IMPROVING LIVES SELECT COMMISSION

Date and Time:- **Tuesday 3 November 2026 at 10.00 a.m.**

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

Membership:- **Councillors Monk (Chair), Sutton (Vice-Chair), Adair, Bennett-Sylvester, Bower, Brent, Clarke, T. Collingham, Currie, Elliott, Fisher, Garnett, Harper, Hughes, Ismail, Robinson, Ryalls, Ms. L. Hickey, Mr. M. Hemmingway and Mr. J. Newman.**

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 - 32)

To consider and approve the minutes of the previous meeting held on 15th September, 2026 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. Maintained Schools Long Term Maintenance Plan (LTMP) Update (Pages 33 - 37)

To receive an update on the development of the Maintained Schools Long-Term Maintenance Plan (LTMP), including the approach and protocols that will underpin the plan and how future maintenance priorities will link with wider education considerations, such as school sufficiency and/or expansion requirements and academisation.

7. Intrafamilial Child Sexual Abuse Strategy Update (Pages 38 - 43)

To receive an update on the draft Intrafamilial Child Sexual Abuse Strategy. Including why the Strategy is needed, the key priorities, expected outcomes, the delivery and assurance measures and potential risks.

8. Work Programme (Pages 44 - 45)

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 15 December 2026 commencing at 10.00 a.m. in Rotherham Town Hall.



John Edwards,
Chief Executive.

IMPROVING LIVES SELECT COMMISSION
Tuesday 15 September 2026

Present:- Councillor Monk (in the Chair); Councillors Adair, Bennett-Sylvester, Bower, Brent, Clarke, Currie, Elliott, Garnett, Harper, Ismail, Ryalls, Steele and Thorp.

Apologies for absence:- Apologies were received from Councillors T. Collingham, Fisher, Hughes, Robinson, Sutton, Ms. L. Hickey, Mr. M. Hemmingway and Mr. J. Newman.

Also in attendance include:-

Councillor Cusworth, Cabinet Member and Deputy Leader
Anne Hawke, Head of Performance and Planning
Amanda Needham, Service Manager, Family Help
Helen Sweaton, Joint Service Director for Commissioning and Performance
Sarah Whitby, Head of Access to Education
Kelly White, Service Director, Family Help
Stuart Williams, Service Director for Children's Social Care
Kirsty Woodhead, Head of Service, Family Help
Kirsty Woodhead, Head of Service, Family Help

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

20. MINUTE'S SILENCE

The Commission stood in silence as a mark of respect following the sad passing of Councillor John Blackham last weekend.

The Chair wished to place on record the Commission's condolences to his family and friends and how his contribution and engagement in the activities of the Commission would be sorely missed.

21. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the meeting of the Improving Lives Select Commission, held on 21st July, 2026 be approved as a correct record of proceedings.

22. DECLARATIONS OF INTEREST

There were no declarations of interest.

23. 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.

24. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

25. CORPORATE PARENTING PARTNERSHIP BOARD UPDATE

Councillor Brent provided an overview of the last two meetings of the Corporate Parenting Partnership Board held on 30th June and 8th September, 2026.

The meeting of 30th June, 2026 was opened by the Vice Chair, Stuart Williams, Service Director for Children's Social Care who presented the current work programme and highlighted priorities for future meetings, including aspirations for care leavers, the IRO Annual Report, the Fostering Annual Report and the Children's Takeover.

Members received the Voice and Influence Annual Report, which showcased key achievements during 2025/26. Updates were provided on celebration events, the work of the In-Care Voice and Look Ahead groups, advocacy services, Youth Cabinet elections, Youth Parliament activities, Young Inspectors and Young Journalists. The report demonstrated the wide-ranging impact of young people's involvement in shaping services and communications.
The Board received a performance update on children in care, care leavers and fostering services.

Members reviewed performance trends and improvement activity across areas including care entry and exit, placements, health, education, reviews, adoption, youth justice and support for care-experienced young adults.

The Service Director reported progress against the CPPB Action Plan, with 31 of 41 actions completed and most remaining actions on track. Two delayed actions were linked to unforeseen technical barriers. A refreshed action plan was presented, focusing on Health, Housing, Education and Skills, Homes for Children in Care, and Key Transitions, underpinned by the voice of children and young people. Members emphasised the need for priorities to deliver tangible improvements.

The Board also received an update on foster carer recruitment. Young people shared powerful messages about the importance of being listened to, understood and involved in decisions affecting them. The fostering service outlined its approach to recruiting, assessing and supporting carers, with a strong focus on relationships.

Members noted positive feedback, including 96% of carers reporting support for their emotional wellbeing and almost all carers feeling well prepared through training.

Finally, the Board received the latest Ofsted inspection report for Liberty House, which was rated Outstanding. This meant all of Rotherham's children's homes were judged Good or Outstanding.

At the meeting of the 8th September the Board received the final draft of the new Rotherham Care Leavers' Charter, which set out commitments from the Council and partner organisations to support care leavers present to Cabinet on Monday 14th September, 2026.

The Board received the annual report of the IRO Service, which provided independent oversight of care planning for children in care and then went on to consider the annual report on fostering services.

Members discussed the ongoing national challenge of recruiting foster carers and the importance of local foster carers for local children.

The Board then also reviewed Quarter 1 performance information with the Service Director sharing the Corporate Parenting Priorities for 26/27 and the action plan that would support progress over the coming year. Each priority would have an allocated Lead Officer and Champion Member.

The Board also received an update in relation to the priority area in relation to 'celebrating success' which was matched with a wonderful presentation from young people (brothers) who shared their experiences and successes.

Members noted the fantastic progress that had been made. The Children in Care Celebration Event had been an excellent occasion, with a strong turnout of children and professionals. However, it was noted that only one other Councillor had been in attendance. As corporate parents, all Councillors were encouraged to make every effort to attend such events and demonstrate support for children in care. It was suggested that this could be incorporated into a refresh of Corporate Parenting training.

It was pointed out, however, that some Councillors had not been aware of the event and that it would be helpful for invitations to be issued more formally in future.

The Cabinet Member advised that invitations had been sent to Corporate Parenting Partnership Board Members, but not more widely. Those who attended agreed that it had been a successful event and it was suggested that extending invitations to a wider group could help increase attendance in future.

The Cabinet Member also agreed to take greater responsibility for promoting the event amongst Councillors once the date had been confirmed.

Resolved:- That the update be received and the contents noted.

26. CYPS PERFORMANCE REPORT 2025/2026 OUTTURN

Consideration was given to the report presented by Councillor Cusworth, Cabinet Member and Deputy Leader, supported by Helen Sweaton, Joint Service Director for Commissioning and Performance, Anne Hawke, Head of Performance and Planning, Kirsty Woodhead, Head of Service, Family Help, Stuart Williams, Service Director for Children's Social Care and Sarah Whitby, Head of Access to Education.

The report as submitted included the performance outturn for the reporting year April 2025 to March 2026 for Children and Young People's Services and included areas of performance that were working well alongside other areas where a continued focus was required.

Three areas were highlighted of strong performance and three areas requiring continued improvement.

In terms of strengths, assessments were being completed promptly, enabling children's needs to be identified sooner, support plans to be put in place more quickly and families to access help at an earlier stage. This contributed to maintaining the standards expected of an outstanding children's service.

Secondly workforce stability had also improved, with fewer staff leaving the service and reduced reliance on agency workers. This provided children with greater continuity in their relationships with social workers, leading to improved planning and support. Reduced agency costs also enabled more investment in preventative services, including Early Help and Family Hubs.

Thirdly increased numbers of families were accessing Early Help services. More families were receiving support at the right time, while the number requiring further intervention after support remained low. This demonstrated the positive impact of early intervention in preventing issues from escalating.

The Cabinet Member also outlined areas where continued focus was required.

Demand at the front door had increased, particularly in relation to domestic abuse, neglect and risks affecting teenagers. Recent analysis undertaken through the Families First Partnership Programme had reinforced existing concerns regarding the ongoing impact of domestic abuse, which remained a significant factor in many cases where children entered care.

Work was ongoing to strengthen assessment processes, improve access to Early Help through Family Hubs and better understand the drivers behind increasing demand.

It was further noted that a small but important number of child protection visits were not taking place within required timescales. In response, management oversight had been strengthened, daily tracking introduced and additional capacity targeted towards the highest-risk cases.

In addition, meeting timescales for Education, Health and Care Plans continued to present challenges due to high demand and national workforce shortages. Efforts to address this included increasing assessment capacity, strengthening joint working with health and education partners and using Family Hubs to identify needs earlier and provide support to families.

Overall, the report demonstrated that the service was performing well, with clear strengths alongside identified areas for improvement. Therefore, the Commission's scrutiny of performance, pace of improvement and assurance arrangements was welcomed.

Anne Hawke, Head of Performance and Planning, continued with the presentation slides as included in the agenda pack.

Further elaboration was provided for each slide which highlighted:-

- Overview of Performance.
- Scorecard Overview.
- Family Help – what was working well.
- Children's Social Care – what was working well.
- Education – what was working well.
- Areas of Focus and Challenge.

The Commission were invited to ask any technical questions of the data prior to an open question and answer session.

Members queried how many years of trend data were included in the performance graphs. It was confirmed that the summary section usually displayed the previous two years of performance, although historical data was available going back much further if required.

Clarification was also sought on which targets were locally set and which were national. It was explained that most targets were local, although they were informed by national guidance and the Children's Social Care National Framework. Where national benchmarks existed, comparisons were made against those measures, while other targets reflected local priorities.

It appeared not to be immediately clear from the scorecard which measures were local and which were national. Officers advised that this information, along with comparisons against statistical neighbours and national averages, was detailed within the narrative and benchmarking columns of the report.

Therefore, it was highlighted that some local targets were intentionally challenging, reflecting the authority's ambition to drive improvement. Officers acknowledged that the benchmarking information could be difficult to interpret at a glance and explained that the final columns of the scorecard identified national measures and comparator authorities.

The Commission were reminded that several Children's Social Care measures also formed part of the Council Plan and were monitored through quarterly reporting. Measures marked "CP" on the scorecard indicated Council Plan priorities.

A question was raised about whether longer-term educational progress was tracked by comparing outcomes at Key Stage 2 and Key Stage 4. Officers confirmed that such information was collated and used within predictive analytics, although the detailed methodology was not included within the scorecard. It was noted that some of this information was only available annually and further details could be provided separately.

Clarification was also sought on whether quarterly monitoring enabled potential performance issues to be identified early, rather than only being apparent at year end. It was also noted that some measures had annual targets without corresponding quarterly figures.

Officers confirmed that the scorecard was updated quarterly wherever data was available, allowing performance to be tracked throughout the year against annual targets. However, some measures, particularly within education, were only reported annually because quarterly data was not available.

It was explained that performance was monitored through regular Performance Boards. Where indicators suggested that a target might not be achieved by year end, this would be identified early, challenged with the relevant service and actions put in place to improve performance. Officers advised that robust monitoring arrangements were in place throughout the year to oversee progress and address any emerging concerns.

It was also queried whether the performance scorecard was useful in practice and whether presenting all measures together was effective, particularly where small numbers could have a disproportionate impact on performance data.

Officers advised that the scorecard was a valuable tool for monitoring performance and identifying emerging issues at an early stage. It was explained that a dedicated performance team managed the reporting process, allowing operational staff to focus on service delivery while ensuring accountability through regular performance review.

It was noted that the scorecard helped officers understand trends, monitor demand and identify areas requiring further investigation. While data

provided an indication of performance, officers stressed the importance of considering the narrative behind the figures, particularly where small numbers could distort results.

The Commission were informed that quarterly performance reports were available and could be used to monitor progress throughout the year. The scorecard was also described as a useful starting point for identifying topics that may require further scrutiny.

In response to a question about data quality, officers explained that reporting relied on information being entered into systems by practitioners. A process was in place to allow records to be updated before data was extracted and reports were subject to validation checks by service managers to ensure accuracy before publication.

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

- Placement stability for children in care was below target, with a significant proportion of children experiencing multiple placement moves. What actions were being taken to improve this?

- Officers explained that placement moves could occur for a variety of reasons and were not always negative. Some moves reflected positive outcomes, such as children returning home or moving to more suitable long-term arrangements. However, challenges relating to placement sufficiency remained, particularly the availability of foster placements and an ageing foster carer workforce. Work was ongoing to recruit and approve more foster carers and placement stability was regularly reviewed through performance monitoring processes.

- If placement moves could sometimes be in a child's best interests, why was there a target for placement stability?

- Officers advised that targets helped maintain focus, supported performance monitoring and enabled comparison with similar authorities. Targets were reviewed regularly and provided a framework for understanding performance and identifying areas for improvement.

- Following findings that complex needs, challenging behaviours and carer resilience could affect placement stability, what actions had been taken?

- Officers outlined a robust placement disruption process aimed at identifying risks early and providing timely support to carers and young people. This included comprehensive training for foster carers, therapeutic support services, quality assurance of external placements and independent reviews where placements broke down.

The focus was on preventing disruptions wherever possible and supporting stable placements for children and young people.

- Were support services being used early enough to have a positive impact on placement stability?

- Officers expressed confidence that support services were effective, robust and deployed in a timely manner. While unforeseen circumstances could arise, they considered the overall response to be comprehensive and noted that carers had provided positive feedback about the support available.

- Reference was made to what the increased focus on reducing re-offending would look like in practice and what timescales were attached to the work.

- Members were advised that preventing children from entering the Youth Justice System had become a key priority. Following a recent service review, permanent prevention worker posts had been established to provide earlier intervention and diversionary support. This would enable more targeted work with young people, schools and communities, including responding to local issues such as anti-social behaviour or trends that were contributing to first-time entrants to the Youth Justice System. The new arrangements had been introduced from the end of July and work was ongoing with partners to develop a robust prevention offer.

- Was information available on the different types of domestic abuse experienced by families, what support was available for children affected by domestic abuse and whether referrals were received through the Police or directly through the Council.

- Officers explained the Police remained the main source of domestic abuse referrals, although some referrals were received from members of the public. The Police undertook an initial risk assessment before referrals were passed to the Multi-Agency Safeguarding Hub (MASH), where further screening took place to determine the level of support required.

  It was also noted that support ranged from early intervention and prevention services through to safeguarding measures where necessary. Domestic abuse had been identified as a significant area of need through recent assessments and proposals were being developed to strengthen capacity and specialist domestic abuse support within services, including consideration of additional staffing and specialist screening arrangements.

- The increase in the number of children receiving Elective Home Education was noted with 154 more than last year, but were the reasons for the increase being analysed and how many visits did

such children receive each year.

- Officers advised that the increase had been recognised and was being closely monitored. The trend reflected patterns seen both locally and nationally and regular data analysis was undertaken to understand the reasons behind it. Information on trends and cohort characteristics was reported through annual performance dashboards.

  It was explained that Elective Home Education was a parental right and that advice and guidance were provided to families considering this option.

  The Access to Education service had increased its permanent establishment to strengthen support and intervention work. During the 2025/26 academic year, 241 interventions had been undertaken which resulted in children not becoming electively home educated.

  Where children were electively home educated, the Council discharged its statutory duties through at least an annual meeting or an offer of support to parents and carers. Where parents and carers did not wish to participate in a face-to-face meeting, an annual written update was requested. The Council sought assurance that children were receiving suitable, full-time and effective education and where this was not evidenced, appropriate statutory action was taken.

  Members were informed that the service worked closely with schools, partner organisations and the Parent Carer Forum to understand and respond to local trends. It was also noted that an annual update on Elective Home Education was included in the Commission's work programme for later in the academic year.

  As a follow up question concern was expressed about safeguarding arrangements for children receiving Elective Home Education, particularly where contact with children was limited to written updates. It was noted that Elective Home Education could, in some cases, reduce opportunities to identify safeguarding concerns, and concern was expressed about children who were not seen in person.

  Officers advised that it had historically been difficult to gain access to some children receiving Elective Home Education, as parents had the legal right to choose this form of education. The service, therefore, relied on partner agencies, such as health services, to share any safeguarding concerns that arose through their contact with children and families.

  It was reported that the Government had committed to introducing a national register for children receiving Elective Home Education. However, the Council already maintained records of these children

and considered that stronger powers to access children and assess their welfare would be more beneficial.

There was currently limited ability to track the long-term educational outcomes of children educated at home. Concerns remained around the lack of clarity regarding what constituted a sufficient education and whether existing powers would be strengthened in the future.

Officers reported that further powers to act was welcomed. Assurance was sought when safeguarding concerns were identified for children who were electively home educated. Those concerns were referred to MASH and the usual processes were followed.

There was also a very good working relationship between MASH, the front door and Access to Education regarding any children of concern. It was recognised that many children were electively home educated by parents who were committed to doing so. However, where questions or concerns arose, information was shared effectively and appropriate action was taken to ensure the best outcomes for children.

- Pages 11 and 12 of the report refer to the number of case increases from 894 to 1,270 represented more than a 40% rise so was this a typical year-on-year increase and, if so, whether the service had sufficient resources to manage increases of more than 40% each year.

  In addition on Page 12, there was a reference to the 2001 Census. Was this simply a reference to when Super Output Areas were introduced or whether data that was twenty-five years old was still being used to inform policy development.

  Finally, what was the impact on care leavers who did not have a pathway plan in place. The target was over 90 so was this primarily a statistical issue, where plans were put in place shortly after they left care, whether this affected performance figures, or were there some care leavers who left care and never had a pathway plan established.

- Officers confirmed commitments to supporting children and families at the earliest possible opportunity. The previous trend data was not currently available, but this could be provided afterwards if this was requested.

  To provide reassurance, the service worked flexibly across the system. Some of the demand was supported through the Early Help Service, while other families received support from partner agencies that knew them well. Not every family required a dedicated family support worker and in many cases early intervention was effectively provided by other professionals.

Reassurance was provided that robust arrangements were in place so that children and families received appropriate support across the full range of Early Help services. While managing capacity remained an ongoing challenge, the service were confident that children and families did not face waiting lists for Early Help support. The Council was committed to making initial contact within three working days, ensuring families received help when they needed it.

Overall, this demonstrated that families were accessing support earlier, which was exactly the intention. By providing help at an earlier stage the service aimed to prevent problems from escalating and reduce the need for statutory intervention.

Officers further reiterated that couple of years earlier, there had been sufficient capacity within the service. This also included a review of the role and function of Early Help colleagues, particularly in relation to joint working with social workers.

While there were circumstances where co-working was appropriate and beneficial, examples were identified where it was not the most effective use of professional time. As a result, there was a reduction in some of that unnecessary co-working and clearer distinctions were established between the responsibilities of social workers and family support workers.

This enabled the service to make better use of available capacity and helped in responding more effectively to the increase in demand.

Officers further made reference to the 2001 data and pointed out that the Office of National Statistics have changed the way that they recorded lower super-output areas and super output areas. They now have lower super output areas and medium super output areas. This meant the updates from 2011-2021 census were recorded, but for ease of reference the early census had been referred to.

Officers would take this away and see if there was an easier way to summarise the more recent data.

- What about the pathway plans for care leavers?

- Officers explained the pathway plan was developed in partnership with the young person and set out how the service would support them in addressing any assessed unmet needs. This could include support with housing, employment, education, training, or other areas of independence and wellbeing.

  The process began at an early stage, well before the young person became a care leaver. From the age of sixteen officers worked

closely with the young person, their social worker and the Leaving Care Team to support their transition from being a child in care to becoming an adult.

Where pathway plans became out of date, this was often because young people, as adults, chose not to engage. In those circumstances, officers remained persistent and tenacious in efforts to maintain contact and offer support. However, as adults, young people had the right to make their own decisions and may often tell the service that they were managing well and wanted to remain independent. Importantly, they also knew that support remained available should their circumstances change.

The approach was, therefore, one of continued engagement and encouragement to ensure pathway plans remained current. It was not unusual to have a cohort of young people whose plans were not fully up to date for this reason.

Targets were deliberately ambitious, reflecting the high standards set. While the service remained committed to achieving those standards, there were occasions when pathway plans were not updated as quickly as one would have liked. In many cases, this reflected positive circumstances, with young people in employment, education, or otherwise doing well and, therefore, less inclined to engage in a formal review of their plan.

For assurance, pathway plans were closely monitored within Children's Social Care. Performance was reviewed monthly through the Performance Board and management information provided near real-time data to support oversight. Managers regularly reviewed cases and, where young people had additional vulnerabilities or emerging risks, further attempts were made to engage them and ensure that appropriate support was in place to meet their needs.

- In relation to dental care, what worked best where young people declined support or chose not to engage, or where they declined other forms of assistance. Whilst their autonomy was respected as they approached adulthood or became adults, was the service ensuring that they were making informed decisions and fully understood the potential implications of those choices.

- Officers confirmed that a significant amount of work in this area had been undertaken and performance data showed a marked improvement compared with previous years. Considerable progress had been made which linked directly to efforts to raise awareness among children and young people about oral hygiene and the importance of maintaining good dental health.

  The service had also worked closely with the Named Nurse for Children in Care, who had led a range of activities and initiatives

aimed at promoting oral health and encouraging engagement with dental services.

As with pathway plans and other aspects of support, the approach relied on persistence, consistency and building positive relationships with young people. The service continued to reinforce the importance of dental care while taking the time to understand each young person's individual circumstances.

Where a young person chose not to attend dental appointments, the reasons were always sought behind that decision. There was usually a clear rationale, whether linked to previous experiences, anxiety or other concerns.

Improving dental hygiene required a continued two-pronged approach.

On one hand, there were children and young people who were entering adulthood without being fully engaged in good dental hygiene practices. On the other, it was important to consider the support offered through Family Hubs in partnership with health colleagues.

It was noted that at community events dental health initiatives had proved very popular. For example, at one event in Rotherham, the dental health stall became one of the most popular attractions, with children queuing to receive toothpaste and toothbrushes. Similar events were regularly held to encourage positive dental hygiene habits, with close collaboration between the Council and health partners.

The importance of early and ongoing support was emphasised. It was recognised that the aim was to avoid situations where a seventeen year old felt anxious about visiting the dentist because of a negative experience they had had at the age of five. Children, therefore, needed consistent support throughout their childhood and adolescence to build confidence and maintain good oral health.

Overall, it was acknowledged that improving dental hygiene required a two-pronged approach thus promoting positive habits among children and young people, while also providing practical support and education through Family Hubs and health services.

- It was noted the report contained twenty--one areas identified as strengths and eleven areas requiring further attention. Initially, it was thought there appeared to be greater emphasis on celebrating achievements than on identifying future improvements. However, having reviewed the data pack, it was clear that there was a strong focus on maintaining performance in areas that were doing well, while also ensuring that standards did not slip by concentrating

solely on areas requiring improvement.

In this regard Pages 12 and 34 concerned the finding that 95.2% of individuals were living within the 30% most deprived areas. The report outlined how support and interventions were targeted towards those communities. However, there needed to be understanding whether equivalent data was available for children and families living in less deprived or more affluent areas. Child welfare concerns and safeguarding issues were not confined to areas of deprivation; they could occur in any community. There were examples where children have experienced harm in circumstances that may not initially have raised concerns because of a family's professional status, financial circumstances or perceived stability.

Given this, how were outcomes, need and service access monitored across the wider population and was there data available that provided a fuller picture beyond those living in the most deprived areas.

- Officers acknowledged that, sadly, people from all walks of life and all backgrounds could harm children. Equally, it was recognised that living in poverty did not mean that someone was not a good parent, nor that they did not put their children first. It was important not to lose sight of those points.

  However, it was also recognised that the levels of poverty some families experienced could exacerbate existing difficulties and contribute to issues such as addiction, relationship breakdowns and other challenges. As a result, it was important to remain mindful of the impact that poverty could have on family circumstances.

  It was suggested that the statistics were likely to show that a greater proportion of children subject to child protection plans or entering care came from more disadvantaged backgrounds.

  Nevertheless, it was highlighted that the Rotherham Education Strategic Partnership Board had now been established to focus on improving educational attainment for all children across Rotherham.

- Section 2.1.3 of the report stated that 95.2% of children were registered with (formerly Children's Centres) and focused specifically on those living within the 30% most deprived areas. It was not suggested that resources should not be targeted towards those communities and the rationale for prioritising areas of greatest need were acknowledged. However, why did the report not also include comparable statistics for the whole of Rotherham. Whilst deprivation was clearly an important factor, children's needs and safeguarding concerns were not limited to deprived areas. Therefore, was data available that showed overall registration and engagement rates across the borough, so that a more complete picture could be

understood alongside the data for the most deprived communities.

- Officers explained that when so many families had registered with the Family Hubs, it demonstrated that a significant proportion of families across the borough were engaged with those services. One of the reasons the Universal Baby Pack were introduced was to encourage families to register with and access support through the Family Hubs and whilst it was noted there was a proportion of families who may not have received a baby pack. However, given the very small numbers involved, the service was confident that everyone who wanted a baby pack had received one.

  Similarly, where there were small numbers of families not engaged with Family Hubs, efforts were made to reach out to them. The Family Hubs were located across the borough in areas designed to be accessible to all families, helping to ensure broad access to support and services.

  Family Hubs (see minute below which would provide further detail on how the offer would be strengthened). Family Hubs set out plans to enhance both the digital offer and the outreach provision with the aim to reach families who might not otherwise attend a Family Hub and ensure they were still able to access support in ways that worked for them.

  Officers reassured the Commission that services were continuing to develop and expand the Family Hub offer to meet the needs of families across the borough.

  In terms of the Family Hub performance measures there was a significant amount of data underpinning those figures.

  For the purposes of the Children's Services Scorecard, it reported specifically on outcomes for children and families living within the 30% most deprived areas. However, there was comprehensive scrutiny and oversight of outcomes for all children and families across the borough, not just those included within that measure.

  While the scorecard focused on deprivation-based indicators, monitoring, performance management and service planning considered the needs and experiences of children and families across the whole of Rotherham.

- The statistics showed that 23.7% of children were not living in family-based care settings so could officers provide assurance that they were not relying on the unregulated settings that had been highlighted frequently in the media and explain how the suitability and quality of placements were monitored for those children who were not placed in family-based care?

- Officers explained that Rotherham only used unregistered settings on the rare occasions when it was necessary to do so. However, the governance arrangements surrounding their use were extremely robust and this was recognised by during its most recent inspection.

  Where unregistered settings were used, this was typically in circumstances where no suitable alternative placement was available for a young person. Such placements were only used for the shortest possible period and were never viewed as a long-term solution. Before any young person was placed in an unregistered setting, a comprehensive due diligence process was undertaken and the approval process was exceptionally rigorous. Only the Executive Director had the authority to approve a placement in an unregistered provision.

  In many cases, these arrangements involved children with complex or additional needs. Some providers were regulated by other bodies, such as the Care Quality Commission (CQC), and while they might not have been registered with Ofsted, they were still subject to appropriate oversight and governance. Where appropriate, work was undertaken with providers to support them in achieving Ofsted registration.

  To ensure that children did not remain in unregistered settings any longer than necessary, every placement was closely monitored. These cases were reviewed on a weekly basis with commissioning colleagues and Heads of Service across the system to ensure there was a clear exit plan and progress towards a suitable registered placement.

  Ofsted had also considered the local approach to unregistered settings as part of its oversight activity. In addition, a national consultation was underway at the time to consider how the children's services inspection framework should reflect and evaluate the use of unregistered settings.

- Officers were asked if they had a figure for the previous twelve months showing how many children had been placed in settings that were neither registered with Ofsted nor regulated by the Care Quality Commission (CQC), and which were not in the process of obtaining Ofsted registration. In particular, what was the number of children who had been accommodated in settings that fell outside those regulatory frameworks during that period?

- Officers confirmed the numbers were very low, but would provide a figure over a twelve month period.

- Whilst health assessments and dental assessments may be of concern, it was acknowledged that performance was above that of Rotherham’s statistical neighbours. The report also showed that the

best-performing authorities achieved rates of 98% for health assessments and 95% for dental assessments.

Rather than only comparing performance with statistical neighbours, consideration should also be given to examining best practice authorities. On this basis had work been undertaken to understand how those areas were achieving such high performance levels and whether there were lessons that could be applied locally.

Reference was made to a similar approach that had been taken at the Corporate Parenting Partnership Board where examples of best practice had been explored. Perhaps adopting the same approach in this area could be beneficial.

While comparisons with statistical neighbours were helpful, it was felt that there would also be value in understanding what the highest-performing authorities were doing differently and whether those practices could be replicated to improve outcomes further and whether there was value in such an approach.

- Officers confirmed there was ongoing regional work and further in the sector in terms of national practise but this was also reciprocal.

Dialogue remained ongoing with officer networks across the region with meetings held on a six -weekly basis to talk about best practise.

The Chair thanked officers for their informative presentation and the information shared.

Resolved:- (1) That the CYPS Annual Performance Report and accompanying scorecard for the outturn 2025/2026 be received and the contents noted.

(2) That further information be provided on assessment trends over a six-year period at the end of Key Stage 2, together with comparative outcomes at the end of Key Stage 4, to identify and highlight improvements in pupil progression.

27. FAMILY HUBS PERFORMANCE UPDATE

Consideration was given to the report and presentation delivered collaboratively by Kelly White, Service Director, Family Help, Kirsty Woodhead, Head of Service, Family Help, and Amanda Needham, Service Manager, Family Help.

The Commission were advised the Family Hubs Programme and Rotherham had received Family Hubs funding since 2022. This investment had enabled the Council and its partner organisations to strengthen and enhance services for children, young people, and families across the borough.

The data presented related to the 2025/26 financial year. Family Hub registrations were a particularly important performance measure, as they helped the service understand which families were accessing services and, more importantly, enabled officers to identify, engage with and proactively reach out to families who were not currently accessing support.

The data showed that registrations had increased by more than 80% between 2024 and 2025. This reflected the significant progress made through the Family Hubs Programme, which had become increasingly embedded across the partnership. It also demonstrated growing awareness of the Family Hubs brand and a greater understanding among families of the benefits of registering.

In addition, registration processes had been simplified. Alongside the introduction of the Universal Baby Pack, measures had been taken to reduce duplication and make access to services easier for families. For example, parents could apply for a baby pack and provide consent to register with the Family Hub at the same time, creating a more streamlined and user-friendly process.

By way of a presentation the following was highlighted:-

- Babies registered within six months of birth:-

    - Across quarters, between 74% and 89% of babies were registered with Family Hubs within six months of birth, demonstrating strong early engagement with families.
    - Continued effort to register babies after 6 months ensures families who may have missed earlier opportunities are still connected to Family Hub support and services.
    - In Q1 of 2026/27 89.1% of babies were registered within six months of birth, increasing to 90.1% when including those registered after six months.

- Engagement with Family Hub Activities:-

    - Total attendances across all Family Hub, partner and commissioned services increased from 67,941 in 2024/25 to 82,863 in 2025/26, an increase of 14,922 attendances (+21.96%).
    - More children, young people and families are accessing support through the wider Family Hub system.

- Geography.

- Ethnicity:-

    - The programme continues to engage families from a diverse

range of communities across Rotherham.

- Attendance data shows that several minority ethnic groups are represented at levels above their proportion within the borough population.
- Attendance by Asian or Asian British families has increased significantly over the last two years, with quarterly attendance growing from just over 400 attendances in Q1 2024/25 to over 1,000 attendances per quarter throughout 2025/26.

- Deprivation:-

  - The Best Start Family Hubs programme is successfully reaching families in areas experiencing the highest levels of deprivation
  - More than half of all sessions were delivered in the most deprived communities
  - Over 30% of all attendances came from families living in the 10% most deprived areas of the borough

- Breastfeeding Support:-

  Through the Infant Feeding Team, midwifery and VCS partners, the infant feeding strand of the programme is supported by:-

  - Breastfeeding peer support groups
  - Breastfeeding peer support training
  - Breastfeeding support drop-in clinics
  - Breastfeeding and tongue tie assessments
  - Breast pump loans to families

  - 331 families engaged with at Family Hub buildings
  - More at other sites, such as Grimm & Co, mosque, libraries
  - The Infant feeding Team have supported an additional 318 women and carried out an additional 708 contacts in 2025/26 compared to 2024/25
  - 53 breast pumps were loaned to breastfeeding mums

- Sessions for Under 5's:-

  - The 0-5 offer delivered strong engagement throughout 2025/26, with over 26,500 attendances across Baby Offer, Toddler Groups, PEEP and Sensory Groups
  - Work is underway to increase the availability and promotion of these sessions, with growth already evident in PEEP attendance during Q3 and Q4

- Parenting:-

  - Rotherham has a flexible parenting offer which includes a range of programmes delivered via MS Teams, in person and

online.
- There were 615 attendances with sessions led by a facilitator (face to face or via MS Teams).
- 668 attendances with an online programme.

- Home Learning Environment:-

  The PEEP Learning Together Programme is delivered through various methods including:-

  - Stay & Play groups delivered by commissioned VCS organisations.
  - 1-2-1s at families' homes
  - PEEP programmes
  - In schools
  - In libraries

  - There was over 1,500 attendances at PEEP during 2025/26.
  - Attendance grew throughout the year, showing the success of broadening the offer through staff training and home visits.

- Perinatal Mental Health:-

  - The Family Hubs programme commissions Light to deliver peer support for women affected by perinatal mental health
  - Engagement with peer support sessions increased significantly over the year, rising from 26 attendances in Q1 and 8 in Q2 to 269 attendances in Q4
  - This demonstrates growth in service reach

- Youth Services:-

  - Outreach and engagement services maintained strong reach, with 6,379 attendances in 2025/26.
  - Commissioned and universal youth work increased from 23,227 attendances in 2024/25 to 27,823 in 2025/26, an increase of almost 20%.

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

- It was noted that the report did not appear to include any reference to baby packs so what was the level of engagement following the offer of a baby pack and what percentage of those parents who indicated that they wanted a baby pack subsequently received one, but did not go on to engage further with the service?

- Officers confirmed the uptake of Baby Packs was very strong, providing clear evidence that families were accessing them and benefiting from the support available. A significant increase was seen

in registrations as a direct result of the joined-up approach between the Baby Packs initiative and the Family Hubs Programme.

By aligning these processes, duplication would be reduced for families and make it easier for them to access support. This integrated approach contributed to a substantial improvement in Family Hub registrations and helped strengthen engagement with children and families across the borough.

Officers pointed out that some families decided not to register formally, but still engaged with and accessed services. Feedback gathered through consultations with families suggested that, in some cases, this was linked to a lack of confidence in how personal data was managed and stored at a national level.

Despite this, engagement with those families continued. Registration was not treated as a one-off opportunity, families were regularly encouraged to engage and were given ongoing opportunities to register if they wished to do so.

It was emphasised that there were families who chose not to register with the Family Hubs, but nevertheless actively accessed and benefited from the services provided.

- On page 48, there was a graph showing a scale from one to ten labelled "Out of Area" how was it determined from this data that targets were not being met and on Page 52 the graph titled "Attendance of Family Activities and Community Activities Delivered by Outreach" showed that by Quarter 4 attendance had fallen to around a third of the level recorded in Quarter 1. Was there a reason for this significant decrease in attendance?

- Officers reported that in terms of determining which families were not being reached, there were two elements to this. If a family was registered with the Family Hubs, but had not engaged with services or participated in any activities, outreach staff proactively attempted to make contact with them. This involved identifying families who were registered, but not accessing services, making contact, visiting homes where appropriate and offering information about events and activities to encourage engagement and raise awareness of the support available through Family Hubs.

  The second element involved data received from health services regarding families registered with a GP. This enabled the identification of families living in the borough who were not registered with Family Hubs. Outreach workers then proactively sought to engage these families and encouraged them to register.

  Registration was consent-based and families could not be compelled to register. However, a decision not to register did not prevent them

from accessing services. In the meantime, efforts were made to identify families living in Rotherham and engage them with Family Hub services wherever possible.

In response to the second question regarding the attendance data for youth sessions, it was noted that there were seasonal fluctuations at certain times of the year. School holidays had an impact on attendance figures and lower levels of participation were sometimes observed during the winter months when some young people were less likely to engage in activities.

The quarterly data was monitored regularly and continued to be reviewed to ensure that any emerging patterns or trends were understood. However, the reduction shown in the data was considered to be, at least in part, the result of normal seasonal variation.

- When describing the positive outcomes, the achievements highlighted were in fact outstanding and there was a concern that the results may have been understated.

  The issue of deprivation levels had been raised previously and it was recognised that deprivation was not solely about poverty, but encompassed a range of factors that could affect life opportunities and outcomes. In that context, the performance results were particularly noteworthy. For example, while 31% and 22% of the population lived in some of the most deprived areas, achievement rates of 45% and 35% respectively exceeded expectations.

  However, there was a concern regarding the distribution of some of these outcomes across deprived areas. Referring to the heat map, it was acknowledged that it was difficult to draw firm conclusions due to the scale and level of detail provided, beyond the relative colour shading.

  One concern was that Greasbrough appeared to be among the lightest shaded areas on the map, despite being the fourth most deprived ward in the borough. Although the exact neighbourhood statistics were not known, it was expected that areas such as Maltby, Wingfield and Rockingham would show much darker shading.

  A similar observation was made regarding Dalton and Thrybergh, which appeared to be the second lightest shade of blue. Given that five out of the ward's six neighbourhoods were within the most deprived 10% and that the ward ranked 25th out of 25 for factors affecting children, this seemed surprising.

  The concern raised was whether the distribution shown on the heat map accurately reflected local deprivation patterns. Clarification was

sought on whether any analysis had been undertaken to explain these results, or whether the apparent discrepancy was simply a consequence of the statistics and methodology used to produce the map.

- Officers acknowledged that reviewing the data provided reassurance, although it could be difficult to fully understand the picture without being able to drill down into the detail behind the figures. It was offered that further discussions could take place and additional data could be provided to help explain the information in more depth.

  The development of heat maps and supporting data had been a long-standing element of the programme, but the programme had now reached a stage where the information could be scrutinised more effectively. The questions raised were, therefore, welcomed, as they would help inform future service delivery.

  The data provided an opportunity to examine areas that appeared lighter in colour on the maps and better understand what this meant for those communities. This, in turn, helped identify whether services needed to be delivered differently and what types of support were most appropriate.

  It was recognised that the data presented was high-level and would enable further analysis of which services communities were accessing and where engagement was lower. This would help identify opportunities to take a different approach where necessary.

  One element of the programme involved an outreach plan, which ensured that data was reviewed regularly and used to inform service delivery and outreach activity. This helped target families and communities that were not accessing services.

  While a specific answer could not be provided at that time, assurance was given that this remained an important area of focus and would continue to be reviewed as part of the programme.

- Were the Family Hubs able to accommodate the increase in attendance and demand for activities, what factors determined the allocation and focus of outreach worker services and how was it decided which families or communities would receive targeted outreach support?

- Officers explained that in terms of capacity this was driven by the delivery of services for children and families. A review had been made of how to maximise the services available within existing capacity and make the best use of the resources at our disposal.

  Capacity remained an ongoing challenge, as officers continued to ensure that services were meeting demand while recognising that

there was always more we wanted to achieve.

The increase in numbers reflected the proactive approach to engaging with families, rather than simply responding to identified need. The way services were delivered had been reviewed and challenged teams to do more, reach more families and provide support in ways that genuinely met the needs of children and families.

As a result, the data showed increased engagement because of focus on making the most effective use of the resources available through the Family Hubs programme and broader partner services, ensuring they delivered maximum benefit for children and families.

Data was used to inform the work of the outreach workers, as previously highlighted. They proactively engaged with families who had not registered with a Family Hub or accessed Family Hub services.

The approach was also informed by local intelligence gathered through attendance at community and neighbourhood partnership meetings. As mentioned earlier in relation to anti-social behaviour, the same outreach workers responded to concerns or identified needs within communities, helping us to engage with residents and provide appropriate support.

Intelligence was often received from Elected Members and colleagues, which further enhanced understanding of local issues and priorities.

Data played a crucial role in shaping outreach activity, informing where resources were deployed and which communities were prioritised. Teams of outreach workers operated across the borough's north, south and central areas and they focused on building strong relationships within communities to improve engagement and access to services.

- It would have been helpful to know where these families were located. There did not appear to be a map showing the areas covered, what the services were called, or how residents could access them. This made it difficult to relate to information in particular areas. As a Board Member of the Kimberworth Park Community Partnership, it would have been useful to understand whether any of these services were operating there and how they were supporting local families. Without that information, it was difficult for to signpost children and families effectively. A clearer understanding of local provision would have been valuable.

  It would therefore have been useful for Members to have access to a map, or a similar resource, showing where services were available

and how they could be accessed. If such information had been available, Members could have kept it readily accessible, for example on their phones, and used it to support residents more effectively.

Overall, however, the work being undertaken was excellent and very impressive.

- Officers confirmed information was available about the physical Family Hub buildings and would ensure that this was shared with Elected Members as part of the follow-up information.

  It was also emphasised that this was not solely about physical buildings, but also about outreach. It was recognised that attending a particular building, or the distance required to travel to one, could present barriers for some families. As a result, outreach services formed a very important part of the support provided.

  While details could be shared of the Family Hub buildings and their locations, it was important to stress that many Family Hub services were delivered from a wide range of venues across the borough, rather than exclusively from designated Family Hub sites.

- Was there evidence demonstrating whether engagement with Family Hubs had made a meaningful difference to longer-term outcomes for children and families. It was acknowledged that, while the Family Hubs model was still relatively new as a recognised brand, the authority had retained its Children's Centres and earlier support model at a time when many areas had moved away from this approach. As a result, there should have been historical data available to support longer-term evaluation.

  Had engagement with these services during childhood led to improved educational outcomes, whether early engagement reduced the need for an Education, Health and Care Plan (EHCP), or enabled children who required one to access support at an earlier stage.

  In addition, clarification was also sought on the longer-term impact of encouraging families to engage with services early, including whether early intervention and earlier conversations with professionals had resulted in better outcomes for children and families over time.

- Officers acknowledged that this was an important question in helping understand the impact of Family Hubs. It was recognised that the next stage of reporting and data analysis would provide a stronger evidence base to demonstrate the outcomes being achieved.

The service knew from national evidence that access to early help and support services could have a significant positive impact on children and families. For example, programmes such as PEEP supported children to achieve a good level of development by equipping parents with strategies and resources to support learning within the home environment.

Officers also recognised that much of this work focused on preventing issues from escalating, ensuring families received the right information, advice and support at the earliest opportunity and reducing the likelihood that needs would progress to the point of requiring statutory intervention.

Many of the individual workstreams within the programme had specific performance measures in place, enabling officers to monitor outcomes and understand the impact of the support being delivered. This formed an important part of evaluating the overall effectiveness of the programme.

In addition, there was a substantial body of research and learning from initiatives such as Sure Start and Children's Centres, which had informed the development of the Family Hubs programme. This evidence highlighted the benefits of ensuring that families could access the right support, at the right time, through services that were easy to access and navigate.

It was noted that a significant amount of feedback from families had been received, which indicated that services were making a positive difference. This was an important measure of impact and had developed a number of strong case studies that demonstrated the benefits of work and could be shared as examples of good practice.

Returning to the earlier point regarding capacity, the service had increasingly focused on co-delivery and co-production with partners. For example, it was known that the PEEP programme contributed positively to children's development and supported them in achieving a good level of development.

To increase capacity, library staff and volunteers had been trained to deliver the programme, enabling additional support to be provided while allowing Family Hub resources to be used more effectively elsewhere.

As previously highlighted, services were not delivered solely from Family Hub buildings and outreach activities were delivered through pop-up sessions, Stay and Play provision on school sites, and events in community settings. This meant that support was available in a variety of locations and was not restricted to designated Family Hub premises.

It was further suggested that, moving forward, it would be beneficial to see more outcome-focused data to help demonstrate the longer-term impact of the services being delivered.

- It was suggested that it would be beneficial to see data relating specifically to those who had engaged with Family Hub services alongside the broader performance measures that were already reported, such as children's overall levels of development and the proportion achieving a good level of development.

  It was felt that being able to track patterns and outcomes over time for families who had engaged with services would provide valuable insight into the effectiveness of the support being delivered. This would help to demonstrate longer-term impact and enable the data to be used more effectively to inform future service development and evaluation.

- Officers pointed out that it was recognised that this work linked closely to the Best Start in Life Strategy, as well as the work being undertaken with health visiting and nursing services, public health colleagues and a range of wider partners. Consideration was also given to the importance of school readiness.

  Although representatives from Education were not present at the meeting, it was acknowledged that everyone shared a responsibility for preparing children for school. This included supporting the development of fundamental skills, such as being able to hold a crayon, use a knife and fork and undertake other basic tasks that were important for children to function confidently within a school environment.

  These considerations formed a key part of the ongoing focus of the service, with attention being given to the factors that contributed to positive early childhood development and how this work could be strengthened and built upon in the future.

- Sessions for children under five had been identified as being particularly well attended and particularly helpful. There were a number of different aspects of support available and the staff team had also remained very stable. This helped to create a welcoming and positive environment and the groups had proved to be extremely valuable.

  Because of this continuity and the strong relationships that staff developed with families, conversations often extended beyond the needs of younger children and into discussions about older children, particularly around school-related matters.

  What arrangements were in place, whether through briefings, training, or wider professional development, to support staff working

within the 0-5 offer. Anecdotally there had been occasions, particularly when discussions arose around SEND, where it was felt there may have been opportunities to provide families with more detailed information and guidance. Given the trust and well-established relationships that already existed, having a deeper level of knowledge in these areas could have helped staff provide particularly valuable support at an early stage.

There were similar opportunities in relation to other issues affecting older children and their educational development so how could the service further upskill staff who had such strong and embedded relationships within communities, enabling them to provide a broader range of advice, information and signposting to families.

- Officers acknowledged that this was a very valid point. The updated guidance received for that year had required us to introduce Best Start Inclusion Practitioners within each of the Family Hubs. As a result, three Best Start Inclusion Practitioner posts had been established, with one practitioner assigned to each Family Hub.

  These practitioners were intended to be fully embedded within their respective hubs, while also contributing to wider outreach activity across communities. A key aspect of their role was to act as a link between SEND services and the Family Hubs programme, helping to ensure that children and families received timely advice, support and appropriate signposting.

  Their responsibilities also included delivering targeted support where required, such as specific groups for parents and carers of children with SEND who might benefit from additional support beyond the universal services on offer. In addition, they were expected to act as inclusion champions, promoting inclusive practice across all aspects of the programme.

  It was recognised that the feedback raised was both helpful and important. Supporting staff to develop their knowledge and confidence in relation to SEND and inclusion was a key priority, and this would form an important part of the role of the Best Start Inclusion Practitioners. It was anticipated that they would play a significant role in driving and embedding inclusive practice throughout the Family Hubs programme.

  Finally, the Commission were advised that the first birth registration within a Family Hub had been successfully completed the previous Wednesday at the Swinton Best Start Family Hub. This marked the first baby whose birth had been registered at a Family Hub location. A photograph had been taken to commemorate the occasion and, although it was not available to share at the meeting, plans were in place to issue a press release highlighting this milestone.

- Clarification was sought as to whether families could register the birth of their baby directly at the Family Hub rather than attending the Register Office.

- Officers confirmed that, at that time, the service was available at both Swinton and Maltby, providing coverage in outlying areas, with plans to explore extending the service to Clifton in the future.

  It was explained that the initiative had been introduced through the main Best Start Family Hubs, enabling families to access services closer to home rather than travelling into the town centre.

  Members welcomed the development and described it as a fantastic initiative. It was requested that, when the press release was issued, it should be circulated to all Members to support wider promotion and sharing of the service within local communities.

The Chair thanked officers for their presentative and the valuation information provided.

Resolved:- (1) That the report be received and the positive performance and plan noted, which outlined to further strengthen data collection, performance monitoring and digital intelligence systems to better target support and improve outcomes for children, young people and families.

(2) That current locations of family hubs and the services that are available be collated and shared.

(3) That the membership of the Commission be included in the circulation of the press release showing the first baby being registered at a Family Hub.

28. WORK PROGRAMME

Consideration was given to the current work programme and the request to move the Youth Justice Inspection and Action Plan to December, 2026 and swap the CiC & CL Sufficiency Strategy 2023-2028 - Annual Update to March, 2027.

Resolved:- (1) That the work programme for 2026/27 be approved with the current agenda items for inclusion and updated with today's suggestions.

(2) That the Governance Advisor be authorised to make any required changes to the work programme in consultation with the Chair and Vice-Chair and reporting any such changes back to each meeting for endorsement.

29. IMPROVING LIVES SELECT COMMISSION - SUB AND PROJECT GROUP ACTIVITY

The Chair invited any progress reports on sub and project group activity and in doing so shared her own recent experience following a session the Chair and Vice-Chair had received on 29th July, 2026 to provide greater understanding on school finance and funding allocations.

The session was well received and a similar session had now be extended to Members of Improving Lives. A session was, therefore, available on 5th October, 2026 at either 12.30 p.m. or 4.00 p.m.

Members welcomed the opportunity and opted for a later session, therefore, tasking the Governance Adviser with making the necessary arrangements (delivered via Teams)

Resolved:- (1) That the update be received and the contents noted.

(2) That a session on schools finance be arranged for 5th October at 4.00 p.m. via Microsoft Teams and the invitations via Outlook be issued accordingly.

30. URGENT BUSINESS

There was no urgent business.

Long-Term Maintenance Planning

Focus on the maintained schools estate

Improving Lives Select Commission
3rd November 2026

Why develop a Long-Term Maintenance Plan?

FROM	TO	OUTCOME
Reactive and fragmented	**Planned and evidence-led**	**Better stewardship**
■ Known failures and urgent defects	■ Consistent condition baseline	■ Safe, warm, dry and compliant assets
■ Project-specific surveys	■ Risk-based prioritisation	■ Improved budget forecasting
■ Limited portfolio-wide visibility	■ Clearer medium- to long-term planning	■ Reduced disruption and reactive pressure

Building the evidence base

1. **Survey**
   Stock condition and asset verification
2. **Validate**
   Quality checks and data consistency
3. **Assess**
   Condition, compliance, lifecycle and operational risk
4. **Plan**
   Prioritised works and investment needs

Maintained schools survey programme

Surveys are under way to provide a comprehensive and consistent understanding of building condition, statutory compliance, maintenance liabilities and lifecycle replacement needs.

Maintained schools: emerging prioritisation principles

Safety and compliance

Statutory duties, health and safety and safeguarding risks.

Condition and lifecycle

Building fabric, infrastructure condition and replacement need.

Educational need

CYPS pupil place planning, sufficiency and future demand.

Operational impact

Continuity of education and consequences of failure.

Affordability and delivery

Funding, value for money and deliverability.

Partnership working

PFS, CYPS, schools, Finance and relevant partners.

A transparent and consistent framework for directing limited resources to the highest-priority needs.

Current funding and next steps

Current funding context

DfE School Condition Allocation

supports priority capital works that help keep maintained school buildings safe, warm and dry.

The surveys will establish the scale and sequence of future requirements before further funding proposals are considered.

What happens next

1

Complete and validate surveys

Create a consistent estate-wide evidence base.

2

Develop the prioritised LTMP

Bring property evidence together with CYPS and school priorities.

3

Return through governance

Set out quantified needs, proposed works, timescales and funding implications.

No approval of additional capital funding is being sought at this stage.

Rotherham (Intrafamilial) Child Sexual Abuse Strategy

2027–2030

Why the (Intrafamilial) Child Sexual Abuse strategy is needed

NATIONAL ESTIMATE

1 in 10

children experience some form of sexual abuse before age 16.

NATIONAL ESTIMATE

1 in 8

are known to professionals at the time.

LOCAL DATA

252 days

average length of Child Protection Plans opened in 2025–26 where sexual abuse was a factor.

Local safeguarding activity, 2025–26

4.5%

of Section 47 investigations related to sexual abuse

2.6%

of Child Protection Plans related to sexual abuse

Practice issues

- Children may not disclose directly
- Practitioners need skills to recognise indicators
- All partners must share information and continue safeguarding action even without a criminal justice outcome

Local percentages describe recorded safeguarding activity, not prevalence.

Four strategy priorities

01 Develop

RSCP Business Unit and Executive

Build shared understanding, workforce learning, a multi-agency pathway and practice improvement.

02 Prevent and Identify (Intrafamilial) child abuse

RMBC Public Health

Raise awareness, challenge stigma and improve earlier recognition across universal services.

03 Investigate and Disrupt

South Yorkshire Police

Improve information sharing, joint assessment and management of adults who pose a risk. Safeguarding continues without a prosecution.

04 Support and Recover

Health

Timely therapeutic, emotional and health support for children affected by or displaying harmful sexual behaviour, and non-offending carers.

Five outcomes by 2030

01	More children affected by Intrafamilial sexual abuse are identified and safeguarded earlier.
02	Fewer children experience repeat harm.
03	Children and families receive timely support that promotes recovery.
04	Adults who pose a sexual risk are identified, managed and disrupted and brought to justice effectively.
05	**Children's voices are heard and families report more meaningful and sustained improvements to services.**

Children's voice runs across every priority

Trusted adults, feedback during intervention and children's lived experience inform practice.

Delivery and assurance

PARTNERSHIP OVERSIGHT of intrafamilial child sexual abuse

Delivery Group

Chaired by The Rotherham NHS Foundation Trust. Supported by the Child Sexual Abuse Working Group and the Investigations and Disruption Working Group.

REPORTING CYCLE

Every 2 months

Progress to the RSCP Executive, with an annual summary in the RSCP Annual Report.

MEASURES AND ASSURANCE

01 Named leads, milestones, baselines and data owners

02 Review referrals alongside repeat harm, timeliness, waiting times, access to support and family feedback

03 Review equality information annually to identify barriers to access and outcomes

Interpreting data

Increased referrals may mean better recognition, not higher prevalence. Read alongside audit, repeat harm, timeliness, waiting times, support access, disruption and feedback.

Risks and ILSC decision

DELIVERY RISKS

Children's experience	Poorly coordinated responses can lead to repeated accounts or distress. Use trauma-informed, joined-up practice.
Equal access	Boys, disabled children and children from minority communities may face under-identification or barriers to support.
Privacy and stigma	Use inclusive prevention messages and proportionate information sharing to protect dignity and family relationships.

Interpreting referral trends

Awareness may increase referrals before outcomes change. Read the trend with audit, repeat harm, timeliness, waiting times, support access, disruption and feedback from children and families.

The Improving Lives Select Commission is asked to endorse the need for the strategy, the priorities, suggested outcomes and delivery.

Improving Lives Select Commission – Summary Work Programme 2026-2027

Chair: Cllr Gina Monk **Vice-Chair: Cllr Donna Sutton**
Governance Advisor: Natasha Aucott **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
9-Jun-26	Chris Macdonald Niall Devlin	Kinship Local Offer Annual Update Expert at Hand Model (Linked to the SEND Reform Plan)
21-Jul-26	Niall Devlin	Rotherham SEND Reform Plan
15-Sep-26	Helen Sweaton Anne Hawke Kelly White Kirsty Woodhead	CYPS Performance Annual Outturn Report Update on Family Hubs Performance
3-Nov-26	Kevin Fisher Chris MacDonald	Maintained Schools Long Term Maintenance Plan (LTMP) Intrafamilial Child Sexual Abuse Strategy
15-Dec-26	Chris Macdonald Kelly White	Families First Partnership Programme Update Youth Justice Service Inspection and Associated Action Plan

9-Feb-27	Helen Sweaton Niall Devlin	CAMHS Update (Include HSC) Rotherham SEND Reform Plan (monitoring post implementation)

23-Mar-27	Fiona Boden Stuart Williams Paul Stinson	No Family Left Behind Strategy Update (Family Prosperity Strategy) Children in Care and & Care Leavers Sufficiency Strategy 2023-2028 - Annual Update

4-May-27		

Potential Substantive Items for Scheduling

TBC		SEND Strategy Update (include RPCF)
TBC		SACRE Annual Report
TBC		Neglect Strategy Update
TBC		CPPB Annual Report
TBC		Fostering Transformation Action Plan Update
TBC		Child Exploitation Strategy 2023-2028 Update
TBC		Children Not In Education Annual Update
TBC		Domestic Abuse Strategy Progress Annual Update
TBC		Review of the Care Leavers Charter performance

Reviews for Scheduling

Items to be Considered by Other Means (e.g. off-agenda briefing, workshop etc)

Items for Future Consideration
