

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

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

**Date: Friday, 10 December 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
8. Teenage Pregnancy Strategy - Annual Report 2009 (report attached) (Pages 1 - 15)
9. Scrutiny Review - Personal, Social, Health and Economic Education (PSHE) (report attached) (Pages 16 - 30)
10. Prevention and Early Intervention Strategy and Parenting Support - Update (report attached) (Pages 31 - 42)
11. Child Poverty Needs Assessment and Strategy (report attached) (Pages 43 - 95)
12. Minutes of a meeting of the Children and Young People's Scrutiny Panel held on 19th November, 2010 (copy attached) (Pages 96 - 102)

13. Minutes of a meeting of the Children and Young People's Trust Board held on 17th November, 2010 (Pages 103 - 111)
14. Minutes of a meeting of the Cabinet Member and Advisers for Safeguarding and Developing Learning Opportunities For Children held on 1st December 2010 (Pages 112 - 113)
15. Minutes of a meeting of the Performance and Scrutiny Overview Committee held on 12th November, 2010 (Pages 114 - 121)

**\*Please note that copies of the above minutes are not attached to the printed document pack. The complete document pack can be viewed on the Council's Website by following the link below:-**

The Council's Website is:- [www.rotherham.gov.uk](http://www.rotherham.gov.uk)

From the Website:-

- Click on Find information
- Click on Council and Democracy
- Click on Local Democracy link
- Click on Agendas, reports and minutes
- At the page - Browse Committees – choose the relevant Year (i.e. 2010) and select the Committee (eg: Children and Young People's Scrutiny Panel) from the listed pages – select date of meeting

The agenda, reports and minutes pack should then be available to view.

**Date of Next Meeting:-  
Friday, 21 January 2011**

**Membership:-**

Chairman – Councillor G. A. Russell

Vice-Chairman – Councillor License

Councillors:- Ali, Buckley, Dodson, Donaldson, Falvey, Fenoughty, Kaye, Rushforth, Sharp and Sims

**Co-optees:-**

Mrs. J. Blanch-Nicholson, Mr. M. Burn, Ms. T. Guest, Father A. Hayne, Mr. T. Marvin,  
Mrs. K. Muscroft, Mrs. L. Pitchley, Dr. S. Warren and Parish Councillor N. Tranmer

<b>REPORT TO CHILDREN AND YOUNG PEOPLE'S BOARD</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 15<sup>th</sup> December 2010</b>
<b>3.</b>	<b>Title:</b>	<b>Teenage Pregnancy Strategy Annual Report 2009</b>
<b>4.</b>	<b>Directorate:</b>	<b>Children and Young People's Services</b>

**5. Summary:**

The National Teenage Pregnancy Strategy (1999) established the requirement on Local Authorities to reduce the under-18 conception rate by 50% by 2010, from the 1998 baseline of 56.4 (under 18 conceptions per 1000 girls aged 15-17). Whilst the overall trajectory for Rotherham is downward, 2008 saw a slight increase and progress against the target is unlikely to be sufficient to achieve the 2010 target. The under-18 conception rate target is a Local Area Agreement top 35 indicator and included within the Yorkshire and Humber Strategic Health Authority Vital Signs performance measures. These targets require a 39% reduction for 2009/10 and a 50% reduction in 2010/11. The official final year data for 2009 will be published in February 2011.

The current priorities of the strategy are:

- Targeted interventions with high risk young people
- Increasing the role of parents in improving outcomes for young people particularly around talking to them about sex and relationships.
- A more systematic approach to comprehensive contraceptive provision.

**6. Recommendations:**

**To note the progress of the Teenage Pregnancy Strategy during 2009 as identified in the annual report.**

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

The Strategy Refresh, which took place in October 2008 came into effect during 2009. The 2009 annual report highlights the impact of the refresh and provides an overview and analysis of the Strategy interventions.

The interventions within the annual report are based upon models of good practice and aim to prevent the negative outcomes for young parents and their children by reducing early conceptions and providing support for teen families. The work aims to address the social risk factors of teenage pregnancy, which contributes to work around wider social issues such as safeguarding, deprivation, child poverty and educational attainment.

The annual report identifies the successes from 2009 and areas which can be developed further. These include:

### Successes

- Early indications of a steep decline in under-18 conception rates.
- Increased attendance at youth clinics and the Contraception and Sexual Health Service.
- 95% uptake of contraception post termination within the RFT Pregnancy Advisory Service.
- Increased uptake of Long Acting Reversible Contraception.
- 'Pep Talks' is well received and valued by female pupils as part of Sex and Relationships Education.
- The Maltby Linx Young Women's Project was a national finalist for the Health and Social Care awards for success in partnership working.
- The launch of 'The S-Word, we need to talk about sex' with regional recognition as a model of good practice.
- The production and dissemination of two 'InControl' magazines.
- The introduction of Rotherham's sexual health week.

### Areas for development

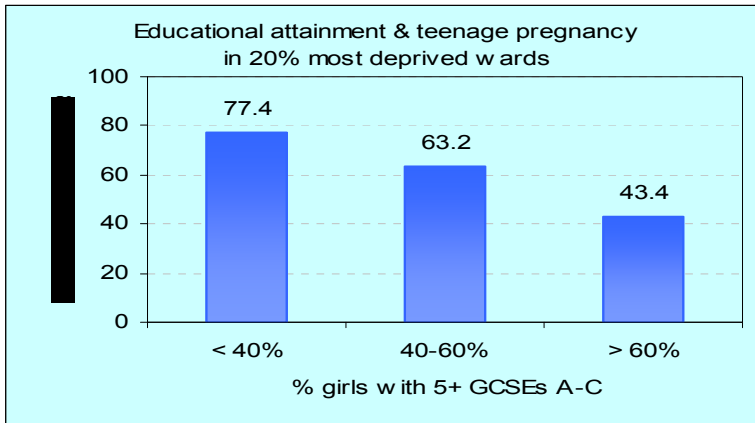
- Increase uptake of LARC further, including transferring pill users to LARC as a more effective contraception.
- Develop a one day training session covering all key elements of sexual health.
- Increase the percentage of people operating the Hardware scheme that have accessed the training.
- Consideration to be given to poorly attended youth clinics.
- Increase the number of pharmacists providing 'help72,' the free emergency contraception scheme in order to increase coverage and availability throughout the Borough.
- Long term sustainability and development of targeted prevention projects.

### Other points of interest

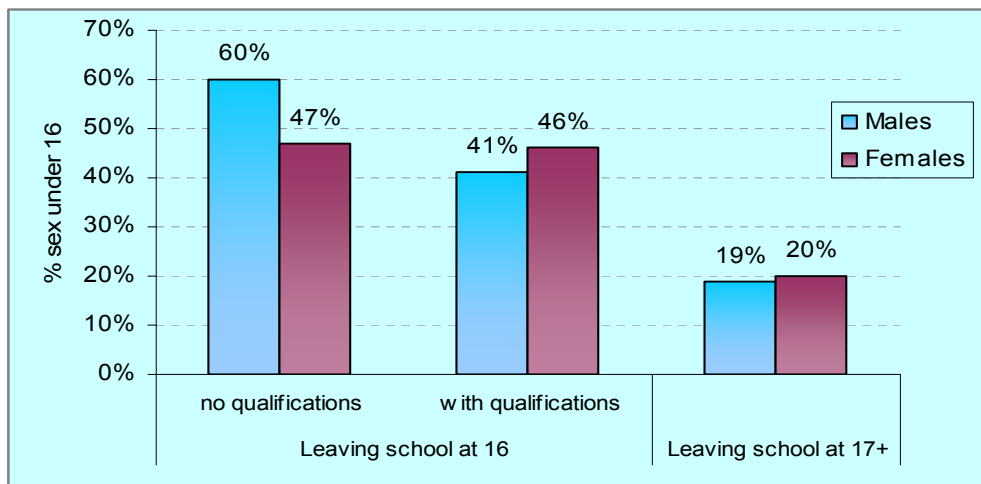
The national Sexual Health Balance Scorecard provided the statistical neighbour comparable data, which uses 2008 data in some cases. Therefore, our 2009 position may be slightly different. With this, the 2009 Office for National Statistics terminations data indicates that Rotherham has the fourth lowest rate for

terminations amongst under-18s in the Yorkshire and Humber region and is the best performing against the statistical neighbours quoted in the report.

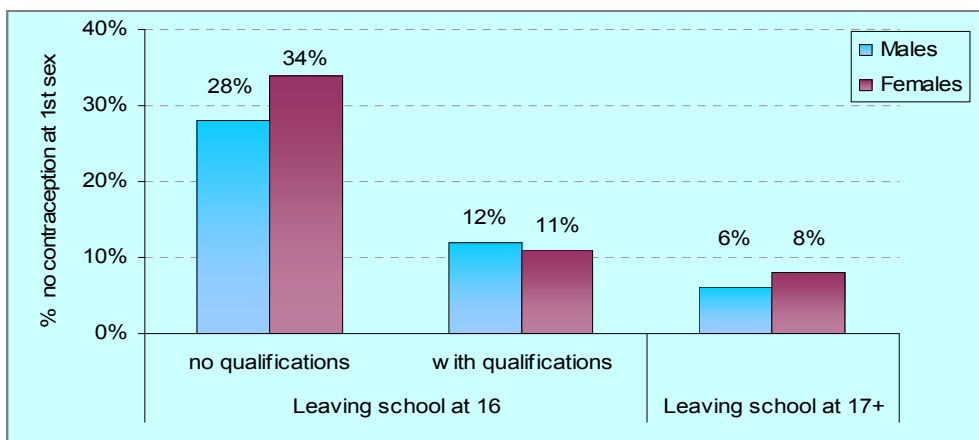
It is positive to identify Rotherham as having the 2<sup>nd</sup> highest number of 16-19 year olds in Education, employment or training as well as the 2<sup>nd</sup> highest percentage of A-C grade GCSEs gained in 2008. The 2009 figures will be compared in next year's annual report. Nationally, engagement in education, employment or training is closely associated with the prevention of early sexual activity and under-18 conceptions.



Source: Teenage Pregnancy Unit, 2006



Source: ONS & DCSF



Data Source: NATSAL 2000

**8. Finance:**

See the 2009 funding summary within the body of the Annual Report.

**9. Risks and Uncertainties:**

The entirety of the Teenage Pregnancy strategy is at risk due to financial constraints and changing priorities under the new Coalition Government.

The Teenage Pregnancy element of the Area Base Grant is not ring fenced nor guaranteed after 2010/11 and is at risk of cuts due to the national cuts being made to Area Base Grants.

The Strategic Health Authority funding is only temporary until 2010/11. There are 2 WTE fixed term Sexual Health Enrichment Officer posts funded by this which are due to come to an end in December 2011 in Thomas Rotherham College and Dearne Valley College if it is not possible to mainstream the roles. Work is already underway with RCAT to ensure the work of the role is not lost.

The Implanon Locally Enhanced Service is non-recurrent after 2010/11 and the allocated funding may not be sufficient to cover the costs for the year.

The Teenage Pregnancy Strategy Co-ordinator and Support Officer posts are fixed term and due to end as of 31<sup>st</sup> March 2011.

**10. Policy and Performance Implications**

The annual report highlights the strengths and weaknesses of the Strategy, which has allowed actions to be put in place to build on good practice and make further improvements.

**11. Background Papers and Consultation:**

Teenage Pregnancy Next Steps  
Teenage Pregnancy: Accelerating the Strategy to 2010  
Social Exclusion Unit Teenage Pregnancy Report  
Rotherham Teenage Pregnancy Strategy and action plan

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It has been an excellent year where a lot of advances have been made. This year's successes are due to a wide range of professionals working together and recognising the importance of the 'deeper underlying causes' of teenage pregnancy such as poverty, exclusion and poor educational attainment.

In February, the final 2008 figures were released which, were disappointing and saw an increase on the 2007 figure resulting in a reduction of only 1.4% up to 2008 from the 1998 baseline. However, although it is not possible to give the final official 2009 figures until next year, the rate for quarter 1 has been released and shows a reduction of 15.2% since the baseline. Quarter 1 saw a total of 59 conceptions of which 33 resulted in termination. The annual number of terminations has reduced by 33% from 2008 with only 87 terminations to under-18 year olds. This is the third lowest in the region, although most areas have seen a decline. Using local data we estimate to be very close to achieving the 2009 Local Area Agreement target of a 39% reduction and it is hoped that the quarterly released Office for National Statistics data will continue to reflect this.

During the year, the Borough wide partnership approach has resulted in a number of key pieces of work which have had a positive influence on progress. These include;

- The opening of 4 additional youth clinics.
- Redesign of Youth Clinics allowing 10 out of the 12 to offer long acting methods of contraception.
- The introduction of an incentive scheme for GP's providing contraceptive implants to under 19's.
- 95% uptake of contraception post termination within the Pregnancy Advisory Service.
- Allocation of funding from the Strategic Health Authority.
- The first Sexual Health Enrichment Officer employed within RCAT college to provide sex education, advice, support, free condoms and Chlamydia screening.
- The creation of 'The S-word, we need to talk about sex' campaign and website which is held as a model of good practice by the regional Government Office. The quarter following the campaign launch saw an increase in youth clinic attendance of over 100% on the previous quarter and also saw the highest uptake of LARC methods for the year.

- The launch of InControl magazine focussing on different topical sexual health issues.
- The first Rotherham Sexual Health Week took place in December and was a great success in raising awareness of safe sex. Sheffield are hoping to come on board for a cross border Sexual Health Week in 2010.
- The Maltby Linx Young Women's Project, a targeted prevention project was awarded the regional Health and Social Care Award for Success in Partnership working and was one of the three national finalists. The project model was rolled out to Rotherham North and Wentworth South.

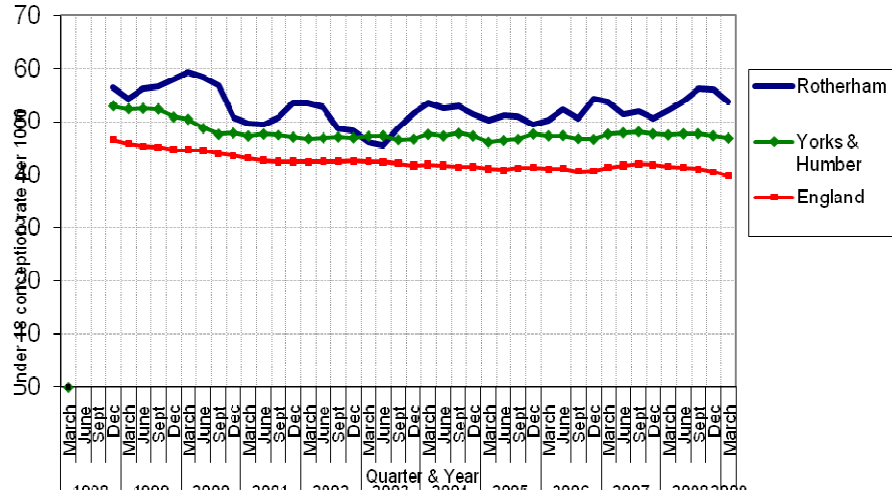
There has been slow progress with the help72 free Emergency Hormonal Contraception Scheme which was implemented in December 2008 and numbers are now beginning to rise steadily as the scheme becomes more established. There have been some small steps forward with the school nursing service however there is still work to be done to ensure that all young people are aware of the support offered by their school nurse and the service provided is equitable throughout the Borough.

There were also a number of environmental and social factors that should be considered for this year. These include:

- the economic downturn
- Shrinking labour market
- Staff changes and a 50% reduction of the teenage pregnancy/sexual health team.

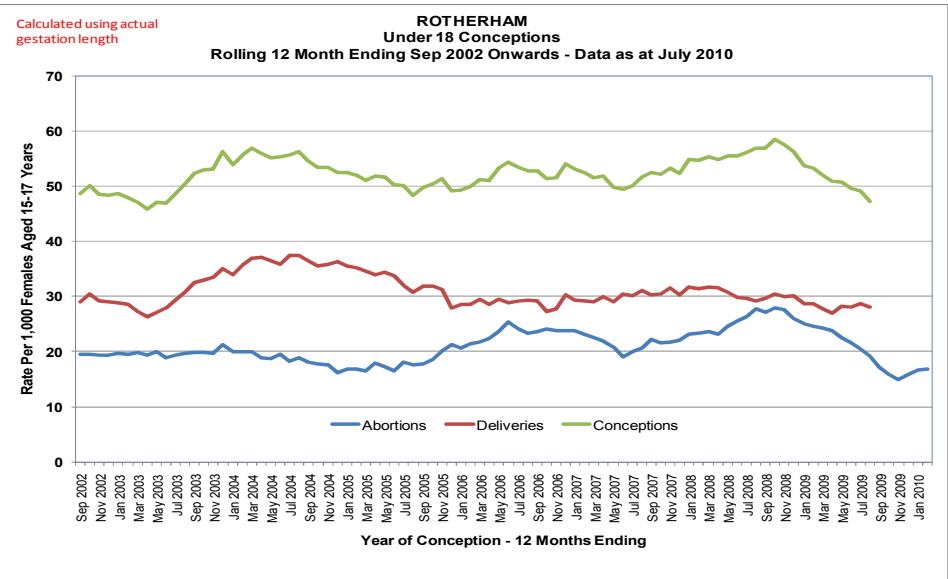
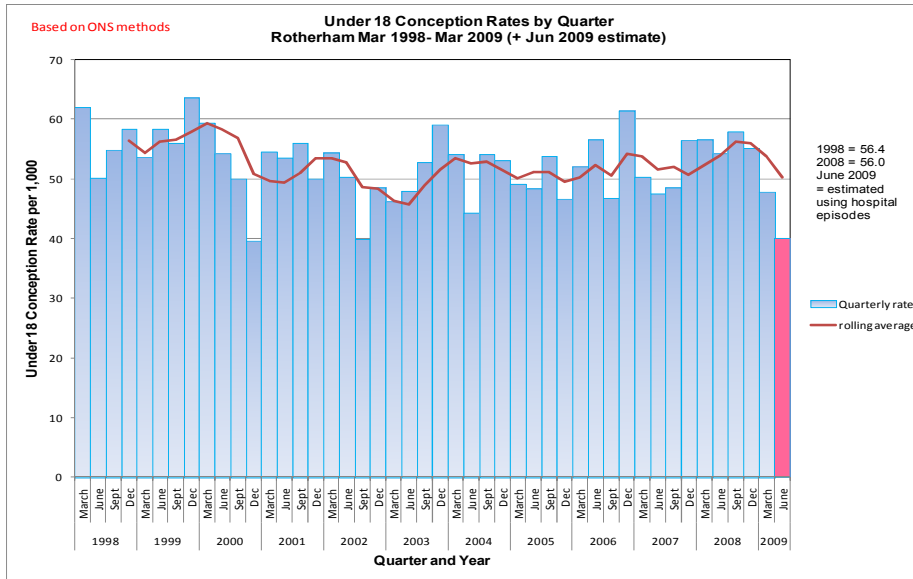
This year has been a turning point for the Teenage Pregnancy Strategy and it is essential that this strong focus is maintained not only to reduce under-18 conceptions, but to reduce child poverty, those 'Not in Education, Employment or Training', infant mortality, exploitation of young people, safeguarding of children and young people as well as many wider health and social issues.

Office for National Statistics Data up to Quarter 1, 2009



	Mar	Jun	Sept	Dec	Mar	Jun	Sept	Dec	Mar
<b>Rotherham</b>	1998	1998	1998	1998	2008	2008	2008	2008	2009
Rolling quarterly average				56.4	52.3	54	56.2	56.1	53.8
Quarterly rate	62.1	50.1	54.9	58.4	56.5	54.3	57.7	55.8	47.8
No. of conceptions	73	59	65	69	72	69	74	70	59
<b>Yorks &amp; Humber</b>									
Rolling average:				53	47.5	47.7	47.7	47.6	46.9
<b>England</b>									
Rolling average:				46.6	41.6	41.3	41.1	40.7	39.8

Up to the end of Quarter 1, 2009 data supplied by the Office for National Statistics represents a 15.2% reduction for Rotherham from the 1998 baseline.



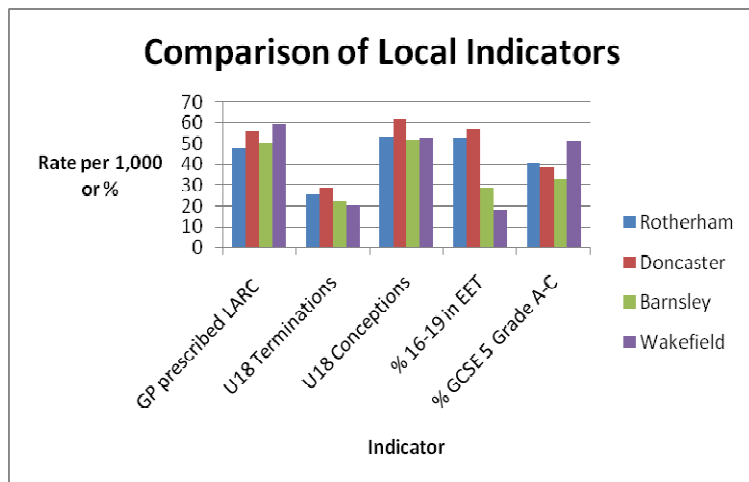
Nationally at the end of 2008, the rate was 40.4 per 1,000, representing a percentage reduction of 13.3% from the 1998 baseline.

It has been estimated that up to May 2009 there has been reduction of 17.6% (a rate of 46.7 per 1,000 15-17 year old girls).



## Comparison of Local Indicators

- Under 18 conceptions (2008 – per 1,000 15-17 yr old females)
- Under 18 terminations (2008 – per 1,000 females)
- GP prescribed Long Acting Reversible Contraception
- % of 16-19 yr old mothers in EET (known to Connexions)
- % GCSE achievement 5 A-C grades including English and Maths for teen parents (2007-08)



## LARC

Service	LARCS				All Contraceptives				% of all Contraceptives			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CASH 18+		354	401	401		1205	1264	1396		29%	32%	29%
Cash -18		92	110	119		536	691	772		17%	16%	15%
GP Prescribing 18+		1782	1835	1721		13419	11708	12792		13%	16%	13%
TOPS 18+		34	55	5		98	118	11		35%	47%	45%
TOPS -18		2	9	54		7	10	105		29%	90%	51%
Total		2264	2410	2300		15265	13791	15076		Mean: 25%	Mean: 40%	Mean: 31%

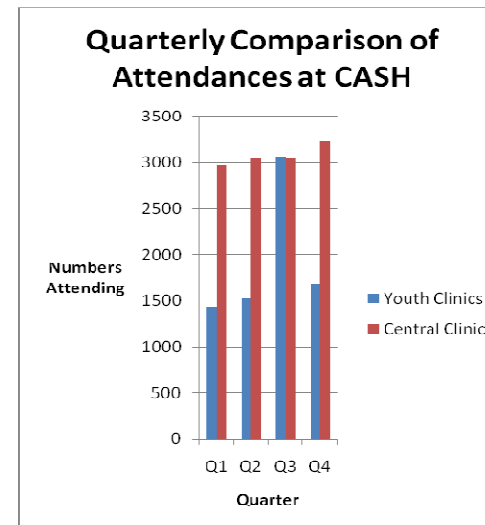
\*Q1 information not available

## CASH

£10,000

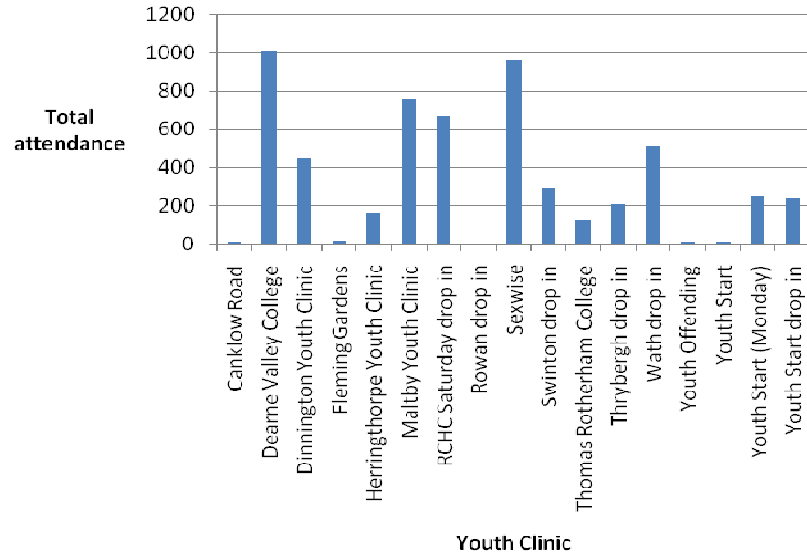
### Aims

- To contribute to the reduction of teenage pregnancies in Rotherham.
- To increase the uptake of LARC in Rotherham, in particular amongst 13-18 year olds.
- To contribute to the reduction of STI's amongst under 25 year olds in Rotherham.

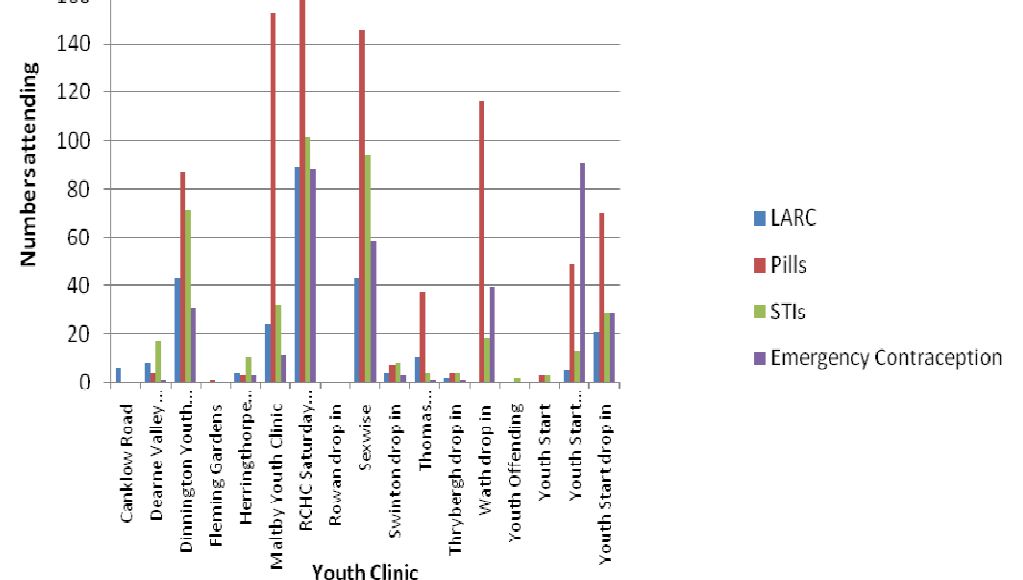


Over 20,000 young people attended Central Clinic and Youth Clinics during 2009/10.

### Annual Attendance to Youth Clinics



### Reasons for Youth Clinic Attendance



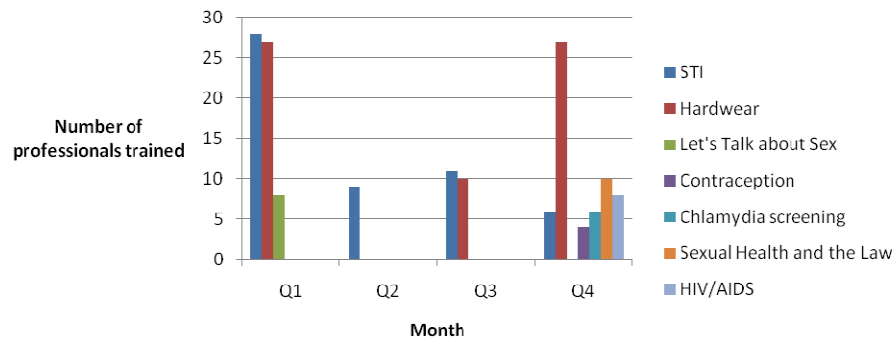
### Training Programme and Progress

We have delivered a variety of training sessions to professionals across Rotherham including school nurses, GP's, youth workers and Health Care Assistants. Feedback suggests we are delivering good quality, informative and relevant training in Sexual Health. The vision for the future involves coordination of a mandatory sexual health training programme by CASH to a wider reach of professionals working with young people.

### Hardware

This is by far the most widely delivered Sexual Health Training and a total of 600 professionals have trained. Of which, 59% are currently operating the scheme in venues across Rotherham. We aim to increase the percentage of people operating the scheme and undertake a review of all those trained. Between April 09 and March 10 the Hardware website had 1,778 visits. This website provides information for parents, professionals and young people. It is anticipated that CASH will run the scheme in the future.

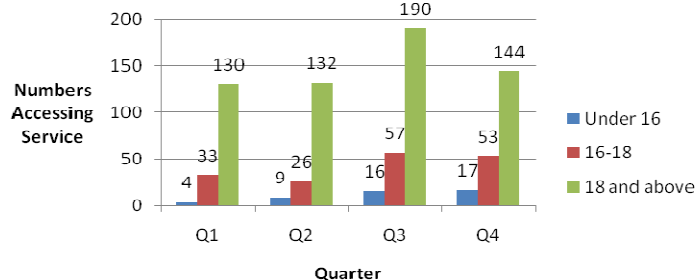
### Sexual Health Training Overview 2009/10



### Help 72

A large advertising campaign was publicised by Hallam FM to re-launch Help 72. The adverts featured on billboards and at bus stops across Rotherham's main routes as well as targeting high teenage pregnancy rate areas. As the scheme is relatively new, we foresee usage to increase over time as it becomes more established and embedded.

## A Quarterly Comparison of Help 72 Access



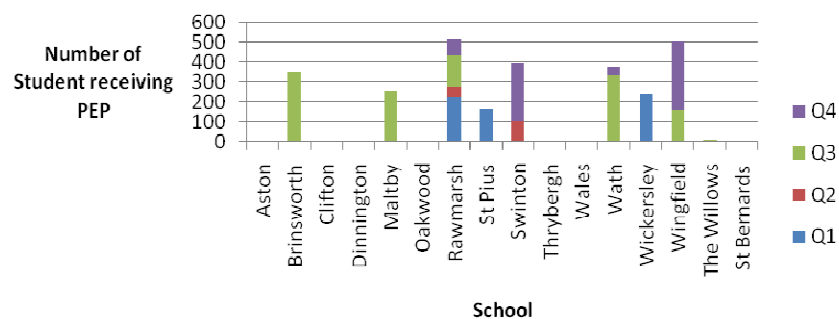
### Healthy Schools

SRE £15,500

#### Aims

- To contribute to the reduction of teenage pregnancies in Rotherham.
- To contribute to the reduction of STI's amongst under 25 year olds in Rotherham.

## Quarterly comparison of PEP Talks by School



Peer Education Project (PEP) Talks were delivered to 2,808 pupils in over 72 sessions in 10 secondary schools. Pep Talks involves a team of young mums delivering peer education sessions about the realities and difficulties of being a teen parent.

The Healthy Schools team achieved 97% against their stretch target of 95% of Rotherham Schools achieving Healthy School status, which included ensuring their Sex and Relationship Education (SRE) as part of PSHE, was in line with the standards.

During the financial year 1st April 2009 to 31st March 2010:

There were 14 launch events for the new electronic Rollercoaster primary school SRE resource. Rollercoaster was designed by the Rotherham Healthy Schools team and all Rotherham Primary Schools received a free copy. This resource is now available and used in other Local Authorities.

As part of Sex and Relationships Education, the Healthy Schools team organized for 18 primary schools to receive a piece of 'Theatre in Education' called 'My Mate Fancies You.' This evaluated well and a number of primary schools have opted to fund this independently in the future.

SRE school support took place including training and Parents' Evenings in 4 primary schools and 6 secondary schools as requested. In addition, one full day course on SRE was held for secondary schools and one for primary schools. The PSHE Continued Professional Development one year course was also supported by the Healthy Schools team and had 22 participants.

Teenage Pregnancy re-integration Officer (TPRO)

The TPRO supports schools and young women when pregnancy occurs whilst a girl is still in compulsory education. In 2009, 20 girls were referred to the TPRO, of which, 15 went on to attend the Rowan Centre, a special education unit for school aged mums and 5 were supported to remain in mainstream schools.

Teenage Parents Project (ceased at the end of March 2010)

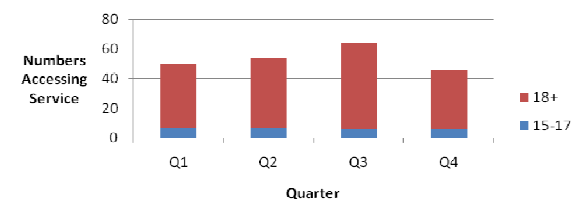
£20,000

#### Aim

- To increase the number of teen parents in Education or training through information, advice and support to access education, training, childcare and related financial benefits.

The aim of the project was to support teenage parents in accessing care to learn funding to enable them to fund childcare on their return to education or training.

## Quarterly Comparison of Access to Education and Training



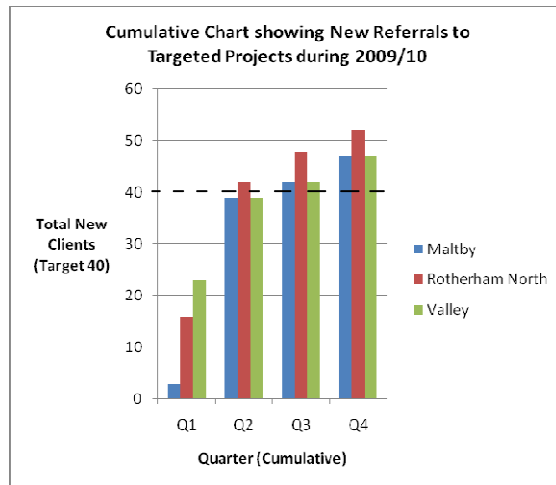
The partnership Board decided that the work of this project should be delivered through mainstream provision such as the Connexions service. Therefore, teenage pregnancy funding ceased at the end of March 2010.

**Targeted Projects**

£165,000 for 2009/10

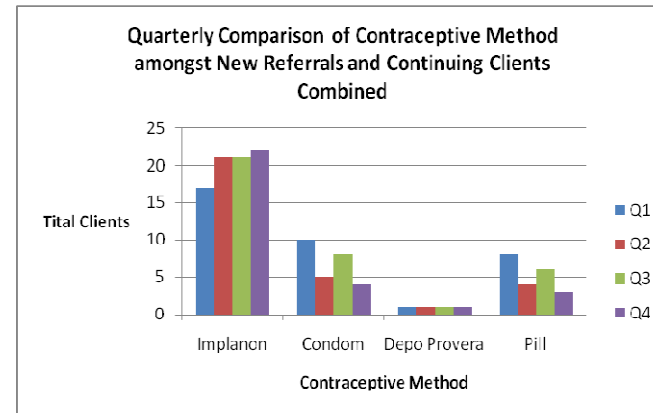
**Aims:**

- To contribute towards the work of the Teenage Pregnancy and Sexual Health Strategies, with the overall aim of reducing the number of teenage conceptions through raising aspirations, self esteem, providing alternative life choices for girls at high risk of teenage pregnancy.
- To address contraception and sexual health needs.
- The projects will work with under 18's, giving priority to 15-17 year old girls, those in care and/or those not attending education, employment or training.



**Maltby Young Women's Project**

Of the 47 new referrals aged 12-17, all 47 were taken on by the project. 72 clients continued to access the service throughout the year (all aged 12-17).



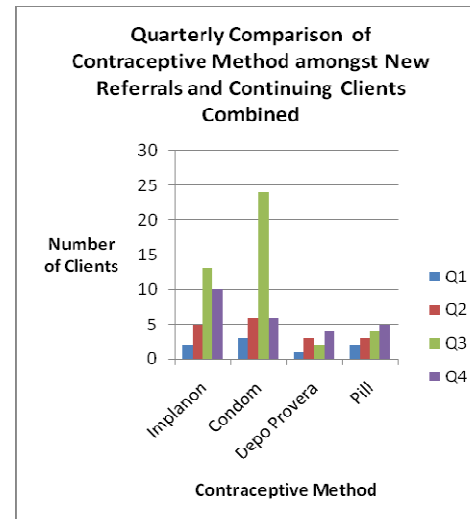
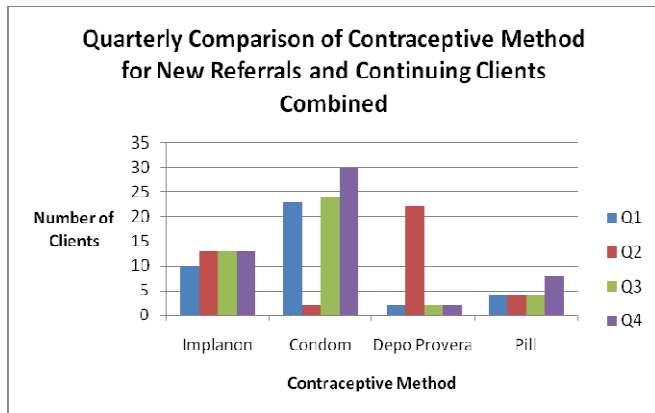
The 25% Chlamydia screening target was met as 80 screens were completed. 184 C-Cards were issued this year. An additional 366 young women were supported by the project, as part of the generic youth work, Children's Fund Work and additionally for this project. None of these young people supported are known to have become pregnant.

Approximately 50% of the young women's families received support from Social Care. 3 were looked after children while others were on the Child Protection Register. 87 young men accessed the service and of all school leavers who accessed the project, all except one progressed into further education, employment or training.

Where individuals were not attending school, the project provided an opportunity to engage in informal learning.

**Rotherham North**

Of the 876 new referrals made, 107 were taken on by the project (all aged 12-17). 33 clients have continued to access services (all aged 12-17). All have worked on gaining an AQA Qualification. The 25% Chlamydia screening target was achieved as 61 screens were completed.



**Rawmarsh CHAT (Transferring to CASH as of April 2010)**

£6,000

**Aims**

- To contribute to the reduction of teenage pregnancies in Rotherham.
- To contribute to the reduction of STI's amongst Under 25 year olds in Rotherham.

It is noteworthy that the demand for support of this project completely outweighs current capacity. Issues around sexual exploitation have been highlighted in this area of Rotherham this year. The workers of this project also staff Wingfield youth clinic. We aim to increase the uptake of Long Acting Reversible Contraception (LARC).

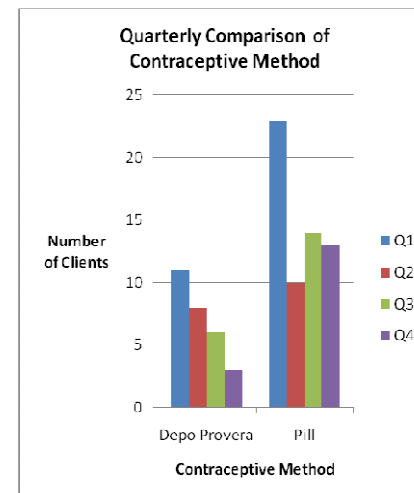
**Valley Young Women's Project**

The project has taken on 46 new clients from a total of 52 referrals made. All were aged 12-17. 78 clients continued to access the service, all of whom are under the age of 18.

The project did not meet the Chlamydia screening target for the year. In order to increase future screening we aim to work collaboratively together with Terrence Higgins Trust (THT).

In addition, workers of the project also staff Thrybergh and Herringthorpe youth clinics. We aim to increase the uptake of Long Acting Reversible Contraception (LARC).

CHAT which stands for Confidential Health Advice for Teenagers and is based on site at Rawmarsh Comprehensive was managed by an independent steering group who unfortunately, felt they could no longer commit their time to the project and potentially, funding was to come to an end. The service which was valued widely has been transferred over to CASH services and has been brought in to line with other youth clinics. Now delivered by CASH and the youth service, a full range of contraception, including the implant is available on site.



A total of 427 young people accessed CHAT this financial year, a total of 74 males and 353 females. Of these, 188 were aged 12-14, 217 were 15-17 and 17 were over the age of 18.

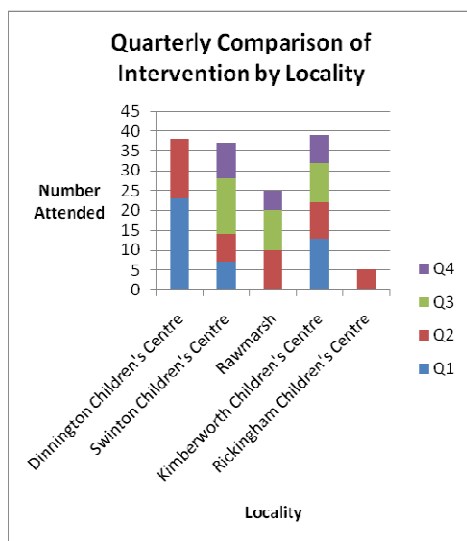
### Barnardo's Young Mum's Project

£7,000 (Funding to cease March 2010)

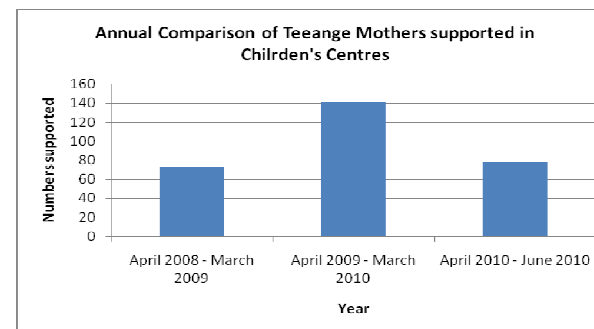
#### Aims:

- Reduce the Under 18 conception rate by 50% by 2010.
- Increase the proportion of teenage mothers aged 16-19 in education, training or employment by 60% by 2010 to reduce the risk of their long term social exclusion.

This partnership project also received financial support from Rotherham MBC Early Years and Childcare Service. It assisted Children's Centres to set up groups for young mums by providing expert support via Barnardo's. Over the course of the year, 167 young people accessed the service. Clients consisted of 148 females and 10 males, with 37 aged between 15-17 and 130 aged 18+.



The Partnership Board took the decision to end the project as the work undertaken should form part of mainstream services. Furthermore, the service was providing the majority of their support to over 18's, as opposed to our target age range of 15-17 year olds. The project was not achieving its outcomes in terms of getting young people back into Employment, Education or Training (EET).



### College Enrichment Officers

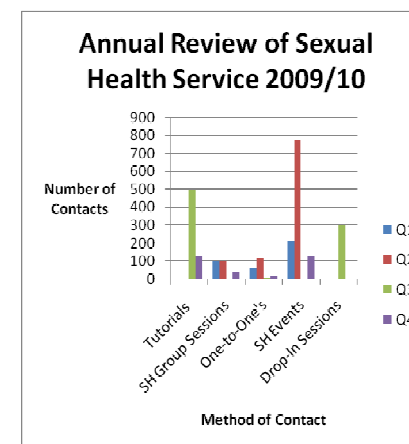
£22,500 for 2009/10

#### Aims:

- To minimise the number of teenage pregnancies within college and potentially consequent college drop outs.
- To contribute to the reduction of STI's amongst students.

The role provides group sexual health education and information sessions, one to one support, specialist events and offers Chlamydia screening and condoms via the Hardwear Scheme.

### RCAT

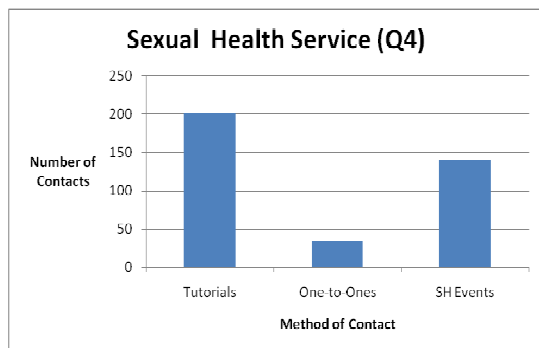


The RCAT Sexual Health Enrichment Officer came into post in April 2009. As a result, 4 members of staff received Sexual Health Training and 79 young people were signposted to other Sexual Health services for contraception and STI advice. 772 students attended Sexual Health education sessions and 89 students attended one-to-one appointments.

Evaluation from education sessions suggest an increased awareness of Sexual Health issues. NHS Rotherham and RCAT college agreed to part fund the post for 2010/11 as this funding was originally temporary from the Strategic Health Authority (SHA).

### Dearne Valley College

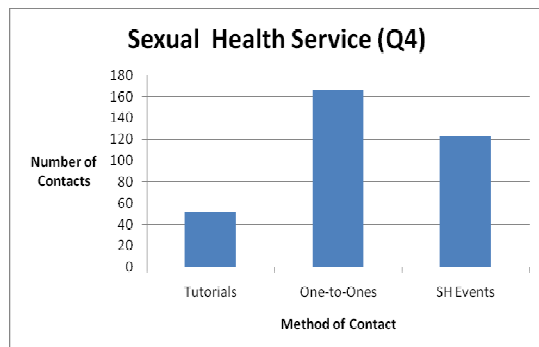
This is a new post as of January 2010 so no annual review can be provided.



There has been one known conception in Quarter 4. 155 Chlamydia screens were completed and 8 students were signposted to other services to access both contraception and STI advice.

### Thomas Rotherham College

This is a new post as of January 2010 so no annual review can be provided.



135 Chlamydia screens were completed and 28 students were signposted to other services to access both contraception and STI advice. 3 other Sexual Health related agencies delivered in college this quarter and one additional member of staff from the college was trained in Sexual Health issues and related effects on young people.

### Additional Support Services

#### Fleming Gardens

Fleming Gardens is a supported housing project for young mums and young mums-to-be aged 16-25 (priority is given to 16-19 year olds). The project aims to reduce the effects of isolation associated with being a teen parent. It offers purpose built accommodation with support, tenancy support and pre-tenancy support on an outreach basis. During 2009/10, 46% of young women were exempt from NEET (over 29 weeks pregnant, child is under 9 months or in receipt of Disability Living

Allowance). Of the remaining service users, 49% (21 out of 43) were in EET and 31% of service users breastfed their baby.

### Looked After Children (LAC) Nurse

The Looked after Children Nurse delivered 4 full days of Sexual Health training to Residential Workers and to Foster Carers. In the future, alternative methods of delivering Sexual Health training need to be sought due to limited capacity of the LAC Nurse at present. In addition, investigation into foster carers and care home staff receiving training in order to operate the Hardwear condom distribution scheme is necessary as well as identifying how to get vital service information out to them.

### Youth start - £10,000 for Additional Day

During 2009/10, Youth Start was open for an additional 47 days, with total numbers attendances reaching 744 for the year. Of these clients, 63% were female and 37% were male and aged between 14 and 19. 41 Pregnancy tests were carried out resulting in 4 positive results and a total of 98 Chlamydia tests were completed throughout the year.

### Youth Service

During 2009-10, the Youth Service delivered an estimated 876 Sexual Health information and advice sessions reaching approximately 10,611 young people. A total of 1,111 students undertook curriculum activities, see the breakdown table below.

Breakdown of Curriculum Headings	Sessions
Health (Physical)	87
Health (Lifestyles)	109
Identity	41
Parenting / Caring / Childcare	176
Relationships	391
Health (Sexual)	285
Sexual Orientation	6
Sexism	10
Sexual Exploitation	6

*\*Please note, these training sessions may have been delivered as part of the Targeted Projects Youth Work.\**

In addition, the Youth Service have been the joint provider of the contraception and sexual health youth clinics alongside CASH as well as provided coordination of sexual health work within the youth service.

## GROW

GROW provides a unique holistic service that enables Rotherham women and their families to make informed choices. In 2009, 170 young mums engaged in the Peer Mentoring project which was a 3 year partnership between GROW and the Rowan Centre. The main aim was to engage young mums in training and volunteering opportunities to support other young mums. Over the course of the project, 65 young parents took part in the training programme which received very good feedback.

The Young mums and Young mums-to-be Project provides health education for them and their families. A total of 30 young mums were supported, of which 20 took part in training.

Funding for the project ceased in 2010.

## Rowan Centre

92% of the girls achieved at least 1 GCSE A\*-G and 50% achieved at least 5 GCSEs A\*-G. One member of the cohort received 8 GCSEs (6 of which were at grade C). All girls were offered a wide range of activities that included core subjects as well as parenting, food technology and art.

Rowan also offers a 12 week course for teen parents and parents-to-be aged 16-19 named 'Parents with Prospects'. The course covers modules in child safety, bonding, and play, as well as learning key skills. The table below highlights the main outputs for the course:

	Achieved	Target	Target
	Total	Sept –Mar 09	Sept to May 2009
Beneficiaries visited by Support worker	33	36	36
Beneficiaries visit to nursery and/or training establishment	27	23	23
Beneficiaries agreed to start course (engaged)	32	30	30
Individual Learning Plans started	32	30	30
No's of young people achieving 1 unit towards accredited qualifications	19	20	20
No's of young people completing the mandatory units towards NCFE certificate.	10	10	14
			*expected16
No's of NCFE certificates awarded	8	6	14
			*expected 16
No's of young people achieving a Basic Skill in Literacy	9	7	9
			*Now achieved 10
No's of young people achieving a Basic Skill in Numeracy	8	9	12
			*Now achieved 10
No of young people working towards a positive destination	11	9	15
			Expected 12
No of young people achieving a positive destination (EET)	3	6	15
			Expected 12



## Funding Breakdown for 2009/10

Funding Body	Amount	Workstream
RMBC	£197,000 (not ringfenced nor guaranteed after 2010/11)	Teenage Pregnancy element of area base grant
2009/10 Strategic Health Authority Funding		
SHA	£87,000	Increasing access to contraception
SHA	£22,500	1 WTE Sexual Health Enrichment Officer
2009/10 Operational Plan Funding Allocations		
NHSR	£165,000	Targeted Projects
NHSR	£70,000	LARC Nurse & Contraceptive Nurse in hospital
NHSR	£13,000	Condom Distribution Scheme
NHSR	£30,000	Youth Clinic Developments
NHSR	£10,000	Sexual Health Needs Assessment
NHSR	£80,000	Help 72 free EHC in Pharmacies Scheme
NHSR	£35,000	Implanon LES for Under 19's
2009/10 Main NHSR Contracts		
NHS	£540,000	Contraception and Sexual Health Service
NHS	£3,000	Pregnancy test supplies
Total	£1,252,500.00	

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	<b>Cabinet</b>
<b>2.</b>	<b>Date:</b>	<b>1<sup>st</sup> December 2010</b>
<b>3.</b>	<b>Title:</b>	<b>Scrutiny Review – Personal, Social, Health and Economic Education (PSHEe)</b>
<b>4.</b>	<b>Directorate:</b>	<b>Children and Young People's Services</b>

**5. Summary**

A review of Personal, Social, Health and Economic Education (PSHEe) was conducted by Children and Young People's Scrutiny Panel in conjunction with the Youth Cabinet. This Review has been considered by the Council's Strategic Leadership Team, whose comments on the findings and recommendations are attached for Cabinet's consideration (see Appendix 1).

**6. Recommendations**

That Cabinet:

- a. **Note the Strategic Leadership Team's commentary on the Scrutiny Review into PSHE in Schools.**
- b. **Agree the recommended actions to the 16 Recommendations of Review as outlined in the final column of the Table in Appendix 1.**

## 7. Proposals and Details

This report sets out the response to the Scrutiny Review undertaken by the Children and Young People's Scrutiny Panel into the provision of PSHEe in schools. The report was submitted to the Children and Young People's Scrutiny Panel on April 9<sup>th</sup> 2010. The Review Group decided that prior to the report going through the Council's reporting structures, a period of consultation on the feasibility and implementation of the report will be undertaken; including presentations to the meetings of the Secondary Headteachers and the Chair and Vice Chair of Governors. These meetings took place on 20<sup>th</sup> May 2010 and 23<sup>rd</sup> June 2010 respectively.

In Rotherham, PSHEe support and guidance for schools is the responsibility of the Healthy Schools Team as quality PSHEe provision has been included within the National Healthy Schools Standards. Over the last ten years, all Rotherham schools have been engaged with the Rotherham Healthy Schools Programme which included working towards achieving National Healthy Schools Accreditation and also Rotherham Advanced HS accreditation reflecting local priorities. In 2009 we met the stretch target for the LA by exceeding the target set for the number of schools gaining National Healthy Schools Accreditation – 97% of Rotherham schools are accredited (the National target was 75%); the schools which are not accredited currently do not have timetabled PSHEe lessons for all students.

The Rotherham Healthy Schools team welcomed the review of PSHEe provision initiated by members of the Youth Cabinet and were buoyed by the fact that young people felt good quality PSHEe experiences for young people were vital alongside the importance for academic achievement. We feel the consultation process modelled good partnership working as it gave the opportunity for all relevant parties to be able to be involved in the consultation to help produce a good report with useful recommendations which support nationally recognised good practice within the area of PSHEe. The report will therefore be able to be used as an additional tool to continue to support and strengthen the provision of PSHEe across Rotherham.

The review made 16 recommendations in total and these have been discussed by relevant officers and comments given about each one. Each recommendation is listed in **Appendix 1** with a response which is intended to set out whether the recommendation is accepted [along with any caveats] or is partially or not accepted with reasons why this is the case.

Since the review was submitted, the change of Government has led to many changes which directly affect the ability of carrying out the Scrutiny recommendations for PSHEe.

## 8. Finance

Appendix 1 details the financial implications of implementing the review recommendations.

Additionally, Members should note that the current Government changes regarding funding have implications for the School Effectiveness Service where the Rotherham Healthy Schools Team is based. There will be a reduction in staffing levels within the Healthy Schools team from five consultants and eight project workers to two consultants from January 2011 and no project workers from

March 2011. The responsibilities of the two remaining consultants are PSHEe and Healthy Schools work, so support for schools in these areas could still continue as well as support for the wider remits of Health; helping the LA to meet national and local targets linked to prevention and early intervention work via universal education (e.g. Drug education and Sex and Relationships education)

**9. Risks and Uncertainties**

Changes to the Ofsted Inspection Framework weaken the links to PSHEe for example the 'School Level Wellbeing Indicators' and ECM will not exist and the SEF, which includes PSHEe/Health links as evidence of school improvement is likely not to be required as part of the inspection process.

The Government supports the continuation of the Healthy Schools scheme with a focus on local needs and led by schools. However, we believe that schools will need our continued support to achieve Rotherham priorities. The Government has also indicated its support for PSHEe especially linked to continued reduction in teenage pregnancies, reduction in young people's drug alcohol and tobacco misuse and increase in young people's financial capability. We await the publication of the Government's Education White Paper and the clarification locally regarding strategic decisions/funding which will affect the support available to carry out the recommendations in the PSHEe Scrutiny Review.

**10. Policy and Performance Agenda Implications**

See review report.

**11. Background Papers and Consultation**

See section 7 of review report.

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**Strategic Leadership Team's Commentary on Scrutiny Review of Personal, Social, Health and Economic education (PSHEe)**

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
1. The Review Group supports the recommendations of the MacDonald Report ( <i>Independent Review of the Proposal to make Personal, Social, Health and Economic Education Statutory</i> ) and the implementation of SRE guidance in schools.	Decision not made by Government to make PSHEe a statutory subject; awaiting Education White paper		See 2 below	<ul style="list-style-type: none"> <li>See 2 below</li> </ul>	See 2 below	Defer until Education White Paper published
2. <b>That PSHEe should be a compulsory part of every student's timetable.</b> This provision should be available from year 7 to year 11	<ul style="list-style-type: none"> <li>Presented to Secondary Head Teachers 20<sup>th</sup> May 10</li> <li>Strategic backing for the continuation of the Rotherham Healthy Schools scheme in Rotherham so that</li> </ul>	20/05/10  asap	PSHEe supports all 5 ECM themes  Universal education supports	<ul style="list-style-type: none"> <li>Strategic backing for a Rotherham Healthy Schools Scheme would ensure the Healthy Schools Team could</li> </ul>	Salaries for Rotherham Healthy Schools Consultants (Current funding streams end	Approve, however Education White Paper may undermine this.

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
regardless of ability and examination pressure. Drop down days are a good way to provide a high profile supplement to PSHEe, but should not be the only way that pupils receive PSHEe.	<p>schools can be encouraged to maintain Healthy Schools status which includes providing good quality PSHEe provision</p> <ul style="list-style-type: none"> <li>The Healthy Schools (HS) team will continue to promote as good practice that PSHEe should be a timetabled lesson with a structured curriculum taught if possible by a specialist PSHEe trained team of staff</li> <li>Report recommendations to be promoted at PSHEe Leads meeting 11<sup>th</sup> November 10</li> <li>Final report to be circulated to all PSHEe leads</li> <li>HS team to continue to support PSHEe Leads to develop their curriculum.</li> </ul>	<p>Ongoing</p> <p>11/11/10</p> <p>Autumn 10</p> <p>Ongoing</p>	<p>'prevention' work in several strategies e.g. Teenage Pregnancy Strategy, Drug and Alcohol Strategy, Early Intervention and Prevention Strategy, LA Financial Inclusion Strategy and the Tobacco Alliance strategy</p>	<p>continue to lead on the universal prevention work with schools, and also continue to be the link between agencies and schools/settings for early intervention work. (fulfilling the National requirement on LA's within various Strategies for prevention work)</p> <ul style="list-style-type: none"> <li>Awaiting Education White paper to see if new Government values PSHEe; last Government were going to</li> </ul>	<p>March 2011.)</p>	

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
				<p>make PSHEe compulsory and this was encouraging schools to improve their PSHEe provision. If the new Government does not prioritise PSHE then PSHE lessons may disappear from timetables.</p> <ul style="list-style-type: none"> <li>The report reflects PSHEe good practice so is an additional tool for HS team to use.</li> </ul>		

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
<p>3. <b>That PSHEe should be taught by trained and confident teachers.</b> As many members of staff as possible should access the year long Continuing Professional Development Program delivered by the Healthy Schools Team. Schools should be encouraged to access the Inset Days around PSHEe offered by the Healthy Schools Team.</p>	<ul style="list-style-type: none"> <li>Run the National PSHE CPD course in Rotherham.</li> <li>Promote CPD opportunities for staff teaching PSHEe including Substance Misuse education, Sex and Relationships Education. (SRE)</li> </ul>	<p>Start Spring term 11.</p> <p>July/Sept 2010 and ongoing.</p>	<p>PSHEe supports all 5 ECM themes</p> <p>Universal education supports 'prevention' work in several strategies</p>	<ul style="list-style-type: none"> <li>Benefit staff feel more confident and deliver better quality PSHEe lessons. Students benefit from better quality PSHEe provision.</li> <li>Funding for the National PSHE CPD programme has been cut by new Government; 30 staff wanted to participate in the free training this year but only 5 schools are willing to pay for staff to participate. New national programme to be launched Nov 10.</li> </ul>	<p>£600 per member of school staff</p> <p>Healthy Schools consultant to lead training.</p> <p>Varies</p>	<p>Approve</p>



Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
				Funding streams which have provided funding for staff to attend courses free are at risk; schools reluctant to pay for staff to attend and cover costs.	depending on if HS Consultant posts funded or income generation model	
4. Key subjects including SRE and Drug and Alcohol Awareness should be taught to all students.	<ul style="list-style-type: none"> <li>CPD provided for staff to support the development of their skills in teaching SRE and Substance Misuse Education</li> </ul>	Ongoing	All 5 ECM themes Teenage Pregnancy Strategy Drug and Alcohol Strategy Tobacco Alliance	<p>Students receive up to date quality SRE and Substance misuse education.</p> <p>HS consultants required to lead CPD, current staff cuts may affect this. Loss of funding to support SRE and Substance misuse work</p>	As in 3.	Approve

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
5. Drawing on good practice developed in special schools, all pupils should learn about Every Child Matters agenda through the PSHE curriculum.	<ul style="list-style-type: none"> <li>ECM agenda does not exist within the new coalition Government plans</li> </ul>					Approve as we still support the principles of ECM
6. Speakers from outside agencies (such as the emergency services, local businesses and charities) should be used more widely as part of structured curriculum to illustrate aspects of the PSHE curriculum wherever possible.	<ul style="list-style-type: none"> <li>Advertise the Curriculum and Health Events Support Booklet to PSHEe Leads</li> <li>Advertise the use of the Healthy Schools' model Visitors, Working in Partnership Policy</li> </ul>	Autumn 10  Autumn 10	As in 2.	The PSHEe curriculum is enriched  Quality control regarding appropriate visitors enhancing the existing curriculum	Already in place	Approve

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
7. Youth workers could help to deliver some aspects of PSHE depending on the Service's capacity. The opportunity for pupils to learn outside the school environment with trained professionals (with their own distinct skill set) could aid PSHE provision.	<ul style="list-style-type: none"> <li>Explore capacity for partnership working/ working in partnership and training needs.</li> <li>Explore school need for support from Youth Workers.</li> </ul>	2011  PSHEe Leads meeting	As in 2	As in 6  Staff may feel they do no need to teach sensitive issues and abdicate responsibility for SRE/Substance misuse education; if youth workers are not available, the work may not get covered.	Youth service budgets for youth workers to be available during lesson time.	Defer until staffing/ funding of young People's services is clarified re capacity to staff this.
8. The review group recognises the balance between a system for evaluating pupils' progression and allowing PSHE as a flexible forum for discussion (see Macdonald Report Recommendations 17 and 18) and	<ul style="list-style-type: none"> <li>Raise at PSHEe Leads Meeting and reinforce with PSHEe Leads individually</li> </ul>	Summer tern PSHEe Leads meeting 2011	As 2.	Staff and students are aware of development, progression and student need re the PSHEe curriculum.	In school develop0ment. Support by HS Consultants	Approve

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
would encourage informal checks by teachers (such as an end of term quiz) on key aspects of learning and the curriculum.						
9. <b>That schools should structure the curriculum to avoid repetition and explain this clearly to pupils.</b> The IMPACT booklet developed by Rawmarsh is one such approach which clearly communicates to pupils what they will be studying and when.	<ul style="list-style-type: none"> <li>Awareness raised and further explored at PSHEe Leads meeting 11/11/10 and as and when necessary via Healthy Schools team in schools.</li> <li>Schemes of work, lesson plans and resources promoted to ensure prior lessons are built upon rather than repeated.</li> </ul>	11/11/10 and Ongoing	PSHEe supports all 5 ECM themes Universal education supports 'prevention' work in several strategies	Students are aware of overview of PSHEe provision and their part in influencing provision  Schools who do not timetable PSHE cannot cover PSHEe curriculum during suspended timetable days.	HS Consultants funding.	Approve

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
10. PSHEe should be responsive to the needs and concerns of the local community. Young people, parents and governors should be able to influence the content of the PSHE curriculum ensuring that it is relevant to local circumstances.	<ul style="list-style-type: none"> <li>Promote needs analysis with students</li> <li>Raise awareness of Lifestyle survey data and local health data to inform curriculum</li> <li>Encourage contact with parents/carers re PSHEe curriculum content</li> <li>PSHEe Lead to be a member of the schools' Health and Wellbeing Development Group</li> </ul>	Autumn 10 and Summer 11 PSHEe Leads Meeting	As in 2	Main need to meet is that of the students following the guidelines of the DfS for the programmes of study for PSHEe; needs to remain a planned programme, not a series of insular reactive sessions e.g. as a result of an incident.	Within school budgets Support of HS Consultants	Approve
11. Parents should be included in setting PSHEe topics. The Speakeasy project is recognised as an effective way to get young people and parents talking about issues.	<ul style="list-style-type: none"> <li>Encourage schools to hold Parents Awareness Evenings for sensitive issues to enable parents/carers to feel able to discuss e.g. SRE and Substance misuse with their children</li> </ul>	Autumn 10 and Summer 11 PSHEe Leads meeting	As in 2	Parents feel empowered to discuss sensitive issues with their children and therefore issues may therefore be addressed at an earlier stage; parents would be aware of where to go for help/advice if	School budget Support of HS consultants	Approve

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
				requiring support		
12. <b>That the quality of PSHEe delivery needs to be evaluated and assessed.</b> The views of young people are crucial and the system adopted for evaluation should allow pupils to give anonymous feedback.	<ul style="list-style-type: none"> <li>Awareness raised and further explored at PSHEe Leads meeting 11/11/10 and as and when necessary via Healthy Schools team in schools.</li> <li>Promote the use of PSHEe Assessment tool developed by HS team and/or school evaluation of PSHEe and assessment procedures</li> </ul>	11/11/10 and ongoing	PSHEe supports all 5 ECM themes Universal education supports 'prevention' work in several strategies	Students feel that the PSHEe curriculum meets their needs and that they can influence provision. Schools who do not timetable PSHE cannot cover PSHEe curriculum during suspended timetable days.	HS consultants funding	Approve
13. The Youth Cabinet to conduct a bi-annual (every two years) survey of PSHE to measure progress. This could be completed at the	<p>Youth Cabinet to organise survey and feed results to partners involved in scrutiny as a minimum</p> <p>Schools could be offered the opportunity to do their own survey based on the same</p>	2 years after recommendations are announced in the first instance.	As in 2	<p>Comparison could be made to data used in the scrutiny review.</p> <p>Schools who chose to survey their own students could</p>	Young People's service support	Defer to consult capacity of Young People's Services

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
Rotherham Show.	questions.			compare school data to 'Youth Cabinets Rotherham data.		
<b>14.</b> Each school Governing Body should receive an annual report on the PHSE curriculum which should include student evaluation of its impact and relevance.						Reject as needs parity with other subjects. Other subjects do not have to do this.
<b>15.</b> Briefings and Training should be developed for Governing Bodies on the importance of the PSHE curriculum incorporating the findings of this review.						Defer until feedback from Governor Services

Scrutiny recommendation	Proposed action/ comment	Target date	Link to Themes/ Strategies	Impact Analysis		SLT recommendation to Cabinet
				Benefit/ Risk	Cost implication <i>Impact on revenue/capital budget, MTFS</i>	
16. That PSHEe to be part of the induction process for Governors and each school could have a governor champion for PSHEe.	<p>23<sup>rd</sup> June 2010 this was presented to Governors.</p> <ul style="list-style-type: none"> <li>• HS team will continue to promote that having a Governor with a Healthy Schools remit is advisable; PSHEe would fit within this remit.</li> <li>• HS team will advise schools to include this Governor in their Emotional Health and Well being Development Group</li> <li>• HS team to offer introduction to PSHEe/Healthy Schools Scheme as part of the Newly Qualified Teachers induction programme</li> </ul>	<p>10/11 schools year during Learning Community and 1 to 1 meeting agendas</p> <p>During the NQT induction programme annually</p>	<p>Healthy Schools work supports all 5 ECM themes and supports 'prevention' and early intervention work in several strategies</p>	<p>The National Healthy Schools scheme remains under the new government but will not be funded; it is up to each local area to decide how it will support Healthy Schools Work in order to meet local needs and priorities</p>	<p>HS consultants funding</p>	<p>Defer until feedback from Governor Services</p>



ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	<b>Children and Young People's Scrutiny Panel</b>
2.	Date:	<b>Friday 10<sup>th</sup> December 2010</b>
3.	Title:	<b>Update on Progress of Prevention and Early Intervention Strategy and Parenting Support</b>
4.	Directorate:	<b>Children and Young People's Services</b>

## 5. Summary

This Report was presented to the November meetings of the Rotherham Improvement Panel, the Children and Young Peoples Trust Board and the Safeguarding Children Board. It provides a picture of the progress made in the drive to prevent and intervene early to deal with risk factors for families and thereby improve the wellbeing of children. It also presents some initial thinking around the coordination of parenting and family support.

Through the use of the Common Assessment Framework [CAF], Children's Services professionals are being encouraged and supported to take ownership of issues and reject the notion that vulnerable children and young people are somebody else's responsibility.

Services are being challenged not to automatically refer vulnerable children and young people to other agencies but to take on responsibility for supporting families by engaging with the appropriate professionals and working collaboratively to provide solutions that address needs. They do this by carrying out common assessments, establishing teams around the child/family, identifying lead workers, agreeing joint actions and regularly reviewing progress towards achieving agreed outcomes.

The progress that has been made since January 2010 is now having an impact on improving the life chances of children, young people and families. This report uses case studies to evidence this impact, with a 'Family Savings Calculator', devised by the Government to measure the financial impact of prevention.

## 6. Recommendations

- a) **That Children and Young People's Scrutiny receives this report and notes the progress being made in the full integration and implementation of the PEI Strategy.**

## 7. Proposals and Details

There has been a 59% increase in CAFs registered in 2010 compared to 2009. By the end of October 2010, 460 CAFs had been registered compared with 367 for the whole of 2009. The work being undertaken within individual Learning Communities around CAF is working to support the achievement of the target of 600 CAFs registered in 2010.

Initially, the priority of the CAF team has been to develop and deliver training to promote and increase the use of CAF. Whilst we have been able to give qualitative outcomes data on CAF for some time, the priority over the past couple of months has been to establish an effective **outcomes measurement tool**. From 1<sup>st</sup> November 2010, all CAFs will now be inputted on to Education Management System. A new outcomes framework has been developed which will identify the presenting need in the CAF and the outcome when the needs are met. EMS will give us the ability to provide much more sophisticated outcomes data on CAF in future. CAFs from 1<sup>st</sup> July (which is when the CAF Coordinators started in post) will retrospectively be imputed on to EMS so at the end of December we will be able to analyze six months worth of outcomes measurement.

Meanwhile, in order to illustrate the impact of the CAF process, six case studies from August-September 2010 are presented below.

**Case Study A (Male, aged 5)**

Case A was attending pre-school and was due to start primary education in September. He had been abused by his father who is now serving a 10 year jail sentence. The child was unhappy in pre-school and often sought adult company. There were concerns that he was playing with older children and not his peers. He was very sad about his father not being in his life, was confused about why he had gone away and blamed himself for this. He was reluctant to wipe himself when using the toilet. The family moved outside of the area after the abuse incident. School attendance had been inconsistent due to mum suffering from agoraphobia and he was often taken to school by his older sister. There were concerns from the pre-school that when playing with friends he displayed inappropriate behaviour

**Action:**

A CAF was initiated by the pre school manager with the support of the NSPCC. The manager took on the role of Lead Worker. The Lead Worker role will change at the next review meeting to coincide with the transition to primary school. A Team around the Child (TAC) meeting was held. The actions within the TAC plan include supporting the family to establish consistent boundaries and routines which will include ensuring that the child attends school and is punctual. School will share routines with mum and has liaised with the pre-school in order to develop a transition plan for the child to help him to feel safe, secure and develop a sense of trust. He will be encouraged to interact with his peers with the intention of raising his self esteem.

**Outcome:**

The outcome of the CAF process is that Mum is now becoming more confident in bringing the child to school and attendance has increased significantly, therefore reducing absenteeism and the involvement of the EWO. Mum has agreed to attend parenting classes as indicated in the CAF, and these are to be in place by end of October, prior to the next review meeting. A review meeting is to be held at the end of October.

**Potential Negative Outcomes Avoided [so far]**

Increased social exclusion. School absenteeism. Social Care referral.

**Family Cost Calculation: Potential Saving of £19,355.16**

**Case Study B (Male, aged 15)**

Case B presented with an escalation of behavioural difficulties. He refused to comply with reasonable requests both in school and at home. He was diagnosed as ADHD/ASD at an early age. He was using alcohol on a regular basis and had had a recent court appearance for theft. He frequently self-harms, threatens those around him and kicks and punches walls in frustration. At home he verbally abuses his mum, has stolen money and possessions from home and has damaged his bedroom door by kicking holes in it. His mum is experiencing verbal abuse from other students' parents due to his behaviour. Whilst his mum is at work he will arrive at her place of work demanding money, swearing at her in front of customers usually with an audience of peers. This young man had witnessed domestic violence by mum's boyfriend. He had been emotionally abused by mum's boyfriend and this was followed by a physical assault incident. The case was taken to court but later dropped due to lack of evidence. He says he now feels 'let down by authority figures'.

**Action:**

The SENCO took on the role of Lead Worker and initiated the CAF. The CAF was written with his permission and with his involvement. The outcome of the CAF was the agreement that he would attend the Pupil Referral Unit at Riverside. TAC meetings have taken place on a regular basis with the latest one signalling significant improvement especially in regards to his attendance at school. The TAC meeting has consisted of SENCO, Form Teacher, Head of Year, PSA, Riverside Head, EPS, YOT, BSS, EWO and JADE (youth project). Transportation had been arranged to enable him attend Riverside, ensuring that he gets to classes and the program is being closely monitored as to its appropriateness. Work is being undertaken to support mum with parenting strategies and to ensure that she has significant input into her son's education. .../cont

**Outcome:**

A settling in period was arranged to allow Case B to feel comfortable in his new surroundings and get to know both his peers and teachers. At the most recent TAC meeting it was reported that Case B has had 100% attendance at Riverside since September. The next TAC meeting will be held in November to review further progress.

**Potential Negative Outcomes Avoided [so far]**

School exclusion. Crime and anti-social behaviour. Becoming LAC / family breakdown.

**Family Cost Calculation: Potential Saving of £49,225.85**

**Case Study C (Female age 15)**

Case C has a history of violent behaviour towards her peers and this has resulted in one student attempting suicide and a family moving out of the area due to the bullying behaviour towards the children of the families. She currently has a youth offending worker from the Early Intervention Team supporting her. Her mum died in 2005 and she has no contact with dad, she was living with grandparents until very recently but now refuses to live there as sister whom she has fallen out with also lives there. She now resides with Auntie and Uncle who are very supportive but struggling with ways to support her. She has a long term boyfriend who allegedly incites her to fight with peers. However, he has also been attacked by her on occasions.

**Action:**

A meeting was held with the ASBO panel and various other agencies to consider the issuing Case C with an ASBO. However, given the circumstances of the change in living arrangements it was agreed that she would be given one last chance. The CAF Coordinator was present at the ASBO panel meeting and suggested that a Common Assessment be undertaken with her to determine need and coordinate support for her. School staff agreed to initiate the CAF. The Y10 manager, now the Lead Worker and a Youth Worker completed the CAF with the girl present and contributing. Shortly afterwards a TAC meeting was held and it was agreed that a referral to SPA would be made along with the continuing support from the ASBO team worker, a youth worker and the alternative curriculum team to ensure she continued to engage in education.

**Outcome:**

At the latest TAC review meeting it was reported that Case C had undergone an assessment by the SPA team and that although no evidence of depression or any other mental health disorder was identified, there was clearly some emotional distress as a result of past events and advice was given as to which agency could support with this. The support was secured from Youth Start and there have been no further allegations of violent or threatening behaviour brought to the attention of anyone working with her. She is continuing to access her educational provision with the Alternative Curriculum Team and is doing very well.

**Potential Negative Outcomes Avoided [so far]**

Criminal justice system. Family eviction. School exclusion. Family breakdown.

**Family Cost Calculation: Potential Saving of £34,771.07**

**Case Study D (Female aged 21, Baby aged 13 weeks)**

Case D was placed in care at the age of 3 years and has been in and out of care until she was 17 years of age. She went back to mum at the age of 14 for a year and during this time was subject to a horrendous attack by her mother during which her mother set light to the house and the girl almost died. She does not speak freely about this, other than to say it was very frightening. Her mum was diagnosed as a paranoid schizophrenic and sectioned under the Mental Health Act and is currently in a mental hospital. The girl is now residing at Fleming Gardens and has done since May 2010. Prior to living here she was in a women's refuge in Sheffield. She was placed in the refuge after an incident with her ex partner when they got into a fight. She had been in two other refuges previously. Case D has a daughter who is 13 weeks. The daughter is developing well and there are no concerns. The baby is currently subject to a Child Protection Plan and her mother is working towards getting her baby off this. Case D wants the best for her child and does not want to put her through the life she had when she was growing up. Case D has used cannabis since the age of 14 years and has found it very hard to stop. She has debts due to non payment of rent arrears from the short time she was living in local authority housing.

**Action:**

Case D resides at the Fleming Gardens Supported Housing Project and all residents and children residing at the project have a Common Assessment in order to plan the support that they receive. A CAF has also been completed for the baby daughter. Both CAF's were initiated on by a Fleming Gardens support worker who is also the Lead Worker. A comprehensive action plan was composed along with the CAF which identified many actions for Case D to work on.

**Outcome:**

A review was held in September 2010 which showed that Case D has done really well since moving into Fleming Gardens and has managed to achieve 10 of her goals. Her baby remains subject to a Child Protection Plan. Case D is happy that she has achieved so many goals and has stated she is happy with what she is now able to achieve. She has had her teeth repaired which was a big step for her as she has never had the courage to do this before. . Work will continue on helping her to achieve more goals.

**Potential Negative Outcomes Avoided [so far]**

High risk factors indicate probability of baby being Looked After. Life experiences and family history indicate probability of mental health problems.

**Family Cost Calculation: Potential Saving for family of £36.955,00**

**Case Study E (female aged 16)**

Case E moved to Rotherham from Derby. She was residing at the refuge after fleeing domestic violence. During key worker sessions, she disclosed that she had been sexually abused at the age of 13 by her mother's partner. A Police investigation took place; however, no charges were brought about. Her mother has a criminal record for cultivation as the perpetrator of the sexual abuse was her mother's ex-partner. Case E has no contact with her wider family and finds it hard to understand past events in her life. Her mother was absent for long periods of time throughout her childhood and there was Social Care involvement, resulting in two of her siblings being adopted. There is a history of drug use, her father was a heroin user and her Mum has had previous relationships where drug use has been apparent. She did live with her sister and sister's boyfriend, but was thrown out due to a relationship breakdown. She was not accessing education and has bereavement issues regarding her father's sudden death. It was thought that this girl would need further support in terms of her education and work on attachment issues with Mum as she was leaving the refuge.

**Action:**

The CAF Coordinator contacted the Refuge and advised that a CAF could be used as a tool to identify appropriate support. Agreement was made that the Refuge would initiate a CAF and take on the Lead Worker role. As Case E was not in education, work with Connexions took place to assist in finding suitable further education courses. Refuge staff worked with both the girl and her Mum to overcome relationship barriers. Case E agreed to write down her feelings and unanswered questions in order to work on her emotional development and attachment issues with Mum.

**Outcome:**

Case E has now overcome her relationship barriers with Mum and is coming to terms with her father's death. Mum and her daughter have now left the Refuge and are living in supported housing. At the point they left the refuge, the Lead Worker role was taken over by the Connexions worker. Following a further review it was reported that Case E is now accessing a childcare course at RCAT and the needs identified in the plan have been successfully met resulting in the closure of the CAF.

**Potential Negative Outcomes Avoided [so far]**

Homelessness. NEET. Pregnancy. Exploitation. Substance misuse.

**Family Cost Calculation: Potential Saving of £87,741.83**

**Case Study F (male aged 17 months)**

Case F has undergone assessment at CDC for global development delay. He lives with 3 other half siblings, all of whom are under the age of 5. One other sibling already has a diagnosis of global developmental delay. Case F's Mother experienced a difficult childhood and has suffered from bouts of depression. His Mother struggles to manage and has missed vital health appointments. His Mother does not drive, finds it difficult to use public transport, therefore has to rely on the Father for transport to appointments and finds appointments very stressful. The Mother finds it hard to come to terms with her children's disabilities and long term prognosis and this has resulted in tremendous strain within the family. There is limited contact with extended family. The little boy does attend a local Church playgroup once a week. Social Care has had some involvement due to the Mother's inability to ensure a safe environment for her children.

**Action:**

Following a multi-agency TAC meeting, the decision was made that extensive support from Health Visitor and Family Support Worker would be offered to the Mother to help her support the needs of the children. A CAF was completed in January 2010 by the nurse practitioner of the Children's Development Centre and a Team Around the Child was established. The Lead Worker was appointed at the TAC meeting; this was a Family Support Worker from the Children's Centre. Safe baby equipment was supplied by the Family Support Worker who made regular visits. Agreement was made that the little boy would continue to access playgroup at the local church

**Outcome:**

The CAF database identified a CAF has also been undertaken for two of Case F's siblings. As a result of this the CAF Coordinator has brought together the agencies involved and established a Team Around the Family in order to avoid duplication and share concerns, support and resources. There have been no further referrals into Social Care and the little boy continues to access playgroup and activities at the local Children's Centre. The family continues to engage well with the Health Visitor and Family Support Worker. At a recent review, the Health Visitor who has a well developed relationship with Mother expressed the view that without intervention and a continued support package, the children would have been taken into care.

**Potential Negative Outcomes Avoided [so far]**

At a recent Review, Health Visitor who has a well developed relationship with Mother, expressed that without intervention and a continued support package, there would almost certainly have been a family breakdown and all 4 children would have been taken into care.

**Family Cost Calculation: Potential Saving of £61,904.10**

The case studies above illustrate how CAF processes have improved the outcomes for these children, young people and their families. Whilst we cannot be certain of what would have been the outcomes if CAFs had not been undertaken, we are confident that by the work outlined in the cases above, we have avoided children going into care, an ASBO, there would have been an exclusion from school, families would have broken down, bullying would have continued and so on.

The Prevention and Early Intervention Strategy is promoting the establishment of multiagency Think Family Teams in each Learning Community, supported by a



collaborative leadership programme (Better Together) and multiagency practitioner workforce development sessions based on the priorities of individual Learning Communities. This activity will underpin partnership working within Learning Communities and the further embedding of CAF across Children's Services. We currently have Think Family Teams either established or in the early stages of development in 7 of the 14 geographical Learning Communities. We aim to have all 14 Learning Communities operating Think Family Teams by the end of this academic year.

### **Impact on Process**

One of the key objectives of the Prevention and Early Intervention Team is to reduce the number of inappropriate referrals to Social Care, thereby enabling Social Workers to focus their time and resources on appropriate case work. New processes established in September ensure that an appropriately qualified worker now reviews all referrals and ensures that for those which do not meet the Social Care threshold, but which do however have elements of concern and risk which warrants further assessment and possible intervention, the referrer is advised about the CAF process and that one of the CAF Coordinators will contact to support in the completion of a CAF. There is clear evidence that this new element to the referral process is already diverting inappropriate referrals from the Access Team.

### **Coordination of Parenting and Family Support Services**

Underpinning the success of the Prevention and Early Intervention Strategy is the need to develop a cogent family support service in the Borough which is coordinated to meet a wide variety of needs. Within the limits of our existing resources, we must do things differently, so that we get help to children and families at an earlier stage.

The way forward we are proposing will involve Local Authority services working collaboratively with a **Learning Community** (one secondary school and the primary schools that feed it) plus the relevant Children's Centre and other partners including Health Services and the Voluntary and Community Sector. The aim would be to work with staff to identify those groups of children that are likely to be at risk of experiencing some form of social, educational or psychological disadvantage. Those services will then be tasked with working together to support the child, young person and family before the situation escalates into crisis. The coordination of these services will bring a greater level of efficiency and responsiveness. Family Service Workers will be assigned to each of the Learning Communities and will focus on work with families providing support and parenting training, with the prime aim of improving outcomes for children. When sufficient concerns are raised about a child and / or family using the basket of indicators, the family services team will respond. In accordance with the Prevention Framework, a *Team Around The Child* (TAC) meeting will formulate a plan of intervention that will prevent further deterioration of the concerns raised. The use of prevention services will build resilience within the family unit. The prime aim will be to ensure that services are provided that are appropriate, timely and bring about a change for the child and family.

The strategic priorities for this service are:

- To develop coherent, responsive outcome based services that effectively meet the needs of children, young people and their families who have high levels of vulnerability.
- To develop collaborative partnerships with other agencies.

- To develop and improve service delivery ensuring a consistently high professional service.

The Family Intervention Project team will refocus to provide intensive family support to families where children are likely to enter the care system and to parents of children already in care with the intention of reuniting the family where it is safe to do so.

The key priorities for the department are;

- To prevent children and young people coming into care unless this is the only safe option.
- To ensure that children and young people can live safely with their families and kinship networks.
- Reunify children back to their families when it is safe to do so.

## 8. Finance

Progress on developing a coordinated family support service is dependant on future funding. Currently, funding for the Family Intervention Project and Parent Support Advisers finishes at the end of March.

Using the Family Cost Calculator on the six case studies above, the estimated total savings of working with these 6 families using CAF processes rather than delivering high cost specialist services is £289,953.01 which is an average of £48,325 per case.

*'Grasping the Nettle: early intervention for children, families and communities'* is a joint report from the Centre for Excellence and Outcomes (C4EO) and the Association of Children's Services (ADCS). The report aims to promote effective policy and practice on early intervention. It sets out the case for funding early intervention and the need to invest in this approach even when funding is tight. The report has been submitted to the Government's Independent Commission on Early Intervention.

It uses many examples of good practice from local authorities and also evidence from international practice. It pinpoints what actions will have the greatest impact on improving the lives of children, families and communities. It aims to help policy makers decide where to allocate scarce resources and so achieve better value for money. It evidences how early intervention reduces the demand for more specialised and more expensive services later.

*'The temptation to cut back on investment in early intervention in times of austerity needs to be resisted, for short term financial gains can lead to long term costs. The challenge is how to get better value out of the money already being invested'* (Grasping the Nettle).

The Spending Review 2010 refers to the need for early intervention and it promises an Early Intervention Grant and a national campaign to support and turn around the lives of families with multiple problems, which will be underpinned by local Community Budgets focused on family intervention

Failure to make the shift to prevention from child protection and looked after children will result in Rotherham continuing to need to provide high cost and resource heavy service provision.

Funding has not yet been secured for salaries for the three CAF Coordinators and the CAF Administrator post March 2011. To maintain the continual improvement picture around CAF processes, it is imperative that support for the CYPs workforce to undertake CAF is maintained, and this is currently under consideration within the CX Group of the LSP.

Funding for the Better Together leadership program and the multiagency practitioner workforce development sessions has been identified from the CWDC, which is targeted at improving integrated working.

Partnership working will, when fully developed, lead to potential efficiencies through the improved alignment of services around children, young people and their families and greater efficiencies in resource sharing.

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

The real test of whether we can embed the use of CAF and genuinely make the shift to prevention and early intervention lays in the cultural change needed amongst all front line disciplines, agencies and organisations working directly with children and families. Prevention and Early Intervention and Transforming Rotherham Learning are embedded in the policy and planning framework for Children and Young People's Services, however, there is a risk that if this is not effectively communicated and understood, this strategic commitment will not be reflected in delivery across the partnership and will not be translated into improving outcomes for children, young people and their families.

In the current political and financial climate there is a risk that there will not be sufficient resources to drive forward changes and improvements. In particular the capacity of the workforce is likely to decrease and innovative work that is non-statutory will be at risk. Partnership working may well be impacted upon as resources are squeezed and services become more inward looking in order to survive. Opportunities for sharing resources and pooling budgets could decrease.

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

- The policy framework at national level is still emerging. Current indications are that Prevention and Early Intervention will be one of the priorities of the new coalition government.
- The Prevention and Early Intervention Strategy is closely linked to the early intervention framework set out in the White Paper: *Your child, your schools, our future: building a 21st century schools system*.
- Prevention and Early Intervention is one of the four 'Big Things' in the Children and Young People's Plan 2010-2013.
- Transforming Rotherham Learning and the development of learning communities is fully embedded into the Corporate Plan, Children and Young People's Plan 2010-2013, Prevention and Early Intervention Strategy, and the Transforming Rotherham Learning Partnership Plan.

- An effective Prevention and Early Intervention Strategy and the implementation of consistent, high quality CAF processes will impact on future Safeguarding judgements by external bodies such as Ofsted

### **11. Background Papers/Consultation**

- Numerous DCSF and ECM guidance on early intervention, CAF etc.
- Rotherham Prevention and Early Intervention Strategy: April 2010
- Grasping the Nettle: early intervention for children, families and communities

#### **Contact Name:**

Simon Perry – CYPS, Director of Community Services

Catharine Ratcliffe – CYPS, Strategic Lead Attendance and Parenting

Helen Shaw – CYPS, Strategic Lead Prevention and Early Intervention.

<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 10 December 2010</b>
<b>3.</b>	<b>Title:</b>	<b>Child Poverty Needs Assessment and Strategy</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Chief Executive's Directorate</b>

### **5. Summary**

The Child Poverty Act 2010 places a duty on local authorities to undertake a local assessment of need and develop a partnership strategy to reduce child poverty locally.

Following the previous report which was presented to Scrutiny in October 2009, a large amount of work has been undertaken across RMBC, in partnership with other stakeholders, to ensure this duty is delivered on. A local needs assessment has now been produced, which has informed the development of the draft strategy included with this report.

Scrutiny Members are being asked to consider and comment on the draft strategy prior to wider consultation takes place with stakeholders and members of the public.

### **6. Recommendations**

#### **That Scrutiny:**

- **Receive this report and note the local needs assessment which has been undertaken**
- **Discuss and consider the priorities and actions set out in the draft Child Poverty Strategy**

## **7. Proposals and Details**

The Child Poverty Act received Royal Assent in March 2010 and places a duty on local authorities to undertake a local needs assessment and develop a partnership strategy to reduce child poverty locally.

Since the previous report to Scrutiny, work has been ongoing to ensure these duties are met.

A Child Poverty Partnership Steering group was established and on 1 March 2010 a local child poverty conference took place, which started the discussions and process of developing a local strategy.

### **7.1 Local Needs Assessment**

A local needs assessment has been undertaken which pulls together all the issues which impact on and cause child poverty as well as factors which are as a result of living in poverty.

National Indicator 116 is the main measure for the proportion of children living in poverty in the area, and is based on income below 60 percent of the median national income. Data is collected by the Department for Work and Pensions and is likely to continue to be collected as it feeds directly into the Government target of eradicating child poverty by 2020.

Although income is the main factor directly affecting child poverty, there are many other indirect factors which contribute towards the complexity of poverty and prevent families from moving themselves out of poverty and achieving a decent standard of living. These contributing factors are set out in the needs assessment table – attached as appendix A.

### **7.4 Local Child Poverty Strategy**

The development of a local strategy will be key to driving forward the appropriate and priority actions needed to reduce child poverty in the borough. Although the needs assessment identifies a number of direct and indirect factors associated with child poverty and the impact it has on families' lives, interventions which tackle specific outcomes of poverty, will not work in isolation to significantly reduce child poverty.

The Child Poverty Unit developed a child poverty pyramid (shown in appendix A), showing all the direct and indirect influences on child poverty; the pyramid places barriers to employment, housing related costs, financial support and skills as the factors which have most influence on a family's ability to move themselves out of poverty. It is these top level factors which will form the basis of a local strategy for Rotherham.

The strategy has been developed around the 4 Building Blocks identified as part of the Government strategy:

1. Financial Support: improving financial and material support for families
2. Parental Employment and Skills: increasing employment and raising incomes for parents

3. Life Chances: improving poor children's life chances so that poverty in childhood does not translate into poor outcomes; and
4. Place: tackling deprivation in communities

The Steering Group have identified a number of priorities under each block, and considered appropriate actions for delivering on each one (see appendix B).

Members of the Children and Young People's Scrutiny Panel are being asked to consider and comment on these priorities and actions, prior to the wider consultation with appropriate stakeholders and members of the public takes place.

## **8. Finance**

It is intended that the strategy will be delivered within existing resources; redirecting resources where necessary in line with the identified priorities.

## **9. Risks and Uncertainties**

It is a statutory duty to produce a local needs assessment and strategy.

Although the new Government removed the statutory guidance for how to do produce these pieces of work and by when, Rotherham has continued to work towards the original timescale to have the strategy published by April 2011 and is on target.

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

The child poverty strategy will be the main delivery mechanism for reducing the overall proportion of children living in poverty. However this strategy links to a number of other key documents which are also key to reducing child poverty and ensuring children are supported to develop and achieve, these include; the Local Economic Plan, Prevention and Early Intervention strategy and the Children and Young People's Plan.

It is also part of the duty to consider child poverty when revising local Community Strategies, it is therefore important that the child poverty strategy and actions required to tackle issues are owned by the wider LSP.

The needs assessment and strategy include a basket of indicators which were identified by the Child Poverty Unit as key for measuring outcomes, along with NI 116. However, it is not yet known whether these indicators will continue to be collected, although it is considered that if a number of the indicators are an important way of measuring the success of the strategy, it may be that these are developed and kept as local indicators.

## 11. Background Papers and Consultation

- *Ending Child Poverty: Everybody's Business* –Child Poverty Unit (2008), outlines the causes and consequences of child poverty, the impact of government action so far and the policy direction for the future.
- *Child Poverty Act 2010*
- *Rotherham Child Poverty Needs Assessment* (appendix A)
- *Rotherham Draft Child Poverty Strategy* (appendix B)

### Contact Name:

Kate Taylor  
Policy Officer  
Chief Executive's  
Tel: 01709 8(22789)



30.11.10

## **Rotherham Child Poverty Needs Assessment**

### **1. Introduction**

Childhood experiences lay the foundations for later life. Growing up in poverty can damage physical, cognitive, social and emotional development, which are all determinants of outcomes in adult life. While some children who grow up in low income households will go on to achieve their full potential, many others will not. Tackling child poverty will help improve children's lives and enhance their life chances; enabling them to make the most of their talents, achieve their full potential in life and pass on the benefits to their own children.

Child poverty means growing up in a household with low income. This results in a standard of living that is well below the average and which most people would consider unacceptable today. Income poverty and material deprivation is therefore at the heart of tackling child poverty, however this is just the core of a series of complex issues and outcomes which harm children's development.

Research shows that children who grow up in poverty have a greater risk of having poor health, being exposed to crime and failing to reach their full potential. As a result their education may suffer, making it difficult to get the qualifications they need to move onto well-paid employment. This limits their ability to earn enough money to support their own families in later life, creating the on-going cycle of poverty. However, poverty is not solely related to income; poverty of ambition and aspiration is also a key factor determining a child's life chances.

This is an assessment of the children living in poverty in Rotherham; what the effects are and how these affect their chances throughout their life, which create the barriers to breaking the poverty cycle. This assessment will be updated annually and will inform the development of a local Child Poverty Strategy which brings together all organisations in Rotherham to put in place actions to tackle the issues locally.

#### **1.1. Why Do We Need a Child Poverty Needs Assessment and Strategy?**

The Child Poverty Bill was introduced to the House of Commons on 11 June 2009 and obtained royal assent in March 2010 and is jointly sponsored by the Department for Children, Schools and Families, the Department for Work and Pensions, and Her Majesty's Treasury.

The Act places a duty on all local authorities to produce a local assessment of need, which will then be used to develop a local strategy, bringing together all key partners and local organisations to contribute to the Government target of eradicating child poverty by 2020.

The Child Poverty Needs Assessment table attempts to present the broad ranging factors and their interrelationship with poverty, to show an overall picture for Rotherham and the issues which need to be considered. Addressing child poverty cannot be done in isolation; poverty and deprivation can only be reduced if we bring everyone together and understand that it is 'everybody's business'. This assessment will then inform the development of local strategy; outlining the key priorities for the borough and putting into place appropriate actions to deliver on these.

The needs assessment and strategy will be updated periodically to ensure they represent the changing environment and good work which is being delivered.

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## 2. Rotherham Demographics

Rotherham has a population of 253,900 and the most recent population estimates (2009) show there were approximately 62,540 children and young people (aged 0-19) living in the Borough representing 25% of the Borough's total population.

There are seven Area Assemblies across the borough with an average population of 36,300. Rotherham's Area Assemblies are geographical groupings of three wards, used as the basis for local partnerships made up of councillors, residents and other relevant organisations, including NHS Rotherham and South Yorkshire Police. There are 21 wards, each with an average population of around 12,000.

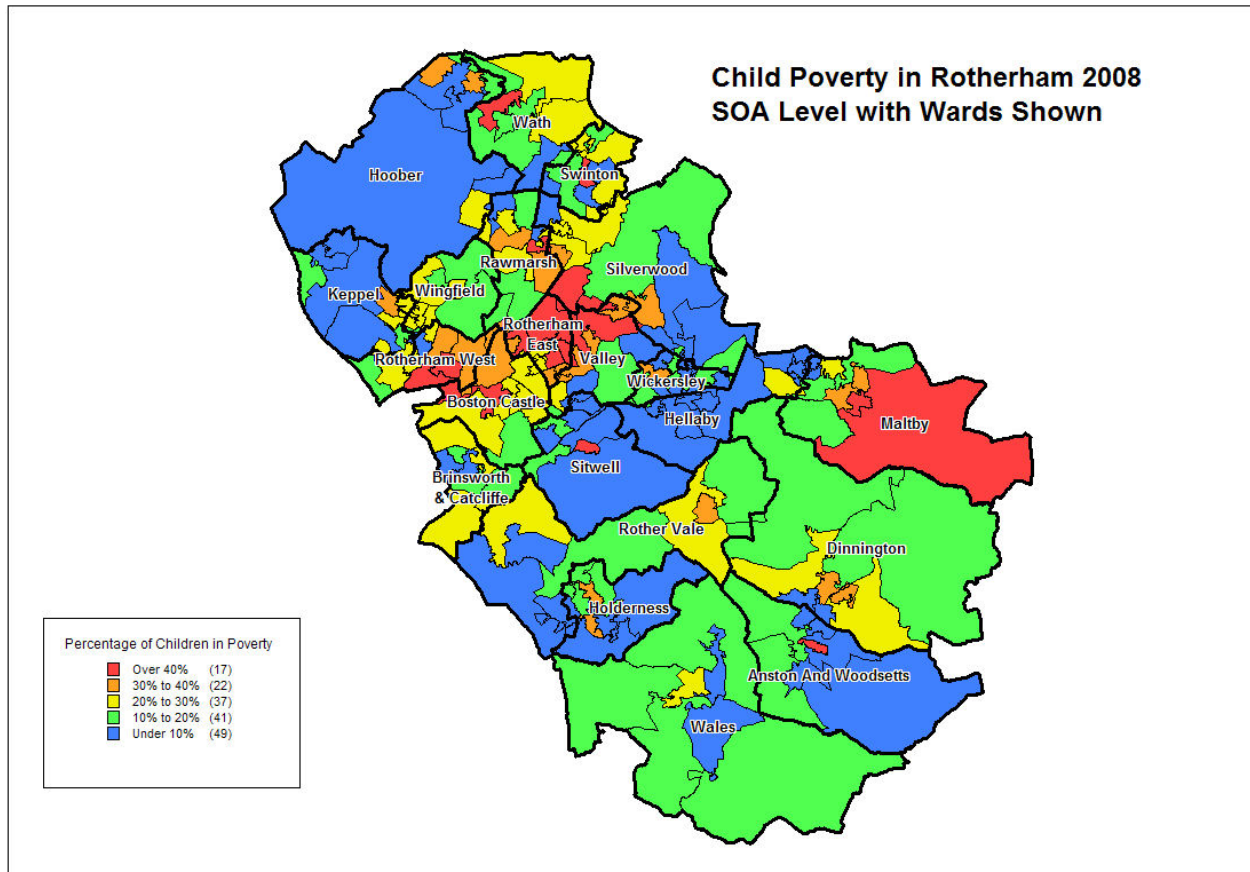
There are approximately 110,000 households in Rotherham (2009), 32% of which have children. Lone parents with dependent children make up 6.8% of all households which is slightly above the national average of 6.5%.

According to the Index of Multiple Deprivation (IMD) 2007, Rotherham is currently 68th most deprived Borough out of 354 English districts. Rotherham's IMD rank has improved from 48<sup>th</sup> in 2000, to 63<sup>rd</sup> in 2004 and 68<sup>th</sup> in 2007. Although Rotherham has clearly moved in the right direction towards lower levels of deprivation, the recent recession has had a major impact on many of the factors which affect families living in poverty, suggesting therefore that greater work is needed to tackle these issues.

31,000 or 12% of the Rotherham population live in the 10% most deprived areas nationally. Although the overall trend is improving there has been no improvement in the 10% of areas suffering greatest levels of deprivation. The key drivers of deprivation in Rotherham are: Employment (51<sup>st</sup> most deprived), Health and Disability (42<sup>nd</sup> most deprived) and Education and Skills (30<sup>th</sup> most deprived). Rotherham has average or low levels of deprivation in other domains such as Living Environment (147<sup>th</sup> most deprived), barriers to Housing and Services (285<sup>th</sup> most deprived) and Crime (136<sup>th</sup> most deprived).

The distribution of child poverty is concentrated in central Rotherham in a belt running from Meadowbank to Thrybergh. There are also a number of pockets elsewhere including parts of Maltby, Wath, Swinton, Whiston and Anston. Some small pockets are in semi-rural or suburban locations surrounded by areas of very low child poverty which are evident in the south central and south of the borough, as well as the north west around Thorpe Hesley and Wentworth.

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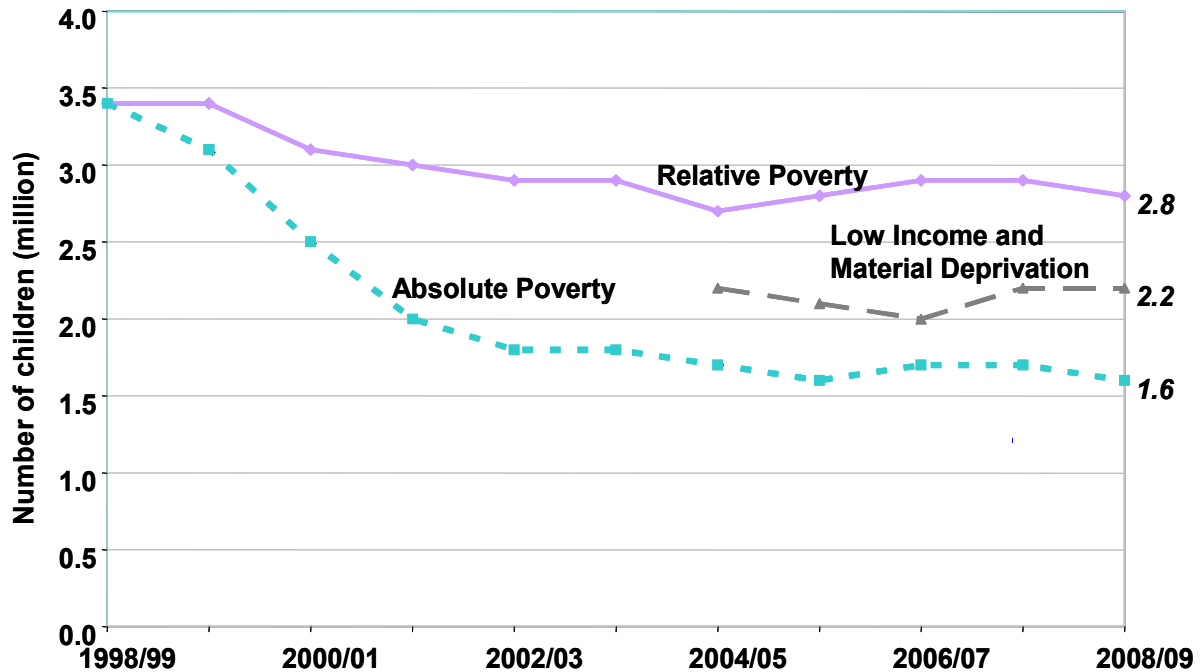
### 3. Measuring Child Poverty

#### 3.1 Nationally

Child poverty in the UK is measured by the Government using 3 indicators:

- *Absolute* low income – this measures whether the poorest families are seeing their income rise in real terms. The level is fixed as equal to the relative low-income threshold for the baseline year of 1998-99 expressed in today's prices;
- *Relative* low income – this measures whether the poorest families are keeping pace with the growth of incomes in the economy as a whole. This indicator measures the number of children living in households below 60 percent of contemporary median equivalised household income;
- *Material* deprivation and low income combined – this indicator provides a wider measure of people's living standards. This measures the number of children living in households that are both materially deprived and have an income below 70 percent of contemporary median equivalised household income.

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**Relative poverty:** 2.8 million children, a **decrease** of 100,000 since 2007/08

**Absolute poverty:** 1.6 million children, a **decrease** of 100,000 since 2007/08

**Low income and material deprivation:** 2.2 million children, **no change** since 2007/08

### 3.2 Locally

For the purposes of measuring child poverty locally, children are said to be living in poverty if their household's income is less than 60% of the national median income (*Relative*). The local indicator for reporting this data is NI 116 - the proportion of children living in poverty (from the national indicator set). NI 116 shows children in poverty within local authority and Super Output Areas (SOAs). SOAs are geographical areas used for the collection and publication of small area statistics (there are 166 in Rotherham with an average population of 1,530).

NI 116 is measured by the proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 6% of median income. Benefits include:

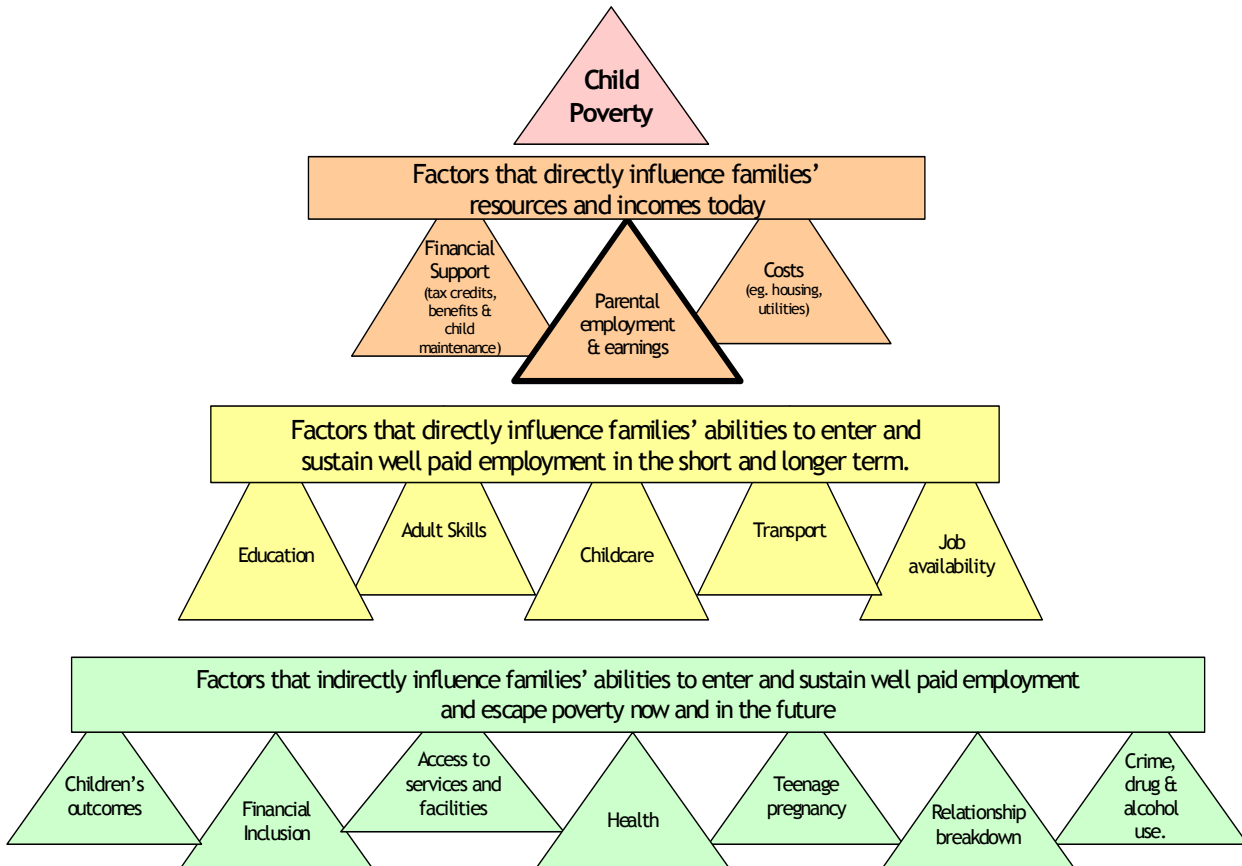
- *Income support (IS)*
- *Jobseekers Allowance (JSA)*
- *Working Tax Credit (WTC)*

However, there are a number of issues with NI 116 data, such as incomplete information for the IS/JSA claimants and that tax credits are assessed on taxable income, which does not include non-taxable benefits administered by local authorities such as housing benefit and council tax benefit. Benefit take up is also an issue, as not everyone who is entitled to takes up tax credits due to lack of awareness or other barriers; these families will therefore not appear in the statistics. Eligibility for free school meals is also a recognised proxy measure for children living in poverty. Also, indicators which solely relate to income and benefits do not represent a true picture of the standard of living of these children; therefore other indicators are looked at to create an overall picture of child poverty in Rotherham. This includes a 'basket' of indicators from the national indicator set which most closely reflect the drivers of child poverty. Other local knowledge is also used; including the Child Well-being Index which includes measures such as health, crime, quality of environment and education.

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**Diagram 1. Child Poverty Pyramid:**

The pyramid diagram below represents an understanding of the factors that impact on child poverty. To be effective local strategies will have to focus attention on the factors which have largest and most direct impact on child poverty.



Using the pyramid a number of indicators within the National Indicator Set have been identified to make up the child poverty basket. The basket of indicators (taken from the current National Indicator Set) takes those indicators which most closely reflect the drivers of child poverty that can be influenced by the local authority and its partners. By exploring the basket of indicators local authorities will be better able to:

- Explore the links between other areas of responsibility and child poverty
- Understand the drivers for child poverty in their areas
- Think about how they can drive reductions in child poverty in their areas
- Target and prioritise resources and services

The Government strategy for ending child poverty is divided into 4 'building blocks' which the basket of indicators fit into:

- Financial Support
- Parental Employment and Skills
- Life Chances
- Place

These building blocks and the basket of indicators will be used, alongside other local measures, to monitor performance in these key areas for the Rotherham Child Poverty Strategy.

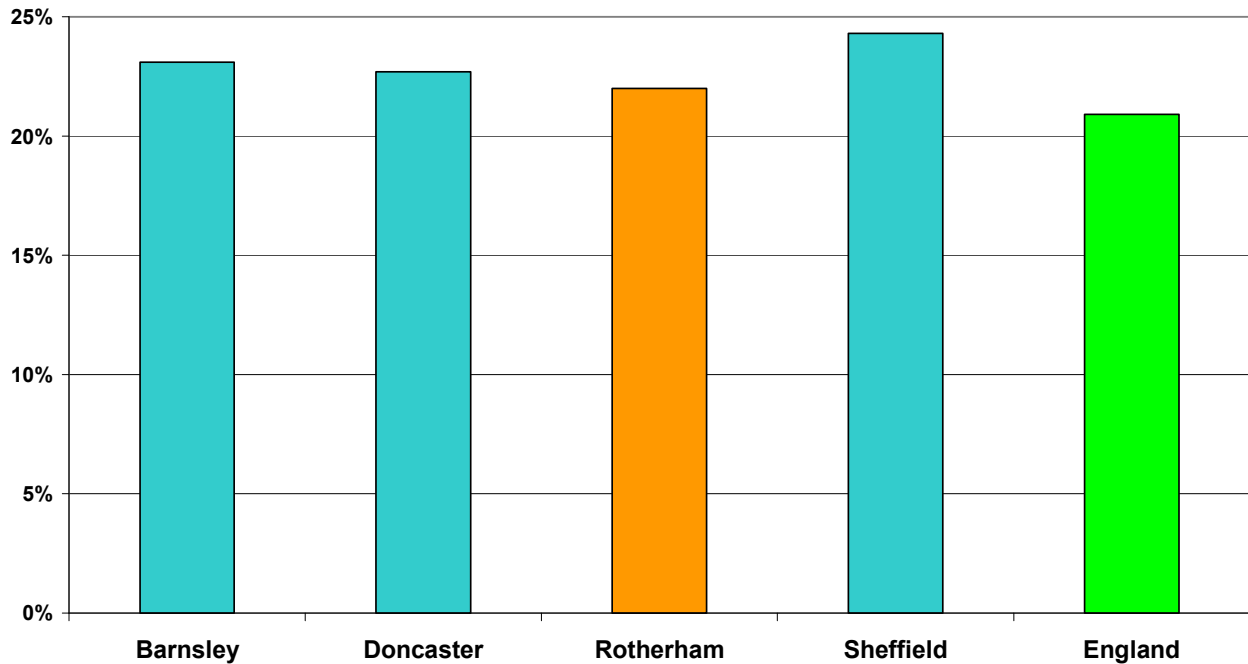
(Appendix A shows the basket of indicators and current performance)

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#### 4. Child Poverty in Rotherham

The overall proportion of children living in poverty in Rotherham (for 2008) was 22% (12,745 children) a slight decrease from 22.7% (13,080 children) in 2007. This figure is above that of the region and nationally but is slightly below other South Yorkshire districts.

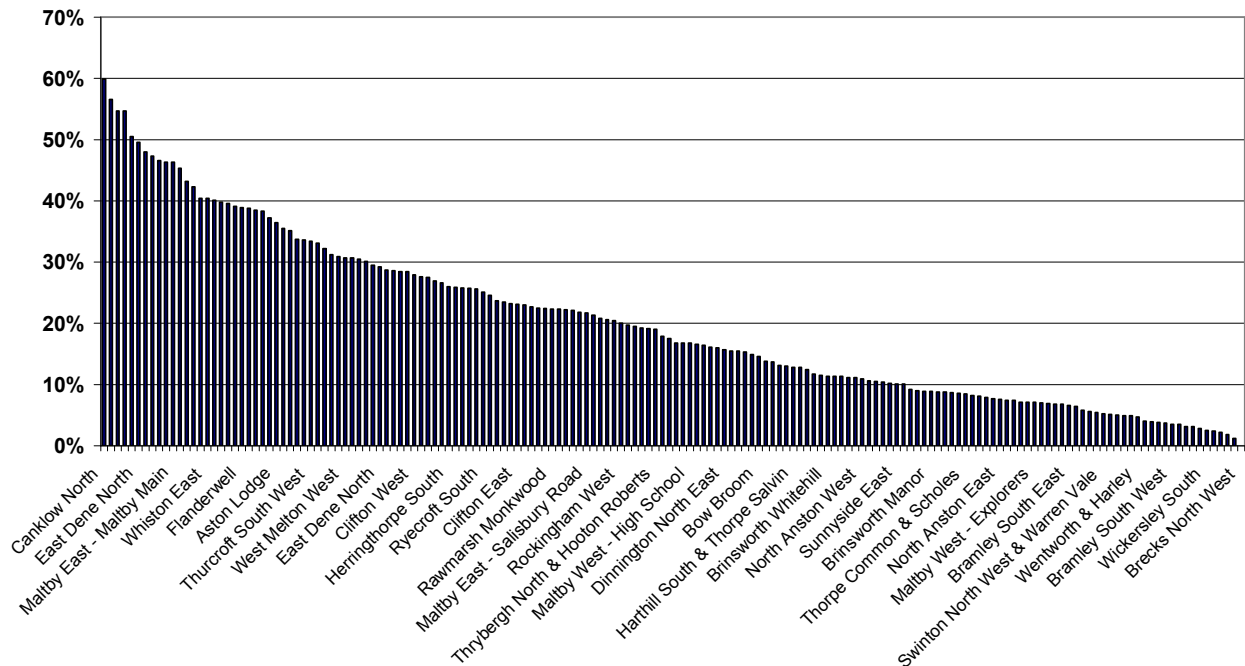
**Percentage of Children in Poverty 2008**



The variation of child poverty between districts is relatively low but there are vast differences at the neighbourhood level. Child poverty in Rotherham Super Output Areas (SOAs) ranges from 0% to 60% in some areas. The SOAs with the highest numbers of children in poverty have tended to see the greatest increase between the 2007 and 2008 data.

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### Child Poverty by SOA 2008



The highest proportion of children living in poverty are aged 0-4 (25%), which is slightly more than data for 2007, suggesting more children being born into families with low incomes. Of the 12,745 children living in poverty, 64% of these are headed by a lone parent.

Of the children living in poverty in a household headed by a couple 33% are in receipt of working tax credits and child tax credits (with median below 60%), this compares to only 4% of lone parent households in receipt of these benefits. The majority of lone parent households are in receipt of either income support or job seekers allowance, suggesting it is lone parent households who are out of work where the biggest problem is in relation to child poverty in Rotherham.

However, this data is limited to families and their level of income. The factors affecting poverty and outcomes which are as a result of living in poverty are complex and multi-faceted; they often overlap to create a cycle of poverty which families find difficult to move themselves out of. The Needs Assessment table (Item 8) outlines the complex factors which are both directly and indirectly associated with child poverty; showing how they are linked to poverty and how families in Rotherham are specifically affected by them.

#### 5. Rotherham's 500 Babies

As a hypothetical way to demonstrate the inequalities and life chances of children in the Borough, a concept was developed which looked at 500 babies born in Rotherham and their chances throughout various stages in their life. For the purpose of this exercise, it was as if each baby experienced no change in circumstances throughout the course of their life.

Out of the 500 babies, 317 were born in the ten most deprived SOAs, and 183 were born in the ten least deprived areas. The higher number of babies in the most deprived areas represents statistics that show a higher percentage of children live in the more deprived areas.

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Most Deprived	Least Deprived
East Herringthorpe	Kiveton Park / Harthill
Canklow	Wickersley South
Thrybergh South	Stag East
Springwell Gardens	Anston East
Ferham	Stag North
East Dene East	South Anson East
Masbrough	Stag South
East Maltby – Maltby Main	Anston South
Town Centre	Dinnington South West
East Herringthorpe South	Swallownest South

The table below shows the difference in life chances for the babies in each group, and illustrates the considerably greater disadvantage experienced through life, simply by being born in one these deprived areas.

Of the 500 babies	183 live in the least deprived areas	317 live in the most deprived areas
Are boys	93 (51%)	161 (51%)
Are girls	90 (49%)	156 (49%)
Are minority ethnic	10 (5%)	105 (33%)
Live in Christian families	144 (79%)	198 (62%)
Live in Muslim families	5 (3%)	72 (23%)
Are disabled	5 (3%)	15 (5%)
Live in a council house	1 (0.5%)	122 (38%)
Grow up in a lone parent family on income support	5 (3%)	77 (24%)
Will be classed as a 'child in need'	2 (1%)	20 (6%)
Will grow up in a workless or very low waged household	10 (5%)	178 (56%)
Are eligible for free school meals	7 (4%)	138 (44%)
Gain at least 5 GCSEs A-C (including English and Maths)	113 (62%)	75 (24%)
Stay on at school or college after 16	152 (83%)	159 (50%)
Become NEETs (not in education, employment or training)	4 (2%)	34 (11%)
Live in a household where the highest qualification is NVQ 4/5 or degree	33 (18%)	23 (7%)
Become a professional or manager	31 (17%)	16 (5%)
Live in a household with income over £30k	93 (51%)	79 (25%)
Claim housing/council tax benefit	15 (8%)	159 (50%)
Qualify for a means tested DWP benefit	9 (5%)	143 (45%)
Become pregnant before 18	3 (1.6%)	11 (3.5%)
Experience low birth weight or still birth	13 (7%)	33 (10%)
Can expect to live until age (males)	80.8	72.4
Can expect to live until age (females)	87.2	78.1
Will experience (annually):		
Violent crime	1 (0.5%)	15 (4.7%)
Deliberate fire	1 (0.5%)	5 (1.6%)
Anti-social behaviour	4 (2%)	38 (12%)



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## **6. Links to Other Local Assessments and Strategies**

The Child Poverty Strategy will become the main delivery plan for tackling poverty in Rotherham. However, work on this agenda could not be done effectively in isolation and therefore links are important between other assessments and key strategies, which will be used to help inform specific areas of the child poverty needs assessment, as well as support in the delivery of the range of actions required to tackle child poverty.

### **6.1. Community Strategy 2005-2011**

Rotherham's Community Strategy is the shared vision of the Local Strategic Partnership (LSP), based on local circumstances and need.

By bringing all these partners together, the community strategy is able to affect all the key indicators of child poverty and will therefore be an important delivery mechanism for tackling the issues in Rotherham. All local authorities have a duty to embed child poverty and the related indicators within their refreshed strategies, which for Rotherham will be published in 2011.

### **6.2. Children and Young People's Plan**

The Rotherham CYP Plan is a strategic overarching single plan for all the services delivered to Rotherham's children and young people. The intention of the plan is to show how all the partners who make up the Children's Trust are working together to provide services that will improve children's lives.

The plan identifies four big things that will guide activity:

- **Keeping Children & Young People Safe**  
Integral to the activity of all partners; specific arrangements put in place to keep the most vulnerable safe from harm.
- **Prevention and Early Intervention**  
A new focus to help target activity effectively; underpinned by the prevention and early intervention strategy.
- **Tackling Inequality**  
The work will help narrow the gap between the life experience of the least deprived and most deprived families in Rotherham.
- **Transforming Rotherham Learning**  
A delivery vehicle that will support in achieving the vision by developing multi-agency learning communities with child-focused integrated teams.

The CYP Plan includes 6 action plans; one for each of the Every Child Matters outcomes. The actions within these are linked to the 4 'big things' above, representing a clear picture of what the partners of the Children and Young People's Trust Board are doing to do to make an impact on the lives of children and young people across the borough. The child poverty strategy will support the CYP Plan by tackling the issues which result in poor life-chances and inequalities for children.

### **6.3. Rotherham Economic Assessment and Plan**

The Rotherham Economic Assessment 2010 links very closely to the child poverty agenda and is a crucial document in the analysis of the key economic factors which relate to poverty, including: employment, earnings, skills and take up of benefits, which all play a direct role in families' incomes, available resources and their ability to move themselves out of poverty.

The Economic Plan will be the key delivery mechanism for tackling issues relating to employment and income, which will be integral to reducing child poverty.

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## 6.4 Rotherham Financial Inclusion Strategy

The Rotherham Financial Inclusion Strategy aims to coordinate existing and develop new initiatives and local services to tackle the effects of financial exclusion. Financial exclusion can have major impacts on families who are living on low incomes, therefore actions to promote inclusion and help families access the support they need is a crucial element of tackling child poverty.

The strategy is developed by the financial inclusion team based within Voluntary Action Rotherham (VAR), and will be a key player in the development and implementation of the child poverty strategy.

## 7. What Are We Doing

### 7.1 Child Poverty Conference

On 1 March 2010, Rotherham held a child poverty conference which brought together a range of people from across the LSP with a shared interest in tackling poverty in the borough. The conference was the start of the process of developing a local needs assessment and strategy.

The conference allowed colleagues from all organisations in Rotherham to share their experiences and knowledge of the issues and discuss what they believed the key priorities were for the borough. Workshops were focused around the main factors affecting poverty, what the priorities should be and current good practice, for each of the four building blocks, described previously. A summary of the key factors are outlined below:

	Factors Affecting Poverty
Financial support	<ul style="list-style-type: none"> <li>• Poor financial management</li> <li>• Lack of awareness</li> <li>• High interest loans</li> <li>• Expensive credit</li> <li>• Benefit dependency trap</li> <li>• Benefit system works against stable partnerships and families</li> <li>• Breakfast and holiday clubs are well established but rely on voluntary input</li> <li>• Cost of child care</li> <li>• Lack of funding for educational activities</li> </ul>
Employment & Skills	<ul style="list-style-type: none"> <li>• Lack of aspiration</li> <li>• Worklessness</li> <li>• Poor soft skills</li> <li>• Lack of positive role models</li> <li>• Low paid jobs</li> <li>• Lack of work skills</li> <li>• Long term sickness</li> <li>• Lone parents</li> <li>• Career advice and interview skills</li> <li>• Low self-esteem and confidence</li> <li>• Intergenerational poverty</li> </ul>
Life chances	<ul style="list-style-type: none"> <li>• family for their child</li> <li>• Poor health</li> <li>• Improving children's aspiration</li> <li>• Positive role models in communities</li> <li>• Children unable to attend day trips</li> <li>• Teenage pregnancy</li> </ul>

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	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Child protection</li> <li>• Breakdown of families – extended families</li> </ul> Child development – limited language skills
Place	<ul style="list-style-type: none"> <li>• Private, poor quality housing</li> <li>• Lack of social housing</li> <li>• Crime/safety issues</li> <li>• Transport issues</li> <li>• poor living conditions</li> <li>• Private landlords and migrants</li> <li>• Thresholds of 'good enough' living conditions varies between agencies</li> <li>• Ghetto's – families 'dumped' into areas</li> </ul>

Based on the factors affecting poverty, conference delegates came up with a list of priorities for tackling the key issues in Rotherham, the most common priorities included:

- A clear definition of child poverty encompassing all agencies
- Robust – up to date data needed
- Support for parenting – early years and parent support
- Acceptable housing
- Financial advice – including benefit take-up/credit unions
- Skilling people up for employment
- Ensuring jobs available for people once they have skills
- Transforming Rotherham learning – using schools to engage with families
- Family Intervention projects – bespoke to individual families

These issues and priorities will be drawn upon to develop the local strategy, ensuring it is based on well established local knowledge.

### 7.3 Developing the Child Poverty Strategy

The next step in the process is to develop a local strategy, based on the findings of the needs assessment, as well as the local knowledge of those working in communities and local families experiencing these complex issues.

The draft strategy will be developed by January 2011, when it will go out for a period of consultation with all stakeholders (through the LSP) and local residents.

The final Rotherham strategy will be published April 2011.

However, it is important to appreciate that work to tackle the broad issues relating to child poverty is already on-going across the borough, and significant progress has been made. These key achievements are outlined within aspects of the needs assessment, with more detailed accounts of specific projects can be seen below, along with case studies from individuals involved in the projects.

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## 7.2 Good Practice and Case Studies

### Rotherham Local Ambition Programme

It is evident that despite investment, renewal and regeneration across the borough in recent years, there remains a small and highly concentrated number of neighbourhoods which have not shown improvements at the same rate as other neighbourhoods. There is also evidence to suggest that the downturn in the economy has hit these neighbourhoods the hardest. Local Ambition is designed to target those neighbourhoods most at need through a targeted and intensive neighbourhood management approach.

Rotherham piloted an Intensive Neighbourhood Management (INM) pilot in 2007-2008 and was also a pilot authority as part of the National Neighbourhood Management Pathfinder. Learning from these pilots supported the need for a more targeted and intensive approach in our most deprived and vulnerable neighbourhoods.

At the beginning of 2009, a new Neighbourhood Transformation Service was established within the Neighbourhoods Directorate of the Council. A review of neighbourhoods (SOA level) took place in the spring of 2009 to identify those neighbourhoods at 'tipping point' that would benefit from an INM approach. Three neighbourhoods were identified that would benefit from the approach:

- Ferham
- Canklow
- East Herringthorpe

The review identified a number of key characteristics in the three neighbourhoods, including the deprivation gap was widening and showing a negative direction of travel, the economic shock had been felt the hardest, there were disproportionately high levels of NEETs and low levels of skills and employment, very low levels of child well being, high crime and anti-social behaviour and a number of persistent and entrenched social barriers existed. However the review also highlighted a number of distinct and striking differences which supported the need for a much more tailored and targeted approach.

#### What will Local Ambition achieve?

The core programme outputs are to increase volunteering and assist people into work and self-employment, although the project is also focused on tackling the wider complex local issues which contribute to quality of life. A number of projects/initiatives have been/ or planned to be delivered which specifically relate to tackling child poverty and the factors associated with it, including:

- Piloting **Job Centre Plus drop in sessions** in all 3 areas offering work focused services through enhanced job searches, advice on training/volunteering.
- **NEETs and school leavers events** to promote different options for young people
- **'Raising Ambition in Ferham'** event in July 2010 at Rotherham North's Sports Festival
- **Working with RUFC** to deliver targeted activity with newly arrived families (Roma, Afghanistan, Czech Republic) as well as establishing a football team in East Herringthorpe
- **Working with C&YPS to promote existing youth provision**
- **Addressing road safety/parking concerns** around schools
- **Total Place Focus Groups** with local out of work residents to identify barriers to employment
- Developing a **homework club** for young people
- **Assessing 0-5 childcare provision** including **promoting childminding** as an employment opportunity.
- **Promoting existing adult learning opportunities** and supporting parents to take up opportunities.
- Working with 2010 to **explore more robust tenancy management** and the support given to vulnerable families who are moved into the area.
- **Promote existing sports provision** as take up is very low
- Developing **Junior Warden Schemes** to get young people volunteering in their neighbourhood.
- Working with Green spaces and Rotherham wardens to make **existing play areas safer and more**

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**accessible** for children.

- **'Opportunity Knocks'** event scheduled to take place in December to bring work focused advice, information and guidance to local people.
- **Projects to support local people to get more involved In their communities and look at how services can be delivered more effectively**
- **Promoting Sexual Health** to young people
- Working with Homestart, childrens centre and youth service to establish **a group for young dads.**
- Working with the drug and alcohol team to **support work focused on street drinking.**

To date, the project has:

- **assisted 56 people to get a job** (6 people have secured paid employment as a result and 1 person has secured training).
- **delivered 15 neighbourhood events**
- worked with **1 person to consider self employment as a career option**
- enabled **73 people to get involved in volunteering.**
- signposted **52 people** to services

### Ministry of Food

The Jamie Oliver Ministry of Food (MoF) and Pass It On concept were launched in Rotherham in April 2008. The MoF centre, which has been the central focus of all the activity associated with the project, subsequently opened in June 2008.

Since the launch, the centre has delivered a wide range of activities through partnership working and establishing links across a range of different agendas.

The primary purpose of the project, delivered through a series of 10 week courses, was to help facilitate behavioural change concerning attitude to food and dietary health. The project identified 3 key groups to target specifically (although no group was excluded if they wished to undertake classes):

- People and families (particularly with young children) on low incomes
- Carers
- 16-18 year olds (students)

The case studies below show a number of young people classed as NEETs:

David - 19 years old

David is doing the Prince's trust award and is with the MoF for his 2 week placement. He has also been to the MoF previously, taking part in the 10 week course. On the back of this he is now cooking using fresh ingredients and his diet has improved dramatically. He has decided that from his experience in the MoF that he would now like to pursue a career in catering, and work towards a qualification.

Marc - 21 years old

Marc was also NEET's he had been unemployed for 12 months. He went to the MoF on the Future Jobs Fund programme and has been with them for 15 weeks. He has said he has loved the placement and cannot put into words how much he has enjoyed the experience and he has said the amount of skills he has learnt during the past 15 weeks has been invaluable. Marc is now going to pursue a career in catering and is positive his time at the MoF will ensure his future in the industry. Marc is working towards his NVQ level 2 which has been provided through the MOF

Daniel - 23 years old

Daniel was NEET's and was unemployed for 7 months. He also went to the MoF on the Future Jobs Fund programme and has been with them for 15 weeks. Danny wanted to get into catering before but struggled to

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get into college. He has now gained valuable skills and experience within the MOF and has said his confidence has increased and he now feels that he has met and exceeded the personal goals he set himself. Daniel is also working towards his NVQ level 2 and also wants to pursue a career in catering with his ultimate goal to own his own kitchen.

Rebecca - 21 years old

Rebecca has been with the MoF for 6 weeks and was also NEETs she is now with them on a 1 year apprenticeship and is working towards NVQ Level 2 in Catering. She is hoping to become a full time chef after her placement and is positive her qualifications and experience here will help her achieve this.

### **Inspire Rotherham**

Research has shown that patterns of low educational achievement and literacy closely follow high levels of deprivation. The Inspire Rotherham project will initially focus on raising the Key Stage Two achievement of pupils living within the 10% most deprived SOAs in Rotherham. These SOAs are detailed below:

East Herringthorpe North, Canklow North, Thrybergh South, Eastwood East, Masbrough West, East Dene East, Masbrough East, Maltby East - Maltby Main, Town Centre, East Herringthorpe South, Eastwood Central, Rawmarsh North East, East Dene North East, Eastwood Village, Meadowbank, Dinnington Central.

As part of the ongoing 'Inspire Rotherham' project a data booklet has been produced to provide a clear and in depth view on the curriculum of literacy, written and oral skills of children up to the age of 11 years old. This incorporates the Early Years Foundation Stage, Key Stage 1 and Key Stage 2 attainment outcomes and results for the borough. The booklet shows how, as an authority, Rotherham children are performing against all other areas nationally for 2008 and 2009. It provides an analysis on how each area of deprivation banding in Rotherham borough (from 10% most Deprived to 10% least Deprived) is performing in the subject areas of English for each Key Stage. In addition to this the data has also been broken down and analysed into vulnerable groups, which is a big part of the national strategy for the 'Narrowing the Gap' agenda. Previous research on this has demonstrated that pupils' background factors such as gender, entitlement to Free School Meals (FSM), stage of fluency in English, ethnicity and deprivation areas can effect their educational achievements.

The majority pupils (92.57%) living in the top 10% most deprived SOAs in Rotherham attend 25 primary schools across nine cluster groups. Inspire Rotherham will focus on raising the attainment of the 2011 Key Stage 2 cohort across language and literacy.

### **Claire's Story - Breast feeding peer supporter**

I gave birth to my little boy by emergency c section and after I woke my husband gave him to me. We cuddled, then after a while he found his way to my boob and latched on. He fed for about an hour and came off happy and satisfied.

For the first couple of days it remained like that. He would go for a long time between feeds (about 12 hours) but would feed well when he wanted it. During this time I remember a friend e mailing saying she found breastfeeding hard at first. I replied saying that it is going well, no problems.

Looking back I was very naïve. No close family or friends had recently had babies so I hadn't heard either the tips or the horror stories. I had never considered not breastfeeding – to me it seemed the normal, natural thing to do. My husband very much had the same opinion, of course baby would be breastfed, why would we do anything else?

I do remember though that when we were preparing for the arrival of our little boy (or "it" at the time) my husband suggested that we buy a couple of bottles "just in case". "Just in case what?" I asked, "We won't use

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them it will be a waste of money” I replied. We didn’t really decide what the “just in case” was but we did buy the bottles, the reason being my husband said he would want to feed the baby sometimes. At the time I thought to myself there will be no way I will let him but I kept this to myself. We didn’t buy any formula though.

Back to my breast feeding story, and on day 3 or 4 of my son’s life it was then that things started to change. It seemed that every moment he was awake he wanted to be feeding – and each feed would take such a long time. He would drift off to sleep mid feed and it was difficult to tell where one feed ended and where the other began. My nipples were sore and cracked. I spent the next two weeks with the curtains drawn walking around topless. If I thought that was bad I was little prepared for day 20, what I know was his 3 week growth spurt. At least until then he had been sleeping between feeds. That day he was feeding all day long. My husband returned from work to find me exhausted and teary. He took our son for a walk to give me a break, but returned 15 minutes later with a screaming baby saying that I would have to feed him.

Thankfully that was over within a day but what continued was the pattern of feeding all evening, from around 7pm until after midnight each night he was on and off my boobs all the time. My husband found this particularly stressful, whereas I was at home and saw our son when he was content and even at times awake without feeding (it seemed a minor miracle at the time), my husband was at work all day and would return to find a fretful bay who was attached to me all evening.

We solved this when our son was 4 weeks old by me expressing milk at 7pm each night. I would feed him from each boob, then his daddy would give him a bottle (so we did need the “just in case bottles”. All of us loved this solution – our little boy was satisfied and would happily go to sleep, and both I and my husband appreciated the “daddy and bottle” time. Our son is now a year old and he still has story and singing time with daddy before bed.

By this time, when our son was 4 weeks old, we were over the main problems but it didn’t feel like it at the time. I worried about everything, was he feeding too much or not enough? How did I know when he was hungry or when he had finished? I worried excessively about his latch, was it correct? I spent hours scouring information on correct positioning and latch because I thought ours was incorrect. Was he having too much foremilk and not enough hindmilk? How could I tell when he had emptied a boob? (We were told by NHS to make sure he had emptied one boob before starting on the other). I could always squeeze a bit of milk out, so was I switching sides too early? For that matter should I do one boob per feed or two? How should I decide which one?

Expressing was difficult – how could I get enough for the bottle without spending all day pumping? Should I stop him falling asleep during feeds? If so how? Should I demand feed or get into a routine (I was finding it difficult to read his cues). How could I cope with the long night feeds without falling asleep myself. Why did he still want to feed all of the time? From when he was 4 weeks to 6 months I expressed milk at least once a day for the evening bottle and for a time for a dream feed. This was a task I didn’t like. We went through 3 pumps and long periods when I would express for ages to come out with a dribble of milk. But I was worried that if I dropped the 10pm pumping session, my supply would be affected as otherwise I went from 7pm to approx 3 am or later without him feeding. So I stuck to it. It was never enjoyable but I did at least get used to it and it wasn’t quite so much of a miserable task.

I remember having a revelation when our son was 6 weeks old. Not all crying is hunger!!! Looking back it seemed obvious but I didn’t know it at the time. When he cried I went through my check list: hungry, wind, nappy, tired etc. Hunger was the first thing on the list so it was what I tried first when he cried (I have since discovered dummies), so a feed would always make him happy. It wasn’t necessarily what he wanted though. Realising this meant he went from feeding all day long to feeding approximately 3 hourly – a massive improvement.

I spent a lot of time searching for help and although there were various specific problems that I had, it was

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more a general feeling that it wasn't going well or it wasn't going right. I asked my health visitor, the local Surestart, travelled 20 minutes by car to a breast feeding support group, only to discover when I arrived ceased running several months previously. I left messages with the community breastfeeding midwife and at the hospital which were never returned. One day when I hadn't been able to express enough for the evening bottle (each day was a struggle to get enough) I phoned a national breastfeeding helpline to say I was going to have to supplement with a couple of ounces of formula mixed into the bottle – was there anything I needed to know? The woman, rather severely, told me that I shouldn't need a bottle at night – “your latch is probably incorrect” (I know but I can't find anyone to help me!!!), and you will give him allergies from formula.

Eventually though, when he was 8 weeks old I found the breastfeeding support group at Dinnington. By this time we were in reality, getting on OK although it still didn't feel like it and I was still worrying about various things. I went to the group expecting to ask all my questions and get the answers. Instead, I was somehow reassured by knowing that help was there if I needed it. I didn't ask anything and went away feeling much happier. At 9 weeks of age, my son fairly suddenly; went from 45 minute feeds to 10 minute feeds. Not only were the feeds shorter but somehow clicked for both of us. From then onwards breastfeeding was great.

By the time he was 3 months old I loved breastfeeding. I loved the convenience – no sterilising or preparing bottles. I loved not spending my money buying formula. I loved the excuse to eat extra biscuits and still lose my baby weight fairly quickly. I loved how I didn't have to think about feeding my son when we were out, packing bottles for either planned or unplanned feeds (eg he was hungry or we were delayed). I loved the feeling that I was providing for him and giving him the most natural thing (human milk for human babies) I loved how healthy he was and the knowledge that I was passing on antibodies in my milk. I loved the feeling of satisfaction that I had persevered through the bad times and now it was the easiest thing in the world. There have been issues I have needed to solve since then: he enjoyed guzzling several times a night, the phase of extreme distractibility, the phase of biting (luckily before teeth), The returning to work and having uncomfortable full boobs. Overall though, it has been pretty much idyllic from 3 months onwards. The only issue for me is that we are thinking about trying for another baby within the next few months but breastfeeding has meant my periods haven't returned. I am starting to cut down feeds in the hope that they return and I am just hoping that I don't have to stop fully as both myself and my 12 month old son love it.

**Claire continues to attend two breast feeding support groups and has since trained as a breast feeding peer supporter. She feels that she is giving something back to a group which helped herself to understand that she was not alone with her concerns.**

### Case Study – Sure Start Central

#### Language and Communication Development

Child A is currently 30 months old. He is under the care of local authority, and attends a nursery setting five days a week, from nine in the morning until five in the evening. He started last year when he was 17 months old. Because of his previous childhood experiences, he has got global development delay.

When he started attending the setting he wasn't walking; his personal, emotional and social skills were that of a baby and he didn't communicate with adults or children at all. There was no display of emotions, either through facial expressions or body language. He was a very reserved child.

Now his speech, language and communication development is that of 'innovative communicator' achieved by children by 24 months. He is regularly assessed by speech and language therapist and health visitor.

When he was seventeen months old, his PLOD (possible lines of development) showed that he is interested in trains, as he used to go to train spotting with dad. He enjoyed transporting trains, cars and mark making. Now, we have built up on his interest (**what**) and he still enjoys playing with trains, but along with transporting schema, he has got trajectory and horizontal schemas too. He has also explored and developed his mark



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making skills and likes doing paintings with variety of resources, such as, dry paints, coloured chalk, crayons and pencils. He also, enjoys books quite a lot. He can turn pages by himself and likes to talk about pictures with adults. He has also made some good friendships and likes playing and running.

All this has been possible through hard work of his key person along with other staff members who have done one to one sessions with him. We build on his interest by initiating conversations while he is playing with trains, looking at books that had different other vehicles along with trains and constantly repeating words and adding a word at a time to his existing vocabulary. Also, we picked up on his interest for animals, and further enhanced his skills by playing animal sound tapes on listening station- identifying animal sounds, looking at books, communicating with him at his level and listening to him; giving time to him to respond.

He understands simple instructions and can focus on an activity of his choice. He has got good vocabulary, and can use up to 50 words. He has also started to put 2-3 words together, e.g., "that's mine". He has got a very good relationship with his key person and gets along well with other staff members too. His social skills are developing too, as he regularly engages in pretend play activities. He likes dressing up and playing in the home corner. He is very independent child and has got confidence and self esteem. He is also showing lots of interest in his environment, as he smiles, laughs, waves, points, runs, walks, enjoys stories and likes to sing songs and rhymes. His favourite is 'twinkle twinkle little star'. Thus, he has progressed in leaps and bounds in his communication skills.

#### **Case Study (Female aged 21, Baby aged 13 weeks)**

This young woman was placed in care at the age of 3 years and has been in and out of care until she was 17 years of age. She went back to mum at the age of 14 for a year and during this time was subject to a horrendous attack by her mother during which her mother set light to the house and the girl almost died. Her mum was diagnosed as a paranoid schizophrenic and sectioned under the Mental Health Act and is currently in a mental hospital. The girl is now residing at Fleming Gardens and has done since May 2010. Prior to living here she was in a women's refuge in Sheffield. She had been in two other refuges previously. She has a daughter who is 13 weeks. The baby is currently subject to a Child in Need plan and her mother is working towards getting her baby off this. The young woman wants the best for her child and does not want to put her through the life she had when she was growing up. She has used cannabis since the age of 14 years and has found it very hard to stop. She has debts due to non payment of rent arrears from the short time she was living in local authority housing.

#### **Action:**

The young woman resides at the Fleming Gardens Supported Housing Project and all residents and children residing at the project have a Common Assessment in order to plan the support that they receive. A CAF has also been completed for the baby daughter. Both CAF's were initiated on by a Fleming Gardens support worker who is also the Lead Worker. An elaborate action plan was composed along with the CAF which identified many actions for the young woman to work on.

#### **Outcome:**

A review was held in September 2010 which showed that the young woman has done really well since moving into Fleming Gardens and has managed to achieve 10 of her goals. These include reducing her debts. She has had a lot of problems with rent arrears and council tax arrears. This had taken several months to sort out by contacting the department of work and pensions, housing benefit and someone from the arrears department. She has had support with this and it is finally sorted out. She is now paying £5 a fortnight to the council, £3 a week to Council Tax out of her benefits and she owes Sheffield YWCA £36 which she has paid £20 off already. She states she is proud of how she now pays her bills because previously she used to just ignore them. She has managed to get all the correct benefits in place and has no concerns with what benefits she is entitled to. A form was completed for milk tokens and she now has these in place.

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She now feels she is now managing her money well. A few weeks ago Sarah was out with her cousin when her cousin stole £40 out of her purse; therefore she had no money for a week. She did manage ok but struggled with her bills that week. She is doing fine with her bills, as said previously she did have a week where no bills were paid because she had no money. She will make sure all her bills are paid every fortnight.

**Family Cost Calculation: Potential saving for family of £36.955, 00**

### **Case Study – 2 Year Old Pilot (Child M)**

Family originally referred to me in January 2009 for support with boundaries and guidance.

Initially Mum did not want to engage with services, she felt that we were all nosey and that the support and help was not required, that she could cope with everyday life. However after seeing the home conditions and observing mums mental health it became clear that she required support now more than ever.

Mum regularly avoided pre arranged visits, appointments and telephone calls. On unsuccessful home visits the home would look empty and sometimes would look the same for weeks at a time i.e. food left out on plates, same toys left out in the same place etc.

Unfortunately Mum became part of a serious Child Protection case and Child M was placed in temporary foster care. With perseverance from Family Support, Mum began to engage with services and overtime we built up a good relationship.

Mum was continually encouraged to attend groups, which she eventually did and she also enrolled for a Literacy course that I was running. This increased her confidence and she made a new circle of friends, of which she still keeps in contact with.

Home conditions improved and over time Mum was allowed increased contact time with Child M, until she was finally allowed to take full care.

Mum agreed to the 2 year old pilot and engaged well with the services involved, and she eventually realised that we were there to help. Her confidence and self-esteem blossomed; she became a more independent person, who was able to care for her child in a loving and safe environment, with the support given by the agencies involved.

Overtime the agencies took a step back, allowing Mum to stand on her own two feet, which is what she did. She made her own enquiries at College and sorted out funding for childcare whilst she trained.

Mum had two interviews at college and spent a few days having inductions and meeting the rest of the learners. She has now started college on a 2 year course, and Child M is in childcare.

Mum turned her life around with the help and support of the appropriate agencies and is determined to make a better life for her and her child.

### **Case Study – 2 Year Old Pilot (Child L)**

I referred Child L for a place on the pilot for a number of reasons.

Prior to the child's birth mum was employed as a full time P.A for a large company, but due to the domestic violence she was subjected to after the birth of Child L mum suffered from depression, lost her confidence and self esteem.

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Mum is now a single parent with two older children, from a previous relationship, a 22 year old with a serious medical condition and a 14 year old with Autism. Child L also has some learning difficulties and has been referred to the CDC and to Speech and Language.

Mum's mental health was also impacting on her parenting abilities. Child L was offered a place on the scheme just a month after his 2<sup>nd</sup> birthday and his mum has described it as 'the best thing that has happened' since his birth.

Child L had accessed day care sessions previously, whilst she worked. She was made redundant shortly after Child L was born and was keen to return to work. Since he started the pilot mum stated that she felt more confident and has used her time to search and apply for a number of jobs, resulting in her now having a full time job and Child L attending full time.

Staff at the setting have recognised that Child L requires extra support to develop his speech and language and other areas of development and mum has stated that she has noticed a marked improvement not just in Child L but indeed the family dynamics have also improved as a direct result of Child L attending day care.

In her own words she 'can not thank us enough' and I have witnessed at first hand the effect the funded place has made to this family.

#### **Case Study – 2 Year Old Pilot (Child J)**

Child J was referred for a place on the scheme for play, stimulation and speech and language development.

He is the youngest of four boys, the older boys are all at full time school and the children are all subject to a Child Protection Plan.

Child J attends regularly and Nursery staff reported that he has recently become more vocal, rather than just pointing to what he wants. As a result of the home learning that has taken place Child J now has a toy box in the lounge and I have witnessed during home visits both parents interacting well with Child J.

Mum has applied for a number of part time jobs and has attended an interview, which although unsuccessful gave her the experience of the whole interview process. This in turn has given her confidence to continue to search for part time employment.

As a family they stated that things at home have improved since Child J started to attend Nursery and they are all more aware of how to play with Child J.

#### **Case Study – Credit Union**

Sarah, a single mum with 3 children, contacted Laser Credit Union in early 2009 following a recommendation from a friend. Sarah lives in social housing and is unemployed. She had a history of borrowing from doorstep lenders who she knows target her estate, owing £300 each to Shopcheck and Greenwoods, plus she had an outstanding loan through the Social Fund.

During an initial interview Laser staff talked to her about her debts with the doorstep lenders and the high cost of interest they would be charging. Sarah opened a Laser account and agreed to have her child benefit paid into her account. Following discussions with Sarah to check her ability to repay a loan, Laser agreed to lend her £300 to help her with household items and clothes for her children, and supported Sarah to realise this saved her the high interest costs of repeatedly going back to doorstep lenders.

Since that first loan, Sarah has borrowed and repaid 6 further loans to buy a washing machine, fridge and

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freezer when hers broke, as well as moving house, going on holiday, a treat not possible whilst servicing high cost borrowing, and buying Christmas presents.

Sarah is now happier, and managing her money much better, saving a bit for a rainy day as well as being free from the high cost of doorstep lenders.

## 8. Child Poverty Needs Assessment Table

Overview	Indicator	Rotherham Assessment	Data Source	Associated NIs (from basket )
<b>a) An assessment of the extent and distribution of child poverty in the local area</b>				
The number and proportion of children who live in a family or household with low income as defined by the national indicator NI 116, which measures the proportion of children in poverty by looking at the number of children who live in families in receipt of out of work benefits and working families whose income is below 60% of the median income. The count of children (under the age of 16) is established from Child Benefit/Child Tax Credit claims, which cover approximately 98% of children.	Proportion of children in poverty	<p>The overall proportion of children living in poverty in Rotherham (for 2008) was 22% (12,745 children) a slight decrease from 22.7% (13,080 children) in 2007.</p> <p>The proportion of children in Rotherham living in poverty is above that of the region and nationally but is slightly below other South Yorkshire districts (well below that in Sheffield).</p> <p>For all geographies the position worsened between 2006 and 2007, with most areas seeing a slight decrease in children living in poverty in 2008 – however given the economic downturn and rising unemployment which began in 2008 the situation is likely to have deteriorated further since this last data.</p> <p>However, as the data available for this statistic is 2 years behind, it is difficult to show a true picture of the overall proportion in the borough, taking into account the recession and impact this has had since 2008 – this figure may have risen.</p> <p>The various indicators below are an attempt to represent the true picture of overall poverty, based on a number of factors and their interrelationship with poverty.</p>	Indicator is sourced from DWP and HMRC, available from; <a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a>	NI 116 proportion of children living in poverty
	Proportion of children in poverty across SOAs	The proportion of children in poverty ranges vastly between super output areas (SOA) from around 2% to 65%. Areas where over half the children under 16 are living in poverty include: East Herringthorpe Canklow Dinnington Central Eastwood East Dene	NI 116 data available from; <a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a>	
	Distribution of Deprivation in	The Index of Multiple Deprivation (IMD 2007) shows that Rotherham is currently 68th most deprived Borough out of 354 English districts.		

	Rotherham	<p>Rotherham's IMD classification has improved from 48th in 2000 to 68th in 2007.</p> <p>Rotherham has a significant number of children and young people living in deprived areas; 14.2% of all Rotherham children live in areas which are within the 10% most deprived nationally (using the Index of Deprivation Affecting Children (IDAC) 2007) and 31% of children who live in low income households live in the 10% most deprived nationally.</p>		
	Age of children in poverty	<p>Data for 2008 shows that the largest cohort of children living in poverty is the 0-4 age group.</p> <p>0-4 (15,140 children) = 25% of which in poverty  5-10 (17,945 children) = 22.6% of which in poverty  11-15 (16,670 children) = 20.6% of which in poverty  16-19 (8,240 children) = 17.6% of which in poverty</p> <p>There has been a slight increase in the numbers of children (based on those in families claiming child benefit) in all age groups between 2007/08 – however the cohort of children with the highest percentage living in poverty has changed from the 5-10 age group in 2007 (when 24.2% were classed as living in poverty) to the younger age group in 2008, which may be a reflection of an increase in the number of babies being born in the more deprived areas of the borough.</p> <p>The 11-15 age group has also seen a slight reduction from 2007 (when 22% were classed as living in poverty) And the 16-19 age group has increased (from 15% in 2007) suggesting there may be more children in the older age group remaining at home as a dependent.</p>	<p>Source:  <a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a>  <a href="http://www.hmrc.gov.uk/stats/child_benefit/geographical.htm">http://www.hmrc.gov.uk/stats/child_benefit/geographical.htm</a></p>	
	Family type	<p>Based on 2007 data (latest data available) there are a total of 12,745 children living in households in receipt of key benefits (Income support, job seekers allowance, working tax credit, child tax credit) and below 60% median income. 36% of these children live in a household headed by a couple, 64% live in households headed by a lone parent.</p> <p>A number of SOAs within Rotherham which have over 50% of children living in poverty also have higher numbers of lone parent households, including: Canklow, Eastwood and parts of Maltby. This trend is also seen in other</p>	<p><a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a></p>	

	Benefits claimed	<p>authorities within the Yorkshire and Humber as well as the England average.</p> <p>Of the children living in poverty in a household headed by a couple 22% are in receipt of working tax credits and child tax credits (with median below 60%), this compares to only 3% of lone parent households.</p> <p>The majority of lone parent households are in receipt of either income support or job seekers allowance (86%). Only 10% of children in lone parent households are in receipt of child tax credit only and below 60% median income.</p> <p>This data suggests it is lone parent households who are out of work where the biggest problem is in relation to child poverty.</p>	<p><a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a></p>	<p>NI 181 Time taken to process HB/CTB new claims and change events</p>
	Free school meals	<p>Eligibility for Free School Meals (FSM) is a proxy measure of deprivation. The continuation of funding for early education for the most disadvantaged 2 year olds is likely to be based on free school meals criteria and therefore links with the child poverty agenda.</p> <p>The entitlement to Free School Meals is based upon a parents or carers qualification for one of a series of specific criteria: Income Support, Income-based Job Seekers Allowance, Child Tax Credit (but not Working Tax Credit with an income under £16,040 as at April 2009) Guarantee Element of State Pension Credit, Support under Part VI of the Immigration and Asylum Act.</p> <p>For all the criteria above household income is at a low level and provision of a free school meal is an additional benefit which will provide a child with a nutritious meal.</p> <p>Within Rotherham the level of entitlement has risen from a low of 6896 in September 2007 to the current level of 7678 in October 2010. Take up of meals is 73% of those entitled with secondary school pupils the lowest take up potentially because of associated stigma.</p> <p>In January 2010 1916 of those eligible for free school meals were in the 10% Most Deprived category by IMD ranking</p>	<p>Source: School Census January 2009/2010</p>	

		<p>The number of children eligible for free school meals based on IMD ranking (2009 data): 10% most deprived areas - 1916 10% least deprived areas – 99</p> <p>The number of children at Foundation Stage eligible for Free School Meals: 10% most deprived areas - 170 10% least deprived areas – 12</p> <p>The number of children at Key Stage1 eligible for Free School Meals: 10% most deprived areas – 168 10% least deprived areas – 10</p> <p>The number of children at Key Stage 2 eligible for Free School Meals: 10% most deprived areas – 175 10% least deprived areas – 8</p>		
<b>b) An Assessment of the associated risk factors and their correlation with the extent and distribution of child poverty in the local area</b>				
There are a number of factors and extremely complex issues which can put families at greater risk of finding themselves in poverty.	Family size	<p>The majority of children in families below 60% median income live in a household with 2 children, which is consistent with the Yorkshire and Humber average.</p> <p>Families with 3 children are the second largest cohort. Although families with 4 or more children are the smallest cohort in Rotherham overall, there is a vast difference across the Borough between SOAs, with the SOAs with higher numbers of larger families also being the areas with the highest proportion of child poverty – suggesting a correlation between family size and poverty.</p>	<a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a>	
	Parents with a disability	<p>Homes with a chronically sick or disabled person are among those with the highest deprivation rates across the UK.</p> <p>The <i>Acheson</i> report on ill health and poverty found that class differences were significant, with unskilled men and women experiencing much higher levels of serious illness and disability than people in professional occupations.</p> <p>Claimants of DLA are varied throughout the borough, with higher claimant rates not always being in areas of significant child poverty, however it is in these areas where families are most likely to be struggling with high costs</p>	<p>DWP: Family Resources Survey <a href="http://research.dwp.gov.uk/asd/frs/2007_08/frs_2007_08_report.pdf">http://research.dwp.gov.uk/asd/frs/2007_08/frs_2007_08_report.pdf</a></p> <p>Poverty and Social Exclusion in Britain, Joseph Rowntree Foundation, 2000</p>	



		associated with disability.	The Independent Inquiry into Inequalities in Health, September 1998 (the Acheson report)	
Children with disabilities		<p>Evidence indicates that disabled children are at particular risk of poverty because their parents have lower incomes while having to meet the extra costs of disability.</p> <p>Results from the General Household Survey showed that parents with disabled children had a lower socio-economic profile than other families. They were poorer, less likely to own their home and more likely to be on income support. Evidence also suggests that parents of disabled children were less likely to work, and when they did, their earnings were lower, than for parents as a whole. It is rare to find both parents in work if the family has a disabled child. Many parents prefer to stay at home and care for their child themselves believing that this is better for the child. Others find it impossible to find suitable, affordable childcare – few nurseries are accessible and even fewer childminders live in homes accessible to a child in a wheelchair. The one-to-one care required by a child with severe behavioural problems also means that childcare can be prohibitively expensive. Parents who are employed can find that caring for their child limits the amount of overtime they can do, making it impossible to bring their earnings up to a decent level.</p> <p>The percentage of under 16s claiming Disability Living Allowance is fairly dispersed around the borough, although the areas with the largest numbers of children claiming DLA more or less coincide with the areas of higher rates of child poverty.</p>	<p>Source: Child Poverty Action Group</p> <p>DWP: (DLA) data</p>	
Mental health		Children of single parent families are twice as likely to have a mental health problem as children living in two parent families (16% compared to 8%). Children are also at higher risk if they are in larger families, children of poor and poorly educated families and those living in social sector housing.	<p>Lifetime impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime Impacts London: Mental Health Foundation 2005</p> <p>Based on Meltzer, H.</p>	<p>NI 146 Adults with learning disabilities in employment</p> <p>NI 150 Adults in contact with mental health services in</p>

		<p>Having a low income, being unemployed, living in poor housing and having low levels of education are all associated with a greater risk of developing mental health problems.</p> <p>Children in poor households are three times more likely to have a mental health problem than children living in well off households.</p> <p>Less than a quarter of adults with long term mental health problems are in work which is the lowest rate for all groups of disabled people.</p> <p>Local data from NHS Rotherham shows that admissions rates and access to mental health services is higher for children, young people and adults living in the most deprived wards of the borough.</p> <p>Children and Young Peoples' Locality Teams all have CAMHS workers within their team.</p> <p>TaMHS (Targeted Mental Health in Schools)- is happening in two learning community cluster groups which are in some of Rotherham's most deprived areas and all special schools. The money is being spent on work to improve the mental health and well-being of the schools community.</p> <p>Youth Mental Health First Aid training will be rolled out in 2011 to frontline workers who work with children and young people.</p>	<p>Singleton N, Lee A., Bebbington P., Brugha T., and Jenkins R., The Social and Economic circumstances of adults with mental disorders. Stationary Office (HMSO): London, (2002)</p> <p>National Health Service: National Health Service Framework (1999)</p> <p>Office for National Statistics (2003)</p> <p>NHS Rotherham data</p>	<p>employment</p>
	<p>Teenage pregnancy</p>	<p>Girls who give birth as teenagers are a particularly vulnerable group as early parenthood is associated with poor health including physical and mental</p>	<p>The Poverty Site: underage pregnancies:</p>	<p>NI 112 Under 18 conception rate</p>

		<p>health, and social exclusion for both the mother and the child. This is a consequence of the mothers age, her often disadvantaged circumstances and poor uptake of antenatal care and support. Research shows that timely access to appropriate support and care can overcome the risks of poor outcomes for mother and child as well as assist them to reach their potential. Teenage pregnancy is a factor that contributes to a cycle of poverty that is usually already underway. Poverty, poor educational attainment and low aspirations tend to be underlying causal factors. Similarly, young fathers tend to live in deprived areas, be unemployed, have been in care or have been involved in crime. Teenage pregnancy also has huge implications for the development and life chances of the child – including low school attainment, antisocial behavior, substance abuse and early sexual activity.</p> <p>Many young teenage mothers are disengaged from education prior to conception and then go onto drop out of school completely, and more than half never resume their education, even though they are below the statutory school leaving age. Often leaving them without skills and employment.</p> <p>Teenage pregnancy contributes significantly to the cycle of poverty and can be a huge barrier for families moving themselves out of poverty.</p> <p>Data for 2006-08 shows that the rate of teenage pregnancy in Rotherham was 53.5 per 1000, which is above the England average of 40.9. However the rolling 12 month average equates to 50.7 per 1,000 and the latest quarterly data represents a rate of 42.4, which is similar to the national average.</p> <p>The wards with highest prevalence of teenage pregnancy are Rotherham East and Maltby, which interestingly are also areas with high levels of child poverty (as defined by NI 116)</p>	<p><a href="http://www.poverty.org.uk/24/index.shtml">http://www.poverty.org.uk/24/index.shtml</a></p> <p>Conceptions: Office for National Statistics (Crown Copyright) via Teenage Pregnancy Unit.</p> <p>NHS Rotherham (2010)</p>	
<b>c) An assessment of the drivers of child poverty and their impact within Rotherham</b>				
<p>One of the key risk factors for living in poverty is income; a family with a low income may not be able to afford the basic necessities needed for a decent standard of living.</p>	<p>Employment opportunities</p>	<p>Rotherham has a lower percentage of employees in managerial and professional roles than regionally or nationally. Conversely Rotherham has a higher percentage than the regional and national averages in the lower paid occupations such as process/plant/machine operatives, personal services / sales and customer services. This is a reflection of many factors - the lower than average skills levels within Rotherham as well as the types of jobs</p>	<p>Rotherham Local Economic Assessment 2010 Available at: <a href="http://www.rotherham.gov.uk/downloads/file/3">http://www.rotherham.gov.uk/downloads/file/3</a></p>	<p>NI 151 Overall employment rate</p>

<p>There are a number of key drivers which affect a families' income, including employment and financial support, as well as factors which may limit a families' ability to go out to work; such as childcare and transport.</p>		<p>available.</p> <p>Predictions suggest employment opportunities within the lower skilled occupations will continue to fall and new job creation is likely to be in professions which require higher level of skills; it is therefore likely that Rotherham residents will need to up-skill or re-train to keep within this job market.</p>	<p><a href="#">655/rotherham local economic assessment 2010</a></p>	
<p>Very often these complex factors are beyond the control of the family and are often a result of the 'cycle' of poverty which many families and find themselves in.</p>	Earnings	<p>Historically the earnings of Rotherham's employed population have been above the level of the earnings of employees working within Rotherham (as people from Rotherham take advantage of higher earnings in workplaces outside the borough, particularly from Sheffield). This gap has reduced over recent years and workplace / residence based earnings are now broadly at similar levels – an indication that higher paid jobs have been created in Rotherham.</p> <p>Workplace earnings = £450.9 Residence earnings = £440.4</p> <p>Rotherham's median weekly wage is similar to Barnsley and Doncaster but slightly below Sheffield (£525.7)</p>		
	Median Income level	<p>The median Income for Rotherham is £23,005, compared with: Y&amp;H = £24,133 GB = £28,948</p> <p>The number of households in Rotherham with an income below 60% of the GB average (£17,369) is 23,520 or 21.4% of all households (overall; this does not show which households have children) Note: Data which shows this as an indicator relating to families with children is seen in NI116.</p>	<p>Acxiom data (2009) Households Below Average Income (HBAI) <a href="http://research.dwp.gov.uk/asd/hbai_arc.asp">http://research.dwp.gov.uk/asd/hbai_arc.asp</a></p>	<p>NI 166 Median income of employees in the area</p>
	Skill levels of parents	<p>Rotherham has traditionally had a comparatively lowly skilled workforce, due in part to its past reliance on traditional heavy industries such as steel and coal. There has been substantial improvement over recent years with 22% of the working age population being qualified to at least NVQ Level 4 (e.g. a degree) or above in 2008, compared to less than 15% in 2001.</p> <p>Rotherham would need an additional 7,500 people up-skilled to NVQ2 or more to reach the regional average and an additional 11,000 to reach the average</p>	<p>Rotherham Local Economic Assessment</p>	<p>NI 163 proportion aged 19-64 for males and 19-59 for females qualified to L2 or higher</p>

		<p>for the whole of England. Rotherham has reduced the numbers of people without qualifications but despite this the gap to the national and regional average has increased – Rotherham has 5,000 more people without qualifications than if at the regional average, 7,000 more than if at the England average.</p> <p>At the end of 2008 the average employment rate across the borough was 70.4% but this varies dramatically by the highest level of qualification held – those with a NVQ level 4 or above qualification had an employment rate of 90.5% whilst those with no qualifications had an employment rate of only 40.9%. Only those qualified to at least NVQ level 2 had an employment rate above the borough average.</p>		
	Post 16 qualification	<p>Rotherham has seen improvements in level 2 and 3 qualifications at age 19.</p> <p>In 2009 70.9% 19 year olds had level 2, compared with only 58.7% in 2005.</p> <p>For level 3 qualifications, there were 40.1% 19 year olds in 2009, compared with 33.6% in 2005.</p>		
	Child care sufficiency	<p>A borough wide analysis of the supply and demand for childcare is currently being undertaken (to meet the needs of the Childcare Act Sufficiency Duty). Analysis of supply data is underway and parent views are currently being gathered through a borough wide survey. The full assessment report will be completed early in 2011. Findings will be presented at Children's Centre reach area level within Learning Communities.</p> <p>A summary analysis of the 5 Children's Centres (Arnold, Rotherham Central, Wath Victoria, Redscope, Coleridge) whose populations are predominantly the 30% most deprived SOA's indicates that there is adequate provision for all age ranges with the exception of Kimberworth Park where there is limited provision for under 2 year olds. This is provisional data based on population figures for each area and current take-up of childcare.</p>	Source: Early Years and Child care service data	NI 118 Take up of formal childcare by low income working families.
	Financial Inclusion	The effects of financial exclusion contribute to a whole range of negative impacts and implications for services, the local economy, and quality of life for individuals and families. Financial exclusion reinforces social exclusion. It is not just an individual problem: a whole community can suffer from under-investment in financial services.	Rotherham Financial Inclusion Strategy 2011-14	

		<ul style="list-style-type: none"> <li>• Financial exclusion and debt issues are a key cause of homelessness</li> <li>• A lack of home contents insurance makes families vulnerable to financial crises following unexpected events such as burglary or flooding.</li> <li>• Fuel poverty – a lack of a bank account with direct debit facilities makes paying for utilities more expensive.</li> <li>• There are clear links between financial exclusion and child poverty.</li> </ul> <p>'Financial inclusion' is about ensuring everyone has access to appropriate financial services &amp; products, enabling them to manage their money on a day-to-day basis, plan for the future and deal effectively with financial distress which can significantly contribute to a route out of poverty.</p> <p>DWP data [2008] attributed each of the 10,000 Census wards in Britain with a 'financial exclusion' ranking of 1 to 7, 7 being attached to those most likely to experience financial exclusion. 9 of the 22 Rotherham wards ranked 7 with Herringthorpe ranked 44<sup>th</sup> [of the 10,000] most likely to experience financial exclusion.</p>		
	Illegal lending	<p>Doorstep/illegal lenders or loan sharks particularly target social housing estates. Borrowing money in this way can push a family further into poverty as the money paid back is usually significantly more than they borrowed.</p> <p>Local data is not available to show specifically what illegal lending takes place in Rotherham, although anecdotal evidence, plus two recent arrests in and around Rotherham demonstrate that this is happening.</p>	<p>Rotherham Financial Inclusion Strategy 2011-14</p> <p>Yorkshire and the Humber Illegal Money Lending Team</p>	
	Transport availability	<p>Having access to a reasonably high frequency bus route can enable people to take up employment opportunities.</p> <p>Currently in Rotherham 81% of working age people live close to a bus route which should give them access to a range of employment opportunities – NI 176 provides the data for this; however, it does not take into account the</p>	<p>Source: Dept. for Transport NI 176 data</p> <p>SYPTe, from geographical data</p>	<p>NI 176 Working age people with access to employment by public transport</p>

		<p>availability of jobs or skills levels of adults. Access to a bus route therefore may not mean access to jobs.</p> <p>Around 98.7% of people have access to a local, town or district centre within 30 minutes by public transport, which is a better measure of whether people have access to areas where there may be employment opportunities. However, this also has limitations, as not all jobs are located in 'centres', for example industrial jobs tend to be located elsewhere.</p> <p>Looking at people's transport capability i.e. where they can reach within a reasonable journey time (usually 1 hr) is a more appropriate measure for the relationship between poverty and employment, as it shows the geographic area in which people can seek employment or services. In rural areas the area is likely to be quite small with few employment opportunities. In urban areas it is likely to be larger with more employment opportunities. This measure is to be looked at in more detail as part of the Borough Transport Strategy development.</p>		
	Housing costs	<p>Child poverty is measured (for NI 116) based on a 'before housing costs basis'. This measure may not provide a complete picture of poverty due to many families paying disproportionately high housing costs due to location and type of accommodation. When housing costs are factored in around 50% of children living in private rented accommodation nationally are below the poverty line.</p> <p>Changes to Local Housing Allowance (LHA) are likely to increase this further. The cap on LHA at the four-bedroom rate and the reduction in LHA levels to the 30<sup>th</sup> percentile of market rents, rather than the median, will leave more tenants struggling to afford the cost of living.</p>	Source: Shelter	
	Housing Affordability	<p>The average house price in Rotherham (January 2010) is £111,524, this compares to: £124,939 for the Yorkshire &amp; Humber average, and £165,088 for England &amp; Wales</p> <p>House prices peaked in 2008, as they did nationally. Even after falling back between 2008 and 2010, they still remain over double what they were 10 years ago.</p>	Rotherham Local Economic Assessment 2010	NI 158 non-decent council homes NI 156 Number of households living in temporary accommodation

		<p>Rotherham has relatively low levels of home ownership compared to the national average with correspondingly high numbers in social rented accommodation, rented from the council and registered social landlords (RSL's). Rotherham has 26.4% in socially rented households compared with 19.2% nationally, which is the same for all South Yorkshire districts.</p> <p>Levels of social housing vary considerably across the borough, from 1 – 70% in some areas. With the SOAs with the highest levels being very concentrated into the central/north part of the borough and Maltby.</p> <p>In 2008/09 there were 610 net additional new homes, 45.9% of which were classed as affordable. What can be delivered in the future will be dependent on the recovery of the economy and housing market.</p>		
Poor Housing Conditions	<p>Poor housing, homelessness and overcrowding all have significant negative impacts on a child's development. Homeless children in temporary accommodation are often forced to move school frequently, thus missing out on class time and stable influences. Children who live in bad housing are also 5 times as likely to lack a quiet place to do their homework as other children.</p> <p>The risk to children's educational achievement due to bad housing has a long-term effect on their economic well-being, resulting in unemployment or working in insecure or low-paid jobs during adulthood.</p> <p>Poor housing conditions also have a long-term impact on health. Substandard housing can have a negative impact on a child's physical and mental development. Children who live in overcrowded houses are almost a third more likely to suffer respiratory problems such as chest problems, breathing difficulties, asthma and bronchitis.</p> <p>Homeless children are also 3 to 4 times more likely to have a mental health problem than other children.</p>	Source: Shelter		
Decent Homes Data	As of 1st April 2010 there were 1341 non decent properties, equating to 6.41% non decency of council housing stock. The target for 2010/11 is to	Source: 2010 Rotherham local data		



		<p>achieve 0% non decency by December 2010.</p> <p>RMBC is currently at 2.65% non decency as reported at the end of August 2010.</p> <p>The National Indicator for monitoring Non Decent properties is NI158A and is reported on a monthly basis.</p> <p>RMBC will be monitoring the progress of non decency level of stock, as a local indicator once the decent homes programme comes to an end.</p>		
	Homelessness Data	<p>In 2009/10 82 households in Rotherham were accepted as statutory homeless.</p> <p>There were a further 465 households prevented from becoming homeless – 105 of which due to financial difficulty.</p> <p>A snap shot on last day of august 2010 of households that RMBC owe a statutory duty to living in temporary accommodation = 40</p> <p>A snap shot on last day of august 2010 of households that we owe a statutory duty to but living in temporary supported accommodation = 3</p>	Source: RMBC Housing data	
	Fuel poverty	<p>The energy efficiency of houses is an important factor for poverty, in that a low income and an inefficiently insulated home may result in a family finding themselves in fuel poverty; as they are unable to adequately heat their home to an appropriate level.</p> <p>This may cause a major drain on their income through expensive heating bills, or may result in cold, damp conditions which have a detrimental affect on the family's health.</p> <p>Energy efficiency is assessed by a SAP rating out of 100 (100 being the most efficient). Rotherham's council housing stock has an average SAP rating of 72, which is above the England average of 60. The average rating for private housing in Rotherham is 60.</p> <p>However, this indicator is not totally accurate and can only be based on the</p>	Rotherham Fuel Poverty Strategy 2010	NI 187 % of people receiving income based benefits living in homes with a low or high energy efficiency rating

		houses which have been assessed. Conversely, a house with a good rating may not necessarily mean the family living in it is not in fuel poverty, as this is directly influenced by their income.		
<b>D) Assessment of the effects of living in poverty</b>				
<p>Growing up in poverty can damage physical, cognitive, social and emotional development, which are all determinants of outcomes in adult life.</p> <p>Children who grow up in poverty have a greater risk of having poor health, being exposed to crime and failing to reach their full potential. Their education may suffer, making it difficult to get the qualifications they need to move onto well-paid employment. This limits their ability to earn enough money to support their own families in later life, creating the on-going cycle of poverty.</p>	Child well-being	<p>The CWI is based on the Index of Multiple Deprivation, although shows a slightly different perspective in that the CWI is an index of well-being rather than an index of deprivation and is shown at Local Authority level. Data is at Lower Super Output Area level (LSOA) and includes seven domains:</p> <ul style="list-style-type: none"> <li>• Material well-being</li> <li>• Health &amp; Disability</li> <li>• Education</li> <li>• Crime</li> <li>• Housing Environment</li> <li>• Children in Need</li> </ul> <p>Each of the local authority districts is assigned a 'rank' – 1 being the authority with the highest well-being, 354 with the lowest. Rotherham is ranked overall at 305, which is in the worst 14% of all areas. Health &amp; Disability (ranked at 338) and Education (ranked at 325) are the most serious problems affecting children's well-being in Rotherham. Only in the Housing domain do children in Rotherham have better well-being than average.</p> <p>The Child Well-being Index shows that Canklow, Ferham, Masbrough, East Dene, Meadowbank, East Maltby and Eastwood have the highest levels of low child well-being. The low well-being tends to reflect education, health &amp; disability, crime and Children in Need issues in these areas.</p>	Source: <a href="http://www.communities.gov.uk/publications/communities/childwellbeing2009">http://www.communities.gov.uk/publications/communities/childwellbeing2009</a>	
	Attainment	<p>At the age of 5 children's levels of attainment have increased significantly year on year since 2007. Very good improvements have been made in accelerating the levels of progress that children are making by the age of 5. In 2010 attainment at 6+ in Personal, social and emotional development (PSED), was above the national average by +1.4%. At 6+ in Communication and Language Development (CLLD) attainment was just below the national average by -0.2%. Attainment at 78+ points and 6+ in both PSED and CLLD is also now above the national average by +0.3. This is the first year that attainment at the end of the Early Years Foundation Stage is above the national average.</p>	DCSF statistics: SFR 04/2009 <a href="http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000835/index.shtml">http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000835/index.shtml</a>	NI 82 Inequality gap in the achievement of a level 2 qualification by the age of 19 NI 92 Narrowing the gap between the lowest

		<p>In Rotherham at the age of 5 there are also very good successes in narrowing the gap. Since 2007 the gap has narrowed by 10.7%. The gap figure in 2010 is now only -1% below the national figure. In 2008 it was -8.8% below the national figure.</p> <p>Rotherham has seen a massive improvement for GCSE attainment (5 A*-C including English and Maths), reducing the gap from 7 percentage points of the England (maintained schools) average to just 3.6 percentage points in 2009.</p> <p>Results in 2008/09 put Rotherham as one of the better performing districts in the region, improving by 11 percentage points in the last 4 years resulting in reaching the regional average.</p> <p>Attainment at Level 3 (i.e. at least 1 A level or equivalent) for 16-18 year olds can give an indication of progression from GCSE achievements towards higher education. In 2008/09 the average point score achieved per candidate across England was 739.1 compared to 728.5 for the region and 719.3 in Rotherham. The improvement in Rotherham is, like at GCSE, one of the best in the region with the gap to both the region and nationally narrowing.</p> <p>The LA has had considerable success in narrowing the gap between the lowest 20% and the rest in the EYFS. (44.4 in 2008, 35.7 in 2009, and 33.7 in 2010. The 2010 figure is slightly better than the national figure of 33.9.</p> <p>At KS2 the gap between the attainment of FSM pupils and their non FSM peers (Level 4+ English and mathematics combined) has narrowed in 2010. 2008 - 27, 2009 - 24, 2010 – 22.1.</p>	<p>achieving 20% in the AYFS and the rest</p> <p>NI 101 LAC achieving 5A*-C GCSEs or equivalent at KS4 including maths and English</p> <p>NI 102 Achievement gap between pupils eligible for FSM and their peers at key stage 2 and 4</p> <p>NI 105 SEN/non SEN gap achieving % A*-C GCSEs including English and maths</p> <p>NI 108 KS4 attainment for BME groups</p> <p>NI 161 Number of Level 1 qualifications in literacy achieved</p> <p>NI 162 Number of Entry Level qualifications in numeracy achieved</p> <p>NI 78 Reduction in number of</p>
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				<p>schools where fewer than 30% of pupils achieve 5 or more A*- C grades at GCSE and equivalent including GCSEs in English and Maths</p> <p>NI 76 Reduction in number of schools where fewer than 55% of pupils achieve level 4 or above in both English and Maths at KS2</p> <p>NI 106 Young people from low income backgrounds progressing to HE</p>
	Higher education	In 2007 510 young people from the most deprived (IMD 1 and 2) areas in Rotherham applied to University. By 2009 this had risen to 679 applications. For the same group 416 accepted their place in 2007 rising to 507 acceptances in 2009.	Data source UCAS analysed by independent consultant for Aimhigher	NI 106 Young people from low income backgrounds progressing to HE
	Not in Education, Employment or Training (16-18 year olds)	Latest data in relation to NEET at borough level has shown an overall improvement in % NEET 16 -18 year olds. The August 2010 position for 16-18 year old NEETs was 8.2% representing a 17% reduction in comparison to August 2009 when it was 9.9%.	CCIS National data base	NI 117 16-18 year olds who are NEET

		<p>All area assemblies with the exception of Rother Valley West achieved an overall reduction of NEET</p> <p>In terms of areas of high deprivation the following wards achieved reductions in numbers of NEET:</p> <ul style="list-style-type: none"> <li>• Rother Valley South- Dinnington</li> <li>• Rotherham North - Wingfield</li> <li>• Rotherham South – Rotherham East, Boston Castle</li> <li>• Wentworth North- Swinton ,Wath</li> <li>• Wentworth South –Silverwood , Valley</li> <li>• Wentworth Valley - Maltby</li> </ul>		
	<p>Infant Mortality</p>	<p>The risk of infant mortality is higher for poor children. In the lower social group (routine and manual occupations) infant mortality is 5.9 infant deaths per 1,000 live births. This is 20 per cent higher than the average 4.9 per 1,000. Infant mortality rate is regarded as sensitive marker of the state of an area's health.</p> <p>The Infant mortality rate in Rotherham had increased in the three years of 2005/7 from 5.4 to 6.1 in 2006/8. However, a high proportion of these deaths were within Rotherham's most deprived wards. Provisional infant mortality data for 2009 (7.7) does show an improvement compared with 2008 (4.9 - this figure is yet to be validated), It is important to be mindful that the number of mortalities is small which means one or two deaths can increase the rate significantly.</p> <p>Smoking in pregnancy, maternal obesity, low levels of breastfeeding, low birth weight, are some of the risk factors associated with infant mortality. Yet, deprivation, births outside marriage, non-white ethnicity of the infant, maternal age under the age of 20 and male gender of the infant <b>are all independently</b> associated with an increased risk of infant mortality.</p> <p>Poor infants surviving beyond the first week of life continue to be at greater risk of death throughout infancy and childhood. This increased risk results from increased exposure to a range of risk factors for infant and childhood death. For example, risk of sudden unexpected infant death is increased by maternal smoking and maternal depression – both higher in poor households.</p>	<p>Office for National Statistics  <a href="http://www.statistics.gov.uk/pdfdir/ipm0909.pdf">http://www.statistics.gov.uk/pdfdir/ipm0909.pdf</a></p>	

		Rotherham's infant mortality action plan supports local planning and interventions to reduce and prevent infant death in the first year of life.		
	Low birth weight	<p>Low birth weight can be as a result of a number of factors, including the health of the mother during pregnancy, low income, age of mother (&lt;20 years) and ethnicity. Smoking in pregnancy is considered a major risk factor for low birth weight as tobacco smoke can restrict the growth and development of the baby. <i>Mothers who grew up socially disadvantaged are one-third more likely to smoke during pregnancy.</i> Low birth weight is strongly associated with infant mortality and is part of Rotherham's infant mortality action plan.</p> <p>Babies whose parents are in poverty have far greater risk of having low birth weight. This has implications both for the risk of infant mortality and for health problems in later life. Adults who had low birth weight are over four times as likely to have Type 2 diabetes (associated with obesity) and 25% more likely to die from heart disease. As well as poor health outcomes low birth weight in particular is also associated with poorer educational outcomes.</p> <p>Rotherham's low birth weight rate for 2006-8 was 8.29 (per 100), which is above the England rate of 7.62. However, higher rates of low birth weight are seen within three of Rotherham's most deprived wards. They include Rotherham East, Rotherham West and Maltby. One third of births with low weight are associated with economic inequalities.</p> <p>A range of health interventions are in place to address low birth weight including the smoking in pregnancy care pathway, the 12 week booking health and social care assessment (as part of antenatal care provision and procedures for supporting women with obesity in pregnancy).</p>	<p>ONS birth statistics FM1  <a href="http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=5768">http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=5768</a></p>	
	Breastfeeding	<p>Breastfeeding has a major role to play in promoting health and preventing disease in the short- and long-term for both infant and mother. The National Indicator for breastfeeding sets targets for Rotherham, for both initiation and prevalence at 6-8 weeks. A significant amount of investment has been made to address and improve breastfeeding rates across the borough. While initial reports suggest that a number of new initiatives are starting to have an impact on the number of women breastfeeding at 6-8 weeks, the figures remain below target the target set for March 2011.</p>	<p>Rotherham Foundation Trust data for initiation</p> <p>NHS Rotherham data for 6-8 weeks</p>	<p>NI 53 A Breastfeeding initiation</p> <p>NI 53 B Breastfeeding prevalence at 6-8 weeks</p>

		<p>Initiation (target 60.80%) = 55.96% (Quarter 1 2010/11) Prevalence at 6-8 weeks (target 30%) = 28.72% (Quarter 1 2010/11).</p> <p>Low breastfeeding rates contribute to health inequalities and breastfeeding is one of the indicators in monitoring progress towards infant mortality targets. Not only does breastfeeding lower the risk of childhood obesity and diabetes, it also lowers the risk of life threatening gastrointestinal and respiratory illnesses.</p> <p>There are huge inequalities in the area of infant nutrition with families from lower socio-economic groups being significantly less likely to start or continue breastfeeding. For example, 86% of six-week-old babies born to mothers under 20 years old are not receiving any breastmilk. Breastfeeding is a natural safety net against the worst effects that child poverty has on health and yet, despite government and WHO recommendations, less than 2% of UK mothers exclusively breastfeed to six months. Breastfed babies from younger and poorer families have health outcomes better than or similar to formula fed children in the wealthiest socio-economic group.</p>		
	Healthy weight	<p>Obesity and severe underweight in children can have a major impact on their development and health into adult life. An obese child, for example, is more likely to become an obese adult.</p> <p>Children from a manual background are at an increased risk of becoming obese adults and a link can be seen between the most deprived areas of Rotherham and higher prevalence of obesity/overweight in children.</p> <p>Deprived areas, particularly where the ethnic make-up includes higher proportions of children of Asian decent, have relatively high prevalence of underweight children.</p> <p>Obesity during pregnancy is also a key risk factor for low birth weight and infant mortality.</p> <p>Overweight/obesity levels in children is measured in Rotherham by the National Childhood Measurement Programme (NCMP) Figures for 2008/9 show the following:</p>	Source: NHs Rotherham & Rotherham Health Profile, Association of Public Health Observatories.	NI 55 obesity in primary aged children in reception NI 56 obesity in primary aged children in year 6

		YR: 24.32% overweight/obese (9.96% obese / 14.36% overweight) Y6: 33.36% overweight/obese (19.04% obese / 14.32% overweight)		
A&E attendance and admissions		<p>Children face far greater health risks if they are in disadvantaged families and significantly higher numbers of children attend or are admitted to Accident &amp; Emergency departments. Disadvantaged children are more prone to sudden illness, such as acute infections including pneumonia and other respiratory illnesses. Tubercular infection among children is on the increase, particularly among ethnic minority children, and, as in the past, the association between TB and poverty is strong. Many of these illnesses are associated with aspects of children's living conditions.</p> <p>In 2009/10 there were a total of 11,483 <b>hospital attendances</b> for children under 15 years in Rotherham. Hospital attendances are significantly high in wards with the highest levels of deprivation including; Boston Castle, Rotherham East, Valley and Wingfield. For the same time (2009-10) period there were 1,625 <b>hospital admissions</b> for children under 15 years. Hospital admissions are also significantly higher within wards with the highest levels of deprivation and include; Boston Castle, Rotherham East, Rotherham West, Valley and Wingfield.</p>	Source: NHS Rotherham	
Child Oral Health		<p>There is a strong positive relationship between oral health and deprivation in 5 year olds – as deprivation increases the decayed, missing and filled teeth (dmft) rates usually increase also.</p> <p>Children aged 5 living in the Yorkshire and Humber region have significantly worse dental health than that of the England average, which suggests it is due to the socio-economic background of this population.</p> <p>As with most health services, it is very often the least needy who are able to easily access them, and do so more often. Oral health in children is therefore an important factor relating to poverty, as living in poverty may be a barrier to some families in accessing a dentist for their child, and often when they do it is too late to treat the problem and they face extraction – which can then negatively impact them in later life.</p>	<p>Health Profile of England <a href="http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES">http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES</a></p> <p>Oral Health Survey of 5 Year Old Children (England) 2007/08</p>	
Children in Need		<p>The Child Wellbeing Index includes a domain representing children who are in various kinds of need.</p> <p>It was found that 32 per cent of the variation of children in need under 19, as a</p>	<p>Source: Child Wellbeing Index <a href="http://www.communities.gov.uk/publications/c">http://www.communities.gov.uk/publications/c</a></p>	



		<p>proportion of all children under 19, was explained by Income Deprivation Affecting Children. Suggesting a large proportion of children in need cases are from areas of deprivation – which suggests an association with child poverty, this is also shown by anecdotal evidence from social workers in the area.</p> <p>Rotherham ranked 290 for children in need out of 354 local authorities (1= highest well-being, 354 = lowest well-being).</p>	<p><a href="#">ommunities/childwellbeing2009</a></p>	
	<p>Youth offending</p>	<p>CYPS to include</p>		

## Reducing Child Poverty in Rotherham – Everybody’s Business

### Introduction

Childhood experiences lay the foundations for later life. Growing up in poverty can damage physical, cognitive, social and emotional development, which are all determinants of outcomes in adult life. While some children who grow up in low income households will go on to achieve their full potential, many others will not. Tackling child poverty will help improve children’s lives and enhance their life chances; enabling them to make the most of their talents, achieve their full potential in life and pass on the benefits to their own children (Ending Child Poverty – Everybody’s Business, 2008)

Research shows that children who grow up in poverty have a greater risk of having poor health, being exposed to crime and failing to reach their full potential. As a result their education may suffer, making it difficult to get the qualifications they need to move onto well-paid employment. This limits their ability to earn enough money to support their own families in later life, creating the on-going cycle of poverty. However, poverty is not solely related to income; poverty of ambition and aspiration is also a key factor determining a child’s life chances.

The Child Poverty Act 2010 places a duty on all local authorities to produce a partnership strategy to reduce child poverty in the area. The strategy should bring together all key partners and local organisations to work together to contribute to the Government target of eradicating child poverty by 2020.

There is currently a large amount of work on-going across the borough which is working towards tackling the factors associated with child poverty; this strategy is not intended to repeat what may already be taking place through other strategies and plans, but to draw it all together to form a coherent picture of what is being delivered, whilst also adding value to the existing work through actions which have a partnership focus.

### Shared Vision

Vision to be agreed

## **Local Needs Assessment**

Along with a local strategy, the Child Poverty Act 2010 places a duty on local authorities to produce a local assessment of need. The assessment pulls together all direct and indirect factors which are associated with families living in poverty.

The factors which affect child poverty are multi-faceted and complex; they interlink to create a cycle of poverty which many families find it difficult to get out of. The local needs assessment highlights this complex range of factors which affect children and their families.

Through developing the local assessment, a deeper understanding has been gained of the role all partners and agencies have in reducing poverty in the area, which has been used to develop the local strategy.

## **Rotherham Strategy**

Tackling child poverty requires action across the whole partnership; ensuring all agencies work together to address these key issues. However, although work is required across the broad range of factors associated with poverty, most will be gained by addressing the top level issues which result in a family being unable to achieve a decent standard of living.

## **Measuring Success of the Strategy**

National Indicator (NI) 116 is the key indicator for measuring the reduction in child poverty both nationally and locally.

NI 116 is measured by the proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of median income. Benefits include:

- *Income support (IS)*
- *Jobseekers Allowance (JSA)*
- *Working Tax Credit (WTC)*

The indicator shows children in poverty within local authority and super output areas, which can be separated out to show the proportion by age, family status and benefits claimed. This indicator will be the key to measuring the success of the Rotherham strategy, and the contribution being made to the overall Government target of eradicating child poverty by 2020.

**Pledge to reduce child poverty by.....% by 2015 – local target to be developed**

### ***Basket of Indicators***

Although NI 116 will ultimately be the way in which the reduction in the overall proportion of children living in poverty is measured, action is needed across the broad range of factors associated with child poverty. To measure outcomes in these other areas a set of indicators will be developed for each of the building blocks below; this will draw on indicators from the National Indicator Set as well as locally developed indicators.

### ***Think Family Toolkit***

The 'Think Family Toolkit' identifies a number of warning signs which would identify a child, young person or 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 abuse in the family
- young carer
- teenage pregnancy
- social exclusion
- mental ill health of a parent or carer

Rotherham has produced a basket of indicators made up of these risk factors and allowing up to three local indicators. Anyone working with children, young people and families would have access to this matrix which would act as an early warning that there are concerns about an individual child, young person or family. The matrix will form the basis of discussion around the needs of named children, young people and their families who have been identified as having issues that in some way make that child or family vulnerable and thereby reduce the potential for meeting the ECM outcomes.

This basket of indicators will support the child poverty strategy by identifying children and families affected by the factors associated with living in poverty and ensuring they receive the support they need.

### **Child Poverty Building Blocks**

The government has developed 4 'Building Blocks' as part of their strategy to reduce child poverty, which the Rotherham strategy is based upon:

- 1. Financial Support:** Improve material and financial support for families
- 2. Employment and Skills:** Increase parental employment and skills to help raise incomes
- 3. Life Chances:** Improve poor children's life chances so they do not result in poor outcomes in later life
- 4. Place:** Tackle deprivation within communities

'Financial Support' and 'Employment and Skills' will be the blocks which have the most impact on reducing the overall proportion of child poverty in the borough (NI 116). This will be done through helping families to increase their incomes, by ensuring they are not financially excluded and are receiving the appropriate benefits they are entitled to, as well as improving employment opportunities and supporting families into sustainable employment.

However, to tackle the wider determinants and stop the cycle of poverty which many families find themselves in, work will be needed on 'Life Chances' and 'Place'. Work related to these blocks will ensure all children get the best start in life; they are able to live in decent homes and in safe communities, with access to health benefiting green spaces. Ensuring children are not negatively affected in by poor outcomes during their early years and childhood. By supporting all children to develop good communication, language and literacy skills, they will be better able to go on to achieve and take-up employment opportunities as they get older – enabling them to look after their own families and stay healthy in later life.

A set of objectives and actions have been developed for each block, setting out what will be done locally to tackle the issues. .

<b>Financial Support</b>				
<b>Key Objective</b>	<b>How We Will Achieve This</b>	<b>Key Outcomes Expected</b>	<b>Links to Other Strategies/Plans</b>	<b>Strategic Lead</b>
Reducing financial exclusion	<ul style="list-style-type: none"> <li>• Promoting the use of the 'nellbooker' on-line booking system for financial advice services and Credit Unions</li> </ul>	<ul style="list-style-type: none"> <li>• No. of agencies signed up to, and using nellbooker</li> <li>• Number of contacts to services</li> </ul>	Financial Inclusion Strategy 2010	VAR

	<ul style="list-style-type: none"> <li>• Ensure families have access to financial information and advice including benefits and debt management</li> <li>• Providing a programme of financial capability/inclusion training for front line workers working with families</li> </ul>	<ul style="list-style-type: none"> <li>• No of frontline workers trained to promote financial inclusion services</li> </ul>		
	<ul style="list-style-type: none"> <li>• Ensure families have access to information on childcare availability and financial support available</li> </ul>	<ul style="list-style-type: none"> <li>• Childcare Sufficiency Assessment (3 yearly) with annual updates</li> <li>• Families Information Service enquiry levels</li> </ul>		Early Yrs and Childcare

<b>Employment and Skills</b>				
<b>Key Objective</b>	<b>How We Will Achieve This</b>	<b>Key Outcomes Expected</b>	<b>Links to Other Strategies/Plans</b>	<b>Strategic Lead</b>
Increase family incomes by ensuring more parents can enter, stay and progress in work	<ul style="list-style-type: none"> <li>• Create flexible employment opportunities locally</li> <li>• Work with all employers to promote family friendly policies within the workplace</li> <li>• Business start-up initiatives</li> <li>• Jobcentre Plus Welfare to Work Programmes</li> <li>• Engage employers to create an understanding of the child poverty agenda</li> <li>• Encourage employers to develop more flexible working arrangements</li> <li>• Ongoing development of career opportunities with the Early Years and Childcare sector</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in the number of households dependent on Working Age Benefits</li> <li>• Increase in the overall Employment Rate for Rotherham</li> </ul>	Local Economic Plan 2010	Jobcentre Plus  Early Yrs and Childcare
Ensure all adults have the skills necessary to take up employment opportunities.	<ul style="list-style-type: none"> <li>• Raising Aspirations of Parents</li> <li>• Delivery of multi agency employment support offer within Children's Centres, to include Get Britain Working measures and access to latest vacancies via JCP website</li> <li>• Development of Volunteer/Workforce Peer support opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Qualification levels within the early years and childcare sector</li> <li>• % of teenage mothers aged 16-19 in education, employment or training</li> <li>• Uptake of volunteering opportunities within Children's</li> </ul>		Jobcentre Plus with early Yrs and Childcare

	<ul style="list-style-type: none"> <li>Promotion of education/training opportunities linked to the local labour market</li> <li>Delivery of employment support offer at Children's Centres in conjunction with JC+ and other agencies including Job Clubs</li> <li>Development of Volunteer/ Workforce Peer support opportunities</li> </ul>	<p>Centres</p> <ul style="list-style-type: none"> <li>Progression and Qualification levels achieved through access to adult and community learning</li> </ul>		
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<b>Life Chances</b>				
<b>Key Objectives</b>	<b>How We Will Achieve This</b>	<b>Key Outcomes Expected</b>	<b>Links to Other Strategies/Plans</b>	<b>Strategic Lead</b>
All children supported to develop work place skills	<ul style="list-style-type: none"> <li>Continued focus on communication, language &amp; literacy</li> <li>Rotherham Ready project</li> <li>All children supported to reach full potential</li> </ul>		Children and Young People's Plan	Schools and Lifelong Learning
Every child is given the best start in life	<ul style="list-style-type: none"> <li>Improving key health indicators affecting young children</li> </ul>		Children and Young People's Plan  Public Health Strategy  Strategies and plans relating to: Infant Mortality/ childhood obesity/breastfeeding	Health
Parental support is available for all families	<ul style="list-style-type: none"> <li>Family Intervention projects – bespoke to individual families</li> <li>Delivery of the Children's Centre service offer working in partnership with Health, Job Centre Plus, Schools, Private, voluntary and community sector</li> <li>2 Year Old Offer to be developed in line</li> </ul>	<ul style="list-style-type: none"> <li>Alignment of service delivery and the consultation with parents</li> <li>Monitoring of Children's Centre performance</li> <li>Ofsted Inspection Results</li> <li>Monitoring take-up levels of early education.</li> </ul>	Prevention and Early Intervention Strategy  Children and Young People's Plan	Prevention and Early Intervention  Early Yrs and Childcare

	<p>with Government guidelines</p> <ul style="list-style-type: none"> <li>• Ensure all parents are aware of and take-up their child's early education entitlement</li> <li>• Provision of high quality child care</li> <li>• Parents supported to engage in their children's learning</li> <li>• Working in partnership to target most vulnerable groups</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring take-up of 2 Year Old Pilot and outcomes</li> <li>• % of outstanding and good Ofsted gradings for early years and childcare settings and Children's Centres</li> <li>• Percentage of children who achieve a total of at least 78 points across the Early Years Foundation Stage (EYFS) with at least 6 points scored in each of the personal, social and emotional development (PSED) and the communication, language and literacy (CCL)</li> <li>• Narrowing the gap between the lowest 20% in the EYFSP and the rest (PSA 11)</li> <li>• Number of child protection plans and CAF's</li> <li>• % of parents in Children's Centre areas satisfied with services</li> <li>• % of families with children under 5 who access Children's Centre services</li> <li>• % of vulnerable families and target group accessing Children's Centre services</li> <li>• %increase in parental and community representation on Children's Centre advisory boards</li> </ul>		
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Place				
Key Objectives	How We Will Achieve This	Key Outcomes Expected		Strategic Lead
All family housing is fit for purpose	<ul style="list-style-type: none"> <li>• Increase standard of suitable homes</li> <li>• Working with private landlords to ensure</li> </ul>		Housing Strategy	Housing Services



	housing meets families needs			
Strengthened social capital locally	<ul style="list-style-type: none"> <li>• Voluntary sector development</li> <li>• Community cohesion</li> <li>• Increase volunteering in Rotherham</li> <li>• Increase parental and community representation of children's Centre advisory boards</li> </ul>	<ul style="list-style-type: none"> <li>• %increase in parental and community representation on Children's Centre advisory boards</li> </ul>		VAR
Families have access to adequate green spaces	<ul style="list-style-type: none"> <li>• Ensuring all areas are safe and accessible</li> <li>• More people involved in local decision making</li> </ul>			Green Spaces

DRAFT

**CHILDREN AND YOUNG PEOPLES SERVICES SCRUTINY PANEL**  
**Friday, 19th November, 2010**

Present:- Councillor G. A. Russell (in the Chair); Councillors Ali, Buckley, Falvey, Fenoughty, Rushforth and Sims.

Also in attendance were Councillor Paul Lakin (Cabinet Member for Safeguarding and Developing Learning Opportunities for Children) and co-opted members Mr. C. A. Marvin and Mrs. L. Pitchley.

Apologies for absence were received from:- Councillors Dodson, Donaldson, Kaye and Sharp and from co-opted members Mrs. J. Blanch-Nicholson, Mr. M. Burn, Father A. Hayne, Mrs. K. Muscroft, Parish Councillor N. Tranmer and Dr. S. Warren.

**C60. DECLARATIONS OF INTEREST**

There were no declarations of interest made at this meeting.

**C61. QUESTIONS FROM THE PRESS AND PUBLIC**

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

**C62. MATTERS REFERRED FROM THE YOUTH CABINET**

The Scrutiny Panel noted that several members of the Rotherham Youth Cabinet and of the Looked After Children Council had taken part in the "Eleven Millions Take-over Day" by attending the meeting of the Performance and Scrutiny Overview Committee on Friday, 12<sup>th</sup> November, 2010.

**C63. COMMUNICATIONS**

(1) Consideration was being given to the nomination of a Councillor to represent this Scrutiny Panel on the second Fostering Panel. A copy of the job description and person specification would be issued to Elected Members.

(2) (regional) Scrutiny Review of Children's Cardiac Services (jointly with other local authorities Children's and Health Scrutiny Panels) – Councillors Ali, Falvey, Sims and G. A. Russell were appointed to this Scrutiny Review group.

(3) Sustainable Communities Scrutiny Panel review of the private rented sector housing – all Members were encouraged to complete and return the questionnaire being issued as part of this scrutiny review.

(4) Carer's Card for young people – a scheme was being launched on 19 November 2010 at the Thornhill Youth and Community Centre, Rotherham.

#### **C64. PRIMARY SCHOOL LIFESTYLE SURVEY 2009**

Consideration was given to a report presented by the Policy and Planning Team Manager stating that the Lifestyle Survey takes place annually, with participation from both Primary and Secondary school pupils. Questions cover 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 covered the Primary School Lifestyle Survey 2009 and included (as the appendix) the Executive Summary. The survey had been completed by Year 5 pupils of fifteen schools.

The full Borough-wide report and the relevant data tables would be made available on the Council's intranet and the Executive Summary on the Council's Internet website.

The Scrutiny Panel asked how the collected data is used to inform future service planning and provision (eg: the preparation of the Children and Young People's Plan). Although the return rate was relatively low, it was stated that the survey was statistically significant. Suggestions were made about ways of increasing the number of schools and pupils completing the annual survey.

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

(2) That this Scrutiny Panel expresses the view that:-

(a) it is essential that the results of the Primary School Lifestyle surveys are utilised for the monitoring and improvement of services for children and young people; and

(b) in the light of the important use of the survey results, referred to at (a) above, every endeavour be made to encourage all schools to participate in future annual surveys.

#### **C65. TRANSFORMING ROTHERHAM LEARNING - PROGRESS UPDATE**

Consideration was given to a report presented by the Lead Adviser, Targeted Intervention and Support stating that Transforming Rotherham Learning was originally conceived as Rotherham's ambitious approach to Building Schools for the Future – a programme of investment from central government to improve the infrastructure of schools. As described in Rotherham's Strategy for Change document, Rotherham took the opportunity to develop an approach that would deliver improved outcomes for children, young people and families. The principles of Transforming

Rotherham Learning (developed in consultation with children, families and schools) are that:-

: we are all responsible for all Rotherham's children and young people;

: all Rotherham learners will achieve; no one will be left behind;

: learning is the core business: investment, policy and strategy must be driven by opportunities for learners; and

: learning communities will be rooted in and responsive to the needs of local people.

The report stated that Rotherham's vision is to deliver these principles by developing fourteen geographical learning communities, based on the location of Rotherham's secondary schools, as well as two faith-based learning communities.

In June 2010, the coalition Government cancelled the investment through Building Schools for the Future. However, Rotherham remains committed to the principles of Transforming Rotherham Learning and the concept of delivering these through multi-agency learning communities, firmly rooted in the needs of local communities. This commitment is now embedded in Rotherham's policy framework and has started to re-shape service provision Children and Young People's Services and, in particular, within the School Effectiveness Service.

The actions and consequent developments contained in the submitted report identify the means by which the Authority will better ensure that all children and young people are safe, in good health and making at least expected progress so that they can be in successful education, training or employment at age 19 and beyond into a prosperous future.

The Scrutiny Panel's discussion of this issue included the following salient issues:-

: the impact of budget and service reductions;

: schools choosing academy status and the risks attached to wider learning communities, particularly smaller primary schools;

: the importance of support for the learning communities, from all stakeholders;

: priorities and next steps, as detailed in the report submitted;

: continuation of school improvement partners until March 2011;

: continuing to identify any under-performance in schools and striving to maintain improvements in schools' performance;

: the changing role of school governors;

: prioritising the allocation of resources to the areas of most need.

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

(2) That this Scrutiny Panel endorses the continued commitment to the development of learning communities as the key delivery vehicle for the Children and Young People's Plan 2010-2013.

## **C66. WORLD CLASS PRIMARY SCHOOLS**

Further to Minute No. 71 of the meeting of the Children and Young People's Scrutiny Panel held on 30<sup>th</sup> October 2009, consideration was given to a report presented by the Consultant Secondary School Head Teacher containing details of the Local Authority's World Class Primary Schools action plan which will be a key strategy in accelerating pupil progress in Rotherham's primary schools.

During December, 2009 the Council had submitted a detailed action plan to the Department for Education (the DCSF at that time) on improvements to be made to the profile of all of Rotherham's primary schools. There had been concerns about the number of schools performing below the National floor targets at KS2 - 55% L4+ combined in English and Mathematics.

Although the initiative was later 'shelved' at a national level, Rotherham's plan is seen as a key strategy in improving standards and the profile of Rotherham's primary schools. The plan has also received national recognition for its quality and was used by the Department for Education with other local authorities.

The main details are that a clear individual plan of action for each of Rotherham's most vulnerable primary schools was produced. The plans were for those schools performing below the national floor targets, schools in an Ofsted category of concern or those that would be vulnerable at the time of inspection.

The School Effectiveness Service strengthened the way in which in which it segments its schools into strands. The revised strands are:-

A Outstanding Schools - with the potential to provide system leadership.

B Good Schools Moving to Great.

C(i) Satisfactory schools that need to maximise progress in order to become good schools.

C(ii) Satisfactory schools that perform inconsistently and would be vulnerable at an Ofsted inspection.

D Schools in Ofsted categories, 'hard to shift' (below combined floor targets for 4 or more consecutive years), and/or very vulnerable.

The Scrutiny Panel's discussion of this issue included the following salient issues:-

: continuing the level of support for schools;

: the importance of co-operation between agencies and professionals in safeguarding children;

: the White Paper on Education, soon to be issued by the coalition Government;

: governance in schools and the expectations upon and responsibilities of school governors.

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

(2) That this Scrutiny Panel supports the initiatives with the World Class Primary Schools Action Plan and endorses the proposed actions.

(3) That a scrutiny review be undertaken of the governance of schools.

(4) That a report about the forthcoming Government White Paper on Education be submitted to a meeting of this Scrutiny Panel during the early months of 2011.

#### **C67. ALCOHOL AND SUBSTANCE MISUSE STRATEGY - UPDATE**

Further to Minute No. 118 of the meeting of the Children and Young People's Scrutiny Panel held on 3<sup>rd</sup> April, 2009, consideration was given to a report presented by the Commissioning Officer, Children and Young People's Services concerning the key findings from the current alcohol and substance misuse needs analysis, how services are currently delivered and the key strategic priorities for 2010/11. These key priorities were fully outlined in the Young People's Substance Misuse Treatment Plan and Young People's Drug and Alcohol Education and Prevention Plan (included with the report submitted).

The Scrutiny Panel's discussion of this issue included the following salient issues:-

: specific projects in schools and their value for money, particularly in the light of the reduction in the Area Based Grant;

: the merits of imposing a fixed price per unit of alcohol and whether this action would have an impact on young people obtaining alcohol;

: workforce development;

: inter-agency co-operation and work;

: NHS Rotherham is to continue funding for the teenage pregnancy work;

: funding of future projects in the light of financial constraints and the risks attached to not undertaking work;

: transition of young people to adult services;

: the findings of the Value for Money review and the changes which may be made to the services as a result of this exercise.

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

(2) That this Scrutiny Panel notes the priorities and acknowledges that the alcohol and substance misuse strategy reflects national and local strategic direction in terms of Children and Young People's Services.

**C68. CHILDREN AND YOUNG PEOPLES SERVICES - NOTICE TO IMPROVE - PROGRESS AND EXCEPTIONS**

Further to Minute No. 12 of the meeting of the Children and Young People's Scrutiny Panel held on 4<sup>th</sup> June, 2010, consideration was given to a report presented by the Senior Director, Schools and Lifelong Learning concerning the Children and Young People's Services' Notice to Improve. Members noted that detailed regular monitoring continues to take place against a number of actions across several themes.

It was noted that there was likely to be unannounced inspection of Children and Young People's Services in the near future.

The Scrutiny Panel's discussion of this issue included the following salient issues:-

: the use of agency staff and the recruitment of permanent staff;

: work with other agencies, including Safer Neighbourhood Teams;

:the progress made by Children and Young People's Services since the Notice to Improve was issued.

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

(2) That progress with the Notice to Improve and the implementation of the action plan continue to be reported to meetings of this

Scrutiny Panel.

**C69. CORPORATE PARENTING - UPDATE ON TRAINING**

The Interim Service Manager (Provider Services) informed the Scrutiny Panel of the progress of the training being provided for Elected Members in the role of Corporate Parent for Looked After Children. The training provided to date had been very informative and Elected Members were encouraged to attend future sessions.

**C70. MINUTES OF A MEETING OF THE CHILDREN AND YOUNG PEOPLES SCRUTINY PANEL HELD ON 15TH OCTOBER, 2010**

Resolved:- That the minutes of the previous meeting of the Children and Young People's Scrutiny Panel held on 15<sup>th</sup> October, 2010, be approved as a correct record for signature by the Chairman.

**C71. MINUTES OF A MEETING OF THE CHILDREN AND YOUNG PEOPLES TRUST BOARD HELD ON 20TH OCTOBER, 2010**

Resolved:- That the contents of the minutes of the meeting of the Children and Young People's Trust Board held on 20<sup>th</sup> October, 2010, be noted.

**C72. MINUTES OF MEETINGS OF THE CABINET MEMBER AND ADVISERS FOR SAFEGUARDING AND DEVELOPING LEARNING OPPORTUNITIES FOR CHILDREN**

Resolved:- That the contents of the minutes of the meetings of the Cabinet Member and Advisers for Safeguarding and Developing Learning Opportunities for Children held on 6<sup>th</sup> October, 2010. 20<sup>th</sup> October, 2010 and on 2<sup>nd</sup> November, 2010, be noted.

**C73. MINUTES OF MEETINGS OF THE PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE**

Resolved:- That the contents of the minutes of the meetings of the Performance and Scrutiny Overview Committee held on 8<sup>th</sup> October, 2010 and on 22<sup>nd</sup> October, 2010, be noted.



**CHILDREN AND YOUNG PEOPLES TRUST BOARD****Wednesday, 17th November, 2010**

Present:- Councillor Lakin (in the Chair); Andy Buck, Alan Hazell, Martin Kimber, Joyce Thacker, Richard Tweed and Janet Wheatley.

In attendance: Ruth Bastin, Clare Burton, Frances Hunt, Shona McFarlane, Dorothy Smith, Sue Skalycz, Gill Walker and Dr Walid Al-Wali.

Apologies for absence:- Apologies were received from Ann Jackson and Brian James.

**D29. MINUTES OF THE PREVIOUS MEETING OF THE CHILDREN AND YOUNG PEOPLES TRUST BOARD HELD ON 20TH OCTOBER, 2010**

The minutes of the previous meeting held on 20<sup>th</sup> October, 2010 were approved as a correct record.

**D30. MATTERS ARISING**Prevention and Early Intervention

Reference was made to Minute No D27(1) and confirmation was given that a workshop had been arranged on 15<sup>th</sup> December 2010 to discuss outcome based service commissioning.

Further to Minute D27(5) confirmation was given that a report was being prepared by Simon Perry and would be presented to the Chief Executive Officer Group.

Reference was made to Minute D27(6) and a query was raised as to what progress had been made in respect of examining the impact upon service provision by voluntary and community sector organisations. It was confirmed that work had been undertaken and once completed by Janet Wheatley would be shared with members of the Board.

**D31. ISSUES AND CONCERNS**RMBC

The Strategic Director reported that Rotherham had been voted the most enterprising Borough in Britain.

The Strategic Director reported that a Joint Workforce Development Unit was currently being explored with partner agencies.

Members were informed of the resignation of Pat Ward from the Board. It

was agreed that another Secondary Head representative should be sought.

### **D32. KEEPING CHILDREN AND YOUNG PEOPLE SAFE**

Alan Hazell, Chair of the Rotherham Safeguarding Children Board gave a powerpoint presentation in respect of Keeping Children and Young People Safe.

The presentation drew specific attention to:

- The four big things (of which keeping children and young people safe was one)
- Safeguarding and promoting
- RLCSB – 3 broad areas of activity
  - Identify
  - Prevention
  - Maltreatment
- Children and Young People's Plan 2010-2013
  - Aspirations
  - 18 PI's in National Staysafe data set.

A discussion ensued around the aspirations and what was underpinning the performance indicators and how was performance measured. Confirmation was given that there was an action plan in place which sat behind the four big things and it was suggested that this be presented at future meetings.

Further discussion took place around the need for becoming more focussed on outcome as opposed to concentrating on performance indicators, and it was agreed that a piece of work should be undertaken around this. It was suggested and agreed that the next meeting should include a workshop based on the last slide of the presentation for a more in-depth discussion.

Resolved:- That the workshop to take place at the next meeting on outcomes based commissioning would discuss Keeping Children and Young People Safe in more depth.

### **D33. CHILDREN AND YOUNG PEOPLE'S TRUST BOARD**

#### Membership of the Children and Young People's Trust Board and Terms of Reference

Consideration was given to a report presented by the Business Development and Partnership Manager in respect of the membership of the Children and Young People's Trust Board and terms of reference.

She confirmed that consultation had taken place with all members on the Membership of the Board and Terms of Reference in October 2010. No comment had been received in relation to the Terms of Reference but the Chair had pointed out that, as previously agreed, he should be a member of the Think Family Board.

Members of the Joint Leadership Team had queried whether their meetings should continue as it was felt there was the potential for duplication as they were also members of the Think Family Board. However it was agreed that for the foreseeable future this would continue.

Information issued by the Department of Education on 3<sup>rd</sup> November 2010, described how arrangements for the Board would be more flexible. There was no longer a statutory requirement to produce the Children and Young People's Plan or to have a Children and Young People's Trust Board. However it was proposed that existing arrangements and proposals for member of the Children and Young People's Trust Board remain the same.

The Terms of Reference and membership of the Children and Young People's Board were appended to the report for comment and final approval.

The Chair commented that reference needed to be made in the Terms of Reference to the fact that the Rotherham Local Safeguarding Children Board could challenge decisions made by the Children and Young People's Trust, in line with protocols previously agreed.

A discussion ensued in respect of the timings of meetings and it was agreed that the bi-monthly meetings of the Children and Young People's Trust Board needed to be later in the day to allow School Heads representatives to attend.

Resolved:- That the Terms of Reference and membership of the Children and Young People's Trust Board be approved, subject to the amendments referred to above.

#### Draft Partnership Agreement for the Children and Young People's Trust Board

Consideration was given to a report presented by the Business Development and Partnership Manager in respect of the draft Partnership Agreement for the Children and Young People's Trust Board.

The draft Partnership Agreement was developed at the request of the Children and Young People's Trust Board, in order to have in place a more formal agreement to the work it was undertaking to improve the outcomes for children and young people in Rotherham.

It was developed in line with current legislation guidance and set out how each Partner would co-operate to improve outcomes through the development, publication, implementation and review of the Children and Young People's Plan.

The Partnership Agreement comprised of the following terms which all partners would be asked to agree to:-

- The Partnership
- The Children and Young People's Plan
- Safeguarding
- Governance and Accountability
- Ambition and Prioritisation
- Financial and Performance Management
- Value for Money
- Risk Management
- Equality and Diversity
- Consultation and User Engagement
- Commendations and Complaints
- Reporting Arrangements
- Dispute Resolution
- Termination of the Partnership
- Publicity
- Data Protection
- Confidentiality
- Freedom of Information
- Review and Variation

A discussion ensued and a reference was made to 3.4 of the document which referred to improving safeguarding and promotion of welfare. It was agreed that this was a function of the Safeguarding Children Board, but that it would be brought to the Children and Young People's Trust Board via the Safeguarding Children Board for monitoring purposes.

Reference was made to 19.1 which described how the effectiveness of the Partnership Agreement would be reviewed. It was felt that in the Rotherham Safeguarding Children Board should also be involved in the review.

Resolved:- (1) That the content of the Partnership Agreement be amended as discussed and brought to the next meeting for final approval.

(2) That all members of the Children and Young People's Trust Board sign the Partnership Agreement and thereby agree to its terms, once the final version has been approved.

**D34. DRAFT PROPOSAL FOR THE DEVELOPMENT OF PREVENTION AND EARLY INTERVENTION SERVICES**

Consideration was given to a report presented by the Business Development and Partnership Manager in respect of the draft proposal for the Development of Prevention and Early Intervention Services.

It was proposed that a project approach be undertaken to progress the implementation of the Prevention and Early Intervention Strategy which would involve identifying some of the most vulnerable families across the Borough and working with them to identify the most appropriate interventions. Work with these families would be monitored and evaluated.

It was proposed that the Think Family Team be expanded to include more agencies. Members of the Team would be required to attend a Think Family Panel monthly to determine the best approach for 'stuck' families.

A discussion ensued and the following issues were raised:-

- Whether the Children's Centres were being used to their full potential.
- It was felt that, in addition to the work planned with the most vulnerable families, we needed to be looking at broader intervention. It was suggested that a service model needed to be developed and decisions made as to what was required together with the resources to deliver. It was agreed that more work be undertaken in respect of this and brought back to the next meeting. Andy Buck agreed to provide some written notes to assist with this.
- Concerns were raised by the Voluntary Sector that timing was now becoming an issue for them with the external funding coming to an end in March 2011. Therefore it was essential that the work referred to above was accelerated. The Chair agreed that the next meeting should concentrate on only a small number of key issues to ensure that progress was made.

Resolved:- (1) That Members of the Children and Young People's Board agree to the project and give their commitment to the development of the 'Think Family Team'.

(2) That further work be undertaken in respect of the Service Model as discussed and agreed above.

#### **D35. LOCAL SAFEGUARDING CHILDREN BOARD AND CHILDREN AND YOUNG PEOPLES TRUST BOARD**

Alan Hazell, Chair of the Rotherham Safeguarding Children Board presented the submitted report in respect of the joint meeting of representatives from the Rotherham Safeguarding Children Board and Rotherham Children and Young People's Trust Board.

The meeting took place following the Ofsted inspection of Rotherham's safeguarding and looked after children services in July and the subsequent publication of their report in August 2010. Representatives of the two Boards met on 4<sup>th</sup> October 2010 to discuss in detail their relationship in respect of accountability and governance. A scoping document was produced from this meeting and comment was invited. The results of their consultation were appended to the report.

It was proposed that the document be approved by both Boards and that the recommendations contained therein take effect immediately.

Resolved:- That the attached form of words be agreed by the Children and Young People's Board and presented to the next Rotherham Safeguarding Children Board for implementation by both Boards.

**D36. THE OFSTED INSPECTION OF THE ARNOLD CENTRE - THE FIRST CHILDREN'S CENTRE INSPECTION IN ROTHERHAM**

Consideration was given to a report presented by the Assistant Head of School Effectiveness Service 0-7, in respect of the Ofsted Inspection of the Arnold Centre.

It was noted that the Arnold Centre was the first Children's Centre in Rotherham to receive an Ofsted inspection. It was a two day inspection which took place on 23<sup>rd</sup> and 24<sup>th</sup> September 2010. The inspection team consisted of two inspectors, which was led by an HMI, who made a pre-inspection visit to the centre on 22<sup>nd</sup> September. Similar to the school inspection processes, the Headteacher received a pre-inspection hypothesis trail of lines for further investigation on the evening prior to the first day of the inspection. This was based on the evidence from initial discussions with the Headteacher, the Centre's completed self evaluation for, safeguarding policy and staff training plan.

The overall judgement of the inspection was good, with 'satisfactory' being achieved in the following areas:

- Being Healthy
- Economic and Social Wellbeing
- Value for Money
- Range of appropriateness of services provided
- Evaluation
- User engagement.

The remaining 16 Ofsted evaluation schedule areas were judged as 'good'.

One of the key issues identified as an outcome of the inspection was:

- To improve the availability of data information which was specific to the immediate reach of the Centre and the impact of its work,

including that which relates to the national indicator set.

On the basis of this there was further partnership work needed with Health, Social Care and Job Centre Plus in relation to the National Indicator Set data that needed to be shared with each Children's Centre at Ward and if possible, post code level. However, since the inspection, meetings had been held with relevant partner services and as a result improved Ward/post code level data, especially from health had been provided. This had positively supported the second inspection of a Rotherham Children's Centre which occurred on 20<sup>th</sup> and 21<sup>st</sup> October.

The HMI stated that 'there was limited information available to show how parents were being helped into work'. An outcome from the second Children's Centre inspection was a key issue relating to this aspect of 'Improve links with Job Centre Plus and other services to support parents in accessing training and employment'.

There was a need to further develop partnerships and alignment with Health and Job Centre Plus with Children's Centres, in relation to sharing of data although this was improving. There was also a need to formalise pathways for adults into learning that leads to 'readiness' for employment and then into employment, which would need further partnership with Adult and Family Learning Services and Job Centre Plus.

Resolved:- That the key issue identified by Ofsted and the need to further develop partnerships and alignment with Health and Job Centre Plus with Children's Centres, in relation to sharing of data be noted.

**D37. UPDATE ON THE MERGER BETWEEN THE ROTHERHAM NHS FOUNDATION TRUST AND ROTHERHAM COMMUNITY HEALTH SERVICES**

The Chief Executive, NHS Rotherham gave an update in relation to the merger between the Rotherham NHS Foundation Trust and Rotherham Community Health Services.

He confirmed that at the end of the financial year NHS Rotherham would cease to have a provider arm and the Foundation Trust and RDASH would be taking over the responsibility. The integration of the Community Services and the hospital would continue as would the work with CAMHS and RDaSH (Rotherham, Doncaster and South Humber).

**D38. OFSTED INSPECTION ACTION PLAN UPDATE**

The Strategic Director for Children and Young People's Services gave and update on the Ofsted Inspection Action Plan.

She confirmed that the hospital actions were nearing completion and that Paediatric Nurses would be available in Accident and Emergency at all times.

The Foundation Trust were making SWIFT more accessible to staff and training on the system was underway.

The next meeting of the Improvement Panel would be taking place in December where hopefully the intervention notice would be signed off.

**D39. CHILDREN YOUNG PEOPLE'S ANNUAL COMMENT AND COMPLAINT REPORT 2009/ 2010**

Consideration was given to a report presented by the Business Development and Partnership Manager which outlined performance for complaints in RMBC Children and Young People's Services for 2009/2010, along with comparison to 2007/2008 and 2008/2009. It also provided information about other types of enquiries and feedback handled by the Complaints and Customer Service Team along with details of future service developments.

It was noted that 122 people had made 262 complaint points at Stage 1, 12 people made 96 complaint points at Stage 2 and 1 person escalated two of their Stage 2 complaints to a Stage 3 Review Panel.

Resolved:- That the content of the Annual Report for Comments and Complaints 2009/2010 be noted.

**D40. PRIMARY SCHOOL LIFESTYLE SURVEY 2009**

Consideration was given to a report presented by the Policy and Planning Team Manager in respect of the Primary School Lifestyle Survey 2009.

The Primary Lifestyle Survey 2009 was undertaken by Primary school pupils with questions covering a range of issues, such as health, how pupils felt about school, how safe they felt, how they felt about the area in which they lived, bullying, and how often they might smoke, drink or take drugs.

The Primary Survey period commenced on the 19<sup>th</sup> October and concluded on 18<sup>th</sup> December (extended to the end of January 2010 due to closures due to snow).

It was noted that 15 schools took part and 572 pupils undertook the survey, and individual school reports and summaries had been produced for the schools who participated.

Members of the Board noted the next steps as follows:

- The Healthy Schools Team would be working with schools to look at the results of the survey and include them in their action plans



- The findings would be incorporated into the new Children and Young People's Plan
- A newsletter would be produced to thank students for taking part and to feedback the main headline results, and a letter would be sent out to schools thanking them for their participation
- The Executive Summary would be placed on the website and widely circulated and the findings would be promoted across all partner agencies. The full report and data tables would be placed on the intranet.
- Developments and results from national surveys and national indicators would be monitored to enable data to be compared and contrasted.

Resolved:- That the content of the report be noted.

**D41. ANY OTHER BUSINESS**

**1DCABINET MEMBER FOR SAFEGUARDING AND DEVELOPING LEARNING  
OPPORTUNITIES FOR CHILDREN - 01/ 12/ 10**

**CABINET MEMBER FOR SAFEGUARDING AND DEVELOPING LEARNING  
OPPORTUNITIES FOR CHILDREN  
Wednesday, 1st December, 2010**

Present:- Councillor Lakin (in the Chair) and Councillor Currie.

Apologies for absence were received from Councillor Havenhand.

**D84. MINUTES OF THE PREVIOUS MEETING HELD ON 2ND NOVEMBER, 2010**

Resolved:- That the minutes of the previous meeting held on 2<sup>nd</sup> November, 2010 be approved as a correct record.

**D85. MINUTES OF A MEETING OF THE CHILDREN AD YOUNG PEOPLES TRUST BOARD HELD ON 20TH OCTOBER, 2010**

Resolved:- That the contents of the minutes of the meeting of the Children and Young People's Trust Board, held on 20<sup>th</sup> October, 2010, be noted.

**D86. CHILDREN AND YOUNG PEOPLES SERVICES - PERFORMANCE INDICATOR REPORT - QUARTER 2 2010/ 2011**

Consideration of this report was deferred until the next meeting.

**D87. SPECIAL GUARDIANSHIP ORDERS - FINANCIAL SUPPORT**

Consideration of this report was deferred until the next meeting.

**D88. 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.

**D89. REQUEST FOR FINANCIAL ASSISTANCE (LOFT CONVERSION)**

Consideration was given to a report presented by the Locality Manager concerning a proposal for the Council to provide financial support to a Rotherham couple who are guardians of a child, enabling them to convert loft space their home and provide a bedroom for the child referred to in the report.

The report detailed the way in which the financial investment of the local authority would be protected, because the couple are required to enter a legally binding contract ensuring the repayment of the grant, in full or in part, depending on the circumstances. Members discussed the costs and conditions of this type of grant for property improvements.

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

(2) That, subject to the conditions detailed in the report submitted, a grant up to a maximum sum of £10,000 be made to the couple identified in the report, enabling them to undertake the necessary building alterations and provide good care for this child.

(3) That further consideration be given to the costs and conditions of grants provided for property improvements relating to children placed with foster carers or who are the subject of special guardianship orders.

(Exempt under Paragraph 2 of the Act – information likely to reveal the identity of an individual)

**D90. MINUTES OF A MEETING OF THE EDUCATION CONSULTATIVE COMMITTEE HELD ON 18TH NOVEMBER, 2010**

Resolved:- That the contents of the minutes of the meeting of the Education Consultative Committee, held on 18th November, 2010, be noted.

(Exempt under Paragraph 4 of the Act – information relating to consultations about labour relations matters)

**PERFORMANCE AND SCRUTINY OVERVIEW COMMITTEE**

12th November, 2010

Present:- Councillor Whelbourn (in the Chair); The Mayor (Councillor McNeely); Councillors Austen, Gilding, Jack, License, P. A. Russell, Steele, Swift and Whysall.

Also in attendance for items 90 onwards were George Bailey, Mateen Duresmain, Emily Green, Daniel Moorhouse, Oliver Newrick, Chloe Shaw and Joshua Whitehouse (representatives of the Rotherham Youth Cabinet).

Danyal Mullen (representative of the Looked After Children Council).

Councillors Fenoughty, Smith (Cabinet Member for Regeneration and Environment) and Stone (Leader of the Council)

Apologies for absence were received from Councillors J. Hamilton and G. A. Russell .

**85. DECLARATIONS OF INTEREST.**

There were no declarations of interest made at this meeting.

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

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

**87. MINUTES**

Resolved:- That the minutes of the meeting held on 22<sup>nd</sup> October, 2010 be approved as a correct record for signature by the Chairman subject to the addition of Councillor P. A. Russell in the list of Members present.

**88. WORK IN PROGRESS**

Members of the Committee reported as follows:-

- (a) Councillor Whysall reported that further consideration was to be given to the review of PE and Sport in Schools.
- (b) Councillor Austen reported that the latest meeting of the Democratic Renewal Scrutiny Panel had considered:-
  - six month review of the Council website
  - delivering electoral services: current and future issues

- presentation on the work of the Women's Refuge
- equality and cohesion update

(c) Councillor Jack reported that the latest meeting of the Adult Services and Health Scrutiny Panel had considered:-

- a presentation on stroke services in Rotherham
- annual report of the Joint Learning Disability Service
- Hospital Discharge Process: improving the customer experience

Councillor Jack also reported:-

- it was Domestic Violence Awareness Week commencing on Monday, 22<sup>nd</sup> November, 2010 with a march on 27<sup>th</sup> November, 2010
- bogus callers, claiming to be from the Water board, had been operating in the Holderness Ward the previous night

(d) Councillor License reported that the next meeting of the Children and Young People's Services Scrutiny Panel would be looking at primary school attainment and he had also requested early consideration of the implications of the coalition Government's education agenda.

## **89. CALL-IN ISSUES**

There were no formal call-in requests.

## **90. 11 MILLION TAKEOVER DAY - INFORMAL SESSION**

At this point in the proceedings, the meeting was adjourned to facilitate an informal session between representatives of the Rotherham Youth Cabinet and members of this Committee and the Cabinet.

The meeting reconvened together with Members of the Cabinet and representatives of Rotherham Youth Cabinet.

As part of 11 Million Takeover Day, George Bailey (Youth Cabinet) chaired the remainder of the meeting.

(George Bailey in the Chair)

George welcomed everyone to the meeting and introductions were made.

**91. THE LOOKED AFTER CHILDREN'S COUNCIL TERMS OF REFERENCE**

Danyal Mullen, Looked After Children (LAC) Council, gave a presentation relating to the recently established Looked After Children Council reflecting on the work being done to establish it on a more solid footing. The presentation covered:-

- LAC Council Terms of Reference
- To improve services for looked after children
- To raise awareness of LAC issues
- Deliver training around LAC issues
- Aiming for 6 formal meetings per year with Councillors
- Meetings to be held at the Town Hall
- Meetings held on Thursdays at 5.30 p.m. to 7.00 p.m.
- Sharing parts of the training programme with the Rotherham Youth Cabinet
- Rotating Chair/ support
- Minuted meetings
- Supported by Youth Workers from the Voice and Influence Unit

Discussion and a question and answer session ensued and the following issues were covered:-

- how children and young people were able to contact key workers should their social workers not be available

- achievements so far and frustration at the speed of changes/ improvements
- need for placement stability.
- progress regarding the development of a pledge
- need to ensure that agreed actions were carried through and any delays were explained clearly to the young people
- opportunity for LAC Council representatives to meet the Leader/ Deputy Leader on a monthly basis to discuss any frustrations/ problems/ issues arising
- publication of a newsletter by the new Corporate Parenting Group which could be informed by the LAC Council thereby ensuring Elected Councillors were aware of the important issues
- offer to give a presentation to the LAC Council on 'How the Council Works'
- possibility of a 'shadow day' whereby LAC Council representatives could work with Cabinet Members
- ensure that Elected Councillors know and understand the issues and what it is like being in care
- first formal meeting to be held in January, 2011.

Resolved:- (1) That the LAC Council consider the offer of:-

(a) monthly meetings with Leader and Deputy Leader and

(b) receiving a presentation on 'How the Council Works'.

(2) That the LAC Council terms of reference be received and referred to the Corporate Parenting Group and Cabinet Member for Safeguarding and Developing Learning Opportunities for Children,

(3) That Danyal be thanked for a very interesting and informative presentation.

## 92. YOUNG PEOPLE AND USE OF LIBRARIES

Mateen Duresmain, Emily Green, Daniel Moorhouse, Oliver Newrick,

Chloe Shaw and Joshua Whitehouse, Rotherham Youth Cabinet, gave a presentation focusing on the work they did at the Rotherham Show to ask young people's views about the Library Service. The Committee also welcomed Jo Hinchliffe, Children's Champion (Library Service) who elaborated on the joint working with the Rotherham Youth Cabinet from a Library Service perspective.

The presentation covered:-

- Rotherham Show 2010 questionnaire
- Response to the questionnaire regarding usage of a local library
- What young people told us they also wanted in a library
- Next steps: focus on writing standards for libraries to follow and possibly be involved in staff training
- Important qualities for library staff
- Conduct
  - Approachable
  - Friendly
  - Open Minded
  - Eye Contact
  - Genuine
  - Enthusiastic
- We want them to be proactive
  - Willing to help
  - Having relevant information
  - IT skills
  - Passionate about the job
- Need to respect young people
  - Don't stereotype
  - Be tolerant
  - Accepting of different groups
  - Understanding of young people's issues/ culture
  - Take young people seriously



- Need to be organised
  - Need a knowledge of library
  - Ability to adapt to situations
- Communication
  - Good interpersonal skills
  - Ability to communicate with everybody not just young people
- Roles of Libraries
  - Reaching out, linking to communities
  - Recognise libraries are for everyone and people have different needs
  - Young people should be involved in training staff
  - Bring libraries into the 21<sup>st</sup> Century and promote the changes to young people (e.g. silence rule)

Jo Hinchcliffe highlighted the following:-

- Framework for the future
- Ad hoc/ sporadic activity in libraries
- Library Service link with the Youth Cabinet, quick and pacy work progressing
- Young People's Committee established in Libraries
- Moving towards a formal action plan
- Next phase to get young people to visit libraries
- Utilise the Youth Cabinet with the consultation approach
- Ensure libraries were the pillar of the community

Discussion and a question and answer session ensued and the following issues were covered:-

- Increased versatility of the role of Libraries
- Rural nature of Rotherham and the Mobile Library Service (better use of resources, look at doing more for the rural network and better advertising of the Mobile Library Service)
- Potential for young people to volunteer to be assistants in libraries when possible
- Need to address the stereotypical view of libraries with the new physical buildings
- What libraries expect from young people not addressed in the survey
- Tensions library book users versus cyber café e.g. spread the siting of computers to avoid congregation, behaviour issues
- Work with the Youth Cabinet to develop a behaviour policy, guideline for staff and involving young people more to try and achieve a balance
- Role for School Libraries
- Essential libraries cater for everyone's needs
- Potential for allowing public into school libraries and encourage the youth/ adult mix
- Important to involve young people in the design/ development of new libraries
- Impact of individual demands on other user groups
- Libraries should also be for leisure not just education

Resolved:- (1) That the information be noted and the Youth Cabinet be thanked for their interesting and informative presentation.

(2) That the finished work be referred to the Regeneration Scrutiny Panel.

Before closing the meeting, the Committee wished to acknowledge formally the success of fifteen year old Rotherham Schoolboy Joshua Sayles who had been selected as the Royal British Legion Youth Division's Standard Bearer at the Royal Albert Hall.

In closing the meeting, George thanked everyone for their attendance and contributions to the discussions.