

IMPROVING LIVES SELECT COMMISSION

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

Date: Tuesday, 18th September, 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.

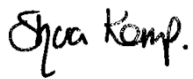
1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.
2. To determine any item(s) the Chairperson is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Communications
7. Minutes of the previous meeting held on 17th July, 2018 (Pages 1 - 15)
8. Children Missing Education (Pages 16 - 24)
9. Special Educational Needs and Disability (SEND) - Update (Pages 25 - 33)
10. Outcomes from the Improving Lives Select Commission Workshop Session - Complex Abuse Investigation (Pages 34 - 41)
11. Feedback from Improving Lives Select Commission Performance Sub-Group
12. Improving Lives Select Commission - Work Programme 2018/19 - Update (Pages 42 - 44)
13. Date and time of the next meeting

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.

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Present:- Councillor Cusworth (in the Chair); Councillors Allcock, Beaumont, Brookes, Elliot, Jarvis, Marles, Marriott, Price, Senior and Julie Turner.

Councillor Steele was in attendance at the invitation of the Chair.

Councillor Hoddinott was in attendance for Minute No. 13 (Domestic Abuse Update).

Apologies for absence were received from Councillors Clark, Hague, Ireland, Khan, Pitchley, Short and Joanna Jones (Co-optee).

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

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

9. DECLARATIONS OF INTEREST

Councillor Senior made a non-pecuniary Declaration of Interest in Minute No. 13 (Domestic Abuse Update) - Manager of Charity that works with victim adults and children affected by Domestic Abuse.

Councillor Jarvis made a pecuniary Declaration of Interest in Minute No. 17 (Spotlight Review - Adult Community Learning) - links with North Notts College.

10. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

11. COMMUNICATIONS

Training

Caroline Webb, Senior Adviser (Scrutiny and Member Development), reminded Members that there were 2 Corporate Parenting training sessions to be held as follows in the Town Hall:-

Thursday, 19th July, 2018 2.00-4.00 p.m.

Monday, 23rd July, 2018 9.30-11.30 a.m.

Corporate Parenting Panel

Councillor Jarvis gave an update on the recent meeting of the Panel held on 9th July which included:-

- The young people had received national recognition from the prestigious Diana Award recognising their outstanding contribution to society
- Councillor Watson voted the Looked After Children's Council Champion

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- The issue of securing a bank account to enable the LAC Council to access funding
- 2 young people had been elected as Treasurer and Vice-Treasurer
- Revised Terms of Reference

12. MINUTES OF THE PREVIOUS MEETING HELD ON 5TH JUNE, 2018

Consideration was given to the minutes of the previous meeting of the Improving Lives Select Commission, held on 5th June, 2018, and matters arising from those minutes.

Arising from Minute No. 5 (Barnardo's Reachout Service Update), it was noted that there was a discussion on potential limitations of the Service and if the preventative strategy focussed solely on awareness raising with potential victims rather than work with potential abusers. The commissioning team had confirmed that it was something they did want to build up and would include in the needs analysis going forward.

Resolved:- That the minutes of the previous meeting of the Improving Lives Select Commission, held on 5th June, 2018, be approved as a correct record, for signature by the Chairman.

13. DOMESTIC ABUSE UPDATE

Further to Minute No. 103 of December, 2017, Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety, and Sam Barstow, Head of Community Safety, Resilience and Emergency Planning, presented an update in relation to key activity and progress in relation to the provision of Domestic Abuse Services across Rotherham.

The Domestic Abuse Strategy was a partnership strategy, adopted by the Safer Rotherham Partnership and endorsed by the Cabinet. The Strategy set out the collective vision for Domestic Abuse (DA) Services within Rotherham for the next 3 years. There had been some key achievements to date, a number of which were outlined in further detail in the report submitted. A summary of key achievements was as follows:-

- The agreement of a revised action plan
- Reduction in waiting lists in commissioned DA Services
- Additional funding secured through Housing
- Revised training offer
- Commencement of a Perpetrator Programme
- Development of a handbook for practitioners
- Delivery of an independent peer review
- Subject of the Council's independent Health Check
- OFSTED – Rated Good
- PEEL – Rated Good
- Complete data set
- Delivery of a targeted World Cup operation

- Additional DA support over the Christmas period
- Enhanced engagement with Service users

Domestic Abuse had been subject to 2 independent reviews and was a specified area within the Council Commissioners' Independent Health Check. The Service had also undergone a full independent peer review led by colleagues from Bradford City Council and a sector-led improvement specialist. The full outcome report was attached as Appendix A to the report submitted. The findings of the report were largely consistent with those issues identified by the Partnership and made a clear case for improvement in some areas. It also identified a number of areas of good and effective practice.

There was a clear ambition of partners to work closely with Service users, victims and survivors to better understand how the Service worked for them and to work together on designing services for the future. During the Peer Review assessors and the team also ensured that Service users' voices were captured to inform the overall outcome; this was done through a focus group.

Rotherham RISE had agreed to work with the Domestic Abuse Co-ordinator to plan an annual calendar of engagement events the purpose of which was to hear both feedback and consult on key policies/strategies.

Discussion ensued with the following issues raised/clarified:-

- How was the voice of the child captured? As a result of the work with Peer Review, a much deeper audit had been undertaken by South Yorkshire Police looking across all of the districts and at the voice of the child within those DASH assessments (Domestic Abuse, Stalking, Harassment and Honour Based Violence). Following this audit, the Police had increased their training offer specifically around DASH and capturing the voice of the child. In addition, it had been made a specific requirement of all MARAC (Multi Agency Risk Assessment Conference) Chairs that, when receiving/reviewing/discussing cases, a specific question was asked of how the voice of the victim had been identified and responded to. As part of the broader governance and assurance, a series of "dip samples" of cases, with the first taking place in Housing Services. This would look at decisions to move victims and if alternatives could be found. The next area subject to dip sampling would be Police records to establish if there were children
- The dip samples would look for specific reference within the DASH assessment to seek assurance that this is captured in the paperwork and practice. This may include details to establish if there were any children in the property at that time; what action police officers had taken; what the follow on actions were at the time e.g. was it passed through to the Multi Agency Safeguarding Hub (MASH) particularly when looking at medium and standard risk

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In respect of the evaluation of the Perpetrator Programme; research from other programmes have shown that there is potential for increased risk to the victim. The concern expressed in the report was not based on any incidents/experience in Rotherham

- Further details was asked about Police willingness to engage. Details was given about their involvement in the Domestic Abuse Priority Group and to address the issues raised in the PEEL Review
- For example, a collective challenge was that of the backlog of standard and medium risk incidents around domestic abuse and the referral of those incidents particularly into the MASH. The Police had flagged and raised this as a legitimate concern and was being addressed at a partnership level. Assurances had been given that, whilst there was a backlog, it was triaged by professionals within the Police reviewing the cases and referring those considered to be high risk to the MASH on a timely manner.
- The Police had been requested to submit the performance analysis by the August meeting of the Domestic Abuse Priority Group. Clarification was sought whether there was a correlation between the change in reporting and increase in incidents and the decrease in referrals and reductions in positive outcomes.
- An increase across all crime types at the moment but in general those increases were as a result of the improved crime recording standards by the Police. There was a concern that there had been a slight dip in the level of incidents of domestic abuse, however, it was felt to be under reported.
- Repeat incidents – were services managing to resolve and support the victims or did they keep coming back?
- The Home Office prescribed a list of what they agreed was an official list of outcomes (18 potential) for the Police that then constituted an outcome to a particular incident or crime. It could range from a simple Caution through to Restorative Justice, Charge and Summons. The Police in Rotherham were looking at and understanding the outcomes. The documentation had been shared around the Council so there could be an understanding of the analysis of those outcome rates and some action in place to improve those
- Concerns were raised about online-abuse (e.g. stalking and harassment) and whether this is reported as an incident or a crime; how the risk is assessed and the potential for escalation. The Safer Rotherham Partnership, as a result of its priority setting process this year, had specifically identified stalking and harassment as an objective. There was a broader issue around online issues; cyber was a huge enabler of crime and a huge risk area that was not properly understood. It was intended to hold a dedicated conference

with partners around understanding what information was potentially on line, how to capture that information legally and legitimately and use it as part of investigations. The Police had had powers around stalking and harassment for some time. The Council also had a role to play in terms of its own tools and powers around stalking and harassment particularly when it linked into wider anti-social behaviour issues which would be reported in due course

- It was important to recognise that the Council did not always have to be at the exact level of the Police and if they said it was a crime it was resources and to this end the SRP and partners over the past year had co-located some of their key services around enforcement
- Clarification was sought about thresholds across services of risks particularly when children were present and ensure that these are consistent. Early Help assessments were used to understand the whole picture of a family in relation to children. The SRP were pushing the use of the tools that already existed and colleagues within the MASH actively challenging the risk levels that come through from Police colleagues
- Whilst the peer review highlighted positive work taking place, a number of gaps were also identified. There were a number of other players in terms of domestic abuse, particularly in the voluntary sector, that the Authority needed to engage and work with. It was important to get the system working together i.e. data sharing, governance and referrals. Challenges were put to partners who it were felt were not stepping up to the mark
- There was confidence that the challenge was happening and would continue to do so

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

(2) That the intentions in relation to varied case audits be noted and that a report in relation to the findings and learning as a result be submitted.

(3) That the action plan and engagement timetable be circulated to Select Commission Members.

(4) That regular updates continue to be submitted.

(5) That the Cabinet Member for Waste, Roads and Community Safety submit a briefing paper in January 2019 to include an update on the action to address stalking and harassment and progress of the final report.

14. CHILDREN & YOUNG PEOPLE'S SERVICES (CYPS) 2017/2018 YEAR END PERFORMANCE

Alisa Barr, Head of Service, and Deborah Johnson, Performance Assurance Manager, presented the 2017/18 year-end performance under the key themes for Children and Young People's Services

Due to the comprehensive nature of the report, summaries of 'good and improved performance' and 'areas for improvement' were reported provided together with a more detailed report for each Service Area i.e. Early Help, Children's Social Care and Education and Skills Section.

Performance had been considered against local targets, including associated 'RAG' tolerances. They were reviewed annually and set in consideration of available national and statistical neighbour benchmarking data, recent performance levels and Rotherham's

What is working well

- Satisfaction rates for Early Help were consistently high with 100% of families completing exit surveys in March rating the Early Help intervention they received as Good or Excellent. The Service had achieved a total annual performance of 96% overall
- Annual performance showed that Rotherham's local total engagement rate was high (92.2%) with 59.7% of families contacted and engaged within 3 working days
- During the year partners had completed 15.9% of the total Early Help Assessments (6.5% 2016/17)
- Troubled Families' target of engaging with 633 families during the year had been exceeded (1,073 by the end of March, 2018)
- 96% of children living in the 30% most deprived super output areas were registered with a Children's Centre of which 68% were actively engaged
- Primary attendance rate was currently 95.7% compared to 96% nationally and secondary was 94.5% compared to 94.6% nationally
- Youth Justice Board statistics showed that Rotherham had made a positive decrease of 49.6% in the number of First Time Entrants from the same period last year. Re-offending rates had also decreased by 6.6% (29.2%)
- 5.6% decrease in the number of contacts with Children's Social Care, however, the referral rate had increased from 26.6% to 28.6%
- The re-referral rate had made incremental improvements (23.1%), a 4.4% decrease on the 2016/17 outturn evidencing that casework practice was significantly improving
- Provisional performance in relation to assessment timeliness was 78%, a 7.3% decline on the previous year, however, the volume of assessments completed had increased by 32%
- Less than 1% of children ceasing a Child Protection Plan (CPP) were subject to that Plan for 2 years or more. At the end of the reporting year there was only one child being supported through a CPP for

- more than 2 years and only 10 who had been on a Plan for more than 18 months
- The Looked After Children's Virtual School had ensured 97% of eligible Looked After Children had a Personal Education Plan
 - Rotherham's Care Leavers Service graded Outstanding by Ofsted in the 2017 re-inspection of services
 - The number of children living in a family based placement remained relatively stable at 82.4% (81.1% at the end of March 2017)
 - Rotherham was top quartile performer for timeliness of adoptions with the adopted training package recognised by Ofsted as an area of excellence
 - Performance in the Early Years Foundation Stage Profile for a Good Level of Development continued to rise and be above the national average
 - 64.0% of pupils met the expected standard combined Reading, Writing and Mathematics (RW&M) in Key Stage 1 assessments (59.8% in 2016/17) and improvement of 4.2% and placed Rotherham above the national average
 - 61% of pupils met the expected standards in R,W&M with regards to Key Stage 2 (53.9% in 2016) an improvement of 71.% and in line with the national average
 - At Key Stage 4 the Rotherham Progress 8 score was +0.06, 0.09 above the national average score of -0.03

What are we worried about

- 85.3% of Early Help Contacts triaged within 5 working days, whilst below the 100% target, was consistent with last year's outturn
- 212 Payment by Results claims submitted for the Families for Change programme taking the total for the Programme to 292. Whilst a significant improvement, it remained behind at this stage of the programme compared to other authorities
- Annual outturn figure of 3.3% for Not in Education, Employment or Training against the local target of 3.1%
- Children subject to Child Protection had increased from 370 to 656 and Looked After Children 488 to 624 which equated to increases of 77% and 29% respectively
- The provision outturn position for the timeliness of Initial Child Protection Conferences was 83.9%, 7.1% lower than last year
- Compliance against the local CPP visit standard was 89.1% which was less than 1% below last year's outturn position
- Decline in the timeliness of CPP Review Conferences of 94.6% compared to 98.6%
- Compliance for plans in date had seen an outturn position of 82.7% for eligible Children in Need, 86.7% for children subject to CPP and 89.7% for LAC
- Increase in the last 3 months in the number of LAC who were experiencing multiple placement moves. The provisional figure was 13.1% (81 out of 618 children) was an increase on 11.9% for 2016/17

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- LAC Health and Dental assessment performance was low although there was a suggestion that there was still some time lag in inputting data onto Liquid Logic by Social Workers
- 14.8% of pupils achieved English Baccalaureate (Ebacc) at grade 5 or above, 4.9% below the national average (all schools) and 6.6% (state funded schools). 17.0% achieve Ebacc at grade 4 or above, 4.9% below the national average (all schools) and 6.9% (state funded schools)
- A decline in the proportion of children and young people attending a “good or better” school of 2% to 84.0% at the end of December 2017
- 85.3% were triaged within 5 working days for Early Help Contacts which was maintained performance against last year
- 58.7% of families had been contacted and engaged within the 3 working days timescale with a further 32.5% being engaged with outside of the timescales. The total annual outturn was 92.2%
- Of the 68 Early Help Assessments in scope for completion in March 2018, 45.6% were completed within the target timeframe
- Progress and support for partners to complete Early Help Assessments was ongoing. By the end of March 2018 15.9% of EHAs in 2017/18 had been completed by partners which was a significant improvement on last year
- Primary and secondary schools completed 67.5% of partner EHAs with the remaining partners (including Health) completing the remaining 32.5%
- Children centres’ registration rates during 2017/18 was 91% against a 95% target. However, performance in the 30% most deprived Super Output Area neighbourhoods was better with 96% of children registered against the 95% target overall

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

- A Performance Sub-Group had been established to scrutinise performance on a quarterly basis
- Clarification was sought on the eligibility for the Looked After Children for an Personal Education Plan.
- Eligibility was considered as opposed to all LAC children as a proportion of them were below the age of 3 years and not in education. The Authority had chosen to have a Personal Education Plan (PEP) for all children over the age of 3 years that attended provision. Sometimes there were very good reasons why a child of 3 years was not attending provision i.e. if moving placement and delayed the start until in a more stable provision but if a child attended school and was of school age they would have a PEP in place
- There was confidence that the 97% of eligible LAC who had a PEP was correct as it was closely monitored. Every time a child underwent a LAC Review the Independent Reviewing Officer (IRO) would be checking that a copy was available

- The 15 children without PEP at the end of 2017/18 were known, a number of which had only recently entered the care system
- Every child who came into care was allocated an IRO. The rise seen in LAC presented some significant challenges but the Directorate was clearly aware of its statutory duties to ensure every child had its review in the timescale required. Other experienced officers without caseloads were being utilised to provide additional capacity in an effort to maintain as best performance as possible
- There were a number of plans in motion currently one of which was Right Child Right Care which attempted to ensure that the Service was actively identifying and moving in an appropriately timely manner any child who should be safely, and could be, safely discharged from care so as making a child's time in care no longer than it should be. That involved discussions with foster carers and SGO, exploration of the extended family who perhaps in the past had not been in a position to care for the child and review all opportunities for the rehabilitation of older children
- Members of the Senior Leadership team were employing significant rigour around the review of decision making on every child coming into care to absolutely ensure that no alternative support could be offered to prevent them from coming into care
- Placement disruptions were not increasing. Recent evidence was showing greater stability for LAC. There was a pilot programme of intensive intervention programmes through the internal Therapeutic Team with evidence of the young people who had accessed the programme being extremely positive
- It was hoped that the figure for the placements lasting more than 2 years would decrease which would mean that more young people were being supported through to greater independence
- There was concern about the level of need and demand on services. A Head of Service and an Assistant Director had been put in place to review all children coming into care/subject of Protection Plans to provide assurance that those decisions were the right decisions. The situation had stabilised, however, the numbers had risen in the last 2 months due to a large number of sibling groups being taken into care
- It had been anticipated that the fortnightly performance meetings instigated during the improvement journey would cease, however, they have been retained to keep oversight. It was known that some of the recorded visits were not being completed within the preferred timescales, however, due to the performance meetings, it was known it was a recording issue

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- New methodology was being employed for Social Workers which took time to capture the information in different ways
- Whilst the numbers of CPPs had risen, the children were subject to them for shorter periods of time
- There were a number of factors that made Rotherham's situation unique e.g. Ofsted, Casey, Jay. It was known that the Authority had families whose children had received a service from the Directorate previously but not received it at the right time and their needs were more complex and complicated now. There were also significant ongoing Police Operations which added complexity to the environment the Directorate was operating in as well as a Complex Abuse Enquiry in the Borough

The Chair thanked Officers for the report.

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

(2) That the Cabinet Member attends the September Select Commission meeting to enable further discussion on the year end outturn.

15. CHILDREN AND SOCIAL WORK ACT 2017 - IMPLICATIONS FOR PRACTICE (CSW ACT 2017)

Ian Walker, Head of Service, reported on the implications for Looked After Children, previously Looked After Children and Care Leavers as a result of the Children and Social Work Act 2017.

The Act was intended to improve the support for Looked After Children (LAC), previously Looked After Children and Care Leavers, promote the welfare and safeguarding of children and make revised provisions about the regulation of Social Workers.

There were 64 Sections in the Act of which the first 10 had direct relevance to LAC and Care Leavers:-

Section 1

Introduced the 7 principles of Corporate Parenting which local authorities must give due regard to for both LAC and Care Leavers whether or not they were the local authority who looked after the child (set out in the report submitted).

The Corporate Parenting Panel would need to review and formally adopt the principles and then benchmark current practice against them. The Panel may then need to agree and implement an action plan in order to ensure that any shortfalls were reviewed and addressed.

Section 2

A requirement for local authorities to publish information about the services it offered to Care Leavers which may assist them in preparing for adulthood and independent living. The services may include health and wellbeing, education and training, employment, accommodation and participation in society. It was distinct from the Special Educational Needs and Disability (SEND) local offer stipulated by the Children and Families Act 2014.

Although Rotherham had a formal offer to its Care Leavers, as approved by the Corporate Parenting Panel in February, 2017, it would benefit from a review as the focus on the health and wellbeing of Care Leavers and their participation in society was not as well developed as it could be. In addition, the Leaving Care Team had instigated further developments over the past 12 months including a formal offer for Care Leavers who were pregnant or young parents.

Section 3

A requirement for local authorities to appoint a personal adviser for Care Leavers who requested one up until the age of 25 regardless of whether the young person intended to pursue education or training. The local authority also had a duty to carry out an assessment of the young person's needs and to provide the necessary advice and support. This duty had come into force as from 1st April, 2018.

A scoping exercise had been undertaken with Trafford Council who had been offering such support for a number of years which suggested that approximately 15% of Care Leavers were actively receiving support in any given week. On average this equated to each young person receiving 2 hours Personal Adviser time per week. In Rotherham this would equate to approximately one full-time equivalent Personal Adviser role.

The Leaving Care Team had recently received approval to increase the number of Personal Advisers and, therefore, it was anticipated that the additional function would be assimilated within existing staff resources.

Section 4

Placed a duty on local authorities to make advice and information available to parents, designated teachers in maintained schools and academies to promote the educational achievement of Previously Looked After Children. A local authority must appoint an officer employed by them or another authority to discharge the duty to provide advice and information.

Section 5

Placed a duty on the governing body of a maintained school to designate a member of school staff to have responsibility for promoting the educational achievement of Previously Looked After Children including those who were now the subject of adoption, special guardianship or Child Arrangements Order.

Meetings had already taken place between the Virtual School, the Head of LAC Service, Therapeutic Team manager, Post-Adoption Team, Post-SGO Social Worker and the post-Adoption Therapeutic Intervention Worker to consider how to work in collaboration in the discharge of the new statutory responsibilities of the Virtual School.

Section 6

Imposed a provision on all existing and new academy agreements requiring the proprietor of an academy to designate a member of staff to have responsibility for promoting the educational achievement of relevant children and young people. The proprietor must ensure that person undertook training and had regard to guidance issued by the Secretary of State.

The Virtual School in Rotherham would ensure that all academies in the Council were made of the new legal requirement.

Section 7

Amendment of the Children and Young Persons Act 2008 to require the governing body of a maintained school to ensure that the designated teacher for Looked After pupils had regard to any guidance from the Secretary of State.

The Virtual School in Rotherham would ensure that maintained schools were made aware of the new legal requirement.

Section 8

Extended the definition of the permanent provisions in the Children Act 1989 so that it included kinship care, adoption and other types of long term care. The courts would now be required to consider the impact on the child concerned of any harm they had or were likely to have suffered, their current and future needs and the way in which the long term plan for the child's upbringing would meet those current and future needs. Social Workers would have to give full consideration to the issues in the child's Care Plan and as a result they may require some additional guidance from the Public Law Outline Care Manager to ensure they abided by this additional expectation.

Section 9

Amended the Adoption and Children Act 2002 and required courts and adoption agencies to consider the child's relationship with their prospective adopters in decisions relating to the adoption if the child had been placed with those prospective adopters.

Section 10

Amended legislation to allow local authorities in England and Wales to place children in secure accommodation in Scotland.

Some consultation had already taken place with partners who would be required to support some of the new requirements but further awareness raising would need to be undertaken with maintained schools and academies within Rotherham.

Discussion ensued with the following issues raised/clarified:-

- The offer to care leavers who were pregnant/young parents included physical support in terms of accommodation and financial support as well as emotional support. There were a number of young people who had evidenced their success in being young parents and, as a result, a peer group was being set up so they could “buddy” a young person who became pregnant
- Clarification was sought on the financial implications of extending the support to care leavers up to the age of 25 years. Work had been undertaken with Trafford Council had enabled an estimate of the number of young people aged 24-25 years that may seek financial support of the Authority. There was confidence that by managing the processes the Service would have sufficient resources with the additional Personal Adviser to ensure continuity of meeting the needs of those care leavers
- At present the Service was confident it could manage the current situation, however, if the number of LAC continued to rise then there would be significant pressure. Currently there were 167 children in scope for Right Child Right Care and so far it had achieved almost 1/3 of the required discharges from care
- The Virtual School was robust in challenging schools in their spending of the Pupil Premium on the LAC and would not allow it to be included within the whole school budget
- There would be a new Social Worker Regulator with requirements as to how an Authority evidenced its ongoing professional practice

Resolved:- (1) That the changes in practice that the Act would require along with the specific implications there would be for Rotherham Children and Young People’s Services be noted.

(2) That the Corporate Parenting Panel keep under review the implications of the Act as they developed.

(3) That the Head of the Looked After Children Service inform the Senior Adviser, Scrutiny and Member Development, as to whether Pupil Premium funding was ringfenced.

16. IMPROVING LIVES SELECT COMMISSION WORK PROGRAMME AND PRIORITISATION

Caroline Webb, Senior Adviser (Scrutiny and Member Development), presented an outline work programme for 2018/19.

It was hoped that the programme would be finalised in September with a regular report provided on the reports coming forward.

Resolved:- (1) That the prioritised items within the Improving Lives Select Commission's work programme 2018/19, as submitted, be approved.

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

17. SPOTLIGHT REVIEW FOLLOWING THE OFSTED INSPECTION OF ADULT COMMUNITY LEARNING

Caroline Webb, Senior Adviser (Scrutiny and Member Development), presented a report on the spotlight review that had taken place following the Ofsted inspection of Adult Community Learning.

A cross-party working group had been established to examine what actions had been taken to address the issues raised by the Ofsted inspection and had consisted of Councillors Clark (Chair), Beaumont and Cusworth. Councillor Short had also contributed to the planning meeting which had determined the key lines of enquiry for the review.

Ofsted had raised areas of concern arising from the previous inspection in 2014 which had not been addressed in a timely manner. It had further identified that quality improvement plans had not been enacted sufficiently quickly and that Elected Members had not received clear information with regard to performance.

A very clear picture had been provided by the Deputy Leader and officers as to the events leading to the inadequate judgement in June 2017. Following management intervention significant improvements had been made which had become evident later in the year post-inspection.

Resolved:- (1) That areas of concern raised in external inspections or reviews be referred to the relevant Select Commission on a timely basis alongside a plan detailing what action was proposed to address identified areas of improvement.

(2) That the Corporate Performance, Intelligence and Improvement Team ensure that learning from the reporting of areas of concern and, in particular the issues arising from the spotlight review, be applied to inform how performance management information was shared and acted upon.

(3) That future performance reports and scorecards should signpost Members clearly to areas of declining performance and actions taken to address these.

(4) That further details be provided to the Improving Places Select Commission to clarify how Council priorities linked to the skills agenda and community engagement would be delivered by Rotherham and North Notts College and how outcomes would be reported to Members.

(5) That the Council's representatives on the Sheffield City Region Combined Authority Scrutiny Panel be asked to keep oversight of the devolution of adult education provision to ensure good outcomes for Rotherham learners.

18. DATE AND TIME OF THE NEXT MEETING

Resolved:- That a further meeting be held on 18th September, 2018,. Commencing at 5.30 p.m.

BRIEFING PAPER

1.	Date:	7th September 2018
2.	Title:	Children Missing Education
3.	Directorate:	CYP

1. Background

- 1.1 The Local Authority has responsibility to ensure that Children Missing from Education (CME) are identified, reported and tracked, so that suitable educational providers can be found.
- 1.2 The term CME refers to children of compulsory school age who are **not on a school roll**, and who are not receiving a suitable alternative education. A suitable education can be approved via alternative provision or appropriate Elected Home Education.
- 1.3 Section 436A of the Education Act requires that local authorities make arrangements to establish the identities of children residing in their area who are not receiving a suitable education. The duty **does not apply to children who are registered at a school and who are not attending regularly**; this is addressed via attendance monitoring and Persistent Absence (PA) Work.
- 1.4 The Early Help Service has a responsibility to ensure that protocols are adhered to when a child is known to have left a Rotherham school and a destination school cannot be tracked. The CME Lead officer as well as Early Help Attendance leads have a responsibility to support schools with the identification of children missing in education.
- 1.5 A key element of the service integration within Early Help over recent years has enabled a refocus the work of the Education Welfare Service to enable a more collaborative and inclusive approach to issues such as poor attendance, exclusion, Persistent Absence (PA) and Children Missing from Education (CME) rather than focusing on single issues such as attendance. This change is now firmly embedded in the service.

2. Key Issues

- 2.1 Until recently, the CME data 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.
- 2.2 This has led to a redesign of the reporting function and the development of a new CME Performance Scorecard. This development reduces the ability for rigorous comparative analysis to be drawn on previous years' performance, however puts Rotherham in a stronger position to understand which of our CME cohort cause the most concern. One of the key changes to CME reporting is to include predominant issues captured at the point of referral to CME so that a better understanding of potential vulnerability can be established, alongside a focus on the outcomes for children that were reported as CME.
- 2.3 In Quarter 1 (See CME Performance Scorecard) there were 188 children, from 116 families classified as 'new' CME referrals which highlights an increase of 33 children, when compared with the previous quarter. Of the 188 children identified in quarter 1, 110 (58.5%) have had a

previous episode of CME which emphasises that some children have recurrent issues with CME.

- 2.4 Of the newly identified cases of 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 and 134 cases were resolved in the period. *NB Cases of CME need to remain open until the child is found or until all enquiries have been exhausted. and this can mean that cases remain open for extended periods.*
- 2.5 The Central locality of Rotherham has consistently higher rates of CME and this is largely due to the mobile and transient nature of families living in the area from Eastern Europe and is associated with travelling back and forth from, the country of origin to the UK.
- 2.6 The Ministry of Housing, Communities and Local Government (MHCLG) Controlling Migration Fund has enabled extra resource to assist with key issues that affect the wellbeing of children and their progression in education, such as CME and these workers will spend a considerable amount to their time in local schools in the central locality.
- 2.7 In addition, the fund is facilitating the recruitment of two Community Navigators who is a shared resource between the Council and the voluntary sector and is offering intensive outreach and detached work to 'find' families that are newly migrant and/or arranging to leave the UK. The Community Navigators offer support, guidance and link the families to the appropriate services.
- 2.8 This Controlling Migration Fund additional resource will further support the existing work around CME to enable better communication within communities, to raise awareness of the disruption that transience can create for children's educational progress, attendance and outcomes.
- 2.9 A high proportion (40%) of children identified as CME had no known vulnerability or issues identified within the family at the point of becoming CME, which suggests that the underlying issue with the CME referral is that families have not notified the relevant authorities when moving house. Of the newly identified children in quarter one; we know that 14% were open to Children's Social Care and 6% to Early Help. All children, regardless of identified level of need, become subject to joint investigations by the school and the local authority at the point of becoming CME to ensure that rigorous strategies are employed to try and locate the child. This includes joint visits, discussions with neighbours, information sharing between Rotherham agencies and of course liaising with other Local Authorities,
- 2.10 Of the children that closed to CME in the period (134) the outcomes were as follows:
 - Responsibility was accepted by another Local Authority for 35 children, (26%.)
 - 23 children (17%) were verified to have left to UK.
 - 21 children (15.5%) were tracked and transferred to attendance tracking.
 - 21 children (15.5%) were found on role in a school out of Rotherham.
 - 19 children (14%) were found in a Rotherham school.
 - 8 children (6%) were registered with Elective Home Education.
 - 5 children were closed as all enquiries had been exhausted. (These children still remain on the national database.)
 - 1 child was found in alternative provision.
 - 1 child's outcome was not recorded (this has been explored and the child was located on role at a school in Essex but that data entry was incorrectly recorded).
- 2.11 Regular operational meetings for children missing from home, education and care take place and partners work together to understand what is working well, what is causing concern and agree what needs to happen. This operational group reports to the Strategic Missing Group

which subsequently reports to the LSCB CSE and Missing Sub Group. This provides rigour at all levels to ensure that children that are missing from home, school or care receive coordinated support across agencies and that exceptions are swiftly reported to ensure that they are addressed.

3. Key actions and relevant timelines

- 3.1 CME is proposed to move to Education and Skills as part of the Early Help Review as the work closely aligns with school admissions which is already located in the Education & Skills Department.
- 3.2 Despite this proposal change, processes will remain the same and work will continue across the operational and strategic boards to ensure that practice is scrutinised and that children are supported appropriately.

4. Name and contact details

Susan Claydon
Early Help Head of Service

DEFINITION	Current Position	Susan Claydon
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Performance Analysis

The following report outlines performance related to CME ongoing, intensive work to better extract and report on CME in the borough in order to effect positive change in understanding themes and improving practice. In quarter 1 there were 188 children (from 116 families) classified as new CME referrals which highlights an increase when compared with the previous quarter (155 children.) Of the 188 cases that opened in quarter 1, 110 children (58.5%) have been known to have previous episodes of CME that were closed. This highlights that some children have recurrent issues with CME. Evidence suggests that this recurrence is largely due to families being transient and then returning to Rotherham intermittently. Of the newly identified cases of CME, 78% of children were from the central area of Rotherham at the time of the referral. The Central locality of Rotherham has consistently higher rates of CME and this is largely due to the mobile and transient nature of families living in the central locality and those in particular from Eastern Europe and this is associated with travelling back to, or back and forth from, the country of origin to the UK. At the end of the reporting period there were 210 active cases that remain open to CME and 134 cases that were resolved in the period. NB Cases of CME need to remain open until the child is found or until all enquiries have been exhausted. and this can mean that cases remain open for extended periods.

The DCLG Controlling Migration Fund has enabled extra resource to assist with issues related to newly immigrant communities and as a result the Early Help Service has secured recruitment of two Family Support Workers that are based in schools and focus on key issues that affect the wellbeing of children and their progression in education, such as CME and these workers spend time in local schools in the central locality. This is useful resource that is further supporting the work around CME to enable better communication within communities to raise awareness of the disruption that transience can create for children in the borough and will be looking to facilitate more stable communities as a result of the intensive work. community navigators were also funded by CMF and these posts assist in identifying families as they come into Rotherham and assist in ensuring children enrol in school.

8 Children have been open for between 13 and 18 months, the reason for this unusually long length of time is that there were difficulties in health completing health checks however this issue has now been resolved in quarter.

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

- ↑ - increase in numbers (no good/bad performance)
- - stable with last month (no good/bad performance)
- ↓ - decrease in numbers (no good/bad performance)

NO.	INDICATORS - EARLY HELP BOROUGH WIDE PERFORMANCE	GOOD PERFORM IS	DATA NOTE (Monthly)	2018/19		DATA NOTE	DOT (Month on Month)	RAG (in month)	Target and Tolerances			YR ON YR TREND	
				Quarter 1 April-June 2018	YTD				Red	Amber	Target Green	2016/17	2017/18
1a	Number of referrals opened during the reporting period	Number of children	Info	Number	188	188		↑				510	585
		Number of families	Info	Number	116	116		→					
1b	Number of 1a (children) that have been opened this quarter as CME and have also had previous episode(s) of CME recorded	Info	Number	110	110			↑					354
2	Gender breakdown of children reported as CME in the period (new referrals)	Male	Info	Number	91	91		↑				269	291
		Female	Info	Number	97	97		↑				241	294
3	New CME referrals by locality	North	Info	Number	16	16		↑				33	30
		South	Info	Number	25	25		↑				49	85
		Central	Info	Number	146	146		↑				427	464
		No Locality Registered	Info	Number	1	1		↑				1	6
4	New CME referrals by school	Primary	Info	Number	107	107		↑				306	334
		Secondary	Info	Number	81	81		↑				204	251
New CME cases		White British	Info	Number	33	33		↑				47	62
		Asian Pakistani	Info	Number	9	9		↑				31	30
		Asian Indian	Info	Number	0	0		→					1
		Any other Asian Background	Info	Number	1	1		↓				4	9
		Black African	Info	Number	1	1		↑				3	5

	5	Ethnicity Profile of new CME retrerrals	Any other Black Background	Info	Number	2	2		↑					5
			Gypsy/Roma	Info	Number	69	69		↑				175	179
			Not Known	Info	Number	64	64		↓				184	263
			Any other white background	Info	Number	9	9		↑				47	27
			Any Other ethnic group	Info	Number	0	0		↓				19	4
Current CME cases	6	Total Number of active cases at the end of the reporting period		Info	Number	210	210		↑				292	153
	7	Total number of resolved cases in the reporting period		Info	Number	134	134		↓				480	715
	8	Total number of CME open cases where school have been authorised by the Local Authority to remove from admission roll		Info	Number								49	0
	9	Gender breakdown of current children reported as CME at period end	Male	Info	Number	104	104		↑				642	125
			Female	Info	Number	106	106		↑				497	116
	10	Total number current CME cases by locality	North	Info	Number	12	12		↑				38	11
			South	Info	Number	15	15		↑				61	25
			Central	Info	Number	182	182		↑				903	205
			No information	Info	Number	1	1		↑				137	0
	11	Total number of current CME cases by school	Primary	Info	Number	104	104		↑				453	127
			Secondary	Info	Number	67	67		↑				292	66
			Special/Inclusion	Info	Number	4	4		↓				24	9
Unknown			Info	Number	35	35		↑				370	39	
12	Total number of cases that have been opened for	<=6 Months	Info	Number	150	150		↑				469	324	
		Between 7 and 12 months	Info	Number	52	52		↑				241	187	
		Between 13 and 18 months	Info	Number	8	8		↑				212	73	
		Above 18 months	Info	Number	0	0		→				217	91	

CME CASES BY YEAR GROUP

DEFINITION	Current CME cases by year group	Owner	Susan Claydon
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Performance Analysis	The analysis of children recorded as CME across primary and secondary sector shows a higher prevalence in primary schools with 67.5% of referrals from primary compared with 32.5% from secondary.
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All cases	CURRENT CME CASES BY YEAR GROUP				
	Quarter 1 Apr - Jun 18	Quarter 2 July - Sep 18	Quarter 3 Oct - Dec 18	Quarter 4 Jan - Mar 19	Total to Date
YEAR 1	27				27
YEAR 2	17				17
YEAR 3	24				24
YEAR 4	26				26
YEAR 5	13				13
YEAR 6	20				20
YEAR 7	15				15
YEAR 8	17				17
YEAR 9	19				19
YEAR 10	17				17
YEAR 11	15				15
TOTAL	210	0	0	0	210

CME CASES BY ETHNICITY

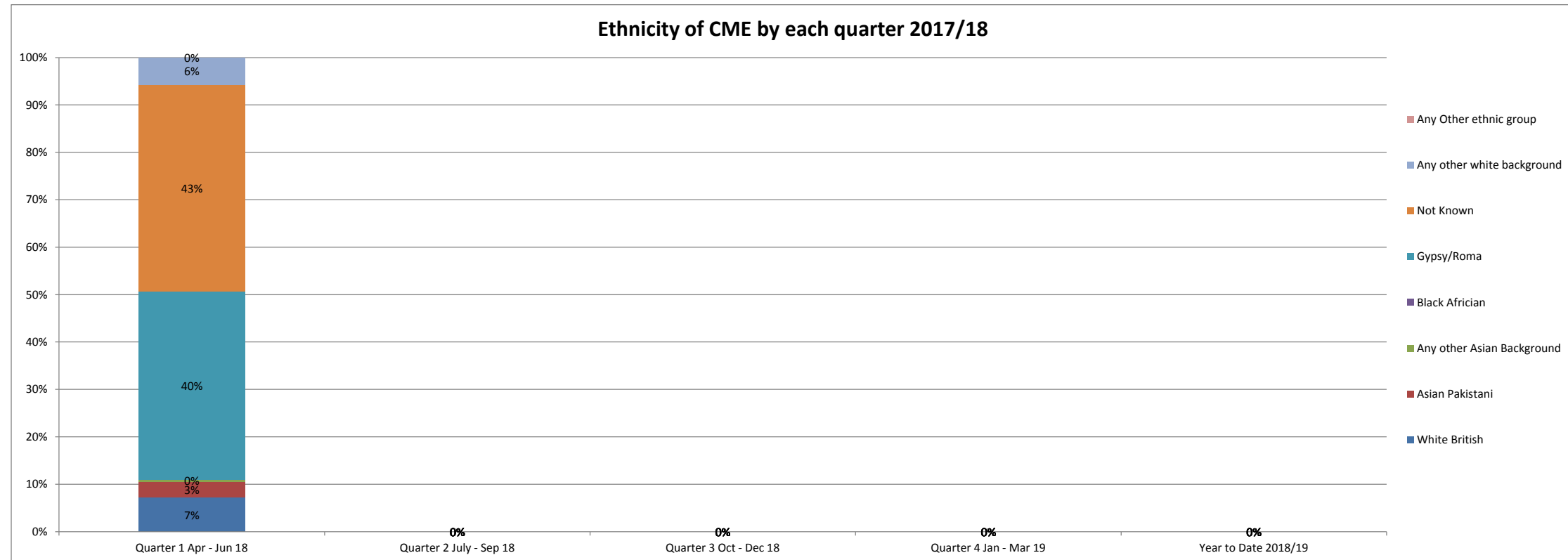
DEFINITION	Ethnicity of current CME cases	Owner	Susan Claydon
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Performance Analysis

The majority of CME in Rotherham are children from Roma heritage and this is likely as a result of the transient nature of Roma families and how repeat trips to the EU can disrupt education and create concerns around CME. Discussions have taken place with school admissions to request that there is a more rigorous capture of ethnicity as applications for schools are accepted, as there are a high number of 'not known' recorded in relation to ethnicity; it is however not possible to add the ethnicity of a child to a school admission form and so as a result the CME officer has been asked to follow up any referrals to seek further clarification on ethnicity, given that it can't be recorded at school admission stage.

All cases	CURRENT CME CASES BY ETHNICITY									
	Quarter 1 Apr - Jun 18		Quarter 2 July - Sep 18		Quarter 3 Oct - Dec 18		Quarter 4 Jan - Mar 19		Year to Date 2018/19	
	No.	%	No.	%	No.	%	No.	%	No.	%
White British	15	7%		#DIV/0!		#DIV/0!		#DIV/0!		0%
Asian Pakistani	7	3%		#DIV/0!		#DIV/0!		#DIV/0!		0%
Asian Indian	0	0%		#DIV/0!		#DIV/0!		#DIV/0!		0%
Any other Asian Background	1	0%		#DIV/0!		#DIV/0!		#DIV/0!		0%
Black Africian	0	0%		#DIV/0!		#DIV/0!		#DIV/0!		0%
Any other Black Background	1	0%		#DIV/0!		#DIV/0!		#DIV/0!		0%
Gypsy/Roma	83	40%		#DIV/0!		#DIV/0!		#DIV/0!		0%
Not Known	91	43%		#DIV/0!		#DIV/0!		#DIV/0!		0%
Any other white background	12	6%		#DIV/0!		#DIV/0!		#DIV/0!		0%
Any Other ethnic group	0	0%		#DIV/0!		#DIV/0!		#DIV/0!		0%
TOTAL	210	100%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	210	100%

Ethnicity of CME by each quarter 2017/18



CME CASES BY PREDOMINANT PRESENTING NEED

DEFINITION	CME REFERRAL CASES IN PERIOD BY PREDOMINANT PRESENTING NEED	Owner	Susan Claydon
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Performance Analysis

Work has been carried out in Early Help to enhance the reporting on CME to enable a more meaningful data set that explores thematic findings across the cohort so that we can target activity more specifically. This has included a capture, where available at the point of referral, of the predominant presenting need to assist understanding of any issues that may be present within familial groups that become subject to CME. It is important to note that this is not necessarily assessed need, but need highlighted by schools or system checks at the point of referral. In quarter 1 1% of cases had no evidence of vulnerabilities prior to referral to CME and 20% of referrals were noted to have neglect issues previously recorded. The refocused Operational Group for Children Missing from Home, School and Care will regroup in May and explore the data in more detail to ascertain pertinent actions related to recorded needs and their link to CME in the next quarter. Of the 188 open children it has been identified that 27 (14%) were open to Children's Social Care and 11 (6%) were open to our Locality Early Help Team which highlights that a large proportion of the cohort did not have additional needs at the point of referral to becoming CME.

Of the 31 children identified with Neglect as the predominant need, all have had (or still have) either Social Care or Early Help involvement.

New Cases in period	Quarter 1 Apr - Jun 18	Quarter 2 July - Sep 18	Quarter 3 Oct - Dec 18	Quarter 4 Jan - Mar 19	Total to Date
	Missing Out	Missing Out	Missing Out	Missing Out	
ALCOHOL AND SUBSTANCE MISUSE	2				2
ATTAINMENT AND ACHIEVEMENT	5				5
ATTENDANCE AND SCHOOL ENGAGEMENT	5				5
ASB AND CRIME					0
BEREAVEMENT	3				3
DISABILITY	3				3
DOMESTIC ABUSE	13				13
ENGAGEMENT IN LOCAL SERVICES					0
EXCLUSION					0
EXPLOITATION					0
FAMILY RELATIONSHIPS	4				4
HOMELESSNESS					0
HOUSING CONDITIONS					0
LEARNING NEEDS	2				2
MENTAL HEALTH					0
NAS	1				1
NEET					0
NEGLECT	31				31
NO ADDITIONAL NEEDS NOTED	75				75
PARENTING	32				32
PHYSICAL HEALTH	3				3
RUNAWAYS					0
SEXUAL HEALTH					0
SOCIAL ISOLATION					0
VULNERABILITY TO CSE	7				7
WORK AND MONEY	2				2
TOTAL	188	0	0	0	188

Number of New cases in period open to:	30th Jun 18	30th Sep 18	31st Dec 18	31st Mar 19	Total to Date
Childrens Social Care	27				27
Early Help Locality	11				11
Early Help Partners	0				0
TOTAL	38	0	0	0	38

TOTAL NO. OF RESOLVED/CASES CLOSED

DEFINITION	CLOSED CME CASES DURING THE PERIOD	Owner	Susan Claydon
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Performance Analysis

As part of the work to enhance the reporting on CME the service has built in outcome codes to the recording system that were not previously available for analysis. Historically CME reporting was largely focused around open and closed cases with a lack of reporting on the different outcomes that can be apparent at closure. The service is now capturing outcomes data and as a result; of the 134 cases that were closed in the quarter, 21 (15.5%) were found and transferred to admissions and tracking (it was subsequently discovered that they were not CME but transferring school; tracking of these children is important when they leave a school role and are not on role of a new one). 35 children (26%) were closed as they were found and another Local Authority subsequently accepted responsibility for them. 21 (15.5% of children) were found in another Local Authority School and 19 children (14%) were found in a school in Rotherham. 4% of children were closed as a result of all possible enquiries being exhausted and 17% were verified to have left the UK. 8 children (6%) were classified as being educated at home and one child was closed as alternative provision had been found. The refocused Operational Group for Children Missing from Home, School and Care will explore the data in more detail to ascertain whether the process is working as efficiently as possible. The majority of the children 'found' in another LA, either in a school already or in the applications process are proportionately scattered around the South Yorkshire area (Doncaster, Barnsley, Sheffield), there is no particular predominant area in other areas of the UK where children are found.

CLOSED CME CASES	Quarter 1 Apr - Jun 18	Quarter 2 July - Sep 18	Quarter 3 Oct - Dec 18	Quarter 4 Jan - Mar 19	Total to Date
ENQUIRES EXHAUSTED	5				5
FOUND - ALTERNATIVE PROVISION	1				1
FOUND - EHE	8				8
FOUND - IN SCHOOL IN OTHER LA	21				21
FOUND - TRANSFERRED TO A&T TRACKING	21				21
FOUND IN SCHOOL IN ROTHERHAM	19				19
NOT RECORDED	1				1
OTHER LA ACCEPTED RESPONSIBILITY	35				35
VERIFIED LEFT UK	23				23
TOTAL	134	0	0	0	134

Special Educational Needs and Disability

Changing Lives Scrutiny Panel 22nd March 2017

Jenny Lingrell & Paula Williams

Children & Young People's Services

Education & Skills



Big hearts, big changes

Rotherham
Metropolitan
Borough Council 

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)
- 7513 children are 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 is 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%
- 1333 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 shows there are 1956 children and young people in Rotherham who have an Education Health and Care Plan in place with approximately 354 of these children accessing an out of authority provision (18%) which isn't in the borough and 1602 children and young people access provision for which is within the Rotherham borough (82%). 33 of these children have their EHC Plan administered by another LA 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 are Post 16.

Rotherham's 5 Key Themes in the SEND Strategy



SEND Strategy

Co production Communication Voice and Influence

Families and services working together to produce better outcomes for Children and Young People with Special Educational Needs

There is clear and strong communication, participation, engagement and co-production with children, young people, families, practitioners and partners.

Why?

Genuine shaping of services and provisions

SEND Strategy

Integrated Services & Joint Commissioning

There is collective responsibility and a streamlined approach for children, young people and their families when accessing relevant assessments, services and support.

Why?

Early intervention to prevent higher levels of need

Sufficiency of Provision

There is 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.

Why?

Effective planning of resources (service and placement) within Rotherham

SEND Strategy

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

Why? –

Collective responsibility and moral imperative

Early Intervention and personalisation

Effective and efficient

Value for money and Savings

Provision made should be early, involve timely assessment and ensure the best use of funding available.

Why? –

*solution focused for families
all nationally facing challenge
statutory delivery of provision
preventative balance
risks*

What's Going Well

- A SEND strategy (at consultation) and an established action plan focusing 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 seven 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 will be in place for September 2018

What's Going Well

- 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 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 £1.5million cost avoidance projected by increased places through sufficiency.
- All age Autism Strategy in draft

What's Going Well

- SEMH joint wellbeing 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 (focus for the operational board – the transformation board sub-group).
- Business Support Review delaying centralisation and streamlining of Inclusion admin.
- Some uncertainty when Head of Inclusion becomes vacant

Current actions and Timelines

- **Publication of the finalised SEND Strategy** – November 2018
- **Co-Production and Communication**
- Implementation of the Voices action plan – this will be an ongoing piece of work with monthly monitoring of delivery is done by the SEND Strategic Board
- **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 – 31st March 2019
- Planning Year Two projects to begin on time: 1st April 2019 – March 2020
- Further investigations into mainstream SEMH resources: September – December 2018

Current actions and Timelines

- **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

Current actions and Timelines

- 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 of 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

Questions



BRIEFING PAPER FOR IMPROVING LIVES SELECT COMMISSION

1.	Date of meeting:	Tuesday 18th September 2018
2.	Title:	Special Educational Needs and Disability (SEND) update
3.	Directorate:	Children and Young People's Services

4. Introduction

- 4.1 A presentation on the reform of service and provision for children with Special Educational Needs and Disability (SEND) was given to the Improving Lives Scrutiny group in March 2017. An update on progress has been requested.
- 4.1.2 Rotherham has identified 5 priority strategic outcomes for meeting the needs of children with Special Educational Needs and/or Disability between 2018-2021.
- I. Co-production and Communication:
 - Families and services working together to produce better outcomes for Children and Young People with Special Educational Needs
 - There is clear and strong communication, participation, engagement and co-production with children, young people, families, practitioners and partners.
 - II. Joint Commissioning:
 - There is a collective responsibility and a streamlined approach for children, young people and their families when accessing relevant assessments, services and support.
 - III. Sufficiency of Provision:
 - There is 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.
 - IV. Assuring Quality:
 - All provision made through the graduated response and /or an Education Health and Care Plan, should be of the highest quality to enable the best outcomes for children and young people.
 - This area will include developments in the specific areas of Autism, Social Emotional and Mental Health Needs
 - V. Value for Money:
 - Provision made should be delivered early, involve timely assessment and ensure the best use of funding available.

- 4.1.3 A SEND Strategy has been co-produced with children, young people, families and partners; it details the work to be done in these areas and is currently at consultation with all stakeholders. The final version is due in November 2018.

4.2 Co-production and Communication

- 4.2.1 The co-production of services with children, young people and their families is gathering momentum across the Rotherham borough and Local Authority departments. Embedding co-production to shape provision is a key priority included in Rotherham Local Area's CYP (Children and Young People) Partnership, SEND Transformation, SEND Project and SEND Joint Action plans. This area has nationally recognised good practice regarding co production within Inclusion. There is currently a more cohesive approach and Charter mark with parents, but a number of developments are taking place in the area of hearing the voice of children and young people. A 'Voices' event took place in October 2017, and there is a Voices Action Plan which details the actions that have been agreed in partnership with young people.

4.3 Joint Commissioning

- 4.3.1 Relationships between Rotherham Council, Rotherham Clinical Commissioning Group and Rotherham Parent Carer Forum (RPCF), are strongly developed and this has enhanced the ability to work collaboratively on joint commissioning activity at individual, operational and strategic level
- 4.3.2 Jointly funded posts and services are in place (jointly funded Assistant Director for Commissioning, Performance and Inclusion, jointly staffed Autism Family Support Team).
- 4.3.3 There has been some streamlining of staff and team management within the Education Health and Care Planning Team which are an education service. The new manager also manages the Children With Disabilities Team within Children's Social Care.
- 4.3.4 There is a 'Health Focus Group' operating to support preparation for SEND Inspection and they are also developing a number of areas where health hold a key role in SEND provision

4.4 Sufficiency of Provision

- 4.4.1 All projects included in year one of the SEND Sufficiency Plan have begun. Four out of seven of these projects have been completed, with the outcome that approximately 50 children will be in Rotherham provision from September 2018 rather than outside the Local Authority. This has avoided them leaving Rotherham and reduced costs to the High Needs Budget.

- 4.4.2 One project at Rowan Centre will mean that 15 children will be identified to return to Rotherham after Christmas 2018 when the building work is complete. The remaining two projects have already begun and are expected to deliver on time and within budget.
- 4.4.3 A further two smaller SEND sufficiency projects have been actioned since April. A 19-25 College within Rotherham and a small residential provision that can offer education onsite for five young people with High Cost needs. It is expected that these will be completed during the new academic year and they will result in significantly reduced costs.
- 4.4.4 The Health Focus Group is currently completing a similar sufficiency study of health services that relate to SEND.

4.5 Assuring Quality

Education Health and Care Planning

- 4.5.1 All conversions of statements to Education Health and Care Plans (EHCPs) have been completed and 97% were completed by the statutory deadline of 31st March 2018.
- 4.5.2 The Education Health and Care Assessment Team had ignored capacity in place using SEND Reform Grant which ends 31st March 2019. The team are currently undergoing a permanent restructure to create a 'fit for purpose' permanent team which will be complete by 1st October 2018.
- 4.5.3 A staggered performance target has been set to ensure the team are completing at least 90% of new EHCPs within the statutory timescale of 20 weeks by the end of the reporting period; March 2019. This will then be in line with the national figure. The team are performing above the current quarterly target of 60% and during July completed 72% of new EHCP assessments within 20 weeks.

Autism

- 4.5.4 An all age Autism Strategy is in draft and will be shortly presented to the Directorate Leadership Teams in Children's and Adult Services. This is due in Autumn 2018.

Social Emotional and Mental Health (please see Appendix 1)

- 4.5.5 A new primary outreach team is in development, with the agreement of schools forum, to support primary schools in developing the skills to maintain children on site with support from specialist staff and offsite sessions where appropriate. This is due to be in place by April 2019.
- 4.5.6 The Rowan SEMH Centre has been inspected by OFSTED and received feedback describing a solidly 'good' rating

- 4.5.7 Permanent exclusions in Primary Schools have reduced from eight to three during the last academic year and but secondary figures have risen from 30 to 41. There has been one permanent exclusion from a special school and none from Aspire or Rowan. Overall permanent exclusions have risen from 38 to 45.
- 4.5.8 Fixed term exclusions in Primary Schools have risen from 357 to 408 but have fallen in Secondary from 3083 to 3068. The special school figure has risen from 1 to 5 and the most significant fall has been in Aspire and Rowan where fixed term exclusion figures have virtually halved from 138 to 67. There is a slight overall reduction in fixed term exclusions from 3570 to 3550
- 4.5.9 There has been a significant rise in Aspire's GCSE results over the past three years since the leadership was held to account and work to produce SEMH partnerships began. Although direct comparison is problematic, from 2015-2018, children meeting national targets (now grades 1-9) has risen from 46% in 2015 for English to 75% in 2018 and from 50% in Maths in 2015 to 70% in 2018.
- 4.5.10 The Local Authority has received three offers of SEMH mainstream resource provision from multi academy trusts which have been made within the last two months and are currently being discussed.
- 4.5.11 Colleagues across education, health and social care services are currently working together to submit a 'Trailblazer' bid which if successful will release funding from central government to enhance the work currently underway through greater first tier mainstream support.
- 4.5.12 Excellent co-production and engagement has taken place across education, health, social care, schools, early years, adults and parents for a borough wide SEMH Strategy. The remit for the Strategy has widened through discussion to a Well Being Strategy and plans are to be discussed at Health and Wellbeing Scrutiny Commission.
- 4.5.13 Whole service events have taken place to produce two actions plans - Turning the Curve on Exclusions and Turning the Curve on rising EHCPs.

Preparation for Adulthood

- 4.5.14 A Preparation for Adulthood Strategic Board has been established to be co-chaired by an Assistant Director within Adult Social Care and the Strategic Lead for Rotherham Parents Forum.

4.6 Value for Money

- 4.6.1 The Sufficiency work has meant that many more children are being educated within Rotherham which is not only more desirable for the children but is avoiding costs for the High Needs budget.

4.6.2 The number of schools aged children and young people with SEND educated outside Rotherham has fallen from 163 to 134 with 13 possible leavers and a further 17 possible starters at the time of writing.

4.6.3 There has been significant cost avoidance to the High Needs Budget through the creation of more places through the sufficiency strategy. However, Rotherham's position, like that of many local authorities, remains that the High Needs Budget is overspent. The SEND Strategic action plan will continue to seek to address this.

5. Key Issues

5.1 Co-production and Communication

5.1.1 There needs to be greater genuine co-production with children and young people to effect provision, which will be addressed through the Voices Action Plan. There has been detailed consultation with children and young people on the SEND Strategy has been which has given great insight and led to action points. The key messages are;

- Relationships is the key and staff need to be give support to do this well
- Young people should be involved on their 'terms and turf', rather than invited into meetings in council buildings.
- In mainstream schools there need to be more adaptations, reasonable adjustments and work on life skills
- Preparation for Adulthood needs more attention
- The Local Offer site needs to be better co-produced with children and young people and be more young people friendly
- There should be more celebration of where things are going well

5.1.2 It is now timely to develop new, fit for purpose communication vehicles for this agenda. These will focus on ensuring that the workforce is well informed and prepared prior to a SEND inspection and promoting a 'one workforce' approach to celebrating good practice across the partnership. SEND specific communications will be aligned with the strategic plan for communications in CYPs and the Rotherham Place Plan communications strategy.

5.2 Joint Commissioning

5.2.1 There is some discussion about the SEND hub at Kimberworth Place and whether it is to be re-sited. This requires clarification and appropriate actions. The current SEND hub action plan has concentrated on actions related to the building but needs to move onto the streamlining of services. The co-location of all SEND services has already shown greater joint working and communication.

5.2.2 There is a need for the EHCP decision making panel remit to become more robust in order to correctly involve the correct decision making staff from all departments, and in order that decisions made around provision and funding are scrutinised at the point of discussion.

5.2.3 A SEND Workforce Development Plan is now needed to build on the early work done in this area and to ensure all staff at all levels have access to appropriate training to drive the local priorities.

5.3 Sufficiency of Provision

5.3.1 The increase in sufficiency programme is going well, within timescale and within budget. There is a fortnightly monitoring group which needs to continue to oversee developments and build in all additional preventative projects that will continue to reduce costs.

5.3.2 There must be a robust monitoring of the ratio of children with EHCPs moving out of mainstream schools into specialist provision to ensure there is an appropriate balance.

5.3.3 As yet there has been no strategic sufficiency study of provision beyond school age to plan for the young people to move into further education, employment or training. This is now important to complete.

5.3.4 A Health SEND sufficiency study is in draft and will be in place by the end of October.

5.3.5 A joint SEND sufficiency study will be produced in 2019/20.

5.4 Assuring Quality

5.4.1 Education Health and Care Planning – A new manager and development plan is now in place to restructure the team, begin moderation of EHCPs and work on reducing the number of requests. Education Health and Care Plans have continued to rise in Rotherham during the reform of the service to just below 2000 ensuring children's needs were met. Monitoring the mainstream offer, sufficiency of specialist provision, and monitoring the balance of both provisions to meet EHCP needs will now be possible and become a priority

5.4.2 Autism – the All Age Autism Strategy will need to address any appropriate gaps identified after consultation. This includes better Preparation for Adulthood, and work to support the whole family. The Sufficiency of Health Services is addressing the identification of gaps in this area and work has already begun to address the need for more sensory assessment and creation of a graduated response to meet this need.

5.4.3 SEMH - The SEMH agenda continues to progress and operational work has taken priority. This would now be greatly enhanced by the completion of the overarching strategy which incorporates all work being done and the new developments of the Primary Outreach team and Trailblazer bid.

5.4.4 Preparation for Adulthood – Progress in this area has been slowest and it is to be prioritised over the coming months. The newly established Board needs to identify leads on the actions of the strategic plan and monitor progress. There

needs to be a greater cohesive approach to transition; an increased emphasis on employment, internships and apprenticeships; work with colleges to improve their graduated response; and work to improve the genuine involvement of young people in setting and reaching their own goals independently.

5.5 Value for Money

5.5.1 Many of the actions above will result in a more appropriate use of High Needs Budget in the future. There needs to be a robust monitoring of the whole budget and interdependencies within to ensure that the majority of funding is directed to earlier, preventative work within the borough, so reducing the need for EHCPs and high cost placements outside Rotherham.

5.6 Other Changes

5.6.1 During recent months there has been a change to staffing in the SEND area. The Assistant Director for the area has changed and the Head of Inclusion is to change in the near future. This change in leadership requires careful planning to ensure no loss of momentum and progress for families.

6. Key actions and relevant timelines

6.1 Priority Table

Priority Area	Detailed Actions	Timescale
Publication of the finalised SEND Strategy		November 2018
Co-Production and Communication	Implementation of the Voices action plan – this will be an ongoing piece of work with monthly monitoring of delivery is done by the SEND Strategic Board	On going
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	31st March 2019
	Planning Year Two projects to begin on time	1st 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
Assuring Quality – Autism	All Age Autism Strategy finalised	November 2018
	Sensory Assessment protocols and graduated response agreed with health	December 2018
Assuring Quality – SEMH	New SEMH Strategy incorporating all work across education, health and social care in place	Consultation to commence
	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

6.2 Value for Money

- 6.2.1 Development of a robust High Needs Budget monitoring group to investigate and monitor to commence October 2018;
- Mainstream resource funding model
 - Traded Service model
 - SEMH cost section within the budget
 - Review of all posts and services funded from within the budget

7. Recommendations to Improving the Improving Lives Select Commission

- 7.1 That the Improving Lives Select Commission receives and notes the information in this briefing and the progress made within the SEND and Inclusion agenda.
- 7.2 That the Improving Lives Select Commission seek a further update on the progress being made with the SEND/Inclusion agenda periodically over the next 3 years to ensure the continuation of the travel of direction and pace of developments given the change in two key leadership posts.

8. Name and contact details

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Council Report

Improving Lives Select Commission – Tuesday 18 September 2018

Title

Outcomes from the Improving Lives Select Commission Workshop Session – Complex Abuse Investigation.

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

No

Director Approving Submission of the Report

Assistant Chief Executive

Report author(s):

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Ward(s) Affected

All

Executive Summary

The briefing paper (attached as Appendix 1) outlines the outcomes and recommendations from the workshop session held by members of Improving Lives Select Commission on 24 April 2018. The purpose of the workshop was to seek assurance and further understanding of the extent to which agencies are working effectively together to address complex abuse.

The recommendations from the workshop are outlined in Paragraph 9 of Appendix 1.

Following consideration by this Committee, the report is to be submitted to Overview and Scrutiny Management Board and from there, presented to the Council meeting of 31 October 2018 for information to share the findings with the wider membership. The Cabinet will be required to respond formally to the recommendations and indicate agreement or otherwise, what action, will be taken to implement the recommendations, along with details of timescales and accountabilities.

Recommendations

- 1) That the report and recommendations, as outlined in Paragraph 9 of Appendix 1, be approved.
- 2) That OSMB forwards the scrutiny review to Council for its consideration;

- 3) That the response of Cabinet and Partners to the recommendations be fed back to this Committee.

List of Appendices Included

Appendix 1: Outcomes from the Improving Lives Select Commission Workshop Session – Complex Abuse Investigation

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

Council Approval Required

No

Exempt from the Press and Public

No

Improving Lives Select Commission
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1.	Date of meeting:	18 September 2018
2.	Title:	Outcomes from the Improving Lives Select Commission Workshop Session – Complex Abuse Investigation.
3.	Directorate/Agency:	Assistant Chief Executive's Children and Young People's Services

4 Attendance

Present: Councillors Beaumont; Clark (Chair); Cooksey; Cusworth; Eliot; Jarvis; Khan; Senior and Turner, Julie.

Apologies: Councillors Hague; Marles; Pitchley and Short

5 Purpose of this briefing

- 5.1 This briefing note outlines the outcomes of the workshop session held by members of Improving Lives Select Commission on 24 April 2018 to understand the Complex Abuse Investigation.

6 Background

- 6.1 At its meeting of 13 March 2018, the Commission considered a report on Complex Abuse Processes. The report outlined that complex abuse procedures are used in cases where there are believed to be issues of connected, organised or multiple abuse of children. There is an ongoing large scale Complex Abuse Investigation in Rotherham which commenced in early 2017.
- 6.2 Following this meeting, Cllr Maggi Clark as the chair of the Commission, requested that a workshop session be held to enable Members to seek assurance and further understanding of the extent to which agencies are working effectively together to address complex abuse. This was held on Tuesday 24 April 2018.
- 6.3 The Commission thanks the following officers for their co-operation with the planning and delivery of the workshop.
- Emma Wheatcroft, South Yorkshire Police
 - Sam Davies, Rotherham Clinical Commission Group
 - Vicky Schofield, Head of First Response, CYPS
 - Mel Meggs, Deputy Strategic Director, CYPS (Apologies received)
 - Phil Morris, Business Manager, Rotherham Local Safeguarding Children's Board (LSCB) (Apologies from Christine Cassell, Independent Chair)

7 The following key issues were discussed:

- 7.1 In what circumstances were complex abuse procedures used?
- Officers detailed that complex abuse procedures are used in cases where there are believed to be issues of connected, organised or multiple abuse of children. This may occur where multiple children (across more than one sibling group) are

abused by a single perpetrator or when multiple, connected perpetrators are involved in abusing children in some “organised” way. Complex abuse investigations are governed by the same legislative principles as all other investigations of child abuse (Section 47, Children Act 1989 and Working Together to Safeguard Children Guidance¹). The local authority therefore has a statutory duty to investigate where there are reasonable grounds to believe that children are suffering or likely to suffer significant harm, taking all necessary action to ensure their welfare as a result.

- A feature of the current investigation was the significant number of children and young people who were experiencing neglect. Examples were given of children and young people from a number of inter-related families being left hungry or dirty, without adequate clothing, health care or supervision. The neglect also extended to children being put in danger or not protected from physical, sexual or emotional harm.
- It was noted that the effects of neglect can have a wide-ranging, long term impact on the physical, psychological and emotional well-being of the child or young person. While its impact can be particularly damaging in the first 18 months of life, harm is also understood to be cumulative with poorer outcomes across a range of developmental milestones for those experiencing neglect.

7.2 Which agencies were involved and at what level?

- The inquiry was instigated following the conclusion of a related police investigation into substance misuse and suspected child sexual exploitation. It commenced in January 2017 in line with the Rotherham Local Safeguarding Children Board Complex Abuse Procedure. Colleagues from South Yorkshire Police, Rotherham CCG (Clinical Commissioning Group) and Rotherham LSCB outlined their respective responsibilities under the procedure, giving examples of how they worked together to identify and investigate this type of abuse.
- Details were given of the strategic group which was set up in late 2016. The group had high level representation from relevant agencies, with agreed parameters and terms of reference, timescales of the enquiries/investigation and routes of accountability for the investigating team.
- Members asked for further details of the Operational Group established in March 2017. It was explained that the team was established which had the necessary training, expertise and objectivity to manage and conduct on a day to day basis the criminal investigations and/or Section 47 Enquiries. The group was also responsible for the deployment of staff and resources for the investigation and the subsequent ongoing care and safeguarding of the children. The group ensures that there are clear protocols in place, including a consistent strategy for sharing information appropriately and confidentially with other agencies not represented on the strategic and operational groups. Operational briefings are issued on a weekly basis outlining key developments and issues.
- Prior to this investigation, Rotherham had already established a Multi-Agency Safeguarding Hub (MASH)² to support multi-agency information sharing, decision making and responses to child safeguarding concerns, with key staff from partner agencies co-located. The MASH operates in a secure fire-walled environment with access to their agency’s electronic data, who research, interpret and determine

¹ Since this workshop was held the refreshed Working Together to Safeguard Children guidance was published in July 2018.

² Involving staff from Rotherham Metropolitan Borough Council (RMBC), South Yorkshire Police (SYP), the Rotherham Clinical Commissioning Group (CCG), The Rotherham NHS Foundation Trust (TRFT) and Rotherham, Doncaster and South Humber NHS Trust (RdaSH)

appropriate information sharing in relation to children, young people (and vulnerable adults) at risk of immediate and / or serious harm. Having co-located staff meant that once the decision to proceed to the complex abuse investigation had been made, the response was co-ordinated quickly and efficiently.

7.3 How did other agencies/ part of the council which do not directly have safeguarding powers (e.g. housing, licensing or enforcement services) contribute to the investigations?

- Further details were provided of the bespoke social care team and the type of work undertaken to coordinate activity with relevant agencies. Links with community based workers and groups were highlighted as well as the close working with police and housing providers. The complex abuse investigations were focussed on a number of inter-related families who had moved to Rotherham in recent years. This had brought specific challenges in terms of language and cultural awareness. Examples were given how these were addressed by workers from different agencies.
- Examples were sought about how other agencies and Council services who sit outside social care were involved (e.g. housing, revenue and benefits, licensing or enforcement services). Instances were given of co-operation and information sharing which had assisted investigations positively.
- In respect of referrals, it was explained that prior to the complex abuse investigation being enacted, referrals were coming through from individual workers across different agencies (for example health visitors, schools or children centres), but the significance or connectivity of the cases had not been fully recognised. There was also 'soft' intelligence which had been taken in isolation rather as part of the wider picture and whilst a police operation had been enacted this had not led to the evidential thresholds for criminal proceedings to be met. A subsequent review into the police operation uncovered a level of childhood neglect present in their enquiries which resulted in the use of mapping process which identified the connectivity between some current casework that was being managed as individual cases and the potential of a wider group of children experiencing a similar pattern of significant harm. The partnership agreed that this constituted a complex abuse investigation. The investigation then took a proactive approach to identifying all known children who could be at risk and ensuring they were subject to child protection assessment and planning. This is significantly different to day to day practice which requires a referral for an investigation to be commenced.
- Assurance was given that there were good lines of communications and intelligence was shared appropriately. Members questioned how this worked in practice and sought examples of multi-agency working, particularly drawing on how referrals from different agencies were used and escalated. It was raised that poor dental health in children was often an indicator of parental neglect, however there had been relatively few referrals from dentist or dental health professionals.
- It was noted that links were developing with the Department for Work and Pensions and Border Agencies and Courts, to share information when children leave or return to the area. This was an emerging relationship and given there was no 'template' for this type of working, staff had to come up with innovative and flexible ways of engaging with families and agencies. Although good examples of joint working were given, the legal system face challenges to understand the wider context of the complex investigations and respond to the escalating risk of flight which may require rapid intervention. This was subject to ongoing dialogue and representations to ensure children were safeguarded.
- An overview was given of the work undertaken with other police forces in the UK and European judicial agencies to identify and track the criminal history of non-British nationals. Information sharing protocols had been developed which were

thought to be working well although these were subject to constant review and refinement. These processes would be monitored particularly in light of exiting the European Union in 2019.

7.4 What was the impact of the investigations on referrals to social care?

- As a result of the inquiry, there had been a significant rise in children experiencing a social care intervention. The volume of cases related to the investigation had placed considerable pressure on all agencies involved. There had also been a rise in the number children being taken into care or going through care proceedings and children being placed on a child protection plan. The officers also highlighted that a number of families were receiving early help services. Assurances were given that actions taken were appropriate to safeguard children and were decisions were made in the best interest of the child.
- As with other children in care, every effort was made to keep placements within the borough or within close proximity. It was outlined that there were no greater levels of placement disruption for this group of children compared with other looked after children. Foster carers were made aware of the issues experienced by the children and young people so that they could work appropriately to support them.

7.5 Engagement with Early Help Services

- Assessments of capacity to protect/achieve and sustain change were now routinely undertaken which would inform the course of action undertaken for each family. Many of the families involved in the investigation had engaged superficially with Early Help services; however despite these interventions the adults had not always demonstrated the capacity to protect their children from harm. In these instances, cases had been stepped up appropriately. In those cases where families were assessed that there was capacity to change, ongoing support was provided from early help to build resilience to improve parenting and to access education, health care, decent housing etc.
- It was noted that school attendance for the children and young people involved in the investigation had been problematic. There was greater consistency in the way that schools now followed the procedure to track attendance and report children who are missing.
- Protocols had been developed for missing alerts for transient families with examples given of joint working with the Border Agency. It was noted that there is no single system to record and share information nationally about children who go missing in place.

7.6 Will the changes to the General Data Protection Regulation (GDPR) have any impact on information sharing?

- It was reported that the changes to the Data Protection Act 2018 and GDPR should not act as a barrier to practitioners and agencies to share information appropriately if its purpose is to identify and provide appropriate services that safeguard and promote the welfare of children. As with current procedures, whilst consent should be sought wherever possible, there will be circumstances when it is not appropriate to seek consent, because the individual cannot give consent, or it is not reasonable to obtain consent, or because to gain consent would put a child's or young person's safety at risk. However, the roll-out of the new GDPR would be monitored to see if there are there is any adverse impact on agencies sharing information.

- Questions were asked about how information was shared with ward members about community engagement and disruption activities which may be taking place locally. It was suggested by the Committee that local ward members should be alerted in line with existing operational protocols and on a 'need to know' basis if these activities were taking place so they could signpost residents appropriately and ensure that information and intelligence pertaining to the investigation was passed on.

7.7 How is the voice of the child captured in these investigations?

- Examples were given of some of the difficulties attached to capturing the voice of the child, particularly in circumstances when the parents or carers were not fully or openly engaging with the process. The practice guidance reiterated the importance of correlating evidence from a variety of sources including observing the child in different settings and speaking to them on their own. In some circumstances further disclosures had been made once the child had been removed and placed in safety.

7.8 How was this work viewed in the recent OFSTED inspection?

- The recent OFSTED inspection reported positively of the work undertaken to help reduce risk, effective planning and tenacious social work practice working with families, many of whom do not want to engage. Members asked for further details of how the lessons and learning arising from the complex abuse process are implemented to improve safeguarding practice. Assurance was given that learning was shared and applied with case audits undertaken by the LSCB and as part as 'routine' improvement practice. OFSTED had flagged Rotherham as an exemplar of good practice in how it had undertaken this work.
- In particular, the learning relates to the way key agencies work with vulnerable children who move between local authority areas and across international borders. Specifically, procedures have been implemented around the sharing of information between agencies in different countries. Processes in relation to the identification of missing families have been developed (in order to address the issues about risk of flight during child protection processes), and skills and expertise in mapping large amounts of familial information (through the use of 'genograms') to aid assessment has increased significantly. More generally, the learning from this work is helping to strengthen social work assessments, in the context of accumulative information giving rise to concerns about children's safety.
- The practice guide for working with complex and mobile families was shared with Members which set out clear steps to follow to ensure a consistent approach is taken to investigation. Staff receive support and guidance through supervision to ensure that practice is embedded. This is corroborated through audits which had demonstrated consistent practice and good levels of information sharing and collaboration.

8 Conclusions

8.1 Having had the opportunity to question officers and partners, Members were assured that the Council and its partners working effectively within the prescribed policy for complex abuse investigations (CAI). In doing this, it was satisfied that:

- the powers available to investigate and address CAI and are these utilised fully;
- the support arrangements available for families at risks were adequate;
- there were good systems and processes in place, which were developing to meet changing circumstances;

- that there was good sharing of intelligence and learning within the Council and with its partners;
- the Council was working with other authorities appropriately.

8.2 Members also gained a better understanding of why OFSTED identified the work undertaken as part of the CAI as good practice in its recent inspection report.

8.3 The Chair thanked those present for the candid presentation and willingness to share this information to members of the Improving Lives Select Commission.

9 Recommendations

9.1 That this briefing be noted and the following recommendations be forwarded for consideration:

- That further investigations 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 does not act as a barrier to the appropriate sharing of information;
- That further representation is made by the LSCB to the CPS and relevant Court Services to raise the issue of how all agencies can take timely action to safeguard children at risk of flight;
- That a further update be submitted to Improving Lives Select Commission in 12 months' time.

10 Name and Contact Details

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Improving Lives Select Commission – 18 September 2018

Title: Improving Lives Select Commission work programme update

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

No

Strategic Director Approving Submission of the Report

Assistant Chief Executive

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Ward(s) Affected

All

Summary

This paper provides Members with an update on its work programme for 2018/19.

Recommendations:

1. That Members note the work programme as outlined;
2. That updates are provided to each meeting of Improving Lives on the progress of the work programme and for further prioritisation as required.

List of Appendices Included

None

Background Papers

Nil

Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

Council Approval Required

No

Exempt from the Press and Public

No

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

- 1.1 That Members note the work programme as outlined;
- 1.2 That updates are provided to each meeting of Improving Lives on the progress of the work programme and for further prioritisation as required.

2 Background

- 2.1 Members of the Improving Lives Select Committee agreed its outline work programme at its meeting of 17 July 2018. Members gave consideration to the following items which have been prioritised or referred from the previous year's work programme which has been provisionally scheduled as follows:

Meeting Date	Agenda Item
5 June 2018	<ul style="list-style-type: none"> • Evaluation Report: Barnardo's Reach Out Service • CSE Post Abuse Services Update • CYPS Edge of Care Provision
17 July 2018	<ul style="list-style-type: none"> • Domestic Abuse Update • Children and Social Work Act 2017 • Children & Young People's Services (CYPS) 2017/2018 Year End Performance Report
18 September 2018	<ul style="list-style-type: none"> • Children Missing from Education • SEND sufficiency • Outcomes from the Improving Lives Select Commission Workshop Session – Complex Abuse Investigation
30 October 2018	<ul style="list-style-type: none"> • CYPS Transformation and innovation projects (update) • LAC sufficiency strategy and related budgetary issues
4 December 2018	<ul style="list-style-type: none"> • Rotherham Local Safeguarding Children Board - Annual Report 2017-18 • Rotherham Adult Safeguarding Board 2017-18 Annual Report (TBC) • Education Performance Outturn (un-validated data) (TBC)
15 January 2019	<ul style="list-style-type: none"> • Voice of the Child Lifestyle Survey • CSE Post abuse and Barnardos Reachout (TBC) – (requested from 5 June, 2018) • Domestic Abuse
5 March 2019	<i>Agenda to be determined</i>
16 April 2019	<i>Agenda to be determined</i>

2.2 Following initial discussions at Improving Lives and Cllr Cusworth, the following items are being progressed. Further details will be reported to the Committee in due course.

OFSTED recommendations – progress	Provisionally Scheduled for November
Prevent	Initial meeting to take place September 12 th – to determine if further work should take okace
Early Help (pre-decision scrutiny)	Scheduled for September 27 th

2.3 Items to schedule

There are a number of items identified by Members for further scheduling and prioritisation. These are listed below. Members’ views are sought on which items should be prioritised for inclusion in the work programme.

Rotherham ‘family approach’	Suggestion from Link Officer
Demand management across children’s services	Referral from previous work programme
Inclusive education	Request from Members
Complaints	Referred by OSMB
Child poverty and the impact of the roll out of universal credit	Suggested item
Child-friendly Rotherham	Referral from previous work programme

2.4 Performance monitoring

Members should note that a dedicated sub-group has been set up to consider performance monitoring information which is to be chaired by Cllr Amy Brookes. This will meet on a quarterly basis and performance matters arising from the sub-group will feed into the work programme for further consideration and review.