

IMPROVING LIVES SELECT COMMISSION

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

Date: Tuesday, 4th December, 2018

Time: 2.00 p.m.

A G E N D A

There will be a pre-briefing for all members of the Improving Lives Select Commission at 12.30 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 6th November, 2018 (Pages 1 - 12)
8. Rotherham Local Children's Safeguarding Board (Pages 13 - 68)
9. Rotherham Safeguarding Adult Board Annual Report 2017/18 (Pages 69 - 112)
10. Early Help - Children Missing from Education (Pages 113 - 116)
11. Date and time of the next meeting
Tuesday, 15th January, 2019, commencing at 5.30 p.m.

Improving Lives Select Commission membership 2018/19:-

Chair – Councillor Cusworth
Vice-Chair – Councillor Brookes

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

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



Sharon Kemp,
Chief Executive.

IMPROVING LIVES SELECT COMMISSION
6th November, 2018

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

Also in attendance: Councillor Watson (Deputy Leader/Cabinet Member for Children and Young People's Services). Jon Stonehouse, Strategic Director for Children and Young People's Services; Pepe Di'lasio, Assistant Director – Education; Del Rew, Head of Education and Ian Walker, Head of Service (LAC, Care Leavers and Edge of Care Service)

Apologies for absence were received from Councillors Beaumont, Elliot and Julie Turner.

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

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

29. DECLARATIONS OF INTEREST

In relation to Minute No. 34 (2018 Education Performance Outcomes), Councillor Cusworth declared a non-pecuniary interest as the Chair of Governors of Brookfield Junior Academy; Councillor Jarvis declared a non-pecuniary interest as a Governor of St Ann's Primary School and Councillor Pitchley declared a non-pecuniary interest as a Governor of Aughton Early Years Centre.

30. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public and the press.

31. COMMUNICATIONS

Improving Lives Performance Sub-Group

The next meeting of the sub-group was to take place on Tuesday November 20, 2018. The outcomes from the meeting would be reported back to this Committee in December.

Corporate Parenting Panel (CPP)

Councillor Cusworth provided Members of the Select Commission with an update from the previous meeting of the CPP. A sub-group had been established to examine the LADO (Local Authority Designated Officer) process and its impact on foster carers. The outcomes of this would be reported back in due course.

Health Select Commission

Councillor Jarvis provided Members of the Committee with an update of the Health Select Commission meeting held on October 18, 2018 which considered reports on Child and Adolescent Mental Health Services and

Social and Emotional Mental Health (SEMH) Strategy for children and young people.

In respect of SEMH provision, Councillor Jarvis reported on areas which were working well, namely: the reconfiguration of the Pupil Referral Unit provision; the improved quality of teaching and learning; well-established partnerships with a shared commitment to working together; good practice models in some areas and the joint work on the trailblazer bid. Areas for future work include the co-production of a strategy taking into account the progress on the CAMHS local transformation plan and five steps to collective responsibility.

Councillor Watson provided additional information about the “attachment friendly” initiative and the training which was being rolled out across the schools which would support the SEMH strategy. Take-up across the school sector had been very popular.

32. MINUTES OF THE PREVIOUS MEETING HELD ON 18TH SEPTEMBER 2018

Consideration was given to the minutes of the previous meeting of the Improving Lives Select Commission, held on 18th September, 2018, and matters arising from those minutes.

Resolved:- (1) That the minutes of the previous meeting of the Improving Lives Select Commission, held on September 18, 2018, be approved as a correct record for signature by the Chair subject to the following corrections:

Inclusion of Councillor Pitchley’s apologies.

Minute 26, the following section should state

Early Help

Referrals – improvement in numbers coming from schools (39% of referrals) however, very few from the general health economy.

Further to Minute No. 22 (Domestic Abuse Update), the action plan and engagement time table will be circulated to Members of the Commission.

Further to Minute No. 23 (Children Missing Education), an evaluation of the Controlling Migration Fund would be scheduled as part of OSMB’s agenda in early 2019.

33. DEMAND MANAGEMENT AND PLACEMENT SUFFICIENCY

Councillor Watson, Deputy Leader, introduced the report outlining that the numbers of Looked After Children (LAC) had increased significantly over the course of the past year by 116 (which equated to a 21% increase). Councillor Watson cited the historical failings of poor social practice;

complex abuse investigation and the National Crime Agency operations had contributed to the high numbers of children and young people in care and without these factors, qualified that there was an approximate 4% increase in numbers which was broadly in line with the national average.

The Head of Service (Looked After Children) stated that 2017 Ofsted Inspection 'dip-sampled' numerous cases and it concluded that no child was in care inappropriately. Whilst there was confidence that care decisions were robust, the increase in numbers was having an impact on placement sufficiency and related budget.

The numbers of Looked After Children (LAC) had increased from 488 at the end of 2016/17 and from 590 in January 2018 to 651 by the end of August 2018. Whilst this was reflective of a national trend of increasing numbers of children in care the rate of increase within Rotherham was even more marked.

As a result the provision of placements had not been able to keep pace with this increased demand and the reliance on commissioned placements (Independent Fostering Agencies/IFAs and Out of Authority Children's Homes/OoAs) had increased from 48.3% (293 of 607 children) in January to 52.2% (340 of 651 children) in August. Of more concern, this had increased from 43% at the end of 2016/17 when only 211 of 488 LAC were in commissioned placements.

Both the increase in LAC numbers and increased reliance on commissioned placements presented the most significant budget pressure currently being faced by CYPS. As at the 28th August 2018 the budget projection for OoAs was £12.3M for 62 placements at an overspend of £3m; and for IFAs was £11.5M for 278 placements at an overspend of £3.7M. As a result if current practice was perpetuated, the current £6.7M overspend was likely only to increase over the course of the lifetime of the Sufficiency Strategy.

The Head of Service suggested that there were grounds for cautious optimism that 'the tide is beginning to turn', based on the following evidence:-

- In the first 5 months of 2018 the average net monthly increase in LAC numbers was 9.4. In the following 4 months this had reduced to 3 (although large sibling groups being admitted to care can easily reverse this improving trend.)
- Over the same period the average age of admission of a child to care reduced from 8.8 years in the first 5 months of the year to 6.5 in the following 4 months. This is relevant as performance data evidences that the younger a child is admitted to care the shorter their time spent in care, the lower their average placement costs and the sooner they are likely to be supported to a permanence placement.

- In 2017/18 the average number of care proceedings instigated per month was 19.5. Thus far in 2018/19 this has reduced to an average of 15.4.

The Service was taking a dual approach to achieve better placement sufficiency; which involved working strategically to safely reduce the numbers of LAC by reducing admissions and accelerating discharges from care (reduce demand); and work more forensically to increase the availability of in-house placements (increase supply).

In respect of managing the demand, a range of initiatives have been implemented which had had an impact. These include:

- Increase in senior management oversight
- Right child right care project
- Edge of Care panel
- Coming Home Project
- Placement Commissioning
- Increased In-House Foster Care Provision

Discussion ensued with the following issues raised:

Were face-to-face exit interviews undertaken with foster carers who chose to leave the service? If so, were there any common issues arising from these surveys?

- It was outlined that people decided to stop fostering for various reason, including changing family circumstance; changes to long-term placements, bereavement etc. An issue that has been raised in the exit interview was the stress that foster carers experienced through the LADO (Local Authority Designated Officer) process. LADO was enacted if a foster carer (or professional) has had an allegation made against them, whereby an investigation would take place to clarify the validity of those allegations. As a result of exit feedback, a review of the support package to foster carers was to be undertaken, to enable foster carers to be re-engaged if allegations were addressed and resolved appropriately.

Has there been a change in the LADO process and has this been reflected in issues raised through exit feedback?

- The function was shared across the service rather than one specific officer who was the designated LADO. The Head of Service had co-opted himself onto LADO process to retain oversight of the investigation of foster carers and to make sure the process is concluded in the most timely manner possible and communication is maintained. This sent an important message to foster carers that they were being supported and valued as professionals. Fortunately, there were relatively few LADO investigations so the Head of Service's involvement was sustainable.

- It was highlighted that other support was available including the Mockingbird Project. There are two current projects and a third was about to be launched. The project has had a positive impact and provides mutual support to foster carers. For the hub carer who does not have any full-time placement they had the capacity to support any carers facing an allegation or in an investigation.

Clarification was sought if there had been any resignation of foster carers who had been involved in the Mockingbird Project. The Officer committed to providing a written response to this query.

An update was requested on the marketing strategy, particularly in respect of respite foster carers and increasing numbers of BAME foster carers.

- The Head of Service responded that the suggestion that there is an option to respite carers rather than making a full-time commitment would be incorporated into the revised strategy. In terms of BAME carers, there are a growing number of looked after children of Muslim faith and the Council had a very limited number of Muslim foster carers. Positive links have been made to the Muslim community leaders and Mosques to develop the Muslim foster care project and engage with the wider community. Revisions have been made to policy and procedures as a result of these discussions. Councillor Khan affirmed that the work was positive and gave further examples of how awareness of this initiative was being raised across the borough.

Councillor Senior stated that Elected Members were there to assist and could publicise recruitment campaigns with constituents; family and friends. A request was made for publicity/ information to be circulated to Members

How many foster carers resigned in the first 12 – 18 months after recruitment? How does this compare with other Local Authorities?

- There have been a number of foster carers resigning in a relatively shortly after recruitment which was a concern. The Head of Service would provide a written update on numbers. There were no comparisons with any other local authorities. Processes have been reviewed to assure that assessments were sufficiently robust and foster carers were prepared for the challenges the role will bring. In addition, training and support have been examined to ensure that it is appropriate particularly in the first 12 months of the role. Placement matching has also been reviewed.
- Feedback from our foster carers was highly complementary about the support level that they received both from their supervising social workers but also from the children's social workers. A small number of

foster carers from the independent sector were transferring to the local authority because of the level of support.

Citing an example from the report, clarification was sought on the process of taking children into care and discharging them from care safely within a two week period.

- The children were taken into care under the Police Powers of Protection over the course of a weekend. Rather than pursuing an interim care order as would have been practice in the past, a seventy-two hour intensive assessment was undertaken with the family and extended support networks. As a result of this the children were returned home safely, subject to a child protection plan. The parents are fully engaged and the children are supported to live at home. Learning from this was shared with partners and symptomatic of how practice has changed, with social workers considering options and managing risks.

Clarification was sought about the numbers of children discharged from care as part of the Right Child Right Care who were not part of work-streams.

- As the scheme developed and became more established practice, team managers were able to identify children who could be considered as part of the project who were not in scope originally. On the basis of enhanced support, more foster carers were taking up Special Guardianship Orders or other routes, facilitating the safe discharge of children from care.

What role was the Independent Reviewing Officer (IRO) in advocating permanency where this is in the best interests of the child?

- Previously, the whole service was slow to identify a permanence plan for children in care. IROs are part of this. Permanence is considered at a much earlier stage, both in and out of the care system. There are long term plans identified for 44 children.

An explanation of the status of Regulation 24 foster placements and what would happen if after review family members no longer wished to look after the child.

- The vast majority of those Regulation 24 placements were converted into Special Guardianship Orders (SGO)/ Child Arrangement Orders (CAO) or the children returned to the care of the birth parents over the course of the care proceedings. The conversion to SGO/CAOs achieved permanence for those children. The carers received the same level of financial support as they would receive had they been foster carers and that in line with the with the SGO regulations.

Clarification was sought about the status of the Sufficiency Strategy (2017-2021) and when this was last updated. It was noted that the cover report did not reference the eight action points raised in response to OFSTED recommendations.

- It was acknowledged that the Strategy did not reflect the progress made since its launch and a commitment was given for it to be refreshed and relaunched.

Given the additional investment of £12m, the Strategic Director was asked if sufficient progress had been made by the service.

- The Strategic Director gave assurance of his confidence in the rapid progress/improvements that had taken place as reflected in the OFSTED judgement. The challenge was to make impact at the pace required, however he was confident that the service was moving in right direction.

The Chair stated that that progress and improvement had been made across the service, however she recognised that the service was still judged by OFSTED as “requiring improvement” and expressed concerns about the challenges of managing future demand, improving outcomes for looked after children and the pace at which this was to be achieved.

RESOLVED: (1) That Improving Lives Select Committee notes the contents of the report.

(2) That the refreshed Sufficiency Strategy is submitted to Improving Lives Select Commission in March 2019, with specific reference to the eight OFSTED action points for improvement.

34. 2018 EDUCATION PERFORMANCE OUTCOMES

Councillor Watson, Deputy Leader, introduced the report, highlighting to Members that the reports were unvalidated so may be subject to minor changes. In most instances, Rotherham pupils performed better than the national average. There were still concerns about the achievement of disadvantaged pupils and pupils from Gypsy, Roma and Travellers (GRT) communities as outlined.

It was reported that the influence of the Local Authority was limited as the majority of schools in Rotherham are now academies. However, since the appointment of the Assistant Director in the summer, the Rotherham Education Strategic Partnership has been established. This has brought together the local authority, multi-academy trusts, special schools, teaching alliances, sixth form and further education colleges and the university campus to identify synergies and areas of mutual support.

The reports outlined areas of concerns; which included the new performance measures in Mathematics and English, which had not met expectations. This was a pattern that had been noted in other local authorities. Further reference was made of progress scores and future prediction of results based on Key Stage 2 performance.

The proportion of pupils attending a good or better Rotherham school was 78% as at July 2018 compared to 66% in August 2012. The proportion of Rotherham schools judged as good or better was 81% as at July 2018 compared to 66% in August 2012; this compared to the national average of 86% as at July 2018. The gap to the national average is 5%.

OFSTED have introduced changes to the statistical reporting of inspection outcomes from June 2018. This has resulted in our proportion of good or better schools decreasing by 2% which is in line with the national average decrease.

Performance at Key Stages was summarised as follows:

- Performance in the Early Years Foundation Stage Profile (EYFSP) for a 'Good Level of Development' (GLD) has continued to rise and was, again, above the national average (by 1.4% in 2018).
- In Phonics, the percentage of pupils passing the phonics screening check in year 1 increased by 2% to 81% in 2018.
- In KS1, 65% of pupils met the expected standard (EXS+) in reading, writing and mathematics (R,W&M) combined in 2018, compared to 64% in 2017. Rotherham has improved by 1% and was in line with the national average at 65.4%.
- In KS2, 61.5% of pupils met the EXS+ in R,W&M combined in 2018, compared to 60.8% in 2017. Rotherham improved by 0.7% and is 2.5% below the national average. In the higher standard (HS) for R,W&M combined at KS2, Rotherham improved by 1.1% to 8.2%; this was 1.7% below the national average at 9.9%.
- In 2018, the average KS1-KS2 progress score for Rotherham LA in reading was -0.6 (sig-), in writing was +0.7 (sig+) and in maths was +0.0. The progress measure in reading was identified as significantly below the national average; the progress in writing was identified as significantly above the national average.
- At KS4, the average Attainment 8 score per pupil decreased by 1.7 points to 43.3 in 2018. The national average increased by 0.1 points to 46.5 (state funded i.e. LA maintained schools, academies and free schools) and decreased by 0.3 points to 44.3 (all schools including the independent sector). The LA average is 3.2 points below the national average (state-funded schools) and 1.0 point below the national average (all schools).

Discussion ensued with the following issues raised:-

What plans were in place to address the under-attainment of Gypsy, Roma and Travellers (GRT) Pupils and how would progress be measured?

- Using the Virtual School model, advisors would work with the relatively small number of schools with the highest proportion of GRT pupils to develop personal education plans with smart targets.
- As part of the Eastwood Deal, partners were seeking focussed improvements for GRT pupils. A number of schools have met and a strategic plan was being developed. Best practice has been examined including those authorities which have had much better performance in this area.
- The Cabinet Member was confident that there was capacity within the Virtual School to undertake this work without compromising its focus on looked after children. It was highlighted that progress would be measured through academic performance and the SMART targets in personal education plans, and evidenced within the annual reporting of results.

Were productive partnerships in place with Multi- Academy Trusts (MATs)–

- The Assistant Director outlined that MATs are changing entities, with partnerships evolving accordingly. The challenge was to work MATs, who are not statutorily obliged to co-operate with the Local Authority, to encourage them to partake in support as appropriate. The Strategic Director and Assistant Director were to meet with the Regional School Commissioner (RSC), who has statutory powers to work with MATs, to discuss how the LA and MATs can work more collaboratively. Examples were given of partnership working in primary schools to share good practice, with evidence of improvements as a result of these interventions.

What steps would be taken to support an academy trust school which was judged to be inadequate?

- When an academy trust school is deemed to be failing, the RSC would investigate and formulate an action plan as appropriate. If the school was part of a MAT, the MAT were obliged to support improvement. The academy could determine where it sought support, with reference to the RSC. Whilst not statutorily obliged to provide support, the LA would seek to maintain influence and work to support wherever possible. Assurance was given of the willingness of headteachers and Trust Chief Executives to work with the LA to achieve the best outcomes for Rotherham children and address under performance.

What work was underway to boost the performance of more able pupils?

- It was highlighted that not enough of Rotherham's high performing students were attending elite universities (which was also reflected regionally). Social and economic reasons were cited, along with lower aspirations of young people and families. Focussed work had been undertaken to raise the attainment of disadvantaged pupils over the past five years, however the service had examined the attainment of different cohorts, including higher performing students to ensure that the pathways were in place to access high level apprenticeships or university education.

How will the new University Campus Rotherham (UCR) be linked to the Skills Plan and the education sector as a whole and how will the results be monitored?

- The courses offered are linked to the local employment and skills agenda. The University College have links to local business organisations; the Advanced Manufacturing Park and larger employers and schools.
- Work was also underway via the Virtual School to ensure that looked after children had access to these opportunities. Two local employers are sponsoring care leavers through university and there are plans to widen this initiative should it be proved to be successful.

In respect of the bullet points listed under the section "What needs to happen", further details were asked of the actions underpinning each of the following key points:

- The need for the LA to continue to endeavour to maintain or re-establish positive links and effective communication with all of Rotherham's educational providers so that all schools retain a sense of belonging to a Rotherham-wide learning community
- To increase the number of pupils attending (Ofsted) good or outstanding schools and increase the number of good or outstanding schools in Rotherham
- Reducing the gap between the achievement of Gypsy Roma Traveller (GRT) and disadvantaged pupils when compared to other pupils needs to be improved in all phases of education.
- In KS1 and KS2, pupils need to secure further gains in reading at both EXS+ and HS in order to close the gap to the national average.
- Ensure that libraries (through Culture, Sport and Tourism) link into education to help improve reading across the authority
- Make significant improvements in Key Stage 2 mathematics in order to address the decline at both the expected and higher standard in 2018.
- Boosting the performance of our more able pupils must continue to be a high priority.

- Improve the performance in new key measures at KS4 in particular in English and mathematics
- Ensure we link University College Rotherham (UCR - the new HE campus) to the skills plan and education sector more closely.

A commitment was given to providing a detailed action plan for a future meeting.

What were the plans for other cohort of disadvantaged pupils and to monitor pupil premium spend?

- Each school reports its spend in relation to pupil premium and this information is published on school websites. Spend in relation to Pupil Premium Plus was reported through the Annual Report of the Virtual School.
- In relation to other cohorts, disadvantaged boys particularly those in receipt of free school meals, were a priority for many schools. However the LA could not place schools under an obligation to produce action plans to improve performance in this area.
- An evaluation would be undertaken of the initiatives to close the gap amongst disadvantaged students. Reference was made to the Key Actions in Response to Identified Priorities for Improvement (Closing the Gap) listed in Appendix 3 and a commitment was given to provide a further report

RESOLVED: (1) That Improving Lives Select Committee notes the recommendations to Cabinet that the contents of the report are noted to ensure that Cabinet is fully informed of the latest provisional un-validated education outcomes in Rotherham for 2018.

(2) That a further report is submitted in six months' time, with detailed analyses of:

- actions taken to "Close the Gap";
- action plans underpinning the section "What needs to happen" and how progress against these actions is monitored;
- actions to boost the progress of more able pupils and how this is monitored.

(3) That the Regional Schools Commissioner is invited to a future meeting of this Committee.

(4) That the Cabinet Member for Children and Young People's Services and Neighbourhood Working be requested to organise a visit to University College Rotherham for Members of this Committee.

35. WORK PROGRAMME AND PRIORITISATION

The Senior Adviser (Scrutiny and Member Development) gave a verbal update on the work programme and prioritisation.

In respect of the meeting to be held on December 4, 2018, the Committee was to consider the following reports:

- Rotherham Local Safeguarding Children's Board Annual Report
- Rotherham Safeguarding Adult Board Annual Reports
- Update Missing from Education

The Senior Adviser was to circulate guidance from the Centre for Public Scrutiny to inform Members' lines of enquiry.

In reference to the meeting to be held on January 15, 2019, the following items would be considered:

- Lifestyle Survey
- Update on Post Abuse Services and Barnardos ReachOut
- Update on Domestic Abuse.

The Chair suggested two areas of work for in-depth scrutiny:

- Prevent (to be undertaken as a spotlight review)
- Holiday Hunger

The Senior Advisor would contact the Committee to seek expressions of interest for the work on Holiday Hunger.

RESOLVED:- That Improving Lives Select Committee notes the update.

36. DATE AND TIME OF THE NEXT MEETING

Resolved:- That a further meeting be held on Tuesday, 4th December, 2018, commencing at 5.30 p.m.

Summary Sheet

Council Report

Rotherham Local Safeguarding Children Board – Annual Report 2017-18

Is this a Key Decision and has it been included on the Forward Plan? No

Strategic Director Approving Submission of the Report: Jon Stonehouse

Report Author(s) LSCB Business Unit

Ward(s) Affected All wards

Summary

This report introduces the 2017-18 Rotherham LSCB Annual Report. The report is a statutory requirement of Local Safeguarding Children Boards and provides a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other priorities and proposals for action.

Recommendations

That the Improving Lives Select Commission receive the LSCB Annual Report 2017-18

List of Appendices Included

Rotherham Local Safeguarding Children Board Annual Report 2017-18

Background Papers None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

The report will be considered by the Improving Lives Select Commission and Health & Wellbeing Board

Council Approval Required No

Not exempt from the Press and Public

Rotherham Local Safeguarding Children Board – Annual Report 2017-2018

1. Recommendations

1.1 That the Improving Lives Select Commission receive the LSCB Annual Report 2017-18

2. Background

2.1 Since April 2010, Local Safeguarding Children Boards (LSCBs) have been required to publish an annual report on the effectiveness of safeguarding children in the local area. Publication will be on the RLSCB website.

3. Key Issues

3.1 See report

4. Options considered and recommended proposal

4.1 n/a

5. Consultation

5.1 All members of the RLSCB have been consulted on the content of the report.

6. Timetable and Accountability for Implementing this Decision

6.1 n/a

7. Financial and Procurement Implications

7.1 n/a

8. Legal Implications

8.1 The requirement for LSCBs to produce and publish an annual report on the effectiveness of safeguarding children in the local area is mandated in the Children Act 2004 (S14a) as amended by the Apprenticeships, Skills, Children and Learning Act 2009.

8.2 Under the statutory guidance, *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (HM Government March 2015), the annual report:

Should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board.

It should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.

9. Human Resources Implications

9.1 None

10. Implications for Children and Young People and Vulnerable Adults

10.1 Publication of this report is the means of holding RMBC and partner agencies to account over their safeguarding of children arrangements.

11 Equalities and Human Rights Implications

11.1 Equality & diversity issues are reflected in the report

12. Implications for Partners and Other Directorates

12.1 Publication of this report is the means of holding RMBC and partner agencies to account over their safeguarding of children arrangements.

13. Risks and Mitigation

13.1 See report.

14. Accountable Officer(s)

Approvals Obtained from:- Christine Cassell – Independent Chair RLSCB 20/09/18

| | Named Officer | Date |
|---|----------------------|-------------|
| Strategic Director of Finance & Customer Services | n/a | |
| Assistant Director of Legal Services | n/a | |
| Head of Procurement (if appropriate) | n/a | |
| Head of Human Resources (if appropriate) | n/a | |

Report Author: RLSCB Business Unit

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

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

Rotherham

Local Safeguarding Children Board

Annual Report

2017 - 2018

| | |
|------------------|--------------------|
| Status of Report | Final |
| Approved by | LSCB Board Meeting |
| Date | 13.09.18 |

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1. Foreword by the Independent Chair

I am pleased to present the Rotherham Safeguarding Children Board report for the year 2017-18.

The past shortcomings in safeguarding in Rotherham have been much publicised. In the wake of the Jay Report on Child Sexual Exploitation, an Ofsted inspection in September 2014 found both the Local Authority Children's Services and the LSCB to be inadequate, and the wider council was deemed by the government to be failing in its responsibilities. HMIC also raised concerns about child protection activity by the Police.

Since that time there has been significant activity and investment in rebuilding the council and improving service responses to children across the partnership, which is being reflected in improving commentary from the various inspectorates. This includes an overall judgement of 'Good' for Rotherham Local Authority Children's Service from Ofsted in February 2018.

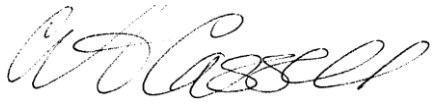
The improvements in Rotherham have been achieved over a remarkably short period of time given the extent of the change that was needed, which is a tribute to the leadership across services and to all the staff involved. The partnership agencies of the LSCB recognise, however, that there are still areas for improvement to ensure that children and young people are kept as safe as possible. Rotherham services continue to work together and to challenge one another in areas highlighted for improvement by inspections and by the quality assurance activity of the LSCB. The LSCB will continue to challenge partners to demonstrate increasing effectiveness and robustness of their joint work in protecting children.

As services in Rotherham have improved, there has also been a significant increase in the numbers of children identified as requiring help and protection, including the number of children needing to be looked after by the local authority. This is a national trend but one complicated by some local factors, including the very effective partnership response to some complex abuse and the investigation of non-recent abuse cases. These increasing demands coincide with reducing budgets for all services. This is undoubtedly placing those partnership services required to support these children under pressure. There will be real challenges ahead in maintaining and improving the quality of services and positive outcomes for children. The LSCB will continue to make representations to ensure that strategic decisions give priority to safeguarding children.

In July 2018 new guidance was published on how partners should work together to protect children (Working Together 2018). This guidance requires that new Local Multi-agency Safeguarding Arrangements should be in place by September 2019. The responsibility for these new arrangements will sit with three key partners, The Local Authority (Chief Executive), the police (Chief Constable) and health (the Clinical Commissioning Group). These three partners have been working with the wider group of agencies involved in safeguarding to prepare for these future arrangements. Their commitment is that the new arrangements will build on the exiting good partnership around safeguarding to make further improvements.

I would like to finish by acknowledging the work across all agencies at all levels to make the improvements that have been achieved in Rotherham and the commitment shown by

partners of the LSCB to improving further the quality of the direct contact and work with children and families.

A handwritten signature in black ink, appearing to read 'C. Cassell', written in a cursive style.

Christine Cassell

Independent Chair
Rotherham Local Safeguarding Children Board

2. Local background and context

Rotherham demographic profile

Rotherham is one of four metropolitan boroughs in South Yorkshire, covering an area of 110 square miles with a resident population of 263,400 (Office for National Statistics (ONS) mid-year estimate for 2017). The number of children and young people aged 0 to 17 years is 56,900 (21.6%). Growth in the older population is evident, with a 23% increase in the population aged 65 and over. Rotherham has as many people aged 63 or over as children aged 0-17.

The population of Rotherham has been steadily growing over the last 17 years, increasing by 16,400 (6.6%) between 2000 and 2017. The population is expected to rise by an average of 769 per year over the next ten years (an increase of 7,700), to reach 270,600 by 2027. The projected increase reflects a combination of net migration into the Borough and natural increase (more births than deaths).

Around half of the Borough's population lives in the Rotherham urban area (including Rawmarsh and Wickersley), in the central part of the Borough. Most of the remainder live in numerous outlying small towns, villages and rural areas. About 15% of the population live in the northern Dearne Valley area which covers Wath, Swinton, Brampton and Wentworth. Around 35% live in the southern Rother Valley area which covers Maltby, Anston, Dinnington, Aston, Thurgroft and Wales.

Rotherham is a diverse borough with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large council built housing estates, leafy private residential suburbs, industrial areas, rural villages and farms. About 70% of the Borough's land area is rural so the most notable feature of Rotherham is its extensive areas of open countryside, mainly agricultural with some parkland and woodland. Rotherham is strategically located and well connected to other areas of the region and country via the M1 and M18, both of which run through the Borough, and by the rail network which links to Sheffield, Doncaster and Leeds.

Rotherham is the 52nd most deprived district in England (In 2015, 31.5% of Rotherham's population lived in the most deprived fifth of England whilst only 8% lived in the least deprived fifth of England).

Diversity

Rotherham's Black and Minority Ethnic (BME) population is relatively small but has been growing and becoming increasingly diverse. In 2011 it was 8.1%

Rotherham's Black and Minority Ethnic (BME) population is relatively small but has been growing and becoming increasingly diverse. The BME population more than doubled between 2001 and 2011, increasing from 10,080 to 20,842. 8.1% of the population belonged to ethnic groups other than White British in 2011 (6.4% were from non-white groups), well below the English average of 20.2%. It follows that 91.9% of Rotherham residents were White British.

Immigration and natural increase means that Rotherham's Black and Minority Ethnic population has grown steadily in recent years. The white minority population (almost all European) was 2,368 in 2001, rising by 82% to 4,320 in 2011, mainly as a result of immigration from Eastern Europe. Most minority ethnic groups have young populations, including Pakistani/Kashmiri (33% under 16), Black African (31% under 16) and Eastern European (24% under 16). The mixed or multiple heritage population is growing rapidly as a result of mixed marriages or relationships, 50% are aged under 16. The Irish community is by far the oldest ethnic group with 42% aged 65+.

National Insurance Numbers (NINo) migrants accounted for 933 in 2016 before falling again to 724 in 2017. This trend was evident amongst EU migrants from the 10 countries which joined the EU post 2004, where numbers fell by 65% from 877 in 2007 to 309 in 2012 before increasing to 585 in 2016 and falling back to 422 in 2017. People from states which joined the EU post 2004 made up 58% of all overseas migrants to Rotherham in 2017. The countries with the most migrants to Rotherham are Romania, Slovak Republic and Poland, which together accounted for 42% of NI migrants in 2017. Two thirds of NINo arrivals in Rotherham between 2007 and 2017 moved to the three central wards. A high proportion of Slovak, Czech and Romanian migrants have been from Roma communities, although not by all means all.

There were 31,000 carers in Rotherham in 2011, 58% of them female, 22% over 65 and 6% under 25. Rotherham LGBT population could number up to 5,600 people aged 16+.

What do children and young people think about living in Rotherham?

Listening to and communicating with children, young people and their families and communities is critical to safeguarding children. Work in this area was identified as a Board priority and the activity of the Board partners is evidenced throughout this report.

Introduction

Rotherham Local Safeguarding Children Board believes that children and young people should have a say when decisions are made that may affect them. We also believe that children and young people should have the means and opportunities to be able to raise issues that are important to them, and to ensure that they are listened to. By doing so, we will create a stronger safeguarding system that is more responsive to the needs of our most vulnerable children.

The 2017 Lifestyle Survey results, undertaken by CYPS Performance & Quality Team, provide an insight into the experiences of children and young people living in the borough, and offer a series of measures to monitor the progress of the development of child friendly Rotherham.

11 out of 16 secondary schools and 3811 pupils participated in the 2017 Rotherham Lifestyle Survey.

What's working well?

3515 (93%) of pupils said they visit their dentist.

More young people said they are eating the recommended 5 fruit and vegetables each day, more young people said they have breakfast in a morning and more young people said they participate in regular physical activity.

Less pupils are worried about their weight and there has been a 5% increase in the % of pupils who feel their weight is about the right size.

Increase in the number of pupils who said they regularly visit Rotherham town centre.

Far more Y7 pupils have received education about child sexual exploitation;

Reduction of 5% in the number of Y10 pupils who said they have had sexual intercourse.

Bullying

The pupils who said they have been bullied told us what form of bullying they have been subject to:

- Verbal bullying 64.3% (72.4% in 2016)
- Physical bullying 16.4% (10.5% in 2016)
- Being ignored 10% (5.2% in 2016)
- Cyber bullying 6.6% (8.2% in 2016)
- Sexual bullying (inappropriate touching/actions or comments) 2.6% (3.7% in 2016)

Pupils saying they have been bullied physically has had the largest % increase. Pupils saying they have been bullied verbally has had the largest % decrease. It is positive to see that both cyber bullying and sexual bullying has decreased in 2017.

15% learned about internet safety at home the same as 2016. 2% learned about internet safety on-line the same as 2016. 0.8% learned about internet safety through friends, 0.75% in 2016.

Feeling Safe

There has been a decline in the % overall of pupils who said they always feel safe in Rotherham town centre. 18% (683) of pupils said they always feel safe, compared to 24.6% in 2016. More pupils said they sometimes feel safe 50% (1900) compared to 45.4% in 2016, there has been a decrease in the % of pupils who said they never feel safe 18.5% (697) compared to 19.3% in 2016. 13.5% (501) of pupils said they have never visited Rotherham town centre.

91.8% (3474) said they always feel safe at home, compared to 92.6% in 2016 and 6.9% said they sometimes feel safe at home, compared to 6.2% in 2016.

59.4% (2249) said they always feel safe at school, compared to 66.4% in 2016 and 36% said they sometimes feel safe at school, compared to 29.5% in 2016.

What are we worried about?

Increase of 3% in the number of pupils saying they consume 2 or more high **sugar drinks** each day and also an increase of 2% of the number of pupils saying they consume **high energy drinks**, (in particular boys).

A 3% reduction in the number of pupils who aspire to go to **university**. Overall 42% (1592) said they aspire to go to university in 2017 results from 45% in 2016.

A 6.6% reduction in the number of pupils who said they always **feel safe** in Rotherham town centre. Overall 18% (683) pupils said they always feel safe, compared to 24.6% in 2016.

An increase of 3% of pupils saying they have been **bullied** out of school time. More pupils of those who have been bullied said they have been bullied out of school time, 12.8% (124) said this in 2017, compared to 9.3% in 2016

Decrease of 6.7% of young people who have identified themselves as a **young carer** who have heard of the Rotherham Young Carers service. 37.3% (267) said they had heard of this service in 2017, compared to 44% in 2016.

Decrease of 4.7% of homes identified as **smoke-free** homes. In 2017 59.3% (2243) said their home was smoke-free, compared to 64% in 2016.

Decrease of 3.5% of Y7 pupils who said they have never tried an **alcohol drink**. This has decreased to 76.3% (1643) from 79.8% in 2016.

An increase in the % of pupils in Y10 who said they did not use **contraception** when having sexual intercourse, this has increased to 27.5% from 20%, and the increase is more prevalent with boys.

3. The statutory role of Local Safeguarding Children Boards

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals that should be represented on LSCBs.

The ways in which the LSCB delivers its functions and objectives are set out in the statutory guidance: *Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children (2015)*.

Statutory objectives and functions of LSCBs are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1 (a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- (ii) training of persons who work with children or in services affecting the safety and welfare of children;
- (iii) recruitment and supervision of persons who work with children;
- (iv) investigation of allegations concerning persons who work with children;
- (v) safety and welfare of children who are privately fostered;
- (vi) cooperation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5 provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in

making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.

4 Governance and accountability arrangements

Local strategic partnership and accountability arrangements

Improvement in this area was identified as a Board priority

To enable the RLSCB to deliver on its statutory duties, an independent chair is in place to lead and chair the board.

Though not a member of the Board, ultimate responsibility for the effectiveness of the LSCB rests with the Chief Executive of Rotherham Metropolitan Borough Council who also has the responsibility to appoint or remove the LSCB Chair with the agreement of a panel including LSCB partners and Lay Members. The Strategic Director of Children's Services reports to the Chief Executive of the Council.

The LSCB independent chair meets regularly with:

- Council Chief Executive
- Council's Strategic Director for Children and Young People's Services
- Government appointed commissioners for the Council
- Independent Chair of the Rotherham Safeguarding Adults Board
- Chair of the Health and Well Being Board
- Chair of the Safer Rotherham Partnership Board

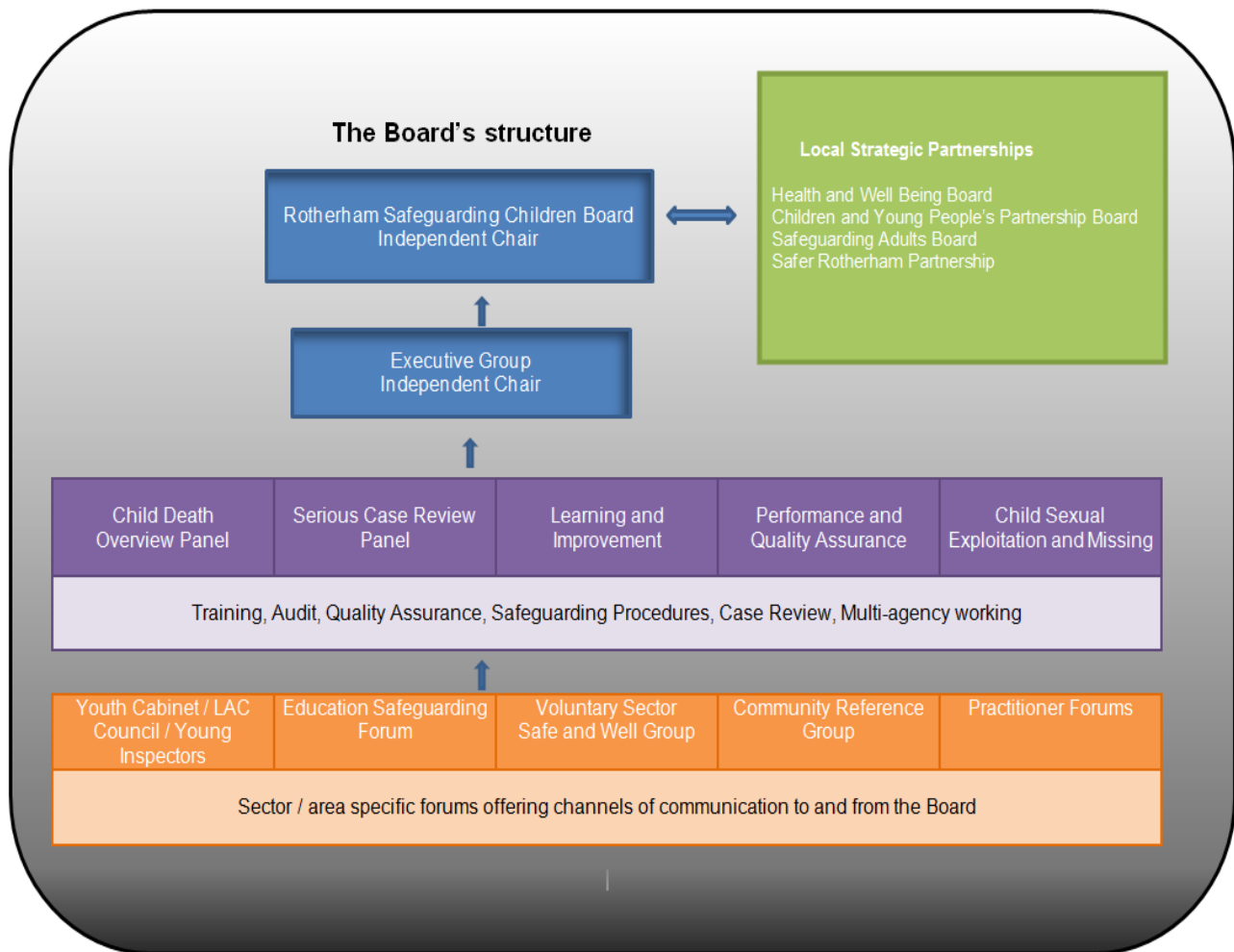
Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children in their organisation and should be able to speak for their organisation with authority; commit their organisation on policy and practice matters; and hold their own organisation to account and hold others to account.

The elected councillor who has lead responsibility for safeguarding children and young people in the borough (known as the Lead Safeguarding Children Member) sits on RLSCB as a 'participating observer'. This means that the Lead Member is able to observe all that happens and can contribute to discussion, but cannot participate in any voting. This allows the Lead Member to scrutinise the LSCB and challenge it where necessary from a political perspective, as a representative of elected members and Rotherham citizens.

Lay members are full members of the Board, participating on the Board itself and relevant Sub Groups. Lay Members help to make links between the LSCB and community groups, support stronger public engagement in local child safety issues and facilitate an improved public understanding of the LSCB's child protection work. Lay members are not elected officials, and therefore are accountable to the public for their contribution to the LSCB.

Board Members attendance at Board Meetings can be found at **Appendix 1**.

The main Board meets four times per year with additional board meetings when required. In order to deliver its objectives the Board has an Executive Group which consists of the chair and the chairs of the Board's Sub Groups; and five Sub Groups to undertake the detailed work of the Board's Business Plan.



Partner agencies in the LSCB also operate within other partnerships. Clarity about the relationships between these partnerships and their priorities are crucial to ensuring their effectiveness. A protocol was developed in March 2017 to achieve that.

The Board is supported by a Business Unit which consists of:

- Business Manager
- Quality Assurance Officer
- Practice Audit Officer
- Learning and Development Coordinator
- Learning and Development Administrator
- Child Death Overview Panel Administrator (0.65 WTE)
- Administrative Officer (0.8 WTE)

Inspection Feedback**Ofsted Inspection Report (February 2018)**

Strategic partnerships are much strengthened, improving the way in which children are helped and protected. This includes resourcing of the MASH, engaging in early help assessments and a commitment to tackling child sexual exploitation. Rotherham has effective governance and multi-agency procedures that help to identify and protect children from child sexual exploitation.

Financial arrangements

The Board's budget is based on partner organisations contributions to an agreed formula. The funding formula and 2017-18 budget statement can be found at **Appendix 2**.

However this year there has been a reduced contribution from South Yorkshire Probation, South Yorkshire Community Rehabilitation Company and CAFCASS in response to national guidance to their organisations, amounting to £6,752.

Budget – 2017-18 Outturn

| | | | | |
|---------|--------|-----------|---------|-----------|
| Income: | Budget | £ 339,149 | Actual: | £ 331,950 |
|---------|--------|-----------|---------|-----------|

| | | | | |
|--------------|--------|-----------|---------|-----------|
| Expenditure: | Budget | £ 339,149 | Actual: | £ 343,600 |
|--------------|--------|-----------|---------|-----------|

Overall expenditure for 2017/18 was £11,650 over budget. This is due to a number of budget pressures and remedial action has been taken within the 2018/19 budget to recover this overspend.

Regulatory Inspections across the Partnership

Inspections of local agencies are routinely reported to Rotherham Local Safeguarding Children Board. This section summarises key findings from inspections of safeguarding board partners.

Inspection Findings:

NB: The Trust also provides services to other areas.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST CARE QUALITY COMMISSION (11 January 2018)

Summary of the key findings

- We rated caring, effective, responsive and well led as good and the overall rating for Community inpatient services went up to good at this inspection.
- With the exception of mental health rehabilitation services, patients' physical and mental health risk assessments were comprehensive. Appropriate management plans were in place and patients had up to date and comprehensive care plans, which reflected national guidance and best practice and met their individual needs.
- The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform its role and the non-executive directors had the appropriate skills and knowledge in order to provide relevant challenge to the trust board. The senior leadership team and senior managers understood the key priorities within the services.
- We rated one adult social care location, 88 Travis Gardens, as outstanding in the caring domain.
- The trust had an excellent staff, patient and public engagement strategy which followed a recognised methodology. Staff throughout the trust had access to specialist training and development and had been empowered to implement quality improvements.
- Leaders were visible in the service and approachable for patients and staff. Staff felt supported by their managers and felt they could raise concerns or approach their managers for support.
- A physical health and wellbeing strategy was in place under the executive lead of the medical director. We saw in all core services we inspected that patients had good access to physical health care; physical health checks were undertaken and staff promoted healthier lifestyles.

However:

- We rated safe as requires improvement in four of the 14 core services. The overall rating for acute wards for adults of working age and psychiatric intensive care wards had gone down to requires improvement.
- Although the trust had improved its overall mandatory training compliance, staff in some wards and teams were not up to date with their mandatory training requirements. Training for prevention and management of violence and aggression, a key component of enabling safe care was below 75% in acute wards for adults of working age and psychiatric intensive care units.

- There were medicines management issues in three core services at this inspection. At our last inspection we found that patients allergy status was not completed on some prescription charts in the community based mental health services for adults of working age. At this inspection we found that this had not been rectified across all teams.
- Patients in some services had limited access to psychological therapies and occupational therapy.

Inspection Findings:

Metropolitan Borough of Rotherham

CHILDREN'S SERVICE INSPECTION (6-November – 30 November 2017)

Metropolitan Borough of Rotherham Re-inspection of services for children in need of help and protection, children looked after and care leavers.

Summary of the key findings

Services to children in need of help and protection are now good. The recruitment of effective senior managers has resulted in sustained improvement. The quality and impact of services for children are transformed. Risks to children are recognised early and responded to, ensuring their safety. The corporate response and associated change in the quality of children's services has been impressive. Leaders and senior managers have appropriately prioritised the improvement of key service areas.

The local authority is effective in its recruitment and retention of high-quality staff. Enhancing the workforce environment and, in particular, valuing frontline managers and staff have been essential components in securing change for the better. The local authority is a learning organisation and fully utilises relationships with its improvement partner and other local authorities through peer reviews, in order to test practice and identify further areas for development. Senior managers and leaders have a comprehensive understanding of the quality of service provided. Corporate ownership, well-cultivated partner relationships and increased financial investment enable the service to be highly responsive to local needs. This includes the creation of a dedicated multi-agency team to focus on complex abuse work and investment in identifying and supporting children who are at risk of sexual exploitation.

The complex needs of children who did not become looked after soon enough due to historic failures are understood, and children are supported effectively through dedicated therapeutic services. Families benefit from a broad range of early help services. Partners have grown in confidence in completing early help assessments. However, the early help offer is not sufficiently responsive to the needs of a small number of children, including children who have disabilities.

There is an effective multi-agency response to children in need of help and protection. Thresholds are understood and appropriately applied, resulting in swift protective action. Specific groups of vulnerable children and young people, including those who are privately fostered and young people who present as homeless, receive a well-coordinated multi-agency response that meets their needs.

Children become looked after when they need to be. The number of children becoming looked after has risen because of the improved identification of risk and the focused work on complex abuse. This increase has impacted on placement capacity and matching children who have more complex needs with permanent foster carers.

A previously unstable workforce, both in the fostering service and the locality social work service, meant that some children did not achieve permanence quickly enough. The development of a more stable workforce and the systematic review of children with a plan for long-term fostering who have not yet been formally matched are supporting improvements in the achievement of permanence for children. The quality of court work is improving. Decisions to return children home to their parents are informed by good-quality assessments. Children benefit from early consideration of placement with their extended families. Although management oversight is evident and supervision is regular, management challenge of the quality of practice and planning for children looked after is not consistently good.

Most assessments identify risks and are of good quality, particularly those recently completed using the Rotherham family approach. For a small number of assessments, the cumulative impact of harm is not always considered well enough, and issues of diversity and identity are not fully explored. For children looked after, assessments are not always up to date and some do not reflect sufficiently the complexity of needs or how these will affect the children's future requirements. For some children, a lack of sharpness in care plans can lead to drift and delays in permanence being achieved and broader needs being met. The local authority is working to address these areas of provision that require improvement.

Strong management oversight identifies children who have a plan for adoption. Matched children move in with their new families in a planned way without delay. Adopters experience an effective recruitment, assessment and training offer with bespoke support provided by the local authority's in-house therapeutic service. Wider family and friends of adopters access high-quality training to enable them to understand children's experiences. Life story work and later life letters often contain professional language, and are not completed in a timely manner for children who are placed in foster care or have a plan for adoption. Support for birth families is not sufficiently promoted or utilised. Children have their health needs well met through timely health assessments and a dedicated therapeutic service.

The local authority has successfully challenged schools that are using informal exclusions, which has resulted in an increase in formal exclusions. More work is needed to reduce these and persistent absenteeism.

Rotherham achieves excellent outcomes for a great majority of its care leavers. Since the last inspection, councillors and senior leaders have invested significantly in the care leaving service, expanding its capacity and providing excellent new facilities, including a dedicated drop-in centre and good-quality housing. Highly effective partnership working has developed a broad range of services that give care leavers access to good-quality housing, and opportunities to receive education and training, and to gain employment.

Inspection Findings:

Quality & Impact inspection The effectiveness of probation work in South Yorkshire An inspection by HM Inspectorate of Probation (June 2017)

Summary of the key findings

Community Rehabilitation Company (CRC) – effectiveness

The quality of work to protect the public was generally acceptable, but with some room for

improvement. Up to date policies and clear procedures were in place. There were examples of effective information exchange with the police about domestic abuse as cases started, and when they were reviewed. Good use was made of home visits. There was a clear commitment to the four Local Safeguarding Children Boards. Risk of harm training had been introduced for recently appointed professional staff lacking experience. Further attention was required to monitor and respond to signs of risk of harm deteriorating between reviews

National Probation Service (NPS) – effectiveness

The quality of work to protect the public was generally good. We found the NPS had a good grip on complex cases with work undertaken to engage those in denial and resistant to change. There was an effective victims' team who worked closely with the police and partner agencies to respond to the needs of victims of child sexual exploitation. We were pleased that following a review of Multi-Agency Public Protection Arrangements, a county probation coordinator had been introduced. Reviews were completed in over two-thirds of cases but officers did not always adjust their planning to take account of changing circumstances.

Some probation officers found working primarily with high risk of harm and complex cases challenging. Some were reluctant to move less demanding cases to probation service officers, as they doubted their skills and experience. Others resisted, knowing that it would further increase the concentration of high risk of harm cases in their caseload.

Overall, the quality of work delivered by the NPS to reduce reoffending was good, but there was room for improvement with reviewing work. Assessments and plans were sound, and appropriate cases were referred to the sex offender treatment programmes. Assessments for personality disorder traits were undertaken, with good use of available consultancy provision. Responsible officers' default position was to deliver one-to-one work, however, rather than making greater use of probation service officers and available CRC services to deliver structured work.

The quality of work to support service users abide by their sentence was good. Effective arrangements were in place to share information with partner organisations. NPS responsible officers were working hard to engage and address difficult and challenging behaviour and the individual diversity needs of service users were taken into account. This promoted compliance. Most service users abided by the requirements of their sentences. When they did not, appropriate enforcement action was taken in the majority of cases.

Inspection Findings:

HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). PEEL: Police effectiveness, efficiency and legitimacy programme (2017)

Summary of the key findings

Effectiveness

South Yorkshire Police is good at keeping people safe and reducing crime. Since HMICFRS' 2016 effectiveness report, the force has made progress in several areas. HMICFRS is pleased to see the positive effect recent improvements have had across the force, particularly in neighbourhood policing and investigations. Further action is needed to ensure the force is providing all vulnerable people with an effective service.

South Yorkshire Police is good at keeping people safe and reducing crime.

Since HMICFRS' 2016 effectiveness report, the force has made progress in several areas. South Yorkshire Police is effective in its approach to reducing crime, tackling anti-social behaviour and keeping people safe. The force must improve its ability to protect people who are vulnerable through their age, disability, or because they have been subjected to repeated offences, or are at high risk of abuse, for example. South Yorkshire Police is generally good at investigating crimes. The force effectively investigates some crimes over the telephone, through its new crime support hub and its dedicated investigation teams.

Efficiency

South Yorkshire Police is judged to require improvement in the efficiency with which it keeps people safe and reduces crime. This is consistent with last year's assessment. The force's understanding of demand is judged to require improvement; it is assessed to require improvement for its use of resources to manage demand; and its planning for future demand is judged to require improvement.

Legitimacy

South Yorkshire Police is judged to be good at how legitimately it keeps people safe and reduces crime. For the areas of legitimacy we looked at this year, our overall judgment is more positive than last year when we judged the force to require improvement. The force is judged to be good at treating all of the people it serves with fairness and respect and good at ensuring its workforce behaves ethically and lawfully. However, some aspects of the way in which it treats its workforce with fairness and respect are judged to require improvement.

Inspection Findings:

Children and Family Court Advisory and Support Service (Cafcass) Inspection of Cafcass as a national organisation 2018 (2 February 2018 – 2 March 2018)

Summary of the key findings

The overall judgement is outstanding Cafcass leads effective services that meet the requirements for outstanding.

The quality and effectiveness of Cafcass private law practice with families – Good

The quality and effectiveness of Cafcass public law practice with families - Good

The leadership and governance of the national organisation – Outstanding

The leadership and management of local services - Outstanding

Exceptional, aspirational corporate and operational leaders work relentlessly to ensure that children and their families benefit from good or outstanding services. Shared priorities are communicated clearly. Listening to children, understanding their world and acting on their views are strongly embedded in practice in both public and private law. This is enhanced by the splendid work carried out by the influential Family Justice Young People's Board (FJYPB).

Since the last inspection, the chief executive, together with the national service director and supported by an effective and active board, have worked diligently to develop and support a culture of continuous learning and improvement. Stability of leadership and strong aspirations to 'get it right' for vulnerable children are key factors in their success. The vast majority of Cafcass staff at all levels consistently provide excellent quality services for children, their families and the family courts.

Cafcass's highly evolved and mature strategic relationships with its key family justice partners (Her Majesty's Courts and Tribunal Services (HMCTS), the Judiciary and the Association of Directors of Children's Services (ADCS)) have led to creative and innovative services nationally and locally. The chief executive and the national service director are held in high regard. They work tirelessly, driving much needed development and reform to meet the increasing levels of demand.

Cafcass practitioners' effective and authoritative practice adds value and leads to better outcomes for the majority of children. In the vast majority of cases, family court advisers (FCAs) and children's guardians provide the courts with cogent, well-balanced and analytical risk assessments. These help the courts to make child-centred and safe decisions.

Strong, evidence-based and succinct reports minimise the need for experts. They also reduce delay and the need for further appointments. In a very small number of cases seen, delay in establishing children's views and progressing cases quickly enough was linked to poor case planning. Most direct work is well planned, done at the child's pace, and ensures that the child understands what is happening. Reports are enhanced by using the child's own words, resulting in the powerful voice of children informing recommendations to the court. Inspectors observed some highly sensitive, knowledgeable work in relation to a wide range of diversity issues.

Performance management is a key priority. A rigorous, strength-based performance framework supports the delivery of good and outstanding services nationally and locally. Key strengths and areas for development, identified accurately in Cafcass's self-assessment, are used to inform both management understanding of the quality of practice and individual staff development. Senior managers have clear plans in place to help staff improve the consistency of 3 performance learning reviews (PLRs)¹ and case planning, and to ensure that relevant diversity issues are fully considered.

Strong governance arrangements are firmly in place, augmented by a culture of professional accountability and respectful challenge at every level across the organisation. Cafcass has successfully implemented a model of proportionate² working to address demand on services. Despite having high workloads, staff who spoke to inspectors felt extremely positive about working for an organisation in which they are treated well, as professional adults, and their views and needs are important and highly valued.

The national business centre (NBC) is exceptionally well-managed, effective and efficient. This means that Cafcass's services for children benefit from the support of a coherent and expertly coordinated range of centralised systems. Business services and social work staff are skilled and committed.

5 Effectiveness of arrangements to keep Rotherham children safe

Early Help Services

Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help services work with children and their families to prevent problems from getting worse.

Improvement in this area was identified as a Board priority

Since 2014, RMBC has worked with partners to establish a cohesive Early Help offer to ensure that issues are identified early as problems begin to emerge and children, young people and families' needs are assessed and supported.

The new Early Help Offer was launched in January 2016 and the vision for Early Help in Rotherham is articulated in the Early Help Strategy 2016-2019. As a result there are integrated, Early Help locality teams, bringing together previously separate professional disciplines and co-locating staff with partners (including Social Care) in multi-agency Early Help hubs. There are new systems in place that allow the service to monitor and track progress and there is governance in place to ensure there is appropriate accountability and effective support and challenge across the system.

Inspection Feedback

Ofsted Inspection Report (February 2018)

Partners' increasing understanding and trust of thresholds are further supported by co-located staff delivering a comprehensive early help offer and by improved confidence in completing early help assessments. Families benefit from a broad range of early help services. Partners have grown in confidence in completing early help assessments. However, the early help offer is not sufficiently responsive to the needs of a small number of children, including children who have disabilities.

Early Help Initial Contacts: The annual out-turn for the number of Early Help Contacts that were triaged within five working days was 85.3% which although below the target of 100%, does maintain performance against last year which was also 85.3%. Annual performance shows that 59.7% (604/1011) of families were contacted and engaged within the three working day local timescale with a further 32.5% (329/1011) being engaged with outside of timescales. This indicates that the majority of families are being contacted promptly and most 92.2% are being engaged.

Early Help Assessments (EHA's). Overall, during the year, 47.2% (518/1097) of EHA's were completed in timescales, with a further 29.8% (327/1097) being completed outside of local timescales. There was a total annual completion rate for assessments at 77% (845/1097).

The Triage Team within the MASH is increasing the numbers of requests to partner organisations to complete an Early Help Assessment. This will have a positive impact on the time for locality Early Help teams to spend supporting families.

Early Help Assessments:

Partner agencies are increasingly involved in undertaking Early Help Assessments. By the end of March 2018 15.9% (225/1415) of Early Help Assessments in 2017/2018 had been completed by partners which is a significant improvement on last year when only 6.5% of these were completed by partners

Partners are also supported by the four integrated working leads which are now based across Early Help localities. Partner engagement with the Early Help Assessment is now being effectively tracked to highlight progress being made across agencies.

During 2017/2018, Primary and Secondary schools completed 67.5% (152/225) of Partner EHA's with the remaining Partners (including Health service providers) completing the remaining 32.5% (73/225). Work will continue with health colleagues and other organisations during 2018/2019 to focus on increasing the numbers completed in these areas.

Education Health and Care Plans (EHCP)

An education, health and care (EHCP) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC Plans identify educational, health and social needs and set out the additional support to meet those needs.

Education Health and Care Plans are given to children who have been assessed as having high level Special Educational Needs (SEN). They were introduced in 2014 replacing the old SEN Statements. All Education Health and Care Plan (EHCP) completions and conversions from SEN Statements are measured nationally. Locally the monitoring of these two targets takes place fortnightly through an 'Inclusion Performance Clinic'.

All local authorities were required to convert any old SEN Statements to EHCPs by April 2018. Therefore the percentage of completed new EHCP's within 20 weeks has fluctuated over this year due to the necessary prioritising of these conversions and seasonal fluctuations in demand (ie school holiday periods). Cumulative performance over the year for new EHCPs was 56.5%. New incremental quarterly targets have been set and are being monitored for 2018/19 with the aim of returning the service to performance levels of 90% in the following reporting year 2019-20.

In relation to 'conversions' from SEN to EHCPs, there were a total of 998 to convert. 98% of all conversions were completed by the target date (April 2018) the remaining 2% (24 cases) were delayed due to the complexity of the individual cases.

Children's Centres. Overall Children's Centres fell slightly short of their registration rates during 2017/18 at 91% against the 95% target. However, performance in the 30% most deprived Super Output Area (SOA) neighbourhoods was better with 96% of children registered against the 95% target overall. Good performance was found in the South and North localities of the borough achieving 101% and 97% respectively. Engagement rates saw a similar trend with the 30% most deprived SOA's achieving overall performance of 68% against a 66% target. Overall performance across the borough was 58% against the 66% target, however this was an increase when compared with 2016/2017 when performance reached 52%.

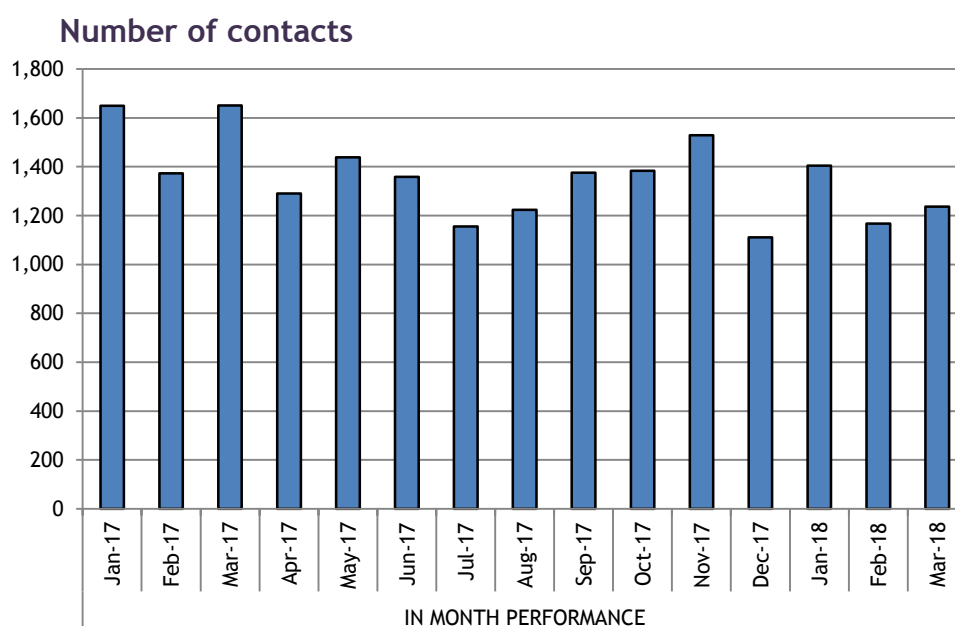
Contacts and Referrals

A "Contact" is a request for help when a child is thought to have support needs or to be at risk of harm. If there are concerns which cannot be managed through the provision of early help services, a referral is made for a multi-agency assessment to be undertaken, led by a social worker.

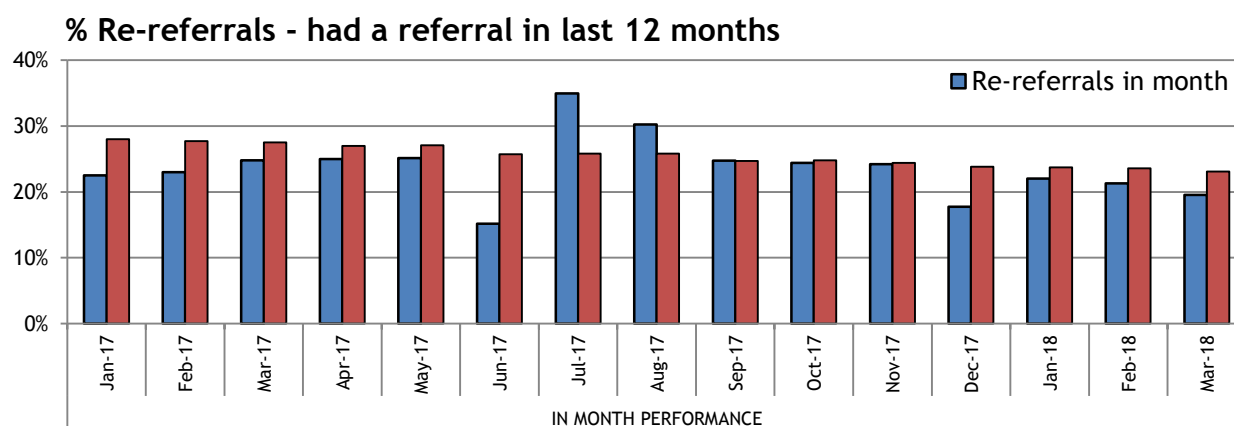
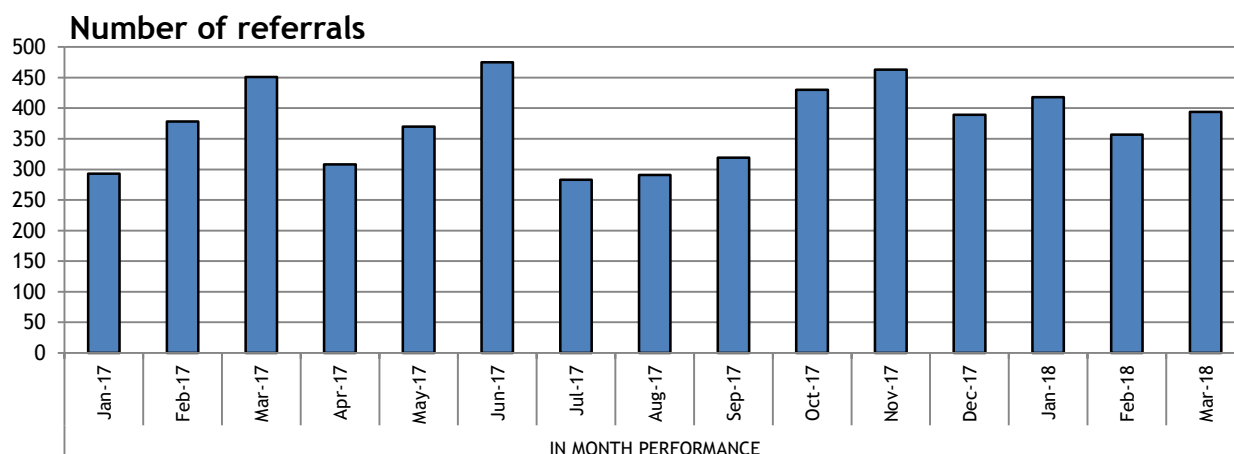
In total 15,684 contacts were been received over the year compared to 16,609 in 2016/17, which equates to a 5.6% decrease. However, in the same period the proportion progressing to referral has increased by 2% to 28.6% with a trajectory towards 30%. Similarly progression from referrals to assessment has increased over the year and now consistently achieves 99% each month.

The increased conversion of contacts to referrals reflects the positive impact the partnership is making with improved quality in the operational process and information sharing within the Multi-Agency Safeguarding Hub (MASH) with the majority of screening activity taking place earlier and ensuring progression to social care referral only when appropriate.

Volume of contacts per month:



Referral rates by month:



Over the last 12 months the re-referral rate has made incremental reductions each month reaching 23.1% at the end of 2017/18 resulting in a 4.4% positive decrease on the 2016/17 outturn. This evidences and supports audit findings that social work case practice is significantly improving. The month on month trend also suggests that the improvement is being sustained. However, to be confident that this is fully embedded the rate needs to fall below the national average (21.9%) for a sustained period and then move to a top quartile position (16%).

Improvement in information sharing between partners:

The increased conversion of contacts to referrals reflects the positive impact the partnership is making with improved quality in the operational process and information sharing within the Multi-Agency Safeguarding Hub (MASH) with the majority of screening activity taking place earlier and ensuring progression to social care referral only when appropriate.

Inspection Feedback

Ofsted Inspection Report (February 2018)

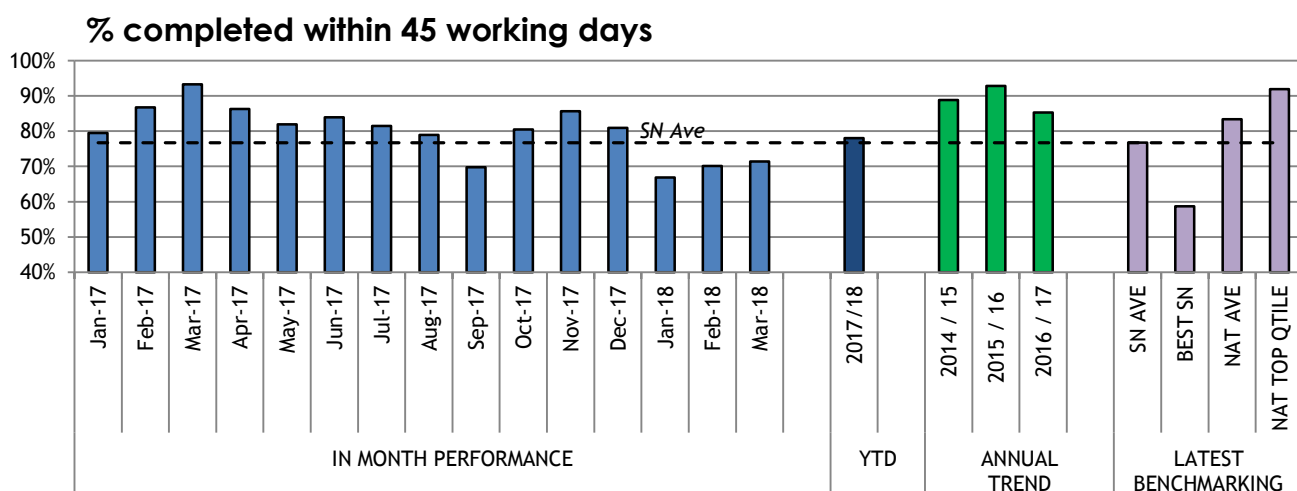
Children in need of help and protection are protected through effective multi-agency working in the MASH. Confident, experienced social workers, and co-located multi-agency partners who understand thresholds and issues of consent, effectively screen and triage in the MASH. There are timely responses to contacts and referrals, as well as effective information sharing and decision-making by managers.

Assessments

The timeliness of an assessment for a child is important because it means that their needs or the risks to them are identified quickly and support put in place. The upper time limit for assessments to be completed is 45 working days.

Provisional performance for 2017/18 in relation to assessment timeliness stands at 78% which is a 7.3% decline on the previous year, however it is worth noting that the volume of assessments completed has increased by 32% in the same period (6781 compared to 5148).

Assessments completed:



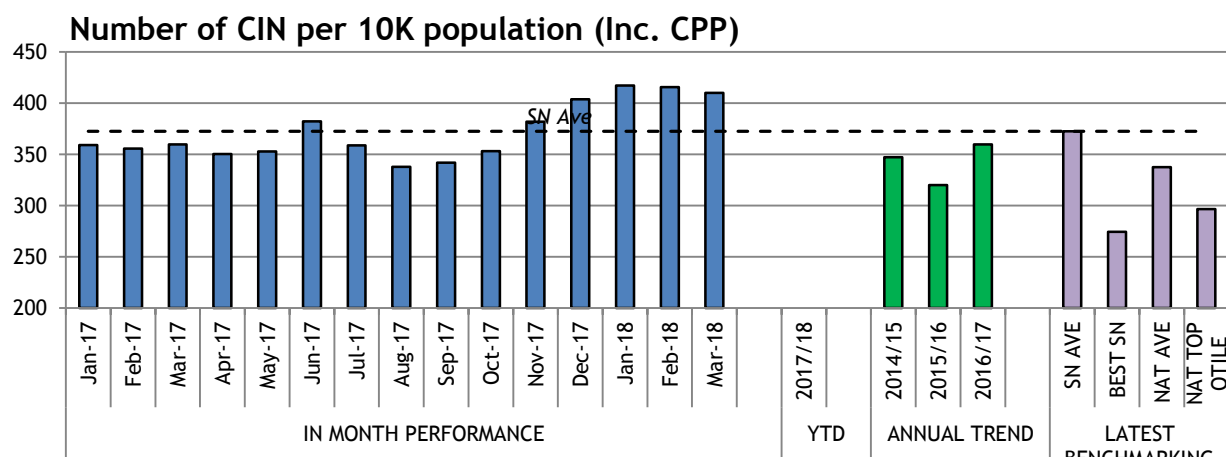
Children in Need

A child is deemed to be a Child in Need where their needs are more complex, but they are not suffering from significant harm, and require support and intervention from a social worker and other professionals. A child with a disability is by definition a Child in Need.

There is no good or bad performance in relation to the number of Children in Need (CIN), although it is important to monitor against statistical neighbour and national averages as numbers considerably higher or lower than average can be an indicator of other performance issues. The

service managers in the Locality social work teams continue to lead regular reviews in conjunction with early help colleagues on Child in Need work to minimise drift and ensure only those children that require this type of intervention are open to the service.

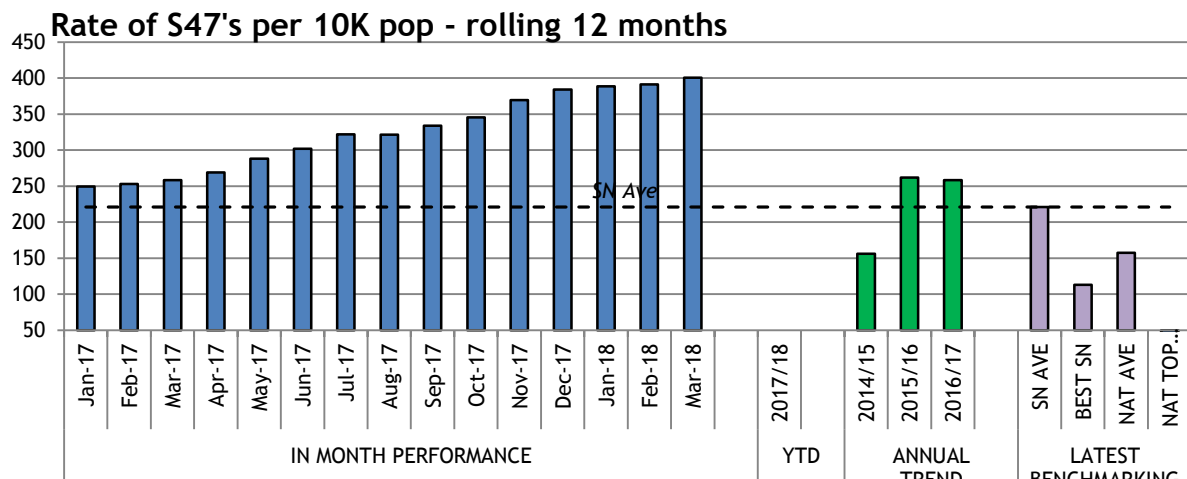
At the end of March 2018 there were 1686 CIN, when combined with those subject to child protection plans (CPP) this equates to a rate of 413.8 per 10k population; positioning Rotherham above both the statistical neighbour average (372.7), and the national average (337.7).



Child Protection

Section 47 investigations are those child protection enquiries that social workers, the police, paediatricians and other professionals carry out in order to find out whether children have suffered from or are at risk of, abuse or harm.

Trend data in relation to Section 47 investigations demonstrate a continued high volume. A comparison of year-on-year outturn data shows a 54.4% increase in the total volume of new S47s from 1457 to 2235. Investigation outcomes show 63.9% (1429 children) over the year were proven to be at risk of continuing harm and therefore progressing to a safeguarding intervention through the child protection process. Only 7.3% (164 children) were not in line with the "significant harm" threshold. This low level indicates continued improvement; with 2015/16 having 11.2% and 2016/17 10.9%.



Inspection Feedback

Ofsted Inspection Report (February 2018)

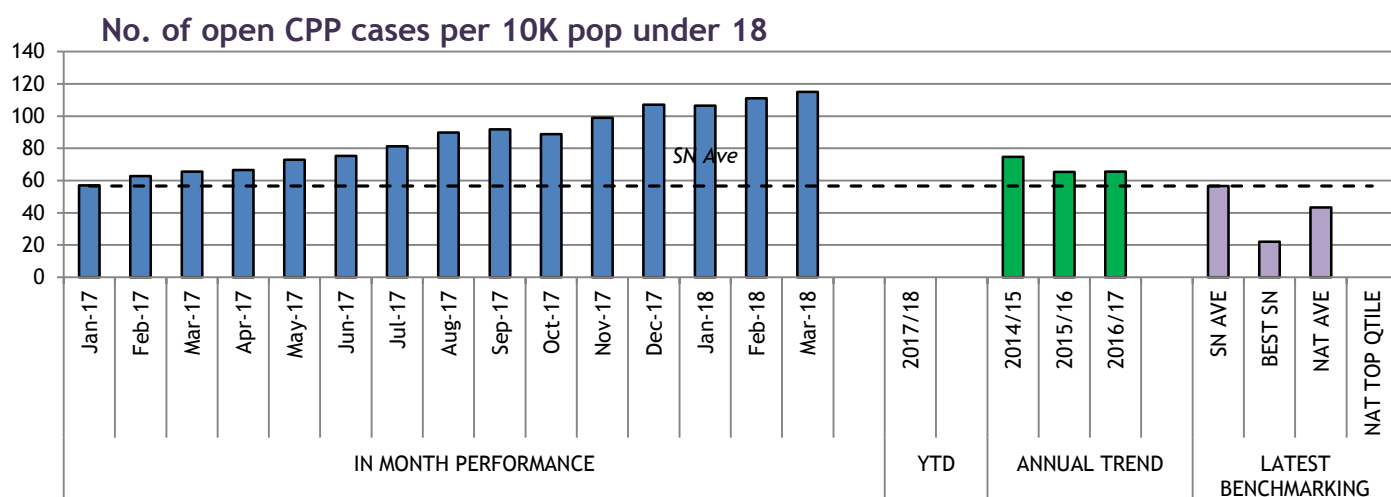
Child protection enquiries and strategy meetings involve appropriate multi-agency representation that informs robust decision-making in order to protect children. Work with South Yorkshire Police on the conduct of Achieving Best Evidence interviews is beginning to improve the quality of joint social work and police interviews.

Child Protection Plans

Children who are at risk of significant harm through abuse or neglect have a Children Protection Plan to help make sure that they are supported and kept safe. Using the number of children per 10,000 child population is a standard way to compare and measure how well we are doing against other authorities.

Demand across the partnership is high with further increases for children subject to Child Protection Plans reaching 656 children. If compared to the 2016/17 outturn figures of 370 children. This equates to an increase of 77% and appears to be as a result of a combination of factors: an improvement in social work assessments identifying and responding to risk, the complex abuse enquiry and the upward trend nationally.

The trend for the number of children with a Child Protection Plan (CPP) continues to remain upwards and our rate per 10k population is now 115.9 which is significantly higher than statistical neighbour (56.6) and the national average (43.3). This is placing increasing pressures on the partnership child protection system despite audit and inspection findings indicating that thresholds are being applied appropriately.



Inspection Finding:

Ofsted Inspection Report (February 2018)

Children do not stay on protection plans for longer than necessary as a result of the effective monitoring by child protection chairs. When change has not been achieved, appropriate assertive action is taken through escalation into pre-proceedings.

Performance in the timeliness of Review Child Protection Conferences for the year as a whole was 94.6% which is a decline when compared to the previous year's 98.6% but still places Rotherham above the national average of 92.2%.

Child Protection Visits

Every child who has a Child Protection Plan should be visited by their social worker every two weeks (local standard).

Compliance against the local Child Protection visit standard sees a disappointing year end position of 89.1%, given the consistent achievement levels earlier in the year of 93%+ however this is less than 1% below last year's outturn position when there were 241 fewer children on a Child Protection Plan. Children's Services reports that performance clinics continue to monitor this alongside other compliance measures and team managers are able to articulate the reasons, attempts to visit made and the plans which are in place to ensure that children are safe.

Child Protection Advocacy Service (Barnardo's)

In 2017/18 the service engaged with 1035 children aged between ages 8 and 17, which is an increase of 357 children on the previous year. The percentage of children and young people aged 8-17 having their voice heard and represented at their Child Protection Conference has decreased from 60% in 2016/17 to 44% in 2017/18 because the number of CP plans and subsequently the demand for advocacy has increased.

48% of children aged 8 to 17 were represented and able to express their views at their Initial Conference, a decrease of 19% from the previous year, which is due to the significant increase in demand for Advocacy in Child Protection, however the number of children who were able to express their views at initial conference has increased from 162 in 2016/17 to 213 in 2017/18.

The feedback from children (below) highlights the difference that independent advocacy is making in supporting a young person to feel engaged in the child protection process.

The Advocacy Safe booklet and activity sheets are good'

The Advocacy Service was very helpful, I knew who was going to be there at the meeting

The Advocacy Safe booklet is very good'

The advocate service was friendly and helpful

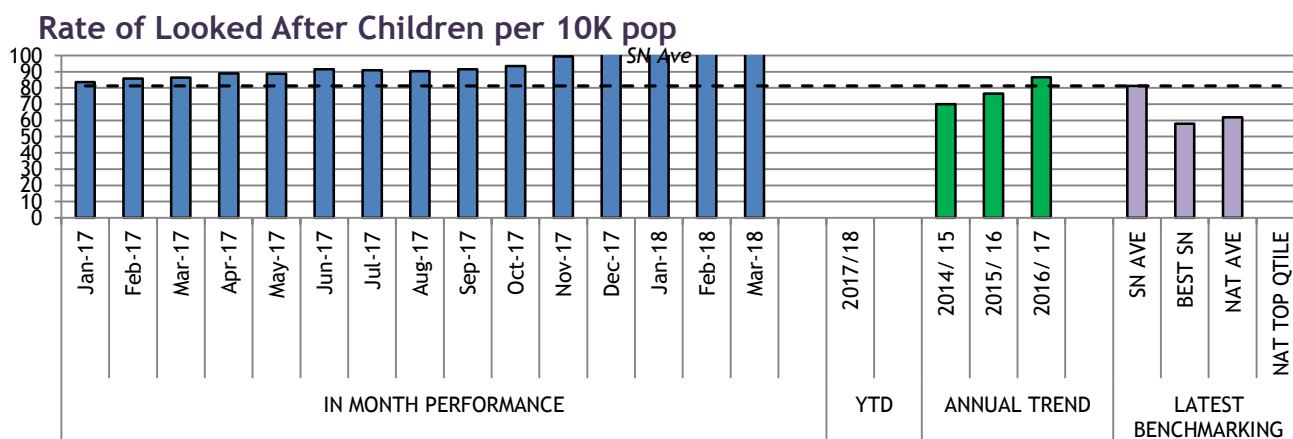
The advocate explained to me what happens at a conference

The LSCB Practice Review Group monitors all cases where a Child Protection Conference Chair has either raised concern about multi-agency practice in Child Protection or has vetoed a decision at the Conference. This provides an independent check and challenge to practice and decisions about significant harm.

Looked After Children

A Looked After Child is one who is in the care of the local authority and is sometimes called a "child in care" or "LAC". Safeguarding children in care was identified as a Board priority

Demand across the whole service and partnership is high with further increases in number of Looked After Children to 624 at the end of March 2018. If compared to the 2016/17 outturn figures of 488 LAC this equates to an increase of 29%. This appears to be as a result of a similar combination of factors as seen in the CPP rise, (improved identification and response to risk, the complex abuse enquiry and the upward trend nationally). The rate per 10,000 of the population now stands at 110.3 as compared to the statistical neighbour average of 81.3 and the national average of 62 (as reported at March 2017).



Inspection Finding:

Ofsted Inspection Report (February 2018)

Decisions to look after children are now made in the children's best interests and are timely and planned in most cases. This has resulted in increasing numbers of children entering care appropriately. Children are beginning to benefit from early consideration of placement with their extended families. Permanence is not yet achieved for all children soon enough. Assessments are not sufficiently robust or up to date to inform decisions about placement choice or identify broader needs. Brothers and sisters are often placed together in foster care, but children's relationships, in terms of placement and contact needs, are not fully considered. Plans are not as sharply focused as they could be.

A 'Right Children, Right Care' transformation action plan is now being implemented focusing on both reducing the number of admissions through edge of care preventative approaches and 'safely' increasing the number of children ceasing care. The scoping process has been completed for the Right Child Right Care programme and there are 170 children for whom discharge from care is assessed to be a viable option. Work progressing these plans will now commence, although significant positive impact is not anticipated until late 2018.

Positively the rate of discharge reached its highest level for 6 months at the end of the year with 20 children ceasing care in March 2018 indicating the Right Child Right Care programme is beginning to have some impact.

Looked After Children - Statutory Reviews

A Review is a meeting in which the plans for a child's care are monitored by an independent person (Independent Reviewing Officer). Reviews take place at set timescales to ensure that there is no delay for the child.

Due to a combination of Independent Reviewing Officer sickness levels, high demand and social workers not completing their pre-review reports within timescales there was a dip in the timeliness of LAC statutory reviews at the beginning of 2018. However, it is reassuring to note that, in March performance improved to above target at 95.5% and helped improve the full year's performance to 90.4%. The LSCB will continue to monitor the performance in this area as timely statutory reviews are key in preventing children's cases from drifting.

Looked After Children – Placements

It is important that who are Looked After by the local authority have a stable place to live (placement)

The proportion of long term LAC who have lived in the same placement for over two years continues to have achieved incremental month-on-month improvements towards the end of the year towards an outturn of 61.3% (92 out of 150 children) this followed an in year low in November of 59.2%. Progress on this measure has been impacted by the increasing number of long term LAC and our desire to bring children closer to home and into family placements, (positive placement moves). Due to the timeframes within the definition this is an area of performance which cannot be improved quickly. A forward projection analysis of the current cohort predicts that this measure potentially could reach 66-67% within the next reporting year.

In the last three months of 2017/18 there was an increase in the number of children experiencing multiple placement moves. The provisional outturn position of 13.1% (81 out of 618 children) is an increase on the 2016/17 figure of 11.9%. The local increase in LAC is part of a national trend and as a result the placement market is increasingly saturated making appropriate matching decisions an increasing challenge. The Intensive Intervention Programme being implemented by the Rotherham Therapeutic Team is clearly having some positive impact on the number of placement disruptions for the most vulnerable and challenging of our young people who are known to be at risk of placement breakdowns. However, it is also likely that the impact of the Right Child Right Care project will mean more placements will be converted to Special Guardianship Orders/Child Arrangement Orders, which will be a positive outcome for the child but may have a significant negative impact on the stable placement performance over 2018/19.

Despite the further increase in LAC numbers, the proportion of children in a family based placement remains relatively stable at 82.4% of the total cohort. Given the increasing numbers of LAC performance regarding the proportion of LAC in commissioned placements has declined to 50.5% (315 of 624 LAC). This decline is not significant and reflects the same level as October when there were only 267 LAC in the cohort. This indicates that the in-house Fostering and Placements team have become far more efficient in placing children within in-house placements.

In relation to children in care, performance in LAC visits within the national minimum standards has decreased slightly to 94.7% from last year's outturn of 94.9%. Performance has been impacted by the increase in numbers of LAC and the increased travelling distances required due to placement market saturation. This remains an on-going focus of attention in performance clinics.

Looked After Children – Health and Dental assessments

For children in care it is important that their health and dental needs are closely monitored and that they receive diagnosis and treatment without delay.

The performance figures reported by the LAC Health Team are higher than those recorded in local systems, suggesting there is still some time lag in inputting data onto social care system by social workers. The number of Initial Health Assessments (IHAs) complete each month remains relatively consistent however timeliness performance according to internal recording is below 40% at 36.4% (4 out of 11 completed IHAs). This is particularly low when compared to achievements earlier in the year of between 75-90%. Over the year 55.3% of the 226 IHAs completed were within timescale, it is acknowledged that this is low but it is a significant improvement on levels achieved in the last three years (18.2% in 2016/17). The reported figure by Health colleagues for March is 56% with a further five "did not attends" and one last minute cancellation which needed to be followed up. Both Health and Dental LAC reviews have seen a decline to 76.8% and 64.1% respectively. In respect of the Health Review Assessments the figure reported by the LAC Health Team colleagues is 86%.

Re thinking missed appointments for children:

Children rely on parents/carers to take them to appointments and missed appointments are always a cause for concern. Often this is recorded as the child **Did Not Attend**. The LSCB is supporting an initiative for all organisations and professional to change this to **Was Not Brought** to reflect that it is the responsibility of those with parental responsibility and prompt a more positive intervention.

Looked After Children – Education

Children in care are entitled to a Personal Education Plans (PEP) to support their education.

97% of eligible LAC have a Personal Education Plan (15 LAC with no PEP) and 95% have a PEP less than one term old (24 with an older or no PEP). Although this performance is high and an improvement on the Autumn term it is slightly lower than usual due to a combination of the

adverse weather which meant that several PEPs had to be rescheduled, and the fact that it was a very short school term. Also, the figure includes LAC who either did not come into care until late in the term, or who we were notified had come into care, and where there wasn't time to arrange a PEP meeting.

The quality of PEP and education planning is beginning to have an impact on educational planning with Key Stage 2 outcomes improving in 2017 as compared to 2016 and to a degree significantly above national and regional comparators. In respect of Key Stage 4 outcomes for 2017:-

- 3 young people achieving 9 A*-C including English & Maths.
- 1 achieved 8 A*-C including English but missed maths by 1 grade
- A further 2 achieved 5+ A*-C including English but missed maths by a grade.
- Another young person achieved 5 A*-C but missed maths and English by 1 grade.
- 3 young people achieved 4 A*-C: 1 including English and 1 including Maths.
- 10/30 had an EHCP, EHCP pending or a statement of SEN.
- 10 young people were not in mainstream schools. Of the 20 children in mainstream education:
 - 3/20 (15%) achieved 9 A*-C including English & Maths
 - 6/20 (30%) achieved 5+ A*-C
 - 9/20 (45%) achieved 4+ A*-C

Attendance for the whole LAC cohort currently stands at 94% but there are 26 young people who are currently receiving less than their 25 hours statutory entitlement. Some of these young people do not have the emotional resilience to manage any more than their current access but the multi-agency group, including Early Help, continues to meet on a monthly basis to support more of these young people towards their full entitlement.

Care Leavers

Children who leave care after a period of time are entitled to ongoing support

Despite an on-going increase in the number of Care leavers to 257 at the end of March 2018 compared to 223 in March 2017, the proportion with a pathway plan remains at high level of 97%. The timeliness of these plans also continues to improve with 83% of young people with an up to date plan compared to 69% earlier in the year. The service continues to focus on improving the quality of the plans so that they are meaningful for young people and the introduction of a new plan template is significantly supporting this.

The numbers of care leavers in suitable accommodation has declined, however, to 96.9% which is due to 2 more young people receiving custodial sentences. This places Rotherham in the top quartile in out of all the local authorities in England in respect of this performance measure.

Performance in respect of care leavers who are in Education, Employment or Training has improved after a recent decline in recent months, at 63.6% this measure currently stands at its highest level for 12 months. The Leaving Care Team are working closely with other Council Directorates to firm up the pre-apprenticeship offer (work experience and work placements) in order to achieve increased sustainability as only one young person from 2017 is still attending his apprenticeship placement. However, performance remains strong and once again places Rotherham back in the top quartile. There are currently 13 Care Leavers in Higher Education and one undertaking a PhD. A further care leaver completed their Masters degree in 2017 in Engineering.

Inspection Finding:

Ofsted Inspection Report (February 2018)

Rotherham achieves excellent outcomes for a great majority of its care leavers. Since the last inspection, councillors and senior leaders have invested significantly in the care leaving service, expanding its capacity and providing excellent new facilities, including a dedicated drop-in centre and good-quality housing. Highly effective partnership working has developed a broad range of services that give care leavers access to good-quality housing, and opportunities to receive education and training, and to gain employment.

6 Learning and Improvement Framework

The role of the LSCB is to ensure the effectiveness of organisations individually and collectively to safeguard and promote the welfare of children. To achieve this there should be a culture of continuous improvement across the partnership.

For Rotherham LSCB, the Learning and Improvement Framework is delivered through five mechanisms:

1. **The Performance & Quality Sub group** focuses on quality assurance through performance management and auditing, mainly at an aggregated level of information.
2. **The Practice Review Sub group** focuses on learning from individual cases.
3. **The Serious Case Review (SCR) Sub group** considers and monitors cases which meet the statutory criteria for a Serious Case Review.
4. **The Child Death Overview Panel (CDOP)** considers learning from all child deaths in Rotherham.
5. **The Learning and Improvement Sub group** draws the learning points from all reviews and oversees the changes to safeguarding practice through changes to procedures, training and monitoring of action plans.

Performance & Quality Assurance

Quality Assurance is a process that checks the quality of services and the difference they make for children. It establishes what is working well and where there are improvements needed. Conducting audits and reviews of children's cases are some of the ways in which the quality of services is monitored.

Professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children. (Working Together to Safeguard Children, 2015)

The Performance and Quality Assurance Sub Group meets on a six weekly cycle, with 8 meetings held per year. The meetings focus alternatively on the partners Performance Management Framework and auditing both of which are scrutinised and areas of concern reported to the Board. The Sub Group utilises quantitative and qualitative methodologies to provide an accurate position in relation to aspects of safeguarding children.

Quarterly LSCB Performance Management Framework

The report provides information to answer:

- How much have we done and how do we compare with others?
- How well have we done it and what difference are we making to the lives of children?

By using:

- Quantitative data which compares where possible with other authorities (statistical neighbours; region; Best Performing Local Authorities and LSCBS, and monitors over time, tracking trends
- Qualitative data - strategic and case file audits, inspection reports, evaluation from training & procedures
- Feedback from children and young people
- Feedback from frontline professionals to improve understanding of workforce perspectives
- Feedback from single agency perspectives and audits triangulated with feedback from other agencies and external processes

Multi-agency audits completed in 2017/18

- Domestic Abuse - MASH Response to Domestic Abuse referrals (MADA). Longitudinal study
- S47 Enquiries - Appropriate multi-agency judgements are made about risk of significant harm and procedures are followed.
- Parental Contact with Children in Hospital with Safeguarding Concerns - Procedures followed to ensure children not at risk

Audit: Parental Contact with Children in Hospital where there are Safeguarding Concerns.

This audit was held as a result of the Child R serious case review. Child R was admitted to hospital with a suspected non-accidental injury and was then injured again by his father while on the ward. The serious case review recommended the development of a specific protocol in relation to parental contact with children in hospital and. The findings of the audit evidenced that social workers and ward staff were using the protocol and were clear about what arrangements for family contact were in place for the children.

Audit: Partnership response to Domestic Abuse.

The partnership commissions a good range of services for victims of domestic abuse, including those assessed as lower risk and these are used well by victims. However, there are concerns about waiting times for some services.

There is a gap in the provision of services for perpetrators of domestic abuse who are not convicted and this has the potential to undermine the good work that is developing.

Safeguarding Self Assessment

Joint Adult and Children Safeguarding Self- Assessment

Section 11 of the Children Act 2004 requires each person or body to which the duties apply to have regard to any guidance given to them by the Secretary of State and places a statutory requirement on organisations to ensure that they have arrangements in place to safeguard and promote the welfare of children. In addition the Care Act (2014) requires Local Authorities to set up Local Safeguarding Adults Boards (LSAB's). The objective is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse.

The Rotherham Local Safeguarding Children and Adults Boards have committed to and are developing a joint safeguarding children and adults self-assessment. The purpose of the joint assessment is to provide all organisations in the Borough with a consistent framework to assess monitor and improve their Safeguarding Children's and Adult's arrangements in line with statutory requirements and best practice. The joint self-assessment tool will be finalised in November 2018 and be implemented from January 2019.

Voluntary and Community Sector – Safeguarding Self-Assessment

Voluntary and Community Sector (VCS) organisations in Rotherham also undertake a safeguarding children self-assessment bi-annually to provide assurance in relation to their arrangements to safeguard children. Unlike statutory agencies the Voluntary and Community Sector Organisations are not currently statutorily obliged to conduct a self-assessment.

Progress by Voluntary and Community Sector Organisations (members of the Children, Young People and Families Consortium) towards completion of the Self-Assessment as at October 2017 included 5 organisations out of 24 that had registered to complete the assessment, that have fully completed 90-100% of the self-assessment. A further 13 organisations have completed over 50% and six organisations had not started the assessment by the end of December. The LSCB continues to work with the sector to support them in completing their self-assessment.

In February 2018 the self-assessment tool was reviewed in consultation with the members of the Children, Young People and Families Consortium and a revised version is to be launched during 2018/19.

Schools – Safeguarding Self-Assessment (Section 175)

Schools are expected to complete the S175 on-line safeguarding self-assessment. 129 Rotherham schools, including children centres, colleges and special schools in Rotherham, are registered to

complete the self-assessment. The progress towards completion of the self-assessment, as at October 2017 is that 67 schools/education settings that have completed 90-100% of the self-assessment with a further 41 having completed over 50%.

The LSCB engages with the school and children's centres community via the termly Education Safeguarding Forum. This is a positive and well received opportunity for two way discussion, awareness raising and information sharing between the education sector and the LSCB. In 2017 the S175 self-assessment progress was discussed and it was reiterated that school governing bodies and trustees of Multi Academy Trusts are to be involved with and have ownership of their safeguarding children arrangements.

Section 175 self-assessment report (October 2017): Overall for a majority of schools in Rotherham returned positive responses, scoring highly in most areas:

- 79% of schools have a consistent child protection policy in place
- 81% of schools actively promotes the role of named or designated safeguarding lead (DSL) person and undertakes a number of initiatives to champion a safeguarding culture
- 88% of schools reported their DSL have received appropriate safeguarding training within the last two years
- 83% of schools encourage pupils / students to talk about their feelings and deal assertively with social/relationship pressures.
- 66% of schools in Rotherham having fully compliant recruitment and selection processes in place.
- Over 70% of schools in Rotherham do have a policy on child welfare and safeguarding / child protection record keeping.
- 74% of schools reported that the governing body is actively involved with safeguarding children within school through designated / nominated governor

Serious Case Reviews and Lessons Learned Reviews

There is a requirement for LSCBs to undertake reviews of serious cases (SCRs) in specific circumstances. "Lessons Learned" reviews are a local response where the criteria for a SCR are not met, but there has been concerns relating to multi-agency safeguarding practice and there is a need to learn from what happened around the multi-agency response.

One of the features of both types of review is that they involve agencies, staff and families in a collective endeavour to reflect up and learn from what has happened in order to improve practice in the future.

A Serious Case Review (Child J) was undertaken jointly with Sheffield LSCB and the report was signed-off at an extraordinary meeting of the RLSCB on the 11/05/2017. The agencies that were involved in the review will be required to take forward the recommendations and action plan.

There are no firm dates or plans for publication of the report due to the criminal investigation which is still ongoing. Some of the key recommendations from the Serious Case Review which have now been implemented were:

- The Local Authority to introduce a conflict of interest form to ensure clarity of responsibility to the child, for Childcare Practitioners (child minders) to cover circumstances where they are caring for a family member's child.
- Re-issue the statutory framework to all child minders highlight to them their responsibilities contained within the child protection section.
- To use the learning from this specific case in the safeguarding training for all new childminders.

A further Serious Case Review (Child AR17) was undertaken during 2017/18. A key message from this case was the importance for professionals in keeping the child's lived experience at the centre of their thinking.

The emerging learning points from this review which are now included in an action plan include:

- Over-reliance on medical evidence when assessing risks to the child.
- Recognition of risks and vulnerabilities in relation to young motherhood and need for framework of early support.
- Importance of high quality record keeping and information sharing
- A further review protocol for contact between parents and their children in hospital where there are safeguarding concerns

The **Practice Review Group** considers specific cases that are referred to the group where there has been cause for concern in terms of the safeguarding of a child from significant harm where there is, or has been multi-agency involvement, but where the criteria for a Serious Case Review (SCR) have clearly not been met. The Group also reviews cases where formal dissent relating to the outcome of a Child Protection Conference is submitted in writing by a professional or agency represented at the conference; or where the Child Protection Conference Chair has concerns about multi-agency thresholds or practice.

The methodology for each learning review is determined by the circumstances of the case and agreed by the group, but can range from a desktop review, a small learning event with practitioners involved in a case, to a larger multi-agency challenge event.

Eight cases were reviewed by the Practice Review Group using a variety of methods including, desk top reviews and practitioner event. All cases had reports submitted to the Performance and Quality sub-group with recommendations and appropriate actions subsequently taken, eg:

- Inclusion of good practice examples in training and in the RLSCB newsletter.
- Multi-Agency Assessment to include invisible adult males figure within assessments of risk.
- Adult services working more closely with children's services.
- Review of the bereavement pathway.
- Use of Graded Car Profile in neglect cases.

In February 2017 a multi-agency review was undertaken on a case where an infant had received an injury. At the heart of this case was a clear missed opportunity for the child to have been referred to a paediatrician and the Multi Agency Safeguarding Hub for consideration of section 47 enquiries. As a result work has been undertaken with GPs and 0-9 practitioners re-enforcing that any non-mobile infant with a bruise should trigger a safeguarding referral and a full medical examination. A new safeguarding procedure was developed supported by a key message of:

'Babies that don't cruise, rarely get bruised'

In all cases where there has been a case review, recommendations have been made in relation to any improvements in practice. These are developed into an action plan, and progress by individual agencies and the partnership has been monitored by Performance & Quality Assurance sub group. The findings are also considered by the Learning & improvement sub-group and single and multi-agency training has been up-dated to reflect any relevant findings.

Child Death Overview Panel

The Child Death Overview Panel (CDOP) is a multi-agency panel which reviews the death of any child aged from 0-18 yrs who is normally resident in the borough. The purpose is to see if there are any areas of learning or changes to practice to prevent a similar child death in the future.

Since 1st April 2008, all deaths of children up to the age of 18 years (excluding still births and medical terminations) are reviewed by a panel of people from a range of organisations and professional disciplines. CDOP is required to reviewing every child death in the Borough in order to identify whether there is any learning that could influence better outcomes for children at both a local and national level. CDOP promotes the sharing of information and learning to all organisations, in both the statutory and voluntary sector, about how to reduce the likelihood and impact of modifiable risks which might lead to the death of a child.

In reviewing the death of each child, the CDOP should consider modifiable factors in relation to the individual child, the environment, parenting capacity or service provision, and consider what action, if any, could be taken locally and what action could be taken at a regional or national level.

Child Death Reviews 2017-18

During 2017-18 CDOP met on five occasions, with a total of 11 deaths being reviewed.

| Case | Age Range | Gender | Ethnicity | Expected/Unexpected | Modifiability* | Category |
|------|-------------|--------|-------------------|---------------------|----------------|---|
| 1 | 5-9 yrs | Male | Black African | Unexpected | Non-modifiable | Chromosomal, Genetic and Congenital anomalies |
| 2 | <28 days | Female | White British | Expected | Modifiable | Perinatal / Neonatal event |
| 3 | <28 days | Male | White British | Expected | Non-modifiable | Perinatal / Neonatal event |
| 4 | <28 days | Female | White Asian | Expected | Non-modifiable | Perinatal / Neonatal event |
| 5 | 15-17 yrs | Female | White British | Expected | Non-modifiable | Malignancy |
| 6 | 10-14 yrs | Male | Asian – Pakistani | Unexpected | Non-modifiable | Trauma and other external factors |
| 7 | 28-364 days | Female | White British | Expected | Non-Modifiable | Chromosomal, Genetic and Congenital anomalies |
| 8 | 28-364 days | Male | White British | Expected | Non-modifiable | Perinatal / Neonatal event |
| 9 | <28 days | Male | White British | Expected | Non-modifiable | Perinatal / Neonatal event |
| 10 | 1-4 yrs | Male | White Other | Expected | Non-modifiable | Chromosomal, Genetic and Congenital anomalies |
| 11 | <28 days | Male | White Other | Expected | Non-modifiable | Chromosomal, Genetic and Congenital anomalies |

* A modifiable factor is one where one or more factors may have contributed to the death of the child and which by means of locally or nationally interventions could be modified to reduce the risk of future child deaths.

CDOP Priorities for 2018-19

The new Working Together guidance (2018) will from 2019 require the responsible Child Death Review Partners to review a minimum of 60 deaths per year and report the findings from these to a national government data base. This will require the Rotherham CDOP to work cooperatively on a sub-regional basis to establish new arrangements to review the minimum requirements of 60 deaths.

Key Learning Points from 2017-18

A safe sleep for infants audit was undertaken by The Rotherham NHS Foundation Trust and reported to CDOP. This identified that the safe sleep questionnaire used with parents was not fully embedded with the 0-19 (health visiting) Service. As a result a programme of learning sessions was provided for health staff with agreement that audits would continue to take place at regular intervals to monitor improvements in practice and outcomes for children.

Most front line professionals will never become involved with the child death process and a series of awareness raising sessions for frontline health staff were held to provide information about the process. The feedback has been very positive and these sessions are now to be offered to professionals and volunteers from across the partnership.

Learning and Improvement

The Learning and Improvement Sub Group has responsibility for ensuring that the RLSCB maintains a shared local framework which promotes a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works well and promote good practice.

Multi-Agency Safeguarding Learning and Development

Training and other learning and development activity is provided by the RLSCB to a wide range of professionals and volunteers who work with children and families in Rotherham.

The RLSCB currently offers a wide range of multi-agency safeguarding children training which supports the development of the workforce in Rotherham who work or come into contact with children, young people and their families. Learning and development is delivered through a blended approach with face to face training, conferences, briefings, webinars and e-learning. It is offered to all staff and volunteers who come into contact with children, young people and/or their families within Rotherham, via multi-agency. The aim is to support individuals and organisations to undertake their safeguarding roles and responsibilities in a committed, confident and competent manner.

Throughout 2017/18 the LSCB website was fully reviewed and updated for all audiences including, Professional and Volunteers, Children and Young People, Parents and Carers. New content included, Guidance for Section 175 safeguarding self- assessment for schools; for children and young people – 'Know your Rights' and E-safety advice; and improved guidance and navigation on how to report abuse 'if you are concerned about a young child or person'. The website was also made accessible in 103 languages. Visits to the website increased by 65% during 2017/18, including a small increase in March 2018 from Social Media referrals – in particular Facebook.

Partnership newsletter: In January 2018 the LSCB launched its 'digital newsletter' to 495 subscribers, devoted to single and multiple news items, including information on serious case reviews, procedure changes and learning and development opportunities. All services and organisations are encouraged to submit news items relevant to safeguarding children.

Safeguarding Children Training

The LSCB training offer is continually reviewed to ensure that it responds to local need and priorities and the training strategy takes into account national, regional and local factors, including acting on the recommendations of serious case reviews, child death reviews, and other lessons learned. In September 2017 the LSCB launched e-learning as part of its training offer and the 8 courses were launched. Over 350 e-learning courses were completed in the 6 monthly period Oct 17 – March 2018 by partner organisations.

E-Learning courses:

- An Awareness of Domestic Violence including the Impact on Children and young People
- An Introduction to FGM, Forced marriage, Spirit Possession and Honour-based Violence
- Awareness of Child Abuse and Neglect – core
- Awareness of Child Abuse and Neglect – Foundation
- E-Safety Guidance for Practitioners working with children
- Keeping them Safe – Protecting Children from Child Sexual Exploitation
- Safeguarding Children in Education
- Self-Harm and Suicidal Thoughts in Children and Young People

During 2017/18 the LSCB provided 20 different themed training courses and 2,410 professionals attended these courses from across partner organisations. All RLSCB courses (both e-learning and face to face) are free of charge to all partner agencies and non-profit organisations.

Themed Training:

Designated Safeguarding Lead Workshop

Attachment Training

Group 3 Safeguarding Core Workshop

Graded Care Profile

Safeguarding Young People at Risk of Child Sexual Exploitation - A Multi-Agency approach to Supporting Young People at Risk

Safer Recruitment for Schools

Child Death Review Process

Digital Safeguarding Training

Early Help Pathway Workshop

Working with Resistant Families

Prevent Training

Safer Recruitment (evening)

The Toxic Trio, Safeguarding Children – Parental Domestic Abuse, Substance misuse and Mental Health

Attendees are asked to provide evidence of the impact of the training both on their practice and for children and families. The evidence shows that the majority of attendees report increased confidence, improved skills and the fact that having attended the training they felt it had impacted positively on their safeguarding practice. The following offers an insight into some of the feedback received:

Safeguarding Children at Risk of Sexual Exploitation

Early Years Worker, Rotherham Council

The indicators to abuse – I feel more confident in making referrals and what actions to take

Working with Resistant Families

Support Worker, Rotherham Hospice,

Remain child focussed, never give up. No matter how small, all my actions can make a difference

Group 3 Core Workshop, Working Together on 13th February 2018

Early Years Support worker, Rotherham Council

Improved confidence in knowing an injury can be investigated through safeguarding processes

We are going to use the 1-10 scale in after school club, e.g. asking children about their day, re: bullying '

The Toxic Trio Safeguarding, Children and Mental Health on 23rd March 2018

Foster carer – Rotherham Council

My understanding of parental mental health has improved

In January 2018 a training evaluation event analysed 84 multi-agency training courses which were delivered between Apr-Dec 2017 and attended by 1,987 people. The event looked at the impact

of the training after 3 months of attending the course and how it has improved practice with children and young people. The response overall was respondents could evidence improvement in their practice; there were improved outcomes for the child, young person and family and they had shared their learning back in the workplace which had supported their colleagues.

Group 3 Core Workshop

When asked to explain how their practice had improved, the respondents stated:

'Greater awareness of safeguarding issues'

'Discussions with staff in supervisions and at clinical review meetings'.

'It helped me to realise that my understanding of safeguarding procedures is in line with local authority policy'

Training for Designated Leads in Schools and Colleges

When asked to give an example of how outcomes for a specific child had improved, the respondents stated:

'My understanding of sources of support available for parents experiencing DA meant that support could be signposted more effectively which impacted on the decisions the parent made in order to safeguard her children'

Safer Recruitment Workshop

When asked to explain how their practice had improved,

'Had issues in next recruitment drive and the training supported me in working through these'

When asked to give an example of how outcomes for a specific child had improved, the respondent stated:

'More vigilant when recruiting new staff members'

Safeguarding Children Procedures

These are the multi-agency procedures and processes that professionals must follow where there are concerns about a child's safety or welfare.

Safeguarding Children Policies and procedures should be developed or amended as a result of any of the following:

- Changes to legislation or statutory guidance
- Recommendation from a local learning process, such as audits or practice reviews
- Recommendation from Serious Case Reviews or Child Deaths
- Research evidence or best practice guidance

During 2017/18 there were two updates to the online multi-agency safeguarding children procedures which included:

New procedures -

- Bruising in non-mobile babies and children
- Notification by Other Local Authorities of Looked After Children Placed in Rotherham
- Safeguarding Children from Modern Slavery
- Safe Sleeping for Infants

The following procedures were reviewed and amended -

- Protocol for Safeguarding Children in Whom Illness is Fabricated or Induced
- Allegations Against Staff, Carers and Volunteers
- Rotherham Multi-Agency Continuum of Need Guidance
- Multi-Agency Threshold Descriptors
- Referring Safeguarding Concerns about Children
- Action Following Referral of Safeguarding Children Concerns
- Early Help Guidance: Integrated Working With Children, Young People and Families With Vulnerable or Complex Needs
- Safeguarding Children and Young People from Sexual Exploitation
- Abuse by Children and Young People
- Safeguarding Children who are at Risk because of Communication Technology and Social Media
- E-Safety
- Safeguarding Children Subject to Private Fostering Arrangements
- E-Safety – 2 new documents added as links
- Prevent – link to new document
- Supporting children who are bereaved
- Gang activity
- Domestic abuse
- FGM - link to new document
- Forced Marriage and Honour Based Violence
- Children who go missing from home or care

Work has commenced on the safeguarding procedures update which will go live in June 2018. The Learning and Development sub group have given priority to updates to procedures that needed to incorporate Signs of Safety language and terminology, any changes required from serious case reviews and the anticipated changes from the revised Working Together statutory guidance.

7 Safer Workforce

Managing Allegations against staff, volunteers and foster carers

Investigations where there are concerns about those professionals or volunteers who work with children.

Working Together 2015 (updated in 2018) requires that each Local Authority has a designated officer or team of officers, to deal with allegations made against professionals who are a part of the children's workforce.

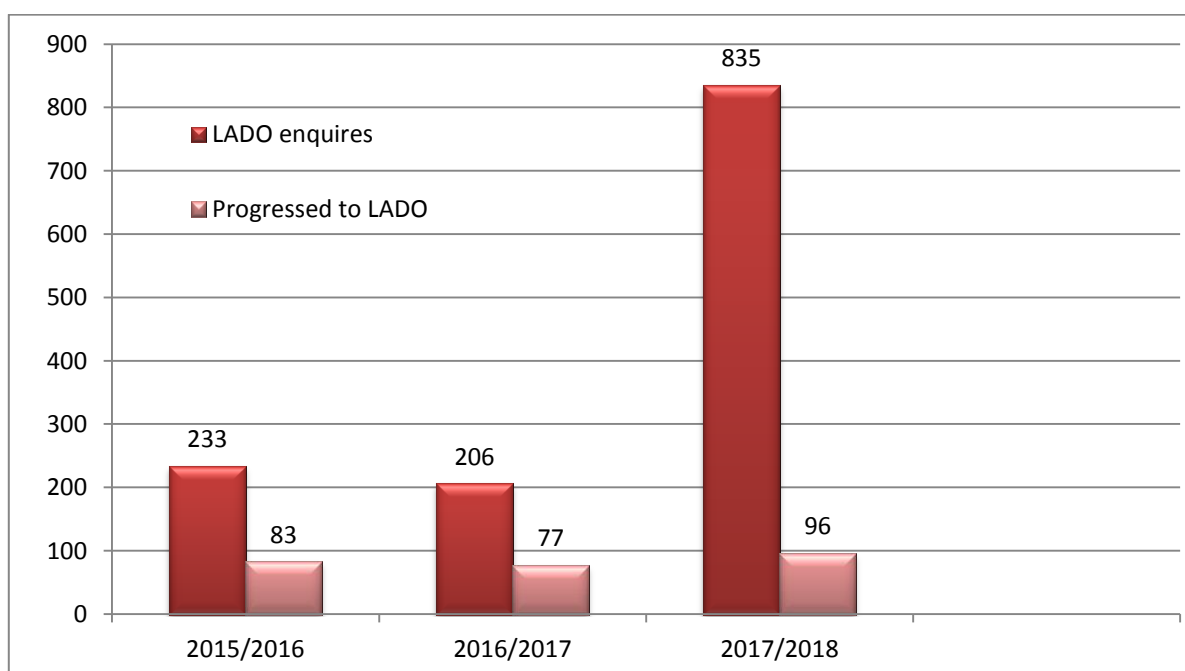
In practical terms, the role of the Local Authority Designated Officer (LADO) is to:

- provide advice and guidance to agencies and individuals, in relation to issues surrounding the conduct of their staff (whether paid or unpaid) which concern actions or behaviours giving rise to safeguarding concerns;
- ensure co-ordination and proportionate, fair and safe outcomes in relation to these matters, specifically regarding the safeguarding of any / all children concerned, the investigation of any criminal matters and the associated human resources processes;
- convene, chair and record strategy meetings for this purpose;
- manage and oversee individual cases from the commencement of the process through to conclusion and outcome.

The LADO will become involved where there is reasonable suspicion that a person who works with children (whether paid or unpaid) has behaved in such a way as to:

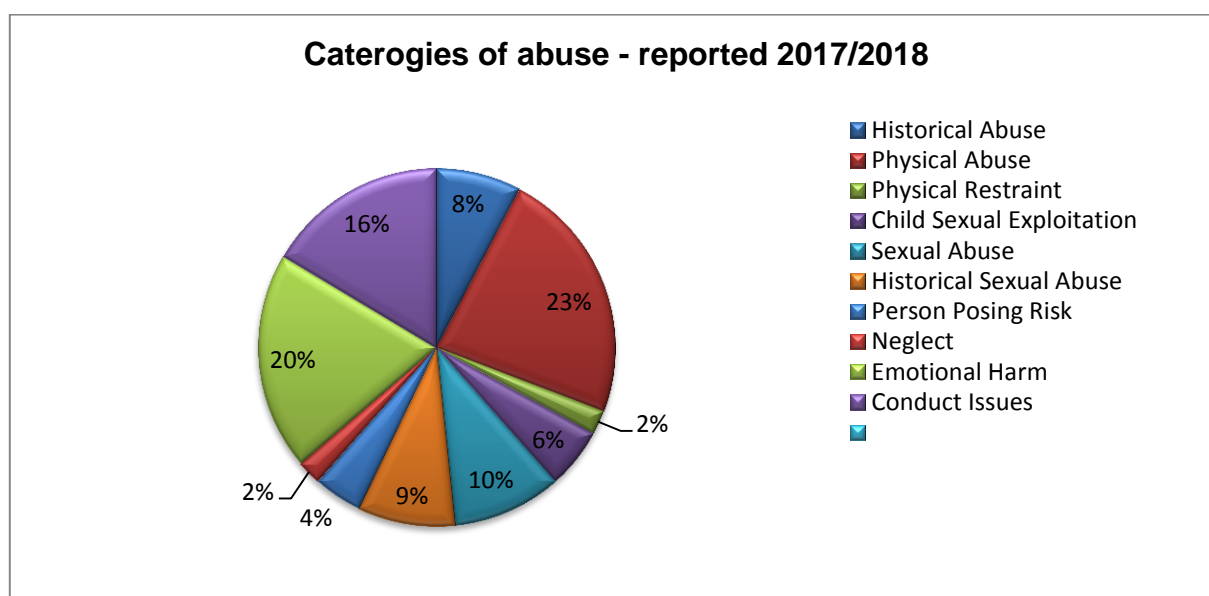
- Cause or potentially cause harm to a child;
- Commit a criminal offence against or related to a child; or
- Indicate that he or she would pose a risk of harm if they were to work regularly or closely with children.

Volume of LADO contacts and enquires



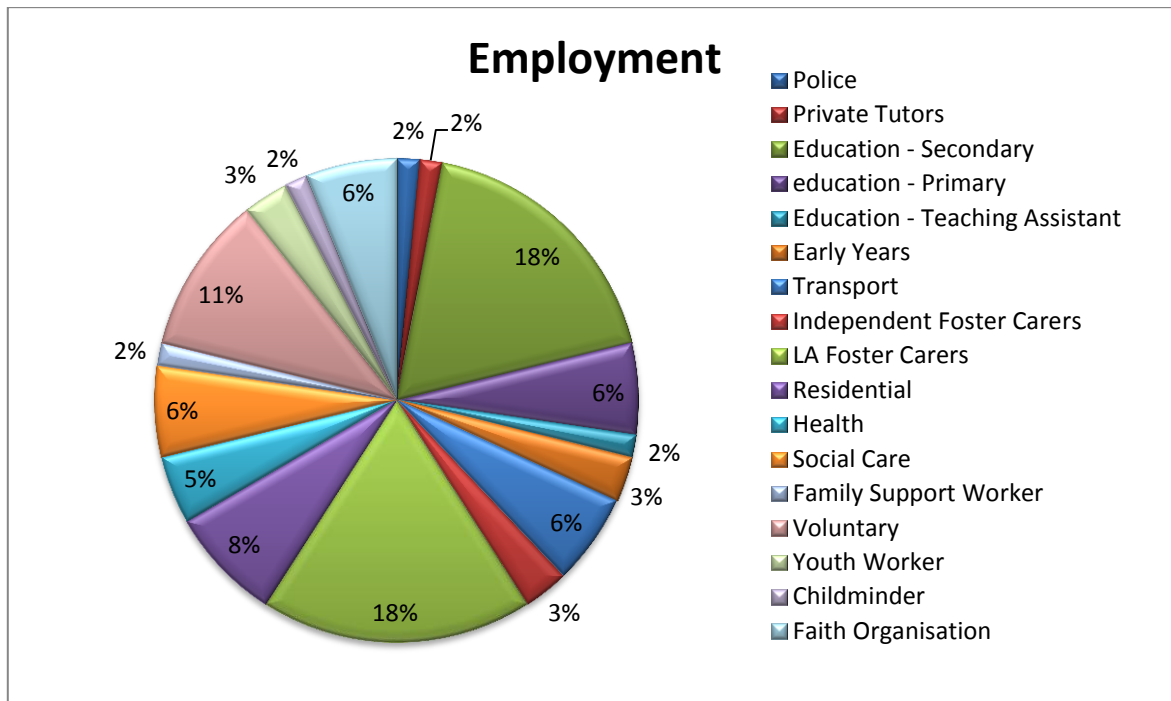
During the year 1st April 2017 – 31st March 2018, 96 enquiries progressed to the LADO process. This represents an increase in the volume from the previous year from 77 enquiries. In addition to these, there were a number of other LADO enquiries which did not meet the LADO criteria or that required intervention from another Local Authority LADO. An additional 739 of this type of query were taken in the year but they lacked the detail or content to be formally recorded as LADO investigation but advice and guidance was provided. A new improved recording system was introduced in 2017-18 which now includes all enquires of a LADO nature and accounts for the apparent increase in volume from 2016-17.

Of the 96 enquiries that progressed to a full LADO investigation, the nature of the allegation was as follows:



The highest figures of abuse category are physical and emotional harm.

LADO contact covers a wide range of professionals over the children's workforce, over 2017/2018 the majority of professionals where LADO allegations were made covered secondary education and Local Authority Foster Carers.



The highest figures in relation to employee's has been in relation to foster carers and secondary education staff, where physical restraint is an area that is been repeatedly considered by LADO from professionals working in environments with young people who can present with challenging behaviours.

Procedure for dealing with allegations against staff, volunteers and foster carers.

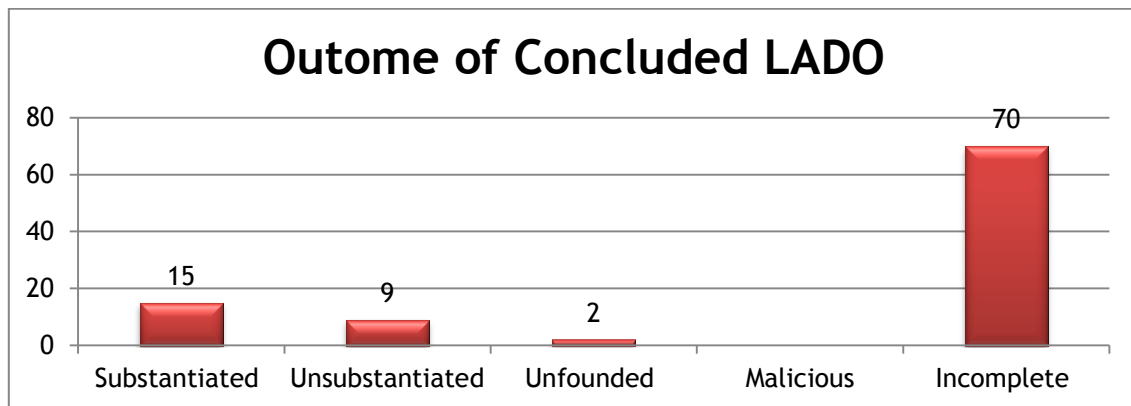
A new LADO procedure was developed and implemented for all partners in April 2017. This procedure strengthens the interface between the Local Authority Designated Officer (LADO) and the Multi Agency Safeguarding Hub (MASH). All referrals and contacts are now screened and progress through the MASH and the application of the threshold for a LADO investigation is strengthened.

Inspection Finding:

Ofsted Inspection Report (February 2018)

Allegations against professionals are robustly managed. All referrals to the designated officer are made through the MASH, which ensures that risks to children are identified at the earliest opportunity and are appropriately managed. Evidence was seen of effective information sharing through allegations management meetings that resulted in clear actions, which are reviewed as required.

Of the 96 enquiries that progressed to Allegation Management Meeting, the outcome of the investigations was as follows:



Within the current reporting year, there are 70 incomplete outcomes and these cases remain under investigation. A large number of LADO's do remain in under investigation status due to ongoing police investigations which take a significant period of time to conclude. It is to be noted that where LADO investigations are reliant on the outcome of forensic examination of internet devices, the investigation can be delayed for several months whilst results are awaited, again this is both a national issue and area of ongoing challenge. The majority of cases referred were completed in the same year.

8 Conclusion

Services provided to children by Rotherham Council have gone through a period of rapid improvement, strongly supported by the wider partnership. With reducing resources the challenge for the local authority and partners will be to sustain and further improve services to and outcomes for children who are at risk of harm within the community, those who need to be looked after by the local authority and those with emerging needs or problems within their lives.

Because effective partnership working is needed to keep children safe it is imperative that we build on the good work achieved, remaining focussed and utilise assurance and challenge mechanisms within and between organisations that help to resolve areas of service delivery that are both complex and sometimes constrained by competing priorities.

The high numbers of children subject to a Children Protection Plan and those who are Looked After will mean that the statutory and resource responsibilities towards these children will be high. It is, therefore, even more important for those children who have emerging or early difficulties in their lives to receive the right help and support at the right time before problems escalate and become more complex. For these children the importance of receiving early help is crucial and all organisations, including schools and the voluntary sector will need to continue to play a proactive role.

9 Strategic Priorities for 2016-18

The LSCB priorities for this period have been:

- Engagement with practitioners and the local community
- Listening to and acting on the voice of children and their families
- Performance, Quality assurance & Learning and Improvement
- Partnerships, Governance and Communication
- Child Sexual Exploitation and Missing
- Safeguarding Looked After Children.
- Neglect
- Effectiveness of Early Help

Partnerships governance and communication

The local strategic partnership boards have now established mechanisms for collaborating on safeguarding issues and this area of work continue to be a priority into 2019 as partners develop the new multi-agency safeguarding arrangements required by the Working Together (2018) statutory guidance.

Neglect

Children who are neglected continue to constitute a high percentage of those children requiring safeguarding services and the implementation of the neglect strategy will need to be driven forward to tackle the neglect of children in the borough.

Engagement with practitioners and the local community

The local safeguarding partners need to do more in terms of engagement with local communities, including faith groups, sports clubs and other community based groups.

The voice of children and their families

The voice of children and their families need to be taken into account when evaluating the effectiveness of services and outcomes for children. Rotherham is wholly committed to this with the vision to become a child friendly borough.

Effectiveness of early help

There is evidence that partner agencies are becoming more involved in early help and undertaking early help assessments. The LSCB will continue to encourage this wider engagement and to monitor the effectiveness of early help in improving outcomes for children and families.

Child Sexual Exploitation and Missing

There is evidence, supported by inspection of significantly improved practice in preventing and responding to child sexual exploitation and in reducing the number of episodes of children going missing in the borough. The LSCB is committed to ensuring continuing improvement in this area, but is also considering children and young people's vulnerability to a wider range of risks.

Safeguarding Looked After Children

Progress is noted in this area, particularly in relation to children going missing and the board will continue to monitor all aspects of safeguarding for this group.

Performance, Quality Assurance and Learning and Improvement

The work of the sub groups covering these areas has been strengthened and partners are committed to developing the functions of these in the new safeguarding arrangements.

As the new multi-agency safeguarding arrangements are developed, partners will review the current priorities and a new business plan will be produced and published in 2019.

10 Appendices

Appendix 1 – Board Member attendance 2017-18

| Attendance at RLSCB | May | June | Sept | Dec | Mar | % Attendance |
|---|-----|------|------|-----|-----------|--------------|
| Independent Chair | ✓ | ✓ | ✓ | ✓ | ✓ | 100% |
| Statutory members | | | | | | |
| Adult services, RMBC | D | Aps | D | D | CANCELLED | 75% |
| CAFCASS | ✓ | ✓ | Aps | Aps | | 50% |
| Rotherham CCG | D | ✓ | ✓ | ✓ | | 100% |
| Councillor – Cabinet Member, CYPS | Aps | Aps | Aps | Aps | | 0% |
| CYPS consortium | Aps | Aps | ✓ | ✓ | | 50% |
| CYPS , RMBC | ✓ | ✓ | ✓ | ✓ | | 100% |
| Housing, RMBC | x | Aps | Aps | Aps | | 0% |
| Lay members | ✓ | ✓ | Aps | Aps | | 50% |
| National Probation service | ✓ | ✓ | ✓ | ✓ | | 100% |
| NHS England | Aps | ✓ | ✓ | D | | 75% |
| Public Health, RMBC | ✓ | D | D | D | | 100% |
| Rotherham Doncaster & South Humber NHS Foundation Trust | Aps | D | ✓ | ✓ | | 75% |
| Schools & colleges | ✓ | ✓ | ✓ | ✓ | | 100% |
| SY Community Rehabilitation Company | Aps | ✓ | ✓ | D | | 75% |
| SY Fire & Rescue | Aps | ✓ | ✓ | ✓ | | 75% |
| SY Police | Aps | ✓ | D | ✓ | | 75% |
| Rotherham NHS Foundation Trust | Aps | ✓ | ✓ | D | | 75% |
| Youth Offending Service, RMBC | ✓ | ✓ | D | ✓ | 100% | |
| Professional Advisors to the Board | | | | | | |
| LSCB Business Manager | ✓ | D | D | D | CANCELLED | 100% |
| Head of Service, CYPS, RMBC | x | ✓ | ✓ | D | | 75% |
| Designated Nurse, CCG | ✓ | D | ✓ | ✓ | | 100% |
| Legal Services, RMBC | ✓ | ✓ | ✓ | Aps | | 75% |
| Comms Team, RMBC | ✓ | ✓ | ✓ | ✓ | | 100% |

| Key | |
|------------|---|
| x | Agency is not invited or does not have a current representative |
| Aps | Apologies were tendered with no deputy attending |
| ✓ | Attended |
| D | Deputy attended |
| * | Extraordinary meeting held |

Appendix 2 – Financial Statement 2017-18

| Budget Statement 2016/17 Outturn | Funding Formula | Budget 2017/18 | Outturn 2017/18 |
|---|-----------------|----------------|-----------------|
| | % | £ | £ |
| Income | | | |
| Annual Contributions | | | |
| Rotherham MBC | 48% | 163,432 | 163,432 |
| Rotherham CCG | 22% | 75,315 | 75,315 |
| South Yorkshire Police & Crime Commissioner | 13% | 44,475 | 44,475 |
| National Probation Service | <1% | 1,077 | -6472 |
| CAFCASS | <1% | 550 | 1100 |
| South Yorkshire Community Rehabilitation Company | <1% | 300 | -300 |
| | | | |
| Surplus from previous year | 3% | 10,000 | 10,000 |
| Rotherham CCG - L&D contribution | 6% | 22,000 | 22,000 |
| Rotherham MBC - L&D contribution | 6% | 22,000 | 22,000 |
| Delivered Training to GP's | <1% | 0 | 400 |
| Total Income | | 339,149 | 331,950 |
| | | | |
| Expenditure | | | |
| LSCB Salaries & Staff Costs | | 233,344 | 232,806 |
| Public Liability Insurance | | 1,600 | 1,356 |
| IT & Communications | | 1,000 | 1,513 |
| Printing | | 3,000 | 3,171 |
| Stationery and Equipment | | 330 | 63 |
| Learning & Development | | 33,425 | 18,879 |
| Independent Chair & Other Independent Consultants | | 49,000 | 64,959 |
| Software licences & maintenance contracts | | 13,500 | 19,600 |
| Memberships & Conferences | | 3,000 | 1123 |
| Miscellaneous | | 950 | 131 |
| Total Expenditure | | 339,149 | 343,600 |
| | | | |
| Deficit | | | 11,650 |

Appendix 3: Contact details

Rotherham LSCB

Independent Chair: Christine Cassell

Vice Chair: Rob Odell

LSCB Business Unit (Tel: 01709 254925 / 01709 254949)

Emails to: CYPs-SafeguardingBoard@rotherham.gcsx.gov.uk

Summary Sheet

Council Report

Rotherham Local Safeguarding Adults Board – Annual Report 2017-2018

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

Not applicable

Strategic Director Approving Submission of the Report

Anne Marie Lubanski

Report Author(s)

Sandie Keene, Independent Chair of the RSAB (from November 2015).

Ward(s) Affected

All wards

Summary

The Care Act 2014 requires each SAB to publish an annual report as soon as is feasible after the end of each financial year, a SAB must publish a report on:

- what it has done during that year to achieve its objective,
- what it has done during that year to implement its strategy,
- what each member has done during that year to implement the strategy,
- the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),

Recommendations

It is recommended that the Improving Lives Select Commission note the report.

List of Appendices Included

Rotherham Local Safeguarding Adults Board Annual Report 2017 - 2018

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

Rotherham Local Safeguarding Adults Board – Annual Report 2016-2017

1. Recommendations

It is recommended that the Improving Lives Select Commission note the report.

2. Background

The Care Act 2014 requires each SAB to publish an annual report as soon as is feasible after the end of each financial year, a SAB must publish a report on:

3. Key Issues

This report introduces both the achievements of Rotherham Safeguarding Adults Board (SAB) for 2016/17 and comments on some of the key points of inter-agency working arrangements and positive partnership.

Key priorities for 2017-18

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

Contact:

Sandie Keene,
Independent Chair, Rotherham LSAB
sandie.keene@rotherham.gov.uk

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|---------------------------------------|
| Improving Lives Summary Report |
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| | | |
|-----------|-------------------------|--|
| 1. | Date of meeting: | Tuesday 4th December |
| 2. | Title: | Rotherham Safeguarding Adults Annual Report 2017/18 |
| 3. | Directorate: | Adult Care, Housing and Public Health |

1. Background

The report brings together all Safeguarding Adults Partnership work within Rotherham 2017/18 and reviews the work of the board.

2. What's Working Well?

Joint working with Chldrens and Safer Rotherham Partnership through the Partnership monthly meetings.

Partner Self Assessment and Challenge meetings

Planning Safeguarding Awareness Week in South Yorkshire.

3. What are we Worried About?

Continuing the customer involvement with in the safeguarding board and ensuring the customer voice is heard at all levels.

4. What are we going to do about it?

Develop a customer focus group to sit under the board and encourage a regular contribution to all board meetings.

5. Name and contact details

Jackie Scantlebury
Safeguarding Adults Board Manager
01709 254863

People of Rotherham are able to live a life free from harm, where all organisations and communities...

- Keep people safe from abuse
- Knows what to do when abuse happens
- Work together to prevent abuse



Annual Report 2017/18

Introduction by Sandie Keene (CBE)

Rotherham Safeguarding Adults Board Independent Chair



As Independent Chair of the Rotherham Safeguarding Adults Board I am pleased to present the Annual Report for 2017/18 and to report on the continued commitment from all

partner agencies. Partners consistently show their strong support to help deliver the priorities of the board and ensure that vulnerable adults are protected and safeguarded. As a Board we maintain our commitment to the citizens of Rotherham and have a zero tolerance to adult abuse.

This year the board has prioritised work to publicise Safeguarding so that people are aware of how to report abuse, that the public have a knowledge of what safeguarding means and the different types of abuse that are covered by Safeguarding Adults. The board is committed to continue to raise public awareness through Safeguarding Awareness Week, public

consultation, further work with the voluntary sector and public forums and ensuring the public voice is heard at Board level.

Together the partners of the board are keen to learn from Safeguarding Adult Reviews. We recognize that by reviewing where we have not achieved best practice in the past, we can learn for the future and use the information to help improve services and implement change when needed. We celebrate good practice and positive outcomes for the residents of Rotherham and will support people to make informed choices to live safely and free from harm.

In the year ahead the Rotherham Safeguarding Adults Board will prioritise raising the voice of people in receipt of Safeguarding services and ensuring that staff have sufficient guidance and support to undertake their responsibilities. A work plan has been developed which will continue our commitment to make Rotherham a safe place and contribute to make vulnerable adults free from abuse.



Message from Cllr David Roche

Chair of the Health and Wellbeing Board



This Safeguarding Annual Report for 2017/18 highlights the strong partnership working from all board partners and gives reassurance that safeguarding is embedded

in all organisations and at all levels.

The work of the board needs true partnership working across all agencies and the Rotherham Safeguarding Adults Board ensures that partners are held to account by assessment and challenge and each agency provides the board with regular updates on their developments.

Safeguarding is everyone's business and only by working together will we raise the awareness of safeguarding and ensure that the vulnerable and those who lack the mental capacity to make the right decisions are supported, safeguarded and protected from harm.

May I take this opportunity to acknowledge the commitment of all the board partners including the statutory, independent and voluntary community sector. Rotherham needs everyone to work together to safeguard its citizens and to continue to raise awareness of safeguarding.

Recognise • Respond • Report



Keeping people safe from abuse is everyone's business

RECOGNISE • RESPOND • REPORT

The Rotherham Safeguarding Adults Board works to protect adults with care and support needs from abuse and neglect.

The RSAB's objective is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse. The RSAB is a multi-agency strategic, rather than operational, partnership made up of senior/lead officers within adult social services, criminal justice, health, housing, community safety, voluntary organisations.

It coordinates the strategic development of adult safeguarding across Rotherham and ensures the effectiveness of the work undertaken by Partner Agencies in the area. The Rotherham Adult Safeguarding Partnership Board [RSAB] aims to achieve those objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

Who is at risk?

An adult at risk is someone who is aged 18 or over who:

- Has needs for care and support
- Is experiencing or is at risk of abuse or neglect, and is unable to protect themselves

What is abuse?

Abuse can be:

- Something that happens once
- Something that happens repeatedly
- A deliberate act
- Something that was unintentional, perhaps due to a lack of understanding
- A crime

Abuse can happen anywhere, at any time and be caused by anyone including:

- A partner or relative
- A friend or neighbour
- A paid or volunteer carer
- Other service users
- Someone in a position of trust
- A stranger

Types of abuse:

Physical abuse

Hitting, kicking, punching, kicking, inappropriate restraint

Domestic abuse

Psychological, physical, verbal, sexual, financial or emotional abuse by a current or former partner or family member

Organisational abuse

Poor treatment in a care setting

Financial or material abuse

Theft, fraud, misuse of someone else's finances.

Sexual abuse

Being made to take part in a sexual activity without consent

Discriminatory abuse

Harassment based on age, gender, sexuality, disability, race or religion

Neglect

Failure to provide care or support

Psychological abuse

Shouting, ridiculing or bullying

Modern slavery

Human trafficking and forced labour

Self-neglect

Declines essential care support needs, impacting on their overall wellbeing

Doing nothing is not an option!



Rotherham Safeguarding **Adults Review** of 2017/18

During 2017/18 Rotherham's Safeguarding Adults Board (RSAB) has been continuing to work to promote and protect vulnerable adults in Rotherham, another busy and successful year building and developing the board. The board continued to meet bi-monthly to ensure the hard work of the previous year was built upon and all partnership working was developed and strengthened in the sub groups.

August 2017 saw two Safeguarding Adults Reviews published and recommendations made by the independent authors were developed into action plans. The board will monitor the action plans through the Performance and Quality sub group to ensure learning is shared and all actions are completed. The board also contributed to a review led by NHS England following the death of a young man in a Learning Disabilities care home. The review will be published early in 2018/19 and Rotherham will embed the learning identified and work with partners to ensure safeguarding is embedded in all Learning Disability services.

Rotherham have been working with Sheffield, Doncaster and Barnsley to revise and relaunch the South Yorkshire Safeguarding Procedures, working in consultation with all partners across the borough and South Yorkshire to ensure the procedures are fit for purpose and fully encompass the Care Act. Work will continue into the new financial year and will hopefully see a launch early in January 2019.

September 2017 the board appointed a permanent Board Manager after having an interim manager for in post since January 2016.

Work began in January 2017 to plan for a South Yorkshire Safeguarding Awareness Week in July 2017. The four Safeguarding Adults Boards, Rotherham, Sheffield, Barnsley and Doncaster along with the four Children's Boards planned a week of activities to promote and raise awareness of Safeguarding.

Priority was given to develop strong links with other Boards in Rotherham including the Health and Well Being Board, Children's Safeguarding Board and Safer Rotherham Partnership. The chairs of these Boards are now meeting on a regular basis to discuss cross cutting themes and ensure we are working together. A planned development will be the development and implementation of a joint self-assessment and challenge programme between the Children's and Adults Safeguarding Boards, this will benefit all partners and remove duplication.

The Board continued to focus on customers and their experience during safeguarding processes, the Independent Chair has spent time attending meetings with the Voluntary Services and local action groups including the Rotherham Older Peoples Forum. This work will continue into the future and the board will encourage representation and participation from customer groups to help shape the work of the board.

Discussions at board during 2017/18 have brought experts to discuss issues including:

- LeDer (Learning Disabilities Mortality Review)
- Self Neglect
- Suicide Prevention
- Operation Stovewood (Historical Child Sexual Exploitation)
- Care Quality Commission, Roles and Responsibilities

The priorities for the board were:

| Priority | Resulting Action |
|---|---|
| Development of policy and practice in the consistent application of thresholds for safeguarding alerts. | <p>The Board held a Development Day in May 2017 that brought together partners to examine the current thresholds.</p> <p>Resulting in;</p> <ul style="list-style-type: none"> • Threshold guidance developed • Escalation policy introduced <p>The group also looked at the need for clear information around Lasting Power of Attorney</p> <p>Healthwatch Rotherham will work together with the Rotherham Safeguarding Adults Board to improve and promote customer involvement and participation at board meetings and sub group meetings as appropriate. A Customer Involvement Charter has been agreed at board with plans for implementation during 2018/19.</p> |
| Increase the voice of users and carers in the work of the Board. | <p>Healthwatch Rotherham will work together with the Rotherham Safeguarding Adults Board to improve and promote customer involvement and participation at board meetings and sub group meetings as appropriate. A Customer Involvement Charter has been agreed at board with plans for implementation during 2018/19.</p> |
| Identification of joint work with the Community Safety Partnership concerning human trafficking/modern day slavery. | <p>Rotherham Safeguarding Adults Board and the Safer Rotherham Partnership will receive written updates to present to their boards. RSAB board manager will set up update reminders and ensure a regular agenda item on future RSAB Agendas.</p> |
| Adopt and adapt information sharing protocols to ensure the Boards implementations of Safeguarding Procedures are fully and appropriately informed. | <p>Rotherham has developed a Safeguarding Protocol that was signed off at the Children's and Adults Safeguarding Boards and the Safer Rotherham Partnership and the Health and Wellbeing Board. All Boards have agreed to work together to promote Safeguarding and the vulnerable.</p> |



The Safeguarding Adults Board has four sub groups to ensure the priorities of board are actioned, the Sub -Groups each have a work plan and during 2017/18 they were able to deliver the following specific pieces of work:

Performance and Quality Sub Group

| Priority | Resulting Action |
|--|--|
| Continue to develop the annual self-assessments of all member organisations. | <p>A Peer Review took place in May 2017. The review concentrated on Making Safeguarding Personal (MSP) and how partners have embedded MSP into their day to day working.</p> <p>Examples of good practice were:</p> <ul style="list-style-type: none"> • Safeguarding Champions across the RMBC workforce • SYFR – Risk assessment questions are available on hand held tablet to prompt all officers • Good working relationships between the Vulnerable Persons Unit (SYP) and Safeguarding teams. |
| Commission an Independent Case File Audit. | <p>In January 2018 an independent review was commissioned to carry out the case file audit, recommendations included:</p> <ul style="list-style-type: none"> • RSAB should undertake research with people who have been subject to a safeguarding enquiry to establish whether they consider that they were appropriately supported or would have benefitted from an advocate • Rotherham Safeguarding Adults Board should consider how the outcome of safeguarding enquiries should be categorised and include clear guidance regarding this within the procedures. |
| Continue to develop the performance reporting framework for Safeguarding. | Work continued during 2017/18 to develop the Performance Dash Board and the new style report will begin for in 2018 /19. |

Training and Development

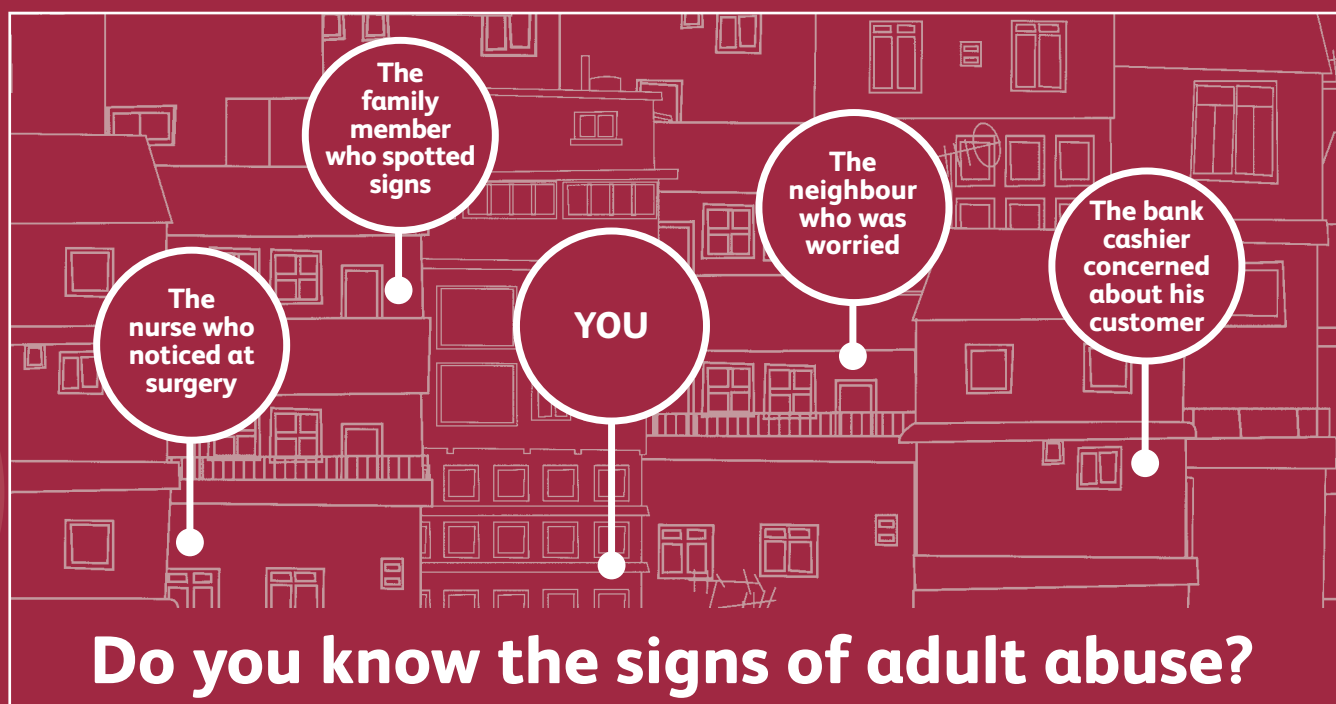
| | |
|---|--|
| Continue to identify areas where cross sector training would enhance the application of the safeguarding process and achieve improved outcomes for Service Users. | The safeguarding training plan and strategy was published in April 2017. The decision to begin a Training Needs Analysis was made in January 2018 and this work will continue into 2018 /19. |
|---|--|

Policy and Procedures

| Priority | Resulting Action |
|--|---|
| Work across the South Yorkshire Region to develop an easy read guide to Safeguarding Procedures. | During 2017/18 the South Yorkshire Region made the decision to revise the South Yorkshire Procedures, work has begun to rewrite an overarching policy that the four boards and local authorities will sign up to. |

Safeguarding Adults Review

| Priority | Resulting Action |
|---|--|
| Commissioning and overseeing Safeguarding Adults Reviews (SAR's) and any other reviews agreed by the Chair. | <p>During 2017/18 1 Safeguarding Adults Review was completed and published.</p> <p>The board worked in co-operation with NHS England following the death of a young man placed by a neighbouring authority in Rotherham. The case was extremely complex involving three local authorities and three Clinical Commissioning Groups.</p> <p>A further complex case was held in abeyance awaiting the coroner's inquest decision.</p> |
| Ensure that recommendations arising from each SAR are communicated to all agencies and are subject to review of implementation. | <p>Action plans following the completion of a SAR are developed by the sub group and partners and will be managed through the Performance and Quality Sub Group.</p> <p>Recent action plans have addressed issues such as:</p> <ul style="list-style-type: none"> • Test out using auditing processes that communication between professionals, service users and their families is robust • Look at a range of mechanisms and develop protocols for the use of care coordinators in complex cases in the community setting • There are appropriate written communication tools in use between care homes and GP practices. |
| Develop a Safeguarding Adults Review Protocol. | The Safeguarding Adults Review Protocol was signed off at the RSAB in July 2017. |



Looking forward to 2018/19

The Rotherham Safeguarding Adults Board and its sub groups will now meet every quarter and have introduced an Executive Sub Group that will meet in between the board meetings, they will work to set challenging and relevant agendas for the board and will ensure the members of the board are working together to achieve priorities.

A review of the position of the Deprivation of Liberty's (DoL's) Sub Group has resulted in the group no longer being a formal subgroup of the Safeguarding Adults Board but will continue to report performance and any relevant issues to the Board through the Performance Dashboard.

Rotherham Safeguarding Adults Board in 2018 have committed to the following actions which we will continue to progress to conclusion in 2018/19.

These are:

- Refresh the Rotherham Safeguarding Adults Board Strategic Plan for 2019/21.
- Ensure the South Yorkshire Procedures and Local Safeguarding Procedures are up to date and embedded in service.
- Develop a 'Story Board' to share with RSAB. Using partners case studies, bring the customer story to RSAB using video, actors or consider bring the customer to the board meeting.
- Develop a Public Involvement strategy. Promote Safeguarding Awareness Week across Rotherham.

The board's responses in respect of performance, training, policy and practice and learning lessons from SAR's will be taken forward through the sub group structure with the following priorities.

Performance and Quality

- Work with Children's Services to develop a joint assessment tool for the partners of the Adults and Children's Safeguarding Boards.

- Continue to develop the RSAB Issues Log, ensuring all partners are aware of any risk that may impact on the performance of the board.
- Ensure the Advocacy Service offered to the residents of Rotherham is appropriate and is being utilised correctly.
- Developing intelligence led analysis of key safeguarding priorities to inform future action planning.
- SAR action plan monitoring.

Training and Development

- Complete a Training Needs Analysis to inform the RSAB of the safeguarding Training needs and identify multi agency training.
- Develop a mechanism to measure the success of Safeguarding.

Policy and Practice

- Work with the South Yorkshire Region to finalise a South Yorkshire Safeguarding Procedure.
- Develop guidance, policy and practice in respect of Self-Neglect.
- Ensure Safeguarding is embedded within the Learning Disability service.

Safeguarding Adults Review

- Continue to make timely recommendations to the Chair in respect of whether a review should be commissioned.
- Commissioning and overseeing SAR's and any other reviews agreed by the Chair.
- Continue to ensure that recommendations arising from each SAR are communicated to all agencies and are subject to review of implementation.

Key Partnership Contributions 2017/18

Safeguarding Adults Investigation Team

The specialist team of highly qualified social workers track and manage all safeguarding concerns from initial concern, screening, decision making meetings, further enquiries and outcome meeting, ensuring risk is reduced or removed and individual outcomes are achieved.

To achieve best practice and outcomes for our service users, the safeguarding adult team work closely and have good strong professional relationships with the Clinical Commissioning Group, Rotherham Hospital leads, the Public Protection and Safeguarding Adults Team, Police, Fire and Rescue, the Ambulance Service and our counterparts in the mental health sector (Rotherham, Doncaster and South Humber RDaSH) to name a few.

The Safeguarding Adults Team remain focused delivering outcomes for the adults at risk and ensuring the source of harm is held accountable using legislation, supporting disciplinary/practice sanctions, referring to the disclosure and barring service and other governing bodies such as the HCPC or NMC etc.

The Safeguarding Adults Team recognises the importance 'of family life', where cases of abuse occur they will conduct investigations with sensitivity and proportionality.

The Safeguarding Adults Team are all experienced qualified social workers who, through experience have honed skills in their chosen area such as the field of financial matters, organisational issues, matters attaining to Court of Protection and workers dedicated to a busy duty response team as well as Safeguarding concerns within the community.

The Safeguarding Team manage all first point of contact for Safeguarding concerns raised, which supports with accurate recording and gives a strategic overview of all safeguarding concerns reported. The team also hold and manage all section 42 concerns involving provider services such as domiciliary care, residential and nursing establishments, this has proven valuable as intelligence gathering and supported greatly with preventative work.

Making Safeguarding Personal (MSP) was introduced in to practice in April 2015 after the implementation of the Care Act 2014. This continues to be developed to ensure safeguarding tailors its approach to the requirements of the individual, focusing on achieving individuals outcomes and reducing or removing risks.

In 2017/18 2,113 alerts were reported to the safeguarding team. 724 of these alerts became section 42 enquires, this is where an investigation begins and further enquires are made. From the investigations that progressed to a Decision Making Meeting (DMM), 10 cases continued to an Outcome meeting.

The Safeguarding Adults Investigation Team seeks to maintain a high expectation in standards of provider services, continue to forge good working relationships with providers and work on preventative measures when low level Safeguarding trends occur. To achieve this, the team work closely with contracting compliance officers as well as the commissioning sector and the Care Quality Commission (CQC).

Bi monthly meetings with Safeguarding, Commissioning, Contracts, CQC, Health and RDaSH ensure information is shared to support with raising standards of providers and supporting with the prevention of providers declining in their duty of care thus resulting in Safeguarding concerns being raised.

Case Study

The Safeguarding Team received contact from a CQC officer requesting an urgent meeting, a meeting was pulled together the same day. The CQC officer disclosed that after a visit to a residential unit, they have serious concerns for the safety of the residents. Details were shared and an emergency risk assessment was completed.

Social workers and district nurses were dispersed into the home to carry out urgent welfare checks, ensuring people were safe, supported and risk was mitigated. Due to findings at the home, several individual safeguarding concerns were logged and an organisational safeguarding concern was screened.

The home agreed to work to a Special Measures Improvement Plan (SMIP) developed by the Contract Compliance Officers (CCO) and a default and suspension of placements made.

Within 24 hours staffing rotas were addressed, dependency tools were being used and all required referrals for the residents were made. A decision Making Meeting was held and attended by all relevant professionals as well as family members and advocates. Due to the engagement of the home and the support of the CCO and Safeguarding, the organisational concern was able to close along with many of the initial individual concern, only two individual cases were required to be investigated.

Due to the partners and providers engaging well and supporting practice, the residents of the home were safe and well cared for, mitigating any neglect and acts of omission and supporting the ethos of prevention



Contract Compliance Team

During 2017/18 the Strategic Commissioning Team in the Adult Care, Housing and Public Health Directorate was restructured with 4 Heads of Service leading 4 commissioning strands under the themes of; Prevention and Early Intervention; Housing Related Support and Mental Health; Learning Disability and Autism and Adults and Older People. The Commissioning and Quality and Performance Team that sits under the Public Health Directorate is now aligned to the Strategic Commissioning Team.

The Contract Compliance Team is situated in strand 4 of the Strategic Commissioning Team, the Prevention and Early Intervention Theme. This Team is headed by a Principle Contract Compliance Officer leading 4 Contract Compliance Officers who work to ensure that services commissioned and contracted by the Council remain compliant with agreed standards of quality and safety throughout their contract term. The team is made up of officers who are knowledgeable, skilled and experienced in adult care and support.

Quality Assurance Framework:

Following the restructure the work of the Contract Compliance Team was reviewed and a Quality Assurance Framework was developed. The work of the Contract Compliance Team is now effected through an intelligence led framework which comprises; contract concerns reporting database, reported risk matrix, focused audits, a range of service specific toolkits and information gleaned from surveys and customer experience testimony. The Contract Compliance Team collaborates with colleagues throughout social care, safeguarding and health to increase the scope of intelligence available. The intelligence gleaned is utilised by the Contract Compliance Team to inform a proportionate response to regain compliance when deviation from agreed standards has occurred.

The Quality Assurance Framework supports the reviewing process of providers using a risk based approach and predominately focuses attention on providers who

are cause for concern. There is regular contact with all providers who self-report and this forms part of the Quality Assurance Framework to ensure light touch monitoring approach. This allows an appropriate use of the contract monitoring team resource and reduces the reviewing burden on providers where it is not necessary.

A range of new toolkits, auditing tools and survey tools have been developed and are being implemented and assist a wide range of stakeholders to provide feedback on service/provider quality. A number of multi-disciplinary meetings have taken place to discuss failing providers and agree further actions.

During 2017/18 the Contract Compliance Team has maintained its risk based programme of monitoring. The Team continues to work closely with the Adult Safeguarding Team and monthly Quality Assurance and Safeguarding Team meetings have been formalised. These meetings are attended by Commissioning Officers and Safeguarding to share information and intelligence about contracted services.

A number of focussed audits has been undertaken in response to trends identified through intelligence gathering from the Contract Concerns database, provider risk Matrix and the Safeguarding database. These have allowed preventative actions to be identified and implemented to address service shortfalls with regards to quality issues.

Compliance Issues:

In 2017/18 contract enforcement action as a result of quality issues in the independent sector undertaken:

- Contract Default = 6 Care Homes, 3 Community and Home Care Services.
- Contract Termination = 1 Care Home, 1 Community and Home Care Service provider.

The Contract Compliance Team dealt with 611 Contract Concerns which involved providers across all care sectors. This is an increase of 41 % on the previous year and is as a result of increasing collaborative work with colleagues throughout social care, safeguarding and health to increase the scope of intelligence available.

The majority of these concerns had multiple threads which required investigation by the Contract Compliance Officer and the Provider. Of the 611 concerns received approximately.

- 47 % (289) related to Community Home Care Services (CHCS).
- 31 % (191) related to Adult Residential and Nursing Care Providers.
- 6 % (38) related to Specialist Day Services.
- 6 % (37) related to Specialist Residential and Nursing Care.
- 10 % (58) related to the remaining provider groups including the Voluntary and Community Sector (VCS).

The top 4 categories for Contract Concerns for 2017/18 were;

- **Late/Missed calls** – 116 concerns reported (all CHCS) - **an increase of 68% on 2017/18.**
- **Quality** –166 concerns reported (Residential/Nursing 89, CHCS 46, Others 61), **an increase of 66% on 2017/18.**
- **Medication** – 63 concerns reported (Residential/ Nursing 32, CHCS 13, Others 28), **an increase of 34% on 2017/18.**
- **Staffing** – 50 concerns reported (Residential/Nursing 25, CHCS 13, Others 12), **an increase of 28% on 2017/18.**

Other Contract Compliance Activity:

- **Members Seminar:**

A Members Seminar took place in June 2017 to respond to concerns expressed by Elected Members regarding the quality of four care homes in Rotherham. Members were advised by the Strategic Commissioning Team about the contract monitoring and enforcement activity that is undertaken and offered context on the limitations of the Council in terms of enforcement of care home closure. The Care Quality Commission attended a later member's seminar to present to members details about their regulatory function. An update on the outcomes

of contract enforcement activity on the four care homes was requested in April 2018 and at that time members were informed of the termination of contract with a care home in Maltby. The updates and information imparted were well received by members.

- **Focussed Audit:**

The contract compliance team have carried out a number of focused audits over the year. An audit took place in December 2017 on the arrangements in place for the use of restraint in care homes which scrutinised:

- Restraint Policies,
- Training (MCA/DoLS and use of restraint)

The audit covered a number of areas and specific to Older People's Residential and Nursing providers, the following applied:

- 87 % were able to provide copies of their Restraint policy and the remaining
- 13 % did not have a specific restraint policy in place, but had appropriate guidance in place within their MCA and DoLS policies and within their Safeguarding procedures.

Providers who delivered care and support to people experiencing the symptoms of dementia were able to provide comprehensive references within their Violence and Aggression policy, in particular the appendix "Distressed Reactions De-escalation and Safe Holding Standard Operation Procedures".

100 % were able to evidence, through Training Matrix's and Internal reports, appropriate training for all staff. This included the initial training provided during induction periods, and the subsequent ongoing and refresher training. Topics included MCA and DoLS training and Safeguarding Training (at levels relevant to the post holder's responsibility). Providers report that varying numbers of staff have attended Positive Behavioural Support Training, focusing on diversion and de-escalation techniques and activities that promote positive behaviours is preferred, with this being a common "thread" throughout other training, such as

Dementia, Dignity, Equality and Diversity and Person-Centred care training.

Where providers fell short of the standard actions these were undertaken through action plans specific to each provider.

- **Public Health:**

Work undertaken by Contract Compliance and Public Health colleagues, in response to Infection Prevention and Infection control issues has seen the development of a local network of Infection Prevention Champions. Work with these representatives of our commissioned providers will continue to develop and improve this aspect of care provision.

Quality Board:

Led by the Strategic Commissioning Team, the Quality Board was established in September 2017, meets bi-monthly and has met 4 times to date. The Quality Board has a focus on the quality, safety and effectiveness of independent sector and voluntary sector who deliver regulated services commissioned by Rotherham Metropolitan Borough Council and Rotherham CCG.

The Board has the responsibility for the monitoring of commissioned services relating to adults and systematically brings together the different parts of the system to share information and will be a proactive forum for collaboration. The main purpose of the Quality Board is to encourage:

- a shared view of risks to quality through sharing intelligence;
- an early warning mechanism of risk about poor quality;
- opportunities to coordinate actions to drive improvement,
- ongoing strategic and operational liaison between organisations and
- a conduit between the statutory bodies and the provider market.

The Quality Board aims to enhance integration and partnership between bodies from the Rotherham Council, Rotherham NHS Foundation Trust, Public Health and Rotherham CCG.



Vulnerable Persons Team

The Vulnerable Person's Team work to and promote the prevention and wellbeing principles of The Care Act (2014). In summation, The Vulnerable Person's Team seek to ensure an individual's physical, mental, and emotional wellbeing as well as protection from abuse and neglect. The team also works with carers/families, providing the required support. The Vulnerable Person's Team act as change agents by seeking to improve the lives of those they work with, connecting people to the necessary support, often working with partner agencies including the voluntary sector.

The Vulnerable Person's Team promote a positive engagement model which seeks to reduce multiple negative contacts with services. The ultimate aim is for good outcomes built on a partnership, helping to reduce chaotic lifestyles and subsequent risks to vulnerable people.

Archetypically, The Vulnerable Person's Team work includes working with individuals who may need

assistance with the following, repeat non-engagers, issues with finances or debts, risk of eviction/ASB issues and or homelessness, supporting those leaving prison, issues of self-neglect/hoarding, concerns regarding current/historical CSE, substance misuse and those who may have mental health issues or a learning disability.

The Vulnerable Persons Team is looking to work more closely with housing, specifically with the co-located neighbourhood teams which also includes anti-social behaviour officers and neighbourhood policing teams in order to provide a collaborative response.

Furthermore The Vulnerable Persons Team are looking to work more closely with younger adults who have been known to leaving care as it has been acknowledged that there is a service gap and this links in to the ongoing work of Vulnerable Care Leavers Risk Management Pathway which was initiated by children's services.

The Vulnerable Persons Team continues to prove itself as a valuable resource and has supported many individuals to improve their lives by providing wrap-around support; the case study example is testament to this.

What happens after abuse is reported?

When you report abuse, people will:

- listen to you
- take your concerns seriously
- respond sensitively
- make enquiries about the concerns
- consider the wishes of the adult at risk
- talk to the police if it is a criminal matter
- support the adult at risk to achieve the changes they want, wherever possible
- develop a plan with the adult at risk to keep them safe in the future
- consider if anyone else is at risk.

How to report abuse

To report a crime: **In an emergency** call the police on: 999
If the person is **not in danger now**, call the police on: 101

To report a safeguarding concern or seek advice:
Call Adult Social Care on: 01709 8222330
Out of hours call: 01709 8222330

You can complete an online form to report Adult Safeguarding by visiting the website at www.rotherham.gov.uk.

For further information on how to access Safeguarding Adults Training please contact the Directions Team, directions@rotherham.gov.uk. Tel: 01709 255903.

Today you spoke to: _____

Contact number: _____



Adult abuse can happen anywhere

Keeping people safe from abuse is everyone's business



Recognise • Respond • Report



Case Study

D first came to the attention of Adults Safeguarding via a referral from another local authority. D had been receiving bereavement counselling for the last 4 years and during this time disclosed historical sexual abuse by deceased family members and members of the public (alleged to be professionals) he also reported regular taunting by his mother and physical abuse from siblings whom he lived with.

D has a mild learning disability and is dyslexic.

D has never at any point spoken to the police in spite of Public Protection Unit being made aware of the disclosures. Background checks were completed on family members who D had alleged as his abusers. D also disclosed that he was regularly assaulted by his brother and his friends. His brother had previously spent time in prison for attempted murder of a former wife. A referral was completed by The Vulnerable Person's Team (VPT) and D also received support from an Independent Domestic Violence Advocate. His case was heard at a Multi-Agency Risk Assessment conference (MARAC), the outcome of this was the police required more information to put a safety plan in place, but unfortunately D refused talk to them. From the police point of view, little could be done without more information/disclosures from D himself.

D was formally assessed as having mental capacity to make a decision regarding his residence and who he should live with, this left Adult Services with a dilemma making it difficult to exercise a duty of care to keep him safe. He was supported by VPT to find alternative accommodation; he was made a priority by housing. D was offered numerous properties which he declined stating he didn't deserve it (a house of his own) and he "can't imagine it", but continued to speak of the abuse he was experiencing. His counsellor informed us that he had previously attempted suicide which were described as serious attempts.

Following legal advice the Local Authority commenced court proceedings to seek an inherent jurisdiction, D was represented in court and agreed to move to a safe house with the support of VPT. The court also granted an order preventing the family of D making contact with him.

D resided in the safe house for approximately 8 months and has recently been offered a tenancy of his own in an area of his choice. During this time D has grown in confidence and engages well with support from the VPT and is currently engaging with mental health services following a referral from VPT. D was supported to attend appointments to help address his Post Traumatic Stress Disorder, something which he previously refused to do. D is currently settling into his new accommodation, making plans to decorate and purchasing new furniture.

Domestic Abuse Service

The Independent Domestic Violence and Advocacy Service (IDVAS) are integrated within Safeguarding Adults in Rotherham. This has ensured that Domestic Abuse is seen as a local Safeguarding priority, also reflecting that Domestic Abuse has been added under the new category of abuse in The Care Act 2014.

The Independent Domestic Violence Advocates (IDVA's) have 4 SafeLives qualified IDVA's of which 3 work full-time and also a part-time IDVA support worker. Furthermore, the IDVA team hold trainer qualifications and deliver the training program. The training explores what domestic abuse is and its impact on its victims, to introduce good practice and risk assessment. It also explores and challenges some commonly held beliefs, attitudes and assumptions about domestic abuse and to increase understanding of domestic abuse services in Rotherham, domestic abuse risk assessment and The MARAC process.

More recently, Rotherham IDVA's are working with their counterparts in Doncaster and Sheffield in order to develop a generic training package, incorporating recent government guidelines. The IDVA's are committed to promoting awareness amongst partner agencies in order to enhance the safety of individuals and the support they receive. Additionally the IDVAS will visit services offering advice, guidance and support to other agencies to recognise domestic abuse and how to complete risk assessments.

The IDVA's are looking to enhance the skills of the service; it has been identified that it would be beneficial for some of the IDVA's in the future to undertake the Young Person's Domestic Violence Advocate (YPDVA) and Independent Sexual Violence Advocate (ISVA) qualifications. All IDVA's will be taking part in accredited SafeLives training relating to responding to older people affected by domestic abuse as research shows that older people are underrepresented in domestic abuse services.

Between April 2017 and March 2018 the service received 435 referrals and supported 436 Multi Agency Risk Assessment Conference cases (MARAC). The IDVA's also provide court support to individuals in which they seek to make the court process more understandable as well as providing emotional support, putting special measures in places and supporting clients to express their wishes to the court.

Case Study

C, 56 was referred into IDVAS in February 2018 following a high risk repeat incident with her ex-partner. The abuse has been ongoing for 15 years and involved physical violence and persistent stalking and harassment. C is disabled and has epilepsy, diabetes, arthritis, deformity in her feet; she requires carers daily. She reported feeling low in mood relating to the abuse she has suffered.

C didn't feel safe where she was living due to her ex-partner attending her property uninvited and she also reported feeling isolated in her current location. IDVA contacted the housing officer and advocated for her to be re-housed, her case was referred to the housing panel and she was awarded priority. C has now moved to a safe location, she is closer to her family and friends and feels safer and happier. IDVA has completed a referral for extra security on this home. C's ex-partner was charged with breach of restraining order and pleaded guilty; IDVA liaised with magistrate's court to establish the outcome and passed this onto C.

IDVA has referred her to Rotherham women's counselling service and Rotherham Rise for continued support for the abuse she has experienced. IDVA has liaised with C's social worker to ensure they are aware of the situation and in order to offer support where required.

Rotherham NHS Foundation Trust

TRFT's Adult Vulnerabilities Team provide a service across all Trust disciplines to ensure that adults that we care for are safe and are protected from harm.

To achieve this, it is our role to ensure that our staff receive appropriate training to equip them with the skills and knowledge that they need to enable them to recognise and respond to concerns regarding an adult at risk. Training is provided which addresses all aspects of adult safeguarding, including the Mental Capacity Act and Deprivation of Liberty Safeguards, Learning Disability, Dementia, the Mental Health Act and Prevent, which is the Government's response to reducing the risk of vulnerable people being drawn into supporting or committing acts of terrorism.

Partnership Working

TRFT Adult Vulnerabilities Team is an active partner in ongoing work with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) to ensure the safe and lawful application of the Mental Health Act within the Trust.

TRFT provides representation at Multi-Agency Risk Assessment Conference (MARAC) and has been involved in working toward improved services for victims of domestic abuse in Rotherham as a partner in the Safer Rotherham Partnership.

Support

The Adult Vulnerabilities Team offer advice and support to all TRFT staff in managing adult safeguarding concerns about vulnerable people.

Governance

A significant amount of work has been undertaken to embed a robust Trust safeguarding and external governance structure. As part of the Trust's governance arrangements, an internal audit of adult safeguarding was undertaken, which identified strong assurance regarding these arrangements with extremely positive feedback received. No recommendations were made following the review.

Policies have been developed which clarify the responsibilities of all TRFT staff and volunteers. These are updated as required to reflect changes in legislation and practice.

Key Performance Indicator (KPI) information is shared with our partner agencies quarterly, who have the opportunity to scrutinise and question Trust practices.

Development

The position of Lead Nurse in Learning Disability is now embedded and continues to contribute to improvements in this service area.

TRFT have completed several projects designed to improve the implementation of the Mental Capacity Act throughout the Trust, including the provision of training in addition to the mandatory requirement.

The Lead Nurse in Learning Disabilities was nominated by the Sheffield Hallam University students she mentors for an Inspirational Mentor award. This nomination was successful and the Lead Nurse received the award.

Case Study

Mr Y had a hospital inpatient stay for unstable diabetes. The District Nurse (DN) visited 3 days after discharge and found that he had a pressure area to his buttock. The DN had not been informed of the discharge by the ward but when they visited Mr Y he did have a pressure relieving cushion at home and was independently mobile.

He did explain to the DN that whilst on the ward he had been receiving regular treatment for the pressure ulcer, which was present on admission, from the nursing staff.

DN's noted Mr Y to have capacity to make decisions regarding his care. They commenced an individualised care plan, made a referral to the Tissue Viability Nurse, completed an internal incident report and with Mr Y's consent, a safeguarding concern was raised as per policy.

In response to the safeguarding concern the Ward Manager from the discharging ward was asked to complete a section 42 enquiry and document the outcome of this on a safeguarding form 2.

The Ward Manager contacted Mr Y by telephone to discuss the concern that follow up care by the DN had not been arranged by the ward as would be expected.

She apologised to Mr Y and explained that when he was discharged from hospital a DN should have been arranged to visit him at home. Mr Y accepted the apology but noted that the ward was very busy however he said the staff "were lovely" and he was pleased with the quality of care he had received and said that staff had provided treatment to the wound whilst he was on the ward. He explained that he already had a pressure relieving cushion in place at home and that DN had now provided a mattress for him.

Mr Y accepted that the lack of referral to DN was an oversight but that he had received appropriate care whilst he was in hospital and that follow up care for the wound was in place from the DN team now that he had returned to the community.

Mr Y expressed he had no on-going concerns that he felt required further investigation. As Mr Y's outcomes had been met and he was in agreement, the concern exited the safeguarding process at this point.

This process is consistent with the principles laid out in the Care Act 2014 which highlights the Making Safeguarding Personal approach.



NHS England Yorkshire and Humber

NHS England is the policy lead for NHS safeguarding, working across health and social care and leading and defining improvement in safeguarding practice and outcomes. It is the responsibility of NHS England to ensure that the health commissioning system as a whole is working effectively to safeguard children and adults. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

NHS England Yorkshire and the Humber has an established Safeguarding Network that promotes shared learning across the safeguarding system. Representatives from this network attend the national Sub Groups, which have included priorities around Female Genital Mutilation (FGM), Child Sexual Exploitation, Children Looked After, Mental Capacity Act (MCA), Modern Slavery and Trafficking and Prevent. NHS England Yorkshire and the Humber works in collaboration with colleagues across the North region on the safeguarding agenda. A review of the Yorkshire and the Humber safeguarding network has established local safeguarding network meetings bi-annually in the 3 Sustainability and Transformation Partnerships areas (some now named Accountable Care Partnerships) in addition to a bi-annual safeguarding commissioners and providers network event.

Sharing learning from safeguarding reviews

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely. A North region newsletter is now circulated weekly to safeguarding professionals. Learning is also shared with GP practices via quarterly Safeguarding Newsletters, and annually safeguarding newsletters for pharmacists, optometrists and dental practices across Yorkshire and the Humber are produced.

An annual North region safeguarding conference is hosted by NHS England North for all health safeguarding professionals, this year's event included learning on

neglect, hoarding and asylum seekers. Due to the success of last years named GP conference in Yorkshire and the Humber NHS England North also held a conference for named GPs to share good practice and learning; topics included homelessness, domestic violence, travelling families and safeguarding.

Safeguarding Serious Incidents

All safeguarding serious incidents and domestic homicide's requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). NHS England works in collaboration with CCG designated professionals to ensure a robust oversight of all incidents, recommendations and actions from reviews. Prior to publication of any reviews NHS England communication team liaise with the relevant local authority communications team regarding the findings, recommendations and publication.

Training and Development

Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of safeguarding training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages.

NHS England, in 2017/18, updated and circulated to health colleagues the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals. A training needs analysis has also been undertaken to ensure all NHS England employees receive appropriate levels of safeguarding training.

A number of leadership programmes for designated safeguarding professionals have been commissioned by NHS England in addition to a 2 day resilience course. The CSE training provided by BLAST 'Not Just Our Daughters' has also been provided for front line health professionals.

Link below to the safeguarding app:-

http://www.myguideapps.com/nhs_safeguarding/default/

Assurance of safeguarding practice

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/2017. An online version has been piloted in 2017/18 by NHS England in order to develop a national assurance tool for CCG's. A primary care version of the online assurance is also being piloted by a couple of CCGs in Yorkshire and the Humber.

Specialised Commissioning

NHS England North Specialised Commissioning service providers are, via the contracting process, required to demonstrate compliance with all relevant safeguarding policies and legislation and work in partnership with other agencies regarding all aspects of safeguarding.

Within Specialised Commissioning the Heads of Quality review all serious incidents and liaise with the appropriate CCG to review all incidents and work through actions with the provider. Where NHS England North Specialised Commissioning is the lead or sole commissioner they work directly with the provider, monitor actions and share outcomes with other commissioners.

Health and Justice

NHS England North Health and Justice service providers are, via the contracting process, required to demonstrate compliance with all relevant safeguarding policies and legislation and work in partnership with other agencies e.g. Prison, Police regarding all aspects of safeguarding.

In addition, there is a Quality Framework in place which requires all providers to report on a quarterly basis regarding any safeguarding concerns, incidents, reviews (including themes and trends). An annual audit of Combined Adults and Children's Safeguarding Standards and an annual safeguarding report are also submitted for review to the NHS England local office Quality Surveillance Group.

Care Homes

NHS England Yorkshire and the Humber have appointed an Independent Care Sector (ICS) Lead to support organisations in the delivery of the Enhanced Health in Care Homes framework. The key work streams in this programme for the ICS leads are the delivery of the red bag scheme and the roll out of an electronic bed state tool.

Complaints and Concerns

NHS England Customer Contact Centre review all complaints and concerns received and identify those containing a safeguarding element for appropriate action. Following receipt of complaints and concerns at NHS England North local offices these are reviewed again and any safeguarding concerns identified are referred to the safeguarding lead for review and appropriate action.

Priorities in 2017/18 around complaints were:

- NHS England North regional safeguarding team in partnership with NHS England local offices reviewed and agreed a standard process for the management of safeguarding concerns within complaints.
- NHS England North regional safeguarding team has delivered safeguarding training to the required standard and level to all complaints staff in accordance with relevant national guidance.

Prevent

NHS England North have two Regional Prevent coordinators who work across the North region to support Prevent implementation, they are part of the National and regional safeguarding and Quality team. This year has seen an increased focus and scrutiny on Prevent implementation within health and safeguarding.

A national task and finish group has been established chaired by the Director of Nursing for NHS England to oversee the progress that is being made with Prevent implementation. Particular focus has been on training with an expectation that all organisations will be able to demonstrate 85 % compliance by the end of March 2018.

We are working closely with providers, commissioners and regulators to support and monitor the work being undertaken to ensure that all health care organisations can meet their statutory duty for Prevent.

Across the Yorkshire and Humber we have funded a number of projects to enhance understanding of Prevent and to support staff including work with partners in North Yorkshire in the development of a graphic novel titled 'Hurt by Hate' an interactive training package designed to raise awareness of a variety of issues surrounding Prevent and safeguarding .

Following a regional research project to scope the current, attitudes, awareness and practice amongst GP colleagues we are now working with the Home Office to extend the research nationally.

We have worked to develop a Prevent training framework and e learning packages specifically for health and have shared guidance across the network for mental health practitioners.

In December 2017, the 3rd North Regional Prevent conference was held in Harrogate; delegate feedback demonstrated the positive attitude to Prevent in health agencies and their commitment to continue to develop their knowledge.

Transforming Care

In April 2015 The Transforming Care national programme announced a radical transformation of the delivery of Learning Disability and Autism services. This model included significant reductions in learning disability inpatient beds and a greater focus on the provision of early intervention and crisis preventative community services. The collective vision and ambition to deliver an integrated co-produced set of principles and standards was fundamental to delivering care closer to home, avoidance of unnecessary hospital admissions and the prevention of missed opportunities for people with a Learning Disability and or Autism to have happy and productive lives within the community of their choice.

The 6 Transforming Care Partnerships across Y&H continue to work collaboratively to achieve Building the Right Support for patients in our area.

Learning Disabilities Mortality Review (LeDeR) Programme

In November 2016 the national LeDeR Programme was introduced in to the Transforming Care Programme following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

All NHS regions have been asked to establish the LeDeR process locally to undertake the reviews. LeDeR also complements the NHS Operational Planning and Contracting Guidance for 2017/19 which contains 2 'must-dos' for people with learning disabilities:

- "Improve access to healthcare for people with a learning disability so that by 2020, 75 % of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making reasonable adjustments for people with a learning disability and/or autism.

The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required.

The LeDeR Programme recognises it is important to capture the extent of personalised services, including the use of reasonable adjustments, choice and control and the well-being of people with learning disabilities. A number of learning events have taken place in Yorkshire and Humber to share the early findings of the reviews already completed.

NHS Rotherham Clinical Commissioning Group RCGG

NHS Rotherham Clinical Commissioning Group (NHSR CCG) firmly believes that every person has the right to live a life free from abuse and neglect. With this in mind NHSR CCG will continually develop the organisation's Safeguarding arena, with Safeguarding Adults high on that agenda.

Robust governance arrangements are in place to ensure that the CCG's own safeguarding structures and process are evident and that the agencies from which they have commissioned services meet the required standards. A plethora of measures are utilised for monitoring NHSR CCG commissioned services including Safeguarding Standards and KPI's (Key Performance Indicators)

NHSR CCG continues to publish an annual safeguarding report which demonstrates how the NHSR CCG continues in its commitment to safeguarding and promoting the welfare of all residents in the Borough. NHSR CCG also strives towards the highest possible standard of care, taking on board the national and local drivers for change in safeguarding. It provides assurance that commissioned health services are working collaboratively to safeguard those at risk. More so it provides assurance of how NHSR CCG carries out its safeguarding roles and responsibilities.

NHSR CCG continues to work within NHS England's key document "Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (2015)" which underpins the CCG's responsibilities for Adult Safeguarding. The much awaited Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document was not published during the year 2017/18 and is still eagerly awaited.

Training

Sub groups of the Safeguarding Adult Board continue to grow and develop with NHSR CCG remaining a committed and active member to all five groups. The CCG advisor to the Board member continues to chair the Training and Development sub-group with achievements of the RSAB Training Strategy and Plan agreed in the summer 2017.

August 2017 saw the CCG complete its yearly Safeguarding Update (Children and Adults) as per NHS England guidelines. Topics covered include CSE (Child Sexual Exploitation) and Operation Stovewood, Modern Slavery and Human trafficking and Prevent. The update was delivered to all CCG staff including Governing Body members.

Key Achievements 2017/18

- NHSR CCG has remained firm in its commitment to the board at a senior and executive level.
- Participation at regional and local Safeguarding Networks to share best practice.
- Participation at RSAB and sub groups, including chairing the Training and Development sub-group.
- Safeguarding assurance sought at provider Contract Quality meetings.
- Attendance at TRFT Strategic Safeguarding meetings.
- Updates made, in line with legislation, to the Safeguarding Policy to incorporate FGM, Prevent and Modern Slavery.
- Participation in Domestic Homicide Review meetings requirements.
- Domestic Abuse – facilitated peer review and safeguarding supervision sessions, supporting GP practices to take steps to safeguard vulnerable people.
- Professional Challenge/Discussion forum addressing health and wellbeing of alleged perpetrators and their families.

In November 2017 NHSR CCG addressed a politically sensitive area – the health and wellbeing of alleged perpetrators. The National Crime Agency’s Stovewood agenda has seen a combination of investigations both for historic and emerging abuse continue to progress at a level and pace understood by those involved directly, but what about those indirectly involved? From the start of the Stovewood investigation agencies have worked together to highlight and deliver on support systems, processes and services for victims/survivors of this horrific abuse. We are now starting to see increasing numbers of identified perpetrators and our GPs tell us that they are seeing survivors and perpetrators and respective family members almost side by side in their waiting rooms which must be the same for many services.

In Rotherham we have often felt that we are leading the way with a lot of this work in the absence of a clear evidence base and this prompted the professional challenge session entitled “Perpetrator Challenges, Understanding our responsibilities and limitations”. Previously we have hosted sessions for GP practice staff and multiagency groups covering aspects of recognising signs of abuse/referral pathways for survivors and the focus should continue to be on survivors, keeping them at the centre of what we are trying to achieve for them.

24 multi-agency staff attended this event with excellent feedback. Discussion points included:

- Joint working
- On-going investigations
- Survivors and their families
- Perpetrators and their families
- Why does it take so long to get to court?
- Why do some alleged perpetrators need to move out of the family home and some don’t?
- What are GPs seeing and what the impact of health and welfare is?

A plan was put together from the event and actions have been taken forward.

In 2017 NHSR CCG undertook a 3 step learning process focusing on “Domestic Abuse”. This approach significantly supported GP practices in assessing their processes for recognition and signposting/ referral of individuals affected by domestic abuse. Recognising that GPs, as frontline practitioners, are ideally placed to identify or have someone disclose that they are suffering domestic violence or abuse, the GP quick reference guidance was updated and shared with practices, providing information to increase knowledge and skills when responding to domestic violence or abuse.

Domestic Abuse 3 Step Learning Process:

- **Step 1** – self-assessment - 30 practices out of 31 completed (97%).
- **Step 2** – GP Peer Review to share learning and respectfully challenge practice and processes. This developed into a shared learning event with Domestic Abuse experts providing direct support. 70 staff covering 27 GP practices attended the event.
- **Step 3** – GP Safeguarding Leads attended supervision sessions with the Named GP for Safeguarding for Vulnerable Clients.
- **Continuity** – The Named GP for Safeguarding continues to provide on-going safeguarding supervision to GP Safeguarding Leads within practice, to enable them to provide education, support and supervision to peers and junior colleagues in practices. The sharing of best practice information also continues to take place.

Our work around domestic abuse has been shared across South Yorkshire and Bassetlaw and was extremely well received. Other areas are now planning to do a similar audit.

In 2017/18 NHSR CCG furnished staff and GP practices with information on key developments in the safeguarding arena. Safeguarding updates and current trends/information were shared via the CCG Newsletter (circulated to GP practices and CCG staff) along with emails to safeguarding leads and practice managers.

Prevent

The Prevent Duty remains a high priority for the CCG with mandatory Healthwrap training for all staff with 3 yearly updates as stipulated in the NHS England Prevent Framework. GP practices receive regular updates regarding their training requirements and how to access the NHS England Prevent eLearning package. NHS England set a target for providers (not including primary care) of 85 % compliance with Healthwrap training by March 2018. NHSR CCG are assured that all providers achieved this. Monitoring of training and other Prevent data via Unify 2 will be compulsory from April 2018 for all providers to NHS England and shared with the Home Office.

Safeguarding Adult Reviews

The past year has seen the publication of two Safeguarding Adult Reviews (SARs) to which the CCG have been involved. Action plans are monitored via the Performance and Quality sub group with the CCG engaged as appropriate.

Learning Disabilities Mortality Review

(LeDeR) Programme was commenced in November 2016 following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities. During 2017/2018 NHS RCGG have established a LeDeR process with 11 Rotherham residents referred onto the programme. The reviews will highlight best practice; potentially avoidable contributory factors and action plans/lessons learnt necessary to change health and social care service delivery for those with a learning disability.

Next Steps

The world of Adult Safeguarding is constantly developing in terms of case law, legislation and categories of abuse. NHSR CCG will continue to work in conjunction with statutory partners and be responsive to changes and developments. The CCG will not be complacent in its commitment to safeguarding which is demonstrated by including Safeguarding as one of the four priorities in the commissioning plan 2016/20 Your life, Your health:

[www.rotherhamccg.nhs.uk/Downloads/Commissioning Plan 2016-2020.pdf](http://www.rotherhamccg.nhs.uk/Downloads/Commissioning%20Plan%202016-2020.pdf)

- For the year 2018/19 plans are already underway for a NSHR CCG Safeguarding Event primarily for GP practice staff focusing on issues that affect males in our society including male domestic abuse, modern slavery / trafficking and sexual exploitation.

NHSR CCG will continue to be an engaged partner to ensure that statutory duties are met, keeping Safeguarding very much on the agenda of all we do.

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

Safeguarding is at the heart of everything we do within RDaSH. In order to prevent or minimise the risk of abuse occurring and to help protect those most at risk in our communities we believe a partnership approach is essential. We are represented at a senior level on all key forums providing specialist health and safeguarding advice and as a Trust we remain fully committed to ensuring we meet our statutory duties and responsibilities for safeguarding. We continue to ensure that our staff listen and respond to what adults with care and support needs (and their carers) tell us about what they want to happen to safeguard them and live their lives as independently as possible in their own homes.

A culture of “Safeguarding is everybody’s responsibility” permeates across the teams and individuals within Rotherham Care Group and the wider Trust. Over the last 12 months a significant amount of work has been undertaken to ensure there is a robust safeguarding adults governance structure. The capacity of Safeguarding Adults Lead Professionals has been strengthened and a Nurse Consultant for Safeguarding has been recruited into post, this has resulted in greater visibility and the forging of stronger relationships across partnerships within Rotherham. The Safeguarding Adults Leads have also provided guidance and supervision in respect of the wider safeguarding agenda including PREVENT, Modern Slavery, Female Genital Mutilation (FGM), Hate/Mate Crime and Self-Neglect. The governance arrangements oversee and facilitate the implementation of safe practice across our workforce. There is a strong culture of learning and sharing of good practice based on appreciative enquiry and safeguarding training is delivered in line with research and best practice. There continues to be a clear vision to achieve the highest standards of quality and safety and to embed safeguarding principles, dialogue and a culture of early intervention / prevention in safeguarding into all areas of practice.

There continues to be established oversight, assurance and governance mechanisms for managing safeguarding issues with the Safeguarding Adults Leads working closely with all staff to ensure that safeguarding incidents are reported and effectively managed to keep patients safe and protect their human rights. The Safeguarding Adults Team has oversight of serious incidents via STEIS and IR1 reports, these are all reviewed to ensure safeguarding is threaded through investigations and wider subsequent learning. In response to the Department of Health and Social Care – safeguarding adults protocol “Pressure Ulcers and the Interface with a Safeguarding Enquiry” (Jan 2018) a member of the Safeguarding Adults team is now a member of the Trust’s pressure ulcer forum and contributes to the learning and development in this area.



South Yorkshire Fire and Rescue Service (SYFR)

GOVERNANCE

South Yorkshire Fire and Rescue has completed a number of Self-Assessments and attended Challenge Meetings across the county to provide evidence and assurances that the service is compliant with statutory safeguarding requirements.

An internal SYFR Safeguarding Executive Board and Reference subgroup continues to provide internal governance and a number of related action plans demonstrate ongoing learning and improving in our multiagency working e.g. Child Fire Setters, Business Fire Safety relating to care homes, coordination of referrals from IDVAS and SYP Domestic Abuse Advisors and High (Fire Risk) Practice group.

AUDIT AND CASE MANAGEMENT

A newly created Case Tracker can now be used for quarterly auditing and the adult related internal case – work has increased three fold in the last 4 years. Less than a third of cases meet the criteria for a Safeguarding Enquiry, the majority are concerns about health and wellbeing. Over half of the cases are related to fire risks and self-neglect and SYFR has contributed to the development of the Hoarding and Self Neglect policies across the county.



TRAINING

A new SYFR Safeguarding Concern form together with an e learning support package has been developed to enable the workforce to differentiate between safeguarding, fire risk, health and wellbeing and to gather the required information to make effective referrals or raise concerns.

PLANS AND PRIORITIES

The SYFR Safeguarding Action Plan sits within the Community Safety Plan under the SYFR Integrated Risk Management Plan Priority 1: – COMMUNITY: – Making People Safer – working to prevent emergencies

The Safeguarding priorities for the coming 12 months:

- Preparation for HMICF&R Inspection – there is a specific theme of enquiry relating to the identification of those with vulnerabilities
- Ongoing preparation for GDPR
- Contribution to the National Fire Chief Council Safeguarding work stream

South Yorkshire Police

Vulnerability, including adults are prioritised through our daily tasking process and allocated to resources accordingly. This is a priority in all of our tasking and led by Rotherham Borough Command Team on a daily basis. South Yorkshire Police are fully engaged with the statutory referral process and case management in cases of identified adult vulnerability.

The re-establishment of dedicated Neighbourhood resources to strengthen the PCSO teams are now embedded in all areas within Rotherham. This gives us the best opportunity to take community feedback, identify cases of vulnerability and to protect potential victims of crime and anti-social behaviour. The co-location of these local Police enforcement services with Local Authority counterparts has been achieved in the Central Neighbourhood area and will be completed for the North area based at Rawmarsh and in the South at Maltby in September 2018. Once embedded, the development of these services will look to expand the teams to include other partners where it is sensible to do so.

A new innovation also on line since May 2018 is the Safer Neighbourhood Service whose vision is to work in partnership, to listen to and work with the public, community groups and businesses to reduce crime, protect the vulnerable and enhance community safety through integrated problem-solving approaches. This fully supports the mission of the Safeguarding Adults Board and its' key objectives. The Safer Neighbourhood Service is very much about early identification and intervention in cases where vulnerability is found. Working with partners to case manage and appropriately problem solve the case, bringing a sustainable solution using all partnership resources.

Vulnerable adult victims of crime are prioritised, within that cohort of victims there may be particular features that need focussed attention. Hate crime, sexual abuse, financial abuse, missing persons and repeat and vulnerable victims of anti-social behaviour, all have dedicated staff case managing and problem solving to reduce vulnerability protecting victims and bring perpetrators to justice.

Case Studies

Financial exploitation. An elderly victim had carers going into his home every day, he had a fall and went into hospital and then into a care home and had dementia. The Social Worker alerted the Police months later that someone had been withdrawing thousands from his bank account during the last year. The Vulnerable Persons Unit investigated around 10 carers who had access to the victim's home prior to the victims fall. Eventually identified one carer as suspect and secured a conviction at Crown Court for burglary and fraud.

Financial exploitation. An elderly victim had a carer who came once a week to help with chores and was supposed to withdraw £100 a week and give to the victim. The carer had the victim's bank account for 4 years, withdrawing cash every week totalling over £20,000 without consent. The carer was spending the money on gambling. The Vulnerable Persons Unit investigated and secured a conviction of fraud x 2 at Crown Court.

Suicide Prevention. A young adult male whose younger brother and mother had took their own lives and was living a chaotic lifestyle was identified as a tangible risk of suicide. A number of emergency meetings were held with partners leading to quick responses to any information from his home address, an active suicide attempt was prevented and he was further supported by the partnership to help him get through a very tough period of his life.

A vulnerable trans female exhibiting sustained criminal behaviour and anti-social behaviour especially at local transport hubs was identified by the team. The relevant partners were engaged including the Transport Interchange at Rotherham to put in place a Criminal Behaviour Order to help curb her behaviour and reduce the vulnerability to herself and others. This young and vulnerable female is now engaging with various services to provide long-term solutions to her behaviour and reduce her vulnerability.

Rotherham Voluntary and Community Sector:

Achievements:

- The Voluntary and Community Sector, through the Adult Services Consortium, has continued to show its commitment to Adult Safeguarding across the Borough by contributing to the work of the Adult Safeguarding Board via its nominated representatives.
- The nominated representative, who is the Chief Executive of Age UK Rotherham, attends the Safeguarding Adults Board to provide a voluntary and community sector perspective on developments. They also provide a liaison function between the wider sector and the Board to keep VCS organisations up-dated on safeguarding issues and encourage and support their contribution to this important area of work.
- Each of the Safeguarding Adults sub-groups has representation from the voluntary and community sector. RSAB – Lesley Dabell, Training – Liz Bent, MSP – Karen Smith. Reports from subgroups are shared with the wider Voluntary and Community sector via ASC Strategic Representative meetings.
- VCS organisations continue to contribute to the Safeguarding Board and Development Days as partners; in addition they act as alerter's referring concerns appropriately.
- Individual VCS organisations have continued their work internally in respect of their own policies and procedures for Safeguarding, linking in to the wider Safeguarding Procedures in the Borough. Staff and Volunteers have attended training sessions raising awareness of Adult Safeguarding throughout the Borough.
- The Adult Services Consortium and Voluntary Action Rotherham have been promoted safeguarding week, and VCS groups are taking an active part during the week.
- VAR acts as an 'umbrella body', for administering and processing the 'Disclosure and Barring Service' (DBS) checks
- VAR promotes DBS and provide related advice and support, including carrying out the 'Enhanced DBS checks'
- VAR supports VCS with the development of Safeguarding Policies and procedures; including 'Safer Recruitment' support

Recognise • Respond • Report

Learning and development

In 2017/18 the Training Sub-group ran a rolling programme of supportive training opportunities for staff, managers and volunteers on local policy, procedures and professional practice so that adults across Rotherham are protected from abuse and neglect and their wellbeing is promoted. 1,058 learners attended training courses, as detailed by agency in the table above.

| | |
|-------------------------------|-------------|
| Local authority | 423 |
| Independent/ Voluntary sector | 580 |
| Health | 28 |
| Police/Probation | 0 |
| Service Users / Carers | 21 |
| Students | 6 |
| Other/Housing Partner | 0 |
| | 1058 |

The Training Sub-group finalised its Training Strategy and Training Plan for 2017/2020 to lead and manage training arrangements across Rotherham. The Strategy now provides the framework for establishing priorities and plans for multi-agency and specialist safeguarding adults training and resources in support of achieving the Strategic Plan of Rotherham's Safeguarding Adults Board. The Strategy sets out the vision, goals and principles for training and how these will be taken forward. The Plan supports and drives forward the Training Strategy's goals where training equips the workforce with the knowledge, skills and behaviours to carry out their role to safeguard adults from abuse and/or neglect.

The Training Sub-group's objectives and priorities 2018/2019 are:

- Assessing multi-agency and specialist training needs /analysing gaps
- Development of an multi-agency and/or specialist training framework
- Development of models for evaluating training impact.



Safer Rotherham Partnership

The Safer Rotherham Partnership is the borough's Community Safety Partnership with statutory responsibilities established under the Crime and Disorder Act 1998. The partnership has a legal responsibility to tackle crime, anti-social behaviour, drug and alcohol misuse and to enhance feelings of safety.

There are currently five responsible authorities on the SRP, who have a legal duty to work in partnership to tackle crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and to reduce re-offending.

The six responsible authorities are:

- Rotherham Metropolitan Borough Council
- South Yorkshire Police
- South Yorkshire Fire and Rescue Service
- National Probation Service
- Rotherham Clinical Commissioning Group

The SRP also brings together a range of interested parties from the public, private, community and voluntary sectors to help deliver the outcomes in the SRP Partnership Plan through our strategic and operational structures, as well as representation from the Office of the Police and Crime Commissioner.

The SRP has a statutory duty to develop an annual Joint Strategic Intelligence Assessment of the risks and threats that crime and disorder poses to the communities of Rotherham. The purpose of the assessment is to:

- Identify the partnerships priorities for the forthcoming year.
- Highlight performance, progress and achievements against the commitments made in the 2014/16 Partnership Plan.
- Identify key crime and disorder risks and threats to the community.

Achievements:

This year the Safer Rotherham Partnership has undergone two independent reviews.

The first of which related to overall governance and assurance with the second being specific in relation to Domestic Abuse. Both reviews provided broad assurance, alongside valuable learning, some of which will require continued efforts to strengthen links amongst the key partnerships, including the Safeguarding Adults Board.

There has been a continued rise in crime (20 %), as reported in the previous year and this is due to crime reporting standards improving not just in South Yorkshire, but nationally. This has also caused a reduction in outcomes (-3 %), as a percentage of the crime recorded. There has however been a slight (1 %) increase in general satisfaction levels. The specific priority areas over the previous year were;

- Preventing Child Sexual Exploitation

This year has seen a reduction of 11 % in current offences (not including historic offences) and a 100 % completion of taxi licensing safeguarding requirements. There has additionally been an 8 % increase in the use of abduction notices.

- Building Confident and Cohesive Communities

As a result of the continued work of partners and a commissioned project, there has been a 33 % rise in reported hate crime, which is seen as positive, though is still likely to reflect under-reporting. Thousands of hours of awareness raising has been completed to hundreds of individuals.

- Reducing the Threat and Harm of Domestic Abuse

A strategy has been agreed by all partners and the SRP Board in relation to Domestic Abuse. There has also been a significant reduction in the waiting list for standard and medium risk victims, down to 0. The independent peer review in to this area again provided broad assurance however further work is required around training and data alongside assurance and governance. This work will link closely with the Safeguarding Adults Board.

- Reducing and Managing Anti-Social Behaviour

There has been a 27 % reduction in Ant-Social Behaviour over the previous year. This is mainly due to a number of incidents that would have previously been classified as ASB, now being classified as crimes, which is positive in regards to more effective support for victims. There has however been an increase in deliberate fires and further work will be done on this matter. The Partnership has reviewed and strengthened partnership structures that support officer to tackle this type of behaviour. Additionally, enforcement services have moved to a co-located model. This will make the team more effective and better support victims and in particular, vulnerable victims

- Reducing Violent Crimes and Sexual Offences

There has been a 42 % increase in Violence against the Person and a 23 % increase in sexual offences. Again this is linked to crime recording however does present a concern and work continues to seek to address these areas of work.

Following a refined process, taking in much wider data set, the Safer Rotherham Partnership has adopted headline priorities as follows;

- Protecting Vulnerable Children
- Protecting Vulnerable Adults
- Building Confident and Cohesive Communities
- Reducing the Threat and Harm of Domestic Abuse
- Tackling Serious Organised Crime

Clearly the work of both partnerships continues to overlap and the SRP will seek only to enhance work where possible and cooperate with the Safeguarding Adults board in relation to the delivery of relevant priority areas.



Key Facts and Figures

A Concern

A Concern is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

A total of **2,113** concerns were reported through the new Safeguarding Adults Collection (SAC).

Each concern is looked at and the 3 point test is applied.

The safeguarding duties apply to an adult who:

1. Has needs for care and support (whether or not the local authority is meeting any of those needs)
2. Is experiencing, or at risk of, abuse or neglect
3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

If the concern does not meet the criteria of the 3 point test the case may be signposted to a different team such as the vulnerable person's team or maybe a care assessment is needed. We will always ensure the person is safe and not in any danger.

Section 42 Enquiry

A Section 42 Enquiry is the same as an Alert however it becomes an enquiry when the details progress and an investigation/assessment relating to the concerns begins.

At any point during this investigation a case can exit the safeguarding process.

The subject of the investigation must be aware and in most cases agree to the safeguarding enquiry unless capacity is lacking or a crime has been committed.

724 Section 42 enquiries began 2017-18

Decision Making Meeting (DMM)

The DMM will bring all relevant people together to ensure that, if the investigation continues, the right questions will be asked of the right people. The voice of the person at risk of harm must be heard. Plan the way forward, look at who is best placed to investigate the concern.

This meeting may be held virtually, to ensure it happens in a timely manner.

53 DMM's convened in 2017-18

Outcomes Meeting

The Outcome meeting will bring all interested parties together including the individual if they wish to attend. Support from friends, advocacy or family is also encouraged. The voice of the person at risk of harm must be heard throughout the meeting and they must be given the opportunity to tell their story.

The meeting will bring the investigation to a conclusion and recommendations must be agreed by all interested parties and timescales and expectations clearly identified.

10 Outcome Meetings Convened 2017-18

Safeguarding Adults Review (SAR)

A Safeguarding Adults Review must be carried out if:

- A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the SAB should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
- A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults.
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

The SAR is commissioned by the SAB and all partners who have had involvement with the subject of the enquiry will be required to participate in the review. The results of the review are published by the SAB in the form of a final report.

Number of SAR's Commissioned 2017-2018

0 SAR's was commissioned in 2017/18

Number of SAR's Completed 2017-2018

**1 SAR was completed in 2017/18
Published August 17 (Margaret)**

SAR Margaret

Margaret was a 92-year-old who was a resident in a Nursing Care Home 2012 until her death in February 2015. Margaret had significant health needs with hypothyroidism, depression, dementia, contracture of lower limbs and anaemia.

In February 2015 Margaret was admitted by the GP to The NHS Foundation Trust Hospital due to concerns regarding her poor condition. It was believed she was at this point in a myxoedema coma and was critically ill. Her temperature was unnaturally low and she was slightly blue. Margaret died nine days after admission.

Margaret's death certificate stated:

- Myxoedema coma
- Hypothyroidism
- Alzheimer's dementia

Subsequently the NHS Foundation Trust made a safeguarding referral due to concerns that Margaret was in a coma due to a thyroxine crisis and suggestions that she had not had her essential thyroxine medication for over 2 years and that this was more likely to be the cause of the poor physical condition that Margaret was in on admission. The outcome of the ensuing Section 42 Enquiry was that neglect by omission in respect of the medication that was not received by Margaret, led to her death.

Findings/Recommendations

1. Recommendations for the Local Authority:

That the Local Authority social care and contracts compliance team, in partnership with other agencies where appropriate, ensure:

- a. Contract Compliance will be conducted through a targeted approach to contract compliance visits based on risk. For high risk settings contract compliance officers will identify that care plans and medication records within care homes are fit for purpose and demonstrate they are in keeping with the needs of the individual.

- b. Social Care reviews of residents in care homes involves health and care staff where appropriate
- c. Where clients are resident in settings that are non-compliant with CQC regulations and/or contracts, consideration should be given to review of care needs of residents dependent on the severity of the concern. This must include an audit trail that provides evidence that no resident has been missed. Consideration must be given to providing families with relevant information when appropriate
- d. A review of the Local Authority Home Closure and Provider failure protocol to ensure that it remains fit for purpose in light of the above recommendations.

2. Recommendations for the CCG:

- a. management of long term conditions by GP's within residential and nursing homes are subject to robust processes of monitoring and review.
- b. there are appropriate written communication tools in use between care homes and GP practices.
- c. the system for notification of the changed funding arrangement for an individual is reviewed and audited to ensure that any failure to successfully transfer responsibilities is flagged.
- d. The CCG should provide support to GP practices across Rotherham to develop processes that take account of legislation, guidance and case law for when it is deemed clinically necessary to administer covert medication. Guidance should also include that Best Interest decisions are supported with agreed multi agency covert medication plans which are reviewed regularly.

3. Recommendation for CCG and Local Authority:

The CCG and Local Authority Contract compliance should gather information from relevant partners, including CQC, NHS Providers and local Care Home providers to establish whether there is evidence of uncertainty of roles and responsibilities in the provision of nursing care to nursing homes in the Borough. Dependent upon findings further recommendations should be made to address any issues found.

4. Recommendations for NHS England.

NHS England in Yorkshire and Humberside should:

- a. Publicise the safeguarding learning from this review amongst GP's in the region.
- b. Ensure the learning from this review is shared with the safeguarding lead nurses and GP's in the region.

5. Recommendations for Rotherham Safeguarding Adults Board (RSAB).

- a. Where agencies have made their own recommendations in their review of Margaret's care, RSAB should seek assurance that action plans are underway and outcomes are impact assessed within those organisations.
- b. RSAB to write to NHS England to request the consideration of project funding to incentivise medicines management support to care homes. This would be consistent with work in other areas to provide oversight and scrutiny by medicines management staff especially where there are medicines management compliance issues flagged by LA CC teams and/or CQC.
- c. That the DoLs subgroup of RSAB, consider the learning from this review and ensure that where medication compliance is an issue and covert medication is being considered, these cases should be

included in the list of cases that require prioritisation. I.e. Challenging behaviour requiring significant restrictions should be prioritised for full assessment for DoLs authorisation. Scrutiny of the prioritisation of DoLs applications will ensure the priorities are compliant with ADASS guidance.

www.adass.org.uk/media/5297/additional-dols-safeguards-final.pdf

- d. Arrangements should be made to share the learning with the Local Pharmaceutical Committee and CQC.
- e. The RSAB Making Safeguarding Personal sub group should share the learning from this review in the form of a briefing across all its member agencies. Assurance should be sought as to how this has been disseminated to professionals in those organisations followed by case audit to provide evidence of impact e.g. change of practice or policy/procedure etc.
- f. Evidence and assurance should be provided to RSAB performance sub group on the completion and/or ongoing audits of the recommendations as appropriate.

The actions have been developed into an action plan that is monitored by the Performance and Quality Sub Group, the chair of the group will report to the RSAB on progress and when all actions are completed.

Mental Capacity Act and Deprivation of Liberty Safeguards

The DoLS continue to challenge the local authority in terms of numbers of referrals, however, this does reflect that care arrangements which amount to a deprivation of liberty are being acknowledged and the appropriate authorisation is being sought by the relevant managing authority's. Support in the form of advice and training needs to continue with care providers to ensure all deprivations of liberty are recognised and managed in line with statutory duties.

As can be seen in the table, the number of authorisations granted and not granted has gone down in the last reporting year, this can be attributed mainly to two factors:

- Changes to the tax regulations in April 2017 relating to independent assessors meant their employment status had to be reviewed, the result being that some assessors chose to no longer provide services to the local authority. Work to recruit independent assessors is ongoing, with positive results;
- A comprehensive audit of the quality of DoLS assessments took place between July and December 2017, the outcome of the audit found the quality of reports fell below that expected by the Supervisory Body. The allocation of assessments was pared back to allow for re-training of assessors.

| Mental Capacity Act and Deprivation of Liberty Safeguards | | | | |
|---|---------------------|------------|----------------|----------------------------|
| Year | No. of Applications | Authorised | Not Authorised | Screened unallocated cases |
| 2013/14 | 56 | 44 | 12 | |
| 2014/15 | 565 | 165 | 111 | |
| 2015/16 | 957 | 190 | 350 | |
| 2016/17 | 1128 | 452 | 524 | 480 |
| 2017/18 | 1190 | 227 | 4 | 738 |

In March 2018, Parliament responded to the Law Commission's proposals on the Liberty Protection Scheme to replace DoLS. The local authority is aware of the proposals and preparing for any impact on current policies and procedures.

The Context of Safeguarding in Rotherham – 2017/18 data

No of concerns received - **2113**

No which progressed to enquiry - **724**

Concerns received have **decreased** in 2017/18 by approx.**16%** (**2113**, - 2017/18), (**2455** - 2016/17)

No of S42 Enquiries commencing in year has **increased** by approx.**12%** (**719** - 2017/18), (**640** - 2016/17)

Rotherham's conversion rate has **increased** to **34%** from **24%** (National Average 2016/17 was **41%**)

No of S42 Enquiries completed in year have **increased** by approx.**48%** (**645**, - 2017/18), (**435** - 2016/17)

Demographics



19%

of population
aged **over 65**



41%

**increase in
85+ population**
in past 15 years



59%

of **safeguarding
concerns** relate
to people **over 65**



62%

of **safeguarding
enquiries** relate
to **female adults**



37%

of **safeguarding
enquiries** relate
to **younger adults**

The table below shows % change in abuse types

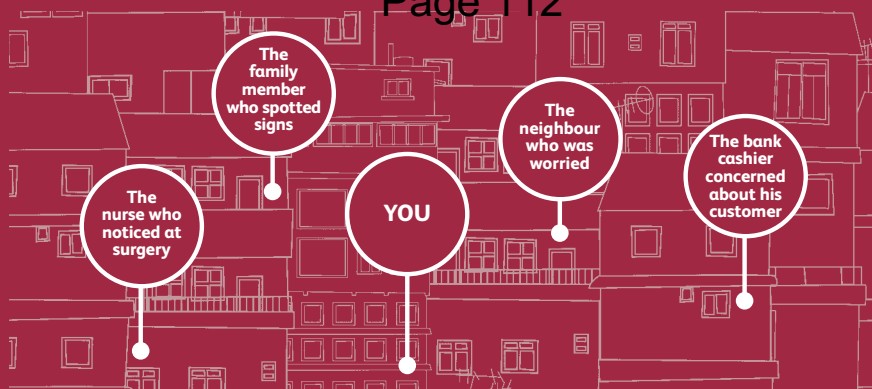
| Concluded S42 Enquiries | | | |
|------------------------------|---------|---------|----------|
| | 2017/18 | 2016/17 | % change |
| Physical Abuse | 155 | 80 | 93.8% |
| Sexual Abuse | 37 | 25 | 48% |
| Psychological Abuse | 90 | 35 | 157% |
| Financial or Material Abuse | 138 | 80 | 73% |
| Discriminatory Abuse | 2 | 0 | |
| Organisaional Abuse | 28 | 15 | 87% |
| Neglect and Acts of Omission | 340 | 210 | 62% |
| Domestic Abuse | 32 | 11 | 191% |
| Sexual Exploitation | 5 | 0 | |
| Modern Slavery | 3 | 1 | 200% |
| Self-Neglect | 16 | 5 | 220% |

Rotherham Safeguarding Adults Board Attendance

Date of Safeguarding Adults Board Meeting (excludes e-learning)

| | May 2017 | July 2017 | Sept 2017 | Nov 2017 | Jan 2018 | March 2018 |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| South Yorkshire Police | Apologies | Apologies | ✓ | ✓ | ✓ | ✓ |
| The Rotherham Foundation Trust | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Clinical Commissioning Group | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| RMBC Director of Social Services | ✓ | ✓ | Apologies | ✓ | ✓ | ✓ |
| RMBC Children's Service | ✓ | Apologies | Apologies | Apologies | Apologies | ✓ |
| South Yorkshire Fire and Rescue | ✓ | ✓ | ✓ | ✓ | Apologies | Apologies |
| NHS England | ✓ | ✓ | Apologies | ✓ | ✓ | Apologies |
| RDASH | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| RMBC Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Healthwatch | ✓ | ✓ | Apologies | ✓ | Apologies | ✓ |
| Voluntary Sector | Apologies | Apologies | ✓ | Apologies | ✓ | ✓ |
| National Probation Service | Apologies | ✓ | Apologies | ✓ | ✓ | ✓ |
| Community Rehabilitation Company | | ✓ | ✓ | Apologies | ✓ | ✓ |
| Cabinet Member for Adult's Services | Apologies | Apologies | Apologies | ✓ | ✓ | Apologies |

Rotherham Metropolitan Borough Council's Cabinet Member for Adults Services supports the work the Safeguarding Adults Board with a visible presence at events and discussions throughout the year and is provided with monthly updates on all safeguarding adults issues as well as the work of the board.



Do you know the signs of adult abuse?



Recognise • Respond • Report

Rotherham Council 01709 822330

Police non emergency: **101** or emergency: **999**

Keeping people safe from abuse is everyone's business

For more information about types of abuse
www.rotherham.gov.uk/abuse



| |
|--------------------------------|
| Improving Lives Summary Report |
|--------------------------------|

| | | |
|----|------------------|--|
| 1. | Date of meeting: | 4 th December 2018 |
| 2. | Title: | Early Help - Children Missing from Education |
| 3. | Directorate: | Children & Young People's Services (CYPS) |

1. Background

- 1.1 The Local Authority has responsibility to ensure that Children Missing from Education (CME) are identified, reported and tracked, so that efforts are robust to locate children and where appropriate 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 held responsibility to ensure that protocols are adhered to when a child is known to have left a Rotherham school and the child or 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 Each Local Authority has the responsibility to employ a CME Officer and Rotherham has a named officer, an Operational Manager who oversees the work and a Head of Service Strategic Lead. In addition, all Early Help Locality Teams adopt attendance and CME related issues as 'everybody's business' so that home visits and enquiries pertaining to a child missing from education can be directed by the CME Officer and associated manager and that actions can be carried out swiftly and effectively across localities. Locality workers carry out home visits and enquiries with schools to assist in CME provision to broaden awareness and ensure integrated approaches. Early Help Attendance Leads also support this area of work during their interaction with schools and Early Help localities.
- 1.6 As part of Phase two and three of the Early Help Strategy (2016-2019), Cabinet agreed in October 2018 the recommendation to move the CME function from Early Help into Education and Skills. This is a priority so that the appointed CME Officer can work more closely with education colleagues in the future. This is important in further aligning CME processes to wider education processes such as School Admissions and Elective Home Education.
- 1.7 Extensive work has taken place over the previous two years to enhance data capture, reporting and activity on CME in Rotherham.

2. What's Working Well?

Data:

- 2.1 In quarter two there were 177 children (from 97 families) classified as new CME referrals which highlights a reduction when compared with the previous quarter (188 children/97 families.) Of the 177 children that opened in quarter two, 92 children (51.9%) have been known to have previous episodes of CME that were closed, which again shows a declining trend from last month. 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 rather than key concerns related to vulnerability and/or safeguarding issues.
- 2.1 At the end of the reporting period there were 146 active cases that remained open to CME which highlights a 30% reduction from quarter one.
- 2.3 There were 256 resolved cases in quarter two, which shows a significant increase on quarter one when 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.*
- 2.4 13.7% of children within the CME cohort were eligible for Free School Meals. This data was asked by elected members to be added to the scorecard in order to ascertain if there are high levels of children in this cohort that are entitled to free school meals and evidence suggests that this is not the case.
- 2.5 There were 89 new referrals from primary schools and 88 new referrals from secondary schools in the reporting period highlighting an even split. The distribution across year groups is also relatively even and therefore evident that there are no specific year groups where CME is more of a problem than others.
- 2.6 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 focused around 'open and closed cases' with a lack of reporting on the different outcomes that can be apparent at the outset and/or closure. The service is now capturing outcomes data and of the 256 children that were closed to CME in the quarter, 46 (16% of children) were found and transferred to admissions and tracking (i.e. reclassified from CME as the service identified that they were no longer missing.) Tracking of these children is important as a child can become CME and then move back to Rotherham and apply for a new school. 75 children (29%) were closed as they were found and another Local Authority subsequently accepted responsibility for them. 21 children were found in a school within another Local Authority and 29 children (11%) were found having taken up a new place at a school in Rotherham. 22.5% of children were closed as a result of all possible enquiries being exhausted and 12% were verified to have left the UK. 2 children (0.8%) were classified as being educated at home following CME enquiries.
- 2.8 The majority of the children 'found' in another LA, either in a school already or in the applications process are proportionately distributed around the South Yorkshire area (Doncaster, Barnsley, Sheffield), there is no particular, predominant area in other areas of the UK where children are found.

3. What are we Worried About?

- 3.1 Of the newly identified cases of CME, 82.5% 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. This can have a financial impact on both schools and council services due to the additional resource required to support CME. Schools are funded following a census each October and this then dictates their per capita spend for the following year. When a school has high numbers of CME that are not present/ on role at the time of the census they are awarded reduced settlements, only to find that their CME children can return weeks later. This occurrence does not then attract further funding and schools need to work within a financial deficit for the rest of the year.
- 3.2 The majority of children CME were classified by ethnicity as Roma by their parents (40%) and a further 36% were unclassified. Parents do not have to complete ethnicity as mandatory and many choose not to do so which is their right. There were less unrecorded ethnicity classifications than in quarter one (36% on quarter to compared to 43% in quarter one. Schools report anecdotally that perceived stigma associated with the Roma ethnicity has been reported by some parents as being a reason for declining to provide ethnicity information. Recent negative articles in the national press are potentially associated with this standpoint.
- 3.3 It is important to note that it cannot be assumed that those parents who reserve their right to provide ethnicity information at school admission stage are from the Roma community as this information is not known and information above related to perceived stigma is anecdotal.
- 3.4 Elected members have shared concern related to the demographics associated with CME and requested more detailed information to ascertain where the predominant number of families that result in CME referrals have lived.

4. What are we going to do about it?

- 4.1 The Early Help Head of Service with responsibility for CME has negotiated a new form that has been introduced in October in conjunction with the School Admission Service to include in all applications for a school place, to try and encourage more parents to complete the ethnicity information. This was agreed by RMBC Information Governance colleagues, however, it is important to acknowledge that this element remains a voluntary aspect when applying for a school place in Rotherham.
- 4.2 Within schools/education there is work taking place to better understand the needs of Roma families in more detail and ensure that services maximise working and shared approaches. Early Help is supporting this work.
- 4.3 As a means of a suitable response to negative press, the Early Help Service is working with colleagues in RMBC Communications Team to publish good news stories about our positive work with Roma families in the locality in order to assist with reassurance in the community. This will be completed in quarter 3.
- 4.4 More detailed locality information has now been added to the quarterly scorecard that details localities across the early help reach areas. This was actioned in October 2018 and can be seen in figure a) below:

| | | |
|--|-----------|-----------|
| Fig a) Children referred as CME in Period by resident locality - 2018 | Q1 | Q2 |
|--|-----------|-----------|

| | | | |
|--|---------------------------|------------|------------|
| Central | Clifton | 146 | 46 |
| | Oakwood/Town Centre | | 21 |
| | Wingfield | | 1 |
| | Winterhill | | 43 |
| | CENTRAL TOTAL | 146 | 111 |
| North | Dalton/Thrybergh/Rawmarsh | 16 | 10 |
| | Wath/Swinton | | 12 |
| | NORTH TOTAL | 16 | 22 |
| South | Aston and Brinsworth | 25 | 9 |
| | Maltby and Wickersley | | 9 |
| | Wales and Dinnington | | 9 |
| | SOUTH TOTAL | 25 | 27 |
| No Locality Registered/Outside Area | | 1 | 17 |
| Grand Total | | 188 | 177 |

- 4.5 Free School Meals analysis has now been captured and included in the quarter two scorecard in response to the request by elected members for this information in September 2018.
- 4.6 Following Cabinet's approval to move CME into Education & Skills work is now underway between the Head of Service Early Help and Head of service Education & Skills to plan the transition. A handover meeting is planned for December and implementation of this transition is expected in January 2019. The two service areas will continue to work closely together to ensure that this important agenda is supported in an integrated way.

5. Name and contact details

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Head of Service
Early Help
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