Rotherham Safeguarding Children Board

Rotherham
Local Safeguarding Children Board
2014-15 Annual Report

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Foreword

Steve Ashely – Independent Chair of Rotherham LSCB

"Over the course of the 2014/15 business year, Rotherham has had to face up and respond to the way in which it failed children over the course of the preceding 2 decades. Following multiple calls for senior officers to provide testimony to the Home Affairs Select Committee through 2013-2014, the extent of failings in regards to child sexual exploitation were laid bare in Professor Alexis Jay's Inquiry, published on 26th August 2014. Throughout the course of September and October 2014, the local authority was subject to dual inspections by Ofsted. One was undertaken in line with the four week Single Inspection Framework (2014), which also reviewed the effectiveness of this LSCB. The other was a thematic inspection of child sexual exploitation. The outcome of the Single Inspection Framework inspection was that both the local authority children's services and the LSCB were judged to be inadequate. The Secretary of State for Education appointed a children's social care commissioner at this point to provide assurance and oversee the council's response.

"Throughout the course of September and October 2014, the local authority was subject to dual inspections by Ofsted."

"The findings of both Professor Jay and Ofsted resulted in the Secretary of State for Communities & Local Commissioner commissioning an independent review of Rotherham Council's corporate governance arrangements, which commenced in October 2014 and concluded in January 2015. Led by Louise Casey, this review was the catalyst for the Government to appoint a team of independent commissioners to oversee the execution of executive powers locally.

"All of these changes have created a seismic shift in the way services have been delivered locally. The Jay Inquiry itself would be a watershed moment for any organisation, though the Ofsted inspections and the Casey Report have all led to further, radical changes in the leadership and management of Rotherham Council. A Care Quality Commission review of the local NHS health economy in February 2015, and the inspection activity undertaken by HMI Constabulary into the work of South Yorkshire Police in May 2014, and November 2014 have generated a multitude of independent judgements which have been used to inform focused, rapid improvement action plans.

"All of the performance data in here is subject to scrutiny by the children's social care commissioner, who is driving improvements forward with vigour."

"Whilst the term "unprecedented" can often be overused, I feel secure in applying this adjective to describe the level of scrutiny and challenge applied to partner agencies in Rotherham. Given the extent of failings over such a long period of time, I welcome the intensity of this, as it means that there is no hiding place for agencies should they continue to fail children and families. Equally, the failure of the LSCB to effectively hold agencies to account is also something that has and continues to be addressed, and I am accountable to the Government and their appointed commissioners in regard to the progress the Board achieves.

"The devastating impact of failings in Rotherham has generated an environment where improvements are being made quickly, evidentially and sustainably. A new landscape has been created, with new leadership bringing a refreshed vision for how services are structured and delivered. The Council's vision is for Children's Services to be outstanding by 2018, and that judgement will likely be made by a multi-agency inspection team consisting of Ofsted, the Care Quality Commission, HMI Constabulary and HMI Probation. The Strategic Director for Children & Young People's Services – Ian Thomas – has articulated the 3 strategic outcomes he will be relentlessly pursuing to achieve improvement, which are:

- **Children and young people are healthy and safe from harm**
- **Children and young people start school ready to learn for life**
- **Children, young people and their families are ready for the world of work**

"The time period covered by this annual report has seen radical change, and therefore whilst it is a statutory requirement for all LSCBs to publish an annual report, it is also worth noting that this improvement journey was commencing at the point this business year ended. All of the performance data in here is subject to scrutiny by the children's social care commissioner, who is driving improvements forward with vigour. By definition, this annual report will make uncomfortable reading; I have no doubt that, when the LSCB publishes the 2015-16 report, there will be many positives to share and much improvement achieved. I look forward to the LSCB playing a key role in this achievement."

Steve Ashley
August 2015

1. Essential information

This annual report has been authored by the LSCB Independent Chair, and was agreed by the Rotherham LSCB at the September 3rd 2015 meeting.

This annual report has been authored by the LSCB Independent Chair, and was agreed in the Rotherham LSCB at the September 3rd 2015 meeting.

It has been published in the autumn of 2015 following confirmation of 2014-15 performance out turn data. Once published, the report will be submitted to the chair of the Health & Wellbeing Board, The Leader of the Council, the Council Chief Executive, and the local Police and Crime Commissioner, as required by statutory guidance. Individual agency Board members will also be expected to present this report through their own internal governance structures.

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The information used in this report has been taken from data and information submitted to the LSCB, or otherwise provided and/or published by partner agencies or the Government. To maintain transparency, wherever reports have been cited, the source material has been referenced accordingly.

This report is published on the LSCB website, **www.rotherham.gov.uk/safeguarding**

A copy of this report can be provided in different languages and formats – such as braille or audio – on request, by contacting the Rotherham LSCB at **CYPS-SafeguardingBoard@rotherham.gcsx.gov.uk** or by telephone on **01709 382121**.

Rotherham LSCB can also receive written requests via postal address: **Rotherham Local Safeguarding Children Board, Riverside House, Main Street, Rotherham, S60 1AE.**

2. National and local context

2.1 LSCB STATUTORY FRAMEWORK

The Children Act 2004 outlines the requirement for there to be a Rotherham Local Safeguarding Children Board (LSCB) established, as a statutory body. The LSCB is required to have an Independent Chair, and members who are senior representatives of key partner organisations.

Member organisations of Rotherham LSCB include:

- Rotherham Metropolitan Borough Council (Inc. Children's Services, Adult Services and Public Health)
- South Yorkshire Police
- National Probation Service
- South Yorkshire Community Rehabilitation Company
- Youth Offending Services
- South Yorkshire Fire and Rescue
- Rotherham Clinical Commissioning Group
- NHS England, South Yorkshire and Bassetlaw
- Rotherham NHS Foundation Trust
- Rotherham Doncaster and South Humber Health Trust
- Children and Families Court Advisory and Support Service
- Rotherham schools
- Lay members

The Rotherham LSCB has a constitution and publishes an annual business plan.

Working Together (2015) outlines the duties on LSCBs, and includes a requirement for all Boards to publish an annual report, which should:

- Recognise achievements and progress made as well as identifying challenges
- Demonstrate the extent to which the functions of the LSCB are being effectively discharged
- Include an account of the progress that has been made in implementing actions from Serious Case Reviews
- Provide robust challenge to the work of the Children & Families Trust Board

The LSCB meets on a quarterly basis and has full membership to ensure compliance with Working Together (2015). Senior officers attend board meetings. The RMBC cabinet member for children & young people is a participating observer of the Board.

The Board has working protocols with the Health & Wellbeing Board, the Community Safety Partnership (Safer Rotherham Partnership) and the RMBC Corporate Parenting Board. The Independent Chair also meets quarterly with his counterparts for the Health & Wellbeing Board and the Safeguarding Adults Board, and meets regularly with the Director of Children's Services, the Cabinet Member for children and young people, and the RMBC Chief Executive (currently the Managing Director Commissioner).

The Board has working protocols with the Health & Wellbeing Board, the Community Safety Partnership (Safer Rotherham Partnership) and theRMBC Corporate Parenting Board

The LSCB has a Business Manager who oversees the day to day running of the Board and ensures the business is managed effectively in between formal meetings. In December 2014, the local Chief Executive Officer Group agreed to increase the Board budget by £100k to increase capacity to deliver on the requirements outlined in the LSCB improvement plan (appendix A). Further detailed budget information has been included in appendix b of this report.

The LSCB has a published a Multi-Agency Assessment Framework (the "Child's Assessment"), as per the requirements of Working Together (2013). The council began implementing this approach in April 2014, though there have been difficulties in reporting compliance with local milestones due to the social care case recording system. The LSCB also has published Multi-Agency Threshold Descriptors, which include specific guidance for professionals in relation to child sexual exploitation.

INDEPENDENT CHAIR ANALYSIS:

The LSCB and children's service provision have both been judged as inadequate by Ofsted in this business year, and I can do nothing other than accept and agree with their findings.

As we plan to improve, I am impressed by the response to this judgement. Even in times of severe budget pressures, senior officers from the partnership have recognised the importance of having an improved LSCB, and have committed additional funding on a triennial basis to secure this. This investment will allow for an increase in the Board's audit, quality assurance and improvement resource, and will also double the contractual commitment of the independent chair. This presents clear evidence that partners are willing to invest in greater scrutiny and challenge and place value on the transparency this generates. It is critically important that the LSCB can evidence how this additional investment has not only improved challenge and scrutiny but also facilitated improvement across multiagency partners.

The LSCB's focus is on multiagency working, though this is often via the "window" that is children's social work and the associated systems and reports provide by the local authority. The difficulty in the council providing robust data on individual child timescales for their multi agency assessment has impaired the Board's view of multiagency working. The re-commissioning of this system and the significant financial investment by the council in a market leader to be the new provider of choice, will be improve their data quality and their capacity to report on this, in turn allowing the LSCB to provide more informed challenge of multiagency working.

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2.2 ROTHERHAM PROFILE

Rotherham is one of four metropolitan boroughs in South Yorkshire, covering an area of 118 square miles with a resident population of 258,700 (2013 mid-year estimate). The population of Rotherham has been growing, increasing by 10,400 (4.2%) between 2001 and 2013.

There are approximately **202,600** adults resident in Rotherham (2013 mid-year estimate) of whom 63,100 people are aged 60 and over (24.4% of the population), 36,900 are aged 18 to 29 years (14.3%) and 102,500 are aged 30 to 59 years (39.6%). The number of children and young people aged 0 to 17 years is 56,100 (21.7%) of whom 16,000 aged 0-4 (6.2%).

Child Population			
Rotherham	Yorkshire & Humber	England	
Live births in 2013			
3 120	64 560	664 517	
Children (Age 0 to 4 years) in 2013			
16 000 (6.2%0	334 100 (6.3%)	3 414 100 (6.3%)	
Children (age 0 to 19 years) in 2013			
62 100 (24%)	1 278 600 (24%)	12 833 200 (23.8%)	
School children from minority ethnic groups in 2014			
5 547 (15.1%0	150 330 (22.3%)	1 832 995 (27.8%)	
Children living in poverty (age under 16 years) in 2012			
22.8%	20.8%	19.2%	
Life expectancy at birth – 2011-2013			
Boys	78.1	78.5	79.4
Girls	81.4	82.2	83.1

Migration within the UK to/from Rotherham has been fairly steady and outward migration is expected to remain so. Inward migration could increase as a result of the new housing developments at Waverley which are likely to attract more people from nearby Sheffield. International migration has been falling in recent years with the number of National Insurance registrations from overseas in 2013/14 (610) the lowest for 9 years (since 2004/05) and half the level in 2007/08 (1,217). Comparing 2006-2009 with 2009 to 2012, National Insurance registrations from overseas in Rotherham have fallen by 25%. This has mainly been due to a large fall in migrants from EU accession countries (mainly Poland and Slovak Republic) which are 64% down although both have shown signs of levelling off or increasing slightly.

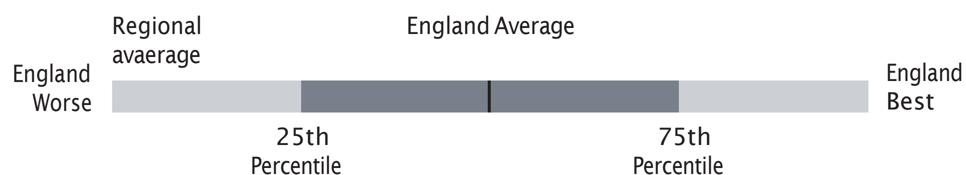
Children and young people under the age of 20 years make up 24.0% of the population of Rotherham. 15.1% of school children are from a minority ethnic group. The health and wellbeing of children in Rotherham is mixed compared with the England average. Infant and child mortality rates are similar to the England average. The level of child poverty is worse than the England average with 22.8% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average. 9.8% of children aged 4-5 years and 23.4% of children aged 10-11 years are classified as obese. In 2013/14, children were admitted for mental health conditions at a lower rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was lower than the England average. The percentage of women smoking in pregnancy is higher than the England average, with 19.9% of women smoking while pregnant. Smoking in pregnancy is known to increase the risk of a baby having a low birthweight. The percentage of babies being born with a low birthweight is higher than the England average.

In 2013/14, children were admitted for mental health conditions at a lower rate to that in England as awhole.

Health summary for Rotherham

The chart below shows how the health of people in this area compares with that of the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that Rotherham's results are significantly worse than the rest of England's for that indicator; however, a green circle may still indicate an important public health issue.

- Significantly worse than England average
- Not significantly different from England avarage
- Significatlly better than England average



Domain	Indicator	Local No Per Year	Loca l	Eng valu	Eng wors	England Range	En g best
Our communitiest	1. Deprivation	86,516	33.4	20.4	83.8		0.0
	2.Childrenin poverty(under16s)	11,320	22.8	19.2	37.9		5.8
	3. Statutory homlessness	96	0.9	2.3	12.5		0.0
	4. GCSE achieved (5*A-C inc Eng & Maths)	1,930	57.3	56.8	35.4		79.9
	5.Violent crime(violenceoffences)	2,093	8.1	11.1	27.8		2.8
	6.Longtermunemployment	2,202	13.6	7.1	23.5		0.9
Children'sand young people's health	7.Smoking status at time of delivery	581	19.9	12.0	27.5		1.9
	8. Breastfeeding initiation	1,833	62.3	73.9			
	9.Obese children(Year6)	671	23.4	19.1	27.1		9.4
	10. Alcohol-specific hospital stays (under18)	16.7	29.1	40.1	105.8		11.2
	11.Under18conceptions	115	24.3	24.3	44.0		7.6

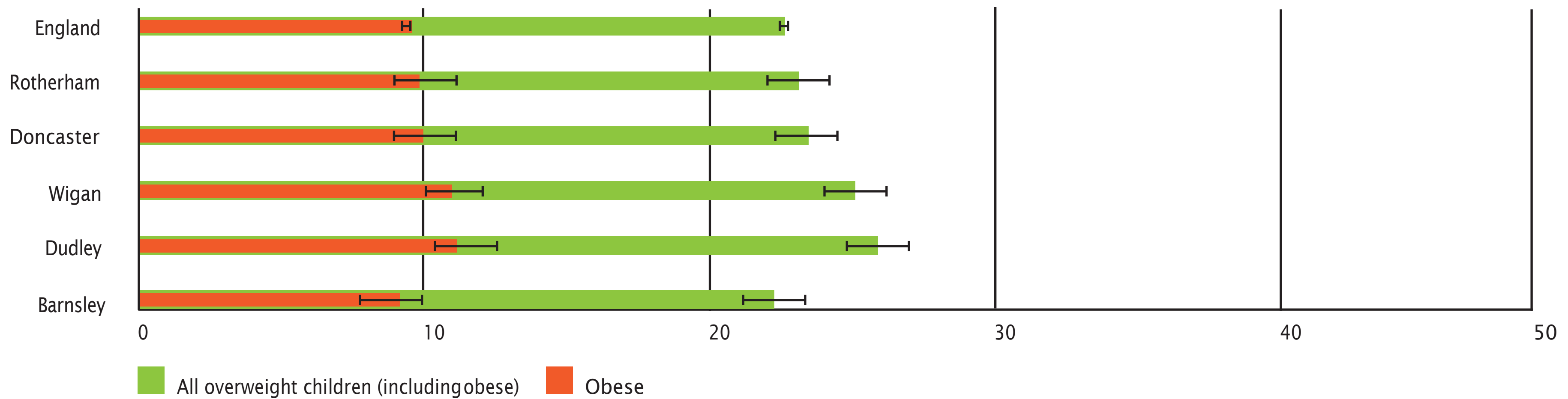
Rotherham Child health Profile

Note: thisanalysis usesthe 85th and95thcentiles ofthe British1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval. Date source: National Child measurement Orogramme (NCMP). Health and Social Care information Centre.

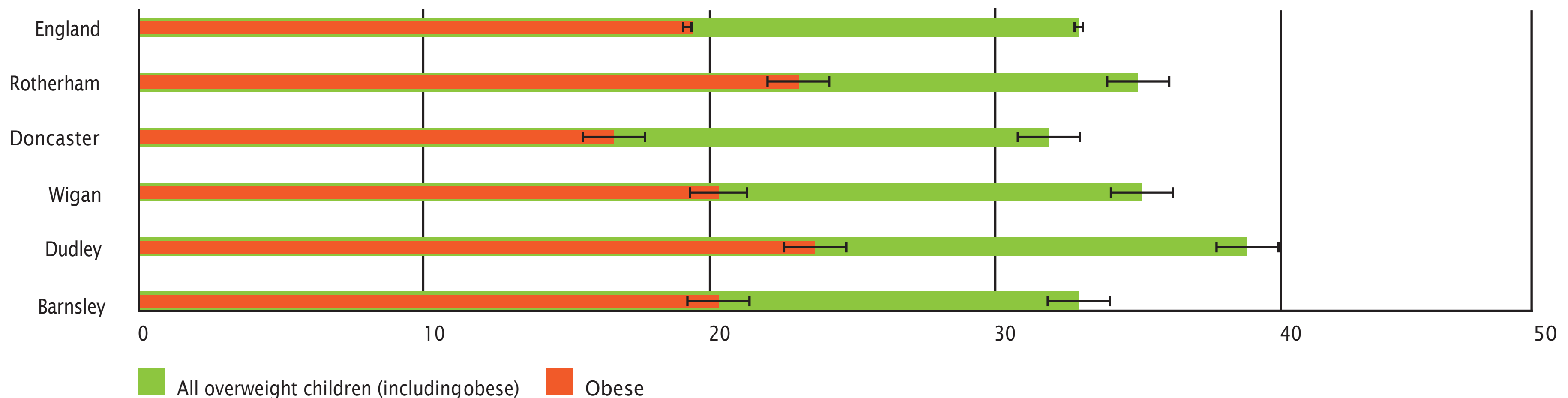
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared with their statistical neighbours. Compared with the England average, this area has a similar percentage in Reception and worse percentage in Year 6 classified as obese or overweight.

Children aged 4-5 years classified as obese or overweight, 2013/14 (percentage)



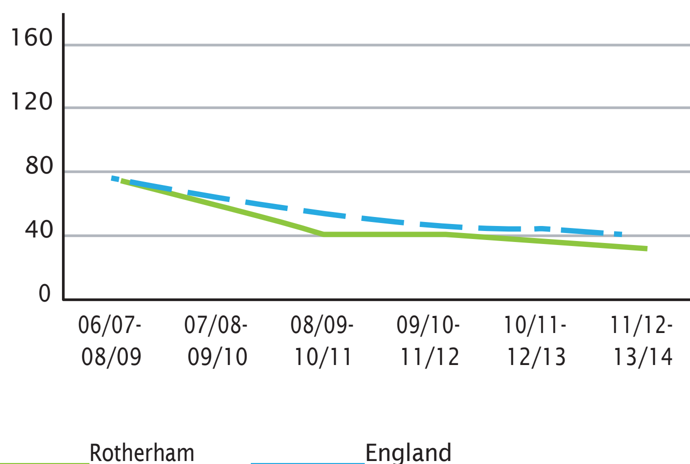
Children aged 10-11 years classified as obese or overweight, 2013/14 (percentage)



Young people and alcohol

In comparison with the 2006/07-2008/09 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol, such as alcohol overdose, is lower in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is lower than the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

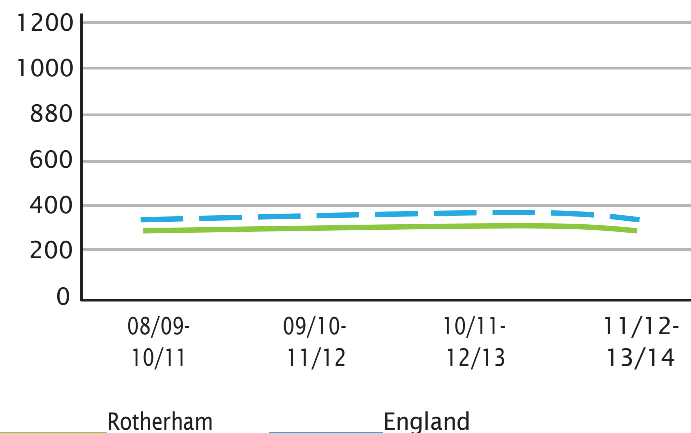


Data source: Public Health England (PHE)

Young people's mental health

In comparison with the 2008/09-2010/11 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self harm is similar in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is lower than the England average. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self harm (rate per 100,000 population aged 10 to 24 years)



Deprivation in Rotherham has been increasing according to the Indices of Deprivation 2010 produced by Communities for Local Government. The Government have not yet published updated data for 2015. Rotherham was ranked as the 68th (out of 354) most deprived district in England in the 2007 Index of Multiple Deprivation (IMD), but in the 2010 IMD Rotherham was ranked 48th (out of 326) most deprived. Rotherham remains amongst the 20% most deprived districts in England. 21% of Rotherham children aged 0-15 live in areas which are within the 10% most deprived in England, and 43% of Rotherham children who live in low income households live in the 10% most deprived neighbourhoods nationally (based on the Income Deprivation Affecting Children Index (IDACI) 2010). One in five Rotherham neighbourhoods have more than a third of children living in poverty (2011).

INDEPENDENT CHAIR ANALYSIS:

Agencies in Rotherham face significant challenges in their efforts to respond to need. The high levels of deprivation last reported by Government are prior to the austerity measures implemented since 2010. The links between welfare dependency and deprivation are well documented, and the impact of changes to the welfare state on children and families is yet to be measured empirically. The public sector has been the largest employer in the borough, but reductions in funding to local government and Police, with NHS trusts required to identify efficiency savings, has had the dual impact of reducing established employment pathways whilst also reducing the capacity of service providers to respond to need. The commissioning of the Troubled Families programme by Government in 2012 has seen a move to a payment by results model of service delivery, encouraging local areas to pool budgets and redevelop services where savings can be achieved across the piece. As discussed later in this report, the demand for higher cost, statutory intervention could increase as the availability of more preventative services diminishes with the loss of funding for children's centres and the changes to school funding, moving money away from the council.

The Council has reviewed and commenced restructuring of its services to ensure that there is sufficient leadership capacity to respond to these challenges, and a joint post between the council and Rotherham Clinical Commissioning Group has also been established at senior level, to help integrate the strategic planning and commissioning of services. These developments should ensure that there is the strategic infrastructure to deliver more joined-up services.

The public sector has been the largest employer in the borough, though reductions in funding to local government and Police, with NHS trusts required to identify efficiency savings, has had the dual impact of reducing established employment pathways whilst also reducing the capacity of service providers to respond toneed.

2.3 CHILD DEATHS

The Child Death Overview Panel (CDOP) met 6 times during 2014-15. A total of 29 cases had their reviews completed. A separate CDOP meeting led by a neonatal expert took place to consider neonatal deaths, which often have a great deal of complicated medical information. 2014-15 saw a change of key panel members, and a significant increase in sudden infant deaths.

In December 2014, Dr John Radford, Director of Public Health and CDOP Chair retired. Dr Radford had chaired CDOP from its inception in April 2008 and led the development of the associated processes in Rotherham.

Dr Peter Macfarlane, Consultant Paediatrician and Designated Doctor for Child Death, also retired from his post in January 2015. Since April 2008, Dr Macfarlane led the rapid response role, and offered a vital link between CDOP and bereaved parents. His work on behalf of the panel was widely complemented. In the same month, this post was promptly filled by Dr Shameel Mattara.

2014/15 saw a remarkable increase in sudden infant deaths. A total of 5 were recorded. In all of these sudden infant deaths, there was at least one risk factor; these included parental smoking, issues with the sleeping environment, and poor living conditions. Following this increase, an audit of the Safe Sleeping Assessment was commissioned. The purpose of the audit is to ascertain if professionals are identifying risk factors, and if so, to review how this information is used.

Deaths Which Occurred in 2014-15

	Expected Deaths						Unexpected Deaths					
Age	**0-27 days**	**28 – 364 days**	**1 year to 4 year**	**5-9 years**	**10-14 years**	**15-17 years**	**0-27 days**	**28 – 364 days**	**1 year to 4 year**	**5-9 years**	**10-14 years**	**15-17 years**
Quarter 1-3	5	1		1				3			2	
Quarter 4	2				1			1	2			
TOTAL	10						8					

Gender of the Child Deaths Reviewed Between 01 April 2014 and 31 March 2015

	Number of child deaths with modifiable factors	Number of child deaths with no modifiable factors
Male	1	13
Female	1	14
TOTAL	2	27

Expected Death is where a death is expected. The death will be registered in the usual way.

Unexpected Death is the death of a child which was not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death.

INDEPENDENT CHAIR ANALYSIS:

Changes to key medical professionals will have an obvious impact on the work of CDOP and how this is led in future. I am confident that the expertise has been readily available in the past, and I am encouraged that succession planning has been applied to maintain this in future. Clearly more research must be undertaken to understand the drivers for increased child deaths, though the fact that this hasn't led to increased referrals to the LSCB serious case review panel assures me that – whilst any child death should be avoided – this increase is not related to agency failings.

3. Sufficiency of arrangements for the LSCB to function and meet its statutory requirements

3.1 LSCB STRUCTURE

To enable the LSCB to deliver on its statutory duties, there is a Business Unit consisting of:

- An Independent Chair (6 days per month)
- A Business Manager
- A Quality Assurance Officer (0.5 FTE)
- A Child Death Overview Panel Administrator (0.65 FTE)
- An admin officer

Rotherham LSCB has an online policy and procedures manual, which includes all the required documentation to support effective multiagency working. This can be accessed at: **http://rotherhamscb.proceduresonline.com/index.htm.** The manual is subject to refresh once every six months, though can be updated at any point if required.

In the 2014-15 business years, policies updates have been developed in relation to:

Chapter	Amendment or addition
Neglect	New chapter on neglect has been added with a link to the Graded Care Profile assessment tool.
Abuse in Faith Settings **The Safe Network has launched an online hub to help protect children from abuse in faith settings.**	The following link has been added to an appropriate chapter http://www.safenetwork.org.uk/resources/mfsh/Pages/mfs-hub.aspx
SafeSleeping **NICE has published updated guidance which includes recommendations on co-sleeping with babies.**	The following link has been added to existing chapter at 2.18 and 2.19 http://www.nice.org.uk/guidance/cg37/resources/guidance-postnatal-care-pdf
Female Genital Mutilation	The following link has been added to 2.4 Safeguarding Girls and Young Women at Risk of Abuse through Female Genital Mutilation. http://www.nice.org.uk/guidance/cg37/resources/guidance-postnatal-care-pdf
OFSTED	Links amended to government website.
Child Death	A link to the following document has been added to 6.2 and 7.1
The International Child Abduction and Contact Unit	A link to the following guidance added to 2.12

Chapter	Amendment or addition
	The International Child Abduction and Contact Unit
DBS Eligibility Criteria has been updated to cover the new term of 'Work with Children' Enhanced DBS checks has been undertaken where the activities will fall within the definition of Work with Children or Regulated Activity. The concept of Work with Children includes, but is wider than, Regulated Activity. The term has been adopted by the DBS to give a single definition of roles which have been subject to an Enhanced check, which were previously dealt with under various provisions. The term does not alter the relevant activities, it merely clarifies the situation.	Appropriate amendments have been made to this chapter.
Whistleblowing	The following guidance has been added at chapter 8.9: Raising Concerns at Work: Whistleblowing Guidance for Workers and Employers in Health and Social Care (2014)
Anti- Social Behaviour, Crime and Policing Act 2014	This Act updates Orders relating to anti-social behaviour and sexual offences. · Anti-Social Behaviour Orders (ASBOs) – replace by Anti-Social Behaviour Injunctions; · Sexual Offences Prevention Orders, Risk of Sexual Harm Orders and Foreign Travel Orders (which were introduced by the Sexual Offences Act 2003) -replaced by Sexual Harm Prevention Orders and Sexual Risk Orders.

There are currently six subgroups of the LSCB:

- Learning & Improvement Subgroup
- Performance Subgroup
- Quality Assurance Subgroup
- Child Death Overview Panel
- Serious Case Review Panel
- Child Sexual Exploitation Subgroup

The subgroups are all chaired by Board members and meet at least quarterly, and on a bi-monthly basis the Independent Chair meets with the subgroup chairs and vice chair of the Board at an LSCB Executive meeting, which has delegated decision making powers from the full LSCB.

The LSCB also has a Practice Review Group, which is a multiagency forum which cases of concern can be referred for review and response.

Each of the LSCB subgroups has an annual work plan, and written reports are provided to the LSCB quarterly meetings by all of the sub groups' after 'meetings.

INDEPENDENT CHAIR ANALYSIS:

The LSCB has good representation from a wide range of partners, and meetings are well attended. The work of the subgroups has continued to evolve as local need dictates, being mindful of the additional governance arrangements in place since November 2014 and the potential for repetition of reporting arrangements.

Having a shared QA Officer post between the council and the LSCB has not had the desired impact, as the council agenda around quality assurance and audit - and their insufficiency in adequately resourcing this as single agency - has led to an imbalance in the use of officer time and focus. I have taken action to address this, and from the start of the 2015/16 business year, the role will be wholly dedicated to the LSCB and multiagency working with the council establishing their own dedicated resource. This will have a significant impact on the LSCB capacity for multiagency audit activity, improvement work and policy development.

I am minded to review the function of the performance and quality assurance subgroups, to ascertain whether a merger of these functions is appropriate given the commonality of their remits. The additional capacity within the LSCB should allow for more work to take place with agencies outside of formal meetings.

Having a shared QA Officer post between the council and the LSCB has not had the idesired impact, as the council agenda around quality assurance and audit

3.2 LSCB PRIORITIES 2014-15 AND IMPROVEMENTACTIONS

The LSCB publishes an annual business plan, which outlines the agreed priorities of focus for Board partners will guides the activity of the Board business unit and the subgroups of the LSCB. The priorities and areas of focus for the LSCB have been established to allow for scrutiny over the medium to long term (3-5 years+), and are as follows:

	Child Sexual Exploitation	Domestic Abuse	Child Neglect	Early Help
Why is it a Priority for the LSCB?	Child Sexual Exploitation has a devastating impact on its victims. Awareness about it at a professional and a community level has increased significantly, highlighting a level of need in the borough requiring a robust commitment and response from all organisations which was, historically, not as good as it should have been.	The impact on children of living in a household with Domestic Abuse affects all aspects of their wellbeing. There is a high correlation between children who are subject to a Child Protection Plan and the presence of Domestic Abuse in the family. Often this is in combination with mental health and substance misuse issues.	The neglect of a child's physical and emotional welfare has a corrosive effect on wellbeing if not tackled at an early stage. 'Children experiencing neglect' is the biggest category of those who are suffering significant harm in the borough, and requires a Child Protection Plan. Neglect is a multi-faceted issue, and requires effective multi-agency working.	The number of children and young people in the borough who are at risk of significant harm, are taken into care or have concerns about them referred more than once is high / increasing. Providing the right help at the right time for children and their families can and does prevent problems from escalating.

VOICE OF CHILDREN AND YOUNG PEOPLE

Following the review of the LSCB as part of OfSTED's Single Inspection Framework in September-October 2014, the Independent Chair of the LSCB agreed an improvement plan with LSCB partners and the Children's Social Care Commissioner which focused on the following areas:

- Performance, challenge and improvement
- Coordination with strategic commissioning activity
- Hearing and acting on the experiences of others
- Learning and development

The LSCB Improvement Plan was submitted to Ofsted on the 25th February 2015. Ofsted have reviewed the plan (in conjunction with that of the local authority) and provided feedback. They note:

'Both plans are detailed with clarity of what, who and by when. The timeline for completion of some actions are clearly in the future but with milestones for achievement. The plans have a clear format to follow with the RAG rating. We also note the action and progress already achieved. This is in the context of a big agenda.'

Improvement Area 1: Performance, challenge and improvement

- The LSCB has appointed a Practice Audit Officer in order that regular auditing of multi-agency practice and outcomes for children are evaluated and the findings fed back to services.
- The LSCB has started to develop a multi-agency Performance Management Framework which will be in place by September 2015.
- The Performance and Quality Assurance Sub Groups will be combined under one chairperson in order that quantitative and qualitative information can be scrutinised and challenged more effectively.

Improvement Area 2: Coordination with strategic commissioning activity

- The LSCB Independent Chair is now a member of the Health and Wellbeing Board and the appointment of a new Director of Public Health will help strengthen the connectivity between child safeguarding issues and commissioning activity.
- A new local authority led Early Help Strategy is awaited, and it is clear that this will require a partnership approach because all agencies contribute to meeting children's additional needs and addressing vulnerabilities.

Improvement Area 3: Acting and hearing on the experiences of others

- The LSCB Independent Chair has begun engage with a community reference group that has a particular focus on listening to community views about Child Sexual Exploitation.
- The LSCB is to receive inspection reports on Rotherham Children's Residential Homes in order to evaluate outcomes for Looked After Children. The LSCB Chair is also to shadow an independent person undertaking Regulation 44 visits to these homes.
- The work of the Rotherham Youth Cabinet and Looked After Children's Council are extremely valued by the partnership and the LSCB will continue to support this work and to listen to the messages for the work undertaken.

Improvement Area 4: Learning & Development

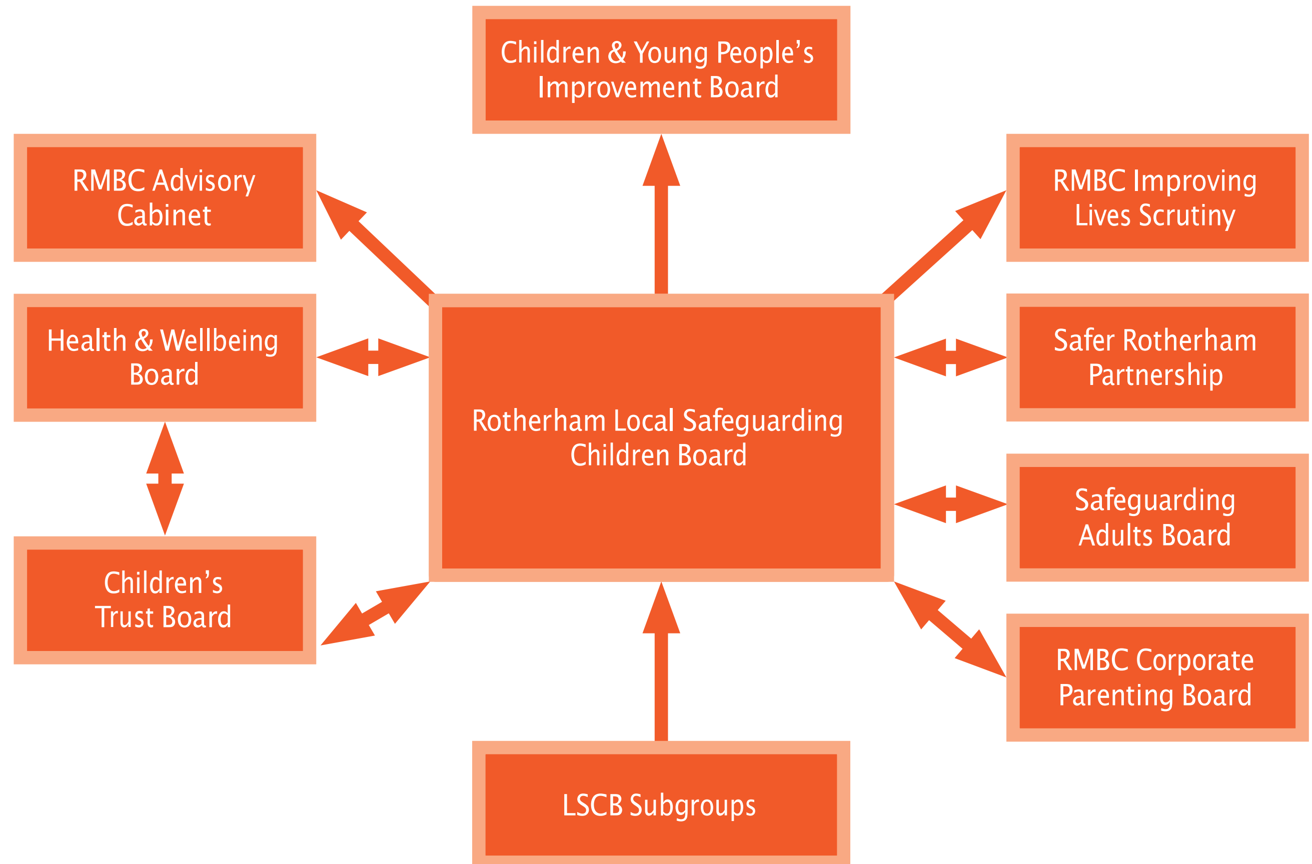
- The LSCB has reviewed its approach to measuring the impact of learning and development, and this will appear more prominently and specifically as part of the audit and quality assurance reporting by the LSCB business unit and subgroups.
- All LSCB learning materials have been updated to include an overview of the Board and its purpose, and information about the LSCB will be included in the welcome pack and induction workshop delivered by Children's Services.
- The multi-agency safeguarding children policy and procedures manual has also been refreshed to reflect changes to national guidance and legislation, and this will be live on the online system from May 2015.

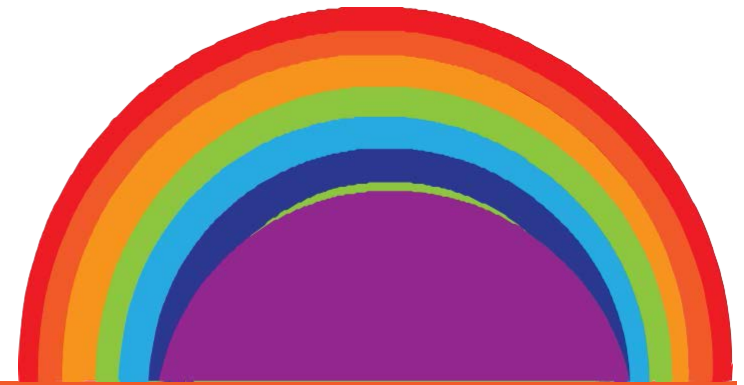
The Ofsted Inspection Report, September– October 2014, can be found at:
http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/rotherham/053_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf

3.3 LOCAL ACCOUNTABILITY AND GOVERNANCE FRAMEWORK

A model of accountability and governance - including changes since November 2014 – is in place and understood. In exercising its statutory duties, the LSCB has to provide bidirectional peer challenge of other Boards who carry statutory duties. This is reflected in the following diagram by having those Boards - who are "peers" of the LSCB but who the LSCB must challenge nonetheless – appear with horizontal connectors to the LSCB. As part of local democratic accountabilities and in response to Government intervention, the LSCB has a reporting line to other Boards, which have the power and authority to hold the Independent Chair to account.

This governance map has been included to display the relationships between the LSCB and other statutory bodies in line with roles and responsibilities outlined in statute. It does not provide an exhaustive list of all partnership forums and governance structures which may connect with the LSCB (such as the Police & Crime Commissioner's governance structures; Clinical Commissioning Group Board etc.).





Lay Members

Rotherham LSCB has two Lay Members, one of whom is a regular attendee at the Board Meetings and meetings of the Board's Sub Groups. He has brought a lay perspective to the questions of why, where, when and 'so what' to the LSCB and his has been a helpful perspective in keeping the board accountable beyond the partnership. Both Lay Members are supported by the LSCB business unit in order to enable meetings, topics and information to be more accessible.

The Lay Member role is a voluntary and unpaid one and they are not expected to become experts; their value is as informed observers and as posers of questions which the professionals closely involved in the work might not necessarily think of asking. Their role is not as a representative of the local community in the same way as an elected councillor. They bring to the LSCB their "lay" understanding and perspective on the subject of safeguarding children, but they have no role in reporting to or briefing the community.

INDEPENDENT CHAIR ANALYSIS:

The additions made to typical governance arrangements- associated with the appointment of commissioners by Government - have provided independent oversight of decision making of officers and elected members alike within the council. This is the first time that such an approach has been taken in any local authority, and it is to be expected that these new ways of working will take time to bed in and make an impact. The election of the new Police & Crime Commissioner in November 2014 will also have an influence on the way in which South Yorkshire Police respond to criticism by both survivors of child sexual exploitation and HMIC.

By the end of the 2014-15 business year, there was clarity in place in regards to the formal governance structures, and the LSCB is represented – and held to account – by the Children & Young People's Improvement Board via the membership of the LSCB Independent Chair. The Commissioners have been clear that the Health & Wellbeing Strategy will be refreshed by September 2015, which will influence the redevelopment of other key strategic plans, such as the Children & Young People's Plan. This should allow for a "golden thread" of strategic planning to be in place, informed by a refreshed Joint Strategic Needs Assessment.

Given the findings of the Casey Review, this revised model of local governance has been the best means of radically overhauling what were judged to be failed systems, whilst continuing to develop local capacity to allow the resumption of "normal" operating procedures locally, once confidence and trust have been restored.

By the end of the 2014-15 business year, there was clarity in place in regards to the formal governance structures

The Children's Trust Board – known locally as the Children & Families Strategic Partnership - has been suspended pending a review and redesign of its terms of reference. In its absence, the Children & Young People's Improvement Board is overseeing this area of work under the guidance of the children's social care commissioner, with support from the other commissioners.

One key area of business for the Children & Families Strategic Partnership is the re-development of the Children & Young People's Plan (CYPP). The most recent version of the CYPP was refreshed in 2013 with a lifespan running until 2016. The priorities within this version of the CYPP were:

- **We will ensure children have the best start in life**
- **We will engage with parents and families**
- **We will reduce the harm to children & young people who are exposed to domestic abuse, alcohol & substance misuse and neglect**
- **We will work with partners to eradicate child sexual exploitation from the borough**
- **We will focus on all children and young people making good progress in their learning and development**
- **We will target support to families in greatest need to help them access learning/employment opportunities**

An area of priority for the reconstituted Children & Families Strategic Partnership will be to draw on the refreshed Health & Wellbeing Strategy to review and update the Children & Young People's Plan and redefine the priorities of the partnership.

INDEPENDENT CHAIR ANALYSIS:

Whilst Rotherham still has a current Children & Young People's Plan, it will be important to ensure that this is reviewed and refreshed as a priority once the Health & Wellbeing Strategy refresh is completed in September 2015; to do so before this point would undoubtedly disrupt and undermine the "golden thread" of strategic planning. This is also mitigated by the presence of a robust Children & Young People's Improvement Plan and the LSCB Improvement Plan, both of which will drive forward multi agency improvements in the short term, establishing a strong foundation on which future, longer term plans can be formulated.

3.4 ORGANISATIONS' ARRANGEMENTS TO SAFEGUARD CHILDREN (SECTION 11)

Under Section 11 of the Children Act 2004 and Working Together 2015, organisations have a responsibility to make arrangements to ensure that their functions are carried out with regard to safeguarding and promoting the welfare of children. Rotherham LSCB audits the self-assessment of organisations against these safeguarding standards on a biennial basis. In 2013 the statutory organisations had their S11 Assessments audited and in 2014 the Voluntary and Community Sector (consortium) comprising approximately 30 organisations utilised the section 11 Audit Tool with support from the LSCB. This was reported on in the last annual report.

Section 11 audits are due to be undertaken through the summer of 2015, with challenge panels scheduled for the Autumn. In addition, the council has funded the procurement of a section 11 audit tool which specifically facilitates involvement and engagement with schools and other education settings. This will make a significant impact on the reach of the LSCB, and the school section 11 programme is planned for the second half term of the 2015/16 school year.

Key	
7	Agency does not have a current representative or did not give apologies or attend
Apps	Apologies were tendered with no deputy attending
3	Attended

3.5 Attendance by LSCB Members at LSCB Meetings

Independent Chair					100%
Statutory Members	Jun	Sep	Dec	Mar	
Children and Family Court Advisory and Support Service (CAFCASS)	3	3	3	3	100%
Clinical Commissioning Groups	3	3	3	3	100%
Public Health	3	3	3	3	100%
Lay Members	3	3	3	3	100%
Council - CYPS	3	3	7	3	75%
Lead Member	3	3	3	3	75%
The Rotherham Foundation Trust (TRFT)	3	3	3	3	100%
South Yorkshire Police	3	3	3	3	100%
Probation Trust	3	3	3	3	100%
Schools & Colleges rep	Aps	3	3	3	75%
NHS England (Area Team)	7	3	3	3	75%
Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH)	3	3	3	3	100%
Professional Advisers to the Board:					
Boards Business Office Manager	3	3	3	3	100%
Designated Doctor for Safeguarding Children	3	3	3	7	75%
Designated Nurse Children - CCG hosted Safeguarding Team	3	Aps	3	3	75%
Legal Services for the Safeguarding Boards When required	Aps	Aps	3	Aps	25%
Heads of Children's Safeguarding - CYPS	3	3	3	3	100%
Other Members:					
Fire and Rescue Service	3	3	3	Aps	75%
CDOP Chair – Public Health	3	3	7	3	75%
Voluntary Sector Consortium	3	3	Aps	3	75%

4. Effectiveness of local provision

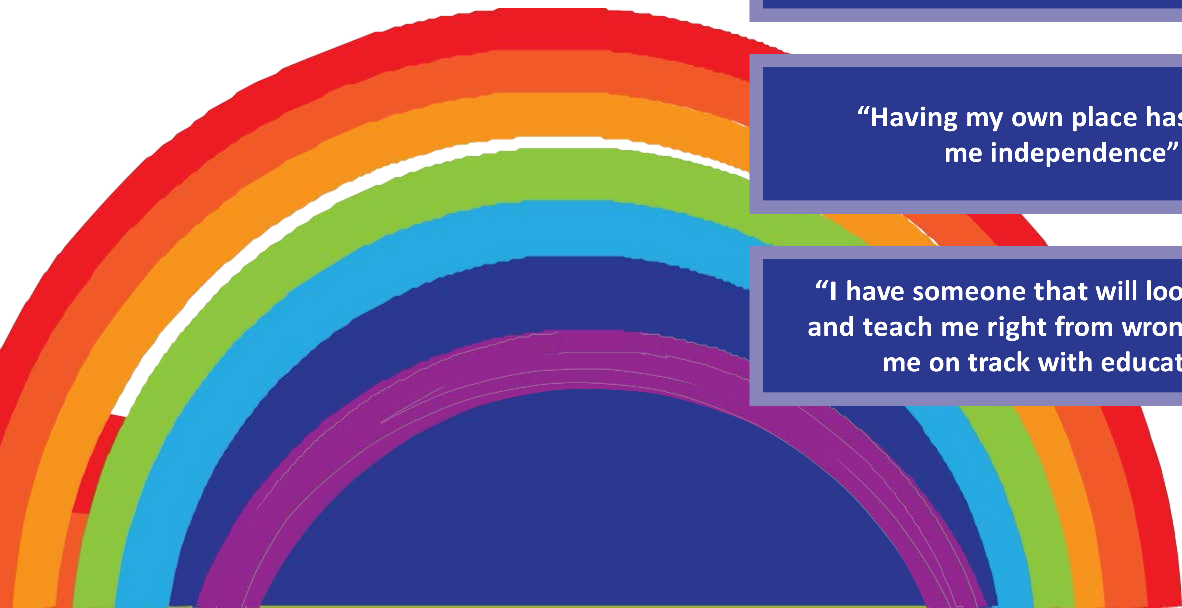
Whilst the effectiveness of provision locally has been judged to be inadequate, the following sub chapters will provide additional information and insight into the work of the LSCB over the past 12 months, with specific focus on the priority areas in the 2014/15 LSCB business plan.

INDEPENDENT CHAIR ANALYSIS:

Failing to evidence the voice of the child in assessment and care plans is not uncommon in children's service – particularly those judged to be inadequate - though it is an unacceptable shortcoming that the council are now addressing. Whilst there is distinction made between actual practice and recorded practice, the latter is not a trivial point. If it isn't recorded, then it cannot be evidenced.
It is concerning that agencies are not discussing referrals with parents prior to contacting social care, though the establishment of the Multi Agency Safeguarding Hub and investment in appropriate resource for this area should help challenge this, and allow agencies to review their own practices and provide challenge in real time. The LSCB also has a duty to continue to ensure that multiagency learning and development provision highlights the importance of sharing this information wherever it is safe to do so.

On 3rd September 2014, the LSCB Quality Assurance Subgroup received a report from the Council's voice and influence team, which was written to capture feedback from looked after children and care leavers, so they could have their say about their perceptions and experiences of living in care or leaving care. The report outlined that:

"When given the opportunity to provide positive feedback about living in care or leaving care, 11 out of 62 (18%) young people reported they had nothing good to say about it. These responses recorded minimal information of 'nothing' without elaborating further. However, 51 out of those 62 young people who participated (82%) gave details of what they believed was good about living in care or leaving care"



Young people provided some insightful comments into their own experience of care, including:

"The good thing about being in care is the chance I get to get a good education."

"I've had lots of holidays and all my dreams have been able to come true."

"Something good about being in care is all the support I have had from the service and from my foster carers."

"Having my own place has given me independence"

"I have someone that will look after me and teach me right from wrong and keep me on track with education."

When asked to report on what they felt wasn't positive about their care experience or what they'd like to change, some of the following comments were reported:

"'It's having to move around so much... I have been in care since I was 9 and have had 4 different homes' ."

"'Having to constantly build relationships with your 'new' family."

"The bad thing about being in care is the lack of funding from the council."

"Social Services should let you have more say in your life."

In conclusion, the author reported that:
"When young people were given the opportunity to feedback both 'good' and 'bad' things they perceived about Rotherham Looked After and Leaving Care Services. It became apparent that 82% of young people had positive things to say about the services and 73% provided negative details during feedback. In addition 52% of young people who were asked, made suggestions around how they would like to improve services for looked after children and those leaving care, whilst 48% chose to make no suggestions."

It became apparent that 82% of young people had positive things to say about the services and 73% provided negative details during feedback

INDEPENDENT CHAIR ANALYSIS:

Good work has been undertaken by specialist officers to seek the views of looked after children, and feedback strengths and weaknesses of the service they've received. It is surprising to see such positive feedback about the care experiences, and this resonates with the impression I got from shadowing a regulation 44 visit to one of Rotherham's Children Homes in 2015. In times of budget cuts, it is a strength that the council has placed value on voice and influence roles and maintained these in staffing establishments, as this demonstrates the importance of this to senior leaders and elected members. The council are reviewing their sufficiency strategy for looked after children, and placement moves should be reduced as a consequence of this, though the negative impact of unplanned moves on children should not be underestimated.

In this business year, the LSCB also received reports from the council's commissioning officers on progress made with their contracted provision offer of advocacy and support for children subject to a child protection plan. Reports were submitted to the November 2014 and February 2015 Quality Assurance Subgroup meetings. This was a newly commissioned service from April 2014, aimed at improving the voice and influence of children subject to child protection planning procedures, with a specific view on increasing their engagement with the conferencing process.

Reports from the contracted provider outlined difficulties in engaging with young people due to parental interference, as some parents do not want their child to understand the full rationale for intervention. The provider has developed tools and resources to respond to this tension, but this is ultimately about parental choice. A barrier to the **service widening its reach has been poor engagement from children's social workers, who either do not connect children into the service, or do so at short notice prior to a conference taking place, which severely limits the provider's capacity to attend.**

Statistics were reported to outline the age ranges of children engaging with an advocate:

	Quarter 1 Apr - Jun 2014		Quarter 2 Jul - Sept 2014		Quarter 3 Oct - Dec 2014	
Age of Children Accessing Service						
Unborn	4	3%	4	2%	6	3%
0-3 years	45	29%	60	31%	57	25%
4-7 years	35	23%	53	28%	69	30%
8-11 years	34	22%	34	18%	53	23%
12-15 years	26	17%	30	16%	31	14%
16+	9	6%	9	5%	12	5%

	Quarter 1 Apr - Jun 2014		Quarter 2 Jul - Sept 2014		Quarter 3 Oct - Dec 2014	
Reason for Children not Accessing Service						
SW Refused/Advised Against	12	8%	12	8%	1	0.50%
Parent/Carer Refused	67	42%	54	30%	63	29.5.%
Child/YP Refused	4	3%	9	4%	11	5%
Unable to make Contact with Family	55	35%	77	42%	127	60%
Conference Cancelled	2	1%	10	6%	6	3%
Other Reasons	18	11%	18	10%	4	2%

Feedback from children with an advocacy plan was positive, as the following comments demonstrate:

"It helped to have an advocate, it was someone to talk to"

"I don't want to go to conference, but I want to tell you what I want to say"

but my advocate gave me a leaflet that helped me"

INDEPENDENT CHAIR ANALYSIS:

It is positive that the council chose to commission this service for the 2014-15 business year, particularly given this is a new service offer to vulnerable children. The challenges to council budgets won't have made the identification of new funding for this service easy, and this context further enhances the importance of this service development. Clearly more work needs to be done to improve parental engagement with this service, and whilst it is understandable – given the reported pressures on social workers – the council should do more to ensure that all social workers make timely referrals into the service, particularly given the lack of evidence of the voice of the child in assessments. There is an inherent tension between the role of the children's social worker as a champion for a child and parents where abuse or neglect is being assessed and responded to, but the use of anti-oppressive practice and strength-based intervention should actively deconstruct parental disengagement. It may be worth reviewing how other members of the multiagency child protection conferencing system can be utilised to help improve engagement with this service offer.

On 5th March 2015, the LSCB received a report from the council on the findings of the annual Lifestyle Survey. This report has been received annually by the LSCB for some years now, and is an important piece of annual research that always stimulates informed challenge and discussion from Board members. All 16 secondary schools in Rotherham participated in the 2014 Lifestyle Survey, with 4,123 pupils completing the survey out of a possible 6,527 year 7 and year 10 pupils in Rotherham (63% participation rate). This was the best response rate since the Lifestyle Survey began and an increase of 649 pupils from the 2013 survey which had 3,474 responses. The Lifestyle Survey captures the views of young people and the focus of questions is informed by the priorities of the Rotherham Health & Wellbeing Strategy. The survey collates perceptions in relation to:

- Food and drink
- Health, activities and fitness
- Within the school environment
- Outside the school environment
- Young carers
- Bullying & safety
- Smoking, drinking and alcohol
- Sexual health
- Local area

Positive data reported includes:

- Young people reporting that they had received help following being bullied increased significantly to 64% in 2014 from 26% in 2013
- 98% of young people had been taught either at school or at home about internet safety
- More young people taking up the option of school dinners increased to 44% in 2014 from 28% in 2013

Areas for concern or improvement included:

- Pupils feeling good about themselves has reduced in a number of areas
- Cyber Bullying is what young people feel is the main risk of using the internet
- Slight increase in the number of young people who believe they are young carers

In 2015, the council established a new e-safety officer post, partly in response to these findings. A series of actions has been developed in response to the findings, and progress will be reported to the LSCB in the 2015-16 business year.

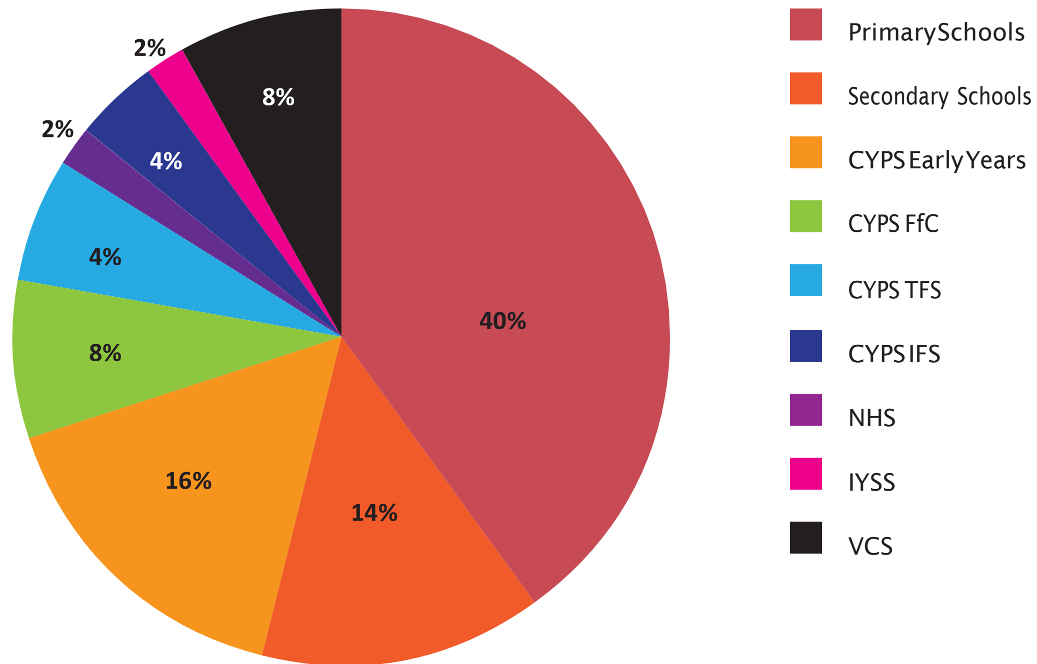
INDEPENDENT CHAIR ANALYSIS:

Increased participation is something that should be celebrated by the partnership, and school leaders should be recognised for continuing to place value on this survey and the messages it conveys. Some trends continue to create concern, such as perceptions of safety in the town centre. However, an adverse effect of raising awareness around child sexual exploitation in the borough could be that children are more mindful of dangers and therefore feel less safe. It is difficult to increase a child's capacity to be self-aware and mindful of danger whilst also preserving a sense of innocence and safety. Agencies should work hard to understand the drivers for why children feel a particular way. The difficulty with the Lifestyle Survey is that – not unlike any high level research – it can generate more questions than answers. I am assured that there is a plan of action to unpick a more detailed understanding in some of these areas, rather than this survey being an end in itself, and I welcome the creation of the new e-safety officer post.

4.2 EARLY HELP

The Common Assessment Framework (CAF) was developed by the Labour Government to help local areas to have a structured means of assessing and responding to families in need of help, before their needs require statutory intervention. In 2010, the prescription around CAF was relaxed by the Liberal Democrat and Conservative Coalition Government, with local areas encouraged to develop their own approach which took a view of whole family situation, dynamic and need. The CAF was only one means of providing early help, though it was the pre-statutory assessment and planning process which was utilised in Rotherham and endorsed by the LSCB and Children's Trust Board to prevent need escalation by intervening early enough to negate the need for children and families to meet the threshold for statutory intervention. In Rotherham, CAF was redeveloped into Family CAF in 2013. Family CAFs have an assigned lead worker, a professional who is either known to the family or best placed to engage with them, who will facilitate the engagement of a multi-agency assessment and care plan.

235 Family CAFs were registered between 01/04/2014–31/03/2015 (434 C&YP). At the end of the business year, 181 open / active FCAFs were in place. This figure includes 38 open step down cases from Social Care. The following pie chart outlines the % split of agencies which presently lead Family CAFs:



Schools account for the highest proportion of agencies lead working Family CAFs, at 54% of the total. Children's Centre staff account for the second highest group at 16%. NHS providers (Health Visitors and School Nurses) lead only 4% of open Family CAFs, whilst other CYPS teams and VCS organisations (commissioned by the Council) make up the remaining cohort of lead agencies.

The 2014 OfSTED inspection of Rotherham Children's Services criticised the variable nature of Family CAF quality, and this is reflected in their findings nationally, where they report that **"The quality of early help assessments undertaken with families was too variable. Inspectors considered fewer than half of the assessments to be of good quality practice."**

Throughout 2014, the LSCB received reports from the council via an established "early help dashboard", which provided an overview of caseloads in teams providing pre-statutory support to children and families, in addition to those services being coordinated via use of Family CAF. This reporting ceased in 2015, though the final report to be received by the LSCB at the Performance Subgroup on 6th November 2014 reported:

"There has been a slight decrease in caseloads for most teams contributing to the Dashboard, when Q2 is compared with Q1, though this may be a consequence of the end and start of the new school year.

"The regional benchmarking data... shows negative performance against the regional benchmarking indicators associated with early help. CIN numbers have increased in the last quarter, and we have seen an increase in children subject to Child Protection Plans and Looked After Children."

There is very little national guidance or policy on how early help should be coordinated and its effectiveness measured. There is no legal duty on local authorities and their partners to deliver early help, though there is a duty on LSCBs to ensure that effective early help is delivered locally. In their thematic inspection report published in March 2015, OfSTED found that:

"Local authorities and their partners face significant challenges in maintaining consistency and quality of practice, and in understanding roles and responsibilities for early help provision... In addition, there is very little evidence about the impact of early help where there are concerns about children and their families".

Rotherham has been successful in its response to the national Troubled Families programme, though children eligible for intervention via this criteria are not precluded from statutory intervention, and therefore this initiative traverses both early help and child in need/child protection.

INDEPENDENT CHAIR ANALYSIS:

The numbers of open Family CAFs are very low when one considers population size of the borough and the estimated need for early help, particularly given the inflated number of children in need of protection when compared to statutory neighbours and the national average. It is helpful to reflect on some of the "system drivers" for this situation, with the first being the challenge of understanding roles and responsibilities in regards to early help, as this was not made any clearer in the 2015 Working Together refresh, which leaves this open to inference and therefore misunderstanding.

The Family CAF is just one means of testing agency compliance with Working Together 2015 and other guidance, as it is a reflection of when needs have escalated enough to necessitate a multiagency response, though more preventative early help can and should be provided by single agencies – or dual agencies – to meet emergent need. This presents a challenge as to how the partnership and the LSCB define early help provision and enable this to be scrutinised and understood, as a large chunk of interventions would not and arguably should not be delivered via a Family CAF process e.g. direct youth engagement; support for children with SEND who don't meet the threshold for Education Health Care Plans; tier 1 CAMHS; Children's Centre support; Education Welfare provision; Family Nurse Partnership etc.

The move to the statutory "single assessment framework" was underpinned by a philosophy of having an assessment and response proportionate to need, and the same philosophy should apply at an earlier stage. Given that early help is in itself a continuum; it stands to reason that there should be a phased approach to assessment and planning, rather than a "one size fits all" ethos.

It is encouraging that the council have established dedicated, unified leadership of their early help services under a senior manager in Children & Young People's Services, and the transfer of commissioning responsibilities for key health provision to Public Health (school nursing and health visiting) should allow for more integrated service provision and better information sharing and service development. The review and refresh of the local early help strategy will also enable the partnership to better define its offer and approach, and the LSCB will play a key role in agreeing this and providing informed challenge moving forward.

The role schools play as an early help provider must also be challenged more acutely, by both the council and the LSCB.

4.3 ACCESS TO APPROPRIATE SERVICES- SOCIAL CARE "FRONT DOOR"

The council and its partners have provided significant investment to increase the resourcing of arrangements for the "front door" to services, with the implementation of a Multi-Agency Safeguarding Hub (MASH). MASH models have been used throughout the country and have been seen as enablers of swifter decision making and responsive action as a result of integrated working and improved information sharing across key partner agencies, particularly between social care, the police and health. The integration of domestic abuse services has also been an innovative means of ensuring that children who are at risk due to domestic abuse within the family home will receive a more coordinated and specialist response, thanks to the creation of a Youth Independent Domestic Violence Advocate.

In 2014/15, there were 10,517 contacts made to MASH, with 42.9% of these (4,513) being progressed to a referral for a social worker decision on whether an assessment was required. This is a significant increase on 2013/14 data, and it also places Rotherham with much higher figures than the latest figures published for it's statistical neighbours and the national average. Of those contacts referred for a social worker decision on whether assessment was required or not, 69.6% of these went to have a social worker led assessment. This means that in the region of 1/3 of all contacts made to the social care front door went on to progress to a social work led assessment, and that around 65% of the information received as a contact and processed did not meet the threshold for intervention.

The LSCB Multi-Agency Assessment Framework sets the requirement for a decision to be made about the assessment requirements of a referral within 24 hours. In 2014/15, this was achieved for 75% of all referrals, with the final outturn figure improving from the performance reported in August 2014.

INDEPENDENT CHAIR ANALYSIS:

The high referral rate to the social care front door and the reality of 65% of contacts not requiring social care intervention is a huge concern, as this raises questions about agency decision making and confidence in assessing safeguarding concerns. The decision in 2012 for the precursor to MASH – the Contact and Referral Team - to receive all contacts, including those for early help, has generated a lack of clarity on what the front door service is for, which undermines the effectiveness of decision making for child protection when social work professionals have to sift through such a high volume of information, particularly when only 35% of these ultimately met threshold. This high volume of "white noise" in the system can only reduce capacity to respond to legitimate referrals.

The integration of multiagency partners into the MASH should allow for individual agency oversight of threshold application to be scrutinised more closely, and the LSCB is available to respond where targeted work with agencies is required. The high profile of sexual exploitation may have generated risk aversion in some professionals and members of the public, which would not be uncommon, as other areas report a spike in referrals when serious case reviews are published or other high profile child abuse stories are published in the media. This is not conducive to securing better outcomes, though.
The performance of MASH has seen significant improvement since the start of 2015, with focused scrutiny and challenge from the children's social care commissioner. Ofsted will review this in in August 2015 as part of their improvement support work. The LSCB has MASH audits as a central pillar to its 2015/16 quality assurance agenda, and will continue to provide challenge and undertake targeted improvement work with agencies, where this is required, to support more informed, proportionate referrals to MASH in future.

4.4 CHILDREN IN NEED OF SERVICES AND CHILDREN SUBJECT TO A CHILD PROTECTION PLAN

Unless requiring child protection investigations, social worker assessments will be undertaken under the auspices of "child in need", as per section 17 of the Children Act 1989. In 2014/15, 88.8% of all assessments were completed within the national upper limit of 45 working days, though no data was reported on the achievement of meeting the individual child's timeframe. In 2014/15, 1,526 children were subject to a Child In Need (CIN) plan. This is an increase of 202 on the previous year. Whilst this is lower than the most recent statistical neighbour average, it is much higher than the national average. The vast majority of these children were on a plan due to neglect. Whilst 91.4% of these children had a child in need plan in place, only 65% of these plans had been updated in line with the council's policy. In the previous year, 43.8% of children had an up to date CIN plan.

Whilst this is good evidence and a real positive that drift is being tackled, the effectiveness of stepping families down from statutory services will only be evident over the next 6-12 month period

INDEPENDENT CHAIR ANALYSIS:

The timeliness of assessment has improved dramatically over 2014/15, after a poor start to the business year. Unfortunately, the measure of this success is based on not exceeding the 45 national upper limit, which is itself intended to be just that – an upper limit for exceptional circumstances, rather than a target. What is not clear is compliance with the timescales of assessment for individual children, which should be established based on their individual needs. This is a priority area of improvement over the next business year, and the LSCB will be relentless in its pursuit of this data and evaluating outcomes.

The LSCB has highlighted in previous years that there is a high prevalence of drift in child in need planning and intervention, and as numbers have increased this is an issue which continues to generate inefficiencies in the whole system. Some children will be supported via CIN status when their needs require a higher tiered response, whilst other families will continue to receive services when they could and should be stepped down, moving them to independence or to be supported by early help services. With the additional resources invested in children's social work, and increased social worker capacity from the start of 2015, there has been a gradual decrease in CIN cases as social workers and managers review the appropriateness of this and either step up or step down. Whilst this is good evidence and a real positive that drift is being tackled, the effectiveness of stepping families down from statutory services will only be evident over the next 6-12 month period, as families either sustain improvement or require re-assessment due to exiting too early. The quality of intervention and exit planning must be at its highest if exiting from CIN is to be sustained.

I am encouraged by the increase in up-to-date CIN plans in 2014-15 compared to the previous year, but 65% is not yet good enough, and more work must be done and sustained to raise this standard.

By the end of this business year, there had been 876 child protection investigations completed, under Section 47 of the Children Act (1989). In February and March 2015, around 63% of investigations substantiated concerns and led to an initial child protection conference. However, in February 2015, 15.4% of investigations led to a conclusion that concerns had been unsubstantiated.

Throughout the business year, there was an incremental rise of the number of children subject to a child protection plan. By March 2015, this had increased to an in-year high of 423 children. This is much higher than the national average and the figures reported by statistical neighbours. Within the business year, 591 children had been subject to an initial child protection conference. This figured - calculated on a 12 month rolling basis - has continued to rise. By March 2015, 5.3% of children subject to a child protection plan had been so for 2 years or more, with just under 11% subject to a child protection plan for a second or subsequent time. These stats are fairly in line with statistical neighbours and the national average.

The average performance of initial child protection conferences being held within the required 15 day timescale was 65% for the 2014-15 business year, a significant decrease from the previous year, and a compliance rate which is below the national and statistical neighbour average (though the most recent data published is for the previous business year, 2013-14).

INDEPENDENT CHAIR ANALYSIS:

It is concerning that over 10% of section 47 investigations undertaken in February 2015 led to concerns being unsubstantiated, as this generates questions over multiagency understanding of thresholds. The Children Act is very clear about the threshold for significant harm, and the locally published Multi Agency Threshold Descriptors provide guidance for professionals when making a referral, as well as for social workers when assessing risks and consulting with managers on the next course of action. Ofsted were heavily critical of the failure of agencies to comply with Working Together 2013 in regards to strategy discussion membership and the seniority of staff engaging in this process. The establishment of the Multi Agency Safeguarding Hub (MASH) steering group and associated implementation plan should address some of these issues moving forward, though the LSCB has a duty to continue to monitor this and to challenge all agencies where they are not fulfilling their statutory duties.

Performance in relation to timescales for initial child protection conference is poor, and in the medium term this is being addressed by partners with the adoption of the Strengthening Families Framework in 2015/16. A symptom of inconsistent threshold application is that the safeguarding children unit will become overwhelmed. Regardless, procedures exist to safeguard children from undue delay, and performance in this area will be a key area of scrutiny for the LSCB in the next business year.

The high number of children on a child protection plan when compared to the national and statistical neighbour average suggests that there is an inconsistent application of the threshold for significant harm. This may be as a result of risk aversion creeping into multi-agency working and thinking, which would not be surprising given local events (discussed in previous chapters). However, proportionality of intervention is a key strand of the Children Act 1989, and services must be mindful that article 18 of the UN Convention On The Rights Of The Child is clear about the need to provide parents with help, which can be delivered by supporting children via Child in Need plans.

4.5 CHILD PROTECTION WHERE THERE IS NEGLECT & DOMESTIC ABUSE

The priorities for the Board in regards to neglect and domestic abuse have focused on the area of child protection planning, as this is where children are most vulnerable and where the impact of neglect and domestic abuse will have the most severe impact if left unchecked or allowed to drift. Much research has been published connecting neglect with domestic abuse, though domestic abuse is often cited as one third of the "toxic trio" of factors contributing to chronic neglect, alongside alcohol/substance misuse and poor adult mental health. As reported in chapter 3.3, the development of a Youth Independent Domestic Violence Advocate role has been a progressive means of improving the coordination of adult services alongside child protection, whilst bringing much needed specialism to the table of professionals working to safeguard children from harm.

Overall, 55% (236 of 429) of all children on a child protection plan had neglect as a feature. The dispersal of neglect across all age ranges of open child protection plans is as follows:

Age of children on a CPP	% of CPPs which feature Neglect
2 and under	58.9%
3 - 4	53.3%
5 - 7	60.2%
8 - 12	52.2%
13 - 15	48.1%
16+	52.9%

Although an overall distribution analysis shows that boys are more likely than girls to be on a plan for any reason (52% versus 48%) there is no difference in the numbers on a plan related to Neglect (50% each). For 5 to 7 year olds and those aged 2 or under the proportion of plans which feature neglect is higher than the overall average with 60.2% and 58.9% respectively.

Data tells us that children from a black or minority ethnic (BME) family are more likely to be affected by neglect than those of a White British heritage. Only 19% of all total Child Protection Plans relate to BME children, but the same analysis of just the 236 total Neglect related plans shows this distribution increases to 25%. Looking at the BME children alone, 72.3% of them have an abuse category which is or features neglect. Neglect features strongly on those child protection plans lasting over 24 months (85%).

Much research has been published connecting neglect with domestic abuse, though domestic abuse is often cited as one third of the "toxic trio" of factors contributing to chronic neglect, alongside alcohol/substance misuse and poor adult mental health.

INDEPENDENT CHAIR ANALYSIS:

Neglect continues to be an issue which is putting children at risk of significant harm, and the contribution that parental domestic abuse makes is high. The challenge in escalating neglect cases is not an issue exclusive to Rotherham, though the high levels of deprivation in the borough means that there is a substantially higher prevalence of neglect than in other areas. The high % of neglect featuring in children subject to a child protection plan for over 2 years does create concern that the agencies are not addressing the impact of neglect quickly enough, nor working hard enough to improve parental capacity or otherwise remove the children from harm. In 2013, the LSCB proposed that the council look at adopting the Strengthening Families Framework for child protection planning and conferencing, as there is evidence that this has helped other areas improve their response to neglect. Whilst it is disappointing that this recommendation wasn't progressed by the council at the time, I am encouraged that this approach is now being implemented with pace and vigour, and that the council will be implementing this approach over the summer of 2015.

In previous years, the identification of domestic abuse as a priority area for the Board has been championed by the Director of Children's Services, though the work of the LSCB over the past 18 months as highlighted the inter-connectedness of this issue with neglect, either as a symptom or a contributing factor, along with the other elements of the "toxic trio". In reflecting on this, I am minded to recommend that the Board amalgamate these priorities, so that our focus on domestic abuse is maintained through a focus on the cause and effects of neglect. The commitment by the council to develop a neglect strategy in partnership with the LSCB in 2015/16 is a much needed and much welcomed move.

In 2013, the LSCB proposed that the council look at adopting the Strengthening Families Framework for child protection planning and conferencing, as there is evidence that this has help other areas improve their response to neglect.

4.6 CHILD SEXUAL EXPLOITATION

It would inappropriate to not include a chapter on child sexual exploitation (CSE) in this annual report; however it is difficult to add value to what has already been widely publicised. Clearly the council, its partners and the LSCB have failed over the best part of two decades to understand and respond to CSE, and children have needlessly suffered abuse as a consequence. In her 2014 report, Professor Alexis Jay stated that:

"The Rotherham Safeguarding Children Board and its predecessor oversaw the development of good inter-agency policies and procedures applicable to CSE. The weakness in their approach was that members of the Safeguarding Board rarely checked whether these were being implemented or whether they were working. The challenge and scrutiny function of the Safeguarding Board and of the Council itself was lacking over several years at a time when it was most required."

However, a movement away from this position was also reported, as Professor Jay observed that:

"The Safeguarding Board has improved its response to child sexual exploitation and holds agencies to account with better systems for file audits and performance reporting."

Clearly, improvement from such a low baseline is not an assurance of good practice, and the LSCB and partners have still got a long way to go to ensure that services are at the correct standard.

In 2013 the LSCB undertook a review of the CSE service delivered by the council and police, with a series of recommendations made which included strengthening leadership arrangements. No action was taken to respond to this recommendation until 2015.

The LSCB undertook a series of audits on CSE practice during this business year. In 2014, a review of the use and effectiveness of the CSE risk assessment was undertaken, with the following findings:

- Some children did not have a CSE Risk Assessment completed even though CSE had been identified as a risk or vulnerability for the children and young people. In a small number of cases although a CSE Risk Assessment was not completed, an assessment of need and risk was undertaken via an Initial or Core Assessment.
- In some cases there was an undue delay in undertaking a CSE Risk Assessment when CSE was acknowledged as the presenting issue.
- Generally the CSE Risk Assessments audited did not evidence that they were multi-agency in nature and were in the main completed by the CSE Social Care Team.
- Risk management actions were not always visible or not specific in relation to the high risk areas identified.

In a few cases, some good practice was evident, such as:

- The completion of a Risk Assessment in Slovak language in order to engage and empower the young person and her parents.
- Good quality and timely decision making at CSE Team between CSE Team Manager and Sergeant relating to an inappropriate referral to the CSE Team.

In a further audit undertaken in November 2014, the following findings were reported:

- Parenting, parents' ability to protect and other indicators within the family home that may be contributing to the young person's behaviour and their vulnerabilities are rarely scrutinised;
- Partner agencies do not ordinarily participate in discussion, review and update of the Child Sexual Exploitation Risk Assessment;
- Management oversight, direction and scrutiny of decision making and challenge in the CSE team are weak;
- The operational remit, business processes and thresholds to accept cases in the CSE team are not clear.

In February 2015, a new post of Strategic Lead for CSE was created by the council, with an interim officer appointed. This appointment was the catalyst for a root and branch review of working practices within the CSE team, ultimately leading to the establishment of a new multi agency CSE service: Evolve. The resourcing of this service has been strategically informed by need, with an increase in qualified social workers ensuring that caseloads are manageable. Expertise has been brought in from other areas to formulate the improvement agenda, and the children's social care commissioner is directly overseeing the impact of this via the establishment of a council CSE Strategic Board. The Independent Chair of the LSCB is a member of this group.

Given the reported failings in relation to CSE, the LSCB took the decision to review and refresh the partnership CSE strategy, a piece of work that will also see radical change to the associated multi agency delivery plan. This work commenced in February 2015 following the publication of the Casey Report. Whilst a completion date of March 2015 had been set for this strategy to be refreshed, the completion date was readjusted to July 2015 to allow for wide participation and consultation in this process.

INDEPENDENT CHAIR ANALYSIS:

It is not unrealistic to state that the word count of this annual report could have been doubled on the subject of child sexual exploitation alone, had I chosen to review all elements of the failings reported. I am, however, focused on this report adding value to what is already in the public domain, and the information included in this chapter is – hopefully – new information that affirms what is known already, whilst also outlining the progress made in the early part of 2015. Re-instilling public confidence is a challenge all partner agencies must respond to, and quickly, including the LSCB.

I am impressed by the pace of improvement in this area since the turn of the year, though I am under no illusions that the extent of historical failings will continue to cast a shadow over the borough for years to come. The council and its partners are working hard to support victims who have suffered abuse, whilst also holding officers to account where there is evidence that they have been negligent in exercising their professional duties.

The launch of the Evolve service should be a platform from which better services can be delivered, and the scrutiny on the success of this service development could not be any more acute.

However, this service has been established to provide a better multiagency response where children are at risk of or suffering CSE. Far more can and must be done to prevent this from happening in the first place. The refresh of the CSE Strategy and the role the LSCB must play in overseeing the achievement of the delivery plan cannot be understated: this must make the difference between where services have been and where they need to be in future. If CSE is not reduced in Rotherham; if CSE is not responded to more effectively; and if perpetrators of CSE are not pursued by full use of the law; then the LSCB will have failed itself and children and families in Rotherham. I am confident that the governance and accountability arrangements now in place will mean that cannot and will not happen, and that things are and will continue to improve quickly.

4.7 MANAGING ALLEGATIONS AGAINST STAFF, VOLUNTEERS AND FOSTER CARERS (LADO)

It is the responsibility of the Local Authority Designated Officer (LADO) to ensure that all allegations against people working with children, including volunteers and foster carers, from any organisation in the borough, are properly considered and lead to clear outcomes. The LADO works closely with both the police and employers to ensure that people who pose a risk to children are not allowed to continue in employment that gives them access to children. It is the responsibility of the LADO to ensure that staff are treated fairly, that allegation are dealt with promptly and that where allegations are shown to be unfounded, people are able to resume their jobs without undue delay.

The OFSTED inspection in 2014 commented positively that: *"Allegations against adults who work or volunteer in positions of trust are managed effectively by a (full time) dedicated Local Authority Designated Officer (LADO). Establishing a dedicated LADO post has helped to raise the profile of this work. There has been a steady increase in the number of contacts to the LADO in the last 12 months, which demonstrates good partnership working and an increased awareness of the LADO role."*

The LADO will investigate all allegations in which a person is identified as working within the Children's workforce and the person has:

1. Behaved in a way that has harmed a child, or may have harmed a child;
2. Possibly committed a criminal offence against or related to a child; or
3. Behaved towards a child or children in a way that indicates that he or she would pose a risk of harm if they work regularly or closely with children.

The 83 referrals which were judged to reach the LADO threshold came from a wide range of agencies as follows:

Agency making referrals	Referrals reaching LADO threshold
Social care	17
Residential services	3
Court (CAFCASS)	1
Early Years	3
Education	10
Police	11
Social Care Employment Agency	4
Fostering - RMBC	11
Independent Fostering Agency	2
Health NHS Trusts	5
NSPCC	3
Ofsted	2
Safeguarding (other authorities)	2
Voluntary organisations	4
Youth Service	2
Members of public	1
NSPCC	1
Total:	**83**

Performance

A total of 244 contacts from agencies making enquiries and requesting advice were received by the LADO in the period from 1st April 2014 to 31st March 2015. This represents an increase of 70 referrals on the previous year's figures (2013-2014) and evidences growing awareness and implementation of managing allegations against staff in partner agencies. Of the 244 contacts, 83 were deemed to have reached the threshold for consideration and were progressed to full LADO investigations. This represents an overall increase of 20 LADO cases in comparison to 63 LADO investigations in the equivalent period in 2013-2014.

Allegations of abuse which reached the LADO threshold of significant harm fell into the following type of abuse categories:

Categories	Number of Referrals
Emotional Abuse	4
Historical Neglect	1
Historical Sexual Abuse	9
Neglect	13
Person Posing a Risk of Harm	25
Physical Abuse	23
Physical Restraint	3
Sexual Abuse	5
Total	**83**

Of the 83 LADO investigations, the outcomes were recorded as follows:

Outcome	Number of allegations
Substantiated	28
Unsubstantiated	45
Unfounded	7
Malicious	3
Total	**83**

INDEPENDENT CHAIR ANALYSIS:

The role of the Local Authority Designated Officer (LADO) cannot be underestimated in this important area of safeguarding children in our borough. However, the LADO can only be effective if partner agencies can effectively identify and recognise potential concerns with their workforce and work in partnership. The work of the partnership in this area has been consistently to a high standard, and I am pleased that Ofsted recognised this during their inspection in 2014.

5. Learning and improvement

5.1 LEARNING & IMPROVEMENT FRAMEWORK

The local Learning & Improvement Framework details how the LSCB organises itself to undertake performance management and quality assurance work and use this to shape learning and improvement across the multiagency partnership, as well as the process for commissioning serious case reviews.

The LSCB has a quality assurance and audit framework which inform the annual audit and quality assurance work plan of the Board, which is aligned with the council's Children & Young People's Services directorate. Documented LSCB audit activity provided a significant amount of evidence for the 2014 Ofsted inspection, and the LSCB also worked in partnership with the council to undertake case auditing as part of the requirements of the Ofsted single inspection framework.

The importance of regular auditing of practice, on a single and multi-agency basis, as a measure of the effectiveness of services and outcomes for children cannot be overstated. A priority for the LSCB is to use regular auditing of practice as a way of ensuring the effectiveness of that practice, measuring outcomes for children and learning what works well in addition to what needs to be improved. The LSCB audit activity is driven by the key priority areas contained within its business plan but also responds to areas of practice or themes that can arise from incidents or reviews, whether Serious Case Reviews, other Lessons Learned Reviews, or Inspections.

The purpose of the quality assurance is to:

- Improve outcomes for vulnerable children;
- Design quality into our services through the introduction of practice standards;
- Ensure that services are achieving consistently high standards;
- Engender an organisational culture committed to learning and continual improvement;
- Improve the level of feedback on quality of services from children, their families and staff;
- Support the continuous improvement and development of the children's workforce.

A priority for the LSCB is to use regular auditing of practice as a way of ensuring the effectiveness of that practice.

The RLSCB quality assurance principles are:

- Quality must relate to service-user experience and outcomes;
- Quality can always be improved;
- Everyone has a role to play in improving quality from front line practitioners to senior managers;
- All staff must be flexible in meeting peoples changing needs and choices;
- Quality outcomes and improvements are most likely when there are skilled, enthusiastic and resourceful staff;
- Quality assurance will be planned into all new services to ensure we get it right the first time;
- Comprehensive policies and procedures will be in place so staff can see what they have to do in order to meet standards;
- Quality assurance will draw together messages from a wide-evidence base to provide an overview of quality.

The LSCB approach to quality assurance and how this relates to the priorities of the Board is summarised as follows:

In terms of undertaking and benefitting from multi-agency audit work, it is critical that all agencies and organisations commit sufficient resources to enable this to be an effective mechanism for learning and improvement. Through the work of the Board's Quality Assurance Sub Group (and the Practice Review Group), the results of audits are analysed; recommendations are formulated by auditors; and these are shared with agencies and used to develop SMART action plans, with progress reviewed via re-undertaking the audit cycle, with results reported back to the Board.

The learning points will inform the Learning and Improvement and other Sub Groups in terms of what the learning is and how this is translated into improved practice and outcomes for children and young people.

INDEPENDENT CHAIR ANALYSIS:

The LSCB infrastructure in place to facilitate audit and quality assurance activity has been increased for 2015/16, which will expand the reach and capacity of the Board to work with partner agencies to identify practice issues and address these quickly. This must run parallel to partners maintaining investment in their own audit resources, to work in partnership with the Board. The introduction of a multi-agency inspection programme from 2015 should leave all partners in no doubt of the importance of this on them individually and collectively.

I have commissioned the development of a new performance management framework for the LSCB, to be introduced in the Autumn of 2015, to ensure that there are clearly articulated expectations and rules of engagement. The model included in this chapter will be the foundation on which this new framework is built.

5.2 MULTIAGENCY LEARNING AND DEVELOPMENT

Throughout 2014/15, 2358 attendees attending a combined 87 workshops offered as part of the Safeguarding Learning and development prospectus, and 633 participants attended one of 50 Early Help learning events. This means that the LSCB delivered some form of learning and development to 2991 learners on a range of subjects, including designated safeguarding leads from schools and staff from all LSCB partner agencies.

As part of the LSCB Learning and Improvement Framework, all partner agencies in Rotherham have committed to measuring the impact of the learning and development provision, and the Learning & Improvement Subgroup has a specific responsibility to ensure that multiagency learning and development activity (either directly provided or commissioned by the LSCB) is evaluated and evidenced as being effective: what is commonly referred to as the "so what?" factor. Where evidence of effectiveness is not forthcoming, the subgroup will take action as appropriate e.g. decommission provision, refresh existing materials etc.

Individual Board member agencies have their own in-house performance/supervision frameworks, whereby managers and staff hold regular discussions about performance and development. In some instances, this happens annually as part of "PDR" processes. In other areas – especially in "clinical" professional roles such as Nursing and Social Work - this happens on a more frequent basis (typically monthly) via supervision. Review of the policies and procedures in place within an RLSCB partner organisation features as part of the bi-annual (Children Act 2004) Section 11 audit and return. This audit activity is undertaken by the Independent Chair, Business Manager and QA Officer of the LSCB, and falls outside the remit of the L&I subgroup. However, it is an important tier of assurance that the broader LSCB is gaining in relation to impact measurement of single agency standards and competence.

For direct learning & development provision commissioned/ provided by the LSCB, all workshops are subject to post-learning evaluation, with every participant submitting a completed evaluation form at the end of any given session. Quarterly, members of the L&I subgroup undertake a 10% dip sample of multiagency attendees to measure the impact of learning and development 3 months post attendance at a workshop. Findings reported throughout the year have been reported and the below reflects key information:

- 100% of attendees reported that their practice would improve following attendance at an LSCB workshop,
- 90% of attendees polled either strongly agreed or agreed with the statement that their practice had improved by attending the learning event.
- 80% of the attendees polled confirmed they had discussed their learning experience with their line manager, and where this hadn't taken place, interviewed learners indicated they had this on their agenda for their next scheduled 1:1.
- 100% of participants had shared learning with their teams

The LSCB has also worked with Public Health to commission specialist training for practitioners to equip them with the knowledge and skills to better respond to self-harm and attempted suicide, with more provision planned for 2015-16.

INDEPENDENT CHAIR ANALYSIS:

The reach of multiagency learning and development is wide, and the offer of the LSCB is robust, though the impact on practice is not evident. In some ways, this is understandable (though not excusable): when a service, such as children's social care, has been systemically flawed and under-resourced, there isn't the substance within the workforce to take learning into practice improvement. This issue is being addressed, and the future of leaning and development provision must be more closely aligned to audit and quality assurance findings so that the LSCB offer is targeted on those gaps in practice. Continuing to draw on the learning from other areas and reviews is also an essential component of Board business. There is good engagement with schools, though how this engagement leads to service improvement is also difficult to see.

5.3 SERIOUS CASE REVIEWS

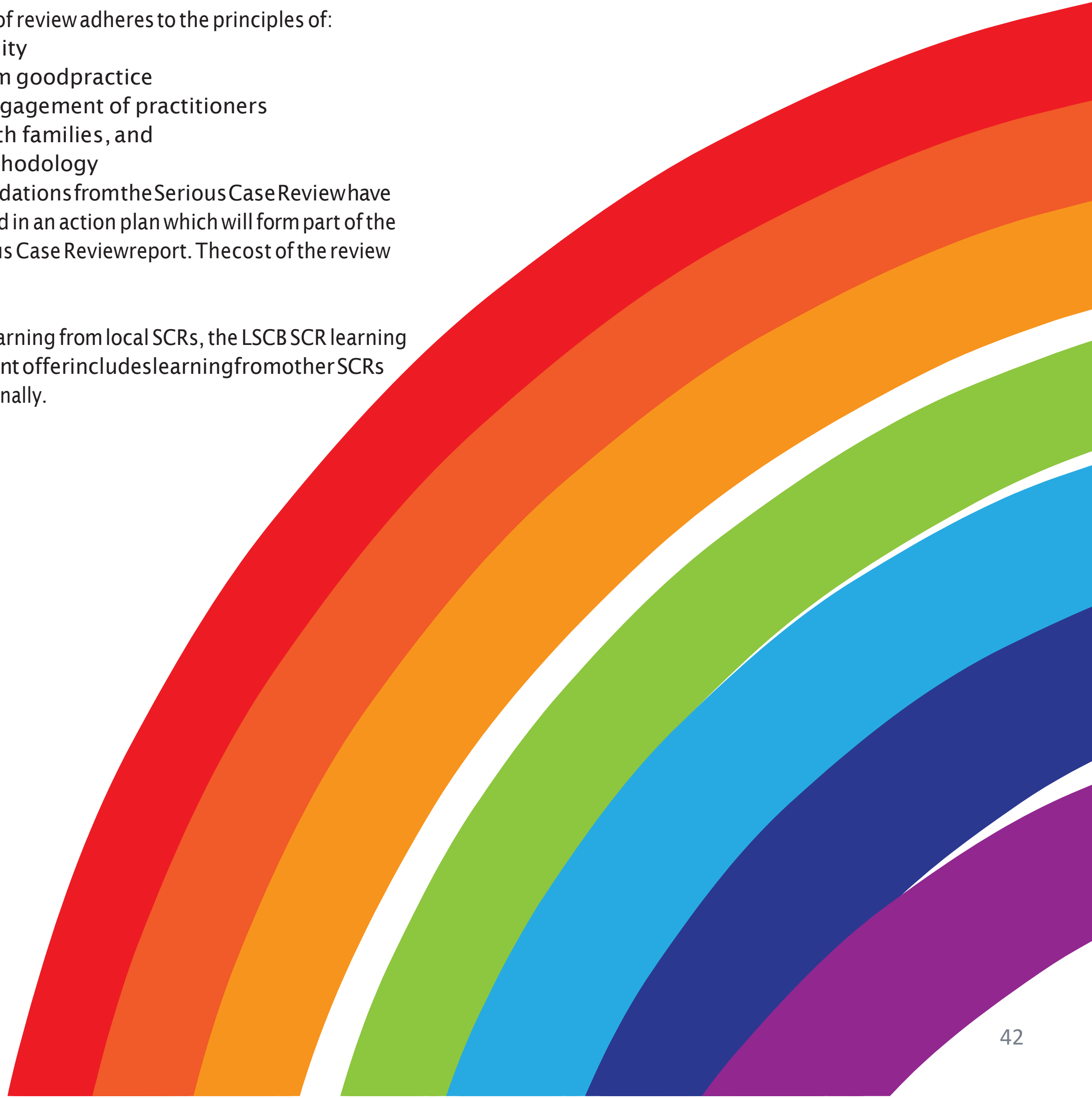
A Serious Case Review was commissioned by the LSCB in March 2014 relating to the case of Child R, a baby who was injured whilst in hospital, and was approved by the LSCB in April 2015. No further details of the case are highlighted in this report as the case continues to be the subject of criminal proceedings. It is planned that the publication of the report will be towards the end of 2015 when these proceedings have concluded.

The methodology used for the Serious Case Review was the Significant Incident Learning Process (SILP). SILP is a learning model which engages frontline staff and their managers in reviewing cases, focussing on why those involved acted in a certain way at the time. This way of reviewing is encouraged and supported in the new Working Together to Safeguard Children published in March 2015.

The SILP model of review adheres to the principles of:
- proportionality
- learning from good practice
- the active engagement of practitioners
- engaging with families, and
- systems methodology

The recommendations from the Serious Case Review have been progressed in an action plan which will form part of the published Serous Case Review report. The cost of the review was £11,000.

In addition to learning from local SCRs, the LSCB SCR learning and development offer includes learning from other SCRs conducted nationally.



6. Reflections and planning for the year ahead: 2015-16

"As I outlined in my foreword to this annual report, this has been an unprecedented 12 month period in both the local and national context, and in writing this annual report I have a number of reflections which I would like to share in conclusion and as I look to the next business year.

"The failings of the council, it's partners and the LSCB have been laid bare. The dismantling of public trust has been devastating, though proportionate to the extent of our inadequacies. From the point of Government intervention, the pace of change has been remarkable, and improvements self-evident, though the size of the task is momentous, and even at great pace, many improvements – if they are to be sustained – will take time and cannot be effected overnight. The council has new leadership both politically and corporately, with the highest of expectations. Despite the fierce financial climate, partners have invested in children's services in a manner unparalleled in Rotherham's past and unmatched in any other area across the country. This gives me genuine hope and confidence that lessons have truly been learned and the values of agencies have been realigned accordingly.

"There are key changes which will come in the early part of the new business year, which will provide the strategic framework for future planning and improvement. These include:

- A refreshed strategic plan for responding to child sexual exploitation, and better commissioning of services for victims of CSE
- A fit for purpose sufficiency strategy for looked after children
- A refreshed Health & Wellbeing Strategy and joint strategic needs assessment with a stronger focus on the needs of children, informing a more strategic new Children & Young People's Plan
- The adoption of multiagency models of working, such as use of the Strengthening Families Framework, which will improve the experience of children and families and enable a more efficient system in which professionals operate
- A better resourced LSCB, which can work with the commissioners to effectively hold agencies to account
- A new performance management framework for the Board, focused on the quality of multiagency provision

"Taking account of these reflections, I will recommend to the Board that the LSCB priorities are also refreshed for the new business year, to focus on the following four headline areas:

- The effectiveness of Early Help provision locally, including how Child in Need planning effects sustained step down from statutory intervention
- The effectiveness of support for children suffering significant harm as a result of Neglect, with a focus on the prevalence of the "toxic trio" and how agencies are responding to this
- The experience of Looked After Children and effectiveness of corporate parenting on outcomes,
- The effectiveness of the multiagency response to Child Sexual Exploitation

"Through each of these areas, the LSCB must hear the voices of children and families and see evidence that agencies are listening and responding to them consistently. Our learning and development provision must be the delivery vehicle for improvement, alongside structural and procedural improvements. The multiagency inspection framework will put all agencies through the process previously experienced largely by the council alone, and the LSCB must play a central role in preparing partners for this.

"I have asked for the multiagency approach to responding to the radicalisation of young people to be reviewed, and the LSCB is taking a more prominent role in overseeing the delivery of Prevent training in the borough. I would expect this to be an area of focus in next year's report.

"Despite the widespread failings, I know that there are many people who have worked tirelessly to try and make things better for Rotherham's children and families. For this, I thank them. I am grateful for the support of Board partners, who have always shown the utmost respect for the work of the Board and to me personally as Independent Chair. In particular, I would like to thank Rotherham Council, South Yorkshire Police and Rotherham Clinical Commissioning Group for their additional financial contribution to the LSCB in the final quarter of this business year, which enabled me to boost the capacity of the Board – as well as increase my time in Rotherham - to undertake essential audit and quality assurance work.

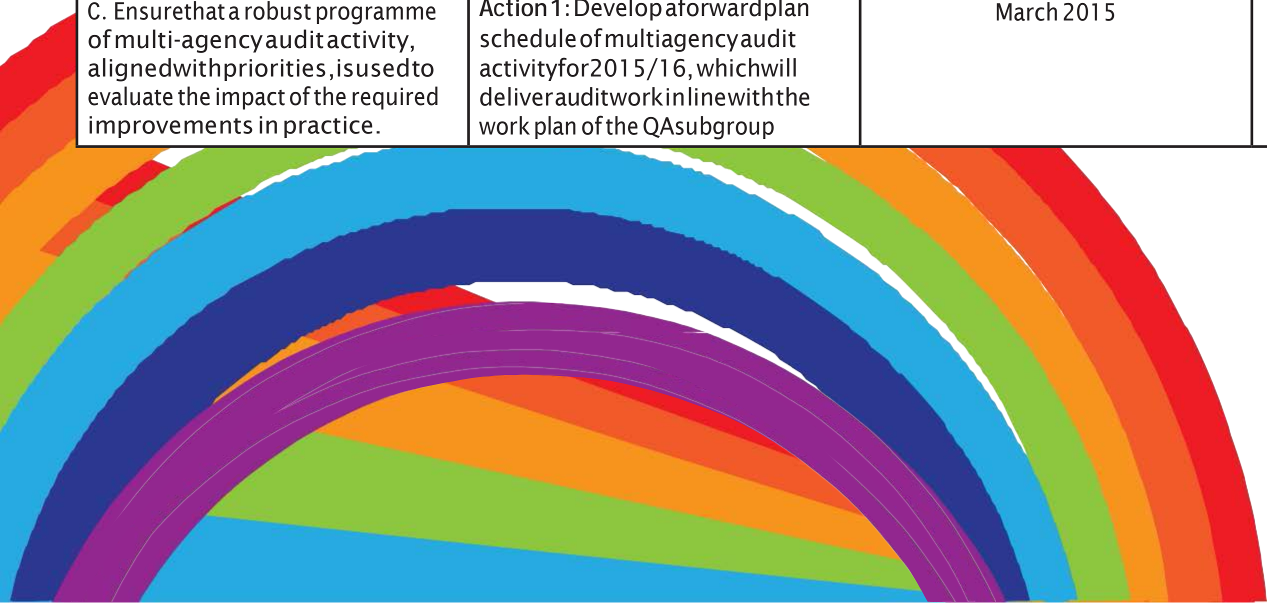
"The extent of the challenge couldn't be clearer. The stakes have never been higher. In 12 months' time, the LSCB annual report must be describing widespread improvement for both the LSCB and frontline service delivery. Anything less is utterly unacceptable."

Steve Ashley

7. Appendix A LSCB Improvement Plan

Improvement Area 1: Performance, Challenge & Improvement **Actions for each defined area of improvement will be interconnected and implementation will lead to improvement across the whole LSCB, however required specific actions have been developed for each action.**				
Defined improvement	Required Action(s)	Target completion date:	Review Date	Lead subgroup and/or officer
A. Increase the pace of both change and coordination of LSCB-related improvement and the evaluation of impact.	**Action 1**: Increase the capacity of the Independent Chair to improve resource availability for strategic leadership, oversight and challenge	October 2014	March 2015	RLSCB Service Manager
	Action 2: Increase officer capacity of the LSCB in relation to quality assurance and audit capability in the medium to long term, whilst securing a short term solution.	April 2015	September 2015	Independent Chair
	Action 3: Review the role and function of the current LSCB subgroups and implement any changes, including capacity to focus on Missing Children and engagement with BME community leaders.	December 2015	March 2015	Independent Chair
	Action 4: Review and refresh the LSCB CSE Strategy and Action Plan.	December 2015	March 2015	Independent Chair

Improvement Area 1: Performance, Challenge & Improvement **Actions for each defined area of improvement will be interconnected and implementation will lead to improvement across the whole LSCB, however required specific actions have been developed for each action.**				
Defined improvement	Required Action(s)	Target completion date:	Review Date	Lead subgroup and/or officer
	Consult with key stakeholders on CSE Strategy, including HWBB and SRP.	March 2015		LSCB Business Manager
B. Ensure effective performance reporting and quality analysis of the experience of the most vulnerable children through aligned performance data from all partners.	Action 1: Completion of action 1:A:2, above, to increase resource availability for quality analysis.	See action 1:A:2	See action 1:A:2	See action 1:A:2
	Action 2: Implement multi-agency performance suite data monitoring schedule, currently being developed by Performance Sub-group	March 2015	September 2015	RLSCB Performance Subgroup
	Action 3: Ensure that the work schedule of the Quality Assurance subgroup is informed by the performance subgroup areas for concern and further enquiry, as well as the LSCB priorities.	March 2015	September 2015	RLSCB Business Manager
C. Ensure that a robust programme of multi-agency audit activity, aligned with priorities, is used to evaluate the impact of the required improvements in practice.	Action 1: Develop a forward plan schedule of multiagency audit activity for 2015/16, which will deliver audit work in line with the work plan of the QA subgroup	March 2015	September 2015	RLSCB Practice Audit Officer



Improvement Area 2: Coordination with strategic commissioning activity **Actions for each defined area of improvement will be interconnected and implementation will lead to improvement across the whole LSCB, however required specific actions have been developed for each action.**				
Defined improvement	Required Action(s)	Target completion date:	Review Date	Lead subgroup and/or officer
A. Increase the LSCBs engagement with the Chief Executive, the DCS and the Lead Member for children's services	Action 1: Schedule monthly meetings between all parties to monitor improvements included in the CYPS and LSCB improvement plans.	January 2015	September 2015	Independent Chair
	Action 2: Ensure that the DCS and Elected Member are included in membership of the Exec Group of the LSCB	October 2015	April 2015	LSCB Service Manager
B. Take steps to maximise the influence of the LSCB on strategic planning and commissioning through stronger representation on the statutory.	Action 1: Ensure that the Director of Public Health as named officer in WT (2013) provides a quarterly update to the LSCB on the H&WBB activity, with particular focus on children & young people.	December 2014	April 2015	Independent Chair
	Action 2: RMBC CYPS commissioning to present quarterly update report to the LSCB.	December 2014	April 2015	RLSCB Business Manager
	Action 3: Ensure there are quarterly meetings between the chair of LSCB, SAB and H&WBB.	January 2015	September 2015	Independent Chair
	Action 4: IC to attend the H&WBB meetings as an observer.	January 2015	September 2015	Independent Chair

Improvement Area 3: Hearing & acting on the experiences of others **Actions for each defined area of improvement will be interconnected and implementation will lead to improvement across the whole LSCB, however required specific actions have been developed for each action.**				
Defined improvement	Required Action(s)	Target completion date:	Review Date	Lead subgroup and/or officer
A. Establish robust mechanisms through which the LSCB can hear about the experiences of vulnerable children, including those placed outside of area.	Action 1: Schedule of consultation and audit activity with IROs R2Rs and other LAC services to be developed and included in QA schedule/forward plan (Action A:C:1), to ensure that the LSCB receives regular reports on the voice of looked after children.	March 2015	September 2015	LSCB Service Manager LSCB Business Manager
	Action 2: Review engagement of IC with LAC Council & Youth Cabinet, and explore potential for associate membership	January 2015	September 2015	LSCB Service Manager LSCB Business Manager
	Action 3: Review engagement of LSCB in Reg 44 visits.	March 2015	September 2015	LSCB Service Manager LSCB Business Manager

Improvement Area 4: Learning & development **Actions for each defined area of improvement will be interconnected and implementation will lead to improvement across the whole LSCB, however required specific actions have been developed for each action.**				
Defined improvement	Required Action(s)	Target completion date:	Review Date	Lead subgroup and/or officer
A. Ensure that the LSCB understands the impact of training on practice in all partner agencies and the link with improved outcomes	Action 1: L&I to review effectiveness of current L&D evaluation processes to ensure they are as robust as possible.	March 2015	September 2015	LSCB Service Manager LSCB Business Manager
	Action 2: Refine the reporting format for the QA and Improvement Officer to ensure that the impact on QA into improvement is captured.	March 2015	September 2015	LSCB Service Manager LSCB Business Manager
B. Enhance the profile of the LSCB among the wider workforce, so that staff understand its priorities and impact and that learning from serious case reviews (SCRs) is disseminated.	Action 1: All LSCB learning materials will be updated to include standard introductory slides on the role and function of the LSCB	January 2015	September 2015	LSCB Service Manager
	Action 2: LSCB to review use of social media and also publish a quarterly newsletter	March 2015	Quarterly	Independent Chair
C. Ensure that multi-agency policy and procedures are kept up to date, aligned with current expectations and learning from reviews, SCRs and audit and performance analysis. Ensure that learning and change are implemented swiftly.	Action 1: Review current policy library in line with agreed timescales set by Tri-X, and refresh policies as required to reflect local changes in the Borough & Sub-region.	April 2015	Quarterly	LSCB Business Manager

8. Appendix B LSCB 2014-15 Budget statement

Budget - 2014/15 Outturn
- Income: £260,971
- Expenditure: £260,971

Overall expenditure for 2014/15 was within budget.
During the year additional expenditure of £31,000 for practice audit work was agreed.

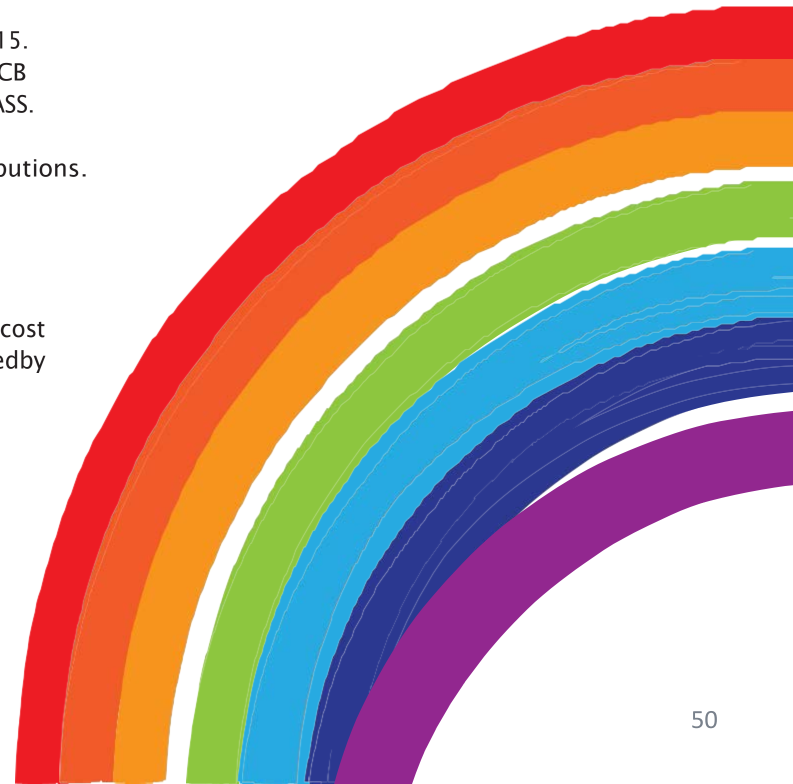
There was no surplus or deficit to carry forward to the 2015/16 budget.

Invoices were raised for all agency contributions for 2014/15. The contributions were set in accordance with the RLSCB funding formula and the national arrangements for CAFCASS.

The accounts reflect full income recovery for all contributions.

Child Death Review administration costs of £16,891 are included in these accounts

The Board has an agreement in place for two thirds of the cost of any Significant Incident Learning Process to be funded by RMBC and one third to be funded by NHS Rotherham.
In 2014/15 £7,536 expenditure was incurred.



Budget Statement 2014/15 Outturn	Funding Formul	Budget 2014/15	Outturn 2014/15
	%	£	£
Income			
Annual Contributions			
Rotherham Borough Council	55.80%	111,370	111,370
Rotherham CCG	25.90%	51,150	51,150
South Yorkshire Police & Crime Commissioner	15.30%	30,200	30,200
South Yorkshire Probation	2.70%	5,330	5,330
CAFCASS	0.30%	550	550
Other Contributions			
Surplus/Deficit from previous year		0	0
NHS Rotherham - L&D Contribution		22,000	22,000
Rotherham MBC - L&D Contribution £9,763 cash £12,237 in kind		0	9,763
Additional contribution - RMBC		0	10,000
Additional contribution - NHS Rotherham		0	10,000
Additional contribution - SY Police		0	10,000
Income generation - training		0	608
Total Income		220,600	**260,971**

Budget Statement 2014/15 Outturn	Funding Formul	Budget 2014/15	Outturn 2014/15
	%	£	£
Expenditure			
LSCB Salaries *		164,650	150,310
Practice Audits		0	31,000
Public Liability Insurance		800	913
IT & Communications		900	857
Printing		2,900	2,723
Stationery and Equipment		50	31
Learning & Development		27,800	38,040
Independent Chair		20,000	33,247
Software licences & maintenance contracts		3,500	3,850
Total Expenditure		220,600	**260,971**
Surplus / Deficit		0	0

* Child Death Overview Panel administration costs of £16,891 are included in these accounts

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