at the end of the reporting month	6			6	
	4.3	Total number of cases closed during the reporting month	3			3	
	4.4	Average number of days between referral and first face to face contact	2.5			2.5	
	4.5	Average number of days between start date and date discharged	130.45			130.45	

Edge of Care - Edge of Care Panel	
DEFINITION	Edge of Care Panel Owner Jenny Lingrell
Performance Analysis	Referrals for Edge of Care services are considered at the Edge of Care Panel, which is a jointly chaired meeting between Heads of Service from Social Care and Early Help. The panel began in September 2017 and meets on a weekly basis.

Breakdown of Panel Decisions	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Referrals to Edge of Care Team	0											
Referrals to MST	1											
Referrals for bespoke package of support (neither EofC or MST)	1											
Social work intervention with EH support	4											
Referrer to panel following further assessment	0											
Referral to FGC	1											

Edge of Care - Edge of Care Team (EofC)	
DEFINITION	Edge of Care Team Owner Jenny Lingrell
Performance Analysis	<p>The team are currently at full capacity with an open caseload of 75 children. The status of the child within the Early Help / Social Care system represents a snapshot measured at the end of April 2018. For example, children with an Early Help episode have stepped down to Early Help during the involvement of the Edge of Care team. The majority of children have a Child Protection Plan when they are accepted on to the Edge of Care team caseload. All referrals are agreed by the Edge of Care panel.</p> <p>NB: Reporting is still under development and is subject to data quality checks and baselining. Data may change when data is validated and cleansed especially when reports are re-run.</p>

Breakdown of Caseload	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Children Open to EoC	75											
Number of Children with an EH Episode	3											
Number of Children with a Child in Need Plan (CIN)	20											
Number of Children with a Child Protection Plan (CP)	38											
Number of Looked After Children (LAC)	10											
Number of Children and Young People Leaving Care	0											
Other (number of children without a SC/EH referral)	4											
Of the above - Number of Children where Care Proceedings have been issued	39											
Of the above - Number of Children in Special Guardianship Order (SGO) planning	2											
Of the above - Number of Children within the CSE cohort within EoC Caseload	4											
Of the above - Number of Children who have had a Missing Episode within EoC Caseload	7											

Edge of Care - Family Group Conferencing (FGC)

DEFINITION Family Group Conferencing **Owner** Jenny Lingrell

Performance Analysis

It is positive that 8 FGCs took place within the month of April. Overall, not all referrals are likely to progress to an FGC. The Children's Social Care Innovation Programme for Family Valued - the Leeds model that includes FGC - suggests that a conversion rate of 45% from enquiry to completion is to expected and in line with other FGC services in England (Morris et al., 2016) and internationally (REA, Appendix 1). We will seek to measure this rate in Rotherham and ensure it meets at least this figure.

25% of FGCs that did not take place during the 6 week timescale, these are families who required a longer period of time due to family dynamics and availability of family members when arranging a conference date. This is not a representation of the practitioner allocated to the case, and instead factors outside of their control and in these instances they worked creatively to encourage the family to organise an FGC even though this did mean not meeting the 6 week timescale.

Only 38% of referrals were allocated within 3 days. This is due to the current waiting list the FGC team; each member of the team is working at full capacity with their caseloads making it difficult to allocate referrals quickly.

NB: Reporting is still under development and is subject to data quality checks and baselining. Data may change when data is validated and cleansed especially when reports are re-run.

Breakdown of Caseload	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Children Open to FGC	92											
Number of Families Open to FGC	48											
Number of Children with an EH Episode	0											
Number of Children with a Child in Need Plan (CIN)	39											
Number of Children with a Child Protection Plan (CP)	41											
Number of Children looked after (LAC)	12											
Number of Children and Young People Leaving Care	0											
Of the above - Number of Children where Care Proceedings have been issued	15											
Of the above - Number of Children in Special Guardianship Order (SGO) planning	26											
Of the above - Number of Children within the CSE cohort within FGC Caseload	3											
Of the above - Number of Children who have had a Missing Episode within FGC Caseload	6											

Edge of Care - Multi Systemic Therapy (MST)	
DEFINITION	Multi Systemic Therapy (MST) Owner Jenny Lingrell
Performance Analysis	<p>The number of open cases is on track with the expected figure, given that the team have capacity to work with 20-24 families per year and work with each family for 20 weeks. All referrals are made via the Edge of Care panel so that the right cases can be matched to the right provision.</p> <p>NB: The MST performance measures are still being developed and there may be some additions/changes in coming months.</p>

Breakdown of Caseload	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of Children Open to MST	6											
Number of Children with an EH Episode	0											
Number of Children with a Child in Need Plan (CIN)	3											
Number of Children with a Child Protection Plan (CP)	3											
Number of Children looked after (LAC)	0											
Number of Children and Young People Leaving Care	0											
Of the above - Number of Children where Care Proceedings have been issued	0											
Of the above - Number of Children in Special Guardianship Order (SGO) planning	0											
Of the above - Number of Children within the CSE cohort within MST Caseload	1											
Of the above - Number of Children who have had a Missing Episode within MST Caseload	2											

Edge of Care - Impact

Owner Jenny Lingrell

Performance Analysis

Where a positive impact is recorded this is where the child has stepped-down to a lower tier service during the period of intervention. Children who were Looked After Children and are now living with birth family supported by the Edge of Care team represent a genuine cost saving to the system. Whilst the outcome of 'no change' appears to be neutral in this context it is, in fact, a very positive outcome, given that most of the children referred to the team are likely to enter the care system without this level of intensive intervention. The 'no change' assessment represents cost avoidance to the system.

The scorecard measures the headline change in a child's status, for example, from Child Protection to Child In Need, it does not measure the progress or outcome of legal proceedings. For example, a sibling group of six children currently on caseload had entered the Public Law Outline with an expected outcome of a full care order for all children. Based on the work undertaken by the Edge of Care Team, and the positive engagement from the family and significant improvements made, the judge granted a 12 month Supervision Order at home for all six children (care and cost avoided).

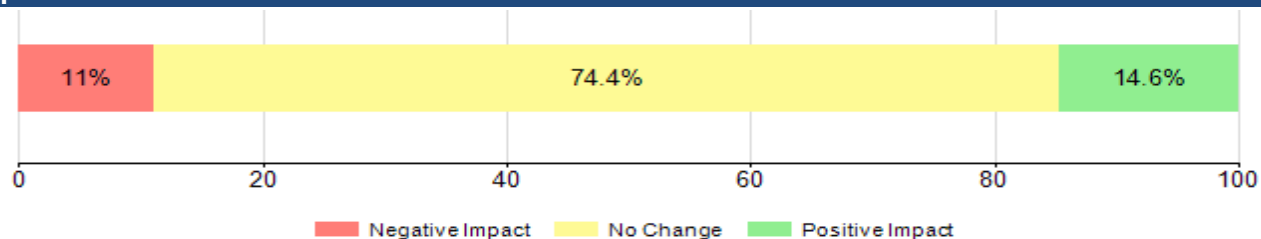
The picture of impact will build once the team have been operational for longer. Cases were first allocated in September 2017 so few cases have been closed to date.

The team also record Routine Outcome Measures for all children on caseload. This will provide a more sensitive picture of the impact of the team on the wellbeing of children on caseload. The reporting mechanism for these measure is under development.

Summary	No of Cases
Open Cases	71
Closed Cases	11
Total	82

	No. of Children	% of
Positive	12	15%
Negative	9	11%
No Change	61	74%
Total	82	

Impact as at 30/04/18



Category at Referral	Category 30/04/18				
	Closed to SC/EH	EH Episode	CIN	CP	LAC
EH Episode	0	3	0	0	0
CIN	2	0	14	3	2
CP	0	0	10	35	4
LAC	0	0	0	0	9

Family Group Conferencing (FGC) - Impact

Owner Jenny Lingrell

Performance Analysis

It is reassuring to see that the current figures illustrate that, following an FGC there has been a positive impact on the child's status for 44% of children. 44% of children we have worked with are now at CIN status and social care have closed their involvement for 17% of families in this time period.

The picture of impact will build over time as families sustain the changes made by an FGC. Whilst a negative impact is recorded when a child's status is escalated (for example, from Child Protection to Looked After Child) this is likely to be the best outcome for the child and the FGC has often supported the decision making and planning process.

Summary	No of Cases
Open Cases	17
Closed Cases	137
Total	154

	No. of Children	% of
Positive	65	42%
No Change	69	45%
Negative	20	13%
Total	154	

Impact as at 30/04/18



■ Negative Impact
 ■ No Change
 ■ Positive Impact

Category at Referral	Category 30/04/18				
	Closed to SC/EH	EH Episode	CIN	CP	LAC
CIN	16	0	31	12	4
CP	9	0	33	32	4
LAC	3	0	4	0	6

Multi Systemic Therapy (MST) - Impact - UNDER DEVELOPMENT

Owner

Jenny Lingrell

**Performance
Analysis**

Multi-Systemic Therapy is an evidence-based model and, as such, outcomes and impact are routinely measured. Work is underway to ensure these are reported in the Edge of Care scorecard.

Outcomes Based Accountability - UNDER DEVELOPMENT

How Much Did We Do	How Well Did We Do It	Who is better off as a result
<p>No of cases referred to the Edge of Care Panel</p> <p>No of cases rejected by the Edge of Care Panel</p> <p>No of referrals received by Edge of Care (from EoC Panel)</p> <p>No of referrals received by FGC</p> <p>No of referrals received by MST</p>	<p>Number and percentage of Edge of Care cases allocated to a worker within one working day</p> <p>No and percentage of Edge of Care Initial Contacts made within three working days of allocation</p> <p>Number and percentage of Edge of Care Assessments completed within 35 working days from date of allocation</p> <p>Number and percentage of Family Group Conference cases allocated to a worker within one working day</p> <p>No and percentage of Family Group Conferences Initial Contacts made within three working days of allocation</p> <p>Number and percentage of Family Group Conferences which have taken place within Six weeks of allocation</p>	<p>No of FGC cases with a positive impact at case closure</p> <p>No of FGC cases with a negative impact at case closure</p> <p>No of FGC cases with a sustained positive impact (as at)</p> <p>No of FGC cases with a sustained negative impact (as at)</p> <p>No of EoC cases with a positive impact at case closure</p> <p>No of EoC cases with a negative impact at case closure</p> <p>No of EoC cases with a sustained positive impact (as at)</p> <p>No of EoC cases with a sustained negative impact (as at)</p> <p>No of MST cases with a positive impact at case closure</p> <p>No of MST cases with a negative impact at case closure</p> <p>No of MST cases with a sustained positive impact (as at)</p> <p>No of MST cases with a sustained negative impact (as at)</p> <p>Exit surveys</p> <p>EoC evaluation (score 15)</p> <p>Financial Impact - ie how many LAC have been averted = £'s</p>

CHILDREN AND YOUNG PEOPLE'S SERVICE BRIEFING PAPER FOR IMPROVING LIVES SELECT COMMISSION

1.	Date of meeting:	31st October 2017
2.	Title:	Outcomes from the PAUSE Rotherham Scoping Exercise

1. Background

- 1.1 There is an emerging body of evidence about the number of women who have children removed from their care in a repeating pattern of care proceedings. Karen Broadhurst, Professor of Social Work at Lancaster University, has published a number of reports that demonstrate the scale of this issue. The link to all published reports is included within the scoping report.
- 1.2 This is an issue that affects families in all local authority areas and the experience of practitioners in Rotherham indicates that this pattern of recurrent care proceedings is present locally.
- 1.3 Whilst Children and Young People's Services will intervene to protect the child and seek the best long-term outcomes, there is often little or no cohesive support for the women who are affected.
- 1.4 Research shows that after a child had been removed from her care, a mother was unlikely to get the required level of help to bring about the changes needed because agencies were not under any statutory obligation to provide comprehensive post removal support. Many of the women had experienced very difficult childhoods themselves and were then severely emotionally damaged by the removal of their baby.
- 1.5 Pause is a national charity that supports a network of local Pause Practices across the country. The purpose of Pause is to prevent the damaging consequences of thousands more children being taken into care each year. Pause works with women who have experienced - or are at risk of - repeated pregnancies that result in children needing to be removed from their care. The programme gives women the chance to pause and take control over their lives with the aim of preventing repeated unwanted pregnancy.
- 1.5 In November 2016, Cabinet asked for Pause to be commissioned to carry out a scoping exercise to provide detailed data and analysis of repeat removals of children from their mother's care. This scoping report provides robust information upon which to base decisions about how to respond locally to this issue.
- 1.6 The full scoping report is attached, supplemented with a local cost benefit analysis.

2. Key Findings

- 2.1 Between 1st April 2014 and 31st March 2017, 130 women in Rotherham had 434 children removed. Two of these women had 9 children removed and one woman had 8 children removed;
- 2.2 The average number of children removed per woman is 3.3. In other scoping exercises nationally, the number of children removed per woman ranges from 3.0 to 3.6;
- 2.3 These women have many complex and often inter-linking needs. In Rotherham, 60% of the cohort was identified in social care records as having experienced domestic abuse. 45% had issues with drug or alcohol abuse. 32% had a diagnosable mental health problem. 25% are recorded as having been in care as children themselves. Many women experienced multiple issues;
- 2.4 The Pause analysis indicates that without intervention, 20 women within this cohort would be likely to give birth to 5 children each year. Over the duration of the programme this equates to 7.5 children;
- 2.5 Based on this information and local practice and associated costs, a cost benefit analysis has been prepared by Children and Young People's Services. This information provides an indication of the impact of implementing a Pause practice.
- 2.6 The cost benefit analysis shows a gross saving of £1.09m based on an intervention with twenty women. The cost of delivering a Pause practice for this cohort is estimated to be £450,000. Therefore a conservative estimate of the net cost saving (to Children's Services alone) is £0.64m.
- 2.7 The cost benefit analysis does not include costs incurred by the National Health Service, public health, housing, adult social care, South Yorkshire Police or the criminal justice system.
- 2.8 There are also wider human costs to be considered. The mother is likely to have already experienced significant trauma in her life, and is then further damaged by the removal of a child from her care. Services would seek permanency for child as soon as possible following removal however, some level of disruption is inevitable. Children who do not experience the best start in life may struggle to thrive and achieve positive outcomes.

3. Recommendations to Improving Lives Select Commission

Improving Lives Select Commission is asked to:

- 3.1 Comment on the findings of the Pause scoping exercise and forward these comments to the Commissioners / Cabinet for their consideration

4. Name and contact details

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MST PIDR Summary Report

Report Period: 10/1/2017 - 3/31/2018

Filters: 'Research Group' = 'NS'; 'MST Treatment Type' = 'MST'; MST Barnsley - MST Barnsley and Rotherham

No Program Reviews were found within the current report period.

No.	Item	Target	MST Barnsley - MST Barnsley and Rotherham
Program Data			
1	Total FTE for active therapists*	2-4	4.00
2	Current Census (open case) at the end of the report period		15
3	Average number of cases per therapist	4-6	4.30
4	Cases served during the report period		39
5	Estimated annual service capacity (#3x#1)x365/#25)		47.45
<p>*Note: Calculated by summing FTE for any therapist who has at least one case with a First Visit Date no later than the report end date and not discharged before the report end date / 100.</p> <p style="text-align: center;">Therapist and Supervisor Adherence Scores</p>			
6	Total number of TAM-R forms collected		95
7	Total number of incomplete TAM-R forms collected		3
8	Percent TAM-R due that were completed	70%	87.96 %
9	Percent of youth with at least one TAM-R interview	100%	95.65 %
10	Overall Average Adherence Score	.61	0.75
11	Percent of youth with average therapist adherence score above threshold	80%	70.97 %
12	Total number of SAM forms collected		12
13	Average number of SAMs collected per therapist		3.00
Case Progress Review			
14	Total number of cases discharged during the report period		24
15	Referrals closed without services during report period		0
16	Percent of cases completing treatment (#17/(1-#20-#21-#22-#23))	85%	100.00 %
17	Percent of cases closed by mutual agreement		91.67 %

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MST PIDR Summary Report

Report Period: 10/1/2017 - 3/31/2018

Filters: 'Research Group' = 'NS'; 'MST Treatment Type' = 'MST'; MST Barnsley - MST Barnsley and Rotherham

18	Percent of cases discharged due to lack of engagement	< 5%	0.00 %
19	Percent of youth placed	< 10%	0.00 %
20	Percent of youth placed for event prior to MST		0.00 %
21	Percent of cases removed by administration		8.33 %
22	Percent of cases removed by funding/referral source		0.00 %
23	Percent of cases moved out of service area		0.00 %
<p>The following outcome information is reported for the cases that had the opportunity to have a full course of treatment. Cases closed for non-clinical reasons (lines 20 – 23) are omitted.</p> <p style="text-align: center;">Ultimate Outcomes</p>			
24	Total number of cases with opportunity for full course of treatment during the report period		22
25	Avg length of stay in days for youth with opportunity to have full course of treatment	120	132.18
26	Percent of youth living at home	90%	100.00 %
27	Percent of youth in school/working	90%	63.64 %
28	Percent of youth with no new arrests	90%	95.45 %
<p style="text-align: center;">Instrumental Outcomes</p>			
29	Percent with parenting skills necessary to handle future problems		81.82 %
30	Percent with improved family relations		81.82 %
31	Percent with improved network of supports		81.82 %
32	Percent with success in educational/vocational setting		54.55 %
33	Percent of youth involved with prosocial peers/activities		77.27 %
34	Percent of cases where changes have been sustained		86.36 %
<p>The following outcome information is reported for all cases closed during the report period.</p> <p style="text-align: center;">Ultimate Outcomes</p>			
35	Percent of youth living at home		100.00 %
36	Percent of youth in school/working		58.33 %
37	Percent of youth with no new arrests		95.83 %
<p style="text-align: center;">Instrumental Outcomes</p>			
38	Percent with parenting skills necessary to handle future problems		75.00 %
39	Percent with improved family relations		75.00 %

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MST PIDR Summary Report

Report Period: 10/1/2017 - 3/31/2018

Filters: 'Research Group' = 'NS'; 'MST Treatment Type' = 'MST'; MST Barnsley - MST Barnsley and Rotherham

40	Percent with improved network of supports		75.00 %
41	Percent with success in educational/vocational setting		50.00 %
42	Percent of youth involved with prosocial peers/activities		70.83 %
43	Percent of cases where changes have been sustained		79.17 %

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MST PIDR Summary Report

Report Period: 10/1/2017 - 3/31/2018

Filters: 'Research Group' = 'NS'; 'MST Treatment Type' = 'MST'; MST Barnsley - MST Barnsley and Rotherham

Team Performance Over Time	Previous Period 4/3/2016 - 10/1/2016	Previous Period 10/2/2016 - 4/1/2017	Previous Period 4/2/2017 - 9/30/2017	Current Period 10/1/2017 - 3/31/2018
	Score	Score	Score	Score
Total cases discharged	20	19	20	24
Total cases with opportunity for full course treatment	19	19	20	22
Ultimate Outcomes Review				
Percent of Youth Living at Home (Target: 90%)	94.74 %	94.74 %	95.00 %	100.00 %
Percent of Youth in School/Working (Target: 90%)	57.89 %	68.42 %	60.00 %	63.64 %
Percent of Youth With No New Arrests (Target: 90%)	89.47 %	100.00 %	90.00 %	95.45 %
Case Closure Data				
Average length of stay in days for youth receiving MST (Target: 120)	128.84	134.89	127.10	132.18
Percent of youth completing treatment (Target: 85%)	94.74 %	100.00 %	95.00 %	100.00 %
Percent of youth discharged due to lack of engagement (Target: <5%)	0.00 %	0.00 %	0.00 %	0.00 %
Percent of youth placed (Target: <10%)	5.00 %	0.00 %	5.00 %	0.00 %
Adherence Data				
Overall Average Adherence Score (Target: .61)	0.767	0.770	0.762	0.752
Percent of youth with average adherence above threshold (Target: 80%)	78.95 %	70.00 %	78.57 %	70.97 %
Percent of youth with at least one TAM-R interview (Target: 100%)	100.00 %	94.74 %	95.00 %	95.65 %
Percent TAM-R due that are completed (Target: 70%)	46.99 %	67.47 %	89.01 %	87.96 %
Total cases with a valid TAM-R	19	20	28	31
Operations Data				
Average FTE for active therapists (Target: 3 to 4)	3.00	3.00	3.00	4.00
Average number of open cases per therapist (Target: 4 to 6)	4.33	4.38	5.04	4.30