

## **CHILDREN AND YOUNG PEOPLE'S SERVICES SCRUTINY PANEL**

**Venue: Bailey House, Rawmarsh  
Road, Rotherham.**

**Date: Friday, 5 March 2010**

**Time: 9.30 a.m.**

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

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence.
4. Declarations of Interest
5. Questions from the press and public
6. Matters Referred from the Youth Cabinet
7. Communications

### **FOR MONITORING**

8. Prevention and Early Intervention Strategy (report attached) (Pages 1 - 13)
9. Young Carers Strategy (report attached) (Pages 14 - 124)
10. School Meals Research (report attached) (Pages 125 - 137)
11. Children and Young People's Services - Performance Indicator Quarter 3 Report - 2009/2010 (copy attached) (Pages 138 - 160)

## **MINUTES**

12. Minutes of the previous meeting of the Children and Young People's Scrutiny Panel held on 5th February, 2010 (copy attached) (Pages 161 - 165)
  
13. Minutes of meetings of the Cabinet Member and Advisers for Children and Young People's Services held on 2nd February, 2010, 10th February, 2010 and on 24th February, 2010 (copies attached) (Pages 166 - 173)
  
14. Minutes of a meeting of the Children's Board held on 3rd February, 2010 (copy attached) (Pages 174 - 179)
  
15. Minutes of a meeting of the Performance and Scrutiny Overview Committee held on 29th January, 2010 (copy attached) (Pages 180 - 185)

**Date of Next Meeting:-  
Friday, 9 April 2010**

### **Membership:-**

Chairman – Councillor G. A. Russell

Vice-Chairman – Councillor License

Councillors:- The Mayor (Councillor Ali), Burton, Dodson, Donaldson, Fenoughty, Hughes, Kaye, Rushforth, Sharp and Sims

### **Co-optees:-**

Mrs. J. Blanch-Nicholson, Ms. T. Guest, Mrs. K. Muscroft,  
Mr. M. Hall, Father A. Hayne, Mr. M. Burn, Mr. C. A. Marvin,  
Mrs. L. Pitchley and Parish Councillor Mrs. P. Wade.

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Children and Young People’s Services Scrutiny Panel</b>
<b>2.</b>	<b>Date:</b>	<b>Friday 5<sup>th</sup> March 2010</b>
<b>3.</b>	<b>Title:</b>	<b>Prevention and Early Intervention Strategy</b>
<b>4.</b>	<b>Directorate:</b>	<b>Children and Young People’s Service</b>

**5. Summary:**

To inform Members of the progress in producing a Prevention and Early Intervention Strategy for Rotherham

**6. Recommendations:**

**That the report be received.**

**That the strategy to shift resources to prevention, by early support and intervention with children and families, is noted and supported.**

**7. Proposals and Details:**

Prevention/early intervention and integration was one of the work streams agreed with the DCSF as an area for improvement following the Ofsted unannounced inspection in August 2009 and the resulting notice to improve for Rotherham’s Children and Young People’s Service.

The work stream around prevention/early intervention and integration is lead by the Director of Community Services in C&YPS and the Deputy Director of Strategic Planning at NHSR. An action plan has been produced and a group brought together to develop and deliver on the actions agreed. The group includes a Locality manager, the CAF development worker, a senior manager from NHS Rotherham Community Health Service, the voluntary sector development worker and the Head of Community Learning in C&YPS.

Initial focus groups and individual conversations with key managers were held. These informed the production of a draft strategy [attached]. This strategy was circulated to a limited group for initial feedback at the end of December 2009. The documented has been amended based on this feedback and further developed following dialogue with a wider range of partners. This has included Locality Managers, Head Teacher representatives, staff teams such as Health Visitors, Post Natal Support Workers, C&YPS Directors, Voluntary and Community Sector Consortium representative and a range of Heads of Service and Strategic Managers from across C&YPS.

A final draft will be completed by Friday 19<sup>th</sup> February 2010. This will be circulated for wider consultation up to 20<sup>th</sup> March 2010. The final document will be agreed by 26<sup>th</sup> March 2010. A launch event has been planned for 22<sup>nd</sup> April 2010.

Alongside work on the prevention/early intervention strategy, work has been done to re galvanise the Common Assessment Framework (CAF), which is a key tool in early intervention and integrated working. Fourteen CAF Refresh Training sessions are to

run between 24<sup>th</sup> February 2010 and 30<sup>th</sup> April 2010 for front line staff from across all agencies working with children and young people. Managers' training is scheduled to run on 29<sup>th</sup> March 2010.

A new portal is being set up by the ICS team, this will be an electronic facility where CAF's will be stored and can be shared securely across the partnerships. This will be up and running within weeks.

A CAF Administrator post is currently being advertised and three CAF Co-ordinators should be in place within the year to support the CAF process and ensure quality assurance.

The Rotherham Continuum of Needs/Indicators is almost finished, with just a few minor adjustments to be made following feedback from a range of agencies and service providers, including Schools, Education Psychology Service, Community Health Services, Social Care and the Voluntary Sector. The continuum links in with the 'windscreen wiper model' already utilised in the Safe and Well Strategy.

Effective systems to identify children, young people and families at risk and thereby offer support and early intervention to deal with those risks, is essential to realise the shift needed to reduce the levels of crisis response associated with high numbers of children in need and child protection cases. This will mean a reduction in the numbers on the child protection register and Looked After Children.

### **8. Finance:**

Separate finance has been realised from within C&YPS budgets, grant funding, DCSF funding and application for REIP funding to undertake the development work around preparing and initiating a Strategy for Prevention and Early Intervention, and embedding CAF as the key tool of effective inter-agency work. Ultimately, the shift to prevention will also ensure a much better use of finance and resources.

### **9. Risks and Uncertainties:**

Failure to make the shift to **prevention** of child protection and looked after children will result in Rotherham continuing to need to provide high cost and resource heavy service provision. This means that positive outcomes for children will continue to present a very real challenge, and ultimately that Rotherham fails to improve on the effectiveness of its provision for children and families.

### **10. Policy and Performance Agenda Implications:**

The CAA rating for Rotherham is most significantly linked to the quality and effectiveness of its C&YPS, monitored by numerous statutory inspection and regulatory streams and performance measures including many which are LAA key measures.

### **11. Background Papers and Consultation:**

Draft Prevention and Early Intervention Strategy. Notice to Improve Action Plan.

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Simon Perry, Director of Community Services. [Simon.perry@rotherham.gov.uk](mailto:Simon.perry@rotherham.gov.uk)

# DRAFT

## Prevention and Early Support Strategy

### Introduction

This strategy seeks to reform systems and better coordinate the support that vulnerable children, young people and families receive from childrens', adults' and family services with the aim of improving outcomes for children. These outcomes will only be improved if the focus can be shifted from dealing with the consequences of difficulties in the lives of children and young people, to preventing things from going wrong in the first place.

“It is always better to prevent failure than to tackle a crisis later”  
*(National children's Plan: Building Brighter Futures)*

The strategy provides processes and tools which enable services to work together to identify families at risk of poor outcomes and to provide support at the earliest opportunity. It is designed to provide the framework within which all partners can cooperate, prioritise and coordinate their collective efforts. It requires the involvement of a wide range of universal and targeted services working across all sectors working together to meet the full range of needs within each family. It requires the involvement of universal services such as schools, children's centres, youth workers, maternity services, GP's and the health visiting and school nursing services, who are often best placed to identify vulnerable children and families and who can offer early action to prevent and tackle problems before situations escalate into crisis.

As well as childrens' services working together more effectively, the delivery of an effective preventative strategy depends on children's services developing working arrangements with adults' services. Services for adults have a vital role to play, including identifying risk, ensuring parents have the skills to respond appropriately to the needs of their children and minimising the risk of parental problems affecting the lives of the children in the family. This strategy establishes the development of protocols and partnership arrangements between C&YPS and those working with adults, to ensure a whole family approach to tackling poor outcomes for children and families.

An underlying principle within this strategy is that any intervention is negotiated with families. The 'Strengthening Families' approach to working with children, young people and families seeks to develop partnerships between services and families, ensuring families are listened to and actively involved in any planned intervention whenever possible, that it is not imposed on the family other than in exceptional and serious circumstances. For this reason, we have chosen to use the term early support rather than early intervention. This implies that we do things with the family, rather than too the family, and thus we will ensure synergy with the emerging Parenting Strategy, as parental support is seen as a key element of any preventative work with families.

## Definition

Prevention and early support are often used interchangeably. We would define **prevention** as actions that aim to avoid a need arising and **early support** as advice or activities aimed at halting the further development of a need which is already evident.

Preventative services would include giving information to families around support that is available, offering leisure activities for children to socialise and stay healthy, educational opportunities in and around schools for children to develop their full intellectual potential and routine assessment and identification of need by the health visiting and school nursing services and the delivery of health promoting activities.

Examples of early support strategies would include the early identification of children and young people with health and development problems that if left unattended would significantly impact on their future physical, emotional and social well being; offering parental support to parents and carers who are having difficulties bringing up their children and providing extra support in the classroom for children with additional learning needs; responding to early indicators around anti social behaviour amongst young people by delivering activities aimed at reducing the likelihood of criminal activity.

## Strategic objectives

The strategic objectives that the strategy aims to achieve are

- To create multi agency partnerships that work together to improve outcomes for children, young people and families
- To support the re-focusing of resources from crisis intervention to prevention
- To identify need at the earliest opportunity
- To provide swift and easy access to support
- To develop personalised, family focused action plans for individual children, young people and families
- To ensure clear accountability for the delivery of agreed outcomes
- To provide the tools and process to enable services to work together
- To deliver learning and development opportunities across all sectors to equip staff to work together
- To develop agreements that enable C&YP's to work with adult services
- To ensure families are actively involved in planning and agreeing the support offered

The prevention and early support strategy is an integral part of our strategy to improve children's well-being and is fully consistent with the 'Vision' and 'Core Principles' laid out in **Rotherham's Children and Young Peoples Plan 2007-2010**:

### **Vision**

*Changing lives – working together to build a brighter future for all children and young people in Rotherham.*

### **Core Principles**

To work in true partnership and be bold and challenging in our commitment to:

- ensuring the child and young person's well-being is paramount
- creating a service that ensures fair access and the best possible outcomes for all children and families
- championing children and young people's rights and responsibilities
- ensuring that the thoughts, views and experiences of children and families inform the development of our services
- being innovative, flexible and adaptable to create services which are good enough for all children and young people
- recognizing and celebrating equality and diversity
- providing the highest standard of accessible learning and support for 0-19 year olds

### **Preventative themes - what we are trying to prevent**

- Reducing the impact of poverty and poor housing
- Preventing harm to all children and young people
- Preventing poor health outcomes that impact adversely on children and young people's well-being
- Preventing isolation from recreational, cultural and social opportunities
- Preventing exclusion from school and wider education and training
- Preventing underachievement
- Preventing barriers to inclusion
- Preventing children and young people from becoming involved in antisocial behaviour and offending
- Preventing risky behaviour which will have a negative impact upon the quality of life of a young person, e.g. substance misuse, inappropriate sexual activity, radicalisation

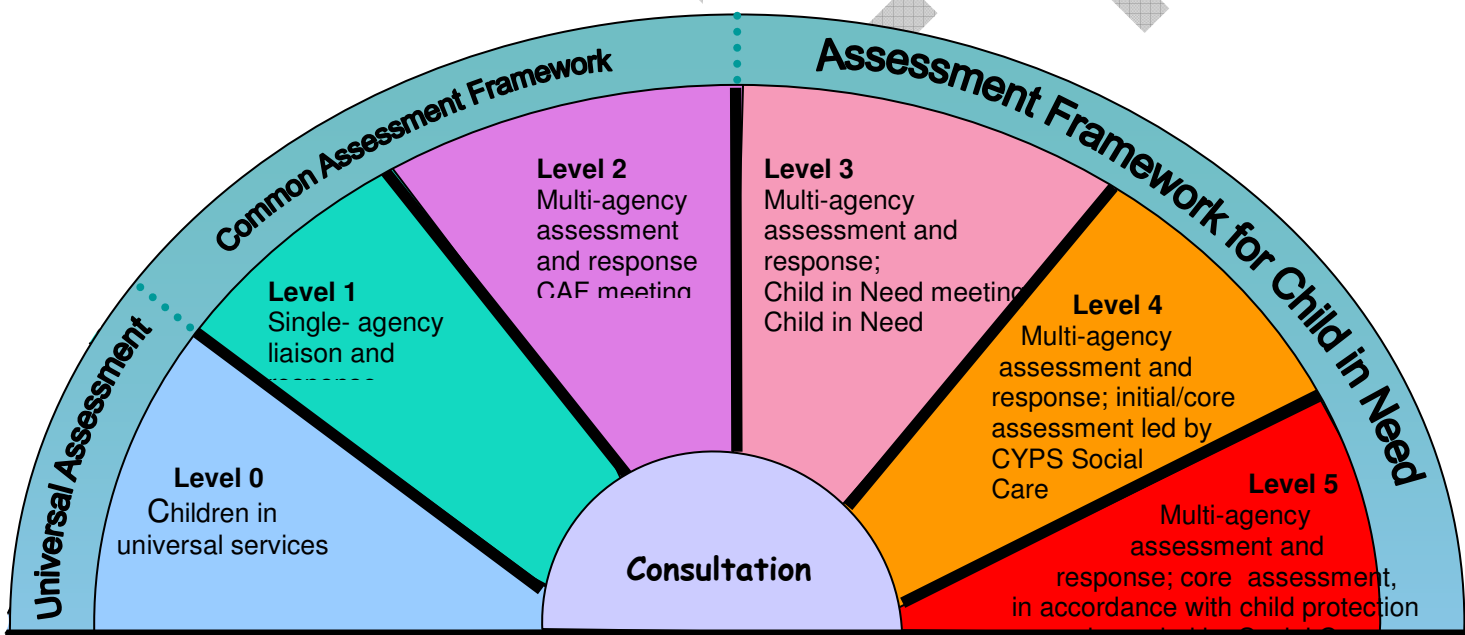
**Identification of need**

The key factor in the prevention and early support agenda is the early identification of risk and/or need. The emphasis of this strategy is on ensuring an early robust response to the development of a problem, timely and accurate assessment, where required the bringing together of services sooner to identify actions that can be provided and thereby reduce the number of children and families requiring more intensive, specialist and often complex support.

Universal services play a key part in the early identification of need as they engage with all children at some stage and are in a prime position to identify disadvantage or emerging difficulties. The most significant universal services are schools, children’s centres, early years settings, youth services, primary health care services and voluntary sector providers.

Rotherham C&YPs has adopted a tiered model to help understand levels of need.

**Rotherham Every Child Matters Continuum**



There are very clear systems and processes in place that coordinate services to support children and young people at levels three, four and five. These are documented in The **Safe and Well Practice Guidance: Integrated Working with Children and Young People with Additional or Complex Needs** and in the **Child Protection Procedures**. A successful prevention strategy would ensure that services delivering support to children and families in levels 0, 1 and 2 work together effectively developing personalised action plans for each individual child with an identified need. The result of effective delivery at these lower levels would be a reduction in the numbers of children and families requiring services at levels 3, 4 and 5.



Work at level 1 will often be single discipline where as work at level 2 and above is more likely to involve more than one agency. At level 2, the use of the Common Assessment Framework and the protocols outlined in the **Safe and Well Practice Guidance** would be adhered to.

Across Rotherham, there are already many examples of good practice where staff from different services and organisations are working well together to improve the lives of our children and families. Some of these are listed in appendix 1. In developing this strategy, these models will be used to inform practice across the borough; however, whilst the provision of services will necessarily differ according to local need, there is the imperative that children and families have access to universal, coordinated and effective support packages that are galvanised at the very earliest opportunity, and that are in place where ever that family lives.

### **Risk factors**

The 'Safe and Well Practice Guidance' and the 'Think Family Toolkit' identifies a number of warning signs which would identify a child or a family as vulnerable in some way. They would become a priority for the provision of universal or targeted support. These warning signs can be considered as risk factors and may include:-

- signs of neglect
- poor attainment at school
- homelessness or housing issues
- poor school attendance
- a learning disability
- domestic violence
- young carer
- teenage pregnancy
- social exclusion
- mental ill health of a parent or carer
- complex care needs
- substance misuse
- sexual exploitation
- children leaving care
- relationship conflict
- children of migrant workers or travellers
- no parent in work
- involvement in crime
- low parental education and skills
- low income or poverty
- parent in prison

Each school/childrens centre, health visitor and school nurse would have a matrix with the 'basket of indicators' or risk factors that have been agreed. This matrix could be accessed by a range of professionals. This matrix would act as an early warning that there are concerns about an individual child. The risk factors matrix will form the basis of discussion around the needs of named children and young people who have been identified as having issues that in some way make that child vulnerable.

### **The model for preventative work and early support**

As stated above, early identification and support work which would enable the coordination and delivery of relevant and timely prevention and early support is central to what we aim to achieve. Health services, including maternity / ante-natal services at the very early stage are key here, as are children's centres and schools. This model is organised around the proposed learning communities which ensures consistency with

the Transforming Rotherham Learning strategies, and once again synergy between this Prevention Strategy and the TRL Strategy is key.

The Transforming Rotherham Learning strategy is one of building a network of Learning Communities based around families of schools and other providers of children's services, which will encompass integrated service provision built around local needs and aspirations. Building on successful Integrated Services Pathfinder Projects (e.g. Clifton Project) each Learning Community will develop the way in which services can come together to provide more cohesive and integrated care and support built around children and their families. In some areas, there are already established integrated and co-located children's services with agreed protocols and practice for cross service funding of shared space and resources including developments around access to information and data. The TRL Project provides the opportunity and aims to extend and develop this approach by engineering bespoke centres for teams of multi-agency practitioners. Multi Agency Action Panel (MAAPS) will be the vehicle to develop integrated locality working, in particular around better communication across services and more effective, coordinated support.

The strategy brings together children's centres, social care, health services, schools, youth provision, extended learning and voluntary services to build effective local inter-agency partnerships to offer local, accessible and connected early support to children and their carers to ensure that **no child is left behind** (BSF Strategy for Change).

The MAAP will be the vehicle by which the locality teams comprising of health and social care and specialist services (educational psychologists, mental health services, behaviour support etc) engage with the universal services.

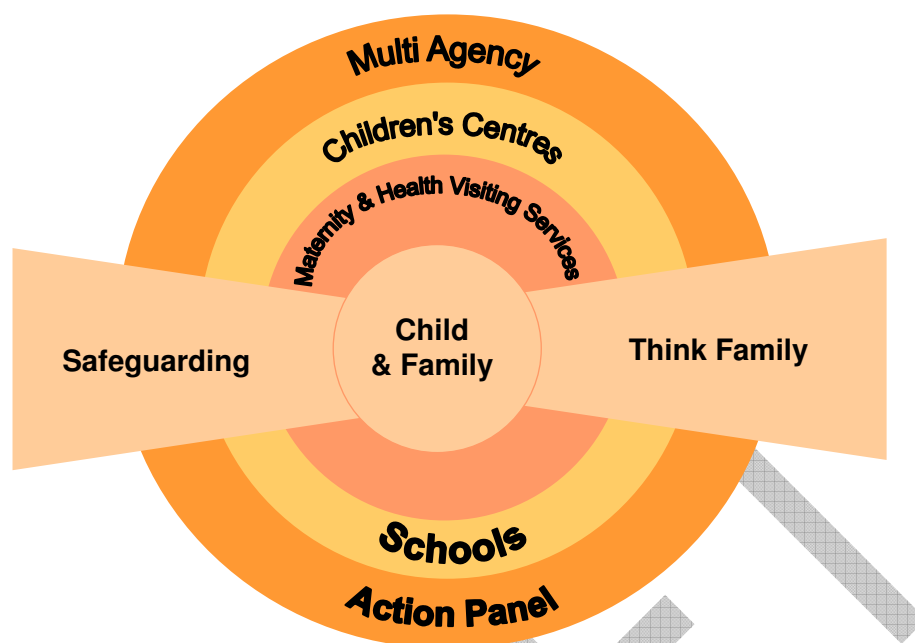
The TRL strategy provides a framework around which learning communities can organise their preventative and early support responses and it places the onus on the learning community to deliver tangible improvements in outcomes for children and families. It does not however, dictate the structures and processes within that framework. There will be local discretion as to the local arrangements. Indeed, some learning communities already have effective multi agency forums in place.

The Rotherham prevention and early support model is also in line with the DCSF's vision for 21<sup>st</sup> Century Schools whereby schools work more extensively and effectively with parents, other providers and wider children's services to support improvements in outcomes through:-

- ensuring a more personalised approach
- Delivering a wider offer
- meeting additional needs
- contributing to school improvement
- making the best use of resources
- ensuring greater collective accountability for outcomes for children and young people in the locals area

*Further work to come to show links to health related strategies such as Darzi report, NSF, primary care strategy and NHS Rotherham Better health, Better Lives strategy.*

## Model for preventative and early support work



### Universal Services – First Line of Support

The first line of support for children at pre-birth and up to 28 days post delivery will be the midwife and the health visitor for 0-5 year olds. In many instances there will also be cross working with Children's Centres. For children of school age it will be schools. In the first instance, all would use the matrix of risk factors that identify the most vulnerable children and consider what resources they have to intervene and work with the child and the family. A support plan would be developed and clear intended outcomes would be identified for those children and families who are assessed as requiring additional support. This may include, for example, support from a parent support adviser who may work with a family immediately and intensively over a short period of time, there may be a health intervention from a school nurse, the young person may be encouraged to access an after school or youth work activity, the parent may be invited to a family learning engagement session, a children's centre outreach worker may be asked to visit the family at home and engage the parent/carer in children's centre activities.

For cases involving school age children, meetings should be frequent (i.e. weekly) and the actions agreed at the meeting should be documented and reported to the head teacher. The membership of the group will be decided by individual schools as roles within different schools are distinctive. It would include appropriate school and children's centre staff such as a member of the teaching staff with responsibility for pastoral care, the school nurse, the parent support adviser, school councillor, child protection officer, home school liaison officer, children's centre representative and so on. (NB: Unless there is a safeguarding risk families should be made aware that agencies working together will share information.)

## **Multi Agency Action Panel**

For those children and young people of school age who have additional needs that cannot be met by the school alone, then support may need to come from within the wider learning community. Children experiencing difficulties in one school may well have siblings in other schools within the learning community. By working together as a Learning Community, schools would combine resources to support the whole family. This would require sharing access to the resources in all schools, not just limiting it to the designated recipient schools, thereby improving the provision for everyone.

For pre-school children, and those for whom schools were unable to deliver all the support needed by that child or family, there would be the need for contributions from a range of services. This includes any agency that can influence outcomes for children and will include organisations from the private, voluntary and community sector. These partners would come together as part of a MAAP. Membership will be decided through discussion at a local level, but would involve all the key agencies and institutions listed in this strategy, plus any others pertinent to a locality or specific family need.

Therefore MAAPs will not necessarily be made up of the same services as membership will be agreed in response to locality issues and needs. However, there is likely to be a high level of commonality in the membership presentation from schools, police, early intervention teams, family support workers, youth service, education welfare, education psychology, parent support advisers, childrens centre outreach workers, health visitor, school nurse, clinical team manager, VCS representative, social care team manager, connexions service, extended services partnership officer, behaviour support team, private sector providers. Whilst the agreed membership remains consistent, other agencies can attend as appropriate

At this meeting, the representatives from each agency will discuss the support needed for the family. They will negotiate who will take on the role of the Key worker and whether a CAF will be undertaken. (NB: A CAF should have already been completed if a child or young person has been identified with an additional need requiring a multi-agency support package. A Lead Professional/Worker should be nominated to co-ordinate the plan.) If this is the case, permission will need to be sought from the family and the guidelines in the 'safe and well protocol' will be followed.

If a CAF is undertaken, the lead worker will then have responsibility for pulling together the team around the child which will consist of those workers who are required to contribute to an action plan. Responsibility for outcomes would lie with the chair of the MAAP.

## **Think Family**

Children do not live in isolation. They live in families often with parents experiencing difficulties. When issues are identified where services working with adults may need to be involved, protocols will be in place that ensures C&YPS can work with Adult Services to meet the needs of the whole family. Work is progressing on establishing a Think Family Strategic Group, headed up by the Strategic Director of Children and Young People's Services. At this forum, discussions will be held to improve local

arrangements for identification and support of families by adult' services and a series of service protocols and frameworks setting out how key adult' services can work effectively with children's and family services. Integrated processes would need to be developed so that shared assessments and information across agencies give a full picture of a family's needs and help ensure support is fully co-ordinated. In an organisation that 'thinks family', contact with any service should offer an open door into a broader system of support.

The partnership is looking at the concept of whole family common assessments which would require the involvement of a much wider range of services in supporting families. This support plan for the whole family would pull together agencies from across adults' and childrens' services to play their role in minimising the risk of parental problems such as domestic violence, mental health, substance misuse or worklessness affecting children's outcomes.

### **Leadership**

The prevention and early support strategy requires significant cultural and structural changes in the way children and adult services work together. Any significant change programme needs to be supported by a professional development programme that enhances leadership and change management skills for those working in the system. In Rotherham a leadership development programme is in the process of being designed which will support working in a multi agency context. This programme will be piloted in the Swinton Learning community as from February 2010.

**Appendix 1**

Current examples of interagency work

Healthy Schools – Liz Galliver  
Enable project, Redscope Primary – Louise West  
NW EAZ – Chris LeVoger  
Thrybergh EAZ – Tony Price  
Early Intervention Teams – Ged McNulty  
Clifton BIP – Helen Littlewood/Jill Holbert  
Maltby BEST  
Wingfield MAST  
Dinnington multiagency forum  
Rawmarsh multiagency forum  
Kimberworth community forum  
Early Support- Early Years  
Locality teams  
Child Development Centre – Susan Dent/Di Johnson  
Every Child a Talker Initiative (ECAT) – Susan Dent  
Integrated Safeguarding Unit – Annie Redmond  
YOS  
LAAC Services

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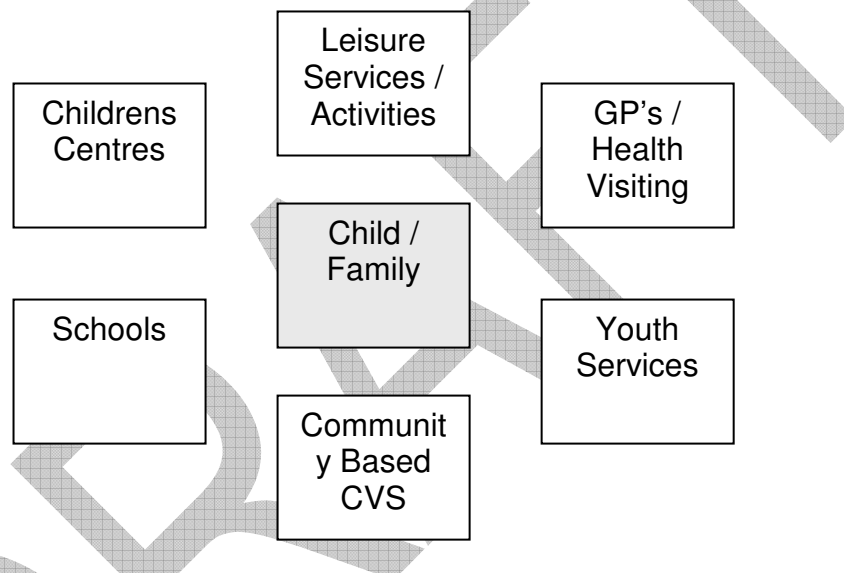
## Appendix 2

### The Structural Model of Delivery.

➤ How and where services are accessed and delivered is important. Rotherham has well established areas of service provision we will conform for maximum effectiveness with these, in particular Localities [based upon Area Assembly boundaries] and Learning Communities [school clusters].

Every Child Matters originally referred to all services being available '*within pram pushing distance*', and we are committed to local / community delivery of services wherever and whenever possible.

Thus each of our communities and families will benefit from the universal provision of:



➤ And available to families, services and partners upon referral, to respond to concerns around risk, we will establish multi-agency teams linked to each of the 14 geographical learning communities. These teams will be made up of staff from different disciplines and organisations, working to one management structure ensuring consistent responses, shared assessment, planning and information and coordinated support / intervention. Teams to include:

- Police Officers
- Sexual Health Workers
- Connexions PA's
- Youth Crime Prevention Workers
- Targeted Youth Workers
- Substance Misuse Workers
- Social Workers
- Family Support Workers
- CAMHS Practitioners
- Parenting Officers

➤ Access to additional specialist input will also be available to these teams for inclusion as part of the Team Around the Child established to address assessed risk.

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Children &amp; Young People’s Scrutiny Panel</b>
<b>2.</b>	<b>Date:</b>	Friday 5 <sup>th</sup> March, 2010
<b>3.</b>	<b>Title:</b>	<b>Young Carers’ Strategy</b>
<b>4.</b>	<b>Directorate:</b>	Children & Young People’s Services

**5. Summary:**

The Young Carers Service in Rotherham is provided by Barnardo’s. The initial three year contract with Barnardo’s, due to end on April 31<sup>st</sup> 2010, has been extended until April 31<sup>st</sup> 2011. Preparations are currently underway to ensure that the Joint Carers Strategy and the Young Carers Commissioning Strategy are refreshed and updated to inform a competitive tendering process for a new contract from April 2011. Between 1<sup>st</sup> April 2009 and 31<sup>st</sup> December 2009 Barnardo’s were in contact with 83 Young Carers, exceeding the terms of their contract and a significant increase on the numbers in 2008. The Healthy Schools Enhancement Model is currently in its pilot phase and work to raise awareness about Young Carers will form part of this pilot. The 2009 Lifestyle Survey indicates that there are still a significant number of Young Carers who are not engaged with the service provided by Barnardo’s.

**6. Recommendations:**

- **That Scrutiny note the Report and indicate support for developments over the next 12 months, in particular:**
  - The development of a Young Carers Commissioning Strategy
  - The refreshed Joint Carers Strategy responds to the needs of Young Carers;
  - A Direct Service Provider is commissioned to deliver the Young Carers’ Service from April 2011;
  - A local Memorandum of Understanding is developed to ensure an integrated approach is developed by CYPS and NAS to support Young Carers;
- **That a further Report be submitted to Scrutiny following the commissioning of Service Providers for April 2011.**



## **7. Proposals and Details:**

### **Lifestyle Survey**

The Lifestyle Survey is an annual survey undertaken with both primary and secondary school pupils. Questions cover a range of issues, such as health, how pupils feel about school, bullying and how often they may smoke, drink or take drugs. In the 2009 secondary survey pupils were asked directly if they considered themselves to be a Young Carer and, for the first time, a definition of what a Young Carer might do was included in the survey. 32% of year 7 pupils considered themselves to be a Young Carer and 23% of Year 10 pupils. This corresponds with national findings that the average age of Young Carers is 12. Responses to the Rotherham survey indicate that boys are more likely to care for a parent whereas girls are more likely to look after a sibling. Of those young people who identify their caring responsibilities, the majority spend less than 5 hours a week looking after someone. In 2009 56 young people said that they spend more than 51 hours per week in a caring role. This baseline data will help us to monitor the impact of future awareness raising activities.

### **Barnardo's Young Carers' Service**

Barnardo's continues to provide the Young Carers' Service in Rotherham. This is a balance between providing tailored support to Young Carers (and their parents), signposting to existing extended service provision and awareness raising activities.

The support provided to Young Carers involves 1:1 sessions, support groups including a participation group and other groups tailored to the needs of young carers, including those affected by parental mental illness, physical illness or impairment or sibling carers. The services also organises social activities such as LaserQuest and the pantomime. In a consultation activity all the Young Carers we asked said that the service was "extremely important" in their lives and that they liked going to social activities and meeting other Young Carers.

The awareness raising activities have included a presentation to Locality Managers, a mail out to all GPs and a briefing paper submitted to Primary and Secondary Headteachers. In addition the Young Carers Service has made links with schools, including Thrybergh and Rawmarsh, and delivered presentations in assemblies and in depth sessions as part of the Personal, Social, Health and Emotional Well-being (PSHE) curriculum. Barnardo's have targeted schools that have higher than average BME population.

Education services (including schools and Education Welfare Officers) make up a significant proportion of referrers to the direct service. Many recent referrals (50% of total referrals in the last quarter of 2009) have come from Mental Health Services. Some initial referrals came from the substance misuse centre, however, these have not continued.

### **Healthy Schools Enhancement Model**

100% of Rotherham schools are engaged with the Healthy Schools Programme. The Healthy Schools Enhancement Model, launched this year in its pilot phase, will require schools focus on targeted and vulnerable groups, in addition to

universal focus on a local priority. During this pilot phase Young Carers will feature in each school's Healthy Schools Enhancement Data Pack and on the agenda of Healthy Schools Enhancement Community Meetings in 2010. Young Carers will also feature on the agendas of PSHE and Citizenship Coordinators meetings for Key Stage 1/2 and 3/4. The Healthy Schools team will write a draft Young Carers model policy in consultation with Barnardo's and encourage all schools to have a Young Carers' Policy in place. Curriculum work and the model policy are being developed by Healthy Schools with support from Barnardo's. Healthy Schools are now represented on the Young Carers Stakeholder Group.

### **Joint Carers Strategy**

In line with the government strategy, 'Carers at the Heart of 21<sup>st</sup> Century Families', a priority dedicated to Young Carers has been included in the Rotherham Joint Carers Strategy. Objective 7 is a commitment to 'Protect and support the lives of children and young carers'. To ensure that the Joint Carers Strategy is robust in relation to the needs of Young Carers the membership of the Carers Strategy Implementation Group has been updated to include a Service Manager and Policy Officer from Children and Young People's Services, as well as representation from the Direct Service Provider. In turn, a representative from Neighbourhood and Adult Services has joined the Young Carers Stakeholder Group. For 2010 the Joint Carers Strategy will need to reflect the importance of strong joint working between Children's Services and Adults' Services in order to identify and support Young Carers by taking a 'Think Family' approach. It may be appropriate for Rotherham to adopt a localised version of the model memorandum of understanding issued jointly by the Association of Directors of Adult Social Services and the Association of Directors of Children's Services. The refreshed strategy will also identify the activity associated with the new Carers' Information Centre, due to open in Rotherham Town Centre in 2010.

### **Young Carers Commissioning Strategy**

The contract for the Young Carers' Direct Service Provider has been brought into sequence with the Joint Carers' Strategy. A competitive tendering process will be undertaken for a new contract from April 2011. Until then, the extended contract will deliver enhanced service provision to respond to the potential increase in demand, generated by the new Carers' Information Centre and the Healthy Schools Enhancement Model.

8. **Finance:** The 2009 – 2010 allocation from the National Carers Grant to the Barnardo's Young Carers Service is £32646 with an increase to £42850 for 2010 - 2011

9. **Risks and Uncertainties:**

The responsibility to identify and support young carers does not lie solely with the direct service provider but is the responsibility of all agencies. Each agency should attempt to ameliorate any adverse impact of the caring responsibilities on the young carer. This should include a full assessment of the person needing care in order to provide appropriate services. Failure to

respond appropriately breaches young carers' rights as children and increases the risk that the responsibilities of caring might have a negative impact on the young carer's development and wellbeing.

In addition, without multi-agency support across C&YPS in referring young carers to the Barnardo's Young Carers Service, the direct service provider cannot deliver value for money

**10. Policy and Performance Agenda Implications:**

The Carers and Disabled Children Act 2000 identifies young carers as "children in need" as defined in the Children Act 1989. As such, an assessment of their needs should be undertaken within the Framework for Assessment of Children in Need and their Families 2000

**11. Background Papers and Consultation:**

Carers at the Heart of 21<sup>st</sup> Century Families

Rotherham Joint Carers' Strategy 2008 - 2011

Young Carers Commissioning Strategy 2007 - 2010

Working Together to Support Young Carers – A Model Local Memorandum of Understanding between Statutory Directors for Children's Services and Adult Social Services

Report to Scrutiny Panel, January 2009

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# Rotherham Joint Carers' Strategy 2008-2011

## Who is a Carer?



...they all are!





“Me time – my life, my mind, my family, my friends, my education, my home, my children, my pets matter but I care ”

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“Me time – my life, my mind, my family, my friends, my education, my home, my children, my pets matter but I care ”

## 1. Foreword by Councillor Richard Russell



### Rotherham Carers' Champion

*Welcome to the new 2008-2011 Rotherham Carers' Strategy where we take account of the main achievements over the previous 12 months and look to the future. Over the past year the Council and NHS Rotherham have been working together and demonstrating their commitment to involving carers in the development of this strategy. Their involvement has led to the improvement of existing services and the identification of new initiatives.*

*Significant legislative changes have taken place over the past few years and 2008 was no exception in progressing positive developments for carers. The Government extended its commitment to carers through the launch of the national Carers' Strategy entitled "Carers at the Heart of 21<sup>st</sup> Century families and communities". Our local strategy, developed by the Council and NHS Rotherham takes into account the national direction for change.*

*In Rotherham we recognise the value of the contribution that carers make in providing care in the community. The future challenge will be to continue to meet the growing needs of people with physical, sensory, learning disabilities, mental health problems and older people who want to remain living in the community. This strategy sets out to provide a greater understanding of how we can involve, inform and support carers to help us plan our services for the future.*

*Caring can be a positive experience if the appropriate services are available.*

*I'd like to thank all the carers who have influenced the production of this document.*

*Signature*

A handwritten signature in black ink that reads "RS Russell." The signature is written in a cursive style with a period at the end.

Councillor Richard S Russell



**“Carers should have the same opportunities as everyone else. We are all different, have own needs and wants.”**

## **2. Executive Summary**

The Rotherham Partnership has identified that supporting carers is a major priority for the Borough. Through the Local Area Agreement we have made a public commitment to do more to help carers. The strategy includes investment of approximately £700,000 over two years which shows that we:

- Value and support the needs of carers,
- Acknowledge that carers provide the best quality of care and personalised care,
- Believe that carers deserve the same opportunities as those without caring responsibilities, and
- Recognise that the best investment we can make is supporting carers

The Local Strategic Partnership will work with Rotherham MBC, NHS Rotherham, Rotherham NHS Foundation Trust, Job Centre Plus, Barnardo's Young Carers, Crossroads, and Rotherham Carers' Forum. We have made certain that each of the carers' priorities is represented by an appropriate service and relevant partners. We recognise that all partner organisations both individually and collectively must do more to provide enhanced opportunities for carers to access employment, training and support.

The development of this strategy has been as a consequence of placing great emphasis on Rotherham carers' own judgement of what is right for them. This Joint Carers' Strategy for the Borough is based on feedback from carers about the services that are currently on offer and what carers see as their priorities for redesigning services over the next 3 years.

We have listened to the carers by holding consultation events such as the “Who Cares?” visioning day, a Citizens' Jury and we continue to consult through open discussion at the “Carers' Forum” and events held during National Carers' Week in June. In an effort to reach out to carers we conducted a Carers' Survey in September 2008 and will establish actions from the findings by the end of this year. We have and will continue, over the life of this document, to actively engage with carers to pay close attention to their requests, aspirations and needs. Carers themselves will be the judges of the success of this strategy and will be fundamental to the monitoring of it.

In July of this year the national strategy, “Carers of the 21<sup>st</sup> Century families and communities 2008-2018” allocated funding to Primary Care Trusts with the stipulation that it is spent in partnership with Local Authorities. This will strengthen our commitment to work in partnership and facilitate an expansion of the opportunities to improve the lives of our carers and support them in their vital role.

**“Carers should have the same opportunities as everyone else.  
We are all different, have own needs and wants.”**

### **Our Mission**

To value and support to the needs and aspirations of all carers.

### **Our Vision**

Our vision has been shaped by Rotherham carers. Our vision is for carers to be able to;

- Exercise choice, be independent, be protected and have fair access to services,
- Feel supported and encouraged to shape local services which meet their characteristics and needs, and
- Enjoy their lives as individuals and as part of families and neighbourhoods.

The Carers' Strategy has 7 main objectives which have been informed by Rotherham carers and the national strategy. Recognising that the best investment we can make is to support carers, this strategy will provide carers with;

- Better access to information,
- Training and support for the caring role,
- Assessment and early intervention,
- Flexible support services,
- Better access to health services,
- Training, employment and financial support, and
- Protection and support for young carers

This strategy and action plan will deliver these 7 objectives by dedicating resources, commissioning different types of services and developing self assessment and self directed support. These actions will address the diverse needs of carers by providing support to carers to meet their own individual requirements and levels of caring responsibility.

“I have regular respite which helps me to continue looking after mum. Can't praise the staff enough.”

### 3. Our Achievements 2005 – 2008

Carers' services have always been important in Rotherham. Our achievements since the first strategy for Rotherham (2005-2008) are as follows:

We have modernised and updated the Carers' Handbook. It is a living document that changes to adapt to carers' needs

**Impact** – Carers are kept up to date with developments in local and national services in an easy, more appealing way

We have established a Carers' Information Centre that serves the whole of Rotherham

**Impact** – Carers have a central resource for information, support and advice that reflects their needs and aspirations

We have launched the Carers' Emergency Scheme

**Impact** – Carers are offered a personalised response to an accident, emergency or crisis which brings them peace of mind

We have involved carers in meaningful consultation at every opportunity

**Impact** – Carers have shaped services and developed innovations, they have been fully involved in high level strategic consultation.

We have provided support to give quality carer representation in a variety of arenas

**Impact** – Carers are empowered with confidence and assertiveness to challenge view points

We have supported the development of Caring 4 Carers wellbeing group

**Impact** – Carers are able to offer emotional and practical peer group support of the highest level

We have designed and developed a wide range of specific training for carers

**Impact** – Carers are now equipped with health and well-being skills. This has helped them to provide top quality care

This subsequent strategy (2008-2011) builds on our successes and reputation for providing high quality services for carers. As we progress to achieve challenging targets, Rotherham MBC and its partner agencies will continue to support carers throughout the borough and champion their essential role.

“I have regular respite which helps me to continue looking after mum. Can't praise the staff enough.”

#### 4. The scope of this strategy

This strategy will cover all carers in Rotherham. We will seek to reach “hidden carers” and raise awareness about the support available to them. Where there is value in engaging additional and emerging stakeholders, we will stimulate their interest and secure their involvement.

##### Who is a carer?

The National Strategy, “Carers at the Heart of the 21<sup>st</sup> Century families and communities 2008-2018” defines a carer as someone who, **“spends a significant portion of their time providing unpaid support for a relative, partner or friend who is frail, disabled or has mental health or substance misuse problems”**

A carer can be;

- An adult who cares for another adult such as a husband or wife, partner, friend or relative,
- A parent who cares for a child with a long-term illness or disability, and
- A young carer who is under the age of 18 and in some way affected by the need to take physical, practical and/or emotional responsibility for the care of another person.

Within the definition above, each carer will have different needs and characteristics. The ongoing development of the JSNA (Joint Strategic Needs Assessment) will include an analysis of the needs of carers. Specific groups of carers that are assessed within the criteria will be able to access the range of generic services that will be commissioned according to the 7 objectives identified by carers. If the generic services do not meet carers’ needs then personal budgets will be an alternative source of service provision.

“I am satisfied with the help the person I care for gets with his weekly visits and hope if he needs any help with anything he

## 5. The Local Context

The Rotherham Carers' Strategy is about providing more support for local carers. Through consultation we understand what would make the biggest difference to Rotherham carers' lives both in their role as a carer and in their lives outside caring. Knowing what is required of us we now have the opportunity to concentrate our efforts on helping to achieve Rotherham carers' priorities.

The partnership's undertaking to meet the identified needs of carers is consistent with the Community Strategy theme of "Achieving" and to deliver targets within the Local Area Agreement. These high level plans illustrates the commitment we have made to improve services for carers in a way which increases the level of support, range and flexibility of services, resources and employment opportunities by the year 2011.

Data gathered during the Joint Strategic Needs Assessment (JSNA) shows that Rotherham has higher levels of limiting illness or disability than the national average. In particular, dementia, coronary heart disease, strokes and chronic obstructive pulmonary disease are prevalent. This means that in comparison with other similar sized authorities, we have higher numbers of carers and this will only continue to grow.

Statistics show us that in Rotherham;

- One in eight adults is a carer totalling around 30,000 people<sup>1</sup>.
- Over 15,000 people juggle care with work<sup>2</sup>.
- 22.4% of people in Rotherham have a limiting long term illness or disability, which is significantly higher than the national average.
- Over 7,000 local people provide more than 50 hours of care per week<sup>1</sup>.
- People providing high levels of care are twice as likely to be permanently sick or disabled<sup>3</sup>.
- 67% of carers are women and 33% are men<sup>4</sup>.
- By 2037 the number of carers could increase to more than 40,000<sup>2</sup>.
- In 2008 there are 154 carers over 85, but in the year 2025 it is projected to rise to 262 carers<sup>5</sup>.
- It is estimated that every year in Rotherham another 8000 people become carers. This number is likely to rise over the next 10-15 years.

<sup>1</sup> Numbers directly from Census 2001 data. This includes unpaid care.

<sup>2</sup> As stated on Carers UK website

<sup>3</sup> As stated on Carers UK website

<sup>4</sup> Data from DWP claimant figures February 2007

<sup>5</sup> POPPI –Projection of Older People Population Information/ Office of National Statistics

**“I am satisfied with the help the person I care for gets with his weekly visits and hope if he needs any help with anything he**

## **Equality**

While there are many issues that affect all carers, this strategy acknowledges both the uniqueness of each individual carer’s situation and the specific needs of the individual who is cared for. Besides addressing issues that have an impact for many or all carers, partners will need to take into account any implications for specific groups of carers, including;

- Black and Minority Ethnic (BME) carers,
- Carers from all faith communities,
- Carers from different age groups, particularly older carers and young carers,
- Carers who themselves have a disability or long term illness,
- Lesbian, Gay, Bisexual and Transgender (LGBT) carers, and
- Women and men

## **Black and Minority Ethnic (BME) Carers**

The recent BME Health Needs Assessment provides some indication of the key health issues faced by Rotherham’s minority ethnic groups. Ill health is a significant problem for most ethnic communities in our locality. These groups experience higher levels of limiting illness than their counterparts and tend to suffer from a range of conditions including, heart disease, stroke and diabetes, high blood pressure and kidney problems. A recent Health Equity Audit, conducted into access to services for coronary heart disease, concludes that South Asian communities have more heart disease and develop heart disease earlier than the rest of the population but access treatment services appropriately.

Rotherham’s largest minority ethnic community is the Pakistani Kashmiri community. More recently, new communities including asylum seekers and migrant workers from Eastern Europe have added to the diversity. Through consultations, community representatives have expressed the view that they feel services should be more culturally sensitive. Carers’ services need to be developed in light of this intelligence.

## **Age**

The incidence of long term conditions increases with age. As the numbers of those with long term conditions will grow, caring responsibilities will increase and our carers will be older and perhaps suffering from ill health themselves. This strategy identifies more responsive and timely assessments and flexible services for carers to help them to continue to care during periods of stability and crisis. Annual health checks and reviews will also provide improved identification and assistance for carers. One of the objectives in the National Carers’ Strategy is to ensure that children and young people are protected from inappropriate caring and that they receive the necessary support. Young

## “It’s not just a female thing, male carers exist, they are not aware of their role.”

carers and their needs emerged as one of the key priorities from our consultation, leading to the inclusion of specific objectives in the action plan.

### **Gender**

The Equal Opportunity Commission<sup>6</sup> has identified that, “women are significantly more likely than men to work part-time, often because of childcare and other caring responsibilities. Part-time work in Britain is characterised by particularly low rates of hourly pay and reduced access to promotion and development opportunities.” The Commission also recognises that men are disadvantaged by workplace cultures that do not support their caring responsibilities.

In Rotherham both women and men provide a significant volume of care but overall there are more women carers and on average women provide more hours of care<sup>7</sup>, which has a greater impact on both their access to employment and their career progression. The expansion of flexible working at all levels within organisations will benefit both women and men who are carers by providing more scope to combine caring responsibilities with paid employment. It will also help to narrow the gender pay gap.

### **Lesbian, Gay, Bisexual and Transgender (LGBT) carers**

There is a lack of detailed information about LGBT communities in Rotherham but Government survey evidence suggests 6% of the UK population are LGBT people, which would equate to 15,200 people in Rotherham or 11,800 adults<sup>8</sup>. The Transgender population is estimated at 0.8% nationally which would be 2,000 people or 1,600 adults in Rotherham<sup>9</sup>. Local research in 2004 identified various obstacles and barriers faced by LGBT people<sup>10</sup>. Although only 2.1% of survey respondents identified too many family commitments (for example being a carer) as an obstacle, the following general barriers were identified - fear of discrimination, access to services and isolation. For many reasons LGBT people may not feel they can be open or “out” about their sexuality or gender identity, so sensitivity and confidentiality in service provision and support is vital.

We are committed to improving the range and availability of support services for carers. By recognition of the diverse make up of this group we undertake to provide a flexible range of services, which compliments their individual support needs.

<sup>6</sup> Gender Equality Duty Code of Practice for England and Wales, November 2006

<sup>7</sup> Census 2001

<sup>8</sup> Gender Equality Duty Code of Practice for England and Wales November 06

<sup>9</sup> Census 2001

<sup>10</sup> Research needs of LGBT people in Rotherham 2004

**“It’s not just a female thing, male carers exist, they are not aware of their role.”**

## **6. Consultation**

### **Engaging carers in shaping their future**

We have an excellent track record of consulting and involving carers. During 2008 we have held a number of consultation events to ensure that carers’ views are integral components of organisational and development strategies. We made certain that opportunities for consultation were accessible by all. We have consulted in several different ways to recognise that it is often the same carers who participate and so we have taken steps to address this by;

- Strengthening representation on joint strategic planning groups, scrutiny, the Adults Board and other key decision making bodies,
- Having regular ongoing consultation with the Carers’ Forum,
- Undertaking consultation with the Carers’ Champion from each service area within Rotherham MBC to facilitate feedback from carers,
- Holding consultation events during National Carers’ Week in June 2008 to further inform the development of the Carers’ Strategy,
- Jointly facilitating a Citizens’ Jury in June 2008,
- Facilitating a Carers’ Visioning Day in July 2008 with NHS Rotherham and Neighbourhood and Adult Services attended by a cross section of agencies, staff and carers,
- Undertaking a broad carers’ survey commenced in September 2008 to establish the needs of carers in the wider community to increase the scope of consultation,
- Concluding the Black and Minority Ethnic Hospital Project in autumn 2008, providing opportunities to consult with this specific minority group,
- Consultation during the development of Rotherham Women’s Strategy included women workers and professionals and responsibilities were discussed, and
- Commissioning a Carers’ Forum Service User Questionnaire to evaluate satisfaction rates amongst users of this service in 2007.



## “Day Care gives me a welcome break. Day Carers help me relieve with bathing and dressing facilities.”

### External assessment

In addition to the above consultation events, in July 2008 the Business Relationship Manager for the Commission for Social Care Inspection (CSCI) met a group of Rotherham carers as part of the annual review process. There was positive feedback from carers at this meeting but also there were indications we could improve some of these areas. These are identified below;

- carers should be routinely made aware of what is available to them by staff,
- carers should be given information about the Carers' Information Centre and local groups,
- all carers should have an annual assessment,
- carers said the Carers' Forum should meet more than quarterly, and
- carers would like to see Rotherham MBC and partners produce guidelines for GPs on working with carers.

Some aspects of the services that are provided to carers have been accredited with the Government's Customer Service Excellence standards. The Council's Neighbourhoods and Adult Services achieved the prestigious award in June 2008. The accreditation focuses on the experience of customers through engagement/consultation and co-operative working with other providers, partners and communities.

Our joint working approaches were held up as an area of best practice which exceeded the requirements of Customer Service Excellence. The assessor stated,

*“The Service demonstrates an exemplary commitment to work with other providers/partners in the customer focused delivery of joint services”*

The following areas of strength around engagement and access to services for carers were highlighted:

- Carers' Forum - *“this proved to be another excellent example of how the Service seeks user views on customer satisfaction”.*
- Carers' Information Centre - *“services are easily accessible through a wide range of channels. In addition to letter, telephone and personal contact at customer service centres, you give customers other choices to make access easier: for example, you are in partnership with the Carers' Information Centre in central Rotherham which provides a wide range of information and access to services”*

Reviewing the help given to carers when requesting a carers' assessment, along with the response timescales, were identified as areas for improvement which will be delivered through actions identified within this strategy.

**“Day Care gives me a welcome break.  
Day Carers help me relieve with bathing and dressing facilities.”**

## **7. Our Objectives and Priority Actions**

Our objectives and priority actions have been identified through rigorous consultation and high profile events such as visioning and citizens’ jury to the personal comments made by individual carers who have experienced our services.

### **Objective 1: Better access to information and advice**

The first objective has been shaped by local carers and from the national strategy. The national strategy aims to provide every carer with the opportunity to access comprehensive information. Rotherham carers have said that they would like information and advice in a range of different formats and access arrangements to suit individual choice and preference.

#### **This is what carers have said about the services that are currently in place in Rotherham...**

*“They never get back to you. Not knowing where to go”*

*“More outreach and community events to inform people”*

*“Have received very little/no information about the above (stated on carers’ questionnaire) services”*

*“When sending officials to see carers have them up-to-date with the rules”*

*“Faster information for new carers”*

*“It is difficult enough when you become a carer without having to fight for information, help and support – not everyone has the energy or the time – what happens to them and their needs”*

*“Not enough information at the time of diagnosis ... shouldn’t have to go and find it ... before I’m exhausted”*

*“Lack of communication from day centres. No continuity with staff”*

*“To improve on communication and for help to be there when you need it. Lots around until you come to use a service. Why carer allowance stops, you never stop caring”*

*“Information pack with all information relevant to carers or providers”*

**We now respond to this feedback by developing a local objective ‘to improve the access to information by December 2009’.**

**“I, along with the person I care for, have attended the sessions at Rotherham. We found it very helpful and informative.”**

**To deliver this objective, we have a number of priority actions and these are:**

- Undertake consultation on the types, format and means of information which are most desirable to carers.
- Undertake a joint information review with our partners.
- Produce an information DVD about carers' services to be handed out to all carers and shown in hospital waiting areas, GP Surgeries, Health Centres, information events and libraries, etc.
- Examine the local demographic to establish where the highest concentration of carers is likely to be.
- Make certain that information for carers is universally available by displaying in various formats in community buildings, customer information centres, warden centres, GP surgeries, mobile libraries, job centre plus, schools and at key events i.e. “National Carers’ Week”.
- Carry out an outreach project to promote information to rural areas and hard to reach groups, “hidden carers”.
- Look at and employ different ways in which we can get information to carers early in their caring role, at diagnosis, in primary and secondary health establishments.

**“I, along with the person I care for, have attended the sessions at Rotherham. We found it very helpful and informative.”**

## **Objective 2: Training and support for the caring role**

The second objective has been shaped by local carers and from the national strategy. The national strategy expands NHS services to evaluate how services can better provide support for carers in their caring role. Rotherham carers have said that they want information, advice and training programmes which help carers fulfil their caring role.

### **This is what carers have said about the services that are currently in place in Rotherham...**

*“Carers need equal partners in care to cope with caring time – not always money – support – info – groups”*

*“I want training in managing stress, moving and handling, any training that is available”*

*“Is it possible to have some form of educating people and look after Alzheimer’s as to recognise the systems as the disease gets worse?”*

*“Carers to be listened to, consulted, valued in financial and practical terms on par with the professional services. They are at the sharp end!”*

*“Listen to carers’ views and opinions. Carers do not have to look after their loved ones!”*

*“Commissioning of condition specific training programmes for carers which include carers as experts by experience”*

*“I paid privately for moving and handling ...”*

*“I want training on handling and assertiveness”*

*“Never been offered, expected to be able to cope. Also have a daughter that requires extra care, left to that too plus I have to feed and clothe everyone and pay mortgage”*

*“Learn from our experiences to develop service to customers”*

*“Why can’t carer’s information be included in people’s induction programmes when they come to work for the service so they can help and support people properly?”*

**We now respond to this feedback by developing a local objective to ‘develop effective access to training, education, and resources in a way that results in carers being treated as a valued partner with local authority and health organisations, by June 2010’.**

“I would like to see all carers get all information not just the few as we have a lot of older carers that need help and are too proud

**To deliver this objective, we have a number of priority actions and these are:**

- Undertake a joint training needs analysis for **carers**, build on the base already established, “looking after me”, “Moving and Handling” and further develop identified training courses.
- Examine the results of the September 08 Carers’ Survey to identify areas of training.
- Develop further a “Caring with Confidence” training programme for carers, “First Aid” and “Diabetes Awareness” and consider “Learning for Living” training and development issues within RMBC workforce.
- Undertake a local training needs analysis for **key staff** to establish training needs in all partner organisations.
- Consider the need for guidance to carers with regard to medication in the form of training information.
- Provide carers with relevant guidance in regard to their legal obligations especially in reference to the Mental Capacity Act and Deprivation of Liberty legislation, using information leaflets.

**“I would like to see all carers get all information not just the few as we have a lot of older carers that need help and are too proud**

### **Objective 3: Carers’ assessments and early identification**

The third objective has been shaped by local carers and from the national strategy. The national strategy looks at how the NHS, Local Authorities and the voluntary and community sector can work together to better support carers in their caring role. Rotherham carers have said that they want a more effectiveness and responsive assessment process and better support from professionals including the need for professionals to identify carers before carers themselves realise that they are ‘a carer’.

#### **This is what carers have said about the services that are currently in place in Rotherham...**

*“Carers’ assessments not followed up”*

*“Carers should build their own carers’ action plan”*

*“Carers’ assessment forms – long – take a lot of time – nothing happens when they have been completed”*

*“Lack of personal time, can’t do anything for myself”*

*“Carers want to care for their loved ones but do need client focused support”*

*“Want Carers’ Assessments”*

*“We want more preventative services so help and support available before a crisis occurs”*

*“... need more support for carers’ groups – not necessarily financial but qualified support (bodies)”*

**We now respond to this feedback by developing a local objective to “Increase the access for carers to have their own individual assessment of need at the earliest possible stage of the process by March 2010”.**

**To deliver this objective, we have a number of priority actions and these are:**

- Increase the number of initial Carers’ Assessments and annual reviews conducted throughout all service areas. Monitor PAF D42 “Carer assessments as a percentage of carer and client assessments” – a target increase will be agreed with relevant Directors.
- Create a Carers’ Assessment form which addresses carer needs by joint working with assessment officers and benchmarking best practice, i.e. NICE guidelines.

**“Services must be designed “around” the carer, flexible, high quality. Carers deserve the best we can provide.”**

- Incite key staff GPs, allied health professionals to identify carers at the earliest opportunity i.e. at the point of diagnosis, deterioration, by reviewing admission/discharge documentation/procedure.
- Promote Carer Assessments – develop electronic self assessment for carers in partnership with Neighbourhoods and Adult Services, Assessment Direct, Direct Payments and monitor the increase of carer assessments.

**“Services must be designed “around” the carer, flexible, high quality. Carers deserve the best we can provide.”**

## **Objective 4: Flexible support services**

The fourth objective has been shaped by local carers and from the national strategy. The national strategy provides investment for carers’ breaks but in a flexible way which meets the needs of carers and the people they support. Rotherham carers have said that they want access to self directed support and a range of services that will help carers continue caring but also enjoy their own lives.

### **This is what carers have said about the services that are currently in place in Rotherham ...**

*“Want the same person for sitting, etc. and get to know them and for them to get to know clients”*

*“Services must be designed “around” the carer, flexible, high quality. Carers deserve the best we can provide”*

*“Respite good for 2 weeks but what about other 50? An hour a day to have a bath would be great”*

*“Not enough respite for carers”*

*“No Direct Payments for cleaning”*

*“I would just like a life of my own!”*

*“Would like to see the sitting service available at more reasonable hours, not around lunchtime when it takes me a fair while to eat and that takes time up out of the sitting hours”*

*“Respite care has been very good, but there are times when it is full due to demand for their service”*

*“Would like some extra assistance, if I go on holiday as I have no family to help...”*

**We now respond to this feedback by developing a local objective to “Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011”.**

**To deliver this objective, we have a number of priority actions and these are:**

- The development of an outcome based assessment model,
- Consult widely on criteria, focusing on carers views,



## “Knowing that a carer is going in every day taking pressure of me.”

- Establish commissioning and funding plans for the delivery of generic and specialised services,
- Promote the access to “Direct Payments’ Individual Budgets” in order to individualise carer provision and maximise opportunities for carer breaks,
- Provide similar or alternatives to day care provision which are flexible and meet the needs of carers and the cared for by monitoring the review of “Service Level Agreements” with our Voluntary Community Sector Partners - commenced in 2008 and in the recommendation from this review,
- Contribute to the cultural change required in the statutory support network by informing social workers and social service officers with regard to the carer support options available by carrying out presentations and information sharing with regard to new service provision,
- Maximise the opportunity available in the “Carers’ Grant” 2009/2010/2011 to disinvest in services which are considered inappropriate or ineffective and invest in services which are or could be more flexible and appropriate to the needs of carers,
- Pilot alternative ways in which to utilise the “Carers’ Grant” to promote appropriate carer breaks and evaluate their effectiveness,
- Promote access to the “Carers’ Emergency Scheme” and increase the number of carers on the Carers’ Emergency Scheme to 500 by 2011,
- The establishment of a dedicated resource to assess carers needs and
- Annual review of need for all carers and enhance self assessment.

“Knowing that a carer is going in every day taking pressure of me.”

## **Objective 5: Better access to health services**

The fifth objective has been shaped by local carers and from the national strategy. The national strategy expands NHS services to cover improved support from GPs, annual health checks for carers and improved emotional support. Rotherham carers have said similar things but want services to recognise that the health of carers themselves often takes a backward step and that this should be identified sooner by health and care professionals.

**This is what carers have said about the services that are currently in place in Rotherham...**

*“Yearly medicals for all carers”*

*“The more you care the most at risk your own health is”*

*“Can we include alcohol screening in Carers’ Annual Health checks?”*

*“Don’t forget some carers are also service users themselves”*

*“... we only have a bath nurse twice a week to bath my husband who is 95 years old. I do the remainder with support from my stepdaughter and her husband. I am 92 ...”*

**We now respond to this feedback by developing a local objective to “Prioritise carers health needs and give access to health services in a way in which carers feel supported to stay mentally and physically well by March 2011”.**

**To deliver this objective, we have a number of priority actions and these are:**

- Look at how best to meet the needs of carers when the pilots are released and further direction from the Government regarding budget allocation is given, the pilots are:
  - Provide carers with annual health checks
  - Develop a training package for all GPs
- Improve access to hospital appointments for carers through
  - Extending service provision, and opening times
  - Promoting patient choice to carers
  - Developing a Carers’ Assessment pro forma that takes into account the health needs of the carer, and records other support needs the carer may have in accessing health services
- Consider the options available within the “Carers’ Grant” carry forward from 2007/08 to provide appropriate services to carers which promote their health and wellbeing taking into consideration “Personalisation” – “Individual Budgets” and
- Examine the effectiveness of alternative wellbeing breaks and promote the duplication of this service should the findings be favourable.

“Day Care for mum enables me to continue working as a college lecturer. It gives me some peace of mind and reduces

## **Objective 6: Training and employment opportunities and financial support**

The sixth objective has been shaped by local carers and from the national strategy. The national strategy aims to enable carers to combine paid employment and caring role to re-enter the job market, through encouraging flexible working opportunities and increased training provision. Rotherham carers have said that they want better support from employers and better access to training.

### **This is what carers have said about the services that are currently in place in Rotherham...**

*“Carers should have the same opportunities as everyone else. We are all different, have own needs and wants.”*

*“Poorly paid – financial precarious situation.”*

*“I work for the service and care for a disabled husband”*

*“Employment is likely to be part-time due to benefits and caring responsibilities”*

*“Help to find work”*

*“Have lost contact with job market”*

*“When I wanted to return to work before my mother died I was informed I would lose the Carers’ Allowance if I earned over £75 per week.”*

*“Also have a daughter that requires extra care, left to that too plus I have to feed and clothe everyone and pay mortgage.”*

*“Currently trying to hold down job but find it hard at times of “emergency” as per recent falls, etc.”*

*“Many carers, such as those who juggle caring with work, parenting and other things”*

*“Flexible working for employees, they don’t always understand or sympathise that you have a crisis and need to go now to resolve the situation. More flexibility”*

**We now respond to this feedback by developing a local objective to “Develop support mechanisms to assist carers into and to sustain employment and provide access to effective financial support whilst**

**“Day Care for mum enables me to continue working as a college lecturer. It gives me some peace of mind and reduces**

**carrying out their caring responsibility or when their life changes by December 2010”.**

**To deliver this objective, we have a number of priority actions and these are:**

- Produce a guidance leaflet for workers explaining flexible employment policies,
- Produce/disseminate a good practice guide for employers around supporting carers and integrating them in the workforce,
- Advise carers of “New Deal” programmes which build flexibility into their caring role/employment training opportunities,
- Produce a directory of training which is flexible and in line with carers’ commitments,
- Signpost carers to Job Centre Plus to be offered “Better Off calculations”, flexible working arrangements,
- Assist carers to access relevant benefits by supporting them to complete application forms and be given quality advice at the Carers’ Information Centre and by all partners, and
- Implement the Excluded Adults Employment Plan so that partner organisations do more to offer employment and training opportunities for carers.

**“It is not taboo to be a young carer.”**

## **Objective 7: Protecting and supporting the lives of children and young carers**

The seventh objective has been shaped by local carers and from the national strategy. The national strategy aims to protect young people from inappropriate caring and to provide them with better support from services. Rotherham young carers have said that they want services that are targeted at young carers.

### **This is what young carers have said about the services that are currently in place in Rotherham...**

*“Not enough information about young carers – nationally the focus is always on older carers”*

**We now respond to this feedback by developing a local objective to “Increase support which protects children and young people from inappropriate caring in a way which encourages them to enjoy positive childhoods by March 2010”.**

**To deliver this objective, we have a number of priority actions and these are:**

- Improve the identification of young carers,
- Raise awareness of young carers in schools via key education staff, healthy schools co-ordinator and on through the admission process,
- Provide support/advice and input on Younger Carer issues in schools,
- Complete a basic mail out to GPs to build awareness and skills in dealing with young carers/awareness raising on young carers to be delivered to GPs and practice managers,
- Work in partnership to develop “Extended Family Pathfinder Bid”, and
- Work with Barnardo’s to ensure other service areas identify and support young carers by taking advantage of training and advice available from Rotherham Young Carers, “Early Intervention Team”, and “Clearways”.

“It is not taboo to be a young carer.”

## 8. Resources

The following tables show the Carers’ Grant allocation and detail the way Rotherham MBC has spent the 2008/09 allocation.

### The Carers’ Grant Allocation 2008/11

Year	Carers’ Grant Funding
2008/2009	£1,243,000
2009/2010	£1,333,000
2010/2011	£1,427,000

### Carers’ Grant Allocation 2008/9

Client Group	Service	Grant Amount	Additional Revenue	Total Spend
Older People	Weekend Day Sitting	35,067	16,877	51,944
	Ethnic Minority Day Care	63,176	0	63,176
	Specialist Sitting for Alzheimer’s	42,240	7,636	49,876
	Older People with Mental Health problems Day Centre	118,736	35,852	154,588
	Crossroads – Carers’ Support	69,682	26,125	95,807
	Home Care “in house”	92,951	0	92,951
	Home Care – “independent sector”	100,000	0	100,000
	Carers’ Forum	35,800	609	36,409
	Consultation and Information	11,040	0	11,040
	Older People – Direct Payments	79,148	0	79,148
Older People – General Support	5,003	0	5,003	
Physical & Sensory Input	Social Worker Head Injuries	20,028	13,423	33,451
	Physical Disability Direct Payments	41,844	0	41,844
	Generic Day Sitting	7,651	2,472	10,123
	Thursday “out & about” Club	32,252	2,438	34,690
Learning Disabilities	Community Support Workers	18,638	402	19,040
	Evening Breaks			
	Eastwood Day Centre Care Breaks	26,390	804,137	830,527
	Day Care Ethnic Communities	10,978	7,275	18,253
	Learning Disability Direct Payment Scheme	15,300	0	15,300
Ladycroft – Respite Care	78,088	196,385	274,473	
Mental Health	Support and Sitting Activities	15,600	10,200	25,800
	Support and Sitting Activities	16,391	0	16,391
Children’s Services	Various schemes	248,540	0	248,540
All groups	Carer Emergency Service	58,457	0	58,457
All groups	“Supported to care....your choice” – carry forward from 07-08	101,000	0	101,000
<b>Total</b>		<b>1,344,000</b>	<b>1,123,831</b>	<b>2,467,831</b>

“Carers are here on time. Changes to sitting times and extra days are catered for. Carers are friendly.”

The table below show the funding provided by NHS Rotherham 07-08 and 08-09

Item	Comment	Cost
Carers' Handbook 07-08	Reprint only- share of costs	1,248
Crossroads 08-09	2 contracts £12,362 + £83,706	96,068
Grant until March 08 to Crossroads	One-off grant - for the Wellbeing Group	20,000
Continuing Care 07-08	Continuing care (7 clients)	43,588
	Funded nursing care	15,403
Grant until March 08 to Carers' Information Centre -	One-off grant, used to provide benefit service 2008	20,000
Grant until March 08– Alzheimers society	One off grant - support and information to carers	25,000
Quality Outcome Framework payments (to GP's to hold carers lists) 08-09	Estimate only, not all will be taken up	16,693
Expert Patient Programme Carers Component 2008-9	Proportion of 25k	£3,000
	<b>Total</b>	<b>241,000</b>

Over the next year Rotherham NHS, will also seek to better track their commitments to carers in the following areas:-

- Support to carers who work for NHS Rotherham,
- Training,
- End of life care and
- Breathing Space

## “Carers are here on time. Changes to sitting times and extra days are catered for. Carers are friendly.”

Further funding was committed following the announcement of financial commitment in the National Carers’ Strategy in July 2008. The Department of Health have indicated that the details with regard to NHS Rotherham financial allocations for 2009/2010 should be released shortly along with the NHS Operating Framework. The Operating Framework should include direction about use of this finance. This allocation will be distributed to Rotherham NHS with a condition that it is to be spent in partnership with Rotherham MBC, and partner organisations. It is estimated that Rotherham could receive £700,000 over 2 years. It is also anticipated that the money will be a 30/60 split from one year to the next but this is not definite. The wording in the national strategy is that primary care trusts will work with authorities, partner organisations, carer organisations and carers to decide how this finance should be spent. The detail of how this funding is utilised will be documented in the refresh of this strategy in November 2009.

In addition, contracts between the statutory and voluntary sector, show ongoing commitment to carers by seeking additional funding through charitable/grant sources. The amount varies from this type of funding stream but as an example Crossroads obtained additional funding to the value of £12,744 from Communities for Health for the 2008/09 period.

### **Are carers value for money?**

Carers in Rotherham save the local economy £462 million per year, an average of £15,260 per carer<sup>11</sup>. Higher numbers of dependent people will place severe pressure on funding for health and social care organisations. The ageing population will result in an increased demand for unpaid carers. Carers UK have calculated that the number of carers nationally will need to increase by 3 million in total by the year 2037 if we are to continue caring for our ageing population.

Carers are unpaid and represent significant value as a resource. The need to support informal carers has never been more important and to underestimate the significance of their contribution would be foolhardy. Carers replace and support the function of statutory and third sector services inexpensively and therefore relieve budget demands. The opportunity to capitalise on this resource by providing additional support now exists as a result of the additional funding attached to the national strategy. If we fail to exploit the opportunity and funding, we will add to the financial pressures upon all partners and the burden upon carers.

Carers are currently propping up health and social care provision and are enabling partners, relatives and friends to continue living in the community. Carers are a diverse group and in turn provide support to an equally diverse population of cared for people. An estimated 1.9 million older people

<sup>11</sup> UK facts from Carers UK website applied proportionately to Census 2001 figures.



## “Direct Payments allows us to employ our own carer – Pass Team help us advertise for and interview prospective carers ”

nationally are able to continue to live in their own homes because of the care they receive from partners, relatives and friends.

### **The future prospects**

In line with the recommendations in the document “Putting People First” we will consider the impact of “personalisation” for carers. There is risk associated to the continuing reliance on traditional, high cost, intensive services. Carers who need flexibility of provision will be able to embrace the opportunities available with the advent of personal budgets. The advantage to families, friends and partners who see the value of directing their own support will, we hope, act as a catalyst for the move away from traditional services. This increased choice and control will promote the development of more appropriate services in the future. The value of the informal care provision from family and friends should not be underestimated and we will support carers who wish to take advantage of the flexibility of personal budgets.

To this aim we will implement a pilot individual budget scheme, “Supported to care ... your choice” from November 2008 to March 2009. This project will invest £101k into the voluntary sector with an aim to target employment and training opportunities to respond to the needs of carers that they have identified and also criticism made by the Commission for Social Care Inspectorate in the annual performance assessment of adult social care in 2008.

We will evaluate the benefit through rigorous monitoring of outcomes and value for money. This will require a consistently applied assessment process based upon an agreed eligibility criteria which, unlike Fair Access to Services (FACS), is applied to carers to focus on supporting those who do not receive services as a result of the cared for person’s Social Care Assessment. This will support the health and social care economy as well as supporting carers to continue caring.

In our 2008–2011 strategy we will continue to use the Carers’ Grant to meet the needs of carers. We will consider the outcomes of the review of Service Level Agreements with our voluntary sector partners. Where there is quality and strength we will continue to invest. Where there are investment opportunities, we will seek best value in the services we buy and provide.

We will reconfigure our resources and investment from the Social Care Reform Grant (SCRG). In addition we will support and give strength to our voluntary sector partners who are able to draw on funding streams from charitable grant sources.

**“Direct Payments allows us to employ our own carer – Pass Team help us advertise for and interview prospective carers ”**

## **9. Action Plan**

The consultation section of this strategy outlines what carers have told us that they would like to see change. The resources section shows where carers' money will be commissioned over the next 3 years so that investment aligns with carers priorities. The action plan sets out how we will deliver against the top 7 objectives for carers. We will:

- **Improve the access to information by December 2009,**
- **Develop effective access to training, education, and resources in a way that results in carers being treated as a valued partner with local authority and health organisations, by June 2010,**
- **Increase the access for carers to have their own individual assessment of need at the earliest possible stage of the process March 2010,**
- **Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011,**
- **Prioritise carers health needs and give access to health services in a way in which carers feel supported to stay mentally and physically well by March 2011,**
- **Develop support mechanisms to assist carers into and to sustain employment and provide access to effective financial support whilst carrying out their caring responsibility or when their life changes by December 2010, and**
- **Increase support which protects children and young people from inappropriate caring in a way which encourages them to enjoy positive childhoods by March 2010.**

<b>Objective 1 Improve the access to information by December 2009.</b>				
<b>Key Actions:</b>	<b>Desired Outcomes</b>	<b>Progress</b>	<b>Target Date</b>	<b>Lead Officer</b>
Examine the local demographic to establish where the highest concentration of carers are likely to be	Impact of service delivery will be appropriate and targeted	<p>The local demographic was examined as an interim report produced to attempt to establish where the highest concentration of carers is likely to live within the borough.</p> <p>It would appear that we currently have no accurate methods of measuring where the highest concentration of carers are in Rotherham.</p> <p>The Joint Strategic Needs Assessment provides us with excellent information regarding:-</p> <ul style="list-style-type: none"> <li>- the profile and demographic changes in Rotherham,</li> <li>- the potential health and social care need.</li> </ul> <p>However, we need to undertake more work to break this information down into smaller geographical areas to determine what the current and future needs of carers are.</p> <ul style="list-style-type: none"> <li>• Inform Team Managers that they must ensure assessing officers record the carers' <u>full</u> address and postcode either on the carers' assessment or the joint assessment form.</li> </ul>	June 2009	Monica Hudson

		<ul style="list-style-type: none"> <li>• Consider methods of reaching “hidden” or hard to reach carers – see report.</li> <li>• Contact the Chief Executive Office and discuss the feasibility of including carers in the corporate profile.</li> <li>• Monitor and examine the current service provision and geographical details.</li> <li>• Produce a report to include methods of informing carers of service provision and methods of consulting with them on current and future social care provision.</li> </ul>		
<p>Make certain that information for carers is universally available by displaying in various formats in community buildings, customer information centres, warden centres, GP surgeries, mobile libraries, job centre plus, schools and at Key events i.e. “National Carers’ Week”.</p>	<p>Dispersing information will lead to greater positive impact, reaching more carers and raise awareness regarding services for carers.</p>	<p>Jan 2010 Carers Handbook was updated in Spring 2009 and distributed in various outlets, (Carers Forum, GP’s surgeries, JCP, Barnardos, Crossroads) and following assessments 1000 were printed and distributed.</p> <p>Targeted events took place on Carers Week and Carers Rights Day. Rotherham MBC launched the Carers Strategy 2008-2012 was launched at this event along with the updated Carers Handbook.</p> <p>Carers Rights Day –was supported in partnership with Barnardo’s, JCP, Benefits Agency, RMBC Learning and Development Team, Carers Forum, LINKs, NHSR, Crossroads, Welfare Rights, Macmillan’s, Carers Support Officers, and Pensions agency. 55 carers attended the event and</p>	<p>June 2009</p>	<p>Jacqui Clark with joint services</p>

		<p>had the benefit of 1:1 information and advice sessions. Evaluation of this event is still taking place but initial feedback shows that most found the day 'communicative and useful'.</p> <p>3 Carers News Letters were distributed in 2009 2 Carers register mail drops took place to inform carers of their ability to access free training events at Millside organised by RMBC</p>		
Undertake consultation on the types, format and means of information that are most desirable to carers	Information will be available in formats conducive to carers' needs leading to better informed carers	<p>An interim report has been produced making recommendations for future developments. A considerable amount of consultation and research has been undertaken in attempting to find outstanding and innovative ways of informing carers. It was a lengthy and disappointing process. There appeared to be a lack of resources and officers with a responsibility for producing and updating information because of other work priorities.</p> <p>We must involve carers to establish the best methods of better improving them, ensure that frontline staff are aware of information provision and use existing resources more effectively.</p> <p>From April to June 2009 a Personal Social Services Carers Experience Pilot Survey will be undertaken in Rotherham, a section of which is about current information provision. The findings will influence a full survey due to be carried out in November.</p>	Dec 2009	Monica Hudson

		<p>Recommendations from this research could influence change.</p> <p>Jan 2010 – Pilot survey completed initial results showed that Carers in general were not aware that they had had a carers assessment and high numbers of carers reported that they found it hard to find information on benefits. These are just two of the findings, the full survey was launched in November with results due in February and full evaluation due in April 2010.</p>		
Undertake a joint information review with our partners	Information will be consistent, streamlined, and current	Spring 2009 Carers Handbook updated included participation of Partners.	Dec 2009	Jacqui Clark/ Joint Services
Carry out an outreach project to promote information to rural areas, and hard to reach groups, “hidden carers”.	Increase awareness to hard to reach groups of services available to carers, increasing support and preventing isolation and continued carer stress	A project plan has been produced to establish a timescale with recommendations on how to reach sections of the community that are difficult to inform and involve in public participation.	Dec 2009	Monica Hudson
Look at and employ different ways in which we can get information to carers early in their caring role, at diagnosis, in primary, secondary health establishments	Carers will be aware of support at a time which is early in the process preventing unnecessary problems	Awaiting update from NHSR	Dec 2009	Helen Wyatt/ Sue Ball
Produce an information DVD about carers’ services to hand out to carers and	Timely information will be available at key points where carers are most likely to see it early on in the process of caring	Jan 2010 DVD has been developed which included participation of carers, Carer Support Officers, MH Carers Team. Await finalised version	Dec 2009	Helen Wyatt/ Sue Ball/Monica Hudson

to be shown in hospital waiting areas, GP Surgeries, Health Centres, information events and libraries etc		from NHSR		
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**Objective 2**  
**Develop effective access to training, education, and resources in a way that results in carers being treated as a valued partner with local authority and health organisations, by June 2010.**

<b>Key Actions:</b>	<b>Desired Outcomes:</b>	<b>Progress</b>	<b>Target Date:</b>	<b>Lead Officer</b>
Examine the results of the September 08 Carers' Survey to identify areas of training	A variety of training will be provided appropriate to the needs of carers	<p>The results of September 2008 showed that the majority of respondents reported that they did not have any training needs, because of their caring and employment commitments they would not be able to undertake any form of training. Some identified their age as a potential barrier. Other carers were not aware that training was available to help them in their caring role or not sure what would be appropriate for them.</p> <p>Some carers did identify their training needs. Seven carers indicated that they would benefit from Moving and Handling training. Others identified needs were Assertiveness, Confidence Building, Return to Work Training, Communication and Stress Management.</p>	June 2009	Monica Hudson
Consider the need for guidance to carers with regard to medication in the form of training information	Carers will be skilled and competent in their role	Awaiting Feedback from NHSR	June 2009	Helen Wyatt
Undertake a joint training needs analysis for <b>carers</b> and build on the base already established, "looking	Carers will receive appropriate training to protect them from injury, and have their rights as an individual recognised	<p>Jan 2010</p> <ul style="list-style-type: none"> <li>The Expert Patient Programme has facilitated the 'looking after me' course 14 carers accessed this training with another course scheduled to run in January 2010 with 18</li> </ul>	Dec 2009	Jacqui Clark/ Joint Services



<p>after me”, “Moving and Handling” and further develop identified training courses</p>		<p>people registered with more carers have expressed an interest.</p> <ul style="list-style-type: none"> <li>• The “Learning for Living” City and Guilds accredited learning programme is currently being run by NAS Workforce and Development Training at the RAIN Building. This pilot scheme is providing training for six carers.</li> <li>• The ‘Learning for Living’ accredited learning programme is being considered with a raft of learning and development courses</li> </ul>		
<p>Develop further the “Caring with Confidence” training programme for carers, “First Aid” and condition specific training where available. Consider “Learning for Living” training and development issues within RMBC workforce</p>	<p>Improve knowledge and skills for carers to enable them to carry out their role effectively and safely</p>		<p>Dec 2009</p>	<p>Monica Hudson</p>
<p>Provide carers with relevant guidance in regard to their legal obligations especially in reference to the Mental Capacity Act and Deprivation of Liberty legislation, using information</p>	<p>Carers will be protected from culpability..</p>	<p>08/01/2010 Carers Rights Day 4 – December 2009 – Legal advice was offered to Carers at this event attended by 55 carers. Professional Advocacy service was available to offer 1:1 advice. Literature on the Mental Capacity Act/ and DoL safeguards was also available at this event.</p> <p>Information leaflets is available through Carers</p>	<p>Dec 2009</p>	<p>Monica Hudson/ Jacqui Clark</p>

leaflets		<p>Support Officers and stocks for the Carers Support Centre are available.</p> <p>Training for officers carrying out Carers Assessments includes legal obligations in reference to caring for an individual. Training to be delivered by RMBC Learning and Development Team.</p>		
Undertake a local training needs analysis for <b>key staff</b> to establish training needs in all partner organisations	Improve staff attitudes towards carers and expand staff knowledge and understanding of carers' rights in order to effectively support carers	<p>Jan 2010</p> <p>RMBC Learning and Development Team are hosting the Carers UK - 'Carer Awareness Training' for Key Staff - the training is being delivered as part of a regional training programme.</p> <p>33 in house staff SW/SSO's/Carer Support Officers are booked on sessions in February. In addition 12 staff will be attending from the VCS.</p> <p>RMBC placed a bid with GOYH to host sub regional training and were successful - £15,000 is now available to host the training on Carers Awareness this will support the training of 150 staff on a sub regional basis – plans are in place to transfer the training to an e learning package. It is hoped that the training will take place in March 2010.</p> <p>Bereavement training sessions are scheduled to take place in April - May – June by Leeds Bereavement Forum this opportunity has been passed to Team Managers – ACM.</p>	June 2010	Jacqui Clark/ Joint Services

<b>Objective 3 Increase the access for carers to have their own individual assessment of need at the earliest possible stage of the process March 2010.</b>				
<b>Key Actions:</b>		<b>Desired Outcome:</b>	<b>Target Date:</b>	<b>Lead Officer:</b>
Create a Carers' Assessment form which addresses carers' needs by joint working with assessment officers and benchmarking best practice i.e. NICE guidelines	Thorough assessment of needs will be achieved for carers	A list of proposals from the Carers Lead Officers Group was e-mailed to the Policy and Strategy Manager, a list of issues that needed to be raised at DMT. These should improve the situation for 2009/10.  Jan 2010 – Amended Carers Assessment Form has been developed jointly with RDASH to incorporate the Carers Emergency Scheme to be offered as a service to all carers via a Carers Needs Assessment. Also includes additional questions about employment and has an increased focus on Carers needs in terms of Leisure with additional prompts for the assessor will increase signposting opportunities towards services which support carers. Question that refers to Young Carers added in an effort to identify young carers with a prompt to signpost to Barnardo's/CYPS.	Sept 2009	Monica Hudson
Key staff including GPs and allied health professionals to identify carers at the earliest opportunity.	Early identification will maximise opportunity to support the carer to be sustained in their caring role and will ensure safe discharge from the hospital setting	Awaiting update from NHSR	Dec 2009	Sue Ball Helen Wyatt Monica Hudson
Promote Carer	Will enable easier	08/1/2010	Dec 2009	Monica Hudson

assessments – develop electronic self assessment for carers in partnership with Adult services, assessment direct, direct payments and monitor the increase of carer assessments	access for carers to facilitate the official recognition of their needs and receive services to support them in their role	Electronic Self Assessment being developed (Claire Green) – with Health and Wellbeing input.		
Increase the number of initial Carers' Assessments and annual reviews conducted throughout all service areas. Monitor PAF D42 "Carer assessments as a percentage of carer and client assessments" – a target increase will be agreed with relevant Directors	Individual Carers' Assessments will allow their needs to be considered separate from the individual they care for	08/01/2010 Carers Assessments being carried out at 35 per week Carers Support Officers – an additional resource commenced in November 2009.  Carers Centre in development should stimulate the increase of assessments.	March 2010	Monica Hudson

<b>Objective 4 Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011.</b>				
<b>Key Actions:</b>	<b>Desired Outcome:</b>	<b>Progress</b>	<b>Target Date:</b>	<b>Lead Officer:</b>
The development of an outcome based assessment model based upon high, medium and low levels of caring responsibility	Eligible carers provided with support to continue caring.		August 2009	Tim Gollins
Consult widely on criteria, focusing on carers' views	Agreement from partners and carers of an accepted assessment model to promote the delivery of tiered services tailored to the needs of carers based on a combination of generic, preventative and individualised support	<p>08/01/2010</p> <p>To ensure that Young Carers are appropriately represented on Carers Strategy Implementation Group. Young Carers are now represented by officers from RMBC Children and Young Peoples' Services as well as by the service provider (Barnardos).</p> <p>Additional capacity will ensure that a partnership approach is taken to provide support for Young Carers.</p> <p>The views of Rotherham's Young Carers will be sought to inform future updates to this strategy.</p> <p>Carers Centre Development will include the 'Young Carers' in the partnership working process – young carers will have a resource in the centre.</p> <p>October 2009 - Consultation has taken place with Carers with regard to the Carers Centre development – young 49 carers were approached and a session</p>	June 2009	Tim Gollins

**Objective 4**

**Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011.**

Key Actions:	Desired Outcome:	Progress	Target Date:	Lead Officer:
		<p>involving 40 adult carers was held at John Smiths Room TH</p> <p>Carers consulted at Carers Rights Day December 2009 NHSR</p> <p>Carers Forum continues to operate and is now an in house service – the function of Carers Forum is to allow carers to have a voice and influence the services provided by carers. There are currently 1,845 Carers Registered on the Carers Forum database.</p> <p>In May 2009 Carers Forum – developed the easy read version of the Carers Strategy 2008-2011.</p>		
<p>Establish commissioning and funding plans for the delivery of generic and specialised services</p>	<p>Agreed funding allocation from all partners to deliver the differing levels of support and dedicated resources.</p>	<p>Jan 2010</p> <p>The streamlining of the carers emergency scheme into the assessment management service has created funding availability to contribute to the carers centre development.</p> <p>The carers Centre is in the process of development and</p> <p>Funding identified in the MTFS has provided £100,000 to create a dedicated carers service and the employment of 3 Carer Support Officers. The Carer Support Officers have been in post as of November</p>	<p>Dec 2009</p>	<p>Tim Gollins</p>

**Objective 4**

**Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011.**

<b>Key Actions:</b>	<b>Desired Outcome:</b>	<b>Progress</b>	<b>Target Date:</b>	<b>Lead Officer:</b>
		<p>23 and to:</p> <ul style="list-style-type: none"> <li>• Enable Rotherham carers to exercise choice, be independent, be protected and have fair access to services.</li> <li>• Assist Rotherham carers in a way that they feel supported and encouraged to shape local services which meet their characteristics and needs.</li> <li>• Facilitate Rotherham carers so they are able to live their lives as individuals and as part of families and neighbourhoods</li> </ul> <p>January 2010 - £80,000 identified in the – MTFS - £40,000 of the available funding has been approved to support Carers Breaks – a Carers Breaks service will now be developed giving personalised support to carers who have little or no option to take days out.</p>		
Promote access to “Direct Payments’ Individual Budgets” in order to individualise carer provision and maximise opportunities for carer breaks	Carers will have the flexibility of options to support their individual needs		June 2010	Monica Hudson/ Jacqui Clark

**Objective 4**

**Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011.**

<b>Key Actions:</b>	<b>Desired Outcome:</b>	<b>Progress</b>	<b>Target Date:</b>	<b>Lead Officer:</b>
Pilot alternative ways in which to utilise the "Carers' Grant" to promote appropriate carer breaks and evaluate their effectiveness	A more appropriate, flexible service will be offered to carers		June 2009	Jacqui Clark/ Tim Gollins Commissioning & Partnerships
Provide similar or alternatives to day care provision which is flexible and meets the needs of carers by monitoring the review of "Service Level Agreements" with our Voluntary Community Sector Partners - commenced in 2008 and in the recommendation from this review.	Day Care provision and similar support services will be more appropriate to the needs of carers giving reassurance and offering alternative quality services.		June 2010	Monica Hudson/ Jacqui Clark/ Tim Gollins Commissioning & Partnerships
Contribute to the cultural change required in the statutory support network by informing relevant support staff of the options available by carrying out presentations and information sharing.	Staff are knowledgeable about services available and carers will access alternative services.		Dec 2010	Monica Hudson/ Jacqui Clark/ Tim Gollins Commissioning & Partnerships



<b>Objective 4</b>				
<b>Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011.</b>				
<b>Key Actions:</b>	<b>Desired Outcome:</b>	<b>Progress</b>	<b>Target Date:</b>	<b>Lead Officer:</b>
Maximise the opportunity available in the "Carers' Grant" 2009/2010/2011 to disinvest in services which are considered inappropriate or ineffective and invest in services which are or could be more flexible and appropriate to the needs of carers	Services provided as a result of the Carers' Grant will be appropriate to the needs of carers.		Dec 2010	Jacqui Clark/ Tim Gollins Commissioning & Partnerships
Promote access to the "Carers' Emergency Scheme" and increase the number of carers on the Carers' Emergency Scheme to 500 by 2011.	Provide peace of mind for the carer should they have an emergency or crisis and provide uninterrupted support to the individual for whom they care	There are currently 123 carers on the scheme and 99 awaiting assessment.  January 2010  There are now 200 carers registered on the Carers Emergency Scheme.	March 2011	Monica Hudson
The establishment of a dedicated resource to assess carers needs.	Carers will have their individual needs assessed	Jan 2010 Carers Support Officers (x 3 full time officers) in place from November 2009 – employed to carry out carers assessments.  Carers Resource Centre in development.	March 2011	Tim Gollins

**Objective 4**

**Provide carers with a range of services that offer them support which is flexible and appropriate and will sustain them in their role by March 2011.**

<b>Key Actions:</b>	<b>Desired Outcome:</b>	<b>Progress</b>	<b>Target Date:</b>	<b>Lead Officer:</b>
Annual review of need for all carers and enhanced self assessment.	Changing support needs will be accounted for and carers will be provided with appropriate intervention		March 2011	Tim Gollins

**Objective 5**

**Prioritise carers health needs and give access to health services in a way in which carers feel supported to stay mentally and physically well by March 2011.**

Key Actions:	Desired Outcome:	Progress	Target Date:	Lead Officer
<p>Examine the effectiveness of alternative wellbeing breaks and promote the expansion of this service should finding be favourable.</p>	<p>Sustain the wellbeing of carers in order that their health needs are catered for</p>	<p>The Carers Wellbeing one-year pilot project commenced in October 2008, initially funded through Communities for Health grant funding.</p> <p>Aimed to offer Carers a range of complementary therapies to support their emotional wellbeing, enabling them to feel more relaxed and feel less stressed. By maintaining and improving their emotional wellbeing, their ability to continue caring will be prolonged, thereby reducing the need for inappropriate admission to residential care for the person they care for.</p> <p>December 2008, Neighbourhood and Adults Services were able to provide additional funding through the Carers Grant and NAS funded all therapy sessions and sitting service visits from December 2008 to March 2009</p> <p>The joint funding supported 64 sessions of therapy and provided replacement care for carers to have a break from caring</p> <p>In Evaluation 50% of carers said this service exceeded their expectation and 50% said this met their expectation.</p> <p>Jan 2010 –</p> <p>Following positive feedback from Carers using the Health and Wellbeing project additional funding has been successfully obtained from Communities for</p>	<p>March 2009</p>	<p>Jacqui Clark/ Liz Bent</p>

**Objective 5****Prioritise carers health needs and give access to health services in a way in which carers feel supported to stay mentally and physically well by March 2011.**

<b>Key Actions:</b>	<b>Desired Outcome:</b>	<b>Progress</b>	<b>Target Date:</b>	<b>Lead Officer</b>
		Health. As a result a further 120 therapy sessions will be provided to 30 carers and 3 workshops on how to manage stress will be facilitated also accommodating 30 carers. Take up of the service which is free has been good and currently 28 carers are registered. In Oct 2010 when present funding comes to an end bids to external funders will be submitted.		

**Objective 5**  
**Prioritise carers health needs and give access to health services in a way in which carers feel supported to stay mentally and physically well by March 2011.**

Key Actions:	Desired Outcome:	Progress	Target Date:	Lead Officer
<p>Consider the options available within the "Carers' Grant" carry forward from 2007/08 to provide appropriate services to carers which promote their health and wellbeing taking into consideration "Personalisation" – "Individual Budgets".</p>	<p>A variety of break options will be available to carers taking into account their individual needs away from traditional care provision</p>	<p>'Supported to care your choice' was launched in January 09 – supporting a one off Direct Payment to carers the development of a Direct payments pilot launched in Jan 09 by RMBC. 'Supported to Care..... your choice'. An investment of approx £101K will support this scheme. This scheme has been well received and initial indications are that a range of goods and services are being requested from the Direct Payments from 12/1/09 to date 10/2/09 75 applications have been processed, and request for support have been for funding for gym membership, white goods, cost of running a vehicle, computers.</p> <p>The scheme will continue until the close of March. Although the applications for the Grant has been suspended from 16 February 09 due to the high numbers of applications and risk to exhausting the funding.</p> <p>Approximately 300 carers have taken advantage of this opportunity to date – March 09</p> <p>The ethos of 'Supported to care .your choice' aligns to the 'Personalisation' strategy and will accelerate efforts towards transformation of social care.</p>	<p>June 2009</p>	<p>Jacqui Clark</p>

**Objective 5**

**Prioritise carers health needs and give access to health services in a way in which carers feel supported to stay mentally and physically well by March 2011.**

<b>Key Actions:</b>	<b>Desired Outcome:</b>	<b>Progress</b>	<b>Target Date:</b>	<b>Lead Officer</b>
Carers should be provided with appropriate support to attend hospital appointments and screenings – develop/adapt a Carers' Assessment proforma that takes into account the health needs of the carer	Carers' health needs will be treated as a matter of priority along with the needs of the individual cared for		Nov 2010	Monica Hudson
NHS Rotherham will look to how best meet the needs of carers when the pilots are released and further direction from the government regarding budget allocation is given	This will be monitored and actioned as soon as the pilots are released		March 2011	Helen Wyatt
Carers be provided with annual Health Checks piloted nationally and implemented locally  This objective will be reviewed quarterly	Guidance on Pilots is expected in year 2-3 of the strategy and therefore addressed as a long term commitment		March 2011	Helen Wyatt

**Objective 5**  
**Prioritise carers health needs and give access to health services in a way in which carers feel supported to stay mentally and physically well by March 2011.**

<b>Key Actions:</b>	<b>Desired Outcome:</b>	<b>Progress</b>	<b>Target Date:</b>	<b>Lead Officer</b>
<p>A training package for all GPs will be developed nationally and promoted locally</p> <p>This objective will be reviewed quarterly</p>	<p>Guidance on Pilots is expected in year 2-3 of the strategy and therefore addressed as a long term commitment.</p>		<p>March 2011</p>	<p>Helen Wyatt</p>

**Objective 6**  
**Develop support mechanisms to assist carers into and to sustain employment and provide access to effective financial support whilst carrying out their caring responsibility or when their life changes by December 2010.**

<b>Key Actions:</b>	<b>Desired Outcomes:</b>		<b>Target Date:</b>	<b>Lead Officer</b>
Invest £101k into the voluntary sector for individual budgets to target employment and training	Carers will be able to choose flexible services to help them gain access to employment and training opportunities	Whether employment or training needs have been addressed by the utilisation of the Direct Payments will be assessed in the outcome monitoring which will take place in June.  Jan 2010 – Only one Carer utilised the funding to access a training course to increase skill which could potentially lead to employment.	March 2009	Jacqui Clark
Produce a guidance leaflet for carers in RMBC employment explaining flexible employment policies	RMBC carers are supported to remain in work and continue their caring role	Jan 2010 –  An information sheet was produced and is on the intranet. A Team Brief was also issued on 21 <sup>st</sup> May 09 so that staff were aware of this, especially those that don't have computer access at work.	March 2009	Tracey Priestley
Carers will be supported to access relevant benefits by supporting them to complete application forms and be given quality advice at the Carers' Information Centre and by all partners	Carers will be able to access benefits and support them to avoid financial hardship	Awaiting Feedback from Jeanette Mallinder	June 2009	Jeanette Mallinder
Produce/disseminate a good practice guide for employers around supporting carers and integrating them into the	Employers become aware of good business sense in retaining	Jan 2010 Jobcentre Plus now has Care Partnership Managers in place across the UK and work is	Dec 2009	Tracey Priestley/ Jill Marsden



workforce	workers	<p>now starting to support Carers towards the labour market, if they wish to find employment. It will be the Care Partnership Manager who will co-ordinate all the carer activity to support the carers and organisations in South Yorkshire.</p> <p><b>From 7th December</b>, carers have been able to access Jobcentre Plus approved training and activities including job interviews. Advisers have been able to offer carers access to JCP employment programmes. Advisers will also be able to offer to pay for replacement care costs for carers taking part in interviews and training.</p> <p>Jobcentre Plus, now provides help and advice on jobs and training, and is now currently improving the ways that advisers work with carers.</p> <p>Jobcentre Plus will be able to offer support and advice, such as confidence building, skills awareness, access to training/employment programmes, vacancies that offer flexibility.</p> <p>Advisers can develop personalised plans based upon individual needs of each carer that will support their chances of finding work, if they want to.</p> <p>JCP are working with business to produce a good practice guide that will emphasise the business case for employing carers</p> <p>A carer-specific programme has been introduced</p>		
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		<p>at Jobcentre Plus that will improve the help and advice available to carers who wish to re-enter the job market by:</p> <ul style="list-style-type: none"> <li>• improving information about flexible job vacancies in Jobcentre Plus job banks;</li> <li>• introducing Care Partnership managers in every Jobcentre Plus district;</li> <li>• introducing specialist training for Jobcentre Plus advisers who work with carers;</li> <li>• funding replacement care for those who are participating in approved training;</li> <li>• ensuring carers have access to appropriate employment programmes; and</li> <li>• Investigating the feasibility of providing return to work support through voluntary organisations.</li> </ul> <p>This specialist training for advisers is being delivered in South Yorkshire from November by Premier Partnerships. The training will be half day awareness sessions, for South Yorkshire this equates to 60 places. The events will be delivered in three training windows November 2009, February and June 2010.</p>		
Advise carers of “New Deal” programmes which build flexibility into their caring role/employment and training opportunities	Promotes the retention of skills for carers whilst in their role and the development of new skills/	<p>Flexible New Deal is introduced from April 2009. Currently awaiting details of contracts and the training opportunities available.</p> <p>As Above (29)</p>	Dec 2009	Jill Marsden with Joint Services

	competencies			
Produce a directory of employment related training which is flexible and in line with carers' commitments.	Carers are able to access training opportunities and continue their caring responsibilities	New contracts to be awarded from April 2009 will produce up to date directory once contracts announced.  As Above (29)	Dec 2009	Jill Marsden with Joint services
Carers are signposted to Job Centre Plus to be offered "Better Off calculations" with flexible working arrangements.	Carers will benefit from retention of skills, economic wellbeing and improved mental health	Carers are able to request Better off Calculations by contacting their local jobcentre on 01709 343000.	Dec 2009	Jill Marsden with Joint services
Implement the Excluded Adults Employment Plan with partner agencies	Carers will be able to access more training and work opportunities within the major employing organisations in Rotherham.		Dec 2010	Jackie Bickerstaffe

**Objective 7**

**Increase support which protects children and young people from inappropriate caring in a way which encourages them to enjoy positive childhoods by March 2010.**

<b>Key Actions:</b>	<b>Desired Outcome:</b>	<b>Progress</b>	<b>Target Date:</b>	<b>Lead Officer:</b>
Improve the identification of young carers by raising awareness in schools via key education staff, healthy schools co-ordinator and through the admission process	Young carers will be identified, informed and supported	<p>Links made with the healthy schools co-ordinator. Promotion work has been done in 10 out of the 16 high schools. This has included raising awareness through whole school assemblies. This work is ongoing</p> <p>Carers Support Officers will identify young carers as part of their wider role. 08/01/2010</p> <p>The re-designed Carers' Need Assessment includes a question to identify Young Carers and signpost them to the service provider (Barnardos). 08/01/2010</p> <p>These recent changes are likely to increase the number of referrals to the service provider. However, the changes are too recent to identify this trend.</p> <p>The direct service provider (Barnardos) has distributed information to all schools and continues to work with schools through PSHE and assemblies. 08/01/2010</p> <p>In November 2009, 79 Young Carers had accessed the service provided by Barnardos.</p>	Jan 2009	Peter Rutherford
Barnardo's service to	Understanding of	Jan 2010	Initial links to	Peter Rutherford

<p>provide support/advice and input on Younger Carer issues in schools</p>	<p>younger carer issues will be achieved within school staff groups and the student body and improved reporting of young carers' issues arising from caring responsibilities</p>	<p>Support has been offered directly to young carers in schools through drop-in sessions and 1:1 direct work. Information packs regarding issues young carers face has been sent to every high school in Rotherham. This work is ongoing. The Lifestyle Survey is an annual survey, undertaken with both Primary and Secondary school pupils. Questions cover a range of issues, such as health, how pupils feel about school, bullying, and how often they may smoke, drink or take drugs.</p> <p>In the 2009 secondary survey pupils were asked directly if they considered themselves to be a Young Carer and, for the first time, a definition of what a Young Carer might do was included in the survey.</p> <p>32% of Year 7 pupils considered themselves to be a Young Carer and 23% of Year 10 pupils. This corresponds with national findings that the average age of Young Carers is 12. Responses to the Rotherham survey indicate that boys are more likely to care for a parent whereas girls are more likely to look after a sibling.</p> <p>Of those young people who identify their caring responsibilities, the majority spend less than 5 hours a week looking after someone. In 2009 56 young people said that they spend more than 51 hours per week in a caring role.</p> <p>This baseline data will help us to monitor the impact of future awareness raising activities.</p>	<p>be made Jan 2009</p>	
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<p>Complete a basic mail out to GPs to build awareness and skills in dealing with young carers/awareness raising on young carers to be delivered to GPs and practice managers</p>	<p>Understanding of carers' issues/detection of harmful caring situations resulting in improved multi agency response. Resulting in appropriate referral to specialist service to support/protect young carer</p>	<p>A mail out has been sent to all GP surgeries regarding young carers and support available as well as training was provided to GP practice managers. Young Carers will also be present at an upcoming safeguarding training day for GP's at Magna (May 09), to raise awareness and offer information and advice.</p> <p>The mail out to GPs has been completed. Many recent referrals to Barnardos have come from mental health services. Some initial referrals came from the substance misuse centre, however these have not continued.</p>	<p>March 2009</p>	<p>Peter Rutherford</p>
<p>Rotherham Young Carers to work in partnership with RMBC to develop "Extended Family Pathfinder Bid"</p>	<p>Improved multi-agency work with families where caring responsibility has a potentially detrimental impact on children and young people</p>	<p>No further information to report/heard about regarding the extended family pathfinder bid as of 20.04.09. Unsure if this was applied for.</p> <p>08/01/2010 RMBC were not successful in a bid for any additional monies for a Young Carers project; funds were awarded to local authorities who submitted a bid in the first phase.</p> <p>It is expected that the work undertaken by authorities who were successful in this bid will generate research information that will be used to inform further projects in Rotherham, including the Healthy Schools Enhancement Model pilot and a 'Think Family' strategy.</p> <p>Barnardos nationally manages three services which have benefitted from the Extended Pathfinder bid and there will be effective</p>	<p>TBC – dependant upon Department for Children, Schools and Families release details of application procedure</p>	<p>Peter Rutherford</p>

		<p>communication of good practice through Barnardo's "communities of practice".</p> <p>Education services (including schools and Education Welfare Officers) made up a significant proportion of referrers to the direct service in the last two quarters.</p>		
<p>Work with Barnardo's to ensure other service areas identify and support young carers by taking advantage of training and advice available from Rotherham Young Carers: "Early Intervention Team" "Clearways"</p> <p>Other areas will be identified within Neighbourhoods and Adult Services appropriate</p>	<p>Facilitate appropriate responses to Young Carers' situations</p>	<p>Training has been offered to all CMHT although only the Assertive outreach team took it up. Young Carers attended a managers meeting with the drugs service and has offered advice and training to two of the teams including Clearways/criminal justice and Pathways. Links to be made with Rotherham district nursing team. This work is ongoing.</p>	<p>March 2010</p>	<p>Peter Rutherford/ Monica Hudson/ Joint Services</p>

“The carers are very helpful, being there and calling three and four times a day because I work nights I can't always get round

## 10. What Happens Next

By 2011 we will have achieved the 7 priorities that Rotherham carers have identified by the initiatives on milestone dates agreed through consultation with all partner agencies and carers. The Action Plan sets out our objectives and desired outcomes over the next 3 years. We will review the strategy annually and monitor progress through the established Rotherham Carers' Strategy Implementation Group. The first refresh of the 2008-2011 strategy will be published in November 2009.

### Rotherham Carers' Strategy Implementation Group – Membership:

Service Area	Named Officer
Neighbourhoods & Adult Services	Monica Hudson (RMBC)
Commissioning & Partnerships	Jacqui Clark(RMBC)
NHS Rotherham	Helen Wyatt
Rotherham NHS Foundation Trust	Sue Ball
Barnardo's Young Carers – VCS	Peter Rutherford
Crossroads – VCS	Liz Bent
Job Centre Plus	Jill Marsden
Rotherham Advice and Information Network – VCS	Yvonne Woolley
Rotherham MBC – Human Resources	Tracey Priestley
Rotherham MBC – Chief Executives Office – Policy & Partnerships	Janet Spurling
Rotherham MBC – Housing and Neighbourhood Services	To be confirmed
Rotherham MBC – RBT Benefits	To be confirmed



“The carers are very helpful, being there and calling three and four times a day because I work nights I can't always get round

## 11. Monitoring and Evaluation

### Performance Management

Helping carers is one of the Rotherham Partnership's key priorities through the Local Area Agreement. The strategy contributes to National Indicator 135 (services for carers). The action plan associated with this strategy is the Rotherham Partnership's delivery mechanism for achieving the Local Area Agreement (LAA) targets and better outcomes for carers. Performance will be reported to the Alive Theme Board. The Board will also monitor the delivery of the improvement and efficiency plan for LAA 135 targets between 2008/2011.

In addition, we will create new local indicators that will assist us to monitor the outcomes from some of the actions in the plan. These could include:

- Number of carer assessments and reviews undertaken,
- Carers in employment,
- Number of carer services offered through Direct Payments and Individual Budgets,
- Number of carers in receipt of the Carers' Emergency Scheme,
- Satisfaction with Carers' Services and
- Satisfaction with support, information and assistance to help exercise choice and control to live independently.

In order to measure activity and outcomes of the action plan, we will develop an Outcomes Framework and Performance Management Framework by March 2009. Updated reports of this monitoring will be documented in the refresh of the strategy in November 2009.

Monitoring arrangements will also include monitoring the impact of the policy on equality and how it impacts on different groups in the community. We will ensure that we collect and analyse data disaggregated by equality strand (race, gender, disability and age as a minimum) in relation to both National Indicator 135 and for any local indicators developed. This will enable us to pick up any gaps or disadvantage for particular groups that might then require specific action. Further monitoring of the impact of the policy would also come through the ongoing consultation with carers and young carers to identify and evaluate how we are progressing to meet their needs.

### Carers' involvement

The Carers' Strategy Implementation Group will meet regularly to monitor and evaluate progress made by partners. The group will also feed back to the Directorates Management Team, Corporate Management Team, NHS Rotherham, Local Strategic Partnership, Foundation Trust, Adults Board, Hospital Management Board and Corporate Directors

“The carers are very helpful, being there and calling three and four times a day because I work nights I can't always get round

Carers will be informed as key milestones are achieved utilising local press, the Carers' Newsletter, Carers' Forum meetings, Local Authority website and partner organisations' information channels.

Ongoing consultation with carers and young carers will also identify and evaluate how we are progressing to meet their needs.

To demonstrate our commitment that carers themselves will be the judges of the success of this strategy we will take part in the Department of Health's Carers' Survey pilot during 2009.

## Summary of the National Carers' Strategy:

### Carers at the Heart of the 21st Century families and communities

The strategy was informed by a major consultation exercise with carers, including an online consultation and events around the country. Carers from Rotherham fed their views, opinions and recommendations into the events.

Health Secretary Alan Johnson launched the Government's carers' strategy, he stated:

“To say that carers are unsung heroes and heroines is without doubt an understatement. They do an amazing job and deserve our respect, our understanding and our support. This new strategy is another big step forward, and has the commitment of seven government departments, carers and those who work with them. It is broader than health, looking also at housing, benefits and education.”

The strategy emphasises the need to share responsibilities to support carers between central and local government, the NHS, voluntary and community sector, families and communities.

The vision detailing five major objectives to be achieved by 2018 include:

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- carers will be able to have a life of their own alongside their caring role;
- carers will be supported so that they are not forced into financial hardship by their caring role;
- carers will be supported to stay mentally and physically well and treated with dignity; and
- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

In total the new strategy commits £255 million nationally to create additional support for carers.

## **National Strategy: Short Term Commitments, 2008/2011**

### **Information and Advice**

- Providing every carer with the opportunity to access comprehensive information when they need to. The information will be easily accessible for all groups of carers and specific to their locality.

### **New Break Provision**

- £150 million nationally provided in a flexible way, which meets the personal needs of carers and the people they support.
- Pilots (£4m) will help to develop models of break provision that demonstrate the cost-effectiveness of breaks and help identify what constitutes high-quality provision based on carers' needs.

### **Expanded NHS Services**

- Pilots to look at how the NHS can better support carers in their caring role through developing models of best practice and enabling more joined-up service provision between the NHS, local authorities and the voluntary and community sector.
- Pilots to improve the support offered by GPs for carers.
- Piloting annual health checks for carers.

### **Employment and Skills**

- Up to £38 million to enable carers to combine paid employment and caring role to re-enter the job market, through encouraging flexible working opportunities and increased training provision.

### **Emotional Support**

- Improving the emotional support offered by central, local government and the voluntary and community sector to carers.

### **Young Carers**

Over £6 million to ensure young carers are protected from inappropriate caring and receive the broader support they need. Through:

strengthening support from universal and targeted services; strengthening the quality and join-up of support around families so children are better protected from inappropriate caring.

**Expert Partners in Care (Expert Carers' Programme is renamed Caring with Confidence)**

- Training carers to strengthen them in their caring role and empower them in dealings with care professionals.

**Workforce**

- Training professionals across the board, from health to housing, to provide better services and support.

**Voluntary and Community Sector**

- Ensure that voluntary and community sector support for carers is available throughout the country to a larger proportion of carers.

**National Strategy: The Longer Term, 2011/18**

- Review benefits available to carers to reflect the social value of caring.
- Develop a full training package for all GPs.
- Examine how personal budgets and Direct Payments could be made more flexible.
- Review legislation around information sharing, especially in carers where mental capacity is an issue.
- Review the national indicator set to ensure that carers' experience of service is measured.

You can get a full copy of the National Strategy for carers from [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications).



## **Policy Context**

The current national policy framework for Health and Social Care is outlined below. It provides the background to the specific guidance relating to carers.

- Community Care White Paper: Caring for People 1989 (Department of Health)
- The Government's response to the Education and Skills Select Committee's ninth report of session 2004-05: every child matters
- Modernising Social Services 1999 (Department of Health)
- NHS Plan 2000 (Department of Health)
- National Service Framework - Mental Health 1999 (Department of Health)
- National Service Framework – Older People 2000 (Department of Health)
- Framework for the Assessment of Children in Need and their Families 2001 (Department of Health, Department for Education and Employment, Home Office)
- Valuing People: A New Strategy for Learning Disability for the 21st Century 2001 (Department of Health)
- National Care Standards Commission April 2002 (Care Standards Act 2000 –Department of Health)
- Fair Access to Care Services 2002 (Department of Health)
- Our health, our care, our say: a new direction for community services
- The New Deal for Carers
- A New Outcomes Framework for Performance Assessment of Adult Social Care: Council Social Care Inspection

## **National Legislative Context**

- The Carers (Equal Opportunities) Act 2004
- Work and Families Act 2006
- Disabled Persons Act 1986
- The Children Act 1989
- Carers (Recognition & Services) Act 1995
- Carers and Disabled Children Act 2000
- The Amendments to the Mental Health Act 1983
- The Human Rights Act 1998
- The Disability Discrimination Act 1995
- The Disabled Person (Services and Representation) Act 1986
- The Health and Social Security Amendment Act 1983





## Rotherham Joint Carers' Strategy

### Your comments and suggestions

Your comments and suggestions will help us revise the Strategy and information guides in the future. Please help us by answering the following questions and returning the form to the **FREEPOST** Licence No RH10, Strategy & Planning, Neighbourhoods and Adult Services, Crinoline House, Effingham Square, Rotherham, S65 1BR (no stamp required). *Any information you provide will be kept strictly confidential.*

Is the information in this Strategy useful?

Yes  No

Which part(s) did you find most useful? *(Please state why)*

---

Which part(s) did you find least useful? *(Please state why)*

---

Did you find this Strategy Document easy to read and understand?

Very easy

Quite easy

Quite difficult

Very difficult

If you have found the Strategy difficult to understand, can you suggest ways of improving it?

---

Do you like the way the information is presented?

Yes  No

*If no, how could it be improved?*

---

Is there other information that you would like to see included?

Yes  No

*If yes, please give details:*

---

If you care for someone, what is the nature of the disability or illness?

An Older Person  Learning Disabilities

Physical or Sensory Impairment  Mental Health Problems

Other – Please state  \_\_\_\_\_

Where did you obtain your copy of the Rotherham Carers' Strategy?

Following assessment for a service (e.g. Home Care, Medical Priority).

Please state which service: \_\_\_\_\_

On display (e.g. in Council building or hospital)

Please state: \_\_\_\_\_

Other

Please state: \_\_\_\_\_

If you or your group would be interested in helping us better develop the Rotherham Carers' Strategy in the future, then please complete the following details and we will contact you:

Your/your group's name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

What is your gender?

Male

Female

What is your age?

Are you disabled or do you have a long term limiting illness or condition?

Yes

No

Please give further details below if you wish.

**White**

- British
- Irish
- Other white background - please specify

**Black or Black British**

- Caribbean
- African
- Other black background - please specify

**Multiple Heritage**

- Asian and White
- Black African and White
- Black Caribbean and White
- Other multiple Heritage - please specify

**Are you from one of the following EU countries?**

- Bulgaria
- Estonia
- Latvia
- Poland
- Slovakia

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Kashmiri
- Other Asian background - please specify

**Chinese, Yemeni**

- Chinese
- Yemeni

**Gypsy or Traveller**

- Gypsy/Roma
- Irish Traveller

**Other** - please state

- Czech Republic
- Hungary
- Lithuania
- Romania
- Slovenia



**WORKING TOGETHER TO SUPPORT  
YOUNG CARERS -**

**A Model Local Memorandum of Understanding  
between Statutory Directors for  
Children's Services and Adult Social Services**

**7 December 2009**

**Please Note**

This is a model text for a local joint Memorandum of Understanding between Statutory Directors. The aim is to offer a firm basis for working together and working in partnership with health and third sector partners. The final local text may be varied to reflect local circumstances. Additional areas may be included where this is considered appropriate.

Whilst every attempt has been made to ensure accuracy and promote best practice, the content of this document does not represent a formal statement of the law or Government policy. The Associations cannot accept any responsibility for loss or liability occasioned as a result of people acting or not acting on information contained in this paper.

Nothing in the proposed model joint memorandum of understanding seeks to amend or replace existing statutory or accepted best practice guidance on any of the issues it seeks to cover. Should any conflict or apparent difference in interpretation arise, or if further statutory guidance is issued, the expectation is that the statutory guidance would take precedence.

There is a considerable amount of guidance and best practice material available to guide action. The appendices carry summaries of some of this material and a full list of references and sources used is given at the end. Reference should be made to full copies of the relevant documents as appropriate. Statutory Directors should ensure that further information or legal advice is sought, as necessary, by their Council when making decisions about the introduction and operation of the model joint Memorandum of Understanding.

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### **Acknowledgements**

The development of this ADASS/ADCS model Memorandum of Understanding and supporting material has been made possible as a result of financial assistance from the Department of Health and with support and advice of the Department of Children, Schools and Families.

## FOREWORD

Young carers tell us that they value their caring roles and are often proud of the contribution they are able to make in their families. All too often, however, children and young people become carers because someone in their family has significant unmet care needs arising from disabilities, mental health needs or substance misuse. All too often young carers have stepped into the breach, sometimes assuming a level of responsibility that no child should be expected to take on.

In 2001 there were an estimated 175,000 young carers in the UK [1] [17] with around a third caring for a person with a mental illness. It is likely the actual number is higher and research [2] has suggested that around a third of young carers are involved in inappropriate and excessive caring with consequent knock-on effects on schooling and other key areas of their lives.

Children and young people who care have the same rights as all children and young people. In line with ***Every Child Matters*** [3] we should be pursuing the same outcomes for them. They should be able to learn, achieve, develop friendships and enjoy positive, healthy childhoods just like other children.

***Putting People First*** [4] emphasises that care services should be delivered in ways which sustain families, avoids the need to take on inappropriate caring roles and prevents further inappropriate caring. This policy aim, which is also reflected within the 2008 national strategy for carers, is an underpinning principle of the model Memorandum of Understanding. We will do this by working together, across systems and in partnership with health and local carers' organisations and within the resources available, to achieve our goals of ensuring where a parent or another family member has care needs arising from a disability, substance misuse, or mental illness, that:

- there are no “wrong doors” and that young carers are identified, assessed and their families are supported in ways that prevent inappropriate caring and support parenting roles regardless of which service is contacted first;
- risks to independence, safety and welfare are responded to in line with ***“Think Family”*** [5] concepts and guidance on ***“Working Together to Safeguard Children”*** [6];
- earlier, better integrated and more effective responses to young carers and their families are available using ***“whole family pathway”*** [7] approaches;
- children are protected from excessive or inappropriate caring roles; further inappropriate caring is prevented; parents feel supported in their parenting role; and, transition to adulthood is supported;
- no care or support package for a parent or sibling relies on excessive or inappropriate caring by a young carer to make it sustainable;
- young carers are helped to achieve their potential; and, to have the same access to education, career choices and broader opportunities as their peers; and,
- there is better recognition and greater participation of young carers and their families in shaping what we do and in the development and delivery of responses that promote greater choice and control and prevent further inappropriate caring.

It is essential, where services are working with families, that we should ensure that the needs of dependent children in the family, including those who may be assisting with caring, are recognised. This means taking account of their hopes, aspirations, strengths and achievements and the need for advice and support for all the family.

We see young carers and families as experts on their own lives. It falls to professionals across all sectors to include them in shaping the personalised responses that best suit their needs within the whole family approach adopted. The approaches and goals we are setting out, however, apply no matter how competent or willing the young carer may appear to be. They apply equally whether care needs arise as a result of mental or physical illness, substance misuse, disability; or whether a parent or a sibling is the focus of support.

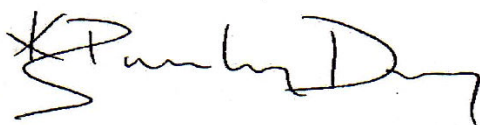
We recognise that progress has been and continues to be made at local level. The purpose of the model Memorandum of Understanding is to provide a framework on which all areas can build. We commend it to all Statutory Directors for consideration. Where it is taken forward locally, we suggest that it is also submitted for endorsement at political management level and that progress is reviewed and reported at intervals.

The model local Memorandum of Understanding offers staff in schools and adults and children's services a clear framework within which they can develop and provide personalised and joined up support for young carers and their families. It is expected that it will apply equally when working in partnership with colleagues in health and the third sectors. Widespread adoption and use of the model Memorandum of Understanding, however, would help us all to build upon our delivery of national policies and local progress so far that promotes:

- achievement of the five key outcomes within “ **Carers at the heart of 21<sup>st</sup> century families and communities**”[1] ;
- personalisation and achievement of the seven key outcomes for social care and the transformation of adult social care inherent in “**Putting People First**”;
- achievement of the five key outcomes in “**Every Child Matters**” ;
- delivery of better working with families in line with the three main aims of the “**Think Family**” initiative;
- early identification and intervention in line with the **Healthy Schools Programme** [8] and use of the **Common Assessment Framework [CAF]** [9];
- better joined-up support around and with the family as a whole consistent with **whole family pathway** approach;
- use of supported practice guidance such as the **Key Principles of Practice** [10]; and,
- enhanced partnership working with carers’ organisations, young carers projects, health, local communities and independent sector stakeholders.

This model Memorandum of Understanding is the product of close working with The Children’s Society, carers’ organisations and the ADASS Carers Reference Group. It draws upon material from a range of sources including the experience of local young carers projects. Not least it has been made possible by the invaluable support, advice and assistance from the Department of Health and the Department for Children, Schools and Families.

The ADASS/ADCS Carers’ Reference Group aims to carry out a progress review of the take up and use of the model memorandum towards the end of 2010.



**President  
ADCS**



**President  
ADASS**

Note: references to children include young people.



## MODEL LOCAL MEMORANDUM OF UNDERSTANDING – YOUNG CARERS

### 1. Joint Statement of Intent

The cross government Strategy for Carers launched in 2008 sets out a clear and challenging vision for young carers. It is that:

*“children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive; to enjoy positive childhoods and to achieve against all the **Every Child Matters** outcomes.”* [p.123]

The vision’s overriding priority is prevention: ensuring young carers are actively protected from excessive or inappropriate caring and parenting roles are supported. This vision has been central to preparing and the anticipated operation of this joint Memorandum of Understanding.

This memorandum builds on the positive joint work that takes place now. It sets out our shared understanding of the issues. This is based on a shared set of aims about how we can deliver better integrated support for families with care needs that ensures better protection from harm and improved outcomes for young carers. It is our joint intention to ensure that all children are better supported not to undertake inappropriate caring by the provision of effective care and support for siblings and parents who need it. We will strive to achieve this within the resources available to us and the national and local policies and priorities that guide us.

### 2. Key Aims and Outcomes

Our main aim is to promote and improve the health and well-being of young carers and their families by preventing and protecting children and young people from undertaking excessive and inappropriate caring roles and responsibilities and preventing the continuation of inappropriate caring. This will be grounded in effective use of supportive practice guidance such as the **Key Principles of Practice** and within the outcome frameworks provided by **Putting People First** and **Every Child Matters**. Where a parent or another family member has care or welfare needs arising from physical or mental illness, substance misuse, or disability we will work together and with our partners in health and carers organisations to ensure that:

- there are no “wrong doors” and that young carers are identified, assessed and their families are supported in ways that prevent inappropriate caring and support parenting roles regardless of which service is contacted first;
- risks to independence, safety and welfare are responded to in line with **“Think family”** concepts and guidance on **“Working Together to Safeguard Children”** ;
- earlier, better integrated and effective responses to young carers and their families are available using **“whole family pathway”** approaches and during transition to adulthood;
- children are protected from undertaking excessive or inappropriate caring roles; further inappropriate caring is prevented; emotional support is available where needed; and parents feel supported in their parenting role;
- no care or support package for a parent or sibling relies on excessive or inappropriate caring being undertaken by a young carer to make it sustainable;
- young carers are helped to achieve their potential; and, to have the same access to education, career choices and broader opportunities as their peers; and,
- there is better recognition and greater participation of young carers and their families in shaping what we do and in the development and delivery of responses that promote greater choice and control and prevent further inappropriate caring.

### 3. Young Carers: A Shared Understanding

We are agreed that the term “young carer” should be taken to include children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families. The key features for us are that the caring responsibilities persist over time and are important in maintaining the health, safety or day to day well-being of the person cared for and/ or the wider family.

We will continue to work together to develop a shared and more detailed understanding of the different types and levels of caring in our area. Our main focus, however, will be to ensure we develop better ways of identifying where caring by children risks becoming excessive and/or inappropriate and putting in place the support that prevents this happening.

The central issues for us are those of recognition, adverse impact and support, including emotional support. Our approach relies on the premise, within a whole family approach, that:

*“a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well being or educational achievement and life chances” [10]*

### 4. Having a Multi-Agency Strategy

We will work together to ensure that, within the overall framework of our Local Strategic Partnership and Children’s Trust, there is a specific multi-agency strategy to meet the needs of young carers. We will ensure this strategy interfaces clearly with both current and future local Children and Young People’s Plans and planning frameworks for Adult Social Care.

The strategy will be developed in collaboration with key partners in health and local support projects for carers and families. It will embrace the views of young carers and their families and reflect the vision that is part of the national strategy. The resulting local strategy will be kept under review and progress shared with local people, young carers, families and partners.

### 5. Promoting Early Identification

It is our shared intention to review local practice and where appropriate to refine it to ensure that it:

- promotes positive images of adults living with long term conditions or disabilities that encourage families to seek information and assistance and identify those children with caring responsibilities;
- provides appropriate and accessible information for families about services that support parenting capacity, independence and well being;
- enables access to self directed support; including direct payments to meet the needs of parents where appropriate;
- reaches out to families to offer support that avoids inappropriate forms of caring developing or continuing;
- reflects principles of partnership working with communities, in particular, the need for sensitivity to cultural needs;
- supports schools in their key role of identifying children with additional support needs and early intervention and support of young carers.
- supports the **National Healthy Schools Programme**; the ability of the local NHS and PCTs in identifying young carers; and ensures that young carers have the same access to health provision, education and career opportunities as their peers;

- recognises the existence of “hard to reach” groups or families and creates opportunities to meet their needs;
- recognises that care needs can vary significantly and that local processes offer emergency advice and support where usual care arrangements risk breaking down; and,
- engages with local young carers’ projects on early support and whole family working.

Support delivered effectively and early for the person requiring care and support that takes account of the needs of dependent children in the family should, in many cases, be sufficient to protect young carers. Almost inevitably, however, there will be some families whose support needs come to light late and when caring by the child is deeply entrenched.

In such cases, it may well be necessary to consider the unmet care or parental support needs of the person cared for and determine what tailored support young carers require immediately and in the longer term, to improve their situation and to reduce the pressures on them.

## 6. Assessment

We are agreed that the key to ensuring better support and outcomes for young carers is effective assessment. As Statutory Directors we will ensure that when a referral is made about a parent with a disability, dependency or illness, agencies consider whether there is a child in the family who is providing personal care or practical help. In doing so, practitioners will also be expected to consider, within a **whole family approach**, the impact of the disability or illness on each child within the family; including whether any of them are or could be providing some form of care or not. We expect action would be taken to assess:

- What additional services may be needed to ensure care needs are met and to prevent a child taking on or continuing to hold inappropriate caring responsibilities.
- Whether the parent needs support in his or her parenting role or in developing parenting capacity.
- What can be offered to help the whole family or to maximise the broader support which others in the family are able to provide.
- Whether the impact on the child indicates that it would be appropriate to undertake an assessment under the **Framework for Assessment of Children in Need and their Families** [11] or under the Carers and Disabled Children Act 2000 [42].
- Whether there are additional needs falling within the **Common Assessment Framework for Children [CAF]** [updated 2009].

We expect appropriate use of the **“Think Family”** toolkit and protocol and, where consistent with the aims of this Memorandum of Understanding, that we embed this and ensure that:

- The primary responsibility for responding to the needs of young carers derives from the person in need of care and support. This means that whichever service identifies there is a young carer in the family, whether it is children’s or adults’ social services or PCT led, is responsible for assessing the needs of that young carer within that family context.
- Practitioners will seek advice and support where necessary from colleagues, whether it is children’s or adults’ social services or a partner agency, to support discharge of our joint and separate responsibilities towards young carers and their families.
- Practitioners will be aware of the prejudices and stereotypes that may exist around cultures, and disability, or about adults who misuse drugs/alcohol or have mental health needs and in terms of their parenting capacity and competence.
- Practitioners will reach their conclusions on the basis of the evidence of their observation of both parents and children; including any young carers.

Joint assessment by adult, child and family and health staff will be expected where this is appropriate. We also expect that relevant staff from local agencies will be available to provide specialist advice and support as needed. Finally, we are clear that staff should never ignore any aspect of a situation that indicates there are concerns about children's safety and they require protection from harm.

## 7. Safeguarding

We accept a joint responsibility to work in partnership with others to identify and respond to any young carers who are suffering, or likely to suffer, significant harm and to protect them from this harm. We will ensure discharge of our responsibilities in ways that focus on working together, early intervention and prevention; reflect practice guidance; do not stigmatize families or risk increasing the number of hidden young carers; and do not discourage young carers and their families from seeking information and advice, or an assessment and provision of services. We will:

- State clearly the responsibilities of staff under local safeguarding children procedures to make referrals where children are considered to be suffering or likely to suffer significant harm and emphasise the principle that safeguarding is everyone's business.
- Ensure staff in all sectors have undertaken appropriate training in recognising harm, reporting concerns about a child's welfare and safety and confirming referrals they have made to children's social care within 48 hours.
- Ensure staff across all sectors have undertaken appropriate training in relation to mental health and substance misuse issues.
- Make sure our arrangements for young carers and their families reflect any requirements of local multi-agency and single agency policies for safeguarding children and seek inclusion as necessary.
- Ensure awareness of safeguarding adults' policy and practice; the ability to recognise and respond to safeguarding adults' concerns; and promote confidence and consistency in using local multi-agency procedures by staff in across all agencies.

## 8. Schools and Young Carers

***Your Child, your schools, our future*** [12] emphasised the importance of early intervention as one of the founding pillars of all schools. The intention is that all children and young people who have additional support needs can be identified early on. Consistent with this and our joint approach, schools will be encouraged and supported to:

- Have a named staff member with lead responsibility for young carers and to recognise this role within continuing professional development.
- Have in place a policy to encourage practice that identifies and supports young carers such as adapting school arrangements if needed, provision for personal tutors and private discussions and access to local young carers' projects.
- Promote open communication with families that supports parenting capacity and encourages the sharing of information.
- Raise awareness about young carers and promote understanding of the caring issues that will touch all families at some point; linking with other agencies as appropriate
- Ensure school policies such as those for enrolment, attendance, bullying, behaviour and keeping safe afford recognition to young carers.
- Ensure Caldicott principles on confidentiality and information sharing are understood and followed.

- Ensure the provision of personalised and effective school-based support that incorporates the principles of awareness, inclusion, understanding and support for young carers to achieve their full potential.
- Incorporate into individual pupil plans recognition and support for the positive aspects of the young carer's role, as well as providing the supports necessary to enable young carers to attend and enjoy school.
- Include positive messages and images about people with disabilities; including, mental ill health within the wider school curriculum.
- Consider and where reasonably practicable take action to remove barriers to physical access and communication and promote inclusion.
- Be sensitive to cultural and religious needs.
- Take advantage of guidance and support in relation to young carers which is available as part of the **21st Century Schools** and **National Healthy Schools Programme**.
- Consider scope for school staff to adopt lead professional roles within the **CAF** process.

## 9. Health of Young Carers

Consistent with our wider responsibilities under the **National Service Framework for Children, Young People and Maternity Services** [13] to develop co-ordinated approaches for all children and young people, in partnership with health, we will explore the scope for more integrated working in relation to young carers that will:

- Promote and sustain healthy cooking, eating and fluid intakes
- Encourage regular exercise and doing about 60 minutes of physical activity each day
- Ensure good oral health
- Raise awareness and reduce risks of substance misuse (alcohol, volatile substances and illicit drugs) and smoking and support young carers interested in giving up.
- Raise awareness of personal stress and how this may be managed
- Highlight the role of doctors and other health professional in identifying or supporting young carers in primary healthcare settings and as part of hospital discharge processes.
- Ensure child and adolescent mental health services support the emotional well being of young carers who are seriously troubled by their caring role
- Provide breaks and activities to enhance mental health and social networks
- Enable young people to assess risks about lifting and handling and provide information, advice and support to remove or reduce risk of injury as necessary.
- Ensure safe procedures exist for the holding and control of medication at all times.

## 10. Information, Advice & Advocacy

Together with our partners, we will work towards a position where, if not already in place, information and advocacy services are available to all young carers and their families offering:

- Information
- Advice
- Advocacy
- Representation
- Support; including peer support through local young carers' projects.

We will encourage local use of the following core principles, which were developed originally by the Department of Health [14], for use when people act as advocates for young carers:

- Advocates should be the young carer's person of choice and can be informal, peer as well as professional advocates.
- Advocates should work for the best interests of the young carer
- Advocates should value and respect young carers as individuals and challenge all types of unlawful discrimination.

- Advocates should work to make sure that young carers understand what is happening to them, can make their views known and, where possible, exercise appropriate choices when decisions are being made.
- Advocates should help young carers to raise issues and concerns about things they are unhappy about. This includes making complaints under the Children Act 1989.
- Advocates should be familiar with requirements regarding the safeguarding of children and know what to do if they become aware of abuse or neglect or risk of it occurring.

As Statutory Directors we accept there are challenges inherent in this commitment. We recognise that from time to time tensions may arise between young carers and those whom they support. We will work to find ways of resolving them. We will commit to meet with young carers not less than once a year to find out what has gone well, what has not and what might make a difference in future.

Opportunities for Elected Member involvement will be identified. We will explore the scope for having a designated Elected Member[s] who would champion the interests and concerns of young carers, and to meet with them at regular intervals consistent with the constitutional arrangements of our Council.

## **11. Equalities & Diversity**

This Memorandum of Understanding applies in all situations irrespective of age, disability, gender, race, cultural or religious beliefs and sexual orientation. It is an underpinning principle within the protocol that, as with abuse or neglect, inappropriate caring responsibilities, cannot be condoned on religious or cultural grounds. We will ensure that appropriate people are readily available to provide advice on such matters.

## **12. Language Barriers**

When considering translation services we will consult with families as to who could fill this role appropriately. Where possible bi-lingual advocates will be used and account taken of any relevant factors around gender or locality. We are agreed it is not good practice to expect young carers to interpret for their families, particularly when it involves someone with an illness and will discourage this. We expect interpreters to be used.

## **13. Information Sharing**

We are agreed that effective and timely information sharing between our own agencies and with our partners is critical to the provision of early intervention and preventative work; to support transitions; and, for safeguarding and promoting the welfare of young carers.

Earlier national guidance on information sharing from 2004 issued as part of ***Every Child Matters*** was replaced by new cross government guidance in 2008 [15]. Within the framework of existing local information sharing protocols, our aim is to ensure there should be specific recognition of the position of young carers. This will cover their identification and support. Local arrangements for information sharing under this protocol will be consistent with national guidance. We will expect practitioners to follow the seven “golden rules” that are in place:

- Understand Data Protection legislation is not a barrier to sharing information
- Be open and honest
- Seek advice when necessary
- Share with consent where appropriate
- Consider the child’s safety and welfare
- Gather and keep information that is necessary, proportionate, relevant, accurate, timely and secure.
- Keep a record of information shared.

#### **14. Young Carers: Related Themes and Issues**

There are a number of other issues that may apply to the circumstances of some young carers. We will ensure these inform the need for joint working and shared understandings/processes between adult social care, children's services and partners within health. They are:

- Transitions to adulthood
- Parents with mental health needs
- Parents who misuse substances (alcohol, prescribed or illicit drugs)
- Parents with a learning disability
- Refugee Young Carers

We accept that this listing is not definitive. We will continue to work together on these and other identified issues. Our local arrangements will ensure these and other relevant issues are kept under review and that up to date information is available to all staff. This may include the preparation and dissemination of further information to support joint and separate effective action and good practice in these areas. We will ensure that any additions are consistent with the considerable body of national guidance and best practice materials that are available and which staff are expected to follow.

#### **15. Audit and Assurance**

We expect the adoption and operation of the memorandum to be consistent with the **Good Governance Standard for Public Services**[16]. To this end, we will put in place arrangements for periodic audit and the provision of reasonable assurance to the Council, partners, young carers, their families and the community on how it works in specific areas or as a whole.

These audit arrangements will be located within wider Council processes for the management of risk and provision of reasonable assurance. The information arising from these audits will be used to inform performance priorities for development and delivery of the key processes and outcomes that the memorandum has been designed to help secure.

#### **16. Funding responsibilities**

The internal allocations of funding by the Council should not become a barrier to timely and appropriate support. We recognise that disputes about where funding responsibility lies can be deeply damaging to families: they were one of the concerns voiced by families and young carers in the Carers Review national consultations. We will act to ensure that staff have a clear understanding of joint and separate responsibilities to support parenting roles, respond to needs and reduce the need for inappropriate caring by young carers. The following general principles apply to the expected whole family and joint approach to meeting needs:

- Adult social care is responsible for commissioning care and support services for adults to reduce or prevent inappropriate caring responsibilities by young carers.
- Children's social care is responsible for commissioning services to respond to specific needs of the child or young person; including, those relating to the impact of their caring role on them
- Shared responsibility exists between us for commissioning services that would support or sustain adults in their parenting role having regard to the individual circumstances.

#### **17. Resolving Disagreements**

Young carers have identified that difficulties in adult and children's social care services working together are a source of concern to them and require resolution. We believe that if the holistic, family centred approach we support is to be followed, then significant disagreements between adult and children's services should be the exception.

Almost inevitably, however, there may be occasions when professional staff encounter difficulties in relation to assessment, service provision or funding responsibilities. Two potential areas are:

- Disagreements about whether the need relates to the young carer or the adult or sibling who is supported by him or her; and/or,
- Disagreements about respective responsibilities or thresholds for adults or children.

We intend to reduce the risk of disagreements by:

- ensuring that staff are appropriately trained and supported in understanding and in the exercising of joint and separate responsibilities towards young carers and those whom they support;
- being as clear as we can about our joint and separate responsibilities;
- ensuring young carers and parents have access to information and advocacy services to support them in the exercise of their rights; and,
- ensuring that effective arrangements for consultation, communication and feedback to young carers and those they support are available and acted upon.

There are a number of mechanisms that could be used to resolve disagreements. We have noted the SCIE guidance of 2005 [17]. This suggests the designation of a senior lead for young carers with responsibility to *“...resolve promptly disputes between adults’ and children’s services.”* We accept that how local issues are resolved is a matter for us as the Statutory Directors to determine within the context of our corporate responsibilities within the Council.

The following principles will inform action and decision-making should disputes arise:

- Disagreements about funding responsibilities must not get in the way of responding in a timely manner to situations where it is evident that inappropriate caring responsibilities are being undertaken.
- Disagreements about funding must not be allowed to become a problem for the young carer or the person supported and not be argued about in front of them.
- Disagreements about responsibilities must not leave the needs of family members unmet because they seem to fall between internal administrative boundaries.
- Dispute resolution procedures relating to the joint and separate responsibilities of Statutory Directors for young carers and the people they support will be put in place.
- Statutory Directors have final operational responsibility for ensuring that any disagreements about funding are resolved in a reasoned, timely and appropriate manner with better outcomes for young carers being a primary consideration.

## **18. Commencement, Publication, Variation and Review**

The commencement date for this memorandum of understanding is **xx xxx 2010**. The review date is **31 March 2015** and thereafter every three years or as agreed between us. Variations may be agreed to reflect changing legislative, policy and local requirements and evidence of what works best for young carers.

This document falls within the Council’s Publication Scheme. It will be placed on the Council’s web site and with partners as part of our commitment to work together on these issues.

**Statutory Director  
Children’s Services**

**Statutory Director  
Adult Social Services**



## **YOUNG CARERS**

### **APPENDICES TO SUPPORT LOCAL CONSIDERATION ON ARRANGEMENTS FOR A JOINT MEMORANDUM OF UNDERSTANDING BETWEEN STATUTORY DIRECTORS**

**Please note:** These Appendices do not form part of the model Memorandum of Understanding. Rather, they provide background information that may help when considering its adoption and local application. Please refer to the original source material before making decisions.

## APPENDIX A – BACKGROUND TO THE MODEL MEMORANDUM OF UNDERSTANDING

### A.1 Feedback from Young Carers

As part of the consultation preparatory to the national strategy launched in 2008, young carers and their families raised a number of concerns. They mirrored earlier messages about:

- gaps in the support for the person they care for and the wider family;
- impacts on their own well being, personal development, and education and pressures on their everyday lives;
- lack of recognition by the NHS, PCTs and schools about their needs as children who are also young carers; and,
- the need for closer joint working across adult social care and children's services to ensure better outcomes for children and the person who is supported.

A key message here is that we need to work better together to support young carers and their families to meet these concerns in line with our own professional standards. Young carers were also clear that they expect:

*"... more support for parents to be parents, for family to be a family and for support to give them the time and space they need."*

Lastly, **"They said what?"** [18] offers some useful reminders around the value of whole family approaches. It illustrates the misunderstandings that can arise when the needs of carers and parenting roles are considered in isolation. It confirms the importance of listening to young carers and their parents; understanding how things work within families and meeting needs.

### A.2 Government Guidance

***Practice guidance to the Carers (Equal Opportunities) Act 2004*** [17] suggested that Local Authorities should have *"a protocol, shared between adults and children's services, for identifying and assessing young carers."* A brief review of "protocols" by ADASS last year indicated some local progress but concluded that a national best practice protocol or model memorandum of understanding would help matters move forward more rapidly at local level.

### A.3 The National Carers Strategy [2008] [1]

The cross-government national strategy for carers contains a number of key points relevant to the preparation of a local memorandum of understanding. They are:

- All parts of the system must respond and play a part in service delivery in an integrated and seamless way; including the independent sector.
- A key goal in our mission to improve support for carers must be to ensure that services are also improved for the people being supported.
- We should not see the needs of carers in isolation from those of the people for whom they care.
- Carers have a clearly identified need for personalised, targeted information which will reduce some of the difficulties they face.
- Assessments and support offered should take proper account of the need to protect children from inappropriate caring responsibilities.
- Families and parents themselves should have a greater say in shaping services.
- Currently, the pattern of local support is heavily weighted towards intervention after problems are well established. Better outcomes for young carers will only be secured by moving away from crisis intervention and delivering effective and earlier support to the family and the person cared for.

#### A.4 Some Recent Initiatives and Evidence

*The Children's Society* in partnership with *The Princess Royal Trust for Carers and Disabled Parents Network* have produced a template to assist practitioners in understanding and delivering responsibilities for working together [19]. This has been taken up in some local areas. In 2008, with funding support from DCSF, *The Children's Society* also published a paper on **Key Principles of Practice** and an online tool the **"Whole Family Pathway"**. Both offer guidance on whole family working and joint local responsibilities for front line practice and policies.

The need for improved joint working was also emphasised in a CSCI report published in February 2009 [20]. This report identified a need to work more closely together, improve assessment and to develop joint protocols to ensure shared understandings of roles and responsibilities. In June 2009 Ofsted reinforced these messages and those of the new national strategy in a short report [21]. This identified that gaps between adults and children's services were a key barrier to improved support and better outcomes for young carers.

There is also evidence to suggest that there are strong links between being a young carer and underachieving at school, with many failing to attain formal qualifications. Nearly 30% of young carers of secondary school age are reported to experience educational difficulties. The proportion is much higher, some 40%, among young carers in families affected by substance misuse and who are particularly vulnerable [1] – p. 48]

Some areas already have joint agreements, strategies or protocols in place. Indeed, this paper builds on this work at local level. Where something is in place now, directors should take the opportunity to review how it is working and consider the scope for material contained in the model memorandum to form part of their local arrangements.

#### A.5 Working in partnership

Whilst the model Memorandum of Understanding is between Statutory Directors, achievement of better support and outcomes for young carers and families also requires effective partnership working with schools, health, housing, the third sector, families and local communities. This should include robust and responsive arrangements for working together to ensure the early identification of young carers and timely and personalised responses to their situation.

#### A.6 Taking a Model Memorandum Forward Locally

Whilst we commend the model agreement and its principles for local consideration, it remains a matter of local discretion to decide how to translate the content into improving practice and outcomes locally. It is for Statutory Directors to decide how best it fits with current and future local provision, the overall pace of progress in this area and local needs, issues and circumstances. Endorsement at political management level and consultation with stakeholders is also commended to Statutory Directors for consideration.

#### A.7 Feedback and Reviewing Progress

Comment and feedback from Statutory Directors and stakeholders would be welcome at any stage. Please send to: [adasscarers@warwickshire.gov.uk](mailto:adasscarers@warwickshire.gov.uk)

**Note:** The ADASS Carers Reference Group and joint carers' leads aim to review progress on the adoption and utility of local memoranda of understanding during the later part of 2010 or the first half of 2011.

## APPENDIX B - “YOUNG CARERS” – SHARED UNDERSTANDINGS

### B.1. Introduction

One of the issues that emerged in preparing the model Memorandum of Understanding was that different definitions or understandings of what is meant by the term “Young Carer” are in place. A straightforward and simple approach to the issue is suggested. At the same time it is recognised that Statutory Directors may wish to test this aspect further. In doing so, the key point has to be that “definitions” should be a means of clarity and not a hindrance to shared understanding and early recognition.

### B.2. Some Current Definitions

There is no legislation that refers directly and specifically to “young carers” as such. The 2008 national strategy [1] does not itself define “young carers”. It does put forward, however, a draft cross government definition of “carers” for discussion. This is supported by examples including one for young carers. There are a number of potential definitions that are available for use. They are:

- First, based on the 1995 Carers (Recognition & Services) Act [22] and used by the Children’s Society and perhaps the safest in terms of use or challenge runs as follows:

*“Children and young people (under 18) who provide or intend to provide a substantial amount of care on a regular basis.”*

- Second, linked to this and referred to by Luke Clements [23], is guidance issued by the former Social Services Inspectorate. This defines a young carer as:

*“a child or young person who is carrying out significant caring tasks and assuming a level of responsibility for another person.”*

- Third, the Social Care Institute for Excellence (SCIE) in **Practice Guide no: 5** uses a definition that comes from earlier work by Becker, Dearden and Aldridge [24] and is:

*“children and young persons under 18 who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks.”*

- Fourth, **Blackwell’s Encyclopaedia of Social Work** [Source: youngcarer.com website], which has been used by some councils, defines young carers as follows:

*“Young carers are children and young persons under 18 who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support or supervision.”*

- Fifth, a definition included in a draft Children’s Society protocol [19], runs as follows:

*“Young carers are children and young people under 18 who provide, or intend to provide, personal care, assistance or support to another family member on a regular basis. They carry out significant or substantial caring tasks and assume a level of responsibility which is inappropriate to their age.”*

### B.3. What is “inappropriate”?

Many children and young people help out with daily tasks and share in the care of siblings as part of everyday living within their household unit. This is not and should not be an automatic cause for concern. Caring can be a positive and valued experience that strengthens family ties and builds personal skills.

The concern is where caring responsibilities risk becoming too much for the child. Identifying when caring has reached a point where it risks or has become “*inappropriate*” for young carers is principally a matter for assessment of whether the family or young person need more formal support.

Consideration should cover the impact of the tasks and roles being undertaken in relation to the seven dimensions of developmental needs outlined in the ***Framework for the Assessment of Children in Need and their Families*** 2000. In general, if the caring role and responsibilities are having an adverse effect on the young carer’s education or ability to form friendships or undertake social activities and pursuits, this would be an indicator that the situation is inappropriate and an assessment and possible alternative care support is indicated.

This involves having regard to what is done, why, its impact, how often and the extent to which the young person has sole or unsupervised responsibility for an activity which might usually fall to an adult. In making this judgment account needs to be taken of the perspectives of both the young carer and their parent and any tensions between them.

Identifying activities that are “inappropriate” is not always easy. It requires taking account of the expectations, commitment and competence of the children and young people involved. **Key areas for assessment are the emotional pressures and social impacts on young carers in providing support or “looking out” for the person they are concerned to help and in sustaining their family as a family.** The cumulative impact of worrying about or for a parent or siblings can be especially significant where a parent has mental health, substance misuse or other such difficulties and should be recognised.

In approaching the task of assessment, practitioners should be aware of the measures developed to assess the total amount of caring activity undertaken by young carers [25]. Such instruments can help in:

- Identifying young carers
- Contributing to the process of assessment to identify the extent of caring responsibilities and what might help to reduce them
- Examining links with other factors such as age, gender and cultural expectations.
- Identifying the impact.
- Sustaining the family as a unit

In arriving at judgments it is essential that the impact on well being, educational attainment and life chances are kept firmly in mind when the wishes and feelings of the child or young person are ascertained. The overriding responsibility of professionals remains to ensure that the person cared for is receiving sufficient services to manage daily routines such that a young person is not involved in substantial caring responsibilities.

The central issue is one of adverse impact, linked to the central premise set out in the model Memorandum of Understanding that:

*“a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well being or educational achievement and life chances” [10]*

## APPENDIX C - ASSESSING NEEDS OF YOUNG CARERS

### C.1 Introduction

There is a considerable body of guidance, including toolkits, on assessment. This Appendix tries to offer a very brief reminder of some of the underpinning thinking and requirements that have shaped the construction of the joint memorandum of understanding. Reference should always be made to the full guidance where there is uncertainty or a need for more information.

Young carers are not an homogenous group. They will include those who are the primary carer for an adult and who may assume the main caring role on a regular or episodic basis. In such circumstances, caring roles may embrace emotional support and supervision, as well as or instead of providing physical care and assuming responsibility for managing the home. Young carers may also take on responsibilities for the care of siblings with disabilities or other siblings in need of support where parents, for different reasons, experience difficulties in fulfilling parental responsibilities. Effective assessment is essential if the physical, social and emotional impacts of inappropriate caring roles and responsibilities are to be recognised and managed.

### C.2 Statutory Guidance on Assessment of Young Carers

The statutory guidance on assessment of children in need under the Children Act 1989 and issued in 2000 [11] states:

*“3.62 An assessment of family circumstances is essential. Young carers should not be expected to carry inappropriate levels of caring which have an adverse impact on their development and life chances. It should not be assumed that children should take on similar levels of caring responsibilities as adults. Services should be provided to parents to enhance their ability to fulfil their parenting responsibilities. There may be difference of view between children and parents about appropriate levels of care. Such differences may be out in the open or concealed. The resolution of such tensions will require good quality joint work between adult and children’s social services as well as co-operation from schools and health care workers. This work should include direct work with the young carer to understand his or her perspective and opinions. The young person who is a primary carer of his or her parent or sibling may have a good understanding of the family’s functioning and needs which should be incorporated into the assessment.*

*3.63 Young carers can receive help from both local and health authorities. Where a child is providing a substantial amount of care on a regular basis for a parent, the child will be entitled to an assessment of their ability to care under section 1 [1] of the Carers [Recognition and Services] Act 1995 and the local authority must take that assessment into account in deciding what community care services to provide for the parent. Many young carers are not aware that they can ask for such an assessment. In addition, consideration must be given as to whether a young carer is a child in need under the Children Act 1989. The central issue is whether a child’s welfare or development might suffer if support is not provided to the child or family. “*

Whilst, in law, the needs of young carers could be assessed under the Carers (Recognition and Services) Act, 1995, the later statutory **Combined Policy Guidance** [42] of 2005 states:

*“As a matter of law they could be assessed under the 1995 Act but that would not be expected, nor would it be in line with the Children Act 1989 guidance.” [para 10 p.11]*

Under this set of statutory guidance, the expectation is that requirements of legislation relating to carers will be taken into account in assessing the needs of children under the Children Act 1989. Such assessment should embrace all those areas identified in carers’ legislation (i.e. the 1995, 2000 and 2004 Acts) where they are relevant.

Whilst there is potential for a perceived conflict between the two sets of guidance, it might be argued that the later set of guidance supersedes the first. In practical terms, provided the additional responsibilities under the 2004 Act are taken into account the differences may not be considered significant. They should not be allowed, however, to become a barrier or a source of dispute.

Good practice in relation to assessment is, perhaps, best summed up by the following statement on the Princess Royal Trust for Carers web site:

*“A whole family approach to assessment is vital. The community care assessment of the person being cared for should ensure that they do not have to rely on the inappropriate caring responsibility of a child in the first place and should take into account the support they need with their family responsibilities, in accordance with Fair Access to Care guidance.”*

### C.3 Assessment Frameworks

The main source of guidance continues to be **The Framework for the Assessment of Children in Need and their Families**. Initial and core assessments are led by social workers with the involvement of other relevant professionals from both adult and children’s services. Such assessments should be linked where appropriate to an assessment of needs, under adult social care legislation, for any person with parental responsibility where a need for the provision of community care services is indicated.

The **Common Assessment Framework [CAF]** is a shared assessment tool for use by any practitioner working with children and their families. It applies where children are identified as having needs in addition to those provided for by universal services but which fall below the threshold for children’s social care. It offers a standardised approach to conducting an holistic assessment of needs designed to assist practitioners to work together to meet them. The CAF can be helpful where there is a need for low intensity or universal services and can help to streamline assessments and avoid duplication. The practitioner guide [2009] [9] confirms that it covers “... young carers who exhibit additional needs which are as a direct result of their caring responsibilities...”. Common assessment frameworks, however, are not as yet in place across all of adult social care.

The following principles, aimed at informing local practice, are based on national materials referred to previously and practice points contained within the **SCIE practice guide 5** [17], **Think Family** (Cabinet Office 2008) [5]; **Making it Work** [2002] [26] and the Children’s Society **Key Principles** and **Whole Family Pathway**. The principles offer a basis for consideration and adoption as a means of working together better and more effectively in order to secure improved outcomes for young carers. Local assessment processes are expected to be inclusive and sensitive to cultural perceptions and needs and:

- Ensure that all assessments of adults include a check to find out if there are children in the family who either take on, or are at risk of taking on, a caring role.
- Recognise that some young people have caring responsibilities that are inappropriate and will need support in relation to practical and emotional needs.
- Adopt a common or whole family perspective to understanding of the needs of young carers, that recognises their distinctiveness and interdependence with the person being supported and include:
  - Shared recognition of the role and individual needs and expectations of the young carer within the family situation.
  - An assessment that is completed in a timely manner, is age appropriate and specific to the child’s needs as a carer.

- Consistency and co-ordination of referral and assessment activity to avoid repetition.
  - Access to welfare rights assessments for 16 and 17 year old carers.
  - Use of procedures for reporting child and adult protection concerns.
  - A shared understanding of needs and clarity about expected outcomes or interventions.
  - Provision for separate assessments for the young carer and the adult being supported by them.
  - Differentiation between the needs of the child as a carer and the impact of the supported person's illness or disability on them.
  - A commitment not to undermine parenting capacity
  - Recognition that some families may be fearful of acknowledging young carer roles and that parents and children may have differences of view about appropriateness.
- Ensure that adult services support disabled people in their parenting role and that no care package relies on an inappropriate caring role of a child or young person.
  - Ensure that young carers have access to independent information, advice, advocacy and support prior to, during and on completion of assessments.
  - Promote and use effective information sharing within and between assessment processes consistent with Caldicott information sharing principles, cross-government guidance [15] and duties to improve well being, safeguard and promote the welfare of young carers and the person cared for.
  - Make provision for changing or episodic conditions; including contingency planning for crises should they arise and for people who may not otherwise meet eligibility criteria.
  - Encourage a culture of openness to help identify and respond to needs of young carers and their families.
  - Recognise that young carers and their families are the experts on their own lives and that whilst the welfare of the child is always the first consideration, all children benefit from having well-supported parents.

All assessments should identify the reasons for caring roles, their significance, impact and what needs to change to prevent age inappropriate levels of caring responsibilities being undertaken. Whilst ensuring the identification of individual outcomes, assessments should also have regard to the delivery of the wider outcomes set out in this joint protocol and any local outcomes within multi-agency strategies for young carers.

#### **C.4 Working together to Support Disabled Parents**

***Working together to support disabled parents (SCIE 19)*** [27] helpfully identifies four broad principles surrounding the respective responsibilities of adult and children's social care. They provide the basis for a framework in relation to young carers. They are:

- Adult services have lead responsibility for assessments and care planning when there are no safeguarding concerns and where a parent needs assistance with the routine tasks of looking after children to prevent inappropriate caring roles developing.
- Children's social care have lead responsibility for assessment and planning with specialist input from adult social care where intervention is required to prevent children suffering significant harm or where children's needs are complex; or, where there is a disabled child within the family or where children have taken on inappropriate caring responsibilities.



- Where there are safeguarding concerns about children, Adult social care should be involved and be asked to consider the need for community care services to reduce the impact on the young carers as part of the overall approach to assessment.
- Adults and children's services share joint responsibility to co-ordinate assessments and care planning where parents need support for the medium to long-term to enable them to meet their children's developmental needs and reduce the need for age inappropriate caring responsibilities by children continuing or developing.

Lastly, the point is made that it is essential there is local agreement between statutory directors around funding arrangements so that disputes do not hinder the provision of service to reduce or prevent risk of inappropriate caring roles by children and young people.

### **C.9 Enabling Young Carers to "Have their Say"**

Making a positive contribution is one of the five key outcomes within *Every Child Matters*. The 2009 Young Carers Festival produced the following messages on how adult and children's service can work together better to support young carers and their families:

- Meetings cover "the whole" rather than each "individual"
- Listening to families' needs and meeting them promptly
- Better joined up working and communication
- Actually work together and not as two separate services
- Communicate and feedback to other services about care plans, assessments etc.
- Come to CAFs
- Share information and communication to all involved
- More transitional support (young carers - adult carers)
- Adult Mental Health services need to assess the impact on carers living in the home and to refer to agencies for support.

These messages reflect both the value and the need for a stronger voice for young carers and their families. Similar messages were generated at the Young Carers Festival held in Scotland in 2008. They were:

- The need for secure long-term funding for young carers projects that support them.
- Increased awareness and understanding of young carers and the support they need from school staff, GPs and social workers.
- National recognition of the role young carers together with respect, empowerment and understanding [28].

There is also evidence [29] that the shared experience of young carers through local young carers' projects can assist others in recognising their role. Young carers also have a wealth of experience to contribute to assessment processes, service development and local strategic direction. Two principles emerge:

- All young carers should have the chance to be involved in decisions about their services and be involved in assessment and care planning where appropriate.
- All young carers should have the opportunity and be encouraged to be involved in discussions and decisions about service development, strategic objectives and future plans of local agencies.

## APPENDIX D – YOUNG CARERS: SAFEGUARDING & RELATED THEMES

This Appendix provides some more information on safeguarding and related themes and issues that are relevant to the effective working of the Memorandum of Understanding. The intention is to provide contextual information to support local awareness and discussions on local adoption and application.

### D.1 Think Family Initiative

Following the Government's *Family at Risk Review* a new Government initiative called "**Think Family**" [5] was developed to achieve better outcomes for families at the most risk of poor outcomes. Tested in 15 pathfinder sites, "**Think Family**" approaches are now being rolled out nationally. "**Think Family**" is an integral part of delivering a continuum of services. It will mean looking at systems and support provided to vulnerable children, young people and adults. The aim is to ensure services work together to:

- Identify families at risk of poor outcomes to provide support at the earliest opportunity;
- Meet the full range of needs within each family they are supporting or working with;
- Develop services which can respond effectively to the most challenging families; and,
- Strengthen the ability of family members to provide care and support to each other.

Arrangements for ring-fenced Think Family Grant in 2009/10 are set out in LAC 3112080003. [5] The expectation is that services funded through Think Family Grant should be fully co-ordinated in terms of planning and delivery and with associated funding streams.

### D.2 Safeguarding Children

*Every Child Matters* [3] identified young carers and their families as a group that would benefit from targeted, sensitive help. The first aim of adult and children's social care services should be to ensure that the parent or other family member being supported does not have to rely on the inappropriate caring role of the child no matter how competent or willing the young carers may appear to be.

The key to this is assessment. Where a vulnerable adult has care of a child, adult social care staff should adopt a whole family approach. This includes making an assessment to establish the effect of the parents' ill health or circumstances of the child and a need to "**Think Family**".

Concerns about the welfare of children may need to be considered. In certain circumstances, a parent may have difficulty in maintaining a positive relationship with their children and be in need of support. In other circumstances a young carer may have additional or other needs that require a response in addition to their role as a carer under the Common Assessment Framework. Some may be children in need.

The central issue is whether a child's welfare, health or development might suffer if support is not provided to the child or family. Children's welfare should be promoted and safeguarded by working towards the prevention of any child or young person undertaking inappropriate levels of care and responsibility for any family member.

*Working Together to Safeguard Children*, 2006, [6] recognises, for example, the impact that parental drug misuse can and does have upon children throughout each stage of development. It calls for a thorough assessment to determine the extent of need and the level or likelihood of harm in each case. It asks all local safeguarding children boards to take full account of the complexities and challenges of this area of work and requires them to have in place:

- Local safeguarding children policies and procedures

- Inter-agency protocols for the co-ordination of assessment and support, particularly across adult drug services and children and young people's services
- Close collaboration with local Drug Action Teams or Drug and Alcohol Action Teams and other agencies that can assist in the assessment and outcomes.

It is essential that adult social care staff discuss situations with children's services colleagues in order to clarify concerns and to work in partnership to improve the situation. Equally, it is essential that children's services staff recognise when an adult in a family is experiencing problems that may require intervention to reduce the need for children to act as young carers. This requires that specific arrangements are in place locally to:

- encourage and support recognition and dialogue;
- resolve any issues surrounding thresholds of support; and,
- identify potential third sector and other resources that may help.

### D.3 Schools and Young Carers

As a universal service, schools may well be the first place in which the warning signs of inappropriate caring responsibilities become apparent where young carers are not already known to statutory agencies. Equally, school may be the one place where the young person is able to function outside their caring role and may be a haven for them. Some schools are doing well at identifying and providing support for young carers as shown by The Children's Society **Include Project** [30].

It is increasingly clear that pupil performance and individual well being go hand in hand. Over time, inappropriate levels of care will have an impact on a young person's welfare which, in turn, may affect their achievement in school and ultimately their overall life chances.

**Your child, your schools, our future: building a 21 century schools system** [12] emphasises the importance of partnership working, sharing expertise and providing children with the skills and confidence they need. Tackling problems early is seen as vital for all schools so that all children and young people who have additional support needs can be identified early on and appropriate supports arranged.

### D.4 Health of Young Carers

Staying healthy is one of the key outcomes within "**Every Child Matters**" [6]. The amount and type of care a young carer provides and the impact on health can vary greatly. Physical and emotional well being can vary enormously depending on duration of the caring role and the development of coping mechanisms and support. The length of time a young carer performs an inappropriate caring role is likely to affect how many problems they may have with their health, education, social development and physical or emotional well being: *the caring task is something that never stops*. [10 – p.9]. Young carers may be more at risk of physical problems such as excessive tiredness or as a result of lifting and assisting parents.

Surveys of young carers point to raised risk of stress, anxiety, low self esteem, depression, eating problems, sleeping difficulties and of self harm. These health and well being needs cannot be separated completely from the wider social and economic situation in which young carers live. They point to a need for positive engagement of health partners and effective links into national initiatives. The **Healthy Schools Programme** [8] includes a specific project on young carers. Practical guidance outlines how, as part of their healthy schools and broader pupil support work, all schools can take account of the needs of young carers.

## D.5 Aiming High

***Aiming High for Disabled Children*** [2007] [31] builds on the ***Every Child Matters*** programme. The national strategy for carers recognises that its framework has the potential to reduce the need for siblings to take on inappropriate caring roles within the family. It emphasises the importance for children and young people with disabilities of:

- Quality information on options and choices
- Active involvement in transition and making them the centre of positive discussion
- Effective multi-agency working to support the young person
- Focussing on those with the most complex needs and what those needs mean as they move to adulthood

## D.6 Transitions to Adulthood

Young adult carers face all the changes that other teenagers and young people face. Research by the Rowntree Foundation ***“Growing up caring: vulnerability and transition to adulthood, young carers’ experiences*** [32] indicated that many young carers matured quickly and gained practical skills that aided independence. These benefits, however, were “easily outweighed” by decreased educational, social and employment opportunities.

Other studies point to the fact that life changes are often at the forefront of young carers’ minds [33]. As they grow older they will grow out of young carers groups but not the need for support. Specific consideration should be given to joint arrangements for the support for the 18-25 age group to facilitate both the transition to adulthood and to promote independence and well being. A key principle should be that local arrangements for the support of young carers enable them to have the same education and career choices as their peers. Flexible arrangements for information and support during this period are also expected to be in place.

## D.7 Parents with Mental Health Needs

It is estimated that around a third of young carers provide care for someone with a serious mental health problem who is their parent or holds a parental role. Close collaboration and shared information and understandings between adult mental health services and children’s services are essential. Particular challenges can arise in relation to identification and support in these situations. Research indicates that poor mental health of parents may be associated with poor outcomes for their children. Other key messages from research [34] are:

- The unpredictable nature of some mental health problems can create difficulties for young carers whose behaviours are not always correctly attributed.
- The high level of stigma often attached to mental health problems may lead young carers to exclude themselves from social involvement.
- Mothers appear more likely to suffer mental health problems than fathers and support for them is most often given by female children.

It is essential that an appropriate assessment of the parent/carer’s needs is undertaken to assess the impact on children and young carers within the family, its context and its functioning. Children in these situations have the right to have their own needs assessed and to receive appropriate services as children. They should be seen in their own right so that their needs can be identified, protective factors built upon and relevant services provided.

In many cases concerns about young carers or other children in the family arising from the parent’s capacity to meet their children’s needs may be at a level where the issue of actual or potential for significant harm does not arise. If there are concerns, however, about neglect or emotional, physical or sexual harm to a child/young carer then local safeguarding children procedures as outlined above must be followed.

There is other evidence that young carers in these situations may be more at risk of bullying. Parents or young carers may be less willing to seek help because of fears around possible removal of children from home. Schools can play a major role in recognising and responding to the impact of the caring role in these situations. Appropriate onward referral and partnership working are both essential and can make a real difference [35].

## D.8 Parents involved in Substance Misuse

Whilst not all substance misusers' families experience serious difficulties (e.g. recreational users), *Hidden Harm* [36] makes clear that parental problem drug use can and does cause serious harm to children and young people of every age. It makes a number of recommendations relevant to the operation of the memorandum and these should be pursued.

The report recognised that effective treatment for the parent can have major benefits for children. It encouraged working together to take practical steps to protect from harm and improve the health and well being of children who are affected by it. Schools can be a safe haven for the children of problem drug users and may be one of the few places where there is a pattern and structure to their lives. Schools and their staff can do a lot to help children and those with caring responsibilities in these situations.

Local practice should emphasise the need to be supported by and to link effectively with other agencies that offer complementary support, skills and knowledge. The *Include Project* [30] has produced a valuable information paper for teachers and school staff on supporting pupils with substance misusing parents. It offers the reminder that parents and children can hide problems, sometimes very serious ones. Children and young people may be very reluctant to share that they are experiencing difficulties as a result of parental substance misuse (drugs and alcohol) as a result of:

- Feelings of stigma or shame surrounding parental substance misuse;
- Fears on the part of young carers and parents about what may happen when outside agencies get involved;
- Reluctance to seek help or denial or minimisation of difficulties.
- Concerns not to "betray" their parents.

Schools and their partners should work together to identify the impact on individual children and young people and the impacts in turn on their school life. In considering ways forward the views of children and young people on how schools could offer support should be taken into account. Approaches should be sensitive to the fact that parents may be anxious and may worry about losing their children.

Some local safeguarding children boards have developed substance misusing parents and carers' assessment tools [37]. In other areas joint working protocols [38] are in place to safeguard children whose parents/carers use drugs/alcohol or have mental health needs. More recently national guidance on the development of local safeguarding protocols has been put in place. [39] Family Intervention Projects, for example, can help agencies work together more effectively with local alcohol treatment services/drug treatment services. The idea is to jointly develop care plans for parents with substance misuse problems to identify and ensure their children are protected from harm and their welfare needs met. [39]

The principles for assessment outlined earlier in this protocol apply. Successful intervention requires that support for young carers and their families requires that all staff working with them adopt inclusive, wide ranging and holistic approaches centred around:

- The adult or child in need of personal care;
- The child or young person who is caring
- The family

Good practice indicates that all agencies involved in the care or support of substance misusing parents or their children need to work closely together, share information and thoroughly assess situations in a timely and proportionate way to safeguard and promote the welfare of children and young people with caring responsibilities. In particular they have to:

- focus on the child/young carer: consider what life is like for them and from their viewpoint;
- recognise that an adult's management of their own life is a good indicator of their ability to look after the child;
- be aware that the best predictor of future behaviour is past behaviour; and,
- keep in mind information from a variety of sources is better than information from one.

## **D.9 Parents with a Learning Disability**

Joint local approaches to ensure parents access their entitlement to assistance under community care legislation can help reduce the likelihood of parents having to rely on children for assistance. It is understood some councils may have protocols in place already and may wish to build upon them.

Learning disabled parents may need support to develop and sustain their ability to meet the needs of their children. [40] From an early age, children may assume responsibility for looking after or supporting their parents in ways that may be age inappropriate. Their ability to parent may also be compounded by other factors such as poor physical and mental health, unequal access to health services, low incomes, housing difficulties and the availability of strong social networks and extended support.

Adult learning disability services can provide valuable inputs into core assessments of children in need. In general specialist assessments are often needed and joint assessments are commended as good practice.

## **D.10 Refugee Young Carers**

The Children's Society has produced a helpful toolkit [www.refugeetoolkit.org.uk](http://www.refugeetoolkit.org.uk) [7]. This is designed to assist professionals in responding to refugee children who are also young carers. The toolkit offers the valuable reminder that:

*"Fear and lack of knowledge can create barriers to accessing support services resulting in their children taking on unmet care needs for the parents and/or parenting roles for other siblings."*

When assessing needs and identifying protective and risk factors it is essential that this covers not only the risks faced by a disabled adult but also any risks faced by young carers and other family members if support services are not provided. Key areas to consider are:

- whether children may also care for friends or other members of the community;
- whether children may be caring for more than one person or taking on a parenting role for siblings and other children; and,
- whether an unaccompanied child may also be a young carer.

Cultural concepts of caring and health are not all the same. The concept of a carer may not be understood. How refugees communicate with care professionals may be influenced by their culture and beliefs.

The good practice principles in this protocol apply equally to refugee young carers. Local arrangements made by Directors should also seek to ensure adoption of good practice principles around interpreting:

- recognise the vulnerability of children and young carers acting as informal interpreters and avoid asking them whenever possible; and,
- arrange for trained and consistent interpreters to be available for interviews to improve communication and trust; and,
- ensure children are not asked to interpret for a family member when it relates to health or personal care needs.

Councils may also wish to bear in mind the situation of those young carers who are part of families without public funds.

#### **D.11 Personalisation and Young Carers**

Local action needs to ensure carers are part of the transformation of health and social care as envisaged in *Putting People First* and that progress is consistent with any expected milestones [41].

The personalisation of care can offer opportunities for innovation and improved responsiveness to the needs of people being cared for. In this context, responses to young carers are not just about social care services but all the services and options available and brought into availability within the local community. This includes access to universal services and local young carer projects.

Such an approach requires that young carers and their families are involved in shaping services. We need to respect and recognise young carer's expertise by involving them in the design and building of services. Young carers will have views about what would best help. They should be listened to whilst, at the same time, we ensure they avoid the assumption or continuation of inappropriate caring responsibilities and we fulfil our obligations to provide support to the person cared for to help achieve this.

The Carers and Disabled Children Act 2000 [42] enables local councils to provide carers services and to make direct payments to young carers **over the age of 16** for carer services if the young person is willing and able to manage these. The normal local arrangements for resource allocation decisions would apply in these circumstances. The ability to make such payments does not detract in any way from the need to prevent or reduce performance of caring responsibilities. In addition the specific responsibilities continue to apply under the 2004 Act to consider the wish to work or undertake education, training or leisure. Referrals to the *Connexions Service* should be considered where the young carer is aged 13 or older.





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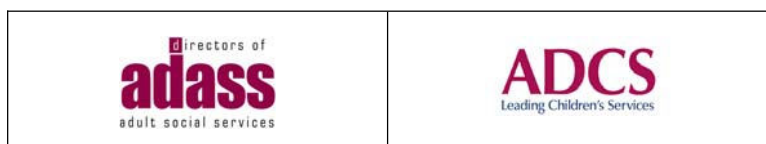
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**YOUR NOTES**



**Published : 7 December 2009**  
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<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Children and Young People's Scrutiny Panel</b>
<b>2.</b>	<b>Date:</b>	<b>Friday 5<sup>th</sup> March 2010</b>
<b>3.</b>	<b>Title:</b>	<b>School Meals Research</b>
<b>4.</b>	<b>Directorate:</b>	<b>Children and Young People's Services</b>

### **5. Summary**

Sheffield Hallam University have undertaken research into the factors influencing the take up of School Meals in Rotherham. This report outlines their research methodology; highlights key issues found, the conclusions reached and proposed action that partners from Education Catering Services, Healthy schools and Rotherham NHS Obesity Team intend to implement to address these issues.

### **5. Recommendations**

**It is recommended that the report is received with the acknowledgement of the wider implications of the report to existing LAA targets and priorities such as NI 52, 56, 57 and PSA 12.**

## 7. Proposals and Details

Communities for Health funding was secured to enable research in to school meals take up in Rotherham. Two specific questions formed the basis of the research project:

1. What factors influence school meals take up in Rotherham?
2. What are the solutions that can be implemented to increase the take up?

The research was undertaken by the Centre for Education Inclusion Research at Sheffield Hallam University between September and December 2009.

The research used a combination of pupil surveys, focus groups (pupil and staff) and interviews with parents, teachers and staff. A total of 15 schools (11 primary and 4 secondary) were involved with a total of 979 pupils surveyed (see appendix 1 for the survey). The schools were selected using a matrix based on the deprivation indices; the random sampling used created a cross section of different schools for the survey which reflected factors such as Free School Meal (FSM) entitlement, uptake of school meals, size of school and location.

### Summary of participant responses

The research highlighted some positive results in support of the school meals service with

- 80% of pupils have school meals at some time
- 76% of pupils stated that the catering staff are helpful and friendly
- 75% of pupils surveyed indicated they 'liked the meals a lot'.
- 69% of pupils said that the food tastes good

### Key Issues / themes were identified that may lead to low uptake of school meals

- Queuing
- Time
- Cost and value for money
- Menu
- Popular foods running out
- Choice
- Portion size (too small)
- Dining Environment – noise, cramped chaotic facilities
- Lack of information / communication
- Untapped resources
- Social time

A key issue is the cost and value for money of a school meal as only 36% of pupils agreed they were value for money, whereas 68% of secondary pupils indicated that lower prices would encourage greater take up.

A significant number of pupils entitled to free school meals do not take up their entitlement and therefore the report highlights that further research is required; as detailed in the action plan.

Some of the report recommendations are already being acted upon within several primary schools:

- Implementation of band systems where a child selects the main course every morning and is guaranteed their selection at lunch time.
- Funding has been received from DCSF to improve dining facilities and improvements to 19 schools will be implemented over the next eighteen months.



- Two pilot projects are also currently underway being delivered in partnership with the School Food Trust to target marketing of the school meal, and small changes that can be initiated from within the school to take ownership of increasing school meals.

It is anticipated these projects will support some of the recommendations highlighted in the research and offer evidence of best practise to be implemented across the borough.

#### Summary of the report recommendations for each stakeholder

- **Healthy Schools / health promotion**

Engage schools to design educational and promotional materials for primary and secondary schools to raise awareness of impact school meals can have on health  
Develop and distribute healthy eating tips and ideas for packed lunches  
Conduct further investigations into the uptake of free school meals

- **RMBC Catering services**

Think innovatively about new ways of delivering the service that will best meet pupils' needs whilst balancing health and budgetary constraints  
Model a positive can do / will try attitude towards schools and staff and develop a clear communication strategy  
Consider developing a more modern, innovative menu with provision for vegetarian and special dietary requirements.  
Consider removing or reducing the quantities and frequency of less healthy snacks in secondary schools and replacing with a wider range of healthier alternatives

- **Headteachers /teachers**

Rushed and pressured lunchtimes leads to inadequately refreshed pupils, consider the possibility of extending the lunch period, reorganising sittings or finding ways to manage the process more efficiently  
Use school food as a link to other areas of the curriculum and view lunchtime as a resource and learning opportunity  
Consider stay on site lunch policies where appropriate  
Formally and informally invite staff feedback from pupils, parents and catering staff

- **Catering Staff**

Encourage staff to respond to requests for input and feedback on school meal issues  
Constructively suggest ideas to address problems identified in schools  
Be responsive and flexible to meet the changing needs of pupils and the school

#### RMBC and partner response to the recommendations

An action plan to address the recommendations made in the report is being prepared by colleagues from NHS Rotherham Public Health Obesity team, Healthy Schools and Education Catering Services. A draft plan is attached in Appendix 2. Implementation of the final action plan will focus on communicating the health benefits of a school meal, addressing issues within schools that affect a child's selection of a school meal or alternative provision.

## **8. Finance**

The research was funded through Communities for Health funding. Specific actions requiring funds will be fully evaluated for cost to benefit prior to any implementation. A commitment to achieving the recommendations identified in the action plan and an increase in information and communication is required to deliver the positive messages about the benefits of receiving a school meal. Council and NHS partners will continue to discuss the resource requirements and how best to meet them.

## **9. Risks and Uncertainties**

In order for the recommendations to be fully engaged with, a multi agency approach to be adopted demonstrating continued support from a variety of organisations for the provision of school food and its contribution to being able to provide healthy nutritious food for all children, to reduce health inequalities and improve educational attainment.

Commitment is required from: schools to prioritise and allow time for school meals; from NHS Rotherham and Healthy Schools to educate parents and children about the benefits of healthy eating; and continued commitment from the Education Catering Service for capacity building of both staff and facility development.

The School Lunch Grant supports the price of a school meal and is only guaranteed until 2010-2011. If the grant is withdrawn the meal price would have to increase, impacting on the work of the school meals service and partners in improving meal take up.

## **10. Policy and Performance Agenda Implications**

The service makes a contribution to all of the themes of the Corporate Plan and the five outcomes of Every Child Matters.

Rotherham Proud: the communities will be proud of the modern facilities being provided for the youth of the borough.

Rotherham Learning: it is generally acknowledged that pupils who have access to a healthy school meal will benefit from greater educational achievement.

Rotherham Achieving: Greater educational achievement can lead to the creation of future access to economic opportunities, contributing both to developing the prosperity of Rotherham and also minimising inequalities.

Rotherham Alive: established links with NHS Rotherham and Rotherham MBC Healthy Schools help promote the impact school food and healthy eating can have on the lifestyles of young people in Rotherham.

Rotherham Safe: working with the schools to retain pupils on campus will help to ensure safety at lunchtime whilst the smartcard system reduces the opportunity for bullying or theft.

Sustainable Development: through the development in skills of front line catering staff improvements to economic and employment opportunities for the local community are increased. Improved take up in the number of pupils accessing a school meal will

ultimately lead to a growth in service and benefit the school, families and the local economy.

Fairness: the service provides equality for all through ensuring all pupils in Rotherham have access to healthy school food.

**11. Background Papers and Consultation**

**NHS Rotherham Public Health**

**Rotherham MBC Healthy Schools**

**Rotherham School Meal Research Project, Final report: Sheffield Hallam University, Centre for Education Inclusion Research (CEIR), December 2009**

**CYPS Cabinet Member and Advisers, Wednesday 10<sup>th</sup> February, 2010**

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## School Meals Survey

### Introduction

We would like to know what you think about the school meals at your school and how they can be improved.

We are interested in your views, whether you have school meals or not. There are no right or wrong answers; we would just like to know what you think.

Please answer the questions below by filling in the circle using a blue or black pen.

e.g.

### About you

Name of your school

Your name

Your year group

### 1. At this school, what sort of meal do you have at lunchtime, and how often? Fill in one circle for each line

	Always	Usually (3+ days a week/most weeks)	Sometimes (1-2 days a week/some weeks)	Rarely (a few times a term)	Never
I have school meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have packed lunches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go home for lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go out for lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have a meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 2. Do you have Free School Meals?

- Yes
- No
- Don't know

### 3. Who decides whether you have school meals or not? Fill in one circle

- I decide on my own
- I decide with my parents/carers
- My parents/carers decide for me
- I decide with my friends

### 4. Do you like the meals served at your school? Fill in one circle

- Yes I like them a lot
- I think they are ok
- No I do not like them
- I don't know/not sure

### 5. What are the two best things about school meals?


### 6. What are the two worst things about school meals?

7. How much do you agree or disagree with these sentences? Fill in one circle for each line

Strongly agree    Agree    Disagree    Strongly disagree    Not sure



- The food tastes good
- The food looks nice
- The portion sizes are too small
- There is a good choice of food I like
- I like the healthy options on offer (e.g. vegetables, salads, fruit)
- I prefer foods like chips, pizzas and burgers
- I always get my choice from the menu, even at last sittings
- The school meals I choose are similar to the food I eat at home
- There are often long queues for school meals
- There is enough time to eat a school meal
- The dining area is a pleasant place to eat
- I get a chance to say what I think about the food
- The catering staff/dinner ladies are helpful and friendly
- I can sit with my friends while I eat my lunch
- School meals are good value for money
- I have enough money to buy what I want

8. What sort of foods do you prefer for lunch?

9. What four things would make you choose school meals more often? Read through the list and tick your top four:

Fill in 4 only

- A wider choice of food
- Healthier food
- Shorter queues
- Bigger portions of food
- More of the food I like
- More options that suit my diet (e.g. vegetarian/halal/special diet)
- Being able to taste the food before choosing it
- A more pleasant dining area
- Being able to sit with my friends
- More time to eat and do other activities
- Lower prices
- More helpful staff
- More theme days e.g. Chinese, Spanish, fun foods linked to events or lessons (e.g. "football", "Romans")

11. If you have packed lunches (or go home or out), what sorts of foods do you have?

12. Do you have any other comments about school meals?

Thank you very much for your help

**School Meals Research Action Planning**

Action	Lead Officer / Accountable Leads	Timescale /completed by	Resource Implication	Success measured by	Link to School Meals Research report and comments on progress	Report on progress
<b>A. Aim: To maximise the health impact school meals can have for young people</b>						
<p>ECS to consult with catering staff to find popular and unpopular food choices</p> <p>Explore ways to increase nutritional value of these foods in primary and secondary schools</p> <p>Experiment and promote new menus through theme days and consult with parents and pupils on new options</p>	<p>ECS</p> <p>ECS</p> <p>ECS Primary and Secondary Schools through school councils and parent forums</p>	<p>June 2010</p> <p>September 2010</p>	<p>Time</p>	<p>Consultation completed and recommendations evident</p> <p>Proposal compiled and implemented through future menu planning</p> <p>Increase in school meal uptake on theme days and following weeks</p>	<p>Menu</p> <p>Lack of information / communication</p>	
<p>Establish current on site snack provision in secondary schools</p> <p>Explore other snack options available at break times in secondary schools. Promote and encourage students to take these options. Examples include; soups, toast, flap jacks</p> <p>Limit availability of un-healthy choices available at break times in secondary schools</p>	<p>ECS NHS Rotherham</p> <p>ECS for all secondary schools provided for</p> <p>NHS R and Healthy Schools to support externally provided school meals contracts Secondary School cooks</p>	<p>April 2010</p> <p>July 2010</p> <p>March 2011</p> <p>January 2011</p>		<p>Results from Young People's Health Survey</p> <p>Increased sales of healthy snacks at break times.</p> <p>Increased sales of healthy snacks at break times</p>	<p>Menu</p>	

Pilot availability of new options in one secondary school and consult with pupils	ECS NHR R Healthy Schools	September 2010		Pilot project		
Utilise 'top tips for top kids' and 'me size meals' resources from the Change 4 Life campaign to target all primary school children, parents and staff and raise awareness of appropriate portion sizes	School Nurses NHS R Healthy Schools ECS	June 2010  May 2010 (Information Booklet)		Top tips for top kids distributed via school nurses and NCMP information to Y6 and reception. Other years targeted	Portion Size Lack of information / communication	
Encourage all schools to be supporters of Change 4 Life campaign	Healthy Schools			Number of schools registered as supporters		
Consult with school councils to look at ways to educate pupils about portion sizes	Healthy Schools			Pilot school through small Steps project		
Raise awareness and knowledge of benefits of healthy school meals to <ul style="list-style-type: none"> <li>• Pupils</li> <li>• Parents</li> <li>• Staff</li> </ul> Through (but not inclusive to) <ul style="list-style-type: none"> <li>• School displays / curriculum</li> <li>• Newsletters / tasting evenings to parents</li> <li>• Presentations to staff</li> </ul>	NHS R Healthy Schools ECS			Number of schools accessing SFT resources  Increased uptake of school meals and increased interest reported from parents around school food.	Menu Lack of information / communication Free School Meals	

### B. Aim: Utilise school catering staff as a vital resource for increasing school meal uptake

Establish a 2-way structured feedback process between front line catering staff and ECS to include; Operational issues and the ability to adopt the whole school food policy and recommendations as identified in the school meals research	ECS Schools	June 2010		Evidence that cooks and ECS feedback is acted upon	Untapped Resources	
Establish a 2-way structured feedback process between front line catering staff and school staff Operational issues and the ability to adopt the whole school food policy and recommendations as identified in the school meals research	ECS Schools	June 2010		Evidence that schools and cooks feedback is acted upon	Untapped Resources	

Deliver training to SMSA's to raise their skills and confidence in their role to include; nutritional content / healthy eating and how school meals can contribute to the overall aims of the school including behaviour at lunchtimes, the Every Child Matters agenda and obesity	ECS NHS R Healthy Schools Dietetic support	Dec 2010 & to all by March 2012		Encourage attendance at training sessions by at least one member of staff from all secondary and primary schools	Untapped Resources	
Ensure all school catering staff have received Nutrition training or attended an update within the last 12 months	ECS	Jan 2011		All catering staff to have attended training		
Provide termly feedback to school catering staff focusing on school meal numbers, school team of the month, most improved school meal numbers, theme day ideas to ensure they feel motivated, valued and as part of a bigger team	ECS	May 2010 and ongoing		Newsletters sent to all catering staff each term	Untapped resources	
Provide feedback that has been highlighted in the research regarding the value and positive comments pupils and heads have made about front line catering staff		March 2010		Letter sent		
Increase creativity and ownership through encouraging front line staff to develop theme days and new menu ideas	ECS			Number of theme days offered in primary and secondary schools	Untapped resources	

### C. Aim: Utilise school councils and pupils feedback to monitor and improve the school meals service

Regular consultation with pupils / school councils about the school meals service including menus and process of the school meal	Healthy Schools ECS	Annually Summer term			Untapped Resources	
Formalise school council roles for reporting about school meals and utilise the School Food Trust resources for working with school councils	Healthy Schools and primary and secondary Healthy Schools Coordinators	September 2010		Inclusion as a standing item on School Council agendas	Untapped Resources	

### D. Aim: To improve the school meal process

Ensure all schools have a method of reporting to voice feedback / ideas and opinions to improve school meals	Healthy Schools ECS	September 2010		School Council and annual survey reporting mechanisms in place	Un tapped Resources	
Consult with school staff / catering staff / pupils on queuing process and length of time pupils spend queuing for their school lunch.  Establish whether a better system could be adopted by each school e.g. staggered service and the impact queuing has on school meal numbers	Healthy Schools NHS R ECS	May 2010		School to pilot consultation identified through small steps project	Un tapped Resources	



Promote benefits of the band system to primary schools where appropriate to reduce queuing time and increase school meal uptake through disseminating a report to all heads which includes benefits, process of running system, and feedback from schools who have recently set up the system	ECS NHS R	June 2010		Circulate band system report and support schools with change in system Increase in number of primary schools using system	Queuing Choice Popular foods running out	
Queuing systems in some schools are compounded by pupils fearing their first choice will run out. Look at the possibility of banding system in primary schools and pre order system in secondary schools	ECS	May 2010		School to pilot small steps project	Queuing	
Explore possibility of pre-ordering system in secondary schools	ECS Secondary school head	September 2011		Confirm a pilot school	Popular foods running out Choice	
Undertake research on how short lunch breaks impact on the school meal experience and the number s of children taking school meals. Undertake research to establish the impacts shorter and later lunch breaks have on snacking, particularly where unhealthy options are available	NHS R Healthy Schools ECS Healthy Schools	March 2012	Additional Funding for research	Circulate report to relevant boards	Queuing	
Undertake research to establish the impact extracurricular / lunch time activities have on school meal uptake. Whilst these activities are vital, establish methods of encouraging pupils to take a school meal and still be able to participate.	ECS	March 2012	Additional Funding for research	Pilot changes in access to school meals when pupils are taking part in other activities through Small Steps project in primary schools	Queuing Time	
Improve social experience of the lunch break by exploring possibilities of pupils having school meals sitting with those taking a packed lunch where possible particularly in the primary school	Healthy Schools School heads	May 2010		Increase in school meal uptake Pilot schools identified through Small Steps project	Social time	
<b>E. Aim: Promote the school meal service as a providing value for money and increase the numbers of children accessing free school meals</b>						
Promote the band system to schools as a positive way to encourage uptake of school meals through parents having advance notice of the meal their child is guaranteed to receive	ECS NHS R	March 2010		Circulate band system report and support schools with change in system Increase in number of primary schools using system	Cost and value for money	

Promote benefits of accessing and taking a free school meal to those families who are eligible including nutritional and cost benefits over packed lunches	NHS R Healthy Schools	Ongoing		Increase in numbers taking a free school meal	Free School Meals	
Look at ways to inform parents on how to check to see if their child is eligible for a free school meal.	NHS R ECS Healthy Schools	September 2010		Increase in numbers taking a free school meal		
More research needs to be done to investigate why those eligible are not taking their free school meal.	NHS R ECS	March 2011		Establish reasons through piloting at Small Steps project	Cost and Value for money	
Encourage use of School Food Trust resources by other services that have contact with families to promote access to free school meals e.g. Parent Support Advisors, Extended Schools, School Nurses, Financial inclusion Strategy Team	NHS R Healthy Schools	September 2010		Resources accessed by schools	Free School Meals	

**F. Aim: Promote and ensure the dining environment is conducive to eating a school meal**

Where high noise levels are a problem they are often an off putting feature for pupils deciding to have a school meal. Aim to create a better dining ambience through better organisation of the lunch time process e.g. introducing the band system, more time allowed at lunch times, rescheduling sittings, improvements to dining environment	ECS NHS R Healthy Schools Primary / secondary heads	Ongoing		Circulate band system report and support schools with change in system Increase in number of primary schools using system  New facilities where funding allows	Dining Environment	
Dining environment of many schools is chaotic and overcrowded, where additional investment has been made on dining facilities lunch times improvements have been acknowledged in school meals research. Continue to source external funding to improve dining environments and facilities	ECS	Ongoing	External Funding	Circulate research report to relevant boards  New facilities where funding allows	Dining Environment	
Improvements to kitchen and serving facilities have been identified as improving efficiency and quality of meals. Where there are issues around kitchen and serving facilities continue to look for funding and short term improvements that can be made	ECS Schools where applicable	Ongoing		Improvements to facilities where funding allows	Dining Environment	

**G. Aim: Adopt a targeted marketing approach to improve uptake and promote the school meal as being the best meal option for young people**

Improve communication to parents of menus and their nutritional values, in particular highlighting vegetarian, halal options etc.	ECS	May 2010		Evaluate effectiveness of School Food Trust marketing project	Lack of information / communication	
Utilise school councils and set up termly competitions to encourage pupils to create innovative ways to promote new menus. Link menu design to curriculum activities i.e. Art and design lessons, Food Technology and Science	ECS Healthy Schools Schools			Entries to competitions Number of school meals Engagement of schools in promoting competitions / new designs and prioritising menu promotion	Menu	
Promote all menu options to secondary pupils so they are aware of full choices and costs, meal deals etc available at all serveries.	ECS Healthy Schools	September 2010		Increase in school meals	Lack of information / communication Menu	
Offer Y6 pupils visiting secondary schools the chance to sample a school meal	Schools ECS	Ongoing		Increase in school meal take up of Year 7 pupils	Lack of information / communication	
Identify and promote good practice and recently implemented changes made in individual schools that have benefited the school meals process	Healthy Schools ECS	Ongoing		Queuing		

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	Children and Young People’s Scrutiny Panel
<b>2.</b>	<b>Date:</b>	Friday 5 <sup>th</sup> March 2010
<b>3.</b>	<b>Title:</b>	<p><b>Performance Indicators</b>  <b>Children and Young People’s Services Performance Indicator Report - 2009/10 Quarter 3</b>  Appendix A – Performance Assessment by Every Child Matters Outcome  Appendix B – ‘CYPS Performance Monitoring Table – Quarter 3 2009/10’</p> <p>[Wards affected – All]</p>
<b>4.</b>	<b>Directorate:</b>	Children and Young People’s Services

**5. Summary**

This report and accompanying appendices outline performance at the end of the third quarter 2009/10 (December 2009). It provides analysis against targets, direction of travel against previous performance and where possible comparisons with statistical neighbour and national data.

**6. Recommendations**

- **That the Performance Report and accompanying Assessment and table (Appendix A & B) be received and performance noted**
- **That the recommendations regarding performance clinics (within Appendix A) be approved.**

## **7. Proposals and Details**

As presented at outturn 2008/09 the format performance reports has been developed to reflect these new CAA arrangements and it is proposed that future quarterly reports will continue to develop alongside the publication and contents of the Ofsted quarterly Performance Profile.

Member's attention is drawn to 'Appendix A - Performance Assessment by Every Child Matters Outcome' which provides details of performance by each Every Child Matters theme including;

- Performance against targets (Comparing outturn performance against set targets)
- Direction of travel analysis (Comparing 2009/10 Quarter Two performance to Quarter One performance)
- Year to Date Performance (Judged by corporate monitoring system Performance Plus)
- Areas of Success
- Areas of Under-performance
- An update on previous performance clinics
- Recommendations for future performance clinics

Full details of performance and commentary at indicator level is provided in the table within Appendix B which is referenced throughout the Performance Assessment (Appendix A).

## **8. Finance**

There are no financial implications to this report. The relevant Service Leader and Budget Holder will address financial implications of the Action Plans. Members will be consulted where appropriate.

## **9. Risks and Uncertainties**

A category of risk is applied to each quarterly reported Performance Indicator using the PI managers' projection of year-end performance and takes into account any known internal or external influences with comparison against targets.

## **10. Policy and Performance Agenda Implications**

As detailed within the report the National Indicator Set will form one of the blocks of evidence (Block C) for the Comprehensive Area Assessment (CAA). Ofsted will use it to support its process for arriving at the annual rating for Children and Young People's Services (CYPS). They will also use the available NI data to ensure the rating takes account of councils' broad responsibility for children's well-being, including those aspects not inspected directly by Ofsted.

Poor performance compared to statistical neighbours and national can have a significant impact on the overall rating of CYPS. Ofsted will form a provisional view/rating of CYPS by reviewing "Block A: inspected and regulated services and

settings” and “Block B: inspections of safeguarding and services for looked after children; annual unannounced inspections; findings from any triggered inspection; and serious case review evaluation findings”. Blocks A and B are weighted in the rating but then “Block C: National Indicator Set” is then used to support the overall rating. If there are concerns in Blocks A and B, the rating is likely to be confirmed as ‘performs poorly’ if performance against a large majority of indicators in the NIS, including those for staying safe and enjoying and achieving, is lower than in similar areas.

## 11. Background Papers and Consultation

- Children and Young People’s Services 2009/10 Performance Indicator Quarter One and Two Reports (with appendices)
- Children and Young People’s Services 2008/09 Performance Indicator Outturn Report (with appendices)
- Comprehensive Area Assessment: Annual rating of Children’s services – arrangements and guidance
- 2008/09 Children and Young People’s Service Performance Indicator Consolidated monitoring forms and previous quarterly reports
- Children & Young People’s Plan 2007- 2010
- Local Area Agreement 2006-09 – CYPS Block Revised Action Plan 2007
- Local Area Agreement 2008-11 (including 2009 refresh)

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## Rotherham Children and Young People's Services

# Assessment of Performance by Every Child Matters Outcome

### 2009/10 Quarter Three Report

This report outlines performance at the end of 2009/10 Quarter Two against targets, with comparisons against previous performance and where possible statistical neighbour and national data.

It should be read in conjunction with the 'CYPS Performance Monitoring Table – Quarter Two 2009/10' (Appendix B) as it includes references throughout the text to the numbering structure within the table.

Please note the following data health warnings;

- The number of indicators which can be reported quarterly is very small for each outcome. This needs to be considered when reviewing any analysis by percentages.
- Comparative data relates to the latest available data and therefore date periods for some indicators may vary. It has been sourced via the DCSF Local Area Interactive Tool (downloaded 14<sup>th</sup> January 2010)

[Data date: December 2009 (unless otherwise stated)]

## Performance Summary – All themes

Number of Indicators: 36

Number of Components: 44

The tables below give data analysis of performance by Every Child Matters outcomes. These are abbreviated as follows;

BH = Being Healthy      SS = Staying Safe

EA = Enjoying & Achieving

MPC = Making a Positive Contribution

AEW = Achieving Economic Wellbeing

### ■ Performance against Targets (Comparing this quarter's performance against set targets)

On Target	Interpretation	BH		SS		EA		MPC		AEW		All	
		No	%	No	%	No	%	No	%	No	%	No	%
✓	Has met target	6	60%	3	30%	8	57%	4	57%	2	67%	23	52%
✗	Has not met target	4	40%	7	70%	5	36%	3	43%	1	33%	20	45%
- / n/a	No targets set (ie new and/or baseline yr)	0	0%	0	0%	1	7%	0	0%	0	0%	1	2%
<b>Total Number of Components</b>		<b>10</b>		<b>10</b>		<b>14</b>		<b>7</b>		<b>3</b>		<b>44</b>	

### ■ Direction of Travel "DOT" (Comparing this quarter performance to previous quarter/outurn)

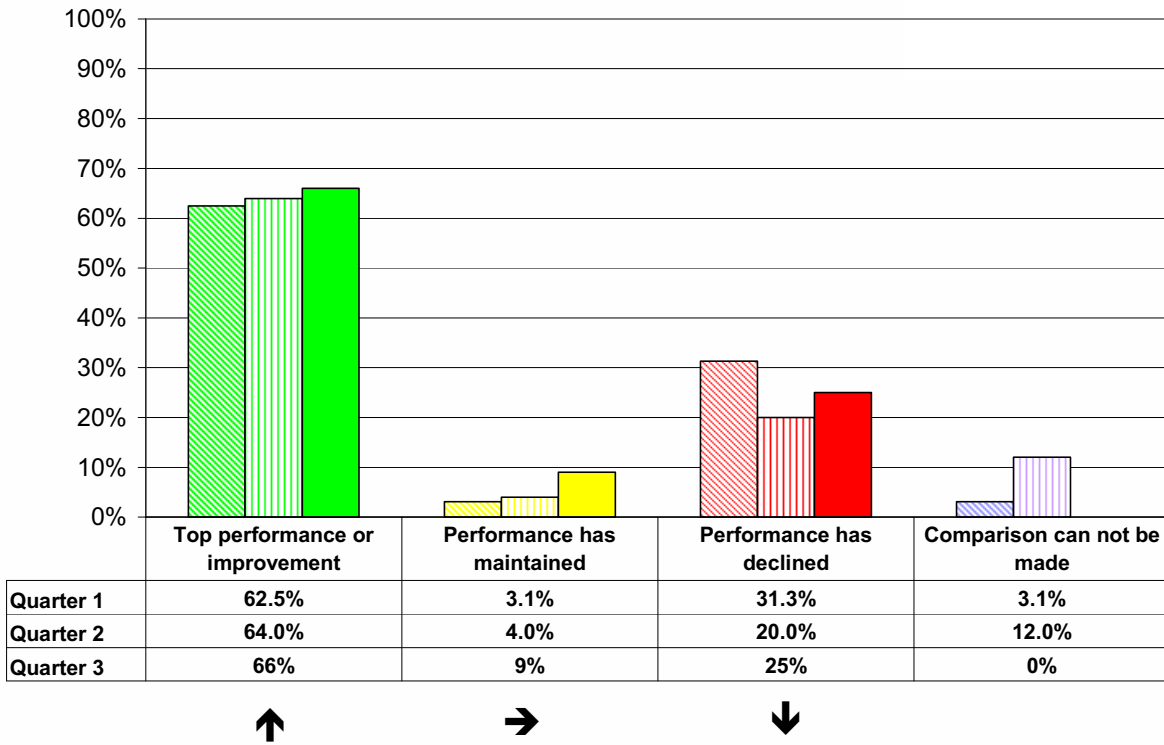
DOT	Interpretation	BH		SS		EA		MPC		AEW		All	
		No	%	No	%	No	%	No	%	No	%	No	%
↑	Top performance or improvement	8	80%	7	70%	7	50%	5	71%	2	67%	29	66%
→	Performance has maintained	0	0%	1	10%	3	21%	0	0%	0	0%	4	9%
↓	Performance has declined	2	20%	2	20%	4	29%	2	29%	1	33%	11	25%
<b>Total Number of Components</b>		<b>10</b>		<b>10</b>		<b>14</b>		<b>7</b>		<b>3</b>		<b>44</b>	

### ■ Year to Date Performance "YTD" (Judged by corporate monitoring system Performance Plus)

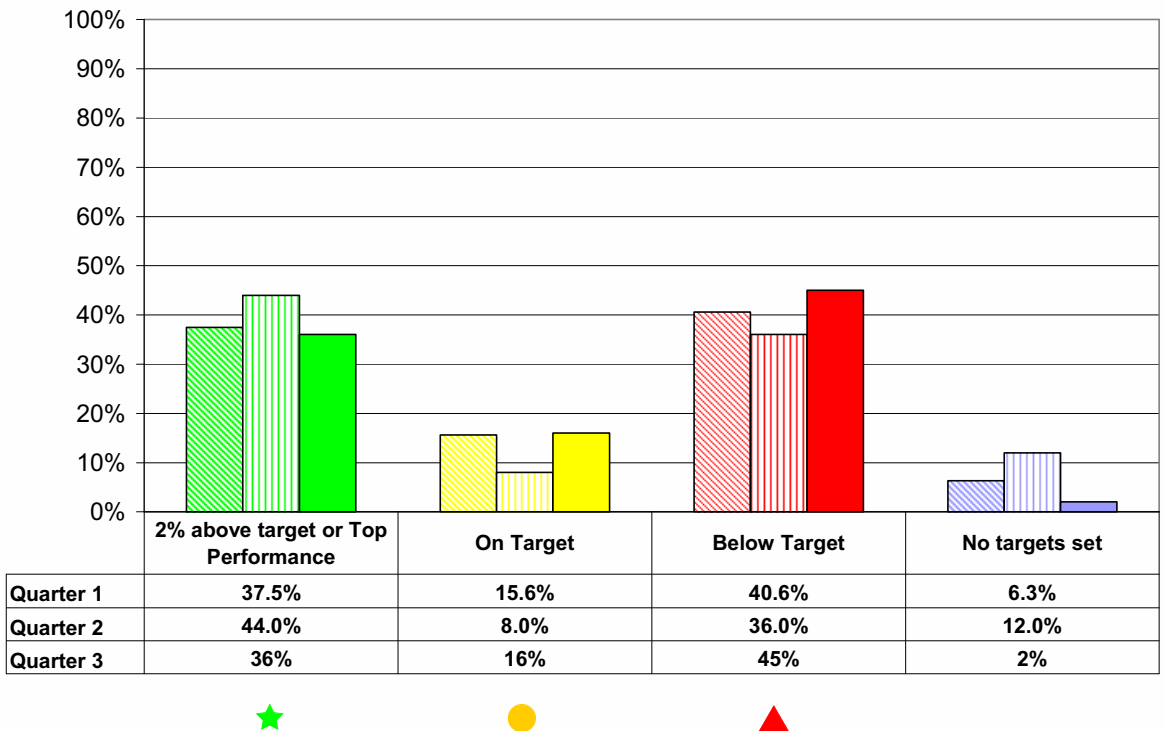
Outturn Perf.	Interpretation	BH		SS		EA		MPC		AEW		All	
		No	%	No	%	No	%	No	%	No	%	No	%
★	2% above target or Top Performance	3	30%	3	30%	6	43%	3	43%	1	33%	16	36%
●	On Target	3	30%	0	0%	2	14%	1	14%	1	33%	7	16%
▲	Below Target	4	40%	7	70%	5	36%	3	43%	1	33%	20	45%
- / n/a	No targets set (ie new and/or baseline year)	0	0%	0	0%	1	7%	0	0%	0	0%	1	2%
<b>Total Number of Components</b>		<b>10</b>		<b>10</b>		<b>14</b>		<b>7</b>		<b>3</b>		<b>44</b>	



**Progress Over Quarters 2009-10**  
**Direction of Travel - All Themes**



**Progress Over Quarters 2009-10**  
**Performance Year to Date - All Themes**



### Notes on overall performance

- It is worth noting that due to the annual data release cycle there are 19 more indicator components than last quarter therefore although general comparison comments can be made they are only indicative as we are not comparing like with like.
- This increase is due to the outturn of a number of the education year related measures (eg attainment, childhood obesity) being released. These are identified by the word “outturn” beneath the performance data in the Performance Monitoring Table (Appendix B).
- Across all themes there is a positive direction of travel with 66% of indicators improving or maintaining top performance since either the previous quarter or, for the academic year measures, last year’s outturn. In particular the Being Healthy theme which has an 80% improvement on previous data and Safe which is at 70%.
- There are however still too many indicators not meeting targets (40.6%) this is particularly evident in the Safe theme where this percentage increases to 70%. Although some of these targets are set by government office where this isn’t the case target setting meetings will be held with indicator managers and directors at year end to review to ensure that targets remain realistic whilst still driving improvement.
- Although there are significant gaps in benchmarking data. Where comparative data is available approximately half of the measures are above and half below the latest published statistical neighbour averages.

## Areas of Success

### ▪ **Being Healthy**

The local LAA target relating to Healthy Schools has been achieved with 96.8% of our schools now achieving the full standard (LAA BH5/No6), against a stretch target of 95% and will attract the reward grant. Childhood obesity at both Reception and Year 6 has improved with a 2% drop for both age groups which places our area now inline with statistical neighbour averages, although at Year 6 we have missed our annual target by 1% (NI55&56/ No 3&4) .

### ▪ **Staying Safe**

Three indicators are performing 2% or better above target these are;

- Child Protection Plans Lasting over 2 Years (NI64/No11) has reduced from a 2008/09 outturn of 4.8% to 1.3% - target 4.5%
- Looked After Children Reviews in timescales (NI66/ No.13) has improved from a 2008/09 outturn of 85.4% to 96.5% - target 92%
- Child Protection Reviews in timescales (NI67 / No.14) are maintaining the top 100% performance

### ▪ **Enjoying and Achieving**

Achievement at foundation stage (NI 72 / No 16) has improved at a higher rate than national and is now at 50.4%, slightly above statistical neighbours and above the 44% target. Although we remain 1.6% below national average we have been recognised as the 15<sup>th</sup> most improved authority in the country. Also at foundation stage the performance gap between the lowest achieving pupils and the rest of the pupil population (NI92/No23) has reduced to 35.8% a reduction on 8.6% on the previous year and better than target of 36.7%.

93% of our schools now meet the full Extended Services Core Offer (NI88 / No 21). This is a 33% improvement on 2008/09 and is significantly above the 85% target (set externally by the Training & Development Agency).

'Statements of SEN issued within timescales continue to be above target with part a) excluding exceptions at 100% and part b) including exceptions improving to 97.2% (NI103/No28).

### ▪ **Making a Positive Contribution**

The numbers of first time entrants to the youth justice system (NI111 / No 32) have reduced significantly and this LAA indicator is currently performing well above target. Similarly re-offending by young offenders (NI19 – No 29) is also currently above 3<sup>rd</sup> quarter target. It is worth noting however that this may be negatively impacted in the future by the low first time entrants as they will represent a population of more serious offenders who are more likely to re-offend.

### ▪ **Achieving Economic Wellbeing**

Young people not in education, employment or training or NEET (NI117 / No35) has improved since quarter 2 from 9.4% to 7.9% and is now back on target although year end performance is predicted to be lower than last year's outturn.

## Areas of Under-performance

### ▪ **Being Healthy**

'Take up of school lunches in secondary school (NI52b / No.2b) continue to see a quarter on quarter improvement, however, this indicator is still currently off target. Data collection systems for breastfeeding has improved but this better quality data is showing lower rates of prevalence and coverage on last year and below the LAA milestone target (NI53 – No3).

### ▪ **Staying Safe**

Although 70% of measures within this theme have improved the same percentage are also failing to meet targets. This includes the three Improvement Notice indicators relating to Initial Assessments (NI58 / No 6), Core Assessments (NI60/No7) and Referrals on to assessment (NI68/ No 14). A considerable focus is being given to driving up performance in these areas and a Corporate Performance clinic was held in January. There is currently a full review of fieldwork services underway and a range of actions have already been put in place to assist e.g. increased admin support, clearer targets, business process mapping and clarity of definition.

### ▪ **Enjoying and Achieving**

An area of risk identified at quarter 2 was secondary schools judged as having good or outstanding standards of behaviour, which has now declined back to 69% and will be unable to meet year end targets following a re-inspection has dropped one school from good to satisfactory. This indicator relies on the school inspection cycle which is determined by Ofsted not the authority. Therefore if none of the five schools outside this standard receive an inspection there will be no further improvement this year. Education outcomes for Looked After Children have fallen at both Key Stage 2 and 4 (NI99, 100 & 101/No 25,26 & 27). Performance can fluctuate year on year due to the small cohorts. This has been further impacted due to individual changes in care circumstances for the children involved and a quarter of the KS4 cohort not sitting exams due to special educational needs.

### ▪ **Making a Positive Contribution**

Custody rates of young people in the youth justice system (NI43/No 30)) have improved since the last quarter but continue to be above the target rate. New legislation being introduced at the end of November 2009 will bring changes to the threshold of custody which may have a favourable impact. Whilst 'Screening Of Chlamydia' (NI113a / No.33a) has continued to improve it is currently performing at 13.2% and below the target of 15.7%.

### ▪ **Achieving Economic Wellbeing**

Currently only 54% of Care Leavers are in education, training or employment (NI148b / No. 37); this equates to 7 out of 13 care leavers. It is predicted that this will rise to 64% by year end which will miss the target by 1%.

## Performance Clinics

At every quarter all indicators which are both 'off target' and have a 'downward Direction of Travel' are considered for clinics. Performance Management Officers review the data, comments and any discussions with PI managers to make informed recommendations. These are then approved or otherwise by CYPs Cabinet Member & Advisers. The Cabinet Member for Children and Young People's Services can also call clinics on particular issues of interest which are not monitored by National Indicators eg Foster Carers. Adhoc Performance Clinics and Turning the Curve workshops have also been held on JLT request.

### Previous Clinics

As stated earlier in the report a Corporate performance clinic has been held to review progress against the three Improvement Notice indicators relating to Initial Assessments (NI58 / No 6), Core Assessments (NI60/No7) and Referrals on to assessment (NI68/ No 14). Below are the main points from the Clinic

- Issues impacting on performance - Pressures on social workers, backlog of recording, understanding of definition and counting rules and wide range of responsibilities of teams
- There is no single solution to improving performance but a number of actions are being pursued concurrently including; additional admin support, business process mapping to identify and address weaknesses and trailing of different staffing configurations in different teams to inform a wider review of resource allocation across the borough.

### Update On Previous Clinic Recommendations

In the 2009/10 Quarter One Report no performance clinics were recommended, however, it was expressed that a further review for these indicators would follow in the Quarter Two report.

No.	Ref.	Indicator	Clinic Recommended	Quarter Two Review/Rationale
34	NI 117	Percentage 16-18 year olds not in education, employment or training	No	Performance continues to follow seasonal trends and has improved in Quarter Three and is back on target. Performance however has been impacted by the economic climate and remains below that of last year. We would however recommend setting of more reflective quarterly or monthly targets.

### Future Clinics

Of the ten indicator components with a downward direction of travel eight are also underperforming against targets. The following table summarises these and gives performance officer recommendations for future clinics with rationale.

No.	Ref.	Indicator	Clinic Recommended	Rationale
3	NI 53	Prevalence of	No	Actual performance has been impacted by

No.	Ref.	Indicator	Clinic Recommended	Rationale
a b		breastfeeding	Review at Year End	improved data collection and quality. However this is a LAA measure therefore suggest review of clinic at year end.
10	NI 62	Stability of placements of LAC	No	Performance has improved and is only 0.1% from target.
16	NI 71	Children who have run away from home/care overnight	No	This measure is based on a self assessment against 4 questions with a maximum of 16 points. Work in this area is sub regional but our previous score was higher than other authorities. Following validation with partner agencies across all South Yorkshire the score has been reduced to reflect lack of detailed police information. It is felt that the baseline last year was too high now assessment process is embedded this drop should not happen again and improvements should follow. Ability to meet targets however will be impacted and should be reviewed at end of year.
21	NI 86	Secondary schools with good or outstanding behaviour	No	Indicator can only improve through Ofsted inspection cycle
25	NI 92	LAC KS2 – English	No	Individual care circumstance of children have impacted on the achievement of this small cohort of children
26	NI 93	LAC KS2 - Maths	No	
37	NI 148	Care Leavers EET	No Review at Year End	A performance clinic was held during the year, since then work has become more targeted and is improving. As at outturn a update clinic will be due it is recommended that this clinic is review at year end to avoid duplication.

▪ **Additional targeted improvement and challenge work**

In addition to the above a programme of challenge events and clinics are underway to help improve specific areas of concern identified through the CAA and Ofsted Improvement Notice. Topics include;

- Recruitment and Retention of Social Workers
- Fostering
- Positive Activities (linked to the delivery of the LAA)
- Data Integration and Information Sharing
- Inspections of regulated services (one per service type)

## Inspected and regulated services profile

Inspection outcomes against regulated services feature strongly in the new CAA arrangements for CYPS and as such local monitoring arrangements are being strengthened to ensure we increase the percentage of providers which are judged “good or better” (the new Ofsted standard). Therefore this new section of the report has been introduced to ensure Directors and Members are fully aware of progress against this standard and the impact on the CAA outcome for the service and council as a whole.

The table below provides details of the outcomes of new inspections which took place between the baseline position of August 2009 and the end of quarter 3 (December 2009). It also provides a direction of travel against the Ofsted standard of “% providers good or better of all inspections” between the two periods in time.

	% good or better As at Aug 09	NEW INSPECTIONS BETWEEN AUGUST AND DECEMBER					Grand total of all inspections	% good or better As at Dec 09	DOT
		Total	Outstanding	Good	Satisfactory	Inadequate			
Children’s homes	20%	4	0	0	3	1	6	0%	↓
Secondary Schs	50%	0					16	50%	→
Primary Schs	66%	7	1	1	5	0	99	65%	↓
Childminders	49%	38	2	18	18	0	255	50%	↑
Childcare non domestic	50%	11	2	7	2	0	80	56%	↑
Special Schs	83%	1	1	0	0	0	6	100%	↑
PRU’s	20%	0					5	20%	→
Colleges	50%	0					3	50%	→
Maintained Nursery	100%	0					22	100%	→
LA Fostering Agency	0%	0					1	0%	→
LA Adoption Agency	100%	0					1	100%	→
Private Fostering Arrangements	0%	0					1	0%	→
General FE and Tertiary Colleges	50%	0					1	50%	→

From this profile a key area of concern are Children’s Homes. As such they have already been highlighted for an internal challenge event by the Strategic Leadership Team. Following this, as stated earlier other regulated services will undergo similar events to review how these services are tackling any inspection recommendations and improving the quality of provision for children and young people.

**GLOSSARY**

Detailed below is explanation regarding the different items within the following outturn performance table

<b>No</b>	Number on indicator as shown in this table. Added to aid discussion and referencing.	
<b>Definition</b>	The name of the indicator.	
<b>Ref</b>	the official reference number. 'NI' = National Indicator, 'BV' = Best Value performance indicator, LAA and LPI = Local stretch indicators within the 2006-09 Local Area Agreement	
<b>Good Perf</b>	The direction the performance needs to travel to improve	
<b>08/09 Actual</b>	Previous year's performance	
<b>Q3 Related Date</b>	The end of the date period that the quarter data relates to	
<b>Q3 Target</b>	Level of achievement the service wished to reach within the quarter (can be the same or an increment towards the year end target)	
<b>Q3 Perf</b>	Level of this year's achievement reached by the end of the quarter	
<b>On Target</b>	Has the target been achieved? ✓ = Yes, ✗ = No, n/a or '-' = no targets set so unable to assess	
<b>DOT</b>	Direction of travel of performance compared to previous quarter ↑ = better than last year or top performance, ↓ = worse than last year, → = same as last year, - / n/a = comparison can't be made	
<b>Year To Date</b>	Year To Date. Performance assessment by corporate monitoring system Performance Plus as at December 2008 ★ Green Star - Above Target or top performance, ● Amber Circle -On Target, ▲ Red triangle - Below target	
<b>Latest Comparative Data</b>	<b>Stat. Neigh.</b>	The latest average for our Statistical Neighbour group. Used by Ofsted to assess performance to be a good authority we need to have the majority inline or better than this average. The information in brackets assesses our performance against this average.
	<b>National</b>	The latest National average. Used by Ofsted to assess performance to be a good authority we need to have the majority inline or better than this average. The information in brackets assesses our performance against this average.
<b>Comments</b>	If necessary further explanation of performance is summarised here. Examples include details of external influences, seasonal trends or impact of action. This is supplied by indicator managers and approved by directors, additional notes from Performance and Data team may be added to the comments column to aid explanation.	
<b>09/10 Target</b>	The current year end targets set by indicator managers.	
<b>10/11 Target</b>		
<b>11/12 Target</b>		

**Abbreviations within the table**

NI	National Indicator	LPI	Local Performance Indicator	<b>Comparative Data Position</b>	
PI	Performance Indicator	LAC	Looked after Children	<b>(Better)</b>	Our current performance is
BV	Best Value Performance Indicator	SEN	Special Educational Needs	<b>(Inline)</b>	Our current performance is
LAA	Local Area Agreement	PAF	Performance Assessment	<b>(Worse)</b>	Our current performance is



**CYPS Performance Monitoring Table – Quarter 3 2009/10**

No	Definition	Ref	Good Perf	08/09 Actual	Q3 Related Date	Q3 Target	Q3 Perf	On Target	DOT	Year to Date	Commentary	Latest Comparative Data		09/10 Target	10/11 Target	11/12 Target
												Stat. Neigh.	National			
<b>BEING HEALTHY</b>																
1	Effectiveness of child and adolescent mental health (CAMHs) services [Simon Perry & NHS]	NI 51	HIGH	11	31 Dec 09	12	14	✓	↑	★	Score represents self assessment carried out by council and NHS against 4 set criteria. Maximum score is 16	13.3 (Better)	-	12	16	
2	Take up of school lunches	NI 52														
a	Primary	a	HIGH	40.5%	31 Dec 09	40.5%	45.8%	✓	↑	●	There has been a general increase in the take up of meals with primary meals approaching 2005 levels. Secondary meal take up has recovered in the last few months. The price freeze on school meals and all the marketing activity undertaken by the Operations Team and school based staff are having a significant impact.	48.07% (Worse)	-	40.5%	41.9%	42.3%
b	Secondary [Ron Parry - RMBC]	b	HIGH	34.2%		34.2%	37.2%	✗	↑	▲		44.75% (Worse)	-	34.2%	34.2%	34.5%
3	Prevalence of breastfeeding at 6–8 weeks from birth	NI 53														
a	Prevalence	a	HIGH	24.0%	30 Sep 09	30.0%	22.9%	✗	↓	▲	Data quality/collection has now improved. This has resulted in a more thorough data capture in quarter 2 however performance has deteriorated in terms of coverage and breastfeeding rates.	-	-	30%	32%	
b	Coverage [Anna Jones - NHS]	b	HIGH	77.0%		90.0%	75.3%	✗	↓	▲		90%	95%			
4	Obesity among primary school age children in Reception	NI 55														
	Prevalence	a	LOW	12%	31 Aug 09	10%	10% (outturn)	✓	↑	●	National Child Measurement Programme published data - See delivery plan for details	10.46% (Better)	9.6% (Worse)	10%	10	
	Coverage	b	HIGH	-		90%	94%	✓	↑	●		90%	90			
5	Obesity among primary school age children in Year 6 [NHS]	NI 56														
a	Prevalence	a	LOW	21%	31 Aug 09	18%	19% (outturn)	✗	↑	▲	National Child Measurement Programme published data - See delivery plan for details	19.83% (Better)	18.33% (Worse)	18%	18%	
b	Coverage	b	HIGH	-		86%	91%	✓	↑	★		86%	87%			

												Latest Comparative Data				
No	Definition	Ref	Good Perf	08/09 Actual	Q3 Related Date	Q3 Target	Q3 Perf	On Target	DOT	Year to Date	Commentary	Stat. Neigh.	National	09/10 Target	10/11 Target	11/12 Target
6	% schools achieving Healthy School Status in accordance with the 2005 NHSS criteria. LAA 2006-09 [Liz Galliver - RMBC]	LAA BH5	HIGH	84.5%	31 Dec 09	95.0%	96.8%	✓	↑	★	Target met and so will attract the reward grant.	-	-	95.0%	indicator deleted	-
<b>STAYING SAFE</b>																
7	Percentage of initial assessments for children's social care carried out within 7 working days of referral [Lyn Burns]	NI 59	HIGH	77.8%	31 Dec 09	80.0%	74.0%	✘	→	▲	This is an Improvement Plan PI and considerable focus is being given to driving up performance. A range of actions have been put in place to assist e.g. increased admin support, clearer targets, business process mapping, clarity of definition	71.70% yr. 2009 (Better)	72.00% (2009) (Better)	80.0%	81.0%	82.0%
8	Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement [Lyn Burns]	NI 60	HIGH	84.9%	31 Dec 09	80.0%	72.0%	✘	↑	▲	Included in Improvement Plan. Considerable action in place to improve compliance e.g. additional admin support, definition clarity, review of ICS documentation to reduce duplication, clear targets	80.50% yr. 2009 (Worse)	78.00% yr. 2009 (Worse)	80.0%	87.0%	87.5%
9	Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption [Sue May]	NI 61	HIGH	87.5%	31 Dec 09	83.0%	53.0%	✘	↑	▲	We continue to monitor timeliness of placements and current performance is improving markedly. As this indicator measures historic information measured after the event at the point of adoption current improvements will not reflect immediately on the indicator	77.79% yr. 2009 (-)	75.80% yr. 2009 (-)	83.0%	85.0%	86.0%
10	Stability of placements of looked after children: number of placements [Sue May]	NI 62	LOW	13.3%	31 Dec 09	11.0%	11.1%	✘	↓	▲	Performance is almost on target, improvements in placement choice and stability will assist in maintaining progress	10.79% yr. 2009 (Worse)	10.70% yr. 2009 (Worse)	11.0%	10.5%	10.0%

												Latest Comparative Data				
No	Definition	Ref	Good Perf	08/09 Actual	Q3 Related Date	Q3 Target	Q3 Perf	On Target	DOT	Year to Date	Commentary	Stat. Neigh.	National	09/10 Target	10/11 Target	11/12 Target
11	Child protection plans lasting 2 years or more [Annie Redmond]	NI 64	LOW	4.8%	31 Dec 09	4.5%	1.3%	✓	↑	★	Performance in this area has been maintained within projected targets	5.17% yr. 2009 (Better)	6.00% yr. 2009 (Better)	4.5%	4.0%	3.5%
12	Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time [Annie Redmond]	NI 65	LOW	10.6%	31 Dec 09	11.0%	11.3%	✘	↑	▲	Although the numbers of children / young people becoming subject to a plan for a second or subsequent time has increased, good performance in this area is described as being between 10 and 15%	11.70% yr. 2009 (Better)	13.00% yr. 2009 (Better)	11.0%	11.0%	10.5%
13	Looked After Children cases which were reviewed within required timescales [Annie Redmond]	NI 66	HIGH	85.4%	31 Dec 09	92.0%	96.5%	✓	↑	★	Improved performance has been maintained. However monitoring will need to continue as performance remains vulnerable to limited resources.	92.42% yr. 2009 (Better)	90.90% yr. 2009 (Better)	92.0%	93.0%	94.0%
14	Percentage of child protection cases which were reviewed within required timescales [Annie Redmond]	NI 67	HIGH	100.0%	31 Dec 09	100.0%	100.0%	✓	↑	★	Following the unanticipated procedural error in the 2nd quarter, performance in the area has returned to the previous excellent standard	99.8% yr. 2009 (Worse)	99.0% yr. 2009 (Better)	100%	100%	100%
15	Percentage of referrals to children's social care going on to initial assessment [Lyn Burns]	NI 68	HIGH	57.6%	31 Dec 09	65.0%	59.9%	✘	↑	▲	Target has increased to reflect Improvement Notice. Concerns about number of people making decision about whether IA to be done (up to 15) this is being considered as part fo review of configuration of fieldwork	69.10% yr. 2009 (Better)	64.00% yr. 2009 (Worse)	65.0%	57.0%	60.0%

												Latest Comparative Data				
No	Definition	Ref	Good Perf	08/09 Actual	Q3 Related Date	Q3 Target	Q3 Perf	On Target	DOT	Year to Date	Commentary	Stat. Neigh.	National	09/10 Target	10/11 Target	11/12 Target
16	Children who have run away from home/care overnight [Morri McDermott]	NI 71	HIGH	14	31 Dec 09	15	11	x	↓	▲	Assessment downgraded in two areas dropping 2 points since last quarter. This reflects discussion with partner agencies in Sheffield, Doncaster & Barnsley & is largely due to concerns from the Police who are currently unable to provide the level of detail both in depth and in timescale. We continue to meet with our regional partners & Police to look to improve in areas. We expect that in the next quarter we may be able to increase by one & work towards further improvement. We are commencing a review of the Protocol once again.	8.80 yr. 2009 (-)	8.70 yr. 2009 (-)	15	15	-
<b>ENJOYING AND ACHIEVING</b>																
17	Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy [David Light]	NI 72	HIGH	44%	31 Aug 09	46.6%	50.4% (outturn)	✓	↑	★	•There was a further increase in results of 6.2% in 2009. This is above the increase nationally by 3.2%. Rotherham was the 15th most improved LA this year. The statutory target was exceeded by 3.8%	49.9% (2009) (Better)	52.0% (2009) (Worse)	46.6%	53%	

												Latest Comparative Data				
No	Definition	Ref	Good Perf	08/09 Actual	Q3 Related Date	Q3 Target	Q3 Perf	On Target	DOT	Year to Date	Commentary	Stat. Neigh.	National	09/10 Target	10/11 Target	11/12 Target
18	Achievement at level 4 or above in both English and Maths at Key Stage 2 (Threshold) [David Light]	NI 73	HIGH	68%	31 Aug 09	78%	68% (outturn)	x	↑	▲	This indicator remained broadly static in 2009 against a national decline of 1% and a decline of 1% in the average of our statistical neighbours but remains 4% below the national average. Under performance is challenged and schools supported to address underperformance at pupil level and school level. Support to schools is detailed in the delivery plan	72.4% (2009) (Worse)	72% (2009) (Worse)	78%	79%	
19	Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths [David Light]	NI 75	HIGH	40.9%	31 Aug 09	50%	47% (outturn)	x	↑	▲	The improvement of 6.1% in 2009 was 4% above the national average increase, Improvement in the standards for both English and Mathematics A*-C contributed towards the increase in this indicator. Rotherham was the 13th most improved LA nationally.	46.25% (2009) (Better)	49.7% (2009) (Worse)	50%	54%	
20	Reduction in number of schools where fewer than 65% of pupils achieve level 4 or above in both English and Maths at KS2 [David Light]	NI 76	LOW	16	31 Aug 09		13 (outturn)		↑		The number of schools below floor targets was reduced by 3% in 2009. This is a reduction of 9% from 2006. However this is 5% above the national average. School Improvement Partners challenge under performance and schools supported to address underperformance at pupil level and school level	7.9% (2009) (Worse)	N/A	-	-	
21	Secondary schools judged as having good or outstanding standards of behaviour [Katy Edmondson]	NI 86	HIGH	69%	31 Dec 09	85%	69%	x	↓	▲	One school re-inspected after 3 year cycle has dropped from good to satisfactory decreasing the performance of this indicator.	67.67% yr. 2008 (Better)	76.10% yr. 2008 (Worse)	85%	90%	100%

												Latest Comparative Data				
No	Definition	Ref	Good Perf	08/09 Actual	Q3 Related Date	Q3 Target	Q3 Perf	On Target	DOT	Year to Date	Commentary	Stat. Neigh.	National	09/10 Target	10/11 Target	11/12 Target
22	Number of Extended Schools [Helen Shaw]	NI 88	HIGH	60%	31 Dec 09	85%	93%	✓	↑	★	93% of schools are now meeting the basic core offer for Extended Services. The TDA are due to review our target in February 2010. Depending upon the result of this our progress may move from green to amber. However there are strategies in place to support schools overcome the barriers they currently have to overcome to achieve full in delivering the core offer by September 2010.	-	-	85%	100%	100%
23	Reduction of number of schools judged as requiring special measures and improvement in time taken to come out of the category [David Light]	NI 89			31 Dec 09						There has been no school in Special measures since December 2006. This is a major area of success for the LA and schools					
a	Number	a	LOW	0		0	0	✓	↑	★		-	-	0	0	0
b	Time	b	LOW	0		0	0	✓	↑	★		-	-	0	0	0
24	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest [David Light]	NI 92	LOW	44.4%	31 Aug 09	36.7%	35.8%	✓	↑	●	The gap was significantly reduced in 2009 by 8.6%. This had reduced the gap against national from 8.8% in 2008 to 1.9% in 2009. The target was exceeded by 0.9%	34.69 (worse)	33.9 (worse)	36.7	34.9	
25	Looked after children reaching level 4 in English at Key Stage 2 [David Light]	NI 99	HIGH	41.7%	30 Sep 09	33.3%	29.4% (outturn)	✗	↓	▲	Outcomes have been adversely affected by individual changes in care circumstances.	50.6 (Worse)	46.0 (worse)	33.3	28.9	
26	Looked after children reaching level 4 in Maths at Key Stage 2 [David Light]	NI 100	HIGH	50.0%	30 Sep 09	33.3%	29.4% (outturn)	✗	↓	▲	Outcomes have been adversely affected by individual changes in care circumstances.	46.67 (worse)	44 (worse)	33.3	38.9	

No	Definition	Ref	Good Perf	08/09 Actual	Q3 Related Date	Q3 Target	Q3 Perf	On Target	DOT	Year to Date	Commentary	Latest Comparative Data					
												Stat. Neigh.	National	09/10 Target	10/11 Target	11/12 Target	
27	Looked after children achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths) [David Light]	NI 101	HIGH	90.3%	30 Sep 09	3.4%	4.2% (outturn)	✓	↓	●	Target was achieved. Although the direction of this indicator is showing as down in this year's cohort two young people achieved 5 or above GCSE A--C level with the other individual at BTEC level equivalent to 4A. (Not including English and Maths.) Also amongst this cohort 6 young people at special schools didn't take any exams. Circumstances related to Care have impacted on achievements.	-	-	3.40%	30%		
28	Special Educational Needs – statements issued within 26 weeks	NI 103															
a	Excluding exceptions	a	HIGH	100.0%	31 Dec 09	95.0%	100.00%	✓	↑	★	Indicator continues to perform above target with part a at top performance. For part b there were two statements outside the 26wk timescale (in the 2nd quarter) both were due to a change in parental preference made after the 15 day deadline. All final statements issued in this quarter were issued within timescales.	97.2% (Better)	91% (Better)	95.0%	95%	95%	
b	Including exceptions	b	HIGH	95.9%		90.0%	97.2%	✓	↑	★		94.4% (Better)	82% (Better)	90.0%	92%	94%	
<b>MAKING A POSITIVE CONTRIBUTION</b>																	
29	Rate of proven re-offending by young offenders [Paul Grimwood]	NI 19	LOW	69.0%	30 Sep 09	24.0%	16.0%	✓	↑	★	New Cohort Jan-Mar 09 Less than same period for last year 08/09 17.77 per 100 after 3 months. Note due to the reduction in First Time Entrants cohort numbers are less than the previous year and represent a population of more serious offenders. There is therefore the risk that re-offending will increase more sharply than last years performance.	67.67% yr. 2008 (Better)	76.10% yr. 2008 (Worse)	0.96	0.97	-	

												Latest Comparative Data				
No	Definition	Ref	Good Perf	08/09 Actual	Q3 Related Date	Q3 Target	Q3 Perf	On Target	DOT	Year to Date	Commentary	Stat. Neigh.	National	09/10 Target	10/11 Target	11/12 Target
30	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody [Paul Grimwood]	NI 43	LOW	9.7%	30 Sep 09	7.5%	9.5%	x	↑	▲	Custody rates have dropped for the last Quarter (Jul-Sep 09) but continue to be above the target rate. New legislation being introduced at the end of November will bring changes to the threshold of custody which may have a favourable impact.	5.49 (worse)	-	7.5%	5.0%	
31	Young offenders' engagement in suitable education, training and employment [Paul Grimwood]	NI 45	HIGH	72.6%	30 Sep 09	75.6%	70.7%	x	↑	▲	Slight improvement in what is traditionally difficult quarter as many young people leave school and seek employment.	72.48 (worse)	-	75.6%	78.0%	
32	Young offenders' access to suitable accommodation [Paul Grimwood]	NI 46	HIGH	97.6%	30 Sep 09	97.9%	98.9%	✓	↓	●	One young person was homeless when her order ended, she was still working with YOS Accommodation Officer. (July – September 2008 figures was 141/145 (97.4%))	96.28 (Better)	-	97.9%	98.0%	
33	First time entrants to the Youth Justice System aged 10 – 17 [Paul Grimwood]	NI 111	LOW		30 Sep 09						Progress against this target is an example of good partnership working. The establishment of PYPPO's and Early Intervention Teams as well as the introduction of Triage have all contributed to this outcome.					
a	Number	a		374		257	158	✓	↑	★		-	-	535	514	
b	Per 100,000 10-17 Population	b		1,406		990	594	✓	↑	★		-	-	1,980	1,900	
34	Prevalence of Chlamydia in under 24 year olds [Melanie Simmonds - NHS]	NI 113														
a	Coverage	a	HIGH	19.73%	31 Dec 09	15.67%	13.2%	x	↑	▲	Sexual Health week in December was a huge success and has resulted in a large number of young people accessing screening. A GP locally enhanced service has been created and sent out for expressions of interest. It is anticipated that this will bring greater numbers being screened within primary care.	16.19 (Worse)	-	25.0%	35.0%	-
b	Prevalence	b	LOW	0.089		N/A	-	-	-	-		-	-	-	-	-



No	Definition	Ref	Good Perf	08/09 Actual	Q3 Related Date	Q3 Target	Q3 Perf	On Target	DOT	Year to Date	Commentary	Stat. Neigh.	National	09/10 Target	10/11 Target	11/12 Target
<b>ACHIEVING ECONOMIC WELLBEING</b>																
35	16 to 18 year olds who are not in education, training or employment (NEET) [Karen Borthwick]	NI 117	LOW	6.9%	31 Dec 09	8.0%	7.9%	✓	↑	●	Significant work has been undertaken to provide a September guarantee of a learning place for all 16 and 17 year olds which has resulted in a positive trend reduction in NEET over the last three months bring the percentage in line with the annual target. NEET as of 30th November stood at 831 young people 7.9% as compared to 754 (7.0%) at the same point last year. Annual comparisons show a sharp rise in 18 year olds unemployed from 8.4% (Nov 2008) to 10.1% (Nov 2009) of the cohort is much higher than of 16 year olds (4.6^ to 5.2%) and 17 year olds (7.4% to 7.8%) over the same period.	8.56% yr. 2008 <i>(Worse)</i>	6.70% yr. 2008 <i>(Worse)</i>	8.0%	7.10%	-
36	Care leavers in suitable accommodation [Sue May]	NI 147	HIGH	94.7%	31 Dec 09	95.0%	100.0%	✓	↑	★	All Care Leavers are currently in suitable accommodation. Maintenance of this position is a priority though it is likely that on occasion a care leaver will chose to live in unsuitable accommodation and therefore 100% will not always be achievable.	89.29% yr. 2009 <i>(Better)</i>	89.60% yr. 2009 <i>(Better)</i>	95.0%	92%	-

No	Definition	Ref	Good Perf	08/09 Actual	Q3 Related Date	Q3 Target	Q3 Perf	On Target	DOT	Year to Date	Commentary	Latest Comparative Data				
												Stat. Neigh.	National	09/10 Target	10/11 Target	11/12 Target
37	Care leavers in employment, education or training [Sue May]	NI 148	HIGH	55.3%	31 Dec 09	65.0%	54.0%	x	↓	▲	This quarter the cohort increased by 2 young people, one in employment one not able to work due to mental health issues. The quarter 4 cohort is expected to increase again by 9 young people. 7 of these are currently in EET whilst 2 are not but concerted work to engage them is ongoing. By year end we will have 64% in EET at current performance but attempts ongoing to improve against this prediction. A full progress report and action plan is available if required. performance but attempts ongoing to improve against this prediction. A full progress report and action plan is available if required.	58.15% yr. 2009 (Worse)	63.00% yr. 2009 (Worse)	65.0%	70%	-

**CHILDREN AND YOUNG PEOPLE'S SERVICES SCRUTINY PANEL**  
**Friday, 5th February, 2010**

Present:- Councillor G. A. Russell (in the Chair); Councillors Burton, Dodson, Falvey, Kaye, License, Rushforth and Sims.

Also in attendance were Councillor S. Wright (Cabinet Member for Children and Young People's Services) and co-opted members Mr. M. Hall, Mr. C. A. Marvin and Mrs. J. Blanch-Nicholson.

Apologies for absence were received from The Mayor (Councillor Ali), Councillors Fenoughty, Hughes and Sharp and from co-opted members Mrs. T. Guest, Parish Councillor Mrs. P. Wade, Mr. M. Burn, Mrs. K. Muscroft and Mrs. L. Pitchley.

**108. DECLARATIONS OF INTEREST**

There were no declarations of interest made at this meeting.

**109. QUESTIONS FROM THE PRESS AND PUBLIC**

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

**110. MATTERS REFERRED FROM THE YOUTH CABINET**

The Scrutiny Panel noted that the Youth Cabinet was continuing to make good progress with its study of the Personal, Social and Health Education (PSHE) curriculum. There would be a further meeting on 16<sup>th</sup> February, 2010 at which recommendations would be made.

**111. COMMUNICATIONS**

(1) Councillor Falvey was welcomed to her first meeting of the Children and Young People's Scrutiny Panel.

(2) Scrutiny Panel Members would be invited to attend a visit to STEPS (Support Therapy Education Prevention Service) at Chatham House, Rotherham (date to be arranged).

(3) After consultation with Members, it was agreed that the frequency of meetings of this Scrutiny Panel shall remain at intervals of four weeks.

**112. EUROPEAN STRUCTURAL FUNDS (ESF) 2007 TO 2013 - 16 TO 19 NEETS RESPONSE FUND**

Consideration was given to a report presented by the European Structural Funds NEETS Response Fund Manager detailing the progress in the management and delivery of the European Structural Funds (ESF) 16-19 NEETS Response Fund to 30th November, 2009.

The report stated that although the Learning and Skills Council (LSC) had

agreed in principle to this Council's business case to access £500,000 residual ESF monies, a number of factors at the LSC led to the business case not being endorsed. This Council is required to re-issue its business case before March, 2010. The business case will focus on the priorities set out in Rotherham's 16-19 Statement of Need of mainstream funded provision, namely Apprenticeships, Foundation Learning and Learners with Learning Difficulties and Disabilities.

The Learning and Skills Council has agreed to extend the duration of Rotherham's ESF 16-19 NEETs Response Fund from 31st March, 2010 to 31st December, 2010 to align Rotherham's contract with the other three South Yorkshire contracts and recognising that the original tender, funding and targets were to be delivered over a two-year period.

Details of the fourteen commissioned projects were appended to the report submitted.

The Scrutiny Panel's discussion of this item included the following salient points:-

- the need to make best use of the £500,000 residual ESF monies;
- partnership working with the Connexions service provider (Prospects);
- the availability of apprenticeships;
- engagement with and support from prospective employers of young people;
- the arrangements for a scrutiny review of this issue.

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

(2) That, at the beginning of the 2010/2011 Municipal Year, this Scrutiny Panel shall decide upon the arrangements for a scrutiny review of the availability of apprenticeship schemes.

**113. SECONDARY SCHOOL LIFESTYLE SURVEY 2009 (BOROUGH WIDE)**

Consideration was given to a report presented by the Policy and Planning Team Manager concerning the annual Lifestyle Survey, undertaken with both Primary and Secondary school pupils, with questions covering a range of issues, such as health, how pupils feel about school, how safe they feel, how pupils feel about the area in which they live, bullying, and how often they may smoke, drink or take drugs.

The submitted report detailed the Secondary Survey 2009, which was open to all Rotherham's secondary schools. The survey was designed online by RBT. A project group consisting of representatives from Children and Young People's Services, NHS Rotherham and Healthy Schools

**3C CHILDREN AND YOUNG PEOPLE'S SERVICES SCRUTINY PANEL - 05/02/10**

organised the design and implementation of the survey. The secondary survey period commenced on 15th June, 2009 and had concluded on 24th July 2009.

Twelve schools had taken part and 2,589 pupils undertook the survey, an increase in the number of pupils compared to 2008. Individual school reports and summaries have been produced for the schools who participated in the survey. The Borough-wide report, and the relevant data tables will be made available on the intranet, and the Executive Summary will be made available on the Council website.

The Scrutiny Panel's discussion of this item included the following salient points:-

- planning and preparation of the survey and its various questions;
- consistency of questioning in successive surveys;
- involvement of the Youth Cabinet;
- the use of the standard national categories of ethnicity;
- issues of healthy eating, obesity, patterns of sleep;
- young people's involvement in the eleven millions take-over day.

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

(2) That every endeavour be made to ensure consistency of questioning in future years' lifestyle surveys.

(3) That a report be submitted to a future meeting of the Children and Young People's Scrutiny Panel about the role of School Councils.

**114. CHILDREN AND YOUNG PEOPLE'S SERVICES - IMPROVEMENT PLAN UPDATE**

Consideration was given to a report presented by the Principal Officer (Performance Management) concerning the Children and Young People's Services' Improvement Plan summary. Members noted that detailed regular monitoring takes place against a number of actions across several themes. The report had also been submitted to the Improvement Panel, chaired by the Council's Chief Executive.

Members also considered the contents of the Notice to Improve, issued during December, 2009 by the Rt. Hon. Dawn Primarolo MP, Minister of State for Children, Young People and Families. Issues identified in the Notice to Improve would also be incorporated into the Improvement Plan.

**CHILDREN AND YOUNG PEOPLE'S SERVICES SCRUTINY PANEL - 05/02/10 4C**

The Scrutiny Panel's discussion of this matter included the following salient issues:-

- the emphasis on fulfilling statutory (mandatory) functions;
- budget pressures;
- recruitment and retention of social workers;
- administrative support for social work staff;
- liaison with voluntary sector organisations (eg: providers of pre-school education for children);
- Common Assessment Framework (CAF) training
- the early intervention strategy.

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

(2) That the progress being made with the Children and Young People's Services' Improvement Plan, as now reported, be noted.

(3) That a further progress report on the Improvement Plan be submitted to a future meeting of the Children and Young People's Scrutiny Panel.

**115. MINUTES OF THE PREVIOUS MEETING OF THE CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL HELD ON 22ND JANUARY, 2010**

Resolved:- That the minutes of the previous meeting of the Children and Young People's Scrutiny Panel held on 22<sup>nd</sup> January, 2010 be approved as a correct record for signature by the Chairman.

**116. MINUTES OF MEETINGS OF THE CABINET MEMBER AND ADVISERS FOR CHILDREN AND YOUNG PEOPLE'S SERVICES HELD ON 12TH JANUARY, 2010 AND ON 20TH JANUARY, 2010**

Resolved:- That the contents of the minutes of the meetings of the Cabinet Member and Advisers for Children and Young People's Services, held on 12<sup>th</sup> January, 2010 and on 20<sup>th</sup> January, 2010, be noted.

**117. MINUTES OF MEETINGS OF THE PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE HELD ON 4TH DECEMBER, 2009 AND ON 15TH JANUARY, 2010**

Resolved:- That the contents of the minutes of the meetings of the Performance and Scrutiny Overview Committee held on 4th December, 2009 and on 15th January, 2010, be noted.

**118. EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 as amended (information relating to financial or business affairs).

**119. CHILDREN AND YOUNG PEOPLE'S SERVICES - BUDGET UPDATE**

Consideration was given to a presentation from the Strategic Director of Children and Young People's Services concerning the Council's budget for the 2010/11 financial year and beyond.

The presentation drew attention to savings and investment proposals developed having regard to:-

- : the budget gap;
- : current spend in Service areas, compared to similar local authorities;
- : Service performance, compared to similar local authorities;
- : current Service spending pressures;
- : proposals to bridge the budget gap;
- : Directorate-specific saving proposals.

Discussion took place on (i) this Council's allocation of funding for Children and Young People's Services, compared with the local authority statistical neighbours; and (ii) Section 17 funding (children in need).

It was noted that detailed budget proposals would be considered further by the Performance and Scrutiny Overview Committee at its meeting on Friday 12<sup>th</sup> February, 2010, before being submitted to the Cabinet and to full Council.

Resolved:- (1) That the budget presentation be received and its contents noted.

(2) That the Children and Young People's Scrutiny Panel supports the allocation of additional resources for Children and Young People's Services in future financial years.

1DCABINET MEMBER FOR CHILDREN AND YOUNG PEOPLE'S SERVICES -  
02/02/10

**CABINET MEMBER FOR CHILDREN AND YOUNG PEOPLE'S SERVICES**  
**Tuesday, 2nd February, 2010**

Present:- Councillor S. Wright (in the Chair); Councillors Currie and Littleboy.

Apologies for absence were received from Councillors Havenhand and Tweed.

**D118. APPOINTMENT OF LEA SCHOOL GOVERNORS**

Pursuant to Minute No. C50 of January 2000, consideration was given to nominations received to fill Local Authority vacancies on school governing bodies.

Resolved:- That, with the effective date of appointment as shown, the following appointments be made to school governing bodies, subject to satisfactory checks being undertaken:-

**New Appointments**

Maltby Redwood J & I	Mrs. Susan Shepherd	02.02.2010
Rockingham J & I	Mrs. Jenny Artell	02.02.2010
Roughwood Primary	Mr. David Tomlinson	02.02.2010
Wingfield Comprehensive	Mrs. Christine Le-Voguer	02.02.2010

**Re-appointment**

Maltby Redwood J & I	Mrs. Christine Beaumont	06.03.2010
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**CABINET MEMBER FOR CHILDREN AND YOUNG PEOPLE'S SERVICES  
Wednesday, 10th February, 2010**

Present:- Councillor S. Wright (in the Chair) and Councillor Havenhand.

Apologies for absence were received from Councillors Currie and Tweed.

**D119. MINUTES OF THE PREVIOUS MEETINGS HELD ON 20TH JANUARY,  
2010 AND ON 2ND FEBRUARY, 2010**

Resolved:- That the minutes of the meetings held on 20<sup>th</sup> January, 2010 and on 2<sup>nd</sup> February, 2010 be approved as correct records.

**D120. SCHOOL MEALS RESEARCH**

Consideration was given to a report presented by the Principal Catering Officer concerning the research, undertaken by Sheffield Hallam University, into the factors influencing the take up of school meals in Rotherham schools. The report outlined the research methodology, highlighted key issues found, the conclusions reached and proposed action that partners from Education Catering Services, Healthy Schools and the NHS Rotherham Public Health Obesity Team intend to implement to address these issues.

Members noted that Communities for Health funding was secured for this research, the basis of which included two specific questions:-

- i) What factors influence school meals take up in Rotherham?
- ii) What are the solutions that can be implemented to increase the take up?

The research had been undertaken by the Centre for Education Inclusion Research at Sheffield Hallam University between September and December 2009.

The research used a combination of pupil surveys, focus groups (pupil and staff) and interviews with parents, teachers and staff. A total of 15 schools (11 primary and 4 secondary) were involved, with a total of 979 pupils surveyed.

Attached to the submitted report was a draft action plan to address the recommendations of the research. The action plan was prepared jointly by NHS Rotherham Public Health Obesity Team, Healthy Schools and Education Catering Services.

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

(2) That there be acknowledgement of the wider implications of the report

to existing Local Area Agreement targets and priorities such as National Indicators numbers 52, 56, 57 and PSA 12.

(3) That the action plan, as now submitted, be implemented.

**D121. CHILDREN AND YOUNG PEOPLE'S SERVICES - REVENUE BUDGET MONITORING REPORT 2009/2010**

Consideration was given to a report presented by the Finance Manager providing details of expenditure, income and the net budget position for the Children and Young People's Services Directorate compared to the profiled budgets for the period ending 31st December, 2009 and the projected year end outturn position for the 2009/2010 financial year. Currently the Directorate is forecasting an overspend of £4.008m.

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

(2) That the current forecast outturn position for the Directorate based on actual costs and income to 31st December 2009 and forecast costs and income to 31st March 2010 be noted.

(3) That the work continuing to be undertaken within the Children and Young People's Services' Directorate, to mitigate the budget pressures upon the services, be acknowledged.

**D122. THE POTENTIAL IMPACT OF THE REVISED OFSTED INSPECTION FRAMEWORK 2009**

Consideration was given to a report presented by the Head of School Effectiveness stating that on 1st September, 2009, Ofsted had introduced a new Inspection Framework containing fundamental differences from the previous Framework. Several of these changes present increased challenges to schools particularly in relation to safeguarding and pupil attainment. The new Framework has received a controversial reception from schools, the professional associations and local authorities because of the perception that it is being applied unevenly across the school system to the particular disadvantage of schools serving underprivileged communities. Anecdotal evidence suggests an increase in the number of schools regionally and nationally receiving an Inadequate judgement in Autumn, 2009.

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

(2) That the implications for schools of the new Framework and its potential impact on the performance profile of the Local Authority be noted.

(3) That the impact of the revised Framework and its effect on Rotherham schools and on the Authority's support services continue to be assessed, with reports submitted to future meetings of the Cabinet Member and

Advisers for Children and Young People's Services.

**D123. EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 as amended (information relating to financial and business affairs).

**D124. SAINT BERNARD'S CATHOLIC HIGH SCHOOL - SPORTS HALL**

Consideration was given to a report presented by the Project Manager, Asset Management, describing the contract for the construction of a new stand-alone sports hall within the grounds of Saint Bernard's Catholic High School, the provision of four badminton courts, and the construction of changing facilities for users of the sports hall itself and users of the adjacent playing fields.

The report referred to the awarding of the contract to Henry Boot Construction (UK) Ltd, as part of the Rotherham Construction Partnership, to be managed under the NEC, Option A contract. Henry Boot Ltd. will contract direct with the School Governing Body, with the Borough Council acting as the Project Manager.

Resolved:- That the report be received and its contents noted.

(Councillor Havenhand declared a personal interest in the above item as the parent of a pupil at this School)

**CABINET MEMBER FOR CHILDREN AND YOUNG PEOPLE'S SERVICES  
Wednesday, 24th February, 2010**

Present:- Councillor S. Wright (in the Chair); Councillors Currie, Havenhand and Tweed.

**D125. MINUTES OF THE PREVIOUS MEETING HELD ON 10TH FEBRUARY, 2010**

Resolved:- That the minutes of the previous meeting held on 10<sup>th</sup> February, 2010 be approved as a correct record.

**D126. MINUTES OF A MEETING OF THE CHILDREN'S BOARD HELD ON 3RD FEBRUARY, 2010**

Resolved:- That the contents of the minutes of the meeting of the Children's Board held on 3<sup>rd</sup> February, 2010 be noted.

**D127. FUNDING ARRANGEMENTS FOR YOUTH OFFENDING SERVICES**

Consideration was given to a report presented by the Youth Offending Services Manager concerning the funding of Youth Offending Services. The report stated that the Youth Justice Board had not, to date, given an indication of the level of grant funding for these Services in 2010/11. Discussion took place on the implications of any reduction in this funding and the preparatory actions the Council needed to consider in response.

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

(2) That the Cabinet Member and Advisers for Children and Young People's Services be informed, in due course, of the Youth Justice Board's decision on grant funding for 2010/11.

**D128. CHILDREN AND YOUNG PEOPLE'S SERVICES - NOTICE TO IMPROVE - PROGRESS UPDATE**

Further to Minute No. D108 of the meeting of the Cabinet Member and Advisers for Children and Young People's Services held on 20th January, 2010, consideration was given to a report presented by the Strategic Director of Children and Young People's Services concerning the Children and Young People's Services' Improvement Plan summary. Members noted that detailed regular monitoring continues to take place against a number of actions across several themes. The report had also been submitted to the Improvement Panel, chaired by the Council's Chief Executive.

The report provided an overview of the progress made since the Minister of State's Notice to Improve was received and identified areas of good performance and key risks to meeting the stretching targets set for the

Council and its strategic partners.

Members were informed that:-

(i) performance against all three of the social work Initial and Core Assessment national indicators has improved since the Notice to Improve was agreed; further work is being carried out to increase performance levels;

(ii) as at Quarter 2 (2009/10), 70% of the Children and Young People's Services' related Local Area Agreement 2008-2011 targets had improved from their baseline positions when the Local Area Agreement was agreed; and

(iii) the Council is currently working with the Department for Children, Schools and Families on a plan which addresses performance across primary schools, with a particular focus on addressing the performance of schools below the floor targets.

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

(2) That the progress being made against the targets set in the Notice to Improve be welcomed.

(3) That further progress reports continue to be submitted to the Cabinet Member and Advisers for Children and Young People's Services.

**D129. CHILDREN AND YOUNG PEOPLE'S SERVICES - PERFORMANCE INDICATOR QUARTER 3 REPORT - 2009/2010**

Consideration was given to a report presented by the Performance Manager outlining the performance of the Children and Young People's Services' Directorate at the end of the third quarter 2009/10 (December 2009). The report provided analysis against targets, direction of travel against previous performance and, where possible, comparisons with the statistical neighbour local authorities and national data.

Members noted the positive direction of travel across all themes, with 66% of indicators improving or maintaining top performance since the previous report. Actions were being taken to improve those indicators currently not meeting target.

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

(2) That the Performance Report and the accompanying Assessment and performance table be received and the performance noted.

(3) That the recommendations regarding performance clinics be approved.

(4) That the report be submitted to the Children's Board.

**D130. AUDIT COMMISSION SCHOOL SURVEY 2009**

Consideration was given to a report presented by the Director of Resources, Planning and Performance, concerning the School Survey, a collaborative tool developed by the Audit Commission in partnership with Ofsted, local authorities and with Headteacher and School Governor Associations. The report stated that the survey is confidential and aims to collect information on views of the services and support provided or procured for schools, children and young people in Rotherham. The survey encompassed the whole Council, not only education services.

Included within the report and appendices were the Rotherham schools' responses to the questions in the 'core' survey, which covered six areas:-

being healthy;	making a positive contribution;
staying safe;	achieving economic wellbeing;
enjoying and achieving;	service management.

It was noted that the survey had been conducted online during a six weeks' period during the Summer term, 2009 and the overall picture for 2009 was positive compared to the previous year.

Resolved:- That the report be received and its contents noted.

**D131. EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in those paragraphs, indicated below, of Part 1 of Schedule 12A to the Local Government Act 1972 as amended.

**D132. AMALGAMATION OF MALTBY CRAGS INFANT SCHOOL AND  
MALTBY CRAGS JUNIOR SCHOOL - CONSULTATION**

Consideration was given to a report presented by the School Organisation, Planning and Development Manager concerning the Council's proposal to consult on the amalgamation of the Maltby Crags Infant School and the Maltby Crags Junior School. The report stated that the amalgamation would be achieved by the closure of the Junior School and the change of age range of the Infant School from 3 - 7 years to 3 – 11 years. The new School would have 420 places (Reception to Year 6) with a Nursery Unit of up to 78 places, which is the same as the combined number of the two existing schools and an admission number of 60 pupils. It was proposed that the amalgamation would take effect at the beginning of the 2010/2011 academic year in September, 2010.

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

(2) That consultation take place on the proposal to amalgamate the Maltby Crags Infant School and the Maltby Crags Junior School, as described and in accordance with timetable contained in the report now submitted.

(3) That a further report, detailing the outcome of the consultation process, be submitted to a future meeting of the Cabinet Member and Advisers for Children and Young People's Services.

(Exempt under Paragraph 3 of the Act – information relating to financial or business affairs)

**D133. FINANCIAL ASSISTANCE FOLLOWING THE ADOPTION OF A CHILD**

Consideration was given to a report presented by the Strategic Director of Children and Young People's Services concerning an application from a couple who are approved foster carers, for financial assistance from the Council towards the costs of looking after a child whom they have now adopted. The application was being and considered in accordance with the provisions of the Adoption Support Services (Local Authority) (England) Regulations 2003.

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

(2) That the application be approved and financial support be provided to the adopters as detailed in the report now submitted.

(Exempt under Paragraph 2 of the Act – information which is likely to reveal the identity of an individual)

**CHILDREN'S BOARD  
WEDNESDAY, 3RD FEBRUARY, 2010**

Present:- Councillor Shaun Wright (in the Chair); Dr. Russell Brynes, Andy Buck, Shafiq Hussain, Ann Lawrence, Joyce Thacker and Richard Tweed.

Julie Westwood and Deborah Johnson attended in respect of specific agenda items.

Apologies for absence were received from Alan Hazell, Martin Kimber and Janet Wheatley.

**51. MINUTES OF THE PREVIOUS MEETING OF THE CHILDREN'S BOARD HELD ON 9TH DECEMBER 2009**

The minutes of the previous meeting of the Children's Board, held on 9<sup>th</sup> December, 2009, were approved as a correct record.

**52. MATTERS ARISING**

(1) Minute No. 38 (Children and Young People's Board – Revised Terms of Reference) – further details of a submitted request for membership of the Children's Board would be reported to the next meeting on 21<sup>st</sup> April, 2010;

(2) Minute No. 45 (Government's Response to Lord Laming) – the Children's Board was informed of the imminent publication of three serious case review evaluations involving Rotherham children;

(3) Minute 50 (Date and Time of Next Meeting) – the meeting of the Children's Board, which should have taken place on Wednesday, 6<sup>th</sup> January, 2010, had been cancelled because of the heavy snowfall on that day.

**53. ISSUES AND CONCERNS**

(1) The Children's Board noted the requirement for all Primary Care Trusts to determine, by 31<sup>st</sup> March, 2010, the future organisational form of the provider arm, which included community children's services. Discussion took place on the progress of this matter within Rotherham.

(2) The Children's Board was informed of two investigations by the South Yorkshire Police, currently in progress, involving the protection of children and young people from harm.

(3) The Children's Board noted that Voluntary Action Rotherham (VAR) had recently launched a new 'single point of contact' web site giving information about the availability of various services; VAR was also organising a multi-agency joint safeguarding conference to be held during April, 2010.



**54. SAFE AND WELL PRACTICE GUIDE: INTEGRATED WORKING WITH CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL OR COMPLEX NEEDS**

Consideration was given to a report presented by the Strategic Director of Children and Young People's Services stating that the Safe and Well Practice Guidance has been revised and now combines the two previous Safe and Well documents: the protocol and the practice guidance (2006).

The report stated that from birth, all children become involved with a variety of different voluntary and statutory agencies, particularly in relation to their health, day care and educational development. A range of workers from universal services including midwives, health visitors, general practitioners, nursery staff, teachers and voluntary sector workers, all have a role in promoting their welfare. Universal services are available to all children and families and are accessed without the need for a referral. Most children and young people make progress through contact with these universal services, without requiring additional support. However, some children and young people have additional or complex needs and these are most likely to be identified by workers in universal services.

Once additional needs are identified, the worker has a responsibility to assess which level of intervention, assessment and service provision is required and to liaise with other services and agencies as appropriate, in order to improve the outcomes for them. The Safe and Well document provides support and guidance to all staff across all agencies and ensures that children in Rotherham receive transparent, timely and appropriate services.

The Children's Board suggested a number of textual amendments to the section about Every Child Matters Continuum, Levels of Need and Thresholds.

Agreed:- (1) That the report be received and its contents noted.

(2) That the proposal to amalgamate the two documents (the protocol and the practice guidance) be endorsed.

(3) That support be given to a robust dissemination programme to ensure that all agencies in Rotherham are aware of the Safe and Well protocol.

(4) That the appropriate officers ensure that a dynamic training programme is delivered to assure the Safeguarding Children Board and the Borough Council that children in Rotherham are protected from harm.

**55. RESOURCING THE CHILDREN AND YOUNG PEOPLE'S PLAN - SELF ASSESSMENT**

Further to Minute No. 42 of the meeting of the Children's Board held on

9<sup>th</sup> December, 2009, consideration was given to a report presented by the Director of Resources, Planning and Performance stating that the resourcing of the Children and Young People's Plan, across the range of partners, is now a requirement contained in the Apprenticeships, Skills and Learning Act 2009.

Appended to the report was the first draft of the self-assessment document, prepared in accordance with key criteria contained in the Audit Commission publication on this matter. This self-assessment document is a starting point for partner organisations to add their contributions and will provide a baseline from which actions can be identified and plans developed.

Agreed:- (1) That the report be received and its contents noted.

(2) That the contents of the draft self-assessment, as now submitted, be noted.

(3) That all partners agree to their organisation(s) completing the self-assessment.

(4) That the Director of Resources, Planning and Performance convene a multi-agency working group which is tasked to ensure the completion of the composite self-assessment document.

(5) That the completed, composite self-assessment document be submitted to a future meeting of the Children's Board.

#### **56. PERFORMANCE - CONSIDERATION OF THE STYLE OF PERFORMANCE REPORTS**

Consideration was given to the style of the reports about performance which are submitted to the Children's Board. Members acknowledged the wide range of issues which are subject to performance assessment, measurement and reporting.

The Children's Board agreed that:-

(i) performance reporting should be a standard item on the agenda for every meeting;

(ii) future performance reports should be in summary style, with detailed analysis continuing to utilise the red, amber and green status method and highlighting any exceptional items of under-performance;

(iii) there should be emphasis upon reporting on the key national indicators of performance.

#### **57. SMOKING IN PREGNANCY**

Consideration was given to a report presented by the Strategic Director of Children and Young People's Services concerning the Smoking in Pregnancy Joint Stakeholder Action Plan 2008 to 2010. The report stated that the aim is to reduce the number of pregnant women who smoke from 24.6% (730 smokers) in 2008 to 15% (447 smokers) or less by 2010. The intention was to integrate the regional eight high impact actions into routine health care, which will require the creation of a policy and practice environment favourable to their widespread adoption. It was acknowledged that no single intervention on its own would reduce the prevalence of smoking in pregnancy. Details of the various actions being taken to address smoking in pregnancy were contained in the action plan appended to the report submitted.

Agreed:- That the report be received and its contents noted.

**58. CHILDREN AND YOUNG PEOPLE'S SERVICES IMPROVEMENT PLAN UPDATE**

Consideration was given to a report presented by the Strategic Director of Children and Young People's Services concerning the Children and Young People's Services' Improvement Plan summary. The Children's Board noted that detailed regular monitoring takes place against a number of actions across several themes. The report had also been submitted to the Improvement Panel, chaired by the Council's Chief Executive.

Members also considered the contents of the Notice to Improve, issued during December, 2009 by the Rt. Hon. Dawn Primarolo MP, Minister of State for Children, Young People and Families. Issues identified in the Notice to Improve were being incorporated into the Improvement Plan.

Agreed:- (1) That the report be received and its contents noted.

(2) That the progress being made with the Children and Young People's Services' Improvement Plan, as now reported, be noted.

(3) That summary progress reports on the Improvement Plan, highlighting exceptional items, continue to be submitted to meetings of the Children's Board, for monitoring.

**59. GOVERNMENT'S RESPONSE TO LORD LAMING: THE NEXT STEPS**

Consideration was given to a report presented by the Strategic Director of Children and Young People's Services on the implications of the findings of the Lord Laming report about the protection of children from harm. The multi-agency action plan, which was appended to the submitted report, had been given a 'RAG Status' (Red, Amber, Green) based on a further assessment of Rotherham's continuing position. It was noted that the Safeguarding Children Board had made suggestions as to which group or agency should take forward the remaining issues.

Agreed:- (1) That the report and action plan be received and their contents noted.

(2) That the multi-agency plan be endorsed and partner agencies be supported with their self-assessment of compliance with Section 11 of the Children Act 2004.

(3) That the proposal that the Safeguarding Children Board, via the Practice Standards Sub-Group, shall quality assure all Section 11 self assessment processes be supported.

**60. SECONDARY SCHOOL LIFESTYLE SURVEY, 2009 (BOROUGHWIDE)**

Consideration was given to a report presented by the Strategic Director of Children and Young People's Services concerning the annual Lifestyle Survey, undertaken with both Primary and Secondary school pupils, with questions covering a range of issues, such as health, how pupils feel about school, how safe they feel, how pupils feel about the area in which they live, bullying, and how often they may smoke, drink or take drugs.

The submitted report detailed the Secondary Survey 2009, which was open to all Rotherham's secondary schools. The survey was designed online by RBT. A project group consisting of representatives from Children and Young People's Services, NHS Rotherham and Healthy Schools organised the design and implementation of the survey. The secondary survey period commenced on 15th June, 2009 and concluded on 24th July 2009.

Twelve schools had taken part and 2,589 pupils undertook the survey, an increase in the number of pupils compared to 2008. Individual school reports and summaries have been produced for the schools who participated in the survey. The Borough-wide report, and the relevant data tables will be made available on the intranet, and the Executive Summary will be made available on the Council website.

Agreed:- That the report be received and the contents of the Secondary School Lifestyle Survey 2009 noted.

**61. MINUTES OF THE SAFEGUARDING BOARD HELD ON 4TH DECEMBER 2009**

Key issues and concerns from the minutes of the meeting of the Rotherham Safeguarding Children Board, held on 4<sup>th</sup> December, 2009, were discussed.

**62. DATE AND TIME OF NEXT MEETING**

Agreed:- (1) That the next meeting of the Children's Board be held at Bailey House on Wednesday, 21<sup>st</sup> April, 2010, commencing at 5.00 p.m.

(2) That future meetings of the Children's Board take place as follows:-

16<sup>th</sup> June, 2010

8<sup>th</sup> September, 2010

15<sup>th</sup> December, 2010

9<sup>th</sup> March, 2011

8<sup>th</sup> June, 2011

**PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE**  
**29th January, 2010**

Present:- Councillor Whelbourn (in the Chair); Councillors Austen, Barron, Boyes, J. Hamilton, Jack, McNeely, G. A. Russell and Swift.

An apology for absence was received from Councillor P. A. Russell.

**128.       DECLARATIONS OF INTEREST**

There were no declarations of interest made at this meeting.

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

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

**130.       ICT STRATEGY IMPLEMENTATION UPDATE**

Further to Minute No. C170(2) of the meeting of Cabinet held on 20th January, 2010, Mark Gannon, Transformation and Strategic Partnerships Manager, presented the submitted report detailing how, in September, 2008, the Council updated its ICT Strategy to cover the period 2008-2011. The report set out the progress currently being made against the implementation plan.

Also included was a RAG (red, amber and green) status against each action and a commentary outlining progress to date. Ongoing progress against the implementation plan was monitored through the e-Government Board and reported to the Strategic Leadership Team, Cabinet and Performance and Scrutiny Overview Committee as appropriate.

The Capital Programme to support the ICT Strategy was approved by Cabinet at the same time as the Strategy in June, 2008. The total approved budget to support the ICT Strategy over the period 2006-2011 was £18,717,631. At the mid-point of the 2008 to 2011 Strategy it was estimated that there would be a net underspend of £21,754 by 31st March, 2011.

Delivery of the ICT Strategy was a critical element in ensuring the Council transformed its services for the benefit of customers, businesses, Members and staff in order to improve information management, business continuity and the customer experience.

Discussion and a question and answer session ensued and the following issues were covered:-

- how aspirations were evidenced
- Electronic Social Care Records (ESCR) and mobile social work :

social workers use of technology

- integrated services and the rolling out of the ability to mobile work : potential scrutiny review
- SWIFT
- teething issues regarding the website redesign including :
  - presentation
  - new navigation
  - ensuring the complaint form was in plain English
  - alphabetical search system top be more intuitive
  - suggestion regarding on-line electoral registration form
  - lack of response to feedback
  - postcode search not working for the Aston area
- customer panel
- customer profiling and availability of the Acorn online application
- development of SMS (text messaging) platform
- customer/joint service centres ICT
- use of mystery shoppers
- computers for Members in libraries
- reliability of VOIP
- 'Modern Member' eLearning package
- PDR's and reluctance/lack of confidence to use new technologies

Resolved:- (1) That the progress on implementation of the ICT Strategy be noted.

(2) That the Chairs of the Adult Services and Health and Children and Young People's Services Scrutiny Panels liaise with scrutiny officers regarding a potential joint review into the use of technology.

### 131. LEGISLATIVE PROGRAMME 2009/10

Cath Saltis, Head of Scrutiny, presented the submitted report detailing how the Government's legislative programme for the 2009/10 parliamentary session was announced as part of the Queen's Speech on the State Opening of Parliament on Wednesday, 18th November, 2009.

The report gave an overview of the proposed legislative measures that would impact on, or were relevant to, the Council.

Bills that had a direct relevance to the Council were summarised as part of the report and included:-

- Child Poverty Bill.
- Children, Schools and Families Bill.
- Equality Bill.
- Flood and Water Management Bill.
- Personal Care at Home Bill.

It was not possible at this stage to identify what resource implications may arise for the Council should the provisions of the legislative process come into effect.

The proposals that would have the most significant revenue financial implications were those set out in the Personal Care at Home Bill. These would affect both the Council's Adult Social Care budgets and the relationship with partner organisations involved in health and social care. Concerns had been raised by the Local Government Association and others following the publication on the Green Paper "Shaping the Future of Care Together". The debate on this was continuing and was likely to be taken forward with the promise of a White Paper to be published in the near future.

There could be no certainty that all Bills in the 2009/10 session would be enacted. Those Bills that had not been enacted when Parliament was dissolved for the general election would fall.

Discussion and a question and answer session ensued and the following issues were covered:-

- Flood and Water Management Bill
- Personal Care at Home Bill and Equality Bill now in the House of Lords
- implications for the Council, scrutiny and the scrutiny work programme
- potential for scrutiny panel reviews
- cross cutting nature of the issues and need for this Committee to retain a strategic overview.

Resolved:- (1) That the proposed legislative measures that would impact on, or be relevant to, the Council be noted.

(2) That further reports on specific legislative measures be submitted as



appropriate.

(3) That the draft report on the Equality Bill be submitted to the next meeting of the Democratic Renewal Scrutiny Panel.

(4) That the potential for scrutiny reviews be considered as issues emerge from the legislative programme.

**132. COOPTION ONTO SCRUTINY PANELS**

Caroline Webb, Senior Scrutiny Adviser, presented the submitted report relating to scrutiny panel co-option arrangements.

The report covered:-

- background to the current co-option arrangements
- term of office
- legislative changes and developing partnership arrangements
- development of a co-optee role description and simple application form to express interest in becoming a co-optee
- full list of current co-optee organisations

Discussion and a question and answer session ensued and the following issues were covered:-

- current arrangements panel by panel
- need to provide/consider attendance details and involvement levels of anyone seeking re-election
- encouraging use of the website to see what co-optee representatives are involved in
- statutory co-optees
- partnership co-optees
- establishment of a 'talent pool'
- numbers of co-optees on scrutiny panels

Resolved:- (1) That the principle of recruiting co-optees onto scrutiny panels for 2010-2012 be approved.

(2) That the existing co-option arrangements be continued ensuring

flexibility to take on new initiatives.

(3) That an article be placed in Rotherham News publicising the role of scrutiny panels and co-optees, a press release and the website also be utilised. In addition, presentations should be given to each area assembly or co-ordinating group.

(4) That additional expressions of interest be sought from community groups and individuals for recruitment onto individual scrutiny panels or as part of future reviews.

(5) That a working group, comprising the five scrutiny panel chairs (or vice-chairs as substitutes), be established to consider the nominations for co-option and make recommendations to this Committee prior to the start of the 2010/11 municipal year.

### **133. MINUTES**

Resolved:- That the minutes of the meeting held on 15th January, 2010 be approved as a correct record for signature by the Chairman.

### **134. WORK IN PROGRESS**

Members of the Committee reported as follows:-

(a) Councillor McNeely reported that yesterday's meeting of the Sustainable Communities Scrutiny Panel received a presentation on climate change and how the council co-ordinated activity. A half day scrutiny review was to take place on climate change and include air quality management areas.

(b) Councillor Austen reported that yesterday's meeting of the Democratic Renewal Scrutiny Panel had:-

- received a presentation on alcohol and substance abuse
- considered a paper on the vision of neighbourhood management
- received volunteers for the scrutiny review of perception

(c) Councillor Jack reported that last week's meeting of the Adult Services and Health Scrutiny Panel had received a presentation on dementia.

There were concerns about delays in completing the breastfeeding review. It was hoped that the diabetes review would begin shortly.

(d) Councillor G. A. Russell reported that last week's meeting of the Children and Young People's Services Scrutiny Panel had considered the Rotherham Parenting Strategy

(e) Councillor Boyes highlighted Police Authority issues relating to:-

- priorities, use of the budget and governance arrangements
- Police establishment, recruitment level and budget savings
- 101 number pilot scheme and the totally inadequate one day consultation response timeframe for continued provision of the facility albeit not as trialled in Sheffield

The importance of the overview and scrutiny role was emphasised. It was noted that, whilst overview and scrutiny committees could deal with crime and disorder, discussions were still ongoing as to who would hold police authorities to account.

Resolved:- That Chief Superintendent Richard Tweed be invited to a future meeting of this Committee.

**135. CALL-IN ISSUES**

There were no formal call in requests.