

## **IMPROVING LIVES SELECT COMMISSION**

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

**Date: Tuesday, 16th April, 2019**

**Time: 5.30 p.m.**

### **A G E N D A**

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

1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.
2. To determine any item(s) the Chairperson is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Communications
7. Minutes of the previous meeting held on 5th March 2019 (Pages 1 - 14)

### **Pre-Decision Scrutiny**

8. Special Educational Needs and Disability (SEND), Sufficiency and Increase in Educational Provision - Phase 2 (Pages 15 - 50)

### **For Discussion**

9. Rotherham Pause Practice - Update (Pages 51 - 61)
10. Update on the outcome of the HMI Ofsted Focussed Visit: 21st-22nd March 2019

11. Outcomes from Joint Scrutiny Workshop Session - Transition from Children's to Adult Services (Pages 62 - 69)

12. Date and time of future meetings  
Tuesday 11<sup>th</sup> June, 2019

9<sup>th</sup> July

17<sup>th</sup> September

29<sup>th</sup> October

3<sup>rd</sup> December

7<sup>th</sup> January, 2020

10<sup>th</sup> March

**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**  
**Tuesday, 5th March, 2019**

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

Also in attendance was Councillor Watson, Deputy Leader.

Apologies for absence:- Apologies were received from Councillors Brookes, Khan, Pitchley and Short.

The webcast of the Council Meeting can be viewed at:-  
<https://rotherham.public-i.tv/core/portal/home>

**54. DECLARATIONS OF INTEREST**

There were no Declarations of Interest to report.

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

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

**56. COMMUNICATIONS**

The Select Commission noted that feedback from the Performance Sub-Group, Health Select Commission and Corporate Parenting Panel would be circulated by email.

An update from the Review Group had also been fed into the LADO process.

**57. MINUTES OF THE PREVIOUS MEETING**

Consideration was given to the minutes of the previous meeting of the Improving Lives Select Commission held on 15<sup>th</sup> January, 2019.

It was noted that an action arising from minutes previously agreed had been completed with a visit to the University Campus by Elected Members, who were very impressed with the facilities and what courses were on offer.

Resolved;- That the minutes of the previous meeting of the Improving Lives Select Commission held on 15<sup>th</sup> January, 2019 be approved.

**58. BARNARDO'S REACHOUT SERVICE UPDATE AND BARNARDO'S REACHOUT FINAL EVALUATION REPORT**

Further to Minute No. 5 of the Improving Lives Select Commission held on 5<sup>th</sup> June, 2018, consideration was given to the report presented by the

Deputy Leader and Acting Strategic Commissioning Manager which detailed how the Barnardo's ReachOut project was established in Rotherham under a three year partnership funding agreement between Barnardo's, the KPMG Foundation, Department for Education, Ministry for Housing, Communities and Local Government and Rotherham Metropolitan Borough Council.

The project, an innovative outreach service, strived to support and protect children and young people in Rotherham who were at risk of child sexual exploitation. The key areas of work for the project were:-

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

The ReachOut Service began delivery in January, 2016 and, therefore, had been operational for just over three years.

The project had been the subject of a full independent evaluation which was undertaken by the University of Bedfordshire and DMSS Research to evaluate the impact of the project and provide ongoing learning and feedback. This report presented an update of the key areas of service delivery, a summary of the full independent evaluation report, and the responses to the recommendations made at the Improving lives Select Commission on the 5<sup>th</sup> June, 2018.

Following on from an initial update on the ReachOut Project last year further information was provided on the engagement with primary schools, the outcome of discussions with young inspectors about improving the project's profile and the discussion with the Assistant Director, Education and Skills, including information circulated to schools.

The outreach work had evolved and reached over 10,000 people in Rotherham. Barnardo's had also attended community events, targeted help for those considered at risk and had reached a wide audience about the risks of child sexual exploitation as well as working closely with the training of taxi drivers, the Fire Service and Roma community.

Whilst there was still more work to be done in terms of education in schools, every secondary school had been visited over the three year period and engagement had commenced with up to 50% of primary schools as well.

Further action had been recommended on improving engagement, liaising with young inspectors around any ideas or approaches that would improve engagement through the Real Love Rocks offer and promotion of training on social media. All suggestions would be considered as part of improving engagement with schools.

RMBC, CYPS Commissioning, in Partnership with Barnardo's were successful in their bid for £1m funding from the Home Office's Trusted Relationship Fund to widen its remit to include young people at the risk of Child Criminal Exploitation or "County Lines".

Barnardo's were building strong links with the Youth Offending Team and with providers who have a proven track record in delivering services for this cohort of young people. In addition were further developing their assessment indicators to include the risks and vulnerabilities attributed to this exploitation.

A discussion and question and answer session ensued and the following issues were raised and clarified:-

- ❖ Had referrals increased following the work undertaken with different partners and agencies, including the training with the Fire Service and taxi drivers?

Most of referrals came from the normal routes through the MASH as a result of concerns through social care, early help and schools. There had been no referrals made by the public or taxi drivers.

- ❖ How was information shared, including low-level historical intelligence, and used to support Barnardo's areas of work?

The ReachOut Team Manager attended Police meetings and within Barnardo's there were regular meetings and discussions on a daily basis. The service worked closely with early help and social care and fed into weekly meetings.

As well as raising awareness for vulnerable children on "county lines" was information shared about how to raise concerns regarding adults who may pose a risk.

Barnardo's shared awareness about people who may pose a risk and how to recognise the signs and approaches of grooming.

Was work targeted across the borough to reduce the risk of grooming and involvement in gangs? Whilst the report was very positive, much of it was based on work in Eastwood and Ferham. ; was there a reason why these two areas were highlighted?

Staff had taken the bus to other parks in Rotherham, and did attend other areas on a regular basis, however had not seen much activity.

Reference was made to Eastwood and Ferham particularly as a result of responses to intelligence. The outreach work in Eastwood and Ferham had been used as case studies. Analysis had been undertaken of the direct work referrals.

There had also been referrals from each secondary school across Rotherham. This clearly showed the spread of work and the good coverage across the borough.

- ❖ When children were referred for outreach work, was information shared with schools and teachers in case of a need for a re-referral?

If further support was required for a child, information would be shared appropriately to ensure needs met.

- ❖ How closely did Barnado's work with the Early Help service?

The two services worked closely in partnership. Barnado's worked with the children whilst Early Help tended to work with parents. .

- ❖ Were faith schools taking up the offers of support? Were there plans to for this work to inform mandatory relationships education in the future?

There had been take up from the catholic schools in the area.

Barnado's had received funding to look at lack of uptake in some Muslim communities and would be working with the University of Sheffield to establish need.

- ❖ Were Barnardo's liaising with any victims?

Yes the service was liaising with some victims.

- ❖ From the evaluation of the service was there anything that would be could have been done differently.

Overall the ReachOut project was very positive with good feedback from Children and Young People's Services and other agencies. There were currently no elements highlighted as that would have been better done differently. The project had evolved and elements of learning were incorporated as the project progressed. Earlier outreach work had learnt what worked better and how best value for money was achieved.

The three strand model had been very effective and built the foundations for further awareness and targeted education. This gave confidence in people for coming forward for support. This was a model which could be transferrable to other contexts.

- ❖ Did the service feel it had done enough awareness raising and training to make this sustainable?

The project had managed to reach people and embed the thinking

and approach. This was going to continue and it was valuable and raised awareness to children and staff allowing them to talk on an ongoing basis about issues and concerns.

- ❖ Figures quoted suggested 50% of primary schools had received input with the addition of a further twenty schools. What were the numbers previously?

About 30% of all primary schools had received input, but from October with offers promoted regularly in the bulletin to schools this had increased. More schools were added each time it was highlighted. There had been lots of activity with some recent discussions about how support could be varied and analysed. It was hoped that to building momentum and importance through liaison with academy chains.

Following the meeting of Improving Lives last year every school had been telephoned and emails sent. There had been attendance at the Safeguarding Forum at the Rockingham Centre and a feature placed in the bulletin for schools and since October staff had been trained in 26 schools.

- ❖ Barnardo's were committed to continue working to raise awareness of child sexual exploitation, but as the focus shifted towards "county lines" was the service confident that child sexual exploration prevention initiatives were sustainable.

With additional funding this support was seen as extra rather than a dilution. .

There was wider remit as often young people presented with risks, but this may be child sexual exploitation, may be gang related exploitation or drugs. With a wider remit and clearer assessment indicators this would ensure links with the Police and Youth Offending. There were other branches of Barnardo's in other parts of the country like Bradford and Manchester and discussions were taking place with them and agencies who were dealing with "county lines".

The Chair thanked officers for their attendance and the information they had shared, welcomed the positive report and suggested work take place on how best schools, that had not engaged in the project, could be encouraged to do so.

**Resolved:-** (1) That the Barnardo's ReachOut Service update and the independent evaluation report be noted.

(2) That a further update be presented in twelve months' time to report on progress, particularly regarding the widened remit of the service.

(3) That a further piece of work with schools be initiated for those that had not engaged, the reasons why and how the engagement could be improved upon further.

**59. PROGRESS TOWARDS IMPLEMENTATION OF PHASE TWO AND PHASE THREE OF THE EARLY HELP STRATEGY 2016-2019**

Consideration was given to the briefing report and presentation on the implementation of Phase 2 and 3 of the Early Help Review and an update provided in respect of the progress in establishing Service Level Agreements (SLA's) with schools for youth service provision and related transfer of assets.

With the aid of powerpoint David McWilliams and Eileen Chambers gave a presentation on the Early Help Offer, which highlighted:-

- Rotherham's Early Help Offer.
- Three Phases.
- Phase Two and Three Objectives.
- What was working well.
- Youth Centre Updates.
- What we were worried about.
- Children Centres.
- What was working well.
- What worried about – Broom Valley.
- Day Care.
- Next steps.
- Youth Centres and Team Bases.

A discussion and a question and answer session ensued and the following issues were raised and clarified:-

- Who were the representatives for the unparished areas of the borough.

Representatives were still to be determined.

- What was the current position with regards to the Maltby Playgroup at The Linx.

Confirmation has been distributed and their position was secure in the longer term.

- The target for savings of £205k had been achieved due a combination of freezing vacant posts and non-essential expenditure, but what proportion of the saving was due to vacant posts.

Some posts had been taken out of the structure altogether. To offset the budget pressures across the wider directorate post were



kept vacant during the selection process to offset the budget. To achieve the savings of £380,000 a longer freeze would be required from 1<sup>st</sup> April, 2019 to help with wider pressures and the move towards a more equitable position.

What work was taking place with the Children and Young People's Consortium and wider voluntary sector to maximise funding bids to offset financial pressures?

This action was already taking place. The Council was working with VAR, the Children's Consortium, Parish Councils and a number of independent organisations to bid more collectively and collaboratively. The Council was becoming more targeted and consortium bids had been submitted around holiday hunger. . It was challenging and people were working closely and more collaboratively in search of the larger pots of money on a more sustainable basis.

- Was it likely that some of the children centre provision would continue following the de-registration of some children's centres and was there a spread of where this was still happening.

In many cases there was no change to delivery, but the change was from where it was delivered from.

For example – the children centre offer was delivered from Tesco's Tuesday and Thursday morning and this was very popular. This could be observed by Members if there was a wish for this to be arranged.

In addition, Greasbrough Library offered support to around 20/30 parents and again delivered outside the children's centre.

- Could the personal support and help offered in Children's Centres be provided in more diverse settings?

Part of the restructure was to keep roles for outreach and engagement. There were people that worked with the 0-5, but in the new structure there was to be a 0-19 engagement post. The service had been on this journey for some time, but were confident the shift for working from different places and locations would be positive. Particular posts had been retained, but this would be subject to close monitoring.

- If there was no interest from a private provider and there was a sufficiency need for provision, the Local Authority would look to continuing the childcare delivery for a period of three years. Was this likely?

There would be no change to the way day care was run as the building was still available at Broom and the care would be provided

whilst there was the demand.

- Remedial work was required even with deregistration. Who, therefore, was picking up the costs of remedial work at Wath Victoria.

Very minor works were required for completion.

- With regards to the corporate property assets how was this working out given the impact of having to save £118,000.

The saving had already been made. Assets had been handed over and the budget reduced by that amount. Responsibility was now with the Corporate Property Unit. This was a real saving to the service and a smaller cost to the Corporate Centre.

The Council's position was now for Asset Management to decide on the use of those buildings for. Some of the buildings may be sold or the sites used for alternative purposes.

The only one in terms of all those buildings agreed that was not going according to plan was the one at Broom. The school had changed their mind about this provision. The transfer of the Broom Valley building would be delayed until the end of the summer term so as not to disrupt the Foundation 1 children currently using the building.

- When would costs be finalised.

There was a need for capacity in the Legal Services which was being addressed. . There was no impact on service users.

The Chair thanked officers for their presentation and suggested the Improving Lives Select Commission continue to have a watching brief.

Resolved:- (1) That officers be thanked for their presentation.

(2) That the report and the presentation be received and the contents noted.

(3) That a further report be submitted to the Improving Lives Select Commission once all the details had been finalised.

## **60. PRESENTATION - OFSTED ANNUAL CONVERSATION UPDATE**

Consideration was given to a presentation on the Ofsted Annual Conversation Officer by Jon Stonehouse, Strategic Director.

This was a key part of the Inspection of Local Authority Children's Services framework and assisted Local Authorities to critically evaluate

their own performance

The presentation covered:-

- Annual Conversation – 20<sup>th</sup> November, 2018
- Discussions:-
  - ❖ Complexity of the local area.
  - ❖ LAC review.
  - ❖ Partnership working.
  - ❖ Permanence planning.
  - ❖ SEND sufficiency.
  - ❖ Initial Health Assessments and thresholds.
- Next steps and possibility of a focused visit.

A discussion and a question and answer session ensued and the following issues were raised and clarified:-

- Given the concerns around “county lines” and exclusions and vulnerable children and young people, were there concerns about home education and if this was being used as an alternative to exclusion.

The Council had a priority for making its education system as inclusive as possible and wanted to make sure that there was a range of provision for as many young people as possible. This was a national issue and should not be looked at in isolation in order that resources were used as effectively as possible to accommodate the majority of children and young people.

- Had there been a discussion with Ofsted about a focused visit and was the service ready for this to be undertaken? ?

The peer review would help with preparations and the service would be as ready as it would be for any Ofsted challenge with strong performance management arrangements in place which mean the service was already reasonably well prepared. However, the service would not become complacent and always ready for a challenge.

It was reassuring that nothing discussed was of a surprise. Partnership Board and Performance Board met on a monthly basis examining and challenging where it was required.

The Chair spoke for the Vice-Chair who was unable to attend today's meeting and confirmed the Performance Sub-Group of this Commission was working well with a good level of challenge and explanation.

Resolved:- (1) That officers be thanked for their informative presentation.

(2) That for any future inspections information be circulated to this Improving Lives Selection Commission.

**61. PRESENTATION - LOOKED AFTER CHILDREN SUFFICIENCY STRATEGY - UPDATE**

Consideration was given to a presentation on the Looked After Children Sufficient Strategy which sought to deliver and improve outcomes for children who were looked after. This would ensure the right placements and also delivery significant savings to the Local Authority,

The needs analysis supported the market management work going forward. Another project led by the Head of Service about demand, the Right Care Right Child Strategy was linked and informed by Looked After Children Sufficiency Strategy.

The presentation highlighted:-

- LAC Sufficiency Strategy - Purpose.
- LAC Profile.
- Pattern of Admissions to Care.
- The National and Regional Picture.
- Placement Profile.
- Placement Spend and Unit Costs.
- In-House Foster Care.
- Independent Fostering Agencies.
- Residential Provision.
- Right Child, Right Care Approach.
- LAC Sufficiency Strategy Principles.
- Next Steps.

A discussion and a question and answer session ensued and the following issues were raised and clarified:-

- How many mother and baby placements were there.

There were three in-house mother and baby foster placements. It was hoped that this could be developed as part of the service, but it was a matter of finding the right carers, with the right skills and commitment.

- What was the average timeframe for becoming a foster carer.

This was an area that was being looked into as part of the foster carer recruitment process. There was a need to encourage people, share the message, support and look in detail about the process to reduce the current timescales from expressions of interest to being presented to the Fostering Panel. Currently the average timeframe was eight/nine months.

- Some disabled children received respite care, but remained living at home. Were those children classed as being looked after? Where there any disabled children in specialist residential provision outside of Rotherham?

Determination of whether a child was looked after or not, depended on the percentage time they were in placement. Ten per cent of the Looked After Children population were disabled and the majority of these were placed in residential rather than foster care provision. A high proportion of these placements were out of authority. However, work was taking place to develop local provision which was hoped to open shortly.

The Chair thanked officers for their attendance and welcomed the good work taking place and suggested a sub-group of this Commission look into the options as they emerge from the Looked After Children Sufficiency Strategy.

Resolved:- (1) That officers be thanked for their informative presentation and the contents noted.

(2) That nominations be sought for a Sub-Group from the Improving Lives Select Commission in due course looking in detail as options emerged from this Strategy.

## **62. IMPROVEMENT PARTNER PEER REVIEW OF THE LOOKED AFTER CHILDREN SERVICE (NOVEMBER 2018)**

Consideration was given to the report which detailed the findings of the Council's Improvement Partner, Lincolnshire Children's Services, Peer Review of the Looked After Children (LAC) Service in November, 2018. This was almost two years after the previous Peer Review in December, 2016 and twelve months after the Ofsted Inspection in November, 2017.

The rationale for this further Review was to gauge the ongoing improvements within the service given that the LAC Service was the only part of Children and Young People's Services to be graded as "Requires Improvement" by Ofsted. Whilst the Inspection identified that, "The local authority has improved the services it provides for children looked after since the last inspection" it also concluded that many of the changes were too new and insufficiently embedded for any other conclusion to be reached.

The remit of the Review was to undertake an assessment was determined and a number of Focus Groups were arranged to meet with the Peer Review Team (PRT) and looked particularly at:-

- Scope.
- Evidence.

- What was working well.
- What we were still worried about.
- What we were doing about it.

A discussion and answer session ensued and the following questions were raised and clarified:-

- Good practice recommended pre-birth assessments should start at 28 weeks and finish at 36 weeks. Was Rotherham on track to comply with this?

This was not been on target. Capacity was being addressed and the backlog being worked through. The service were now confident it could now meet those timescales.

- What was the level of confidence that that the decision to move to care proceedings was the right one?

In 94% of the cases the Local Authority was successful in getting the care order it requested, but the 6% were where the court may not have felt confident about making a decision and often defer for further work. 94% was strong performance.

- Were there any barriers to developing foster carers in Muslim communities?.

There was a need to actively engage to become a community strength based model and for members of the Muslim community to understand the requirements for foster carers.

Attempts were being made to engage with the local Mosque Community Forum and to recognise some of the needs of young people . This was an exciting prospect and could change the experiences of looked after children.

- Were there any worries about Regulation 24?

Regulation 24 was kinship care provided on an emergency basis whilst viability assessments were undertaken. These placements lasted up to sixteen weeks with an expectation that kinship carers would become foster carers with a named individual in their care. An extension could be requested.

Most of the Regulation 24 placements progressed to permanence in the form of Special Guardianship Orders. There is a specialist worker in place to provide guidance to the relevant teams on the status of kinship placements

- Was there a timeframe for the achievements of developments identified in the review to be undertaken?

There were many innovations and developments in the service. Mockingbird had commenced and the service were aiming for a fifth hub by end of year.

The latest innovation had successfully gained a place of the second wave of lifelong links for long term looked after young people. Lifelong links identified young people aged 13-16 where there was little prospect of returning home or adoption in care long term. This would facilitate a family group conference co-ordinator "eco mapping" the life of the young person. All those people involved in their life would be invited to contribute and have some commitment to continued involvement. The first strategic meeting would take place on Friday, 8<sup>th</sup> March where the first cohort of twelve would be identified.

- Was there an action plan timeframe that could be measured?

Each case would have an action plan and tracker where any slippage would be monitored. The Right Child, Right Care 1 was complete and Right Child, Right Care 2 was being driven forward. All projects were tracked and project managed, with performance meetings arranged to monitor and overcome barriers and blockages.

- Was there a separate action plan in the peer review report.

Some detail could be provided on the actions as not all were projects and some were one-off processes.

- Was this being monitored through Corporate Parenting Panel.

Some of the performance was monitored through the Corporate Parenting Panel and some through the Performance Board.

- There was a 12 week window from the start of a PLO (Public Law Outline) meeting, to a children being taken into care.. Were there any external factors which were having an impact on timescales and outcomes?

The time was set by the Local Authority to a final decision in 26 weeks. Court timetabling across South Yorkshire and its capacity impacted on timescales and the ability to discharge care orders. An issues resolution hearing had been negotiated and this dealt with some of the discharge hearings dealt rather than a full hearing as long as CAFASS were satisfied.

- The service endeavoured to do work within 12 week window were it was safe and proportionate and safe to do so. Sometimes it was done in less time and in complex cases it took longer.

Perhaps it would be helpful to the Select Commission to understand the legal aspects around children's social care in the form of a presentation at a later date. This would provide greater understanding of the process and challenges, areas of good performance and areas that needed to improve.

Resolved:- (1) That officers be thanked for their informative presentation.

(2) That the report and presentation be received and the contents noted.

(3) That arrangements be made in the future for a presentation on the legal aspects of children's social care.

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

Resolved:- That the next meeting of the Improving Lives Select Commission take place on Tuesday, 16<sup>th</sup> April, 2019 at 5.30 p.m.



## **Summary Sheet**

Improving Lives Select Commission – 16 April, 2019

### **Report Title**

Special Educational Needs and Disability (SEND), Sufficiency and increase in educational provision - Phase 2

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

Yes

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

Jon Stonehouse, Director, Children and Young People's Services

### **Report Author(s)**

Mary Jarrett, Head of Inclusion - Performance, Commissioning and Inclusion.  
Dean Fenton, Head of Service - School Planning, Admissions and Appeals, Education.

### **Ward(s) Affected**

All

## **Summary**

This report has been submitted to Improving Lives Select Commission for pre-decision scrutiny and will be considered by Cabinet at its meeting of 20 May, 2019 or later.

This report contains the proposed second phase of the Council's plans to increase and develop special education needs provision in Rotherham and outlines the available capital budget allocated by central government to enable these developments to be implemented.

The report recommends that the Council consults with providers in relation to new provision to meet the needs identified within the sufficiency strategy and allocation of the capital funds to develop this provision.

## **Recommendations**

1. That Improving Lives notes the report and recommendations to Cabinet (detailed below).
2. That Cabinet has regard to the views of Improving Lives Select Committee when making decisions in respect of the matters outlined.

## **Recommendations for Cabinet**

- To approve publication of the refreshed Special Education Needs Strategy (2019) as part of the Borough's Local Offer for Children with SEND.
- To approve a period of consultation with schools and settings in relation to the additional capacity required in borough and seek proposals to increase educational provision for Special Education Needs and Disability (SEND) across the Borough.
- To receive a further report following consultation with schools and settings, seeking approval of the proposals recommended for implementation and associated allocation of capital investment to support delivery.
- **List of Appendices Included**  
Appendix 1 – SEND Sufficiency Strategy 2019 refresh.  
Appendix 2 – Implementation table for Phase 1 (2017-2020)  
Appendix 3 – Equalities Impact Assessment

## **Background Papers**

Yes

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

No

## **Council Approval Required**

No

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

No

## **Special Educational Needs and Disability (SEND), Sufficiency and increase in educational provision – Phase 2**

### **1. Recommendations**

- 1.1 To approve publication of the refreshed Special Education Needs Strategy (2019) as part of the Borough's Local Offer for Children with SEND.
- 1.2 To approve a period of consultation with schools and settings in relation to the additional capacity required in borough and seek proposals to increase educational provision for Special Education Needs and Disability (SEND) across the Borough.
- 1.3 To receive a further report following consultation with schools and settings, seeking approval of the proposals recommended for implementation and associated allocation of capital investment to support delivery.

### **2. Background**

- 2.1 Phase 1 of Rotherham SEND sufficiency planning began in 2017. A report was approved by Cabinet on 16<sup>th</sup> October 2017 to commence a period of consultation in relation to proposals to increase SEND capacity of provision across the Borough by 125 places by 2021. On 19<sup>th</sup> February 2018 following consultation, Cabinet approved proposals to complete the first phase of SEND Sufficiency in Rotherham which will create 125 additional permanent Special Educational Needs places for children with SEN between 2018 and 2021, this completed the first phase of Rotherham's SEND Sufficiency Strategy. Appendix 2, to this report shows progress made to date in relation to the delivery of the SEND sufficiency phase 1 projects approved by Cabinet and linked to the approved capital spend between 2018 and 2021.
- 2.2 Following the commencement of the capital projects in the 3 year programme of the first phase of the Rotherham SEND Sufficiency Strategy the sufficiency data was refreshed in October 2019. Like other Local Authorities in England the data demonstrated that Rotherham continues to see a rise in the numbers of children and young people with SEND and has projected growth is likely to continue.
- 2.3 In December 2018 in recognition of the national rise in numbers of children with SEND, Central Government announced that it had made available additional funds for capital investment for school places for children and young people with SEND. In Rotherham this funding amounts to an additional £338k allocated from the Department for Education (DfE) – Special Provision Capital Fund.
- 2.4 The implications of not having enough SEND provision in the Local Authority area are that there are an increasing number of Rotherham children with Special Educational Needs and Disabilities who travel outside the borough to meet their needs. This means some of the most vulnerable children have to travel the furthest distance to school. The number of pupils currently placed outside the Local Authority is approximately 189 (this figure does include 54

Looked After Children with SEN who are placed outside of the Rotherham area and therefore cannot attend local schools). The population data suggests that this will continue to grow unless there is ongoing investment to develop new provision in Rotherham.

- 2.5 The Dedicated Schools Grant (High Needs Budget) is significantly overspent and the Council are currently developing a recovery plan to address this. Indications are that there will continue to be significant increases in out of authority placements should 'in authority' capacity not be increased, leading to further demand on high needs funding allocation as 'out of authority' placements are significantly more expensive than 'in authority' placements.
- 2.6 The SEND Sufficiency Strategy 2017-19 (Phase 1) has resulted in the development of an additional 125 new places within Special Schools and Inclusion Units. These developments will be finalised by September 2020 and whilst some places have been accessed during 2018 the majority will be accessed during the academic year 2019-2020 (see Appendix 2) and should begin to reduce the numbers of children and young people utilising out of authority placements.
- 2.7 The SEND Sufficiency Strategy 2019 Phase 2 (Appendix 1) outlines the population data and projected growth over the next 10 years. The data demonstrates a significant increase in the number of children and young people with autism, moderate learning difficulties and social, emotional and mental health difficulties who will require additional support. This cohort of young people will benefit from resources which include access to a mainstream curriculum.
- 2.8 Therefore the SEND Sufficiency Strategy 2019 Phase 2 (Appendix 1) specifically proposes developing the use of SEN Inclusion Units within mainstream school settings to ensure that vulnerable pupils can access a mainstream curriculum but also receive high quality support, care and preparation for adulthood alongside this curriculum. The strategy proposes an additional 50 places with 2 units of 15 places each for children and young people of secondary age and 2 units of 10 places each for children and young people of primary age. The development of Inclusion Units within mainstream schools should enable the development of inclusion specialisms which can be utilised more widely by children and young people within these settings whose needs do not require a specialist place but who may benefit from a differentiated curriculum or other additional support.

### **3. Key Issues**

- 3.1 The increase in SEND provision within the Authority is necessary due to the increased pupil population since 2010 as outlined in the needs analysis contained within the appended sufficiency strategy. (Appendix 1)
- 3.2 The creation of additional in borough provision will lead to a longer term saving on high needs funding as in borough placements cost on average £30k per annum less than out of authority placements.

- 3.3 The sufficiency plan will be refreshed annually to take account of the changing picture of demand. This will be reviewed and monitored annually to assist forward planning in relation to the phase 3 identification of additional provision needed from 2025 onwards.

#### 4. Options considered and recommended proposal

- 4.1 **Option 1** – retain SEND sufficiency at the current level. This will mean that pupil numbers with SEND continue to rise without a linked rise in ‘in borough’ provision, increasing the number of out of authority placements and increasing further the pressures that exist on the High Needs Block of the Dedicated Schools Grant.
- 4.2 **Option 2 – Recommended** option, to seek Cabinet approval of the Special Education Needs Strategy 2019 for publication. To approve a period of consultation with schools and settings in relation to the additional places required and seek proposals to increase educational provision for Special Education Needs and Disability (SEND) across the Borough linked to the allocation of available capital funding from central government. Following identification of the preferred projects, to seek approval to deliver the projects and allocate capital investment where necessary to support delivery.

#### 5. Consultation

- 5.1 As a requirement to draw down the initial £500k allocation from the Department for Education (DfE) – Special Provision Capital Fund. Local Authorities were required to plan how to invest their allocation and other funding to achieve the best outcomes for children and young people with SEN and disabilities.

##### ***DfE - Special provision capital fund Guidance (extract):***

*Local authorities will need to:*

- ***Consult with parents and carers.*** *Effective engagement with parents and carers is crucial in building and implementing a strategy that develops support for changes. This helps local authorities ensure that services will meet the needs of children and families.*
- ***Consult with schools, FE colleges and other institutions which offer special educational provision.*** *Local authorities should work with providers to identify how capital investment can best improve the quality of provision available for children and young people with EHC plans.*
- ***Consider how to invest revenue and capital funding strategically*** *to maximise the benefit of both in the context of the current infrastructure and programmes. This might include looking at how to expand participation in an existing learning programme by making capital adjustments so that children and young people with SEN and disabilities can also attend.*
- ***Collaborate with other local authorities*** *to form partnerships to work effectively across borders.*

*Before receiving the SEND funding allocation, local authorities need to:*

- *Consult with parents and carers of children with SEN and disabilities and young people with SEN and disabilities.*
- *Work with education providers to agree how the capital can best be targeted.*
- *Fill in the short plan template, confirming that the requirement to consult with parents, carers and young people has been met, and including information about the other groups that they have consulted.*
- *Publish a plan on their local offer page showing how they plan to invest their funding, before the deadline specified below.*
- *Note:*
  - *Where local authorities work collaboratively on projects, these must be listed on each local authorities' plan with an explanation of which other local authorities they have collaborated with and how.*
  - *Where a project will both create additional places and improve facilities for current and future pupils, local authorities should show on the plan how much funding will be spent on each of the two objectives. This may involve estimating how much of the project's investment would go towards each of these two aims.*

*Local authorities do **not** need to send the completed form to the Department for Education.*

*Local authorities **should not** include costings where this would have a negative commercial impact. Where not all costings are included in the first publication of the plan, local authorities should re-publish the plan as soon as it is no longer commercially sensitive to publish this information.*

- 5.2 The Local Authority consulted with interested parties in line with the guidance from the Department as above with the outcomes informing Phase 1 proposals approved by Cabinet. Good practice dictates that SEND sufficiency should be kept under review as pupil numbers and needs can change over a period of time.
- 5.3 This report seeks permission to begin a period of consultation with schools and settings regarding the additional places required in response to the SEND Sufficiency Strategy refresh, and to seek proposals to increase SEND capacity across the Borough linked to the allocation of available capital funding from central government.

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

### **6.1**

May 2019	Seek Cabinet approval to publish the SEND sufficiency strategy update and consult with schools and settings in relation to proposals to create additional capacity.
September 2019	Seek Cabinet approval of recommended proposals to create additional SEND capacity and the allocation of capital funding to deliver approved projects.

October 2019 to September 2020	Delivery of capital projects approved by Cabinet to create additional capacity.
--------------------------------	---

- 6.2 Individual capital projects will be project managed by the Council's Asset Management Service with accountability for delivery to the Strategic Director of Regeneration and Environment.
- 6.3 Project implementation work with respective schools and Academy Trusts to implement the proposals will be led by officers in education and overseen by the Strategic Director of Children and Young People's Services.

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

- 7.1 The SEND capital programme has funding of £2.302m with the first phase of funding fully allocated, leaving specific capital funding of £0.848m available to meet new service priorities. In addition the CYPS programme also has uncommitted schools capital funding (Basic Need) which could also be allocated to support these priorities. If current capital funding was not sufficient to meet the costs of capital scheme proposals (50 additional places) a business case could be submitted to outline the benefits of the scheme and requesting additional prudential borrowing.
- 7.2 The projected annual cost savings on the High Needs budget made possible from this programme of spend is estimated to be in the region of £1.5m (based on a cost saving of £30k per place per annum). These savings will offset spend allocated to the Dedicated Schools Grant (DSG) High Needs budget and will not fall on the Council's revenue budget. The savings will be achieved in two ways. Firstly, through reducing the need for high numbers of newly assessed children and young people to be educated outside Rotherham, and being able to offer high quality provision in borough. Secondly, for those children and young people currently placed in provision outside Rotherham, investigation with families about whether a child's needs can be better met in a Rotherham provision at annual review of the Education Health and Care plan. This will significantly reduce the escalating costs to the Dedicated Schools Grant High Needs budget.
- 7.6 The proposals would also have a positive impact on the Councils Home to School Transport budget, due to a reduction in out of authority placements and the additional transport costs incurred.

## **8. Legal Implications**

- 8.1 Should any of the proposals brought forward to create additional SEND capacity meet the requirement threshold to complete a full prescribed alteration under, the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013 (guidance dated April 2016), then separate proposals would be brought forward for Cabinet determination as part of the delivery programme.
- 8.2 Section 14 Education Act 1996 requires a local authority to have regard to securing SEN provision is made for pupils with SEN Needs. Following enactment of The Children and Families Act 2014, the local authority retains

responsibility for commissioning services for vulnerable children and young people with SEN and to keep such provision for children and young people with SEN and disabilities under review including its sufficiency (s.315 Education Act 1996), and to promote wellbeing and improve quality, working in concert with parents, young people, and providers. The Act is clear that, when considering any re-organisation of provision, decision makers must be clear how they are satisfied that the proposed alternative arrangements will lead to improvements in the standard, quality and/or range of educational provision for children with SEN.

## **9. Human Resources Implications**

- 9.1 The proposals will create teaching and learning and support staff employment opportunities and recruitment to these posts will be required following Rotherham Metropolitan Borough Council recruitment procedures for Local Authority maintained provision and Academy Trust recruitment procedures where proposals are linked to Academy status schools.

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

- 10.1 The additional SEND places created within the borough will give more children and young people the opportunity to access high quality provision closer to home to meet their educational needs.

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

- 11.1 Section 149 of the Equality Act 2010 requires that public bodies, in exercising their functions, have due regard to the need to:
- i. eliminate discrimination, harassment, victimisation and other unlawful conduct under the Act,
  - ii. advance equality of opportunity and
  - iii. foster good relations between persons who share a protected characteristic and persons who do not share it.
- 11.2 An Equalities Impact Assessment (EIA) (Appendix 3) was completed following Cabinet approval of the Send sufficiency phase 1 proposals. This was refreshed in January 2019 and will be refreshed again during the consultation with schools and settings and seeking of proposals to create additional capacity period and details of the revised EIA will be included within the follow-up Cabinet report scheduled for September 2019 seeking approval of projects and allocation of capital to provide the facilities needed.
- 11.3 The Council must ensure it meets its public law duties when making decisions, including meeting its public sector equality duty. It must consider all relevant information, disregard irrelevant information, act in accordance with the statutory requirements and make its decision in a fair and transparent manner.
- 11.4 The additional specialist provision provided in phase 2 would allow more parents and carers to access education for their child in accordance with their



wishes within the local area in future years, in an inclusive and innovative learning environment.

## 12. Implications for Partners and Other Directorates

12.1 There will need to be further involvement and engagement with Planning Department, Asset Management Services, Transport services, SEND Specialist Services, Finance Section and Schools and Academies, who will all be engaged and involved in the development of the new provision. This will be overseen by the Strategic School Organisation Group and SEND Board, reporting to the Strategic Director of Children and Young People's Services, Chief Executive and Elected Members as necessary and appropriate.

## 13. Risks and Mitigation

13.1 There are always risks and uncertainties when school place provision is considered, since future pupil numbers are based on estimations. Over provision at one school could influence pupil numbers at other schools. However, current provision is full or over-subscribed and this trend is set to continue, meaning that more pupils are being placed in provision out of authority increasing the financial burden on the High Needs Block.

## 14. Accountable Officer(s)

Approvals Obtained from:-

	Named Officer	Date
Strategic Director of Finance & Customer Services	Neil Hardwick	29/3/19
Assistant Director of Legal Services	Linton Steele	27/3/19
Head of Procurement (if appropriate)	Lorna Byne	26/3/19
Head of Human Resources (if appropriate)	Amy Leech	26/3/19

Report Author: Mary Jarrett (Head of Service – Inclusion Services)  
Dean Fenton (Head of Service – School Planning, Admissions and Appeals)

This report is published on the Council's website or can be found at:-  
<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

**SEND Sufficiency Strategy Refresh**

**February 2019**

**Draft V3**

Section	Page
1 Introduction	3
2 National and Local Context.....	5
3 A Demographic Profile of Rotherham 2018/19.....	7
4 The Needs of Young People in Rotherham.....	9
5 Implementation Plan Education Offer in Rotherham and Use of Out of Area Placements.....	13
6 Strategic Intentions.....	17
7 Measures of Success.....	17
8 Milestones.....	17
9 Consultation and Advice.....	19

## 1. Introduction and Vision

- 1.1 This SEND Sufficiency refresh is designed to up date and inform the 2017-2021 Strategy at its midway point as Rotherham Metropolitan Borough reviews data and forecasting in relation to need and to inform planning for the allocation of increased government funding.
- 1.2 Phase One of Rotherham's SEND sufficiency strategy focussed on creating additional places within Rotherham Special Schools including 20 additional places at Abbey School, the creation of Rotherham Opportunities College and additional places at the Rowan and Aspire Centres. Phase 2 will focus on developing support for mainstream schools by reviewing Inclusion Services; developing Specialist Resource Units for children and young people with SEND based within mainstream provision and improving preparation for adulthood via a strategic review and development of Rotherham's post-16 offer for children with SEND.
- 1.3 The Vision:  
Rotherham Metropolitan Borough Council's vision is to give every child the best start in life. The vision and priorities for Children in Rotherham with SEND is described within our Voices work:
  - Believe me and believe in me
  - Get me help quicker
  - Plan for my adulthood with me
- 1.4 We want to improve the life chances of children and young people with SEND by offering them wherever possible an opportunity to study in Rotherham within good or outstanding schools with education and support delivered either by specialist resource units based within their local schools or by special education provision delivered by a special school.
- 1.5 Mainstream schools will benefit from a holistic review of Inclusion Services and from receiving specialist targeted support delivered by Primary and Secondary Outreach teams specialising in Social Emotional and Mental Health and supporting children and young people with Autistic Spectrum Conditions.
- 1.6 Finally Rotherham will review its post-16 provision to ensure that it is ambitious for all young people and offers a range of pathways for children and young people with SEND to optimise a range of nationally recognised preparing for adulthood outcomes including increasing independence, employment opportunities and Further and Higher Education provision.
- 1.7 Special Education Needs are defined within the Code of Practice 2015 as:
 

“A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her”.

“A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions”.

#### 1.8 Developing the Analysis for this Strategy

The methods used to develop the needs assessment were through the development of data by Children and Young Peoples (CYPS) Performance team based on the following key lines of enquiry of:

- Rotherham children and young people with an Education Health and Care Plan.
- Key transition points at Early Years Foundation Stages to KS1, KS2, KS3 KS4 to Post 16 identifying projected cohort size by age and primary need.
- Post 16 Population
- SEND Primary need and future requirements by projections against Rotherham 0-25 years Population data. The focus for Primary Needs were;
  - Social Emotional and Mental Health
  - Autism
  - Severe Learning Difficulties
  - Moderate Learning Difficulties
- Current provision and future requirements by projections against Rotherham 0-25 years population data.

1.9 School Census Information from the Spring Returns for Children and Young People who are identified as SEN Support for the following years: 2015,2016,2017,2018.

1.10 Rotherham's 0-25yr population projection figures available from the Office for National Statistics (ONS) 2016 based population projections.

1.11 The forecasts and projections of need/demand are based on an 'as is' approach without any additional support or intervention being introduced.

1.13 Therefore the purpose of this document is to determine the needs identified from a range of local data regarding current SEN education provision and provide an evidence base to develop the authority's response to meet the SEN needs of children and young people of Rotherham.

1.14 The Department for Education Code of Practice Statutory Guidance (2015) states:

*‘A child or young person may have special educational needs when a learning difficulty or disability means that they require support that is different or additional to that which is normally available to pupils of the same age.’*

SEN can be characterised by a range of needs and difficulties. There are four broad areas of need identified:

- Communication and interaction - speech, language, and communication needs and difficulties with interaction with others. This includes Autism Spectrum Disorder.
- Cognition and learning - learning difficulties vary in severity and may make it difficult to learn everything or just certain things.
- Social, emotional and mental health difficulties - this covers a wide range of needs and these may be seen in a child or young person as withdrawn and isolated behaviours, or as challenging and unsafe behaviours.
- Sensory and/physical needs - these include visual and hearing impairment and physical and mobility needs.

## **2. National and Local Context**

2.1 This Needs Analysis is informed by a wide range of current national legislation, the most relevant of which are:

- Education Act 1996 and 2011
- SEND Code Of Practice 2015
- Working Together to Safeguard Children 2015
- Carers and Disabled Children Act 2000;
- Children and Young Persons Act 2008;
- Children and Families Act 2014;
- Care Act 2004;
- Human Rights Act 1998;
- Care Standards Act 2000;
- Children Leaving Care Act 2000;
- Freedom of Information Act 2000;
- Sexual Offences Act 2003;
- Children & Adoption Act 2002 and 2006;
- Equality Act 2010;

2.2 Rotherham Borough Council has a statutory duty under The Education Act 1996 Section 14(1) to ensure that it provides sufficient school places for all pupils who are resident within the Borough. It has specific duties to ensure that there is sufficient provision for pupils with SEND, an Education Health and Care (EHC) plan; and where an EHCP has determined that the provision should be met in designated specialist provision.

2.3 As well as mainstream schools and colleges, currently, specialist placements in Rotherham consist of four main types of provision:

1. Enhanced resource provision located on mainstream school sites.  
(These include Speech and Language Units, Primary and Secondary Hearing Impairment Units; Specialist Autism Resource.)
2. Academies and maintained special school provision located in Rotherham (for children and young people best placed in mainstream schools) (Rotherham has 2 Schools for children and young people with SLD;
3. Schools for children with Moderate Learning Difficulties and 1 school for children with physical disabilities with a specialist Autism unit and 2 Pupil Referral Units which are developing their provision for children and young people with complex social, emotional and mental health difficulties.
4. Academies and maintained special school provision located in other local authorities.
5. Special Schools in the independent non-maintained sector.

2.4 The special provision fund allocations first announced by the government on 4th March 2017, supported local authorities (LAs) to make capital investments in provision for pupils with special educational needs and disabilities. Local authorities can invest in new places and improvements to facilities for pupils with education, health and care (EHC) plans in mainstream and special schools, nurseries, colleges and other provision.

2.5 Further to that on 29<sup>th</sup> May 2018, the government announced a further £50 million additional grant funding and on 16<sup>th</sup> December 2018, a further £100 million. It is envisaged that these allocations will support local authorities to create new places and improve facilities at existing schools. This funding is primarily intended to develop provision for pupils with more complex special educational needs (i.e. an EHC plan or a statement of special educational needs) in mainstream and/or special schools

2.6 The most relevant local guidance documents/strategies are:

- The Rotherham Joint Strategic Needs Assessment (JSNA)
- The Rotherham Children & Young Peoples Plan
- The Looked After Children's Strategy 2016-2019
- CYPS Sustainability Plan 2016-2021
- The Early Help Strategy 2016-2019
- The Rotherham Voices Strategy.
- SEND Sufficiency Strategy 2017-2021

### 3. A Demographic Profile of Rotherham 2018/19

#### 3.1 Geography

Rotherham is one of four metropolitan boroughs in South Yorkshire and lies at the centre of the Sheffield City Region. The Borough is divided into 21 wards covering a wide diversity of urban, suburban and rural areas. Rotherham developed as a major industrial centre of coal mining and steel making which have shaped the Borough's character. Following the decline of traditional industries, regeneration has brought new opportunities to the area including service industries and advanced manufacturing. Rotherham is also proud of its environment where 70% is open countryside; there are 3 country parks and numerous urban parks.

- 3.2 The Borough covers 110 square miles and can be divided into three main areas. In the north are the Dearne Valley, Wentworth and Rawmarsh, featuring a number of small industrial communities, rural areas around Wentworth Woodhouse and regenerated industrial area at Manvers. Central Rotherham is a densely populated urban area with a range of commercial, industrial and residential uses, and an ethnically diverse population. The southern half of the Borough has a scattering of former mining communities and suburban villages set in an extensive rural area, which has strong commuting links to the nearby city of Sheffield. Sheffield and Rotherham form a single travel-to-work area with a large joint economy and overlapping housing markets.

#### 3.3 Population and Age Structure

Rotherham has a steadily growing population which reached a record level of 263,400 in 2017. The population is growing as a result of natural increase (more births than deaths), net inward migration and increased life expectancy. Rotherham has 161,400 people of working age (61%) which is slightly lower than the English average.

- 3.4 Rotherham has an ageing population whereby the number of older people is increasing fastest, and their health and social care needs place increasing pressure on care and support services at a time of prolonged financial constraint. There are 51,000 people aged 65+ including 6,000 people aged 85+ whose numbers are projected to increase by a third over the next 10 years.
- 3.5 There are 50,900 children aged 0-15 in Rotherham and 26,100 young people aged 16-24. Whilst the majority get a good start in life, child poverty is highly polarised across the Borough and life chances can vary greatly. In the most deprived areas, 25% of the population are aged 0-15 but in the least deprived, the proportion is only 16%. Rotherham has a lower proportion of young people aged 18-24 than the national average due to people moving elsewhere to study or work. The number of Looked after Children in the Borough has increased from 380 in 2012 to 610 in 2018.

#### 3.6 Gender

Of Rotherham's population of 134,000 (50.9%) are female and 129,400 (49.1%) are male. There are more males than females up to the age of 24 as more boys are born



than girls. Amongst those aged 69 years and over, women outnumber men as a result of longer life expectancy, so that two thirds of people aged 85+ are women.

### 3.7 Race/Ethnicity

According to the 2011 Census, 20,842 people in Rotherham identified themselves as belonging to Black and Minority Ethnic (BME) groups, or 8.1% of the population. This proportion is well below the national average although the number of BME residents doubled between 2001 and 2011. The number in 2016 probably exceeds 26,000 or 10% of the population. The largest BME group is Pakistani and Kashmiri who numbered 7,900 in 2011.

- 3.8 At the time of the 2011 Census, there were 13,147 people born outside the UK and living in Rotherham or 5.1% of the population, compared with 6,473 in 2001. The number has since increased further through migration, especially from Slovakia, Poland and latterly Romania. New migrant communities and growing ethnic diversity have brought challenges to public services in ensuring equality of access to people from different cultural backgrounds. Pupils from Black and Minority Ethnic (BME) groups made up 16.6% of the school population.

### 3.9 Health and Longevity

Life expectancy for males in Rotherham is 1.4 years below the national average and for females the gap is greater at 1.9 years. However, the gap in healthy life expectancy is over 5 years for both males and females. Health inequalities within the Borough are illustrated by the 9.5 year gap in life expectancy for men living in the most deprived areas and the least deprived, and a 7 year gap for women. Particular health and lifestyle concerns in Rotherham are obesity, alcohol and smoking related illness, cancer smoking in pregnancy and low breastfeeding initiation. Older people in Rotherham are far more likely to be disabled and be in poor health than average.

### 3.10 Disability

The 2011 Census showed that 56,588 (21.9%) of Rotherham's population had a long term health problem or disability and 11.3% said their day-to-day activities were limited a lot by long term conditions (8.3% nationally). In November 2016, 30,306 Rotherham residents (11.6%) claimed Disability Living Allowance (16,680), Personal Independence Payment (6,100) or Attendance Allowance (7,516).

### 3.11 Social Deprivation and Economic Inequality

According to the Indices of Deprivation 2015, Rotherham is the 52<sup>nd</sup> most deprived district in England, amongst the 16% most deprived. A key feature of deprivation since 2007 is polarisation with deprivation increasing in the most deprived areas and reducing in the least deprived. The 2015 index showed 20% of people in Rotherham living in areas amongst the 10% most deprived in England compared with only 12% in the 2007 index. The central areas of Rotherham and pockets in other parts of the town are very deprived whilst many suburban and rural areas are quite affluent.

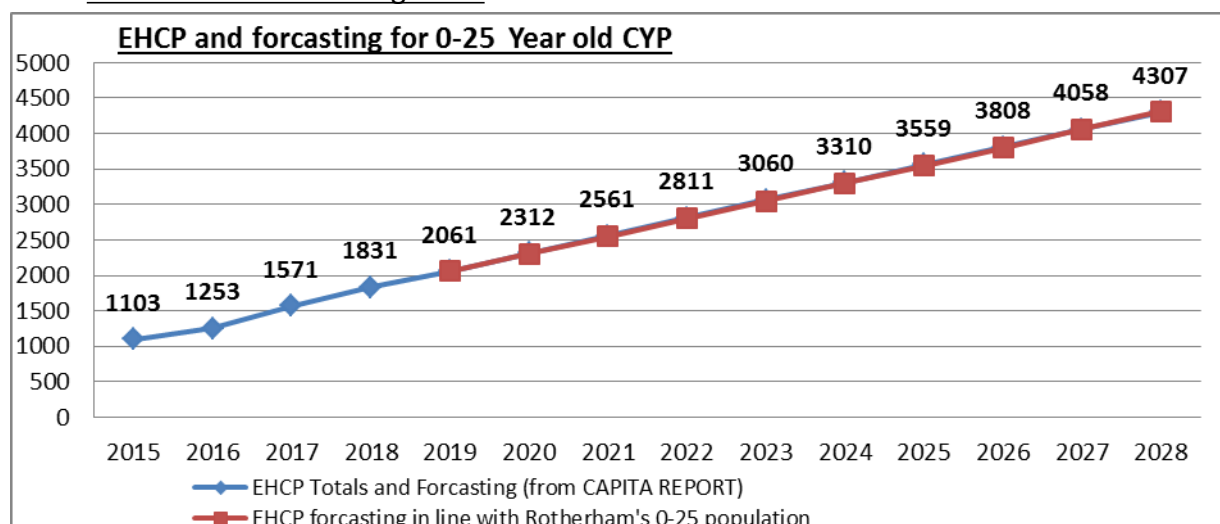
- 3.12 Of the working age population, 121,100 (76.1%) are economically active and 114,400 people (71.9%) are in employment, both below the national average. 6,750 people, or 4.2% of working age residents regard themselves as unemployed of which 2,700 were claiming JSA in November 2017. 8.7% of the working age population have no qualifications, above the national average. In 2017, gross weekly pay for Rotherham residents was £494 (full-time) compared with £502 in Yorkshire and Humber and £556 in England (median earnings). Levels of pay are lower than in the region and nationally, especially for women who earn an average of £283 (full and part time) per week compared with £494 for men. Rotherham women earn only 57% of men's pay compared with 66% nationally.
- 3.13 Rotherham is a borough of contrasts and different parts of the community have been affected by economic change over the long and short term. One in nine people aged 16-64 are workless as a result of either unemployment or long term sickness. The latter affects 10,900 people or 6.9% of the working age population, well above the national average of 4.6%.

#### 4. The Needs of Young People in Rotherham

##### 4.1 Education, Health & Care Plan Data

The methodology for the following forecasts is outlined at para 1.2. The data sets used for the analysis were derived from a Capita report covering Children & Young People who have an Education and Care Health Plan (EHCP) in place at the end of January for the following years: 2015, 2016, 2017, and 2018.

##### 4.2 Chart 1. Forecast EHCP growth

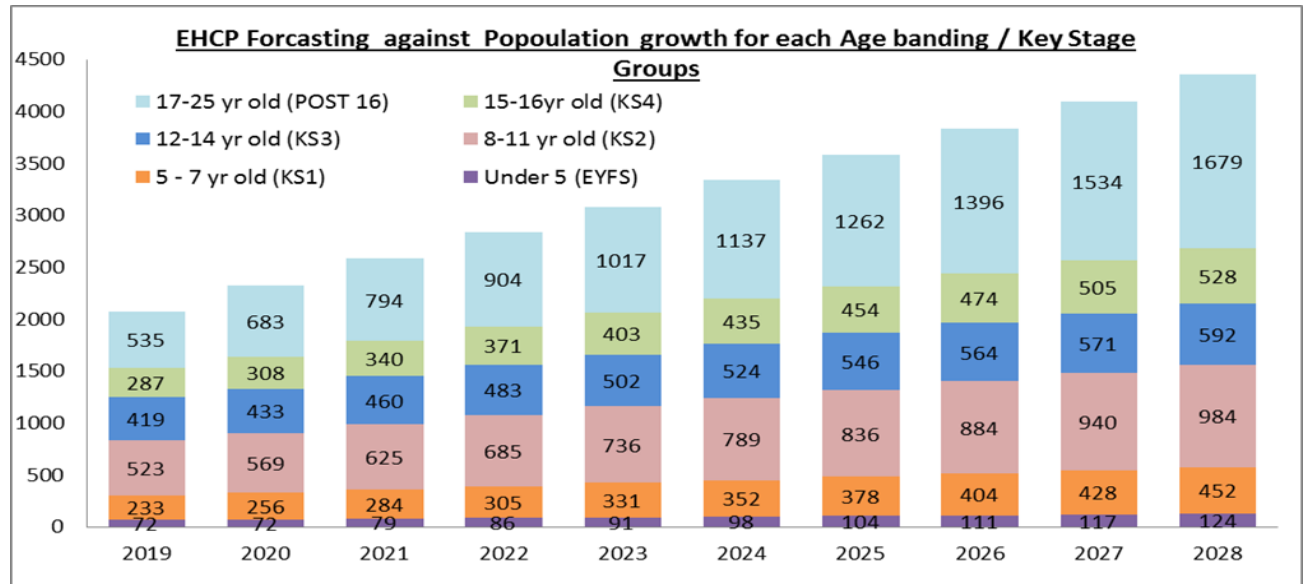


The Number of CYP on EHCP's is currently at 2095 (as at 11/02/19) – forecasting over the next ten year period would see a potential increase of over 700 EHCP's in the next 2 years. Forecast projection for the next 4 to 5 years would see a potential rise of over

1000 additional CYP on EHCP's , while looking long-term to 8-9 years ahead the number of CYP on EHCP's could potentially double in numbers to be over 4000.

Over the 10 year forecast this is an increase of 105%.

#### 4.3 Chart 2. Forecast Population Growth Age/Key Stage Groups



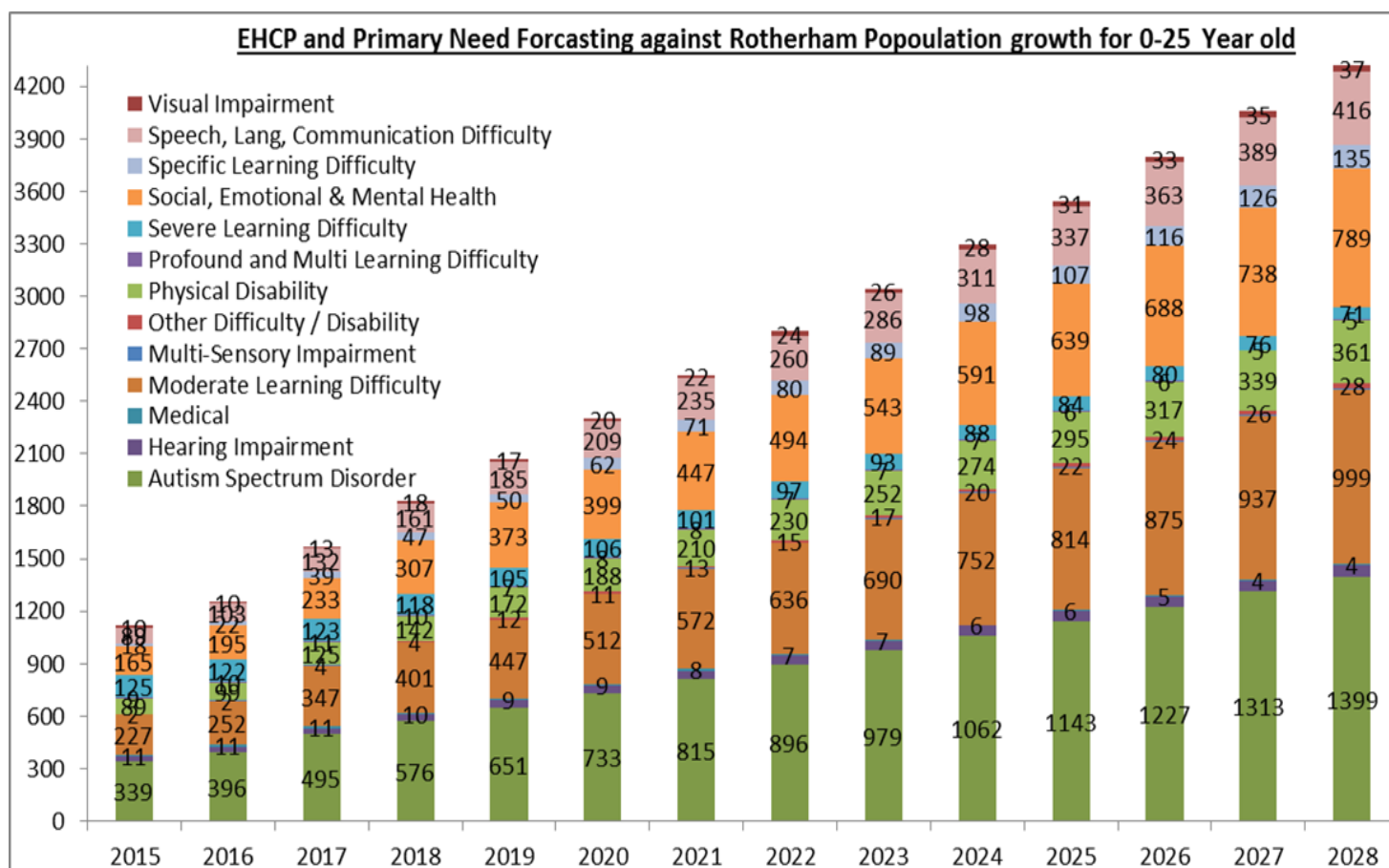
In accordance with Rotherham population projections, future forecasting analysis was completed by 'Age banding splits and transition groups (Key stage groups)'. This indicated that children and young people :-aged 8-11 years old (covering Key Stage 2 phase) and children and young people who are of Post 16+ age are the most affected cohort now and will continue to be the most affected CYP that require support.

Aged 5-7 years (KS1) cohort indicates an increase from 233 to 452 CYP with an EHCP over a 10 year period, seeing an increase in need of 93%

Aged 8-11 years (KS2) cohort indicates an increase from 523 to 984 CYP with an EHCP over a 10 year period, seeing an increase in need of 88%.

Aged 17-25 years (Post 16) cohort indicate an increase from 535 to 1679 CYP with an EHCP over a 10 year period, seeing an increase in need of 213%

#### 4.4 Chart 3. Forecast Primary Need growth



Primary Needs for CYP with EHCP's shows the 2019 cohort three highest primary needs in Rotherham being: -

Autism Spectrum Disorder – 651 CYP-32% of 2019 cohort

Moderate Learning Difficulty -447 CYP -22% of 2019 cohort

Social, Emotional & Mental Health – 373 CYP-18% of 2019 cohort

Analysis on forecasting projections of primary needs shows that within the next 10 years, the number of CYP with a primary need of ASD, MLD, SEMH increase as follow;

- MLD cohort indicates an increase from 447 to 999 CYP with an EHCP over a 10 year period, seeing an increase in primary need of 123%
- ASD cohort indicates an increase from 651 to 1399 CYP with an EHCP over a 10 year period, seeing an increase in primary need of 114%
- SEMH cohort indicates an increase from 373 to 789 CYP with an EHCP over a 10 year period, seeing an increase in primary need of 111%

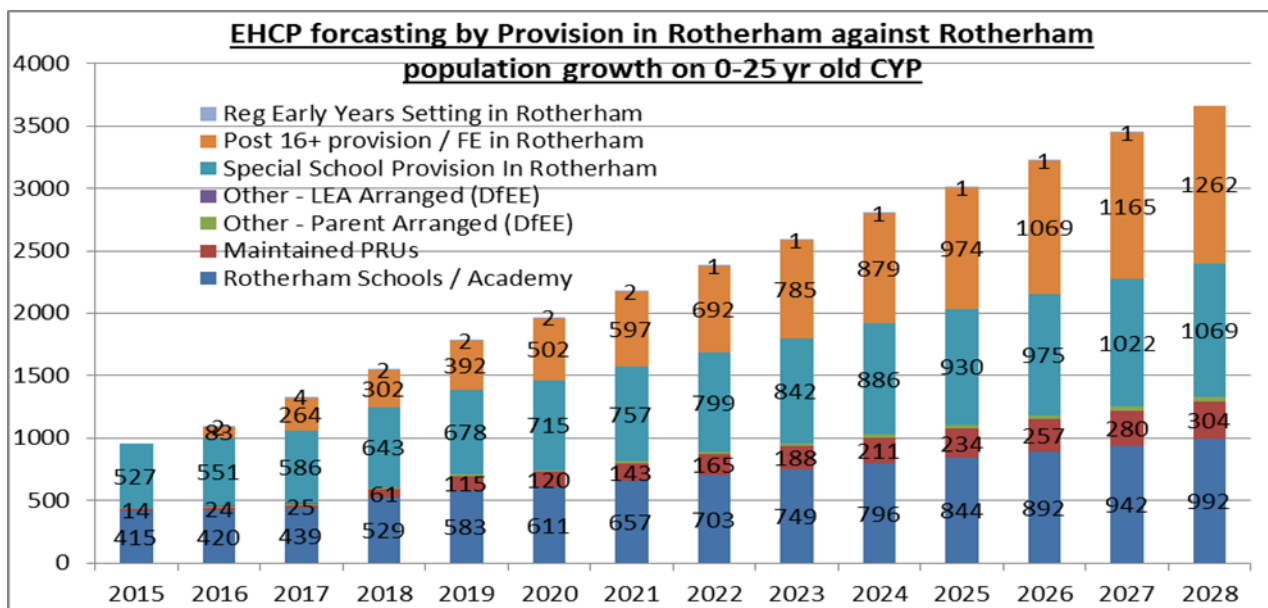
These needs are our largest primary needs now and projected for the future.

Further analysis indicates that for children with MLD the potential increase in need will be most significant at age 8-11years KS2 and Post 16.

For children with ASD the potential increase in need will be most significant at KS1, KS2 and Post 16.

For children with SEMH the potential increase in need will be most significant at KS2 and Post 16.

#### 4.5 Chart 4. Forecast for School/College Provision



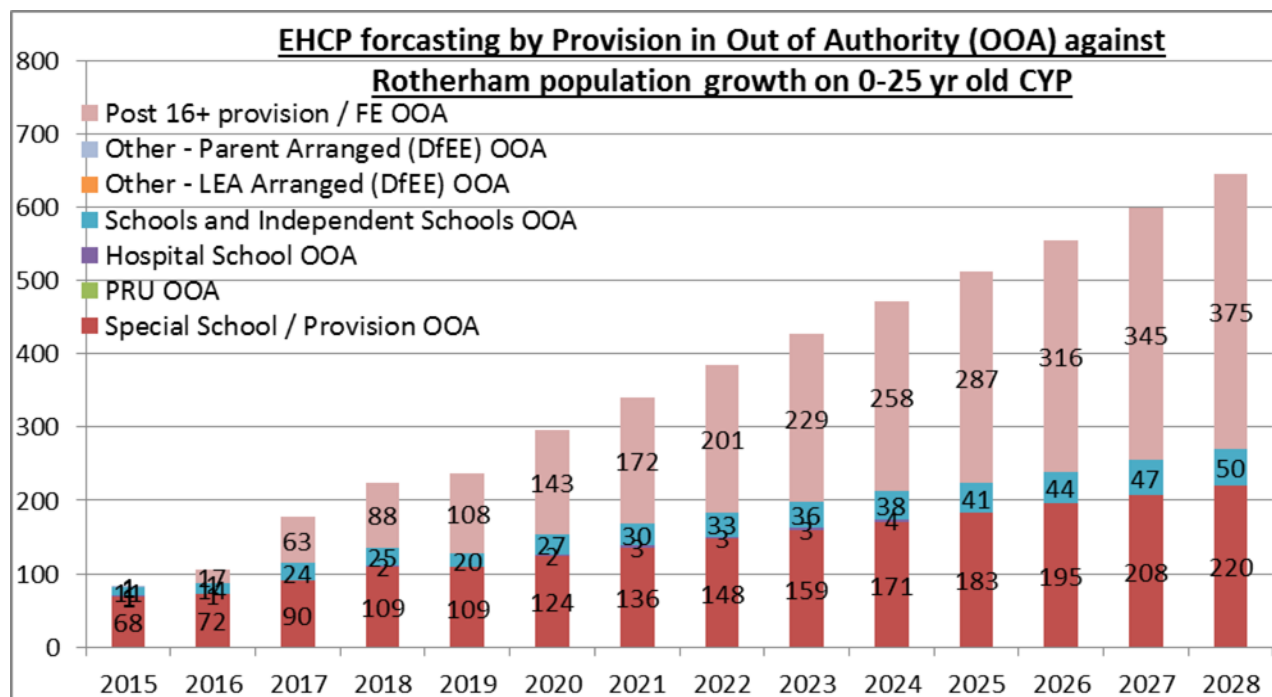
The forecast indicates that 'Rotherham Special Schools' and 'Post 16+ places in Higher / Further Education' are the most affected provisions with a sharper increase in need identified with the highest number of children attending these school types.

Growth in demand for school/FE places for children with EHCPs is projected as follows:

Post 16 Provision - currently 392 to 1262 CYP with an EHCP over a 10 year period, seeing an increase in demand by 870 (221%)

Special School Provision - currently 678 to 1069 CYP with an EHCP over a 10 year period, seeing an increase in demand by 391 (57%)

Rotherham Schools/Academy - currently 583 to 992 CYP with an EHCP over a 10 year period, seeing an increase in demand by 409 (70%)

4.6 Chart 5. Forecast for School/College provision Out Of Authority area

As part of the 'Provision' data analysis, the 'Out Of Authority' (OOA) education of children and young people with an EHCP, where children attend schools not within the Rotherham borough, was also taken in to account.

## 5. Education Offer in Rotherham and Use of Out of Area Placements:

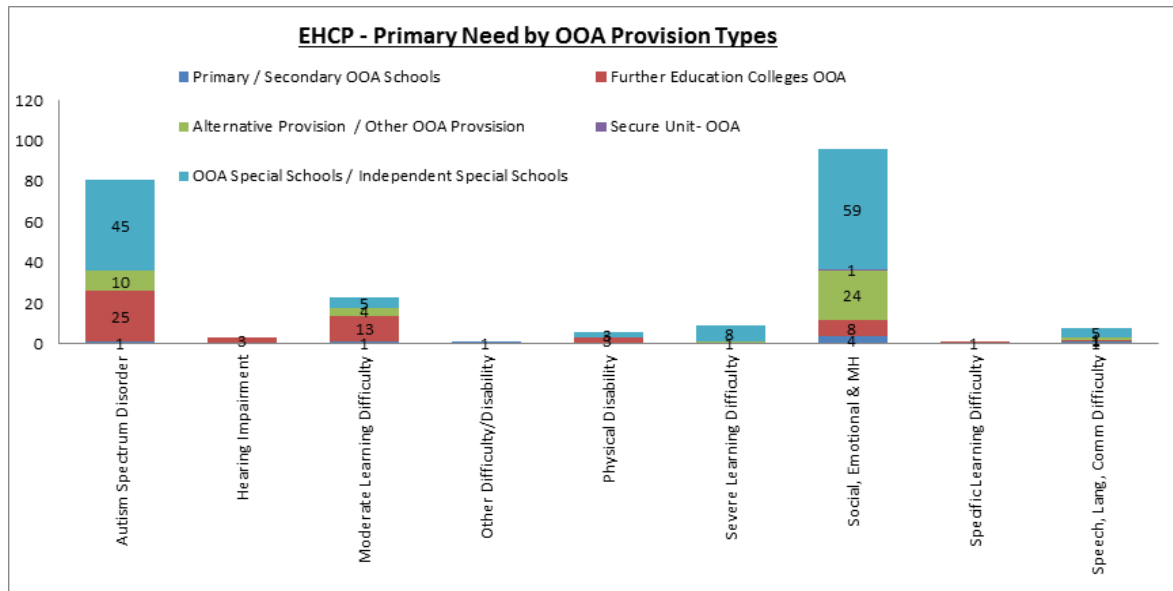
5.1 Rotherham has embarked on a continuing education sufficiency program and increased education provision for both new Secondary and Primary school places as well as SEND places since April 2012, resulting in the addition of 2,222 school places being made available up to 2021.

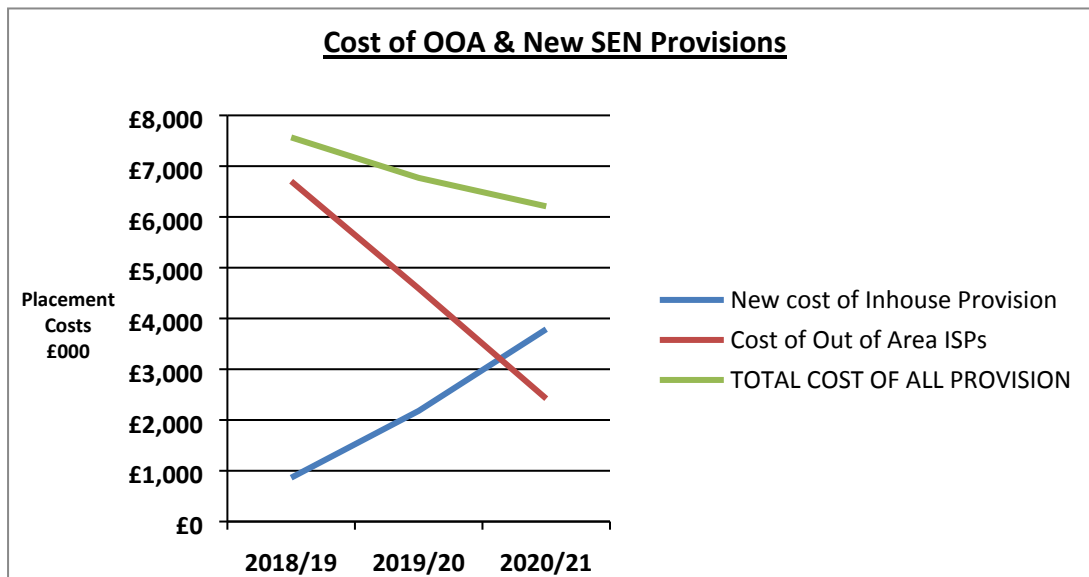
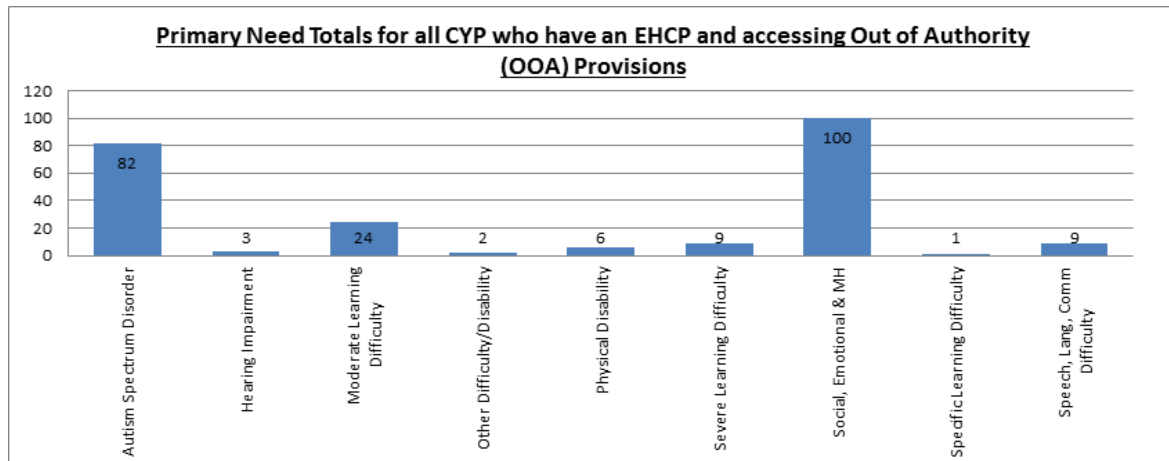
- 155 SEND places (including current projects completed 2018-2021)
- 575 Secondary School places
- 1,492 Primary School places

5.2 The Spring School Census data January 2018, showed that of the 45,028 pupils on role at all schools in Rotherham, 7,513 (16.7%) pupils were identified as having SEND, either an EHCP, Statement or SEN Support.

- 4117 pupils with SEND in a Nursery or Primary setting
- 2,550 pupils with SEND in a Secondary setting

- 5.3 Of the 44,176 pupils in a mainstream school setting, 6,667 (15%) pupils were identified as having SEND.
- 5.4 Of the 852 pupils on role at special schools or Pupil Referral Units in Rotherham, 846 (99.3%) were identified as having SEN.







5.5 The current forecast cost of SEN Placements for the financial year 2018/19 is £7.6m with £6.7m of these costs incurred through commissioned out of area placements with specialist Education providers. Following the increase in capacity of in borough local provision through the SEND Sufficiency strategy, 229 places over the 2 year period from September 2018 to 2020 the forecast cost of out of area provision falls to £2.4m. This is based on the assumption that OOA places reduce from 185 to 100 and that growth of 169 places are accommodated in the new resources. The cost of In house provision increases from £863k to £3.8m over the same period due to the increase in capacity in local provision. The shift in provision from expensive out of area placements to lower cost in house provision would generate cost reductions of £1.4m over the 2 year period which is reflected in a reduced overall placement cost of £6.2m in 2020/21.

5.6 This clearly demonstrates that a reduction in dependence on out of area placements for children with SEMH and Autism will not only create a cost saving for the Local Authority but also enable children to be educated within their communities, with friends and peers.

#### 5.7 Use of Special Provision Capital fund

As part of the vision for children and young people with special educational needs (SEN), local authorities are required to ensure that there are sufficient good school places for all pupils including those with SEN. From 2018-2021 the government has now invested a total of £365 million.

5.8 Authorities are able to utilise the funding in a way that ensures improved special provision for children with Education, Health and Care Plans.. The funding can be invested across mainstream schools, academies, special schools, special units, early years and FE Colleges. It can also be used for other provision for children and young people aged 0-25.

5.9 Local authorities are encouraged to spend the additional funding in ways that enhance facilities and the number of places available to young people with complex needs. The government has given guidance that this can be achieved through:

- *Creating new (additional) places at good or outstanding provision*
- *Improving facilities or developing new facilities*

*This can be through:*

- *Expansion(s) to existing provision, including at the same site or at a different site.*
- *Reconfiguring provision to make available space for additional places or facilities.*

- *Re-purposing areas so that they meet the needs of pupils with special educational needs and disabilities.*
- *Other capital transactions that result in new (additional) places or improvements to facilities.*
- *Investing in provision that is located in another local authority where this supports providing good outcomes for children in their area.*

## 6. Strategic Intentions:

- For Academies and Local maintained schools to receive high quality support to enable them to become as inclusive and resilient as possible; so that children receive a high quality education which differentiates learning and teaching to support the diverse needs of individual children and young people.
- To ensure that there is a high quality programme of workforce development to train education, health and care staff to meet the needs of Rotherham's children, young people and their families.
- To ensure that Rotherham schools can deliver a high quality graduated response from health, social care and teaching staff to ensure that inclusion support from specialist inclusion services are available at the point of identified need.
- To ensure sufficiency of school places within Rotherham for children aged 0-19 who have identified special education needs and whose education, health and care plans identify that only special school provision can meet their identified education, health and care needs and reduce dependence on high cost out of area placements which remove children and young people from their local communities.
- To ensure a sufficient range of provision for young people aged 16-25 to ensure that there are a variety of pathways to support young people to become confident, independent adults.

## 7. Measures of Success:

- Reviews of Education, Health and Care plans indicate that needs are being met, children and young people with SEND in Rotherham demonstrate academic attainment in accordance with or exceeding that of nearest neighbours.
- Fewer children are sent out of area to be educated.
- Reduction in budget spend on out of area placement

## 8. Milestones (Academic Year 2020-2021):

1. To develop 2 additional Specialist Resource Units of up to 15 places each within mainstream Schools to deliver support, education and outcomes for children with Autism and/ or SEMH, some of whom may demonstrate challenging behaviours. Units to be operational for start of September 2019. Both units to be developed within mainstream secondary schools which are either Ofsted

'Good' or 'Outstanding', who can offer post-16 provision and who can evidence a long term commitment to inclusion which can be demonstrated by their existing outcomes for children and young people with EHCPs, their rates of exclusions and their evidence of investment in an infrastructure to support children and young people with SEND. The Local Authority will pay Element One, Two and Three funding during Year 1 with a view to schools then registering this provision during academic year 2019-20. It is expected that each place will receive funding of £15,000. There will be funding of up to £250,000 per school for capital costs.

2. To develop two specialist primary resource of an additional 20 places (10 per school) to offer specialist teaching and support to vulnerable children with ASD or MLD who via behaviours or learning are unable to be taught within a fully mainstream curriculum, it is planned that this primary provision will feed into either of the secondary provisions described above. Both units to be operational by September 2019. These places will be funded at £10,000 per place with the expectation that the schools who develop the units can demonstrate their commitment to inclusive practice via outcomes for children and evidence of preventing exclusions. There will be funding available of up to £250,000 for capital costs.
3. To develop a Primary Outreach SEMH Team which will work with primary schools to develop behaviour management within schools to support specific children and young people as identified via the primary partnerships with a view to reducing exclusions of primary aged children and developing best practice models across Rotherham. The Primary Outreach Team will also deliver specialist learning and training packages to disseminate good practice and consistency of approach across the borough.
4. To undertake a full commissioning review of post-16 provision in Rotherham to identify a range of support for post-16 learners including provision for vulnerable young people who wish to continue in formal education, to develop supported apprenticeships and workplace learning for older young people and ensure that these are correctly resourced and pathways are understood across the borough. To report back to SEND Strategic Board by December 2019 so that recommendations can be implemented by September 2020 in accordance with Year 2 Implementation.
5. To undertake a full service review of RMBC Inclusion Services and their traded models to ensure that the requisite support is made available to meet the identified needs of children and young people as appropriate and to ensure that an holistic package of support is made available to children, young people and their families and that services begin to deliver Services in accordance with the Rotherham Voices Strategy. The Review to report back to the SEND Strategic Board by July 2019 to ensure that any necessary adjustments required supporting the delivery of services described above can be made.

**Year 2 (Academic Year 2021-2022)**

1. To develop a Secondary SEMH Outreach team: To develop a 'crisis' response to support secondary schools where older children and young people are escalating into crisis or who need off-site support and a bespoke curriculum. This Resource to be supported by development of alternative provision in Rotherham.
2. To implement the outcomes of the post-16 review and create a post-16 sufficiency strategy which develops and promotes preparation for adulthood and ensure that young people across Rotherham have a range of options post-16 and post-19 that support them into further learning, careers and independent adult life.
3. To review and rerun the data analysis as above in January 2020 to identify whether the strategic plan is delivering the anticipated outcomes, to identify or develop new trends and to review progress of sufficiency strategy.

**9. Consultation and Advice**

The contents of this strategic plan have been shared with

- The Rotherham SEND Strategic Board
- Rotherham CCG
- RESP
- Rotherham Children's Service Directorate
- Rotherham Parents Carers Forum

The Plan is available for download on the Rotherham Local Offer.

**SEND Capacity Increases****Phase 1**

(125 places approved by Cabinet in February 2018 to be delivered 2018-21).

<b>Phase 1 projects</b>	<b>Project, estimated cost and funding stream.</b>
<i>Cherry Tree House / Nexus Trust</i> <b>(Completed September 2018)</b>	<i>10 SLD places</i> <i>£113k - DfE Grant (Year 1)</i>
<i>Rowan Centre</i> <b>(Completed September 2018)</b>	<i>10 primary ASC places</i> <i>£50k - DfE Grant (Year 1)</i>
<i>Rowan Centre</i> <b>(Completed September 2018)</b>	<i>15 High level SEMH therapeutic places (Primary and Secondary)</i> <i>£100k - approved Capital Programme – invest to save.</i>
<i>Abbey School Nexus Trust</i> <b>(Completed October 2018)</b>	<i>20 complex needs primary / secondary places</i> <i>£3k – DfE Grant (Year 1)</i> <i>£254k - approved Capital Programme – invest to save.</i>
<i>Newman School</i> <b>(Completed September 2018)</b>	<i>10 Early Years transition places.</i> <i>£200k - approved Capital Programme – invest to save.</i>
The Willows School (2018/19 financial year) <b>In progress</b>	<b>10 MLD places.</b> £200k - approved Capital Programme – invest to save.
Wales High School (2019/20 financial year)	<b>10 secondary ASC places.</b> £166k – DfE Grant (Year 2) £34k - approved Capital Programme – invest to save.
Aspire (site TBC) (2019/20 financial year)	15 High Level SEMH therapeutic places (Primary and Secondary)  £75k - approved Capital Programme – invest to save.
Milton School (2020/21 financial year)	<b>10 Complex Needs primary / secondary places.</b> £166k DfE Grant (Year 3)  £34k - approved Capital Programme – invest to save.

Waverley Junior Academy. (2020/21 financial year)	<b>10</b> primary ASC places. £ TBC – funded from Section 106 of the Town and Country planning act developer contributions.
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## Phase 2

(Proposals to increase capacity by a further 50 places)

Phase 2 projects	Projects TBC and capital funding available.
SEND / SEMH phase 2 Report to be submitted to Cabinet May 2019 seeking approval to consult with schools and settings on the creation of 50 additional places.	<b>£850k</b> Basic Need funding (allocated early to LA from DfE for 19/20 and 20/21 allocations). <b>£116k</b> From DfE initial announcement of additional £50m SEND funding <b>£232k</b> From DfE second announcement of additional £100m SEND funding
	<b>Total = 1.198m</b>

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

<p><b>Under the Equality Act 2010 Protected characteristics</b> are age, disability, gender, gender identity, race, religion or belief, sexuality, civil partnerships and marriage, pregnancy and maternity. Page 6 of guidance. Other areas to note see guidance appendix 1</p>	
<p><b>Name of policy, service or function. If a policy, list any associated policies:</b></p>	<p>Proposal to increase SEND provision sufficiency in the Borough</p>
<p><b>Name of service and Directorate</b></p>	<p>Education and Skills (CYPS)</p>
<p><b>Lead manager</b></p>	<p>Jenny Lingrell / Pepe Dilasio</p>
<p><b>Date of Equality Analysis (EA)</b></p>	<p>30.11.17 / 7.1.19 (revised)</p>
<p><b>Names of those involved in the EA (Should include at least two other people)</b></p>	<p>Dean Fenton Paula Williams (initial assessment only) Jo Smith Rob Holsey Steve Harrison</p>
<p><b>Aim/Scope</b> (who the Policy /Service affects and intended outcomes if known) See page 7 of guidance step 1</p> <p>Proposals to increase SEND sufficiency in Borough by 125 places to reduce the number of out of authority placements and to address the rising demand for places through demographic growth.</p>	
<p><b>What equality information is available? Include any engagement undertaken and identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?</b></p> <p>Consultation has sought the views of all stakeholders including parents and carers, elected Ward, Parish and Parliamentary members, all schools and governing bodies, staff and union representatives, neighbouring local authorities, children and young people, specialists in SEND and employees .</p>	
<p><b>Engagement undertaken with customers. (date and group(s) consulted and key findings)</b> See page 7 of guidance step 3</p>	<p>A full consultation has been undertaken with all relevant stakeholders and the summary outcome was presented to Cabinet in February 2018 and published on the local offer website.</p> <p>Cabinet approved the investment of £1.3m in total to create 50 new SEND places between 2018 and 2021 (the timeline is linked to the SEND grant – payable over 3 years from DfE)</p> <p>A period of consultation will take place during 2019 in relation to the refreshed SEND/SEMH place need and investment of a further £1.3m capital to create additional capacity.</p>
<p><b>Engagement undertaken with staff about the implications on service users (date and group(s)consulted and key</b></p>	<p>Consultation has included seeking the views of staff.</p>

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

**findings)** See page 7 of guidance step 3

**The Analysis**

**How do you think the Policy/Service meets the needs of different communities and groups?** Protected characteristics of age, disability, gender, gender identity, race, religion or belief, sexuality, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other social economic factors. This list is not exhaustive - see guidance appendix 1 **and** page 8 of guidance step 4

The number of pupils being placed out of authority and the rising number of new SEND cases requiring specialist provision has put significant pressure on existing provision. The proposal to create 50 new SEND places is intended to ease current pressure on provision, create more options for parents locally, reduce transport costs, enable children to be educated closer to home.

The securing of an additional £1.3m capital and revision of SEND/SEMH demand for places analysis has led to the commencement of a further piece of work to consult widely during 2019 in relation to type of Additional capacity required, invite expressions of interest from schools and settings in relation to proposals to meet need and inform investment of capital.

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

See page 8 of guidance step 4 and 5

**Does your Policy/Service present any problems or barriers to communities or Group?** Identify by protected characteristics **Does the Service/Policy provide any improvements/remove barriers?** Identify by protected characteristics **NO**

The proposal is designed to create more places, increase choice, mirror good practice from existing provision, offer more varied provision, reduce travel and placement costs and increase parental satisfaction.

There will be more places funded by the High Needs Budget as a result of this development. As Rotherham schools are relatively well funded, this will not have an adverse effect on their ability to provide a suitable education for the majority of their pupils.

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

The proposal to create additional places in borough has been consulted on with local stakeholders who have and continue to be involved with the process and parents forum and the relationships with the LA and providers has been regarded as a national model of good practice.



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

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

Consultation on the proposals

Identification of funding streams

Identification of premises / providers / infrastructure needs

Report to Cabinet

Implementation of projects

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

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

**Time Period October 2017 to December 2018 / January 2019 to December 2021**

Manager Dean Fenton / Mary Jarrett

Service Areas: Education and Inclusion

Tel: 01709 382121

**Title of Equality Analysis:**

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

List all the Actions and Equality Targets identified

<b>Action/Target</b>	<b>State Protected Characteristics (A,D,RE,RoB,G,GI O, SO, PM,CPM, C or All)*</b>	<b>Target date (MM/YY)</b>
<b>Seek approval to commence consultation</b>	<b>A, D,</b>	<b>October 2017</b>
<b>Consultation period</b>	<b>“</b>	<b>December 2017</b>
<b>Seek approval from Cabinet</b>	<b>“</b>	<b>February 2018.</b>
<b>Publish details on Local Offer website</b>		<b>March 2018</b>
<b>Submit required information to DfE by statutory return</b>		<b>March 2018</b>
<b>Commence implementation programme and capital projects</b>		<b>April 2018</b>
<b>Form task and finish group</b>		<b>January 2019</b>
<b>Establish sufficiency and needs analysis</b>		<b>April 2019</b>

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

<b>Report to Cabinet seeking approval to consult on sufficiency and place need</b>			<b>June 2019</b>
<b>Consult on sufficiency and needs analysis and seek proposals for provision</b>			<b>June /July 2019</b>
<b>Report to Cabinet detailing the outcome of consultation and seeking approval of proposals to add to capacity</b>			<b>2019</b>
<b>Name Of Director who approved Plan</b>	<b>Dean Fenton (Acting Strategic Lead for Education</b>		<b>Date 30.11.17</b>

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

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

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

Completed equality analysis	Key findings	Future actions
<p><b>Directorate:</b> CYPS</p> <p><b>Function, policy or proposal name:</b> Proposals to increase SEND capacity</p> <p><b>Function or policy status:</b> Consulting on proposals to add new, or changing of or adding to existing provision</p> <p>Name of lead officer completing the assessment:  Dean Fenton</p> <p>Date of assessment: 30.11.2017 / 4.1.2019</p>	<p>Proposal to increase SEND provision.</p> <p>Stakeholder feedback.</p> <p>Capital highlighted and aligned to projects.</p>	<p>Post approval DLT oversight and governance of implementation.</p>

<b>Improving Lives Summary Report</b>
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<b>1.</b>	<b>Date of meeting:</b>	<b>16<sup>th</sup> April 2019</b>
<b>2.</b>	<b>Title:</b>	<b>Rotherham Pause Practice - Update</b>
<b>3.</b>	<b>Directorate:</b>	<b>Children &amp; Young People's Services (CYPS)</b>

## 1. Background

In October 2017 the Pause scoping exercise was presented to Improving Lives Select Commission. The Committee was supportive of the findings and the recommendation to set up a Pause Practice in Rotherham.

Funding was identified from the Early Help budget to set up a Pause Practice for a minimum of 18 months. Each Pause Practice comprises a Pause Practice Lead, 3 Pause Practitioners and a Pause Coordinator. The team has capacity to work with between 20 and 24 women during the pilot phase.

The planning and implementation phase and recruitment process were completed and the Pause Rotherham Practice became operational in July 2018.

## 2. What's Working Well?

- The Pause Model keeps the women at the centre and enables them to address a number of complex and intersecting needs.
- Caseloads are low; between 6-8 women per practitioner, so that time and flexibility to support the women remains at the forefront of practice.
- As of March 2019, the team are working with a cohort of **24 women** (16 are fully open to the programme – a woman becomes 'open' once long acting reversible contraception is in place) who have had **78 children** removed between them. This is an average number of **3.3 children removed per women**.
- Pause Rotherham has been extremely effective at identifying and engaging women on the programme. **Attendance was achieved at 87%** of our appointments last quarter.
- The women identify what area's they would like to focus on. The highest priority is **'relationship with children'** and the Pause Practice has been successful in supporting women to engage in the court process and complete Life Story work.
- During the last quarter Pause Rotherham has supported eight women with their housing needs, including supporting three women to access new properties and working in partnership with colleagues in Housing to avoid an eviction.

- In the last quarter, Pause has supported three women to access a GP surgery, one woman to go to hospital for an operation, four women to access mental health services and three women to access support from the sexual health clinic.
- The Pause Rotherham Board has been established and includes broad multi-agency as well as a Rotherham councillor.
- Over the course of the last six months Pause Rotherham has also been undertaking joint work with the National team. This has included the Practice Lead being elected to sit on the Pause National Practice Board, to help shape and driving forward practice nationally. In addition to this one practitioner was recognised for the work she has been completing with one Pause woman (see appendix one for case study) and was invited to share this journey to the Board of Trustees in London.
- Sophie Humphreys, the founder of Pause also came to visit the practice with one of the members of the Trustee Board. Positive feedback was received;

*"Please can you thank the team in Rotherham for being such amazing hosts? It's really brought me close up to the practice and I was blown away by the team and their focus and care for the women and families." - Aideen Lee.*

### **3. What are we Worried About?**

- Whilst the evidence suggests that Pause Rotherham is implementing the model successfully, and partners are very supportive, it is necessary to start work to explore if Rotherham wants to sustain the practice and how this will be funded.
- The final figures in April 2018 were 270 women who were eligible for Pause, which equates to 720 children who have been removed. The team worked hard to apply a robust needs analysis and risk assessment process to identify the right cohort of women to work with. However, there are women in Rotherham who would benefit from this support and are not part of the first cohort.

### **4. What are we going to do about it?**

- July 2019 – Pause Success Event. A success event in July is being planning to celebrate the first year of the practice. The plan is that women will participate in this and we are currently carefully planning how best to deliver this event.
- Sustainability of Pause – it is hoped that by July 2019 further plans will be in place to address the sustainability of the project. This will include Practice Lead submitting a sustainability report and meeting with all agencies involved to look at the overall cost benefit analysis. Practice Lead is currently undertaking a piece of work with South Yorkshire Police to look at cost savings related to crime and domestic abuse within the cohort.
- There are ten months remaining of the current funding. Over the course of the next six months the women will continue to work on their goals, and benefit from the 1:1 sessions with their practitioner. Around October 2019, the women will then move into the transition work, where they will be supported with their plans moving forward once they have completed the 18 month programme.

### **5. Name and contact details**

Jenny Lingrell  
Joint Assistant Director of Commissioning, Performance & Inclusion

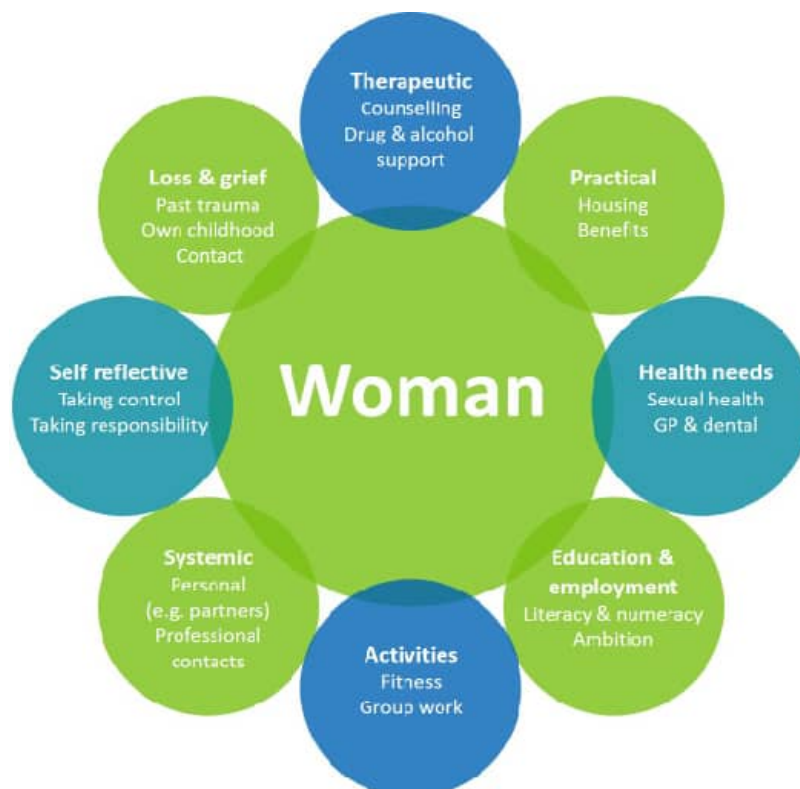
Lindsey Knight  
Pause Practice Lead

<b>BRIEFING PAPER FOR IMPROVING LIVES SELECT COMMISSION</b>
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1.	Date of meeting:	16 April, 2019
2.	Title:	Pause Rotherham
3.	Directorate:	CYPS – Early Help

## 1. Background

- 1.1 Pause is a national charity that supports a network of local Pause Practices across the country. Pause works with women who have experienced - or are at risk of - repeated pregnancies that result in children needing to be removed from their care. The programme gives women the chance to pause and take control over their lives with the aim of preventing repeated unwanted pregnancy. In November 2016, Cabinet asked for Pause to be commissioned to carry out a scoping exercise to provide detailed data and analysis of repeat removals of children from their mother's care. This scoping report provides robust information upon which to base decisions about how to respond locally to this issue.
- 1.2 The Pause Model keeps the women at the centre and enables them to address a number of complex and intersecting needs. Caseloads are low; between 6-8 women per practitioner, so that time and flexibility to support the women remains at the forefront of practice. Fidelity to the model is essential, and the team in Rotherham have an assigned National Practice Lead from Pause to support and advise on practice.





### 1.3 Pause Rotherham

In October 2017 the Pause scoping exercise was presented to Improving Lives Select Commission. The Committee was supportive of the findings and the recommendation to set up a Pause Practice in Rotherham.

Funding was identified from the Early Help budget to set up a Pause Practice for a minimum of 18 months. Each Pause Practice comprises a Pause Practice Lead, 3 Pause Practitioners and a Pause Coordinator. The team has capacity to work with between 20 and 24 women during the pilot phase.

The planning and implementation phase and recruitment process were completed and the Pause Rotherham Practice became operational in July 2018. There was an additional year of data to analyse following the scoping exercise, so this was amalgamated into the findings. The final figures in April 2018 were 270 women who were eligible for Pause, which equates to 720 children who have been removed.

The Pause Rotherham team worked through the findings to identify the top 40 women who were deemed the highest risk of recurrent pregnancies/care proceedings. Broadhurst et al 2017 conducted research looking specifically at this issue. Factors such as age of the mother, whether she was a care leaver and/or a victim of CSE, the birth rate of her children, whether the removal was in the last 18 months and whether the children were adopted were among some of the vulnerabilities which made her more likely to go on to have more children.

Once the top 40 women were identified, the practitioners in the team conducted risk assessments, liaised with social workers and started to undertake outreach to see if the women would be interested in becoming part of the pilot.

## 2. Key Issues

### 2.1 Key headlines for Rotherham Pause

As of March 2019, the team are working with a cohort of **24 women** (16 are fully open to the programme – a woman becomes ‘open’ once long acting reversible contraception is in place) who have had **78 children** removed between them. This is an average number of **3.3 children removed per women**.

The women have many complex and often inter-secting needs. **100%** of the cohort has been identified as having experienced **domestic abuse**; **25%** have issues with **substance misuse**; and **100%** have **mental health needs** (though not all have a formal medical diagnosis), **54%** have **housing needs**

Pause’s analysis indicates that the average **annual birth rate** for this cohort of women is **0.35 per year**. We can therefore estimate that the 24 women would go on to have **8 children annually** without targeted intervention. To extrapolate further, having long acting reversible contraception in place over the 18 month programme provides at least **27 birth free months**, without which **12 children** would likely have been born.

### 2.2 Cost Benefit Analysis - Analysis of avoided costs

This analysis focuses on the cost avoidance associated with the 16 women in Rotherham taking a pause from pregnancy for 18 months and, therefore, not having children removed into care. Pause has created a bespoke tool that summarises costs associated with the removal and support of children who are looked after away from home. It tallies typical costs

associated with achieving permanence for children – including the costs associated with pre-birth risk assessments, decision making processes and the cost of accommodating the child.

The tool maps the journey of children through the child protection process and details the activities involved in their removal. It was developed by process mapping what typically happens with one of Pause's early adopter local authorities. Unit costs have been taken from the Personal Social Service Research Unit – Unit Costs of Health and Social Care 2017 (PSSRU)<sup>1</sup> and the New Economy Manchester Unit Cost Database v1.4<sup>2</sup>. Where possible, costs and occurrence data have been tailored with local figures supplied by Rotherham Metropolitan Borough Council.

### 2.3 Costs have been split into three categories:

- **Cashable costs:** relate to the procurement of additional services; costs associated with the removal of children, including legal costs; and, the placement costs that are provided by the local authority or by the private and voluntary sectors.
- **Internal costs:** comprised of local authority internal costs, for example the cost of social worker time and the cost of internal adoption processes.
- **Total costs:** this is the sum of cashable and internal costs.

2.4 The calculations detailed below relate to a pause in pregnancy during the 18 month Pause programme and the associated avoided births nine months after this i.e. a total of 27 months (on the assumption that if a woman does not get pregnant during the 18 month programme, the earliest time she could have another child is 28 months after starting the Pause programme). Pause may well continue to influence a reduction in children being removed after 27 months, however as the programme is relatively new, a longitudinal study has not yet been carried out to verify this. We have therefore excluded these potential savings from the cost avoidance modelling.

2.5 The table below shows the average birth rate of the 16 women and estimates the number of avoided pregnancies and associated births over the 27 month period.

<b>Women in Pause cohort</b>	16
<b>Birth rate</b>	0.33
<b>Time without pregnancy (years)</b>	2.25
<b>Avoided pregnancies &amp; associated births</b>	12

2.6 The next table demonstrates the breakdown of costs associated with each placement type per child – from pre-birth assessments to 18 months. It also shows the breakdown of the placement types for the children (when aged under one) that were removed from the cohort of identified women.

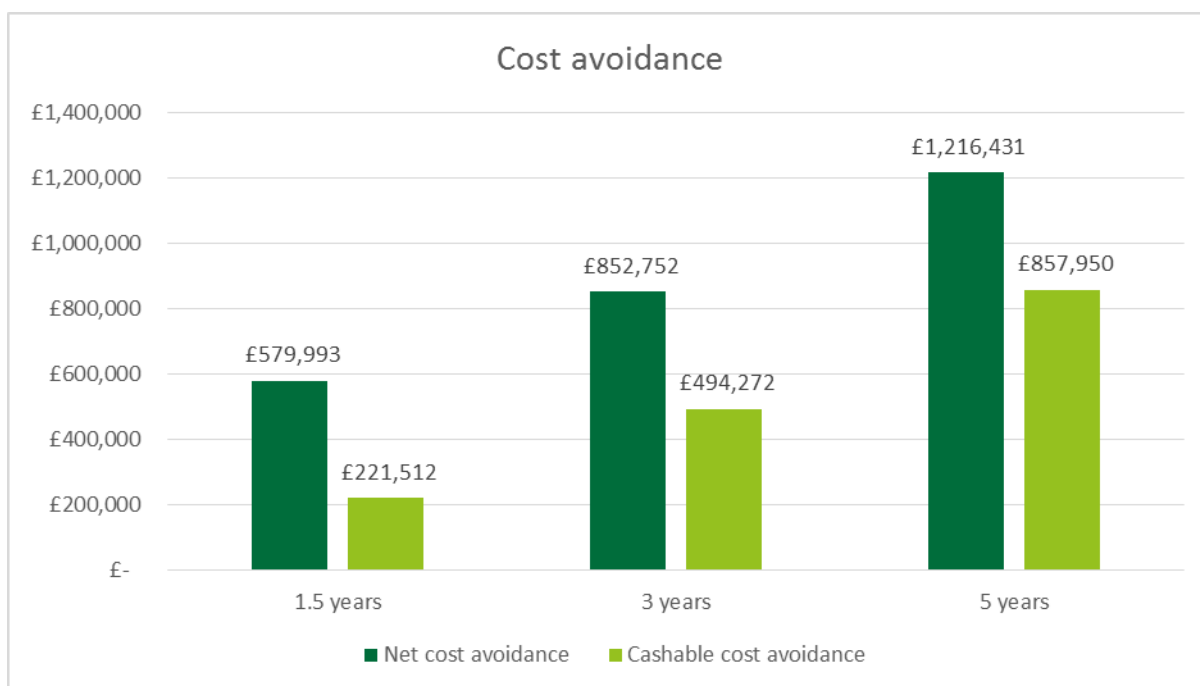
<sup>1</sup> <http://www.pssru.ac.uk/project-pages/unit-costs/>

<sup>2</sup> <http://www.neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis/unit-cost-database>

Placement type	Total cost (per child to 18 months)	Cashable cost (per child to 18 months)	% of under 1s removed from cohort of women
Adoption	£319,917	£222,126	29%
Local authority fostering	£181,062	£118,689	18%
Agency fostering	£45,538	£33,063	4%
SGO	£393,262	£244,846	39%
Family placement	£90,213	£52,789	11%

The tables above are used in conjunction to forecast future costs.

- 2.7 Given the birth rate of 0.33 among the identified group of women, we can estimate that delivering Pause to 16 women has helped avoid 12 pregnancies and associated births over a period of 27 months.
- 2.8 The chart below illustrates the cost avoidance associated with 16 women on the programme taking a pause from pregnancy and the associated avoided births. It shows that the immediate avoidance would be £579,993, with the potential for avoiding £1,216,431 over a five year period – of which £857,950 would be cashable cost avoidance.



*Note: The cashable costs make up part of the total costs (they are not additional to the total costs stated); the remainder is made up of internal costs.*

- 2.9 Given the cost of delivering Pause Rotherham is £419,385.93 over 18 months, we can estimate that Pause Rotherham has helped realise significant savings for Rotherham Metropolitan Borough Council as demonstrated in the table below.

	1.5 years	3 years	5 years
Net cost avoidance	£579,993	£852,752	£1,216,431
Cashable cost avoidance	£221,512	£494,272	£857,950

*Note: The cashable cost avoidance makes up part of the net cost avoidance (it is not additional to the net figure).*

2.10 This shows that, by delivering Pause Rotherham for 18 months, we have realised net cost avoidance of £579,993, which will grow to £1,216,431 over a five year period – of which £857,950 will be cashable cost avoidance.

## 2.11 Additional cost savings to consider

2.11.1 There are a number of other costs that can be incurred when working with this group of women, which have not been included in the analysis but should be taken into consideration. An existing Pause Practice conducted their own cost benefit analysis, which looked at the expected birth rate of the women participating in the programme and factored in wider social and economic benefits. They found that **for every £1 spent on the Pause programme, they made a saving of £5.76.**

2.11.2 As an example of the wider costs that should be taken into consideration (in addition to the placement and legal costs associated with taking a child into care) the pregnancy and childbirth itself can prove to be more complex for this cohort of women. This increases the likelihood of premature births and births of babies requiring use of a special care baby unit (SCBU), which is usually very costly. Research by Karen Broadhurst et al<sup>3</sup> showed that 16% of births to this group of women led to SCBU stays, compared with 8% for the general population.

2.11.3 Research shows that, with repetitive doses of alcohol, there is a 6-10% chance of the foetus developing foetal alcoholic syndrome disorder (FASD). The economic consequences of FASD are severe. In their 2015 report, the Westminster All Party Parliamentary Group on FASD conservatively estimated it costs local authorities across the UK an average of £150,000 annually<sup>4</sup> to support each child with the condition, in part due to the necessary additional educational support. This should be taken into consideration, given that 25% of women participating in the Pause programme in Rotherham have issues with alcohol misuse.

2.11.4 It is also worth noting that Pause Rotherham is currently working with 24 women, so at this stage we have a further eight women who may go on to be 'open'. The figures presented are relevant to the current open cases as of March 2019, and it is very likely that these figures will increase over the next month.

## 2.12 Impact

2.12.1 Pause Rotherham has been extremely effective at identifying and engaging women on the programme. **Attendance was achieved at 87%** of our appointments last quarter.

2.12.2 The women identify what area's they would like to focus on. The highest priority is **'relationship with children'**. There is a consistent theme with kinship care arrangement within our practice, that a number of our women are not accessing contact with their children as agreed by Courts. Many of our women don't understand their rights and often don't feel able to respectfully challenge the kinship carers. I have recently met with our SGO support service to see how we can work together to try and improve this. The practitioners are also starting to work with wider family members to offer additional support in relation to contact arrangements.

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<sup>3</sup> [http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc\\_final\\_main\\_report\\_v1.0.pdf](http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc_final_main_report_v1.0.pdf)

<sup>4</sup> All Party Parliamentary Group on FASD (2015) *Initial report of the inquiry into the current picture of FASD in the UK today*

- 2.12.3 The women have also started to ask if they can start some **life story work**. They have feedback that they did not feel able to engage in this after care proceedings, as they were finding the situation too painful. One of the practitioners recently supported one of her women to 'Build a Bear', where she made a mummy bear and baby brother bears. The children have just been positively matched for adoption and 'Tulip' wanted to make sure they had something special from her. The process of building each bear and putting the 'heart' of each bear inside by herself was a very touching moment.
- 2.13 Housing has been another priority for the majority of our women. During the last quarter Pause Rotherham has supported eight women with their housing needs. We have supported three women into new properties. One was homeless and living on the streets and is currently in temporary accommodation, and the other woman had to flee domestic abuse but has since returned and is living in another area of Rotherham. This has been really positive for both women. A practitioner has also been able to relocate another woman from living in a stressful private rented arrangement. The house also reminded her of her children, so part of her Pause Plan was to try and move into a new property to have a 'fresh start'.
- 2.14 Physical and mental health has also been a priority for our women. Over the last quarter we have supported three women to access a GP surgery, one woman to hospital for an operation, four women to access mental health services and three women to access support from the sexual health clinic.
- 2.15 This has also been the main activity focus for the women, alongside emotional well-being, housing and fun and happiness. We also have two women who are currently accessing slimming world, both achieving slimmer of the week and working through their goals, with a combined total weight loss of three stone.
- 2.16 Since August 2018, Pause Rotherham has approached **47 women** to offer a Pause service. 5 women were closed to Pause during the engagement phase. 1 woman felt she was making progress with her life and had secured a job and had support from her partner, 1 woman moved area, 1 woman was unfortunately sentenced, 1 woman was pregnant prior to our involvement but we found out a few weeks later, and two women were not ready to take a Pause. A small percentage of the 47 women did not respond to call/visits/cards left, and a couple of the women we could not locate and believe they may have left the area. Out of our **top 20 highest priority** women, **13** of them are now working with us, which is over half. **20** of the women out of our **top 40 highest risk** women are now working with us.

2.17 **What the women say...**

*'It has given me the time I need. The support I need and also helping me to build my confidence. I'm happy and glad that I have Pause. All the staff are friendly and really nice. :)'*

*'Good that they're helping me. It makes me feel comfortable and more confident. Nothing that I'd want to change it's all fine.'*

*'It's alright. Be available at weekends, I would like visits or doing an activity because weekends can feel a bit tricky. I feel able to text my pause practitioner.'*

*'I wouldn't change anything. I wouldn't expect anything to change. It feels like I've got the support there when I need it.'*

2.18 **Pause Strategic Board**

The Pause Rotherham Board has been established and includes broad multi-agency as well as a Rotherham councillor. The first meeting took place on 20<sup>th</sup> April 2018. The meetings

take place once a quarter. The strategic board provides governance of the Pause Practice, to ensure the Programme is delivered to the Pause Framework, ensuring fidelity to the Pause model, within agreed budgets and timescales.

## 2.19 **Monitoring, Evaluation and Learning**

Pause National have their own I.T recording system, Apricot. Each Pause team will input their recordings into this system, along with plans, outcome trackers and assessments. The practice lead reports back to the national team, alongside all the other current practices across the country. A report is provided quarterly which captures the data from each Pause Practice. The National team then amalgamate the data to monitor and evaluate practice.

## 2.20 **Pause Rotherham and positive joint working with Pause National**

Over the course of the last six months Pause Rotherham has also been undertaking joint work with the National team. This has included the Practice Lead being elected to sit on the Pause National Practice Board, to help shape and driving forward practice nationally. In addition to this one practitioner was recognised for the work she has been completing with one Pause woman (see appendix one for case study) and was invited to share this journey to the Board of Trustees in London.

Sophie Humphreys, the founder of Pause also came to visit the practice with one of the members of the Trustee Board. Positive feedback was received;

*“Please can you thank the team in Rotherham for being such amazing hosts? It’s really brought me close up to the practice and I was blown away by the team and their focus and care for the women and families.” - Aideen Lee.*

*“Dear Lindsey,*

*It was great to come and visit you, Alice, Natalie, Vivian and Katie today, and to hear about the really interesting work that is taking place at Pause Rotherham. I thoroughly enjoyed our conversations and this has given me some things to reflect on, particularly the issue regarding contact. Such a complicated area and clearly more to be done!*

*A particular thank you to Natalie and ‘Verbena’ for their time today. It was helpful to talk to ‘Verbena’ to really understand what was making such a difference to her. She articulated this very clearly. Please thank her for me.*

*I look forward to hearing progress with Pause Rotherham and seeing you all again soon!*

*Best wishes,  
Sophie”*

## 2.21 **Sustaining Pause in Rotherham**

Whilst the evidence suggests that Pause Rotherham is implementing the model successfully, and partners are very supportive, it is necessary to start work to explore if Rotherham wants to sustain the practice and how this will be funded.

If the Pause Practice is sustained beyond the initial 18 month pilot phase, this would provide an opportunity to engage with a cohort of 20-24 more women.

Analysis of the cohort to date demonstrates that the Pause practice is avoiding significant costs to children's services. It also demonstrates that there are multiple involvements with other services; without a Pause practice these contacts are likely to be more chaotic and long-term and, as such more costly.

In other areas, Pause Practices are funded by by different partnerships, such as CYPS, housing, health, Barnardo's, Family Nurse Partnership amongst others.

Work will continue to build the case for ongoing investment and a joint funding model through the Pause Strategic Board

### **3. Key actions and relevant timelines**

- July 2019 – Pause Success Event. We are currently planning a success event in July as this will also celebrate our first year. We would like the women to participate in this and we are currently carefully planning how best to deliver this event.
- Sustainability of Pause – it is hoped that by July 2019 further plans will be in place to address the sustainability of the project. This will include Practice Lead submitting a sustainability report and meeting with all agencies involved to look at the overall cost benefit analysis. Practice Lead is currently undertaking a piece of work with South Yorkshire Police to look at cost savings related to crime and domestic abuse within the cohort.
- There are ten months remaining of the current funding. Over the course of the next six months the women will continue to work on their goals, and benefit from the 1:1 sessions with their practitioner. Around October 2019, the women will then move into the transition work, where they will be supported with their plans moving forward once they have completed the 18 month programme.

### **4. Recommendations to Improving Lives Select Commission**

Improving Lives Select Commission is asked to note the progress of the Rotherham Pause Practice and the impact on women who are on the caseload

### **5. Name and contact details**

Jenny Lingrell – Joint Assistant Director Commissioning, Performance and Inclusion.

Lindsey Knight – Pause Practice Lead.

By virtue of paragraph(s) 1 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted



By virtue of paragraph(s) 1 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

<b>Briefing for Health Select Commission and Improving Lives Select Commission</b>
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<b>1</b>	<b>Date of meetings:</b>	<b>11 April 2019 Health Select Commission 16 April 2019 Improving Lives Select Commission</b>
<b>2</b>	<b>Title:</b>	<b>Outcomes from Joint Scrutiny Workshop Session – Transition from Children’s to Adult Services</b>
<b>3</b>	<b>Directorate/Agency:</b>	<b>Adult Care, Housing and Public Health Children and Young People’s Services NHS Rotherham Clinical Commissioning Group</b>

**4 Review Sub-group**

Membership - Councillors Cusworth, Eliot, Evans (Chair), Jarvis, Keenan and Short.

**5 Purpose of this briefing**

This paper outlines the outcomes of a workshop held by members of Health Select Commission (HSC) and Improving Lives Select Commission (ILSC) on 19 March 2019. The purpose was to seek assurance that young people and their families/carers will have a positive transition from children’s to adult services, through clear pathways and a strength based approach that seeks to maximise independence and inclusion.

Members identified specific issues to explore in depth to ensure that:

- There is a clear understanding of the cohorts of children and young people likely to transition to adult services in the next few years, with strategies, plans and budgets aligned accordingly.
- The new pathway based on the Preparing for Adulthood<sup>1</sup> model will lead to demonstrable better outcomes for young people transitioning from children’s to adult services.
- Services are able to evidence how young people and their families/carers have voice and influence in transition and support planning.
- Children’s and adult services have a shared approach to assessment and strength based practice.

Evidence comprised briefing papers, case studies and a presentation, followed by discussion and questions to officers. The refreshed draft Education, Health and Care Plan<sup>2</sup> (EHCP) template was also circulated to the sub-group.

Members would like to thank the following officers for their co-operation with the planning and delivery of the workshop:

- Ian Spicer, Adult Care, Housing and Public Health
- Jenny Lingrell, CYPS and Rotherham Clinical Commissioning Group
- Gordon Waigand, Adult Care, Housing and Public Health

**6 Background**

The workshop resulted primarily from scrutiny of the adult social care budget position and service performance by the Overview and Scrutiny Management Board (OSMB) and from scrutiny of Special Educational Needs and Disability (SEND) sufficiency by ILSC. In addition, there are links to the nascent Social Emotional and Mental Health (SEMH) Strategy considered by the HSC as part of its focus on mental health, plus other initiatives to reduce out of borough placements.

## 7 Context

Legislative drivers underpin transition as the Children and Families Act (2014) and the Care Act (2014) both outline an entitlement to support for young people aged 18-25. Transition has historically been recognised as a challenge due to different criteria or thresholds in children's and adult social care services, coupled with managing the expectations of young people and their families/carers.

Rotherham schools face considerable pressure in continuing to meet the needs of pupils with SEND and increasing numbers of students have an EHCP. These plans take a more holistic approach than their predecessors, Statements of Educational Need.

Complex care placements for children and young people are jointly funded by social care, health and education and are a significant pressure on social care and health budgets. Strategies to provide provision for places locally will benefit the High Needs Block<sup>3</sup> budget which has accrued a cumulative deficit since 2015/6 of £15.272m. Despite increases to this budget, it has failed to keep pace with demand for specialist and bespoke education places. More local provision would result in cost reductions for health and social care. It would also make it easier for monitoring purposes to ensure needs were being met and from a safeguarding perspective.

The Adult Care budget position for 2018-19 (as at February 2019) was an anticipated overspend of £5.399m. Detailed project plans aim to deliver both the requisite outstanding savings and a balanced budget from 2019-20 onwards. However at OSMB in September it was reported that this position may be impacted by transition cases from Children's Services and also Transforming Care cases (people moving from inpatient to community based learning disability provision).

Transition is one of the priorities within the Children and Young People's Transformation workstream of the Rotherham Integrated Health and Social Care Place Plan. A new transition pathway will be launched in the summer based on the PfA model, as recommended by Ofsted and the Care Quality Commission (CQC). Initial work has focused on children with high support needs, with further consideration required to include universal and targeted help groups. The priority is to prevent gaps forming, particularly for young people with autism. Attention has also been drawn to the need to include young people with health conditions such as asthma and diabetes. In tandem, an All Age Autism Strategy is being developed and will be scrutinised at HSC later this year.

## 8 Findings

### 8.1 Understanding the cohort – numbers and main presenting needs of the children and young people

#### 8.1.1 SEND cohort

The current picture shows 2235 people aged 14 and over across the SEND cohort. Included within this are young people with a current EHCP; those with SEN support from their school; and/or those who are open to the Children's Disability Team or Adult Transitions Team. Predominant presenting needs are in relation to children diagnosed with autism spectrum disorder (ASD) or with SEMH.

#### 8.1.2 EHCP cohort

As at 11 February 2019 2095 children and young people had an EHCP, with moderate learning disability or ASD accounting for just over 50% of primary need. The number of EHCPs is forecast to increase by over 700 in the next two years, with a steep upward

trajectory rising to 4307 plans by 2028, in part due to better identification of needs. The sub-group were concerned by this projection and resulting implications and agreed it was critical to monitor this position closely. Officers invited Members to attend a meeting of the SEND panel where decisions are made on EHCPs following pre-assessments.

#### 8.1.3 PfA Transition cohort

A snapshot of the dashboard showed that of the current cohort of 1171, 73.4% had no referral to adult services, 12.5% (146) had a referral through the transition team and 14.1% had another adult services referral. Given that the majority of young people do not transfer to adult services the data illustrates the key role of schools and education settings as the lead agency in planning transition for many young people. The SEND agenda includes work on post-16 provision as that is less well developed.

Although the number of young people transitioning to adult services might not be high, support packages may be costly for those with complex needs. The detailed information in the matrix means planning may commence at an early stage for the small cohort of young people with significant needs who will need to be in residential placements. Discussion with the NHS is key regarding Continuing Health Care (CHC) funding and whether a person would be fully funded. Therefore in terms of service sustainability right sizing care packages to meet needs, maximise independence and enable packages to be provided cost effectively remains imperative. (See 8.4.1 regarding CHC.)

Attention was drawn to the fact that following transition to adult services for the period from 18-25 years, service users face a subsequent transition at 25. Again preparation is vital to ensure things were done right with no “cliff edge”, as changes would result even though people were already in the adult world.

#### 8.1.4 Transition data matrix

This recent development provides a single comprehensive view of data regarding an individual child or young person (up to age 25), including the services each receives. It will be a useful tool for cohort identification to support SEND sufficiency work and assist with identifying demand and to inform support and accommodation needs planning.

## 8.2 Strategic alignment

### 8.2.1 Shared priorities

Members were keen to verify that there were shared priorities between Adult Care and Children and Young People’s Services. They also sought assurance regarding common ground on dealing with expectations and workers understanding the long term implications in terms of “forever money” once a package of support had been agreed. Assurance was given that strategically this was the case, although some practitioners might still want more formal services, which comes back to workforce development to embed the strengths based approach (see 8.4.2).

Work should commence in Early Years (0-4) with a shift in direction from talking in terms of transition to talking of PfA planning from the start, eliminating the so called “cliff edge” for young people and their families. Where possible things should be put in place to support children before an EHCP is needed.

### 8.2.2 Strong partnership working

The PfA Strategic Group brings together Adult Social Care, Children and Young People’s Services, Education and the NHS. It also includes representatives from the Rotherham Investment Development Office, Housing, Rotherham Parent Carers Forum and Genuine Voices. Rotherham’s Housing Strategy includes complex needs, building homes to

lifetime standards and addressing out of borough accommodation, so links to the PfA approach.

The group is developing the transition pathway based on 12 joint shared principles which will ensure consistency for young people who would benefit from a PfA approach. Members were reassured that these principles include: *Person Centred Transition Planning; Aligning Assessments; Involvement and Consultation with Young People and their Families; Developing the Workforce; and Quality and Monitoring*. All of which were issues that linked to the scope of the workshop.

### 8.2.3 Joint Pathway between Adult Social Care, Education and CYPS

At an operational level Adult Care Transitions team works jointly with Children & Young People's Services, health and education for all new referrals for young people aged 14 to 18 with an EHCP/Care Needs Assessment who may be in need of a social care assessment. Adult Care now has greater input and earlier input into EHCPs than previously. It is also proposed that Adult Care assume responsibility for new referrals for 18 to 25 year olds with an EHCP.

It was noted that the pathway has evolved from its first iteration which focused on young people with eligible needs for Adult Social Care. Feedback suggested it needed to be broader in scope to address the needs of young people in transition who would not be eligible for adult social care and to include health transitions. In light of this, a passport approach is being developed, based on the PfA principles, for all young people and their families going through transition.

### 8.2.4 Looked After Children

Clarity was sought on how transition was managed for care leavers with a disability. Services would exchange information and undertake joint work but as young people stay with the Care Leaver Service (CLS) until they are 25, the Transition team was able to step back and leave it to the CLS. Some care leavers may stay with a foster carer beyond 18.

## 8.3 Voice and influence

### 8.3.1 Rotherham Parent Carers Forum

As mentioned above, *Involvement and Consultation with Young People and their Families* is one of the underpinning principles of the PfA pathway development. Rotherham benefits from having a good, active Rotherham Parent Carers Forum who co-chair the PfA Board and are involved in service development.

### 8.3.2 Families

Whilst expressing clear empathy for families who are already anxious about transition, the need for honest and realistic conversations with families was highlighted. A range of factors are at play - different legislation applies, managing expectations and the need for families to be confident in their children's abilities. Parental anxiety was often overlooked so it was question of building trust and trying to develop more of a partnership. The Adult Care Transitions Team benefitted from good staff retention so that the knowledge, experience and consistency is there and the team works more closely with families than in adult care in general. If there were tensions advocacy was important and best interest decisions would be made when necessary.

### 8.3.3 EHCP reviews

It was stressed that the focus in discussions with the child/young person at any age should be on their aspirations and for those with an EHCP these are reviewed annually.

## 8.4 Shared approach to assessment and strength-based practice

### 8.4.1 Health and Continuing Health Care (CHC)

The health side is important and addressing health needs also needs to be more at the forefront, again in partnership. Under the *Aligning Assessments* principle health and children's assessments should be aligned regarding outcomes.

Members probed into CHC and processes following the annual assessment if there had been a change whereby a person no longer qualified for full CHC funding but still required a similar level of support. They were assured people would not be left to struggle and that a joint approach to review needs and ensure the right package would be taken, with joint responsibility in cases of joint commissioning. Officers agreed it was working better now in a joint approach and a single lead at Rotherham Clinical Commissioning Group for CHC for children and adults was helpful.

### 8.4.2 Strength based practice

This is a key element in the new approach to social care with a focus on what people can do and their assets, personal, community or family, which tends to lead to better outcomes and is more sustainable, rather than assessing them for services. Progress has been made but is not yet fully embedded with all practitioners in both children and adult services. It was confirmed that a similar strength based approach was taken in schools and early years.

In response, further workforce development is planned, following a comprehensive training needs analysis and review of current training to reduce potential duplication and come up with a new core offer, including SEND and PfA, via a single point of access. Support for staff is crucial in the challenging process of conversations and negotiations with families i.e. expectations and to unpick what is best for the child. It is equally important in complex cases such as CHC which need good inter-agency dialogue and if there are two pots of money these need to be used effectively.

Moving on from practice, further details were provided of what was in place to meet the needs of people moving from activities in centres to community-based ones. Positive initiatives such as social prescribing were highlighted although the market and community alternatives are still being developed. The need to link in with mainstream activity and processes was emphasised and the use of Direct Payments and Personal Assistants (PAs) to facilitate shared activity with others. Information, advice and guidance is critical for service users of all ages and their families/carers and it was acknowledged that this was an area that could be improved.

## 8.5 Demonstrating outcomes – short and long term

### 8.5.1 Case studies

Two of these were used to demonstrate how people used direct payments to pay for a personal assistant to provide support to meet their needs. For one person this was physical care to facilitate independent living now they had returned to live in Rotherham following an out of borough placement - a better and more sustainable outcome. For another it was for support to develop skills and confidence in incremental steps on the way to achieving longer term personal aims.

Another from an education setting showed a very detailed plan covering multiple themes with a baseline position for each and clear targets for each half term in the academic year. It was very holistic and would necessitate time and support to develop the person's

skills but progress was being made and recorded. The final case outlined familiarisation work by staff in advance of a change in educational setting for a young person with autism for whom routine was crucial. Extra support may need to be put in place to support a transition, which has a cost but makes it more sustainable.

All four case studies illustrated progression over time in developing skills and confidence as people entered a new phase of their life. Members agreed the case studies showed good transition and outcomes but questioned whether they were typical and if transition was usually smooth. Officers confirmed that a lot of complex work sat behind them and that it can be a difficult process. For example, out of borough placements may be temporary, with some people not where either we or they want them to be regarding accommodation, and it may be a question of balancing freedom and calculated risk. Managing expectations will always be a factor.

#### 8.5.2 Measuring effectiveness

There is a measure for completion of EHCPs within the statutory timescale, which is more of an output rather than an outcome measure and does not measure the quality of the plan. Ofsted/CQC inspections focus on three areas - identification of need, what is done once a need is identified, and outcomes. Special Schools also work on outcomes.

#### 8.5.3 Qualitative measures

Questions were asked regarding annual service user surveys and satisfaction surveys. It was confirmed that generic satisfaction questionnaires are used, not ones specific to transition and that the annual survey does not include transition customers. The PfA Board had been discussing how to obtain outcomes and measures and officers recognised that more qualitative work was needed. Members concurred that this was an area to develop further.

## 9 Conclusions

Members welcomed the closer working between children's and adult services, and also with partners including health and the Rotherham Parent Carers Forum, to deliver Preparing for Adulthood under the key principles identified. They also acknowledged the benefits of PfA starting early in a child's life, not just in the teenage years, in terms of developing skills and confidence. There was recognition that this work is still at a relatively early stage but the sub-group felt positive and reassured by what is developing.

The new data matrix facilitates good oversight of children and young people who are likely to transition to adult services, which will assist with understanding and planning future demand. The steep upward trajectory for projected numbers of people with an EHCP was a concern and will need to be closely monitored. As large numbers of young people will not transition to adult services it is vital to develop the information, advice and guidance available and to ensure the market develops to provide a flexible and community based offer.

Further development of outcome and satisfaction measures is required to capture the difference the new pathways and revised EHCPs are making for young people and families, including in the longer term. More work is needed to embed the strengths based approach across all staff and partners, with quality assurance processes recommended to ensure consistency and quality when using the refreshed EHCP template.

## 10 Follow up actions for Scrutiny

Members are asked to consider taking the following actions in light of the outcomes of the workshop:

- 1) Improving Lives Select Commission to continue to scrutinise SEND sufficiency in its work programme and to have oversight of the EHCP trajectory.
- 2) Health Select Commission to have a progress update on the SEMH strategy in 2019-20, including workforce development.
- 3) Health Select Commission to scrutinise the All Age Autism Strategy as part of its work programme in 2019-20, with ILSC members invited to attend.
- 4) Members to consider undertaking student-led visits to Rotherham Opportunities College and Newman Special School.
- 5) Members to attend a meeting of the SEND panel to observe the decision making process for EHCPs.
- 6) Members to provide feedback to officers on the refreshed EHCP template.

## 11 Recommendations

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

- 1) That the PfA Board develop a range of outcome measures during 2019-20 to supplement output measures such as number of EHCPs completed in time, in order to:
  - understand the impact of the new pathway
  - capture achievement of individual aspirations, in EHCPs and in the longer term
- 2) That the PfA Board develop measures of satisfaction during 2019-20 for young people and families/carers with regard to the transition/PfA process and new pathways.
- 3) That quality assurance processes are in place to monitor the consistency and quality of EHCPs when the new template is introduced.
- 4) That Adult Social Care continues to develop its Information, Advice and Guidance offer in 2019-20 for all customer cohorts, including young people transitioning from Children and Young People's Services and for people aged 25 who may face a second phase of transition.
- 5) That training and workforce development continues to embed taking a strengths-based approach fully with staff across Children and Young People's Services and Adult Care, Housing and Public Health, and with health partners.
- 6) That representatives from the PfA Board, including Rotherham Parent Carers Forum, provide Scrutiny with a further progress update during 2019-20.



**12 Contact Details**

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**Endnotes**

**1) Preparing for Adulthood (PfA)**

Guidance and resources are available to assist local authorities and partners in developing their pathways to support for young people and their families/carers through transition from children's to adult services. The four main areas of focus in PfA are: - employment; independent living; health, and community inclusion.

**2) Education, Health and Care Plans**

An EHCP is for children and young people aged up to 25 who need more support than is available through special educational needs support. The plans identify educational, health and social needs and set out the additional support to meet those needs. The intention is to secure the best possible outcomes for young people and, as they get older, prepare them for adulthood.

**3) High Needs Block of the Dedicated Schools Grant**

Funding source for education of pupils with an identified Special Educational Need and normally subject to an EHCP. The funding is for pupils from ages 0-25 in a range of provision including special schools, mainstream schools, alternative provision and independent specialist provision.