

IMPROVING LIVES SELECT COMMISSION

Date and Time:- Tuesday 4 November 2025 at 10.00 a.m.

Venue:- Rotherham Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH

Membership:- Councillors Brent (Chair), Harper (Vice-Chair), Adair, Blackham, Bower, Clarke, T. Collingham, Elliott, Fisher, Garnett, Hughes, Pitchley, Monk, Reynolds, Ryalls, Sutton, Ismail.

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Minutes of the Previous Meeting (Pages 3 - 19)

To consider and approve the minutes of the previous meeting held on 16 September 2025, as a true and correct record of the proceedings and to be signed by the Chair.

3. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

4. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

5. Questions from Members of the Public and the Press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

6. The Looked After Children's Sufficiency Strategy 2023- 2027 Update (Pages 20 - 41)

The Looked After Children's Sufficiency Strategy 2023-2027 focuses on what is known about looked after children and young people, including their voices, and the information about local homes for children. The strategy also provides the latest data trends, what the priorities are and the delivery plan to achieve those.

This item will provide an update on the delivery of the strategy over the past twelve months.

7. Draft Special Educational Needs and Disabilities (SEND) Sufficiency Strategy 2026-2029 Update (Pages 42 - 58)

This item will provide a high-level overview of the draft SEND Sufficiency Strategy 2026-2029 via a PowerPoint presentation. The update will include aspects which are likely to be included within the draft strategy and the key headlines, ahead of the presentation to Cabinet in November 2025.

8. Work Programme (Pages 59 - 61)

To consider and approve the Commission's Work Programme.

9. Improving Lives Select Commission - Sub and Project Group Updates

For the Chair/Project Group Leads to provide an update on the activity regarding sub and project groups of the Improving Lives Select Commission.

10. Urgent Business

To consider any item(s) the Chair is of the opinion should be considered as a matter of urgency.

**The next meeting of the Improving Lives Select Commission
will be held on Tuesday 2 December 2025
commencing at 10.00 a.m.
in Rotherham Town Hall.**



John Edwards,
Chief Executive.

IMPROVING LIVES SELECT COMMISSION
Tuesday 16 September 2025

Present:- Councillor Brent (in the Chair); Councillor Harper (Vice-Chair), Blackham, Bower, Clarke, Elliott, Fisher, Garnett, Pitchley, Ryalls and Hemmingway.

Apologies for Absence:- Apologies were received from Councillors Adair, Hughes, Monk, and Sutton.

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

1. MINUTES OF THE PREVIOUS MEETING

Resolved: - That the Minutes of the meeting of the Improving Lives Select Commission, held on 22 July 2025, be approved as a correct record of proceedings.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. EXCLUSION OF THE PRESS AND PUBLIC

There were no items of business on the agenda that required the exclusion of the press and public from the meeting.

4. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

5. CORPORATE PARENTING PARTNERSHIP BOARD UPDATE

The Chair who was the ILSC representative on Corporate Parenting Partnership Board (CPPB), provided an update relating to the recent activities of the board, during which the following was noted:

- The recent meeting took place on 9 September 2025.
- A CPPB update was provided to the board, the Assistant Director for Children Social Care reminded members of the board that the action plan would be the framework used to progress during this period. There were six priorities contained within the action plan, and at each meeting a particular themed area of the plan would be reviewed as a spotlight topic. Each themed priority had a Lead

Officer as well as a Champion Member. The spotlight topic would be the themed area that would be covered by the Children In Care (CIC) and the In Care Voice Group.

- An In Care Youth Update was provided to the board and the Voice and Influence service attended the meeting, alongside five young people. The group developed a presentation on education, which included their perceptions on what a 'good' classroom environment looked like compared to a 'bad' classroom environment. There was a wider focus on the educational opportunities for children in care and the PowerPoint offered a powerful view on where some young people had not had a great experience. The Assistant Director for Education and Inclusion offered an update and shared the efforts being made by the service to support children in care in their education.
- The Assistant Director for Education and Inclusion, with the support of the Champion Member, shared a PowerPoint presentation on Employment, Education and Training and a further presentation on Foundation Education.
- Two items were deferred until the next meeting, due to time constraints.
- The next meeting of Corporate Parenting Partnership Board would take place on 9 December 2025.

6. ROTHERHAM CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) ANNUAL UPDATE

This item provided an update on Child Adolescent Mental Health Service's (CAMHS) performance, including the progress of the Neurodevelopmental Pathway.

The Chair welcomed to the meeting Councillor Cusworth, Cabinet Member for Children's and Young People's Services, Helen Sweatton, Joint Assistant Director for Commissioning, Quality and Performance, Emily Goodrick, CAMHS Service Manager, Kelly Sanderson, CAMHS Getting Help Team Manager, Jemma Smedley, Clinical Lead for With Me in Mind (WMIM), Marianne Smith, Consultant Clinical Psychologist and Clinical Lead and Emma Clark, Neurodevelopmental Service Manager.

The Chair invited the Cabinet Member to introduce the report, during which the following was noted:

- CAMHS was an area of continued importance to the Commission. Historically, CAMHS updates were provided to Health Select Commission, however due to a change of the Scrutiny Terms of Reference, the update had moved to the Improving Lives Select Commission. The Cabinet Member felt that the move to the ILSC was the correct decision.
- The presentation would highlight improvements within the CAMHS services, on-going challenges and future priorities. This would include improved access, the neurodevelopmental services, supporting schools, innovative approaches and the strong partnership working that was taking place with families, schools and community organisations.
- In terms of context, Rotherham had seen an improving picture within the CAMHS services over recent years, specifically with the work of With Me In Mind (WMIM) across the schools within the borough. Nationally, there were long waiting times, an example was provided of elsewhere within the country where a young person had waited seven years. This highlighted that the sector was facing challenges, as the pandemic had exacerbated waiting times. Social media was also a challenge that had increased demand and waiting times.

The Chair invited the joint Assistant Director for Commissioning, Quality and Performance to provide the presentation, during which the following was noted:

The presentation would cover-

- Child and Adolescent Mental Health Service Performance
- Neurodevelopmental Service
- Engagement with families and communities
- Support for Early Years
- Mental Health Support Teams
- Support to young people not in education.
- The Neurodevelopmental Services were separated from the CAMHS update as it did not sit within CAMHS Services, this was due to developmental difficulties being more in line with a physical disability, therefore it sat under physical services.

Children and Young People's Mental Health and Emotional Wellbeing Support-

- Rotherham CAMHS used the Thrive model to deliver services.
- There's was a lot of on-going engagement with families and communities, particularly with children and young people, in recognition that CAMHS wanted them to be involved in shaping services.
- There was a lot of support within early years, including the mental health support teamwork, CAMHS were working to ensure that this was available in as many Rotherham primary schools as possible. Extended support to young people not in education was also offered, albeit there were some complexities around when they could get involved.
- The THRIVE Framework thought about the mental health and wellbeing needs of children, young people, and families through different needs-based groupings including:
 - Getting Advice
 - Getting Help
 - Getting Risk Support
 - Getting More Help.

Children's Eating Disorders (CED) Pathway-

- The pathway provided person-centred care and appropriate care packages. When needed, young people were offered twice weekly appointments and additional telephone or video consultation support, alongside therapy (e.g. CBT and family therapy).
- CED's accepted referrals from a range of professionals, as well as self-referrals. There were no specific weight or BMI criteria and no long referral form.
- An on-duty clinician was allocated each day and a second to support, with the aim of all referrals being triaged within the 24-hour timeframe and to take any clinical calls.
- The service continued to work to ensure young people who needed an assessment attended appointments.
- Weekly meetings were held with colleagues from the CED Pathway

and there were currently no significant concerns about access to inpatient mental health provision.

- There was good multi-agency working in situations where referrals could not be responded to due to lack of engagement. Examples were provided of Early Help Services providing support to Children's Social Care and schools within the borough working well with CAMHS to enable a good response and access to the pathway for parent and carers.

Getting Advice Pathway-

- The CAMHS Getting Advice Pathway provided Single Point of Access (SPA) consultation and advice to parents, carers, children and young people, GP's and schools. This was the first point of contact for most people entering the service.
- Improvement work, underpinned by engagement, had reduced waiting times.
- In Rotherham, there were 55 young people awaiting triage, with a longest wait of 4 weeks. This was significantly different to the picture at the time of the last CAMHS update to scrutiny, which was previously a waiting time of up to a year.

Getting Help Pathway (Getting Help and Psychological Therapies)-

- The Getting Help and Psychological Therapies pathways had merged, providing a more resilient and coordinated service.
- There was significant improvement in wait times, with a longest wait of 5 weeks, (there was 9 young people waiting intervention).
- The 21 young people waiting to access psychological therapies, all had previous support from the service.
- There were currently 143 young people open to Rotherham Getting Help and 56 young people open to Rotherham Psychological Therapies.

Transition Pathway-

- A Transitions Worker was now in post, this position was developed because of feedback from children and young people, who had advised that it was very difficult to transition from CAMH Services

into Adult Mental Health Services. As a result, a Transitions Worker was employed to provide support.

- All young people aged 17 plus had a Transition Care Plan, this provided them with the knowledge of what would happen when they turned 18.
- There were improved options for 16 plus, so that they could choose where they would receive the service from. For example, if they would be more comfortable accessing an adult pathway, they could access talking therapies. This also meant that they would not be required to transition at age 18, because they would already be accessing adult services.
- Peer support was embedded.

Children and Young People (CYP) Crisis Pathway-

- In terms of crisis support, a 24-hour service (accessed through Doncaster SPA) was available. Urgent referrals were triaged within 4 hours for an emergency and 24 hours for children and young people with an urgent need.
- In over 99% of cases, children were seen within expectations, exceptions were carefully monitored and documented.
- Caseloads were high and averaged around 90 for the service, there were 10 young people waiting for an initial contact, nobody was waiting over 4 weeks to receive a package of support. Whilst awaiting initial contact, initial contact would be made with the refers and often the child or young person would already have people supporting them.
- There were lots of conversations between CAMHS, Children's Social Care and other pathways, if there was a child that CAMHS were worried would enter the Crisis Pathway during the weekend, the employees of the Crisis Pathway would often spend time at Rotherham Hospital, to ensure that they would be close by and could get to the child quickly.
- Children were seen with an exception, with a crisis response in place.

Neurodevelopmental Service Pathway-

- In terms of the national picture, there was increased demand, this was also the case at a local level.
- In terms of continuous service development and improvement, work was completed to ensure that referrals were appropriate and good quality. There was a school-based referral pathway in Rotherham, where children were identified in school, alongside identification of all their needs. The Specialist Inclusion Team and the graduated response in place via the Education Inclusion Service, really supported schools to identify needs. WMIM was in place in most schools across the borough, this helped the identification of needs and allowed schools to look at what modifications to the environment could be made, and how support could be provided to children whilst obtaining the information required for a referral and during the wait for an assessment.
- Improved efficiency and increased assessments.
- Increased capacity.
- Positive service evaluations.
- In 2025 the average referral rate between April to June was 24.7 per week, compared to 17.8 per week last year. In July 2025 alone, 200 referrals were received in one month, this was an unprecedented amount and significantly above the capacity of the service. Although the demand had increase, the wait time did not increase significantly.
- 1864 children were waiting for an assessment, compared to 1759 in July 2024.
- 75% or 1392 young people had waited longer than 18 weeks, compared to 80%, 1414 young people in July 2024.
- 30%, 469 young people had waited longer than 2 years compared to 34%, 602 young people in July 2024.
- The longest wait was 174 weeks compared to 290 weeks in July 2024.

Engagement with Families and Communities-

- There was lots of engagement on-going with families and communities. An example was provided of how young people asked CAMHS to create a self-referral option, as a result CAMHS

were working towards implementing a self-referral pathway.

- Individual feedback indicated positive experiences.
- WMIM Ambassadors influenced strategic decision making and were represented at the Children's and Young Peoples Partnership Board.
- Targeted engagement with young people involved in the service when undertaking improvement and development, for example the getting advice self-referral.
- There was a new team manager in the Neurodiversity Service, which was increasing capacity for engagement.
- The Rotherham Parent Carers Forum (RPCF) led the PINs project, enabling inclusive practice.

Support for Early Years-

- Baby packs helped to increase the reach of the Family Hubs which were based in children centres and the 0-19 service initiatives were increasing opportunities for early identification.
- The Child Development Centre was delivering the following:
 - Diagnostic assessment for autism
 - Best Start for Life
 - Early identification of special educational needs and disabilities
 - Additional short-term investment and a review of the pathway was in place to increase capacity for assessments and manage sustained increase in referrals to the Child Development Centre (CDC).
- Work was on-going within the Inclusion Services, there was a government directive to set a target for the percentage of children that achieved a Good Level of Development (GLD). As a result, a Better Start Plan would be drafted, this would be presented to the Commission at the next CAMHS update in 2026-2027.

With Me In Mind (WMIM)-

- WMIM was Rotherham's Mental Health Support Team delivery work, this was in partnership with education provisions to provide

evidence-based interventions for children with mild to moderate mental health difficulties.

- Four WMIM teams currently worked with 59 education settings and were reaching around 32,000 pupils.
- There was a planned expansion in 2026 which would create another team to work with a further 8000 children in 85% of education provisions.
- The service provided good advice and consultation to schools and ensured that the environment that a child accessed at school was appropriate to meet their mental health needs.

Support for Young People Not in Education-

- KOOTH was a digital online only mental health support service which was jointly commissioned by Rotherham MBC and Rotherham Clinical Commissioning Group (CCG).
- Kooth.com was an innovative online counselling and support service which was available to all young people and young adults across Rotherham, aged 11-25.
- CAMHs were represented on the Inclusion Panel supporting children at risk of exclusion and/or suspension, or children unable to access a full-time education.
- An innovative and immersive virtual reality-based therapy was available for children and young with emotional based school avoidance, this helped them to put themselves back into the position of going to school in a safe environment.

The Chair thanked the relevant officer for the presentation and opened up to questions, during which the following was noted:

- From an ICB and local authority perspective, there was not a specific pathway commissioned in Rotherham for Children in Care (CIC). The report was structured based on the different services that CAMHS were commissioned to deliver, however, each service had mechanisms to prioritise CIC.
- There was therapeutic intervention via the Empower Service which was part of the Children and Young People's Services Safeguarding Families Support Service. Empower was a

Therapeutic Team that worked with families. The Neurodevelopmental Pathway completed triage's every day and CIC were expedited within the pathway, alongside any vulnerable children.

- There was a psychologist post within RDaSH that worked closely with the Empower Service. RDaSH's wider policy was to prioritise CIC above anyone else on the waiting list. RDaSH linked with other organisations and colleagues to work collaboratively.
- CIC were not referenced specifically throughout the PowerPoint and the CAMHS Report. Although CIC were covered throughout the different pathways, the Commission asked the CAMHS Service to ensure that future updates would include specific reference to CIC, to ensure that any member of the public reading the report or PowerPoint would be assured that CIC were included within CAMHS pathways and services.
- In relation to referrals via the CAMHS Service, referrals were accepted from young people themselves, alongside referrals from parents, carers and schools. Good quality referrals were important to ensure a decision could be made quickly. The service advised that the best story tellers were the people who were living the story, which were the young people themselves.
- The Neurodevelopmental Service had a school-based referral pathway for children, to ensure that the referral would be needed. The service was focused on potential barriers, such as elective home education. As a result of the on-going work in this area, there was now a pathway for workers within the Elective Home Education Team, to directly refer into the pathway and request consultation and support.
- Mobile phone usage and social media usage was a contributing factor to the increase in CAMHS demand; however, any restrictions of phone use or social media platforms would need to be a government directive.
- CAMHS aimed to flood social media with positivity, WMIM and CAMHS had social media profiles on Facebook, Instagram and TikTok to assist with this.
- The Eating Disorder Service completed a lot of direct one-to-one work and saw the impact of what children were exposed to online. Training was provided to schools and wider professionals around recognising the signs that may be apparent in young people, to

mitigate the impact of those experiences.

- In relation to Avoidant and Restrictive Food Intake Disorder (ARFID), the ICB and RDaSH did not commission a specific ARFID Pathway in Rotherham. However, an external consultant had previously been commissioned to create a package of support for ARFID, therefore the required support was provided to children and young people as required. There were pathways in other areas of the country that the ICB could access for ARFID if required. South Yorkshire ICB were considering whether there was enough demand locally for an ARFID Pathway to be commissioned.
- The specific data relating to the Eating Disorder Pathway and the numbers relating to the 24-hour triage timeframe would be provided to the Commission in writing, following the meeting.
- In relation to Getting Advice and ensuring that children who were not in education would be aware of the support available for them, CAMHS were currently looking at this as an area of focus for the service. The service was currently drafting a design of what the support for the cohort of children not in education could look like. There was a heavy presence on social media to ensure awareness of self-referrals and to advertise the services available for children and young people. CAMHS aimed to be visible at events and worked closely with school nursing colleagues.
- Consideration would be given by CYPS the creation of a promotional card, which could include CAMHS support service details and could be circulated to schools and GPs for awareness.
- In relation to the Getting Advice Pathway waiting times, the waiting time of up to four weeks was positive in comparison to national waiting times, the national benchmark was set at eighteen weeks. In February 2024 the waiting time was over 52 weeks. The pathway was seeing increased demand and the average referral rate over the past twelve months was 155 referrals, with peaks hitting 200 referrals in the approach to the summer holidays. There were often increased referrals during exam periods and throughout the return to school period after the school holidays. There was one person who was allocated to triaging all referrals, due to increased demand a further post had been added. Extensive process mapping was completed to identify what the service was doing well and where improvements were required, which led to many changes in processes.
- The Crisis Service was an out of hours response for when children

and young people were in crisis and the usual support around them was not available. Often children and young people struggling with their mental health would already be known to several professionals, as well as having a supportive family network around them. A lot of prevention work was completed to ensure that professionals and family members who interacted with the young people on a day-to-day basis, would be skilled to manage escalations. If the support was not working in the best way possible and the children and young people's needs were not being met, crisis management planning would be put in place to ensure that the Crisis Team would be available to respond in person or on the phone.

- It was clarified that the average case load for the Crisis Service of 90 cases was for the whole service and not per worker.
- In relation to the Crisis Service PowerPoint slide and the reference of 99% of cases being seen within expected timeframes, a percentage was felt more appropriate for this rather than a numerical figure, this was due to each case being individual and therefore each response was required to be individual. Some children would receive an initial response from the Crisis Team and could wait four weeks for further support due to the high level of support around them, other children would be unable to wait the four weeks, therefore the expectations differed dependent upon the individual situation. Further detail on this would be provided to the committee via a written response.
- In relation to operational management in the CAMHS Service and managing increased referral rates, there was a day-to-day operational management team which helped to support staff within the service. Work was completed to ensure that staff were supported with the increased volume of work, which was robustly monitored by the Senior Leadership Team (SLT). Weekly meetings were held between operational management and SLT, alongside weekly pathway lead meetings. The Clinical Pathway was increasing efficiencies by reviewing processes and working with young people and families to capture their experiences of the pathway. A range of service evaluations were used to capture as much feedback as possible about services, alongside working closely and meeting regularly with the Rotherham Parent Carers Forum, to capture experiences and feedback. As a result of the feedback gathered so far, a Day Model Pilot was established and commenced in August 2025.

- In relation to early identification of SEND, there was a 0-19 service provided by The Rotherham Foundation Trust (TRFT), who completed universal visits to all children. There was a check between six to eight weeks after a baby was born, the team were also piloting an additional check between three and four months old, to try to increase early identification of SEND. There was a universal check at 12 months old and a further universal check at two to two-and-a-half years old, at this point if a child was not meeting developmental milestones, this would initiate a conversation with a professional around what support was available within the Child Development Centre or the Specialist Inclusion Team.
- Increased registrations at Family Hubs were promoting early identification of SEND and provided families with a place to go to with any concerns. Additional Nursery Nurse positions had recently been agreed within the 0-19 Service, to work alongside families where there was early identification of SEND and provide them with an introduction to services and support. The health based Best at Life Strategy and the Council's Early Years Education Strategy both supported early identification of SEND.
- All looked after children aged 0-5 had a Personal Education Plan (PEP), which captured development milestones and GLD.
- Members of the Commission were asked by officer's present to promote the Family Hubs Services within their communities, to ensure families and children would be engaged at the earliest opportunity, which would in turn avoid an over-reliance on statutory interventions and would provide support to families so that they could support themselves. A QR Code was developed to share within communities, this would be provided to elected members to share wider within their wards.
- The Child Developmental Centre was a borough wide service, predominantly based in Kimberworth.
- In relation to WMIM, there was a whole school offer which required each school to complete an individual proforma. There was a whole school approach co-ordinator who was recruited to ensure a needs-led approach. The coordinator would complete an Audit and Needs Assessment with each school. The Audit and Needs Assessment would provide the service with the understanding of the needs of that school's population, this would be translated into delivery within the setting by two team managers. Sessions could be tailored and could be delivered via a school wide assembly or a

specific year group.

- WMIM had three core offers available, there was also direct work via a referral system, where referrals were triaged every Monday. A young person would usually receive an intervention within a two-week timeframe following a referral being received. The maximum wait was previously four weeks, this was due to factors such as high-peak exam season and transition season. The whole-school approach was a termly rotation, therefore requests were submitted on a termly basis and the classroom sessions, teacher training or parent sessions, would be delivered during the following term.
- There was a mixture of academic settings that worked with WMIM, such as mainstream primary schools and secondary schools, SEND schools, referral units and one college. There was currently 70% coverage across the borough and by January 2026, this was predicted to be at 85%, although the aim was 100% coverage. The national government were aiming for 100% coverage by 2030.
- KOOTH was an external organisation that was available across all South Yorkshire authorities. KOOTH provided direct work via digital online support, this included online counselling sessions and group sessions. KOOTH was also available to young people who were not in education.
- There was a focus on mental wellbeing for employee's across CAMHS, to ensure resilience, wellbeing and retention. RDaSH worked hard to support and improve the culture of teams. Workplace initiatives were developed to support this, including individual pathway-based initiatives. RDaSH were supportive of continuing professional development and increasing retention. There were lots of examples of employee's who had joined the service and were supported to progress into another role, examples were provided of band 5 Staff Nurses who moved into more senior roles, such as non-medical prescribing roles.
- There were robust clinical management supervision structures in place such as clinical lead supervision. Clinical lead supervision could take place on a weekly basis and was dependent on the intensity and difficulty of cases that employees had. Although employee wellbeing had been an area of concern previously, there was now several strategies in place.
- There was an up-coming celebration day planned for the Neurodiversity Team, this would provide an opportunity for the Team to meet together and gather employee feedback. The event

would include the sharing of good feedback captured from young people, parents and carers with employees to promote the positive feedback, this in turn supported employee resilience and recognise success.

- The Cabinet Member thanked the Commission for what was viewed to be a good scrutiny session, which included many thought-provoking questions.

Resolved:- That the Improving Lives Select Commission:

- 1) Consider the progress made to implement strategies to support children and young people to have good mental health and emotional wellbeing.
- 2) Agree that a further update on Children and Young People's mental health and wellbeing be included on the work programme for 2026-2027.
- 3) Request that information relating to the following be included in future CAMHS updates to the Commission:
 - Additional data and information relating to performance and outcomes.
 - Further information relating to children in care.
 - Further information of the support available to children who are electively home educated.
- 4) Request that specific data relating to the eating disorder pathway and the most recent timescales and waiting times be provided to the Commission.
- 5) Request that further information and specific numbers relating to the Children and Young People's Crisis pathway and the 99% of cases seen within expectation be provided with the Commission.

7. WORK PROGRAMME

The Committee considered its Work Programme and the following was noted:

- The Work Programme was included in the agenda pack, for information and discussion.

- Two items were received via the Chair of OSMB's request for members to submit Work Programme items which were:
 - A request for an update on the Children's Capital of Culture with a focus on the potential impact and legacy. Members were advised that this update could be held as a workshop.
 - A request to look at the changes to the Children's Centre Outreach Team and the lack of key hubs in certain areas of the borough. The service advised that this was ward specific and related to a specific contract, therefore a written response was suggested for this.
- Health Select Commission had arranged a workshop to look at the revised Unpaid Carers Strategy, ahead of Cabinet. Members of the Commission were invited to join the workshop as the Strategy included young carers. The invite for the workshop and further details were circulated via email.
- The LINK Officer for the Commission asked members to consider adding an update on the Prevention of Future Death Reports to the Work Programme for November now the report had been received, this was agreed.
- The LINK Officer for the Commission asked members to consider adding an update on educational attainment to the 2025-2026 Work Programme.
- Members were asked to send any potential suggestions for the Work Programme to the Chair and Governance Advisor.

Resolved: - That the Work Programme for 2025/2026 and suggested additions discussed, be approved.

8. IMPROVING LIVES SELECT COMMISSION - SUB AND PROJECT GROUP UPDATES

The Chair provided a progress report on sub and project group activity, during which the following was noted:

- A bespoke trauma training session was held in August with members of the Commission, which was an informative session and was well attended by members.
- The Member and Democratic Panel which approved the training request, had asked for feedback from the session. Members who

attended the session were asked to provide feedback via email to the Governance Advisor.

Resolved: - That the update be noted.

9. URGENT BUSINESS

There was no urgent business.

Public Report
Improving Lives Select Commission

Committee Name and Date of Committee Meeting

Improving Lives Select Commission – 04 November 2025

Report Title

Children in Care and Care Leavers Sufficiency Update

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

No

Strategic Director Approving Submission of the Report

Nicola Curley, Strategic Director of Children and Young People's Services

Report Author(s)

Mark Cummins

mark.cummins@rotherham.gov.uk

Ward(s) Affected

Borough-Wide or Name of Ward

Name of Ward

Report Summary

The Looked After Children's Sufficiency Strategy (2023-2027) focuses on what we know about our children and young people, including their voices, and the information about local homes for children. The strategy also provides all our latest data trends, what our priorities are and the delivery plan to achieve these.

This report provides an update on the delivery of the new strategy over the past 12 months.

Recommendations

That the Improving Lives Select Commission:-

- 1) Consider the progress made against the delivery plan for the Looked After Children's Sufficiency Strategy.

List of Appendices Included

Appendix 1 Children in Care Sufficiency Strategy

Appendix 2 Care Leavers Addendum to the Children in Care Sufficiency Strategy

Background Papers

Children in Care Sufficiency update report to Cabinet (November 2024) - [REPORT
TEMPLATE FOR CABINET & COMMISSIONER](#)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Name of Committee – Click here to enter a date.

Name of Committee – Click here to enter a date.

Council Approval Required

No

Exempt from the Press and Public

No

Children in Care and Care Leavers Sufficiency Update

1. Background

- 1.1 The Looked After Children Sufficiency Strategy has been developed in line with the duty to provide or procure placements for Children Looked After by the Local Authority. The legislation and guidance include Children Act 1989, Sufficiency Statutory Guidance 2010, Care Planning, Placement and Case Review Regulations 2011. The duty of 'sufficiency' requires Local Authorities and Children's Trust partners to ensure that there is a range of sufficient placements which meet the needs of children and young people in care. There is also a responsibility to take steps to develop and shape service provision to meet the needs of all children and young people in care at a local level, as far as is reasonably possible as set out at Section 22G Children Act 1989.
- 1.2 The Strategy sets out how Rotherham Children and Young People's Services will fulfil its role as a Corporate Parent and meet its statutory sufficiency duty by providing good quality care, effective parenting and support to children and young people in and leaving care. It describes the principles that are applied when seeking to commission the provision of secure, safe, and appropriate accommodation and support, to children in care and care leavers over the next three years.
- 1.3 The Strategy provides the underpinning needs analysis that will inform market management, seeking to ensure that there is the right mix of provision available to meet the needs of children and young people and that this provision mix provides positive outcomes and value for money. Whilst this Strategy is not primarily a financial one, it is expected that the commissioning and strategic intentions are essential to the sustainability of improved outcomes and the Local Authority budget.
- 1.4 The current Looked After Children's Sufficiency Strategy (2023-2027) was approved at Cabinet in October 2022. Key objectives identified in the strategy are below:
 - More Young People aged 10+ are able to be cared for safely in their families and communities.
 - Children and young people have access to a range of homes (internal and external options) that meet their needs and improve their outcomes.
 - All services take the Rotherham Family Approach to ensure all Rotherham children and young people are "resilient, successful and safe," evidenced by Quality Assurance activity.
 - Children and young people are able to access the support they need when they need it because Health, Education and Care Services share a joint understanding of the needs of children and young people in Rotherham and use this to inform commissioning and service delivery.

- Children and Young People, and their families and carers are able to access CAMHs assessment and intervention when needed.
- Children, young people, families, and carers benefit from additional social value in Rotherham e.g., more employment opportunities.
- More children, young people and families benefit from additional support to improve outcomes and access employment.

2. Key Issues

In House Residential Progress

2.1 As of October 2025, there are 467 Children in Care. Over a 12 month trend this has reduced from 506. A breakdown of the Children in Care Cohort is given below:

- There are 467 Children in Care
- 215 children are cared for in house provision
- 154 children are placed in Independent Fostering Agencies
- 104 children are placed in house foster care
- 60% of long-term children in care placements have been stable for at least 2 years
- 45 children are placed in residential care.
- 79% of children in care live within 20 miles of home
- 77% of children in care are placed in a family-based setting
- There are 344 Care Leavers
- 98.2% of Care Leavers are in appropriate accommodation
- 111 Care Leavers are living independently
- 65% of Care Leavers are in Education, Employment or Training

2.2 The continued trend of a reduction in young people aligns to a focus on strengths-based practice and family intervention. The over-arching Sufficiency Strategy is focused on placement stability and the continued development of in-house provision.

2.3 Increasing local sufficiency is supported by transformation work to increase the amount of in house placements, through recruiting more foster carers, develop residential provision and creating a range of accommodation options for Care Leavers.

2.4 In House residential progress update:

Phase 1

Objectives: 1 x 4-bed home and 1-bed emergency accommodation (5 beds in total).

Target	Achieved	Next Steps
4 Bed Home met	4 children now living in the home	Complete

1 Bed Emergency Home complete		Complete
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Phase 2

Objectives: 2 x 2-bed home and 1-bed emergency accommodation (5 beds in total)

Target	Achieved	Next Steps
2 Bed Home met	Ofsted March 2021. Two children now living in the home.	Complete
2 Bed Home met	Registered with Ofsted September 2021. Two children now living in the home.	Complete
1 Bed Emergency Provision Delayed Home scheduled to open Q3 25/26		Ofsted registration submitted September 2025

Phase 3

Objectives: 4 x 2 bed homes

Target	Achieved	Next Steps
2 Bed Home complete	Two children now living in the home.	Complete
2 Bed Home delayed	Planning permission granted Capital programme to be complete Q3 25/26	Awaiting submission of Ofsted registration
2 Bed Home Delayed Home scheduled to open Q3 25/26.	Ofsted registration submitted	Ofsted registration submitted September 2025
2 bed Home Delayed Home scheduled to open Q1 26/27	Home identified. Planning permission granted. Awaiting procurement for capital programme	Procurement. Capital Programme.

Phase 4

Objectives: 2x2 Bed Homes

Target	Achieved	Next Steps
2 Bed Home complete	Home open and two young people living in the home.	Complete
2 Bed Home met	Home opened August 2025. 1 young person in the home with a vacancy of one bed.	Complete

Accommodation

- 2.5 As detailed above the in-house residential programme has a current capacity of 15 beds with 14 beds occupied at time of writing. All properties are now identified to complete phases 1-4 with the remaining beds currently set to become available by the end of Q1 26/27 subject to successful registration with Ofsted
- 2.6 Average occupancy presumptions are set at 85%, with progress showing that the 2 bed properties are achieving this figure on a more consistent basis. Occupancy rates given sometimes differ from original assumptions for 2 bed properties; this includes when a young person has needed a period of solo placement or where beds become vacant due to transition.
- 2.7 Achieving full occupancy has been a challenge for the programme, particularly on the 4 bed children's home, completed during phase 1. This is often due to the difficulty in successfully matching young people to the home.
- 2.8 The needs analysis shared as part of the previous update to Cabinet recognised that whilst overall Children in Care numbers are reducing there is a forecast increase in the numbers of Care Leavers. This is being driven predominantly by numbers of current Children in Care moving through to adulthood. The needs analysis forecast that there could be as many as 551 Care Leavers by 2027 if demand remained the same and placements continued to be made in the same way.
- 2.9 As of September 2025, there are 141 children in care aged 12-15 who will likely require appropriate accommodation at age 16. This does not take into account any new entrants in to care at this age range and/or any changes in demand.
- 2.10 The Care Leavers Strategy Strategic Priority Two: Safe and Affordable Accommodation highlights the need for suitable accommodation for Care Leavers and acknowledges that sourcing the right accommodation is becoming more challenging.

- 2.11 The Strategy states agencies and services in Rotherham will work together to:
- Ensure there is a range of suitable accommodation options, including staying put, supported lodgings, semi supported, shared accommodation, houses of multiple occupancy and independent accommodation.
 - Expand our in house supported accommodation to 20 dispersed properties which is staffed 24/7. These properties will help young people to get ready for independent living.
 - Maintain close links between commissioning, children in care, leaving care, residential and in house supported accommodation to forecast accommodation needs and commission appropriate services.
 - Establish a 16+ Panel to track young people to appropriate destinations.
 - Work with trusted providers to ensure accommodation and support is of good quality.
 - Support Care Leavers to develop independence skills, to ensure they transition positively to independent living, including budgeting, paying bills, food shopping, cooking, and prioritising.
 - Work with Care Leavers and services to jointly create Pathway plans which consider future living arrangements for young people, including what support will be offered to help to get them there
- 2.12 Care Leavers accommodation is sourced both through in house provision and as part of an externally commissioned 16 plus framework. Placement types on the commissioned framework include both Lot 1 Group living, Lot 2 dispersed accommodation with floating support and Lot 3 floating support only. There are currently 76 Care Leavers accessing commissioned accommodation provision.
- 2.13 In house supported accommodation for young people aged 16-18 years old aims to develop independent living skills, so Care Leavers are equipped to live in the community within 12 months, or by 18 years of age.
- 2.14 In house 16+ group living has a capacity of 9 placements. This includes the offer of floating support for Care leavers who transition out of the group living setting in to dispersed accommodation, The 16+ in house model provides a throughput of accommodation to support independence with opportunities for Care Leavers to take on their own tenancy within a dispersed property.
- 2.15 Taking into account the forecast rise in demand for placements significant work in 2025 has been completed to track young people through to independence as part of each Care Leaver's individual pathway plan. This has helped reduce overall demand for placements and ensure more of the Care Leaver population are the opportunity to live independently when they

are able. The 16+ panel has supported an additional 60 Care leavers to live independently since the previous update to Cabinet in November 2024.

- 2.16 Priorities for Care Leavers' sufficiency over the next period includes continued work with Commissioned Services to ensure sufficient places are available to meet demand and achieve best value. This will include analysis of the overall Children in Care cohort to identify any existing gaps in provision or where needs could be best met through developing additional in-house provision.

- 2.17 To support this a feasibility exercise in relation to creating additional in house supported accommodation provision will be completed. This will include options to increase both group living accommodation and dispersed properties to continue to enhance accommodation options to support more Care Leavers to achieve independence.

2.18 **Foster Carer Recruitment and Transformation Programme**

As part of the ambition for more young people to be supported by in house Foster Carers, there has been continued progress to expand the Foster Carer Recruitment programme. This includes both a digital and place-based marketing approach.

- 2.19 Current recruitment and retention of foster carers is successful, with a number of foster carers currently being assessed for RMBC and fewer foster carers resigning from the authority. Benchmarking of the Rotherham offer to Foster Carers takes place on a regular basis and remains competitive against neighbouring local authorities and independent fostering providers. Rotherham Council are continuously improving our offer to foster carers.

- 2.20 As at the end of July 2025 there were 106 approved foster families, with 104 actives in house fostering placements. 73.8% of available in house foster placements were being utilised at the end of the reporting period July 2025.

3. Options considered and recommended proposal

- 3.1 Not applicable.

4. Consultation on proposal

- 4.1 Not applicable.

5. Timetable and Accountability for Implementing this Decision

- 5.1 Not applicable.

6. Financial and Procurement Advice and Implications

- 6.1 There are no direct financial or procurement implications

7. Legal Advice and Implications

7.1 There are no direct legal implications in this report.

8. Human Resources Advice and Implications

8.1 There are no direct HR implications.

9. Implications for Children and Young People and Vulnerable Adults

10. Equalities and Human Rights Advice and Implications

10.1 There are no direct implications.

11. Implications for CO₂ Emissions and Climate Change

11.1 There are no direct implications.

12. Implications for Partners

12.1 There are no direct implications.

13. Risks and Mitigation

Accountable Officer(s)

Stuart Williams, Assistant Director Children's Social Care
Helen Sweaton, Joint Assistant Director Commissioning, Policy, and Performance

Approvals obtained on behalf of:

	Name	Date
The Strategic Director with responsibility for this report	Name of Strategic Director	Click here to enter a date.
Consultation undertaken with the relevant Cabinet Member	Please select the relevant Cabinet Member	Click here to enter a date.

Report Author: Mark Cummins Mark Cummins

mark.cummins@rotherham.gov.uk

This report is published on the Council's [website](#).

Looked After Children's Sufficiency Strategy Update

November 2025

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Strategy Overview and Priorities

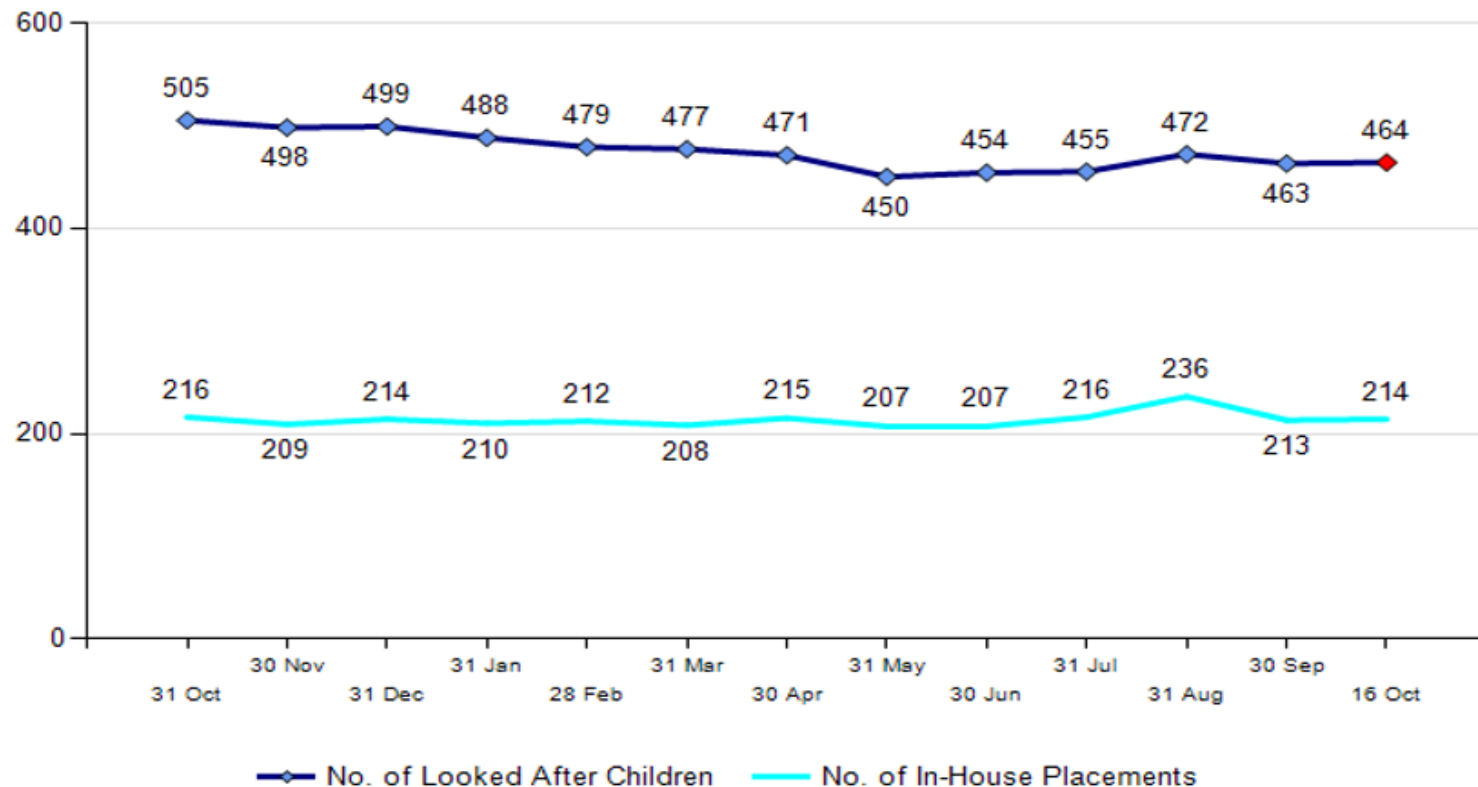
- The current Looked After Children's Sufficiency Strategy (2023-2027) was approved at Cabinet in October 2022
- The Looked After Children Sufficiency Strategy has been developed in line with the duty to provide or procure placements for Children Looked After by the Local Authority. The duty of 'sufficiency' requires Local Authorities and Children's Trust partners to ensure that there is a range of sufficient placements which meet the needs of children and young people in care
- The Strategy sets out how Rotherham Children and Young People's Services will fulfil its role as a Corporate Parent and meet its statutory sufficiency duty by providing good quality care, effective parenting and support to children and young people in and leaving care

Key Priorities 2023-2027

- More young people are able to be cared for safely in their families and communities
- Children and young people have access to a range of homes (internal and external options) that meet their needs and improve their outcomes.
- All services take the Rotherham Family Approach to ensure all Rotherham children and young people are “resilient, successful and safe”, evidenced by Quality Assurance activity.
- Children and young people are able to access the support they need when they need it because Health, Education and Care Services share a joint understanding of the needs of children and young people in Rotherham and use this to inform commissioning and service delivery.
- Children and Young People, and their families and carers are able to access CAMHs assessment and intervention when needed.
- Children, young people, families and carers benefit from additional social value in Rotherham e.g. more employment opportunities.
- More children, young people and families benefit from additional support to improve outcomes and access employment.

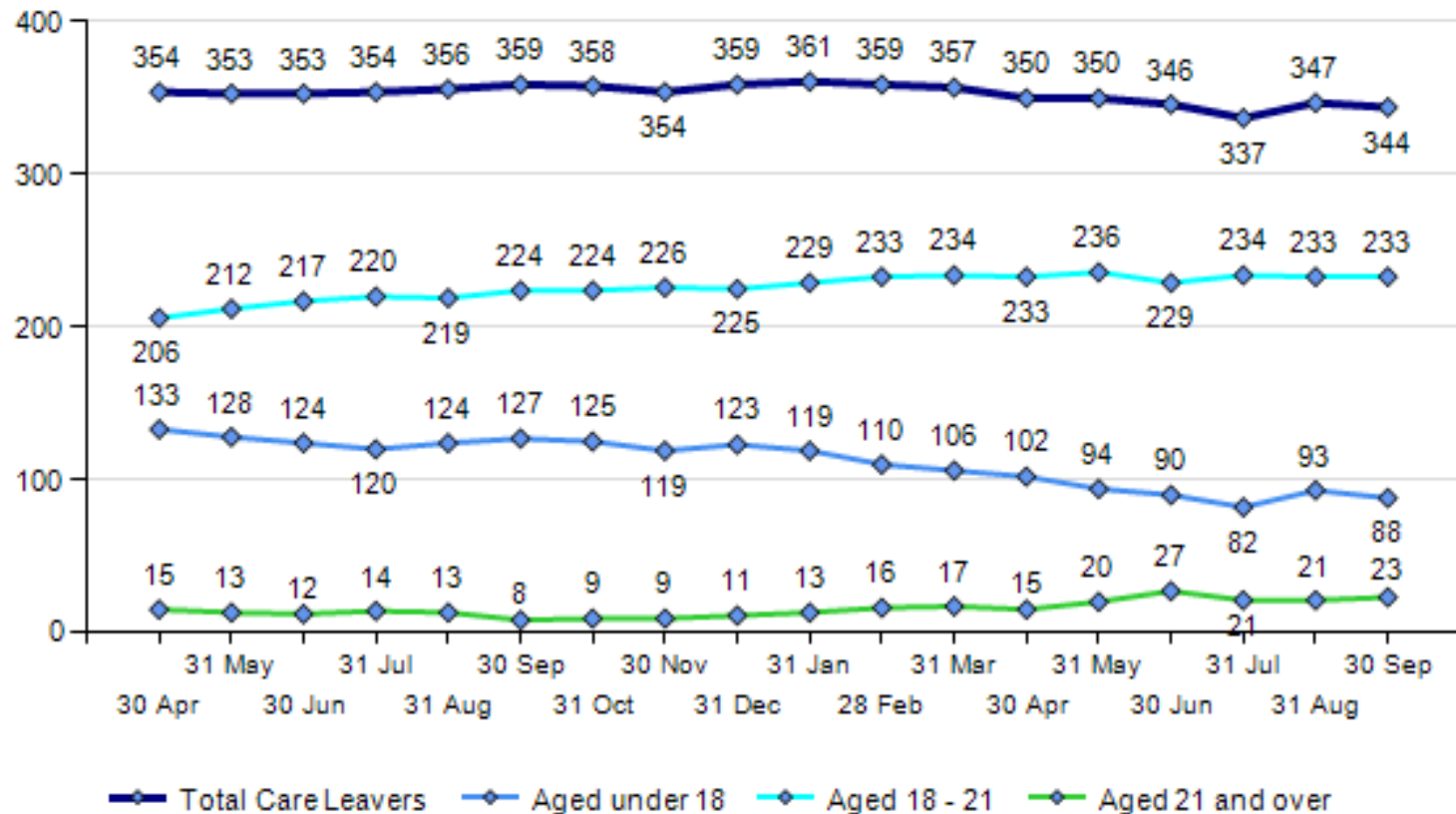
Children in Care Trends

12 Month Trend - Children in Care and In-House Placements



Leaving Care Trends

12 Month Trend - Care Leavers



Residential Case Study

Background information was obtained through the initial referral form and gathered further by a matching meeting. Service Manager took the opportunity to meet D at his Children in Care review

Being sensitive to his experiences and his life chances. The remit was to create a secure base where we could further explore his risks and prepare him for independence as part of his step-down plan.

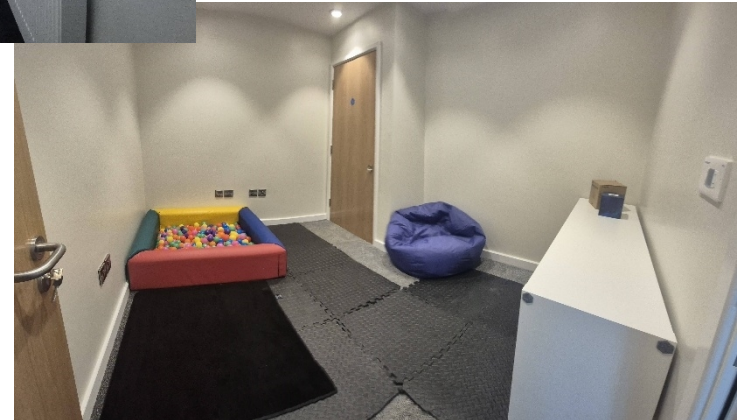
Positive relationships formed and evidenced by

- Sharing sensitive information including past experiences, hopes for the future
- Decreased frequency of missing and when missing he would stay in contact with the team.
- Increased family time
- Engaged with numerous direct work sessions a month

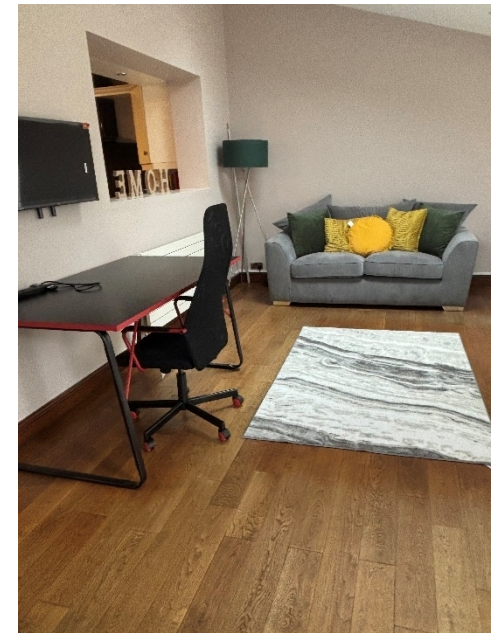
Supported in his transition to further placement outside of Rotherham in line with his step-down and safety plan.

D has visited placement since and expressed it is the only place he felt safe and cared for.

Children's Home 2



Childrens Home 3



Fostering Rotherham

- Fostering Rotherham is a collaboration of digital on-line marketing and place based foster carer recruitment, support and retention of local foster carers
- Fostering Rotherham work with amazing local foster carer heroes who offer up their homes and hearts to young people in and around our community. We work with over 120 fostering families from across Rotherham and South Yorkshire to improve the lives of local children and young people.
- Every day, all our fostering team and carers live the RMBC values that are at the core of what we do. We believe in honesty, accountability and always being respectful. We are ambitious, because we want to make a real change for all of Rotherham's looked after children, and we are proud of what we do.

Foster Carer Retention

Building a Stronger, Connected Community

We provide regular opportunities for carers to connect, learn and feel valued all year round.

Monthly activity for our carers includes:



Coffee afternoons – Informal peer support and connection

Foster Carer Breakfasts – Recognising and celebrating carers

Forums (quarterly) – Opportunities to learn and strengthen relationships across the fostering community.

Wellbeing Sessions (quarterly) – Promoting foster carer wellbeing through activities like 'Paint a Pot', pamper sessions, wreath making, jewellery workshops and even walking with Alpacas.

Partnerships Activities: Working with local organisations including The Arc Cinema, Wentworth Woodhouse, Grimm and Co and Rotherham United to offer free or discounted experiences for our families. We also have businesses that have financially supported some of our activities.



Celebrating our Foster Carer Community - Highlights from the last 12 months

Launch of our short fostering film 'Everything' at The Arc Cinema – October 2024

Free tickets for Wentworth Woodhouse 'Twas The Night Before Christmas and free tickets for a Christmas Panto for our fostering families - December 2024

Easter Egg Hunt and 50 Years of Fostering Celebration – April 2025

First Fostering Rotherham Festival and fostering trip to Bridlington (with RFCA) – May 2025

First Fostering Rotherham Olympics and Colour Dash – July 2025

Story Making workshop for our children in care – August 2025

Afternoon Tea with the Mayor – Celebration of Foster Carers – October 2025.

Our varied programme recognises commitment, builds community and ensures every foster carer feels part of the Rotherham Family.



Challenges

- Recruitment for residential workforce remains extremely competitive
- Recruitment and Retention of Foster Carers remains an ongoing challenge due to the competitive nature of the market
- Shortage of availability of externally commissioned placements across Fostering, Residential and 16+

Opportunities

- Continued/improved awareness and local support for our Looked After Children especially when developing new provision
- Development of our place-based marketing to recruitment to complement our online presence
- Continue to promote what's working well and share good new stories

SEND Sufficiency Strategy

Background

The current SEND Sufficiency Strategy is detailed as part of the Safety Valve Agreement and implementation plan. This has been in operation since 2021 running until the end of 25/26.

A longer-term strategy is required to identify sufficiency requirements beyond Safety Valve from 01/04/26.

Engagement

- As part of the preparation of the SEND Sufficiency Strategy stakeholder discussion and feedback was completed with mainstream schools, special schools, post 16 providers, health colleagues, parents and carers and young people.
- SEND Sufficiency discussion took place with education leaders at Schools Forum, wider education and school improvement partners and at SENCO network events.
Discussions focused on what's working well and areas for improvement across core areas including - SEND Provision, Graduated Approach and Outreach Services.
- Alongside engagement completed specifically for the development of the new SEND Sufficiency Strategy young people's and parent/carers views are captured as part of established quality assurance processes across SEND provision.

Introduction

- The Council has a responsibility to create enough education provision to meet the needs of all pupils, this is called sufficiency.
- This includes support to mainstream schools to meet a wider level of SEND need and also to provide sufficiency of education where it is determined specialist provision is required.
- This SEND Sufficiency Strategy identifies local needs and provision requirements so that all pupils across the SEND continuum are able to access appropriate education provision.

Vision

We have a strong clear vision. In Rotherham we are just as ambitious for children and young people with SEND as for every other child.

The SEND Sufficiency Strategy should be read in conjunction with the Rotherham SEND Strategy My Life My Rights 2024-2028..

Underpinned by Four Cornerstones

welcome and care

value and include

communicate

work in partnership

Progress during the last SEND Sufficiency Strategy (Safety Valve)

- Supporting more children to access education within or close to their local community
- Creating good and outstanding local provision
- The Graduated Response in Rotherham
- Development of SEND School Improvement Offer and Quality Assurance
- Specialist Inclusion Team (SIT)

- **Creating good and outstanding local provision**
- **The Graduated Response in Rotherham**
- **Development of SEND School Improvement Offer and Quality Assurance**
- **Specialist Inclusion Team (SIT)**

- **Children in Rotherham Schools**
- Rotherham has 57,453 children aged under 18 representing 21.7% of the local population (ONS, mid 2020). There are 45,763 children and young people attending Rotherham's schools as at January 2024 School Census. 465 children in a maintained nursery school, 24,661 pupils in primary schools, 19,303 pupils in secondary schools, 1,194 pupils in special schools and 140 pupils in Pupil Referral Units (PRUs).
- **Increasing demand for specialist provision**
- There are a growing number of requests for Education, Health, and Care Needs Assessment each year. Half of the special schools in Rotherham are regularly full or over their commissioned number and the alternative provision places at the Pupil Referral Units (PRUs) are close to capacity (January 2024).

Comparison to national

Increasing numbers of EHCP

Increasing demand for specialist provision

Specialist provision already over capacity

School Types	% CYP in Rotherham as at SEN2 25	% CYP Nationally as at SEN2 25	Gap to National	% CYP in Rotherham as at SEN2 24	% CYP Nationally as at SEN2 24	Gap to National	% CYP in Rotherham as at SEN2 23	% CYP Nationally as at SEN2 23	Gap to National	% CYP in Rotherham as at SEN2 22	% CYP Nationally as at SEN2 22	Gap to National
<i>*Special Schools</i>	32.8%	25.0%	7.8%	32.8%	26.9%	5.9%	34.8%	28.2%	6.6%	32.8%	29.6%	-0.8%
<i>*Resource Provision / SEN units</i>	4.0%	3.8%	0.2%	2.9%	3.9%	-1.0%	1.2%	3.9%	-2.7%	3.2%	4.5%	-1.3%
Mainstream Schools	36.6%	39.7%	-3.1%	34.1%	39.2%	-5.1%	32.1%	37.4%	-5.3%	28.8%	36.0%	-7.2%
<i>*Independent Non Maintained Special Schools</i>	3.3%	5.3%	-2.0%	3.7%	5.2%	-1.5%	3.5%	5.0%	-1.5%	3.8%	5.2%	-1.4%
<i>*Independent Specialist Provision</i>	4.9%	1.5%	3.4%	3.4%	1.5%	1.8%	3.6%	1.6%	2.0%	4.3%	1.7%	2.6%
Post 16 / FE Colleges	13.7%	12.3%	1.4%	14.2%	11.7%	2.5%	13.5%	12.3%	1.2%	14.7%	14.8%	-0.1%
* All Specialist Provisions	45.0%	35.7%	9.3%	42.8%	37.5%	5.3%	43.2%	38.7%	4.5%	44.2%	41.0%	3.2%

Needs Analysis

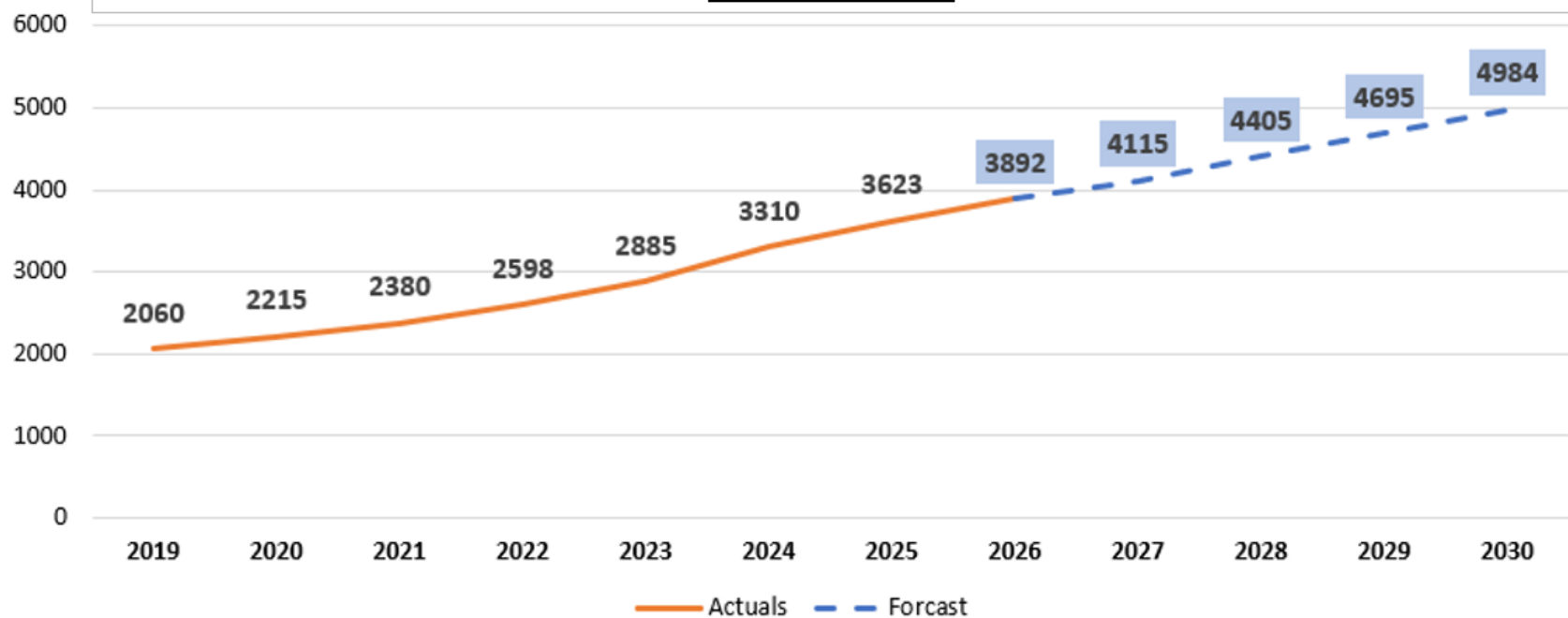
Key Documents considered

- Safety Valve Monitoring dashboard
- SEND statutory returns information to identify current demand/place planning
- Local SEND provision map
- Performance monitoring analysis – Outreach Services
- EHCP trends and comparison to national picture
- National Strategy links where appropriate
- SEND Strategy and KPI dashboard.
- Partnership data – RPCF, health.

Key Areas identified

- EHCP Growth
- Prime Need understanding
- Place planning forecasting

Rotherham's EHCP totals and forecasting projections for Children and young people aged 0-25 yr olds.



Primary Need Forecasting

EHCP NEEDS BY YEARS	Autism Spectrum Disorder	Hearing Impairment	Medical	Moderate Learning Difficulty	Multi- Sensory Impairment	Other Difficulty/ Disability	Physical Disability	Profound and Multi Learn Diff	Severe Learning Difficulty	Social, Emotional & MH	Specific Learning Difficulty	Speech, Lang, Comm Difficulty	Visual Impairment	EHCP forecasting numbers in line with Rotherham's 0-25 population estimates
2019	651	40	9	439	3	9	164	8	104	388	45	182	18	2060
2020	682	40	9	450	4	10	172	8	102	470	50	198	17	2212
2021	747	42	6	445	4	11	178	8	97	536	50	223	24	2371
2022	820	49	6	455	5	13	189	7	84	607	54	264	25	2578
2023	952	49	0	461	5	1	214	13	83	686	62	334	25	2885
2024	1142	47	0	476	6	0	216	16	63	783	71	460	30	3310
2025	1284	49	0	461	6	0	211	15	46	836	69	622	24	3623
2026	1367	54	1	488	7	0	235	17	46	945	74	630	28	3892
2027	1460	55	1	487	7	0	243	18	36	1009	81	686	32	4115
2028	1576	57	1	494	8	0	254	20	26	1091	86	760	34	4405
2029	1692	58	1	500	8	0	264	22	17	1172	91	834	35	4695
2030	1807	60	2	507	9	0	275	23	7	1253	96	908	37	4984

- The data shows the most prevalent primary needs for CYP with EHCPs are ASD (35%), SEMH (23%), SLCN (17%) and MLD (12.7%).
- Forecasting projections indicate by 2028 nearly 300 more children would make up the ASD primary need type and by 2030 this could potentially be over 500 more children than what we have now.
- SEMH forecasting projections show that by 2028, 255 more children could have a EHCP which could be over 400 + CYP by 2030

Place Planning Forecasting

Data reflected as of time period:	Alternative Provision (EOTAS, EHE , ASPIRE PRU)	ISP EHCP's - Includes Independent Special Schools / Non-maintained Specialist Schools	Mainstream Schools	Post 16 / FE Colleges	Resource Provisions	Special Schools	OTHER EHCP (NEET / SEN AWAITING PROV/ A&T NOT YET PLACED)	Blank recording	EHCP Totals
Mar-21	164	199	720	300	40	831	101	14	2369
Mar-22	151	211	792	402	81	856	148	0	2641
Mar-23	32	281	956	391	81	999	223	0	2963
Mar-24	22	303	1223	457	98	1062	180	0	3345
2025 - data from SEN2	77	302	1361	496	134	1168	85		3623
2026	80	340	1485	529	146	1215	97		3892
2027	81	357	1598	554	159	1258	109		4115
2028	83	381	1743	591	177	1329	102		4405
2029	86	406	1888	627	194	1400	94		4695
2030	89	430	2031	664	212	1470	88		4984

- 380 more places needed in mainstream schools by 2028 which would grow further by 2030 to be approx. around 670 more places than we currently have now. This would potentially be the equivalent of 40% of the cohort in mainstream schools by 2030.
- 161 more places needed in special schools by 2028, which could grow further by 2030 to be 300 more places needed than are provided now.
- Nearly 100 more Post 16 / FE places required by 2028 which could increase to nearly 170+ by 2030.
- Potentially if nothing changed then approximately 78 more places needed within our ISP settings by 2028 and this could grow up to 128+ more places needed by 2030. This ISP category is a combination of both independent specialist provisions (post 16), and Independent non maintained special schools.

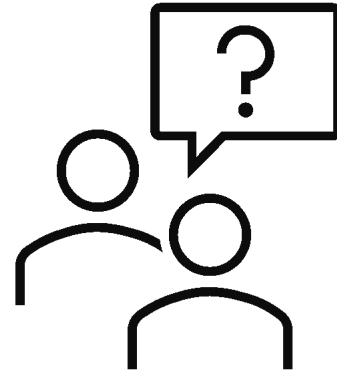
Aspirations

1. More young people are able to be educated locally, in their communities with mainstream peers
2. More young people are able to start their education journey successfully with a plan for their next phase of education
3. We will work with our network of special schools to identify gaps in current provision and make best use of the places available across our special schools
4. Mainstream Schools are able to access a range of support and best practice guidance to create a more consistent offer to SEND pupils.
5. Our mainstream and special schools are more accessible places for SEND learners.
6. More young benefit from additional support to improve outcomes at post 16 and access employment
7. We will ensure that our network of local specialist provision is utilised to its fullest and continues to deliver good outcomes

Measuring success

- Combination of output measures (activity completion) and impact measures (outcomes for children and young people)
- Progress to be monitored through SEND Sufficiency Board and SEND Executive Partnership Board
- Annual Scrutiny and Cabinet update

Thank you and questions



Appendix 3: Improving Lives Select Commission –Summary Work Programme 2025/26

Chair: Councillor Monk

Governance Advisor: Natasha Aucott/ Debbie Pons

Vice-Chair: Councillor Brent

Link Officer: Kelly White

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

Establish as a starting point:

- What are the key issues?
- What is the outcome that we want?

Agree principles for longlisting:

- Can scrutiny add value or influence?
- Is it being looked at elsewhere?
- Is it a priority – council or community?

Developing a consistent shortlisting criteria e.g.

- T: Time: is it the right time, enough resources?
- O: Others: is this duplicating the work of another body?
- P: Performance: can scrutiny make a difference?
- I: Interest – what is the interest to the public?
- C: Contribution to the corporate plan

Meeting Date	Responsible Officer	Agenda Item
17-Jun-25	Monica Green/ Chris Macdonald	Draft Kinship Local Offer (pre-decision scrutiny)
	N/A	Closed session following meeting to discuss and draft 2025-2026 work programme
22-Jul-25	Helen Sweaton/ Anne Hawke	CYPS Performance Report 2024-2025
	Niall Devlin/Sarah Whitby	EHE Revised Policy (pre-decision scrutiny)
16-Sep-25		CAMHS Update including:

1 substantive agenda item	Helen Sweaton	<ul style="list-style-type: none"> • Annual update on children's social, emotional and mental health- updates on all provision for children with SEMH needs, CAMHS services including pathways, interventions and waiting lists, and support children are able to access from wider provisions such as the education and voluntary sector. • Neurodiversity Update- service update, Choice and the Peer Support Service.
4-Nov-25	Stuart Williams	Looked After Children and Care Leavers Sufficiency Strategy 2023-2028 Update
	Niall Devlin/ Cary-Anne Sykes	Revised SEND Sufficiency Strategy- pre-decision scrutiny (Cabinet in February 2026)- will also include a progress update on the SEND Inspection areas for improvement.
28-Nov-25	Scott Matthewman/ Jacqueline Clarke	Unpaid Carers Strategy Revision Workshop (HSC Workshop with ILSC invited due to young carers aspect)
2-Dec-25	Nicola Curley	Update on the Response to the Prevention of Future Deaths Report
	Chris Macdonald/ Darren Downs	Rotherham Safeguarding Childrens Partnership Annual Assurance Report 2024-2025
10-Feb-26	Niall Devlin	SACRE Annual Report 2024-2025 (for information)
	Niall Devlin	Children Not in School Update (including EHE, CME, exclusions, attendance and part time provision).
	Niall Devlin	Educational Attainment Update
17-Mar-26	Kelly White	Community Cohesion Projects Update- Building Bridges Together Project and the Together for Tomorrow Project Update

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28-Apr-26	Sam Barstow & Niall Devlin	Safeguarding Children From Radicalisation (Prevent Programme Update and Keeping Children Safe in Education Update)
	TBC	Child Exploitation Strategy Update

Substantive Items for Scheduling

Date TBC	TBC	Revised Neglect Strategy- For Information only (2026 onwards)
Date TBC (waiting service response)	Stuart Williams	CPPB Annual Report 2024-2025

Reviews for Scheduling/ on-going

on-going	N/A	Reviewing the impact of secondary school policies on school attendance levels and ensuring an education for vulnerable children and/or trauma experienced children
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Items to be Considered by Other Means (e.g. off-agenda briefing, workshop etc)

Visit/ workshop- Early 2026	RPCF- Jayne Fitzgerald	RPCF Update- RPCF vision and plans, voice of the community and the impact of the work completed with partners.
Potential workshop- early 2026	TBC	Support available for women who have had one or more child removed, following cessation of PAUSE Project.
Workshop in 2026- Date TBC	Polly Hamilton	Childrens Capital of Culture Workshop- Impact and Legacy for Children and Young People

Items for Future Consideration

Date TBC (awaiting inspection)	TBC	Ofsted Inspection Outcome (including any action plans/ improvements)
Date TBC (awaiting inspection)	TBC	Youth Justice Service update/ HMIP Inspection Outcome (including any action plans/ improvements)