

**IMPROVING LIVES SELECT COMMISSION  
18th September, 2018**

Present:- Councillor Brookes (in the Chair); Councillors Beaumont, Clark, Elliot, Ireland, Jarvis, Khan, Marriott, Price, Senior, Short and Julie Turner.

Councillor Steele, Chair of the Overview Scrutiny Management Board, was in attendance at the invitation of the Chair.

Councillor Watson, Deputy Leader, was in attendance at the invitation of the Chair.

Apologies for absence were received from Councillor Cusworth.

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

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

**19. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

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

**21. COMMUNICATIONS**

Caroline Webb, Senior Adviser (Scrutiny and Member Development) reported:-

- There was a Member Development session to be held on 20<sup>th</sup> September at 5.00-7.00 p.m., repeated on 21<sup>st</sup> September at 9.30-11.30 a.m. on "Understanding Your Communities" to be delivered by Councillor Marie Pye, Member Peer for the LGA
- A session was to be held on 27<sup>th</sup> September 2.00-4.00 p.m. on the outcomes of the Early Help consultation

Councillor Jarvis gave an update on the issues discussed at the recent meeting of the Health Select Commission which had included an update on the Health Village, RDaSH Estate Strategy and the response to the Scrutiny Review on Drugs and Alcohol Services.

**22. MINUTES OF THE PREVIOUS MEETING HELD ON 17TH JULY, 2018**

Consideration was given to the minutes of the previous meeting of the Improving Lives Select Commission, held on 17<sup>th</sup> July, 2018, and matters arising from those minutes.

Resolved:- That the minutes of the previous meeting of the Improving Lives Select Commission, held on 17<sup>th</sup> July, 2018, be approved as a correct record, for signature by the Chairman.

Arising from Minute No. 13(3) (Domestic Abuse Update), it was noted that efforts had been made to obtain the action plan and engagement timetable. The issue would be pursued and circulated to Members when received.

### **23. CHILDREN MISSING EDUCATION**

Susan Claydon, Early Help Head of Service, presented a report on Children Missing from Education (CME) which the Authority had responsibility to ensure were identified, reported and tracked so that suitable educational providers could be found.

The term "CME" referred to children of compulsory school who were not on a school roll and who were not receiving a suitable alternative education e.g. Elected Home Education.

Until recently the CME data had had gaps and required intensive work to ensure that consistent processes and data inputting were in place across the different systems used to capture CME information.

There had been a redesigning of the reporting function and the development of a new CME Performance Scorecard. This development reduced the ability for rigorous comparative analysis to be drawn on previous years' performance, however, put Rotherham in a stronger position to understand which of its CME cohort caused the most concern. One of the key changes to CME reporting was to include predominant issues captured at the point of referral to CME to enable a better understanding of potential vulnerability.

The current position was as follows:-

- There had been 188 children, from 116 families classified as 'new' CME referrals during Quarter 1, an increase of 33 compared with the previous quarter
- Of the 188, 110 (58.5%) had had a previous episode of CME which emphasised that some children had recurrent issues with CME
- 78% of children were from the central area of Rotherham
- There were an additional 32 cases that remained open from previous reporting periods bringing the active caseload to 210 at the end of Quarter 1
- 134 cases had been resolved in the period
- The central locality of Rotherham had consistently higher rates of CME largely due to the mobile and transient nature of the resident population
- 40% of the children identified as CME had no known vulnerability or issues identified within the family at the point of becoming CME

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- Of the newly identified children, 14% were open to Children’s Social Care and 6% to Early Help
- All children, regardless of identified level of need, became subject to joint investigations by the school and Local Authority at the point of becoming CME to ensure rigorous strategies were employed to try and locate the child

The Ministry of Housing, Communities and Local Government’s Controlling Migration Fund had enabled extra resources to assist with key issues that affected the wellbeing of children and their progression in education. The workers would spend a considerable amount of time in central locality schools. The fund was also facilitating the recruitment of 2 Community Navigators, a shared resource between the Council and voluntary sector, which offered intensive outreach and detached work to ‘find’ families that were newly migrant and/or arranging to leave the UK.

As part of the Early Help Review, it was proposed that CME move to Education and Skills as the work closely aligned with school admissions. Despite the proposed change, processes would remain the same and work would continue across the operational and strategic boards to ensure that practice was scrutinised and children supported appropriately.

The Chair commented that it was disappointing that the report had not been the detailed analysis of trends expected as requested at the January meeting and of the standard of the report in terms of the spelling and grammar.

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

- “Alternative provision” could refer to a child who had come off a school roll and a separate package of support had been set up e.g. Pupil Referral Unit, Chislett
- Due to DfE rules around school admissions when someone applied for a school, because of cultural bias, they did not have to provide their ethnicity. Colleagues within School Admissions had been asked if they could ask the question on the School Admissions Form, explaining within the question that it was voluntary. This would assist the Service to understand the trends and patterns
- There were 3 Roma speaking Workers within the Early Help Service. The Controlling Migration Fund was facilitating the recruitment of 2 Community Navigators, not specifically for CME, matrix managed by Early Help and REMA, who worked in the central locality where there were greater numbers of transient families. The Workers carried out assertive outreach work to identify people as they entered Rotherham. 2 Family Support Workers were attached to the Central locality schools specifically to assist with the additional pressure faced by the community

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- The Fund also supported some of the interpreting work. The Service worked hard to make sure families were not disadvantaged because of the language barrier. There were some Roma speaking Education Workers
- The Controlling Migration Fund was a much bigger fund managed through the Assistant Chief Executive. An evaluation was taking place of the Fund in its entirety and was subject to a different report but some narrative could be included in future reports to the Commission
- 188 children had been identified as CME of which there were 116 families. It was not possible to break the number down any further as it was measured in children as per the DfE requirement
- There were mechanisms in place of reporting if a child was missing from education. Schools reported the movement of children every month, reporting those who had attended and those who had left
- Previously no predominant need or presenting issue had been collated when CME data was collected. Work had taken place to ensure that at the point of referral it was captured as to whether there were any issues known in school and was now included in the referral form
- Checks would be made to ascertain if a family was known to Early Help, Children's Social Care etc. and whether there had been domestic abuse etc. What was known that in 40% of all the cases coming through, there had been no known issues with the family previously. A lot of work had taken place with schools to impress upon parents that if they were going to move they should notify the relevant authorities.
- Although data on free school meals was not included, all the risk factors that it was felt might be useful were. At the point of referral schools were asked the share with the Service on the referral form if they had any concerns and it would be recorded as a presenting issue at CME
- The issue of collecting information with regard to free school meals could be discussed at the Strategic Missing Team but consultation would be required with Education colleagues. The fact that a child was in receipt of free school meals would not be classed as a risk factor. The predominant issue would be recorded and free school meals would be a secondary measure

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- There was close working with Selective Licensing usually on an individual family basis and also in strategic forums. Part of the Controlling Migration Fund work was about collaboration with wider colleagues, such as Selective Licensing, when it was known that there was a particular issue around a family, not necessarily CME, that had vulnerabilities and worries regarding their tenancy/licensing/landlords
- Several sessions had been held with the Clifton Learning Partnership
- The performance was broken down across the Early Help locality areas i.e. North, South, Central and the 9 teams within that – Clifton, Wingfield, Winterhill, Oakwood, Town Centre and Canklow, Dinnington, Maltby, Wath, Swinton, Dalton and Rawmarsh. The issue would be pursued with data colleagues to ascertain if it was possible to break the information down further, however, it was known that generally Eastwood, East Dene and Herringthorpe were the highest areas for CME
- None of the CME had presented with high risk of FGM, however, there were clear Safeguarding Board protocols to be followed.
- Safeguarding issues were shared, however, they could not be sent out to all local authorities in the United Kingdom unless there was some intelligence as to which local authority the family may have moved to
- There was a full-time CME officer. Susan was the CME strategic lead and also chaired the Strategic Missing Group
- The Operational Group that reported to the Strategic Group looked at the thematic issues and was not there to discuss individual children's plans. The Group had been refocussed to make sure there were clear reports to the Missing Group on what was working well, what they were worried about and or any issue that needed the Strategic Group to unblock
- When a child had gone missing and found/located in education there were conversations with the child and parents. If there had been previous concerns/issues they would be picked up and there would be a conversation with the school and CME Officer resulting in a possible referral. There was always a conversation with the parent with regard to the circumstances; it was often quite innocent and a matter of them not notifying the correct people, however, the fact that the circumstances of them returning to Rotherham and being found may suggest that there were new concerns. If a child was found in a school outside Rotherham concerns/worries/vulnerabilities were shared on a case by case basis

- There was no statutory responsibility for CME children below school age, however, the Service did track nursery schools and playgroups as much as possible. It was not included in the report because it was not a function of the DfE but the CME Officer had a list of children they might be worried about and their siblings. Pre-school children would show up on the Health radar. Reassurance was provided that the whole family was looked at and not just the CME child
- Currently there was one CME Officer who currently sat within the Child Social Care Triage Team. A large proportion of her interaction needed to be with School Admissions and Education and Skills so the proposed move would make no difference other than the Officer having a different strategic lead
- The Controlling Migration Fund was not directly linked to CME and there was no funding drawn down but it was part of the Early Help Service. It had been mentioned in the report because some of the things happening within that piece of work were influencing positively on some of the locality work

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

(2) That a further detailed report be submitted including:-

- the progress that had been made
- actions that had been completed, when and who by
- trends
- locality level data
- the need to understand the analysis of why children were not on the school roll
- more detail on the budget and resources,
- the outcomes, terms of reference and the new way of working of the Strategic Missing Group

(3) That consideration be given as to the appropriate arena for the evaluation of the Controlling Migration Fund.

(4) That a report be submitted to the December meeting of the Select Commission if possible.

**24. SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) - UPDATE**

Further to Minute No. 53 of the Commission held on 22<sup>nd</sup> March, 2017, Jenny Lingrell, Assistant Director, Commissioning, Performance and Inclusion, and Paula Williams, Head of Inclusion, presented a progress report assisted by the following powerpoint presentation:-

#### The Rotherham Context

- There were 45,028 children and young people attending Rotherham's schools as at January 2018 School Census (43,882 in 2016)
- 7,513 children were identified as having a Special Educational need (16.6%). A rise of 0.6% since the census of 2016. Nationally 14.6%
- 13.7% of the Rotherham's school population have needs met by a graduated response (SEN Support) in 2018 compared to the National average of 11.7%. This was a fall from 2014 when 17.3% of the Rotherham School population had needs met by a graduated response in schools in comparison to National 15.1%
- 1,333 of these children have needs met with support of an Education Health and Care Plan (2.9%). However, this only measures the school population and not those placed outside the Borough
- Current position at the end of August 2018 showed that there were 1,956 children and young people in Rotherham who had an Educational Health and Care Plan in place with approximately 354 of the children accessing an out of authority provision (18%) which is not in the Borough and 1,602 children and young people access provision for which was within the Rotherham Borough (82%). 33 of the children had their EHC Plan administered by another local authority due to being resident outside Rotherham
- The 321 children accessing an out of authority provision is split with 116 of them being statutory school aged and 205 being Post-16 aged
- Looking at those in specialist provision only: 142 children and young people as at end of August 2018, 78 of whom are statutory school aged and 64 that were post-16

#### Rotherham's 5 Key Themes in the SEND Strategy

- Co-Production Voice and Influence  
Families and services working together to produce better outcomes for Children and Young People with Special Educational Needs  
There was clear and strong communication, participation, engagement and co-production with children, young people, families, practitioners and partners
- Integrated Services and Joint Commissioning  
There was collective responsibility and a streamlined approach for children, young people and their families when accessing relevant assessments, services and support
- Sufficiency of Provision  
There was sufficiency of provision to meet the range of needs of children and young people with Special Educational needs and/or Disability  
Wherever possible, this should be within line with their choice or that of their parents and within Rotherham
- Quality of Provision, Performance and Assurance  
Provision made through the graduated response and/or an Education Health Care Plan should be of the highest quality to enable the best outcomes for children and young people. This area would include

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developments in the specific areas of Autism, Social Emotional and Mental Health Needs

- Value for Money and Savings  
Provision made should be early, involve timely assessment and ensure the best use of funding available

### What's Going Well

- A SEND Strategy (at consultation) and an established action plan focussing on 5 themes
- A co-produced action plan to develop the “Voices” of young people and parents within the planning of SEND provision
- New Assistant Director for Commissioning, Performance and Inclusion now in post
- SEND Sufficiency Plan Year 1 in delivery – all 7 projects underway  
3/7 resulting in Rotherham from September 2018  
2/7 resulting in provision from December 2018  
2/7 projecting provision from September 2019
- Rotherham's first 19-25 provision for SEND would be in place for September 2018
- Social Emotional and Mental Health (SEMH) mainstream resources (2 primary 1 secondary) under discussion
- Preparation continuing for a Local Area SEND Inspection
- New joint lead for Education Health and Care Assessment Team (EHCAT) and Children with Disabilities Team. Restructure of EHCAT on track for the end of October 2018. Plan in development for improved quality of Education Health and Care Plans (EHCP)
- Turning the Curve plans in place for reduction of EHCP assessment requests and reduction in Exclusions
- Over £1.5M cost avoidance projected by increased places through sufficiency
- All Age Autism Strategy in draft
- SEMH joint welling strategy underway with involvement of Social Care and CAMHS colleagues
- Proactive Health Focus Group in place
- SEND workforce training across all organisations

### Areas for Development

- Budget pressure on education funding for SEND via the High Needs Dedicated Schools Grant
- Urgency to understand and agree a local tri-partite funding agreement between Education, Health and Social Care
- Co-ordination of the Preparation for Adulthood agenda
- First Tier Tribunals increasing (although remain very low)
- Request to reconsider SEND hub from Corporate Landlord
- Understanding of the commissioned service offer from health for children with SEND

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- Business Support Review delaying centralisation and streamlining of Inclusion admin
- Some uncertainty when Head of Inclusion post becomes vacant

### Current Actions and Timelines

- Publication of the finalised SEND Strategy – November 2018
- Co-production and Communication  
Implementation of the Voices action plan
- Joint Commissioning  
Joint Commissioning Strategy to be reviewed to include plans for SEND hub, EHC Panel and work with health colleagues  
Health Sufficiency Plan in place – October 2018
- SEND Sufficiency  
Completion of all Year One projects – 31<sup>st</sup> March 2019  
Planning Year Two projects to begin on time: 1<sup>st</sup> April 2019 – March 2020  
Further investigations into mainstream SEMH resources – September-December 2018
- Assuring Quality  
Education Health and Care Planning  
EHCP – Team Restructure - October 2018  
Moderation of EHCP Quality protocol in Place – December 2018  
New EHCP Assessments completed in statutory timescales at 90% - March 2019  
Implementation of Turning the Curve Action Plan to reduce EHCPs - December 2018  
Autism  
All Age Autism Strategy finalised - November 2018  
Sensory Assessment protocols and graduated response agreed with Health - December 2018  
Social Emotional and Mental Health Needs (SEMH)  
New SEMH Strategy incorporating all work across education, Health and Social Care in place – January 2019  
Preparation For Adulthood (PfA)  
Preparation For Adulthood Board to agree and monitor leads for all areas of development in line with self-assessment and feedback from young people – December 2018
- Value for Money  
Development of a robust High Needs Budget monitoring group to investigate and monitor decision making – December 2018  
Review to Top Up/Element Three funding  
Mainstream resource funding model and commissioning agreements reviewed – December 2018  
Traded Service model reviewed  
Review of all posts and services funded from within the budget

Discussion ensued with the following issues raised/clarified:-

- Work was currently underway on benchmarking High Needs budgets across the region. Funding had been available to schools in the School's block of the Dedicated Schools Grant higher than the national average but less money available in the High Needs Block than the national average resulting in Rotherham being quite low funded around High Needs Block. The one area that was common to Rotherham and other authorities was around SEMH. Rotherham also had the additional pressure of out of authority placements
- There was a very strong team that worked together across the voluntary service and within Inclusion, Health and Social Care. A Voices event had taken place with the young people on what they wanted to say about their provision and involvement in Rotherham SEND. An action plan had been co-produced with the young people about the things that needed to be developed from their perspective
- The SENDIASS Team had a Young People's Officer and a Children's Officer whose specific roles were to capture voices and to work with young people and make sure that their voices were heard whether on their plan or the Strategy. There had been an excellent piece of work carried out on the consultation of the SEND Strategy itself and had provided a large amount of written comments about young people's feelings and thoughts about a whole range of issues. The SEND Strategy Board had tasked the Assistant Director to feedback to the young people who had contributed to the consultation that their voices had been reflected in the draft Strategy to give them confidence that they were being listened to
- The Children and Young People Partnership Board, a multi-agency group, had agreed in principle to put in place a multi-agency funding arrangement to ensure the Voices work was sustained going forward
- Transition to adulthood was an area that traditionally had been quite difficult. The recent consultation had included a section on preparing for adulthood and it had also been highlighted by parents as the next area they wanted to help the Service with. There was now a multi-agency Preparing for Adulthood Board consisting of representatives from Adults and Children's Services, Social Care and Health, which met on a monthly basis
- A piece of work had started in October 2017, completed January 2018, and was part of a regional peer project, to assess where Rotherham was in preparation for adulthood. As the Preparing for Adulthood Board was to start developing an action plan, a new audit tool from the national body "Preparing for Adulthood" had been released so the action plan was now aligning with the audit tool which was much more in line with what young people needed and wanted. The audit tool would group work that needed to be done under the 4

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areas of Preparing for Adulthood and it would be seen as Preparation for Adulthood rather than transition from Children's into Adult Services i.e. it looked at employment, how you prepared young people for employment and to do so at the age 12/13, friendships and being part of the community

- Rotherham had been offered support from the national body for Preparing for Adulthood
- Although Rotherham did not have high NEET figures, there were more post-16 young people requesting an EHCP and young people who felt they had to look outside Rotherham to get what they needed under their EHCP. This was starting to be addressed through the college provision but there was still work to do in this area.
- The 19-25 provision was based in the Broom Valley area. The situation was ideal for young people with the aim of helping them become independent in that it was near shops that they could go on their own, it was on a main bus route and was down the road from the hospital. The site had been secured for 3 years during which time consideration would be given as to whether it was the right site and area, required adapting or an alternative site
- Approximately 50 children would be in Rotherham provision from September 2018 rather than outside the Local Authority. The college provision was only for 15 young people but would make a significant difference because they were high cost placements when out of authority. There were 20 places at Abbey School, 15 at Aspire, 10 at Kelford and 10 places already in place and 15 coming on line in December at Rowan
- It had been the intention to ensure there was a range of provision within the sufficiency plan and increase the sufficiency of provision for a range of different needs especially for SEMH where it had been found most children left the local authority
- The 2 provisions that would come on line later was a special school and one for Early Years for very young children who found it difficult transferring from a F1 private provider into a mainstream environment. In Year 2 there would be a full Autism mainstream school provision for secondary age children within the new school being built on the Waverley development which would have an Autism mainstream provision for primary education

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- It had to borne in mind that if children or young people were settled in their out of authority provision it was very difficult to move them. It had to be done at their annual review and had to be the best thing for that child/young person. The number had already reduced by approximately 50 as from September 2018. It was the plan to increase the college provision over the next 2 years up to a 50 place provision
- It was a new Ofsted inspection regime and the first time that local areas have been inspected around SEND and disability; it was not an inspection of the local authority but inspection of the local area undertaken by inspectors from Ofsted and the CQC. The inspectors would firstly talk to parents and the young people to hear about their experience of the local area. They would be able to ask comments on what they received from Education, Health, Social Care, Post-16, Early Years providers and look into some of the issues that they raised as well as talking to the Service
- The inspectors were approximately about half way through inspecting the local areas of England. The inspection was imminent but the Service felt prepared. Rotherham had a good story about the journey it have been on and the reforms that had been put in place since 2014. There was still work to do but there was no stone that had not been turned over and no area of improvement not known about
- There was no concern about meeting the deadlines in the action plan. There were leads identified to make sure that someone would take over that role. Handover work had also taken place to ensure the leads did complete those tasks in the way they needed to be done. The timescales for the recruitment of the post of Head of Inclusion were being agreed

Councillor Watson, Deputy Leader, stated that he was confident in the Service and had no areas of concern to raise. Due to the excellent way the Council had prepared for the Ofsted inspection and the issues other authorities had faced during their SEND inspection, there was a readiness for the inspection. There was confidence that it was a good story, with strategies in place and the weaknesses known but plans to deal with them.

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

(2) That a further update on the progress being made with the SEND/Inclusion agenda be submitted periodically over the next 3 years to ensure the continuation of the travel of direction and pace of developments given the change in 2 key leadership posts.

(3) That more information be submitted to the Select Commission on the High Needs budget monitoring group once established.

(4) That the Select Commission receive information regarding the regional evaluation when it was available.

(5) That the Select Commission's thanks be placed on record for the work of Paul Williams and their best wishes in her new post.

**25. OUTCOMES FROM THE IMPROVING LIVES SELECT COMMISSION WORKSHOP SESSION - COMPLEX ABUSE INVESTIGATION**

Further to Minute No. 122 of the meeting held on 13<sup>th</sup> March, 2018, Councillor Clark submitted a briefing paper outlining the outcomes and recommendations from a workshop session held by the Select Commission on 24<sup>th</sup> April, 2018. The purpose of the workshop was to seek assurance and further understanding of the extent to which agencies were working together effectively to address complex abuse.

The following key issues were discussed:-

- In what circumstances were complex abuse procedures used
- Which agencies were involved and at what level
- How did other agencies/part of the Council which did not directly have Safeguarding powers (e.g. Housing, Licensing or Enforcement Services) contribute to the investigations
- What was the impact of the investigations on referrals to Social Care
- Engagement with Early Help Services
- Will the changes to the General Data Protection Regulation have any impact on information sharing
- How is the voice of the child captured in the investigations
- How was this work viewed in the recent OFSTED inspection

Having had the opportunity to question officers and partners, Members had been assured that the Council and its partners were working effectively within the prescribed policy for complex abuse investigations.

The recommendations from the workshop were outlined in Paragraph 9 of Appendix 1 of the report submitted:-

- That further investigation takes place to establish the low rate of neglect referrals from Dental Health Services
- That information is shared in line with existing operational protocols and on a 'need to know' basis with Ward Members for the purpose of signposting residents appropriately
- That the appropriate agencies ensure that the GDPR did not act as a barrier to the appropriate sharing of information
- That further representation be made by the Local Safeguarding Children's Board to the Crown Prosecution Service and relevant Court Services to raise the issue of how all agencies could take timely action to safeguard children at risk of flight

- That a further update be submitted to the Improving Lives Select Commission in 12 months' time.

Councillor Clark thanked officers and partners for their attendance at the meeting and assistance in the preparation of the workshop.

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

(2) That the findings be forwarded to the Overview and Scrutiny Management Board for consideration.

**26. FEEDBACK FROM IMPROVING LIVES SELECT COMMISSION PERFORMANCE SUB-GROUP**

The Chair reported that at a meeting of the Performance Sub-Group further information had been requested on a number of issues relating to Safeguarding and Early Help.

Councillor Watson provided an update on each as follows:-

**Safeguarding**

- **High number of contacts progressing to referrals – confidence about practice**

The high number of contacts progressing to referrals was reducing. There were a high number of referrals but that could be linked to cautiousness of partners but we would not want to stop anyone referring in. What we do know was that during the improvement journey there was a high proportion that were then moved into referrals but that was now not the case and a large number were either going to universal services or Early Help

- **High numbers of children in care**

The big 2 things that affecting this were the historical and inadequate services and the Stovewood Enquiry. As more perpetrators were being identified and charged if they had their own families, that then become part of our caseloads because they become a Safeguarding issue. We do scrutinise every child coming into care and look at all the alternatives. The Right Child Right Care was having a dramatic effect on people leaving care

- **What alternative steps can be taken to avoid taking teenagers into care**

We have taken very few into care in the last 6 months. We have worked really hard on the Family Group Conferencing

- **Family contact – how is this being ‘managed’ given high demand**  
This was very difficult to manage due to the high demand. We have had to employ additional contact staff and have been utilising some of the newly qualified Social Workers with the lower caseloads and some of the Workers in the Fostering Service. The ultimate goal was to return children to their birth families/extended families
- **Numbers of children leaving care and how this is reflected in performance information**  
In 2018 148 children have been discharged. If this continued it would be approximately 222 for the year, however, a similar number had come into care
- **Continuing concerns about health and dental assessments**  
This is one of the things that tended to improve when everyone was pulling in the right direction but it had to be as normal business. Some of it was due to late inputting by Social Workers. We were working with partners. For the Looked After population the dental assessments were more up to date than the general population
- **Concerns about care leavers in employment, education or training (related issues about quality and scope of apprenticeship offer)**  
About 61% which was higher than the national average but significantly less than the general population (in Rotherham 93.5%). Significant number of the young people had health issues and not available for work. The Corporate Parenting Panel had been pushing partners to offer LAC readiness of apprenticeships. Councillor M. Elliott, on behalf of the Corporate Parenting Panel, was doing an excellent job with partners on this subject

### **Early Help**

- **Referrals – improvement in numbers coming from schools (39% of referrals) however, very few from hospitals. What steps are being taken to address and confidence about pace**  
The number of referrals from schools was very good but it was not referrals we were worried about but Early Help Assessments. Our Health partners were not carrying out as many assessments as we might expect. We have been working on this recently and agreed to reaffirm to Health Visitors, School Nurses and Midwives that they must utilise the Early Help Assessment to support children and families. We have done bespoke briefing sessions with those Services and had a pilot to create a group of professionals in the Central locality solely to work on Early Help Assessments. As Early Help Assessments become mature in an Authority partners become more confident

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- **Variable quality of assessments**  
We know from work we started 3 years ago in Social Care that the important thing was to get compliance and get the assessments done. There was now 100% compliance but it was tracking the quality of them and doing proper audits so auditing was now done through our Team Managers and our own Internal Audit processes, and sitting with the Worker with the report in supervision. As the re-organisation of the Service became more ingrained it was believed it would improve
- **Confidence about step-up/step-down**  
Because of the co-location and co-working cases, could transferred to and from one another which helped the family and the fact that they were now co-located in the regional neighbourhood working hubs. Now the Early Help consultation had finished it could move towards implementation
- **Differentials in team performances – action taken to address this**  
Action was in place to address differentials in team performance and there was no longer separate management locality meetings; they were all conducted in one place so others could benefit from others' best practice
- **Assurance sought about children missing from home pathways**  
  
Was now working effectively with children going missing less. There were less episodes per child.

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

(2) That a progress report be submitted on dental assessments in 4 months.

(3) That a progress report on apprenticeships offer be submitted in 9 months.

## 27. **IMPROVING LIVES SELECT COMMISSION - WORK PROGRAMME 2018/19 - UPDATE**

Caroline Webb, Senior Adviser (Scrutiny and Member Development), presented an update to the 2018/19 work programme.

It was noted that at an initial meeting on Prevent had been held. A small sub-group had subsequently met (Councillors Clark, Cusworth and Brookes) had met to determine the focus of work in terms of any future work.

Resolved:- (1) That the work programme be noted.

(2) That updates be submitted to each meeting of the Select Commission on the progress of the work programme and for further prioritisation as required.

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

Resolved:- That a further meeting be held on Tuesday, 6<sup>th</sup> November not 30<sup>th</sup> October, 2018, as previously scheduled, commencing at 5.30 pm