



**ROTHERHAM METROPOLITAN BOROUGH COUNCIL
CHILDREN AND YOUNG PEOPLE'S SERVICES**

**STRATEGIC COMMISSIONING REVIEW OF
RESIDENTIAL CARE, LEAVING CARE SERVICES,
RESIDENTIAL, RESPITE SERVICES FOR CHILDREN WITH
A DISABILITY AND HOMELESS PROVISION FOR YOUNG
PEOPLE**

(Redacted version for personal information)

Author : Linda Harper, Interim Strategic Lead, Children and Young People Services

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1 NATIONAL AND LOCAL CONTEXT

1.1 National Context

1.1.1 The review of Residential Care for Children and Young People, Leaving Care Services, Residential and Respite for children with a disability and homeless provision in Rotherham was completed against a backdrop of significant national and local strategic change, including:

- Significant reductions in funding to Local Authorities as outlined in the last Comprehensive Spending Review.
- An increase in demand for services, evidenced by DFE statistics which show that over the past three years referrals to Children's Services have steadily increased, particularly in relation to the support of complex needs.
- Publication of the Ofsted Framework for the inspection of services for children in need of help and protection, children looked after and care leavers which demands high quality care and support.

1.1.2 Subsequently, there is an immediate tension at a national level between the ambition to deliver high quality services within a shrinking financial envelope which is further exacerbated by an increase in demand.

1.2 Local Context

The Council have laid out a clear vision and determination to help secure a safe environment for children and ensure good sustainable services and regulation to restore healthy, democratic leadership and accountability. The 'Fresh Start' Corporate Improvement Plan, 2015, captures the vision and collective determination of the Council which is further reinforced by the Children and Young People's Service Improvement Plan, 2015, and the five year Medium Term Financial Strategy which reflects the commitment of the Council in spite of the national context in relation to shrinking resources to the drive for improvement and excellence in service provision by a financial investment of £12.1 million.

1.2.1 The commitment of Rotherham Council to children and young people as Corporate Parents is emphatically clear and is evidenced by the intention to be a child centred borough and in the promise to Looked After Children which is reflected in Appendix 1 of this report and was agreed by the Corporate Parenting Board.

1.2.2 The Commissioner for Children's Social Care clearly outlined in his report to the Secretary of State for Education in July 2015 a further

seven improvement priorities of the Council and its partners, of which two are particularly pertinent to the review:

- Strengthen the commissioning infrastructure, ensuring that services commissioned both in-house and externally offer the best outcomes and are cost effective and there is in place a sufficient range of care and placement services.
- Accelerate the progress of improvements and services for Looked After Children

1.2.3 The history of failure in Children's Services in Rotherham is well documented but in spite of and because of this there is a passionate determination to be judged as providing outstanding care and support by 2018. To achieve this the Children's Strategy is based on a range of key drivers of effectiveness and efficiencies and the intention to align the improvement journey to robust resource management and the delivery of sustainable savings over the lifetime of the Medium Term Financial Strategy.

1.2.4 The key service priorities related specifically to the Strategic Commissioning Review are:

- The continued improvement of the Children's Social Care Service
- The continued reform and re-design of the workforce
- The strengthening of commissioning, challenging in-house services and developing the market to increase value for money and to shape service models which capture our ambition for a child centred borough and delivery of sustainable savings.

1.2.5 The increasing demand seen nationally is reflected if not polarised in Rotherham, particularly in relation to the support of victims and survivors of Child Sexual Exploitation. The number of children subject to a Child Protection Plan continued to rise from March 2015 up to September 2015 when they reached a high of 78.0 per 10,000 of the population. The numbers have started to fall more recently but remain high compared to statistical neighbour and national data at 65.4 per 10,000 of the population. The three year Sufficiency Strategy which was approved by the Commissioner for Children's Social Care aims to do this by clearly setting out a number of intentions:

- Increase the provision of local placements
- Improve the outcomes for Looked After Children and Care Leavers

- Reduce spending overall on care placements

1.2.6 This Strategy is supported and strengthened by the Children and Young People's Service Improvement Plan, the Early Help Strategy and the Rotherham promise to Looked After Children and Care Leavers. The Strategy moving forward over the next three years is made up of the following key strands:

- Outstanding commissioning, supporting children to stay at home with their birth parents or extended family wherever possible
- Challenging the composition of placements used to care for Looked After Children so that the vast majority are not placed in Residential Care and that those who are remain within the Borough
- Robust management of the care population to ensure that children are moved to permanent placements in a timely fashion, both in and out of care
- Increasing local provision through the growth of local in house and independent sector fostering support so less children are placed at a distance
- Boosting in house wrap around placement support services to facilitate the placement of young people with multiple complex needs locally

1.2.7 The key challenges identified by the Sufficiency Strategy require the Directorate to respond proactively to the re-design of services which reflects our resounding ambition to respond to the strategic challenges and the historical failings of poor provision.

1.2.8 The services also need to represent value for money and to help forecast and manage spend overall the Council joined the Chartered Institute of Public Finance and Accountancy (CIPFA) Children Looked After Benchmarking club to assess our performance in comparison to other authorities. The CIPFA information confirms that compared to other authorities:

- We place too many children in residential care
- We are paying £67 per child per week more for external placements

1.2.9 This means that we have to:

- Encourage the independent sector to develop resources in Rotherham
- Create local specialist provision
- Change the composition of placements by increasing the % of children cared for in foster care and reduce the numbers in residential care
- Deliver high quality residential care based on different models of care and support

1.2.10 In addition to providing different local placement accommodation for Looked After Children the Sufficiency Strategy is also aimed at securing best value by reducing spend by one million in 2017/18 and a further million by 2018/19. It has been recognised and agreed by the Council that to achieve the aims and to realise the strong ambition to deliver only the best services capital investment is required to fund excellent value for money models of residential care and as such is reflected in the Council's Capital Programme for 2016/17 to a total of nine hundred thousand.

1.2.11 The Ofsted Report into Rotherham's Children's and Young Peoples Services published in November 2014 rated services as 'inadequate' with recommendations made in relation to sufficiency, choice, quality of service, up to date risk assessments, plans and reviews, voice and experience, clear profile of needs and clear understanding.

1.2.12 The Joint Commissioning Strategy with Rotherham Clinical Commissioning Group 2015-18 reflects our joint commissioning intention in relation to Looked After Children which is reflected in Appendix 2 of this report. The Strategy sets out how Rotherham Council and NHS Clinical Commissioning Group intend to develop joint commissioning arrangements as a means of achieving the delivery of strategic priorities and plans to transform the life choices for children, young people and their families in Rotherham.

1.2.13 In response to the wide range of factors in relation to the national and local context a review of the Looked After Children's provision in Rotherham has been undertaken with partners and young people who currently use the services. This report reflects the findings and recommendations of the review which presents an opportunity for the ambitious re-shaping and transformation of accommodation, care and support services for children and young people in Rotherham.

2. METHODOLOGY AND SCOPE

2.1 The review started at the end of October 2015 and was completed at the end of January 2016. The scope of the review was:

- In house Residential Care
- Leaving Care Services
- In house Residential Care and short breaks for children with a disability
- Accommodation and Support for Homeless young people, 16 to 25 years of age

2.1.1 The externally commissioned residential care services, short breaks provision and the in-house Leaving Care Team were out of scope of the review.

2.2 A Project Team was established to oversee the progress of the review and to ensure that it remained on track, dealing collectively with any issues or barriers and escalating any major concerns to the Children and Young People's Services Directorate Leadership Team. The Terms of Reference is reflected in Appendix 3 of this report.

2.3 The methodology included:

- The assessment of all previous inspections and monitoring visits linked to contractual arrangements and Regulation 44
- The completion of an 'as is' desktop exercise which looked at current budgets, staffing structure, training, engagement with partners, voice and experience, innovation.
- The completion of Quality Assessment visits by lead officers and a team of multi -disciplinary officers which included commissioning, safeguarding, Barnardo's. A Quality Assessment Tool was developed which is reflected in Appendix 4 of this report.
- A range of Challenge Events were held with young people and parents and other key stakeholders from education, health, and the voluntary and community sector. The purpose was to encourage interactive dialogue and conversation which focussed on three key questions, why do we provide the service? how well do we provide the service? how should we provide the service in the future?
- A Dragon's Den was held which was facilitated by the Young Inspector. The panel consisted of young people who

challenged the individual service managers, staff and current children and young people accessing the service. There was an award of virtual money to the services which were judged by the panel to be the most consistent and committed to service improvement and change.

- A comprehensive benchmarking exercise was completed to inform the improvement and transformation recommendations in relation to current and future models of accommodation, support and care.
- Meetings were held with the LAC Committee and the Youth Cabinet
- A staff survey was completed
- A Voluntary and Community Sector Reference Group was established to gain the views of communities
- An analysis of performance information was completed which included complaints and compliments

3. REVIEW FINDINGS

3.1 Residential Care

Rotherham Council had five mainstream children's homes until the recent closure of St Edmunds and Woodview which was due to poor practice and provision of substandard care and support. Woodview closed before the review whilst St Edmunds was closed during the review which further informed the evidence in relation to the degree of historical embedded culture in service provision which has been fostered by poor leadership, staff apathy and a passive acceptance of poor is 'good enough' which continued in spite of intense service improvement intervention. This review cuts through the past failings and the inability of services to sustain improvements and paves the way for future opportunities based on a resounding commitment to provide excellent services which are fitting of the aspirations the Council now has for Looked After Children in Rotherham. Silverwood is the one remaining long term residential care home for young people with emotional and behavioural difficulties, with Cherry Tree House and Liberty House providing residential care and short break provision for children and young people with a disability.

- SILVERWOOD Children's Home is a mainstream five bed home offering accommodation and support for young people aged from twelve to seventeen. Silverwood's current Ofsted inspection grade is 'good' which means that Ofsted have assessed that it provides effective services. This grade was awarded following the most recent full inspection in December

2014. The home accommodates young people who are experiencing emotional and behavioural difficulties resulting from trauma and attachment disorders. The home has an extension which has been developed recently as a semi-independent supported accommodation for up to two young people aged sixteen years plus. This 'staying put' provision aims to meet the specific needs of those young people whose progress is assessed as being ready for a level of independence outside of the home but not for total independent living.

- 3.1.1 Silverwood is a traditional brick built 1960's property with a single storey extension. The out building at the back of the house has been converted to provide an entertainment space. The internal décor is in need of attention, furniture is of a poor standard and general upkeep is not to an acceptable standard, in spite of some recent re-decoration. The current estimate in relation to capital investment required is £298,618 with a basic refurbishment costed at £76,905.
- 3.1.2 The revenue budget for 2015/16 is £559,000 with a current projected overspend of £24,000. The current premises budget for 2015/16 is £27,000 with a current projected overspend of £2,000. There is agency spend of £47,000. The current unit cost of the service based on the full occupancy is £4,348 per child per week.
- 3.1.3 The staffing structure consists of one Manager, two Deputy Managers, six Senior Care Workers and five Residential Care Workers with two Residential Care Worker vacancies at the time of the review. The average length of service across the staffing team is ten years.
- 3.1.4 In spite of Ofsted's rating of 'good' the review found similar concerns in relation to poor practice as evidenced previously with Woodview and St Edmunds. As a result, Silverwood is subject to a Service Improvement Plan which is reflected in Appendix 5 of this report. The Plan is now monitored and challenged by a Senior Management Meeting on a weekly basis which has been underpinned by intense improvement activity and additional management expertise. However, in light of the embedded culture of poor practice and the inability to sustain improvement there is a lack of assurance in relation to the ability of the service to reach the standards now expected for children and young people in Rotherham and maintain them into the future without further significant investment.
 - CHERRY TREE HOUSE is a long term five bed children's home for children with disabilities. Cherry Tree's current Ofsted inspection grade is 'inadequate' which means that it is a service that only meets the minimum requirements. This

grade was awarded following a full inspection in January 2015. The full inspection was a follow up to a full inspection in November 2014 when Ofsted assessed the home as 'inadequate'.

- 3.1.5 Cherry Tree can provide care and accommodation for children and young people from the age of 8 to 17 at any one time; the number of young people is dictated by their needs and the ability of the staff to maintain a safe environment and high quality care. The home can accommodate children and young people with learning disabilities, physical or sensory or autism and associated communication or moderate behavioural challenges. This is only provided that the mix of young people can be managed effectively and safely. Cherry Tree will consider an extension of care arrangements beyond a young person's eighteenth birthday if a full risk assessment has taken place and it is part of a clear transitional plan with a specific end date. There are currently only two children living at Cherry Tree who do continue to attend education regularly at Hilltop School and Fullerton. There is a psychologist assigned to Cherry Tree.
- 3.1.6 The staffing budget is £517,000 with a current projected underspend of £55,000. There are 21 staff employed at Cherry Tree and 17 have the appropriate qualifications to meet the needs of the young people. There has been 14 staff off sick over the past 12 months, totally 418 days of absence. The current agency spend is £47,000 for this financial year. The revenue budget of £622,000 is made up of £746,000 expenditure and £120k Clinical Commissioning Group income. The current forecast is a projected overspend of £113,000 which is mainly due to management arrangements and agency use and a shortfall in CCG income.
- 3.1.7 In spite of initial improvement following an intense period of intervention Cherry Tree has failed to sustain the improvements made and as with Silverwood is currently subject to a Service Improvement Plan as a result of some recent disciplinary action linked to staff practice and safeguarding concerns. The pattern of poor embedded practice seen across services is also evident in relation to Cherry Tree. The current Service Improvement Plan is reflected in Appendix 6 of this report.
- 3.1.8 There are only 2 children resident at the home due to a lack of confidence and assurance in relation to the service and as a result the current unit cost is high at £5,848 per child per week. This combined with the high staffing costs does not represent value for money.
- 3.1.9 The review site visit in December 2015 highlighted the following:

- Care Plans are not specialist and are being adapted to meet the children's needs. The updated care plans ensure the young person's needs are central to the plan
- The 2 young people have different ways of communicating and there has been a significant effort by staff to meet each child's needs
- Each young person has their own room, which is well decorated and personalised in accordance with their wishes
- A lack of evidence of contact with a range of professionals
- Safeguarding issues over recent months but no reference to how this was being managed and concern in relation to the lack of Social Worker and IRO involvement
- The children's files were comprehensive and up to date, however there was significant elements that were not evidenced and the manager was unable to provide LAC review and IRO report
- The current manager is employed on an interim basis. The interim manager reported that there were a number of complex issues in relation to the culture of the team and in particular in relation to individual roles/shifts and a general attitude which appears to have been going on for some time. There was evidence that staff continue to be resistant to a shift in culture and working pattern, an example of this was the changing of rotas to offer flexibility to meet the needs of the young people and the service had been met with opposition
- There has been little evidence of Children's Rights working with young people historically, however there has been recent contact with the Right to Right's team who are now engaging with the home
- The staff attend school reviews and have regular contact. There has been some improved relationships with the specialist school over the past six months
- A number of links with health were evident and well established, including CAMH's and GP's. Staff are involved in health care reviews and work closely with psychologists and specialist nurses
- The kitchen was well equipped but not used for all meals. There is a serving hatch where meals are delivered by the

education service to both Cherry Tree and Liberty House which is adjoined but with a separate entrance.

- A sensory room is available and well resourced

3.1.10 As with Silverwood there was some evidence of improvement in relation to Cherry Tree but again a lack of assurance around long term sustainability and the ability to shift the embedded culture across the staff team to meet the expectations for the future of a service which has a real ambition and passion to deliver services which reflect the vision of excellence by 2018.

3.2 Short Breaks Service- Liberty House

Liberty House provides planned short breaks overnight respite care seven days a week for up to 8 children, aged between 8 to 18 years, who have physical or sensory disabilities, complex health needs and challenging behaviour as a result of their disability. Liberty House also offers an emergency bed for a child with disabilities for a maximum period of 12 weeks who is already known to the service.

3.2.1 Liberty House was opened in 1994 and received extensive refurbishment which cost 1.2 million in 2012. Liberty House is an ex older person's home and in spite of the refurbishment it is easy to see that this was the case and leads to a clinical and traditional environment. The full inspection by Ofsted in September 2014 awarded the grade 'good' which means that Ofsted assessed that it is a service of high quality that exceeds minimum requirements. It has had a recent inspection under the new Ofsted Framework and has maintained the 'good' assessment which is an excellent achievement. Access to the service is via the short break panel. Liberty House offers an opportunity for children to take part in a range of activities with the fundamental aim that children will be safeguarded in a fun and enjoyable setting supported by skilled, trained staff. Parents are supported by the provision as it allows them to gain vital respite whilst their children are under the close supervision of Liberty House.

3.2.2 The feedback from parents is that the service is outstanding. A request for short breaks has increased over the last 12 months with a total of 42 children supported which is an increase of 12 children. The 2015/16 Net Revenue Budget is £761,000 which is made up of £874,000 expenditure and £113,000 health income. There is a current projected underspend of £92,000. The current unit cost is £2,403 per week.

3.2.3 The local community is accessed by children by the use of local parks and recreational facilities. Children also as part of social inclusion access local shops, restaurants and cafes with staff and peers. There is a use of a vehicle for trips. There was no evidence

of travel training. Partnership working is predominantly evident with health, education, parent/carers and social care but this appears to be on an ad hoc basis with no formal partnership arrangements in place.

3.2.4 A Challenge Event was held with parent/carers and partners as part of the review process which was extremely productive and is to be introduced as part of an ongoing dialogue to inform future service developments. There is no doubt that Liberty House is valued highly by parents providing a much needed break which parents trust. It was clear that families see the break provision as very important and that it allows families to spend quality time together and give quality time to other siblings of the child with a disability. It is seen as a service which keeps families out of crisis and that for the children themselves it provides social interaction particularly for those who struggle to socialise in a mainstream school.

3.2.5 The main points made in relation to how the service should be provided in the future were:

- We need to get better at using the resources that we have, if we were able to think in different ways we would be able to use the hydrotherapy pool at Kelford. We need to think about flexible use of transport, tailoring the services we have to young people's needs rather than being regimented as to what is available and when.
- Person centred thinking is really powerful- work with parents to reach the right solution. An example was given of a parent with children at 2 schools, the disabled child was miles away and transport was needed. The mother stated that it would be preferable to her and her family if she could take her disabled child to school and someone else did her mainstream school drop off which was a few minutes from home. This would save the council money and time in transport, whilst helping the family but that conversation never happened.
- More day support in the holidays
- There is a gap in service provision from early school age {4} to 8 years
- The transition process should start earlier and should include all relevant partners, health, education, children's services and adult social care
- The relationship with CAMHS requires improvement
- There needs to be clear pathways to access early help. The Parents Forum see families in desperate need who have tried

for years to get access to services. Thresholds and criteria need to change. Marketing of services needs to improve.

- Remove the stigma, more clarity is needed in relation to what a disability social worker does, it's not about taking children away, it's about giving families support and access to services.
- Joint support is needed, children go to Hilltop or Kelford but there should be consistent involvement from other agencies otherwise we are not supporting those families fully. More joined up thinking is needed and earlier.
- Work with parents as partners and build a relationship of trust, information sharing is critical, don't surprise parents in a meeting.
- Clarity about personal budgets, they need to be about giving families a choice.
- Ambition to be 'outstanding'

3.3 Leaving Care Services

The Leaving Care Service has two elements:

- Leaving Care Service
- Leaving Care Accommodation Service

3.3.1 The review focussed on the Leaving Care Accommodation Service which provides support for care leavers aged 16 to 25 years. The Ofsted report into Rotherham's Children and Young People's Services published in November 2014 rates services as 'inadequate' with the following recommendations;

- Improve the quality of services for care leavers, including prompt access to emotional well-being and mental health services and effective support to improve their engagement in education, training or employment
- Develop a clear profile of the needs of current and future care leavers to inform the commissioning of provision, taking full account of care leavers' views, Ensure that the service is supported by an effective performance management and information system
- Ensure that all looked after children and young people and care leavers have a clear understanding of their rights and entitlements to services

- Ensure that care leavers have up to date risk assessments, detailed and meaningful pathway plans and regular reviews

3.3.2 The Leaving Care Accommodation Service covers a range of accommodation options together with floating support:

- Provision of semi-independent residential accommodation at Hollowgate comprising ten flats for young people aged 16 to 21 years of age. It is a requirement that this accommodation is staffed 24 hours per day, 7 days a week
- Provision of semi-independent residential accommodation at Nelson Street comprising 6 bedsits for young people aged 16 to 18 years of age with capacity for the emergency placement of one young, homeless person. It is a requirement that it is staffed 24 hours per day, 7 days a week. The staff and support are provided by the Council. The service is commissioned by the Supporting People Team in the Council, Adult Social Care.

3.3.3 HOLLOWGATE offers purpose built accommodation comprising 7 self-contained flats, 5 are single occupancy and 2 are 2 bed roomed with 1 flat being adapted for disability. Young people can stay in Hollowgate for up to 2 years although this does not often happen. The site visit as part of the review was made in December and found the following:

- Young people are referred into the service by Personal Assistants usually from foster care or settled placements in residential care. There is no formal allocation into the service and beds are allocated according to availability.
- Young people may be placed against their wishes and they sign a tenancy agreement
- Young people may move into Hollowgate from Nelson Street which is managed by the same staff team.
- Move on from this service may be into dispersed accommodation with floating support from the same team. Young people who are ready for independence attend 'move on panel' and move into their own tenancies
- Young people are not involved in active consultation about key events such as Christmas
- Assessment is carried out by PAs and young people accessing the service have a Pathway Plan which is reviewed every six months. The support plans are not developed with the young person as staff are unable to engage them

- There are no up to date risk assessments and dynamic risk is not accounted for
- The young person does not appear central to support and staff appear to react to what is presenting at any given time
- Young people under 18 are reported missing after 24 hours if they have made no contact and emergency contact do not know their whereabouts
- The complaints process is explained on sign up to the service, complaints are logged, passed on to management and escalated if unresolved. The most common complaint is around visitors and the rules applying to this.
- The location is good, situated in a residential area with excellent access to buses, schools, colleges, health care and the town centre
- Hollowgate is purpose built but has a major design flaw in relation to the floor to ceiling windows, retainers have been fitted but they still present a major risk. There is no space to facilitate 1 to 1 meetings or group work, the office is small and there is nowhere to hold staff meetings or supervision.
- The manager is responsible for both Hollowgate and Nelson Street and previously operated with the support of a Deputy but this post has remained vacant since the previous post holder left. The manager described not feeling listened to by Senior Management previously and that both Nelson Street and Hollowgate had been neglected for some time but did say this had improved over recent weeks. Staffing can be an issue with the service currently being understaffed and using agency and casual workers. Night staff contact Senior Managers in case of an incident but the process for this is very unclear. The manager was unable to articulate any innovative work being undertaken or aspired to due to the current pressures of running the service.
- The same staff team work across both Hollowgate and Nelson Street and comprise of 11 staff with 3 vacancies. There are 27 young people accommodated at any given time which can lead to a caseload of up to 9 for level 3 workers. Staff attend mandatory training including child protection and CSE but were unable to produce records. The proportion of agency staff, casual and the turnover of staff means that continuity is compromised

- The service was at capacity at the time of the review, there is no unit cost information
- Staff described advocating for young people in a variety of settings such as benefits, health care, education, utilities
- Staff have knowledge of educational provision and work closely with Lifeskills. There are links to Looked After and Adopted Children's Therapeutic Team, GP, Dentists, CAMHS, Sexual Health
- Young people accessing this service do not appear to be engaged in their plans or in any structured activity within the setting which would prepare them for independence

3.3.4 Hollowgate presented as a service with little direction and was described as being neglected. Young people accessing this service are not receiving the level of support that would be expected from a corporate parent. As with Nelson Street it appears that practice has been eroded over time to such an extent that it is now far from acceptable. As with Silverwood and Cherry Tree the review evidenced embedded cultural issues and immediately put in place a Service Improvement Plan which is monitored and challenged by Senior Management on a weekly basis. The current Plan is reflected in Appendix 7 of this report.

3.3.5 NELSON STREET offers semi-independent living for young people leaving care aged 16 plus. Nelson Street is a large terraced house converted into 6 bedsit type accommodation. The rooms share bathroom facilities and 2 rooms share a kitchen with the remaining 4 rooms having kitchen facilities built in. There is a communal dining area which is also used for meetings. The property is owned by the Council and the support is provided by Council staff. The building is old, depressing, uninviting and in a poor state of repair. The forecast running cost for 2015/16 is £13,500 with an estimated refurbishment cost of £160,000 to bring it up to a basic standard.

3.3.6 As with Hollowgate young people are referred into the service by Personal Advisors usually from foster care or settled placements in residential care. There is no differentiation made on where in their journey the young person may be, previously Nelson Street was usually for those with higher support needs but this is no longer the case. There is no 'matching' of young people so often high risk young people are placed with those who are highly vulnerable which staff find difficult to manage. Staff gave examples of exploitation of vulnerability by other residents. Beds are often not used. Staff described their manager as not being in Nelson Street on a regular basis but felt that this may be a capacity issue. Rotas are not well managed and staff described an agency staff member having been left to lone work without meeting other staff or tenants.

3.3.7 The same staff team work across Hollowgate and Nelson Street. There is lone working at night although both buildings should be covered. Staff stated that there was no regular management time in either building and that they could not always access a manager. Staff and management described feeling under pressure due to the capacity issues of backfill not being addressed. The staff that were spoken to felt neglected and let down in terms of support and direction. In light of such concerns a follow up site visit was undertaken the next morning and this evidenced that there had been no staff cover the previous night, leaving the building without staff cover from 2am until 8am. There were two young people in the house overnight unattended. This was not reported to EDT or a Senior Manager.

3.3.8 Nelson Street presented as a service with little direction and was described by a member of staff who stated; “the unacceptable has become acceptable”. The staff are demoralised, lacking in confidence and spoke of being unsupported and forgotten. The young people accessing the service were not receiving the standard of support that would be expected from a corporate parent. It appears yet again that practice has been eroded over time to such an extent that is now far from acceptable at any level.

3.4 Homeless Accommodation

There are a number of supported accommodation services available for young people {16 plus} commissioned through the Supporting People Programme. They range in type of service provided from 24 hour staffed accommodation units to dispersed properties in the community. In total there are 127 units specifically for young people, aged 16 to 25, young mothers and care leavers, 70 of which are staffed. The programme also commissions a number of supported accommodation services that would potentially accommodate young people aged 16 to 17 or above for client groups such as people with mental health issues, single homeless people, offenders, families and those experiencing domestic abuse. The total capacity of these services is 163. Again some of these services are staffed or are dispersed properties which are supported. The length of stay within these services is dependent on the young person’s needs and abilities although it is ideally between 6 and 12 months. There are 3 main providers of supported accommodation services for young people who are homeless, inappropriately housed or at risk of becoming homeless:

- RUSH HOUSE is a local charity commissioned to provide 3 emergency beds for young people and 9 bedsits both of which are in a property staffed 24hours. The remaining 37 units of accommodation are within the community and clients have an intensive package of support provided with access to the main

building on a 24 hour basis with an on call system in place. The bed usage is very good with referrals taken from a wide range of sources such as housing, probation, children's services and the voluntary and community sector. The initiatives contribute to a wider programme of tenancy support to vulnerable young people and came from evidence that young people particularly those 16 to 18 year olds were more likely to fail in their tenancy within the first 3 months.

3.4.1 A site visit as part of the review of Rush House was completed and led by the Young Inspector. The service offers 4 separate but integrated services offering increasing levels of independence for young people aged 16 to 25. The core facility is 3 Victorian terraced houses. There are 3 emergency beds with direct access, 9 bedsits and 11 single occupancy flats which has access to support on a 24 hour basis if and when needed. In addition there are 13 shared houses which are 2 bedroomed properties of supported accommodation with floating support for up to 50 young people across the borough. The key findings of the site visit were:

- The location is good, situated in a residential area with excellent access to schools, education, health care and the town centre. The accommodation is of a poor standard with no disabled access and the décor and furnishings are in need of attention
- Rush House is a charity and has a Board of Trustees. The staff team is currently 34, keyworkers in core services carry a caseload of 13 and 25 in floating support.
- Examples were found of using different models of engagement to support young people to achieve their goals including Chaotic Cookery using crisis fareshare food deliveries, graffiti art sessions and Crisis Skylight, including drama, music, fimo modelling and creative writing
- Young people are referred to Rush House through Key Choices via a centralised referral system with Action Housing from which an initial assessment is undertaken on sign up. At this point a decision is taken as to where is most suitable for the young person according to need. The young person works with their allocated key worker on a support plan and full risk assessment. Support Plans and Risk Assessments are reviewed every 8 weeks but change in accordance with evolving need where necessary
- The young person is central to the support planning process. Bullying and hate crime are met with zero tolerance and young people, regardless of age are reported missing after 24 hours if they have not informed staff of their whereabouts and

emergency contacts have been exhausted. RUSH works to Every Child Matters outcomes

- Strong links with education and well established relationships with staff in schools and colleges to support attendance. On sign up to the service all young people are supported to register with a GP and Dentist. Other links are CAMHS, Sexual Health, Eric Manns, Lifeline Drug and Alcohol Services. Rush House holds the Talent Match contract for Rotherham and works closely with Morthyng and Apprenticeships
- The Young Person's voice is strong with resident meetings held every 2 weeks, young people work with staff to review and develop policy, are involved in recruitment and regular group sessions take place
- Staff presented very much as a team and appeared to support each other regularly and willingly

3.4.2 Rush House is young person focussed and there is evidence that staff care about their work.

3.4.3 ACTION HOUSING, ELIOTT COURT, similarly provides accommodation with onsite staff for a capacity of 15 and a dispersed accommodation element of 17. This service requires a pre-arranged assessment through a referral process, referrals come from housing, probation, children's services and the voluntary and community sector. The service is currently being reconfigured to bring it up to required standards both externally and internally. There is also some dispersed accommodation linked to the main unit which provides intensive support packages to meet individual needs. The site visit highlighted the following key findings:

- The location is good, situated in a residential area with good transport links, excellent access to schools, colleges, health care and the town centre. However, Elliott Court is a very basic block of flats with office space in the centre. The environment is not welcoming or homely with bars at the windows and in a general state of disrepair
- Action Housing is a charity and has a Board of Trustees. The management team is new and they are well supported by senior management and the interim Chief Executive. There is a staff team of 8.
- Young people are referred through Key Choices and have a central referral point shared with Rush House. A key worker is allocated within 2 days and an initial assessment is undertaken on sign up which involves the young person. Support plans are reviewed every 8 weeks but more frequently if required. A

young person will work with staff to develop independent living skills appropriate to their needs which may be through 1 to 1 or group work activity.

- Staff have extensive knowledge of educational provision in the area and have links with CAMHS , Sexual Health, Eric Manns, Lifeline drug and alcohol services. ACTION have a Service Level Agreement with Rotherham and Barnsley MIND and young people can be referred into this service

3.4.4 Elliott Court is run by a team who are relatively new but who appear to have the best interests of the residents at the heart of what they do. There are currently efforts being made to upgrade the standard of accommodation. In terms of support it appears to function well and young people are involved in decisions affecting them. There is still room for improvement and this was acknowledged by the staff. A cause for concern is the fact that the building is shared with an Adult Service which makes risk management challenging, especially in view of the fact that there is no support available at night.

3.4.5 YWCA- YOUNG MOTHERS/YOUNG EXPECTANT MOTHERS, FLEMING GARDEN'S is a specific service for young mothers and expectant mothers. There are 10 units of supported accommodation with staff onsite and on call and a further 14 dispersed supported properties which also provides support to young fathers and couple who struggle with parenting and maintaining their independence. The site visit identified the following key findings:

- The location is good, situated in a residential area with excellent access to transport links, schools, colleges, health care and the town centre. The properties at Fleming Garden are 2 bedroomed semi-detached houses in a quiet cul-de-sac, they are residential properties with one house used as the office site. The properties are of a high standard
- YWCA is a charity and has a Board of Trustees
- Young people are referred through Key Choices, Social Care and self- referral, there is a waiting list currently which applies a priority needs approach. An initial assessment is undertaken on sign up and support plans are reviewed every 12 weeks but change in accordance with need. A young person will work with staff to develop independent living skills appropriate to their needs.
- Fleming did evidence innovation, they have accessed a community centre and are running a toddler group and cookery sessions. They are currently developing volunteer/apprenticeship and peer support models and they

have a training arm which provides training to other agencies. They have a charity shop and are accredited to deliver Lifestyles programmes

- 3.4.6 Fleming Gardens is run by a staff team who appear to have the best interests of the residents at the heart of what they do. In terms of support it appears to function well and young people are involved in decisions affecting them. Staff are constantly trying to find new ways to involve young people. There are currently new ideas being introduced and the service continues to develop and improve.
- 3.4.7 HOUSING RELATED FLOATING SUPPORT, all floating support services are commissioned by Supporting People to work with young people aged 16 plus. Rush House are contracted to provide a 40 place floating support service specifically for young people at risk of eviction. This service also links into the young person's housing panel to ensure continued support for those moving on from supported temporary accommodation services. The service operates a waiting list and staff work with up to 50 young people at any time, demand consistently exceeds capacity in floating support.

4 VOICE AND EXPERIENCE

- 4.1 As part of the review a Dragon's Den was held facilitated by the Young Inspector and involved the LAC Council and Youth Cabinet. The event was a huge success, young people formed the dragon's panel and challenged managers, staff and children and young people from the services within the scope of the review with a number of questions. The panel then awarded virtual money to the services most committed in their view to improving services for children and young people in Rotherham.
- 4.2 The detail of the approach and the outcomes is reflected in Appendix 8 of this report.
- 4.3 The Youth Cabinet and the Looked After Children Council were both consulted as part of the review and this will be ongoing through to implementation.
- 4.4 The Challenge Events included children and young people and parent/carers. The feedback and engagement will be embedded in mainstream practice as a result to enduring the dialogue and participation is not just a one off exercise

5 BENCHMARKING

- 5.1 The detail of the comprehensive benchmarking is reflected in Appendix 9

6. RECOMMENDATIONS

6.1 Residential Care

It is clear based on historical failings and an inability of current services to sustain improvement that a radical re-think of residential care models for Looked After Children is required. This comprehensive review is further evidence of this position. As a result the recommendations for consideration are:-

- Move to consultation for a planned closure of Silverwood
- Move to a planned closure of Cherry Tree in its current format
- Complete a feasibility study in relation to the development of an integrated health and social care provision for children with complex disabilities and challenging behaviours.

6.2 Short Breaks Provision

It is clear from the review that Liberty House has an excellent reputation and has worked hard to retain the Ofsted assessment of 'Good'. It is therefore recommended that:

- The current Service Improvement Plan should incorporate the issues raised by parent/carers during the review
- Personalisation and social pedagogy should be promoted as an approach, training provided and personal budgets developed to promote choice and control supported by the current work which is underway with 'In Control'
- Transition to Adult Social Care should begin at the age of 16 and there should be clear transition planning with full engagement of parent/carers. Transition should incorporate a full assessment which is person centred
- A Transition Assessment Facility should be considered at Grafton House in partnership with Adult Social Care, Education and Health
- Assistive Technology should be incorporated into any assessment and support process as a matter of course
- Transport and the approach should be reviewed with parent/carers as a matter of urgency based on a personalised approach and not 'one size fits all'.

- Challenge Events should be held with partners on a quarterly basis to inform co-production
- The review of Liberty House should be repeated in 12 months' time
- A Performance Framework should be developed which captures the activity and spend at Liberty House to increase value for money

6.3 Leaving Care

It is clear, based on the historical failings of these services and an inability to sustain improvement that there has to be a radical re-think of the current model. It is therefore recommended that:-

- Nelson Street- remains closed and the building is returned to asset management for sale on the open market which will bring a capital receipt back to the Council
- Hollowgate is supported to further improve as recognised by the Dragon's Den and continues to be monitored against a formal Service Improvement Plan which should be integrated with Adult Social Care and not managed in isolation by Children's Services. There should be an integrated approach with Adult Social Care in relation to the commissioning and monitoring of the service and an agreement reached that the service should be re-designed jointly and associated savings and efficiencies shared .

6.4 Edge Of Care- Recommendation

- The Association of Directors of Children's Services published a position statement and research paper in 2013 which made a strong case for rethinking how we respond to the complex needs of young people. Too often the initial safe containment can drift into long term static provision. The Government' Staying Put reforms which will enable young people to stay with their foster carers up to the age of 21 will help increase stability at a critical stage but a remaining challenge is to look at how the system can build stability into support when young people first enter care
- The main opportunity to improve outcomes is realigning the work of different partners with a clear approach to supporting young people on the edge of care. The development of an innovative edge of care service in Rotherham will reinforce the overall aim of the Sufficiency Strategy which is to safely reduce the numbers of children and young people in care by effective early intervention and would break down the silo

working which results in an overall service from care to leaving care which is disjointed and dysfunctional. The service would have a number of components:

- No Wrong Door- This would see a consistent team working with young people in or on the edge of care, those involved in offending, substance misuse etc. This would involve better information sharing about risks and needs, a reduction in bureaucracy and management costs. Crucially it would provide continuous, trusted relationships with a staff team irrespective of the type of placement or setting
- The introduction of a 'transition regime' which can include short term or weekend access to their former care home if they need it.
- The development of outreach support to young people after they have moved on from the home, providing support to them and to provide a hub for the young person to access health, education and other specialist services
- Develop a more effective use of residential placements for assessment of need and for preparing and matching young people or a successful return home.
- Develop a Residential, Leaving Care and Homeless Consortium which will deal with the current silo working and could see the development of a virtual hub of specialist staff who could continue to provide support to young people across a range of settings. There should be flexibility for young people to access residential support in a crisis or as a form of respite
- A fixed budget should be considered which could be delegated to providers for an agreed period of care leading to a stable long term outcome
- New Partnership arrangements with Education which would have a focus on the practical behavioural and emotional barriers that often prevent young people from making the most of education. They could include joint work between an Academy chain and/or a cluster of schools and/or a residential setting to increase support for carers involvement in schools. They could also include respite packages for young people on the edge of care.

6.5 Homeless Provision- Recommendations

The review evidenced a generally good service which is provided by the voluntary and community sector in partnership with a number of Housing Associations. The issue appears to be a lack of partnership working across

all sectors, services with no connection to each other and no sense of a consolidated offer in Rotherham. Subsequently, the recommendations are:

- Develop a Homeless Partnership Forum which focuses on the improvement of pathways, including Residential and Leaving Care Services
- Develop a market improvement plan which focuses on effective communication, sharing of information and good practice

7. SUMMARY

The approach and scope of the review is unprecedented in Rotherham in relation to children and young people's services and subsequently offers the opportunity to not only improve current provision but to transform models of accommodation and support for the future. The key is thinking differently and creatively, listening to the voice of young people, partners and families and building on their experience to deliver long awaited change.

LOOKED AFTER CHILDREN AND LEAVING CARE PROMISE 2015



AS YOUR CORPORATE PARENT WE PROMISE -

- **We will help you to live in a safe place where you are protected from harm.**
- **We will listen to what you have to say and make sure it makes a difference.**
- **We will help you to learn and do your best at school and college.**
- **We will help you to be happy and healthy.**
- **We will help you to learn new skills as you grow up and become an adult.**
- **We will fully involve you in plans and decisions about you and your future.**
- **We will help you take part in activities that you enjoy or that you are interested in.**
- **We will help you to explore and be ready for the world of work**
- **We will help you to be proud of yourself and celebrate your individual beliefs**



**ROTHERHAM JOINT COMMISSIONING STRATEGY
FOR CHILDREN AND YOUNG PEOPLE - OUR JOURNEY TO
EXCELLENCE**

AUGUST 2015 - AUGUST 2018

Authors: Linda Harper,
Interim Director,
Commissioning, Performance and Quality
Children and Young People's Services,
Rotherham Metropolitan Borough Council

Sarah Whittle,
Assistant Chief Officer,
NHS,
Rotherham Clinical Commissioning Group

Date: August 2015

Foreword

Rotherham is passionately committed to working together to support children, young people, their carer's and families. This Strategy sets out how NHS Rotherham Clinical Commissioning Group and Rotherham Metropolitan Borough Council intend to develop joint commissioning arrangements as a means of achieving the delivery of our strategic priorities and plans to transform the life choices for children, young people, their carer's and families in Rotherham.

The Children and Young People's Strategic Partnership and the Local Children's Safeguarding Board will be the key drivers in relation to working in an integrated and joined up way to improve the quality and performance of jointly commissioned services, but more importantly to transform outcomes and life chances for local children and young people.

This Joint Commissioning Strategy sets out the agreed joint and integrated approach for the commissioning of services for children and young people between the Clinical Commissioning Group and the Council. It is intended to inform children, young people, families, partners, stakeholders and communities about children's commissioning and to set out our intentions for 2015-17 based on demographics, the Joint Strategic Needs Assessment and what service users have told us.

This Strategy will describe the way we will work with all key partners to co-produce joint commissioning approaches as a means of delivering the strategic vision of the Children and Young People's Partnership in Rotherham. We are passionate about improving our services and strongly believe that we can only do this in partnership, working collaboratively and creatively, sharing expertise, knowledge and resources.

We are committed to working together to challenge the status quo, champion innovation and to break down barriers to change, which will ensure that the child's voice is heard and is at the heart of what we do. This will enable us to develop a universal whole system approach to the commissioning of services in Rotherham, as we develop a truly child-friendly borough.

We will work with our partners, the voluntary and community sector and local communities to build community resilience, commissioning services collaboratively to develop family or community resource through working together and increasing the ability of individuals and communities to bounce back without intervention based on a sound and innovative early help offer.

As Commissioners, we will influence and enable, drawing in more community and family resource into all of our service commissioning. We will strive to optimise our total resources, improve our data so we can target services at those that need them most and be proactive in engaging families, the voluntary and community sector, practitioners and service providers to deliver the services our children and young people deserve in Rotherham

IAN THOMAS
Strategic Director
Children and Young People's Services
Rotherham Metropolitan Borough Council

CHRIS EDWARDS
Chief Officer
NHS Rotherham Clinical Commissioning Group

1. INTRODUCTION - OUR SCOPE, VISION AND PRINCIPLES

1.1 This Strategy will set out how we intend to maximise joint commissioning to ensure that children, young people and families are empowered to improve their life chances and are recognised for the skills and talents they have rather than the needs they present. This asset based approach to commissioning will build communities and reduce dependency on services. It will support the delivery of priorities reflected in the Health and Wellbeing Strategy and in the Children and Young People's Plan and will enhance the early help offer for children and young people.

1.2 The Scope of the strategy includes all Children and Young People from Pre-birth to 25 years old, recognising:

- That some children will transition between Children & Young People's services within that timeline and
- That some children will transition from childhood to adulthood earlier.

1.3 The table below gives examples of services that will or will not be included within this strategy:-

| In/out ✓ / x | Service | Commissioner | e.g. provider | Budget £ |
|-----------------|--|--------------------|---|----------|
| ✓ | Child Sexual Exploitation post abuse support services | RMBC/CCG | RMBC/RDASH/Vol Sector | |
| ✓ | Early Help e.g. Children Services, Youth services | RMBC | Universal Services | |
| ✓ | Special Educational needs and disabilities | RMBC/CCG | RMBC/RFT/RDASH | |
| ✓ | Looked after Children e.g. residential care and fostering placements | RMBC | RMBC/RFT RDASH | |
| ✓ | CAMHs | CCG | RDASH / Vol Sector | |
| ✓ | < 0-5 years including Best Start, health visiting etc. | Public health/RMBC | RFT/RMBC/Vol Sector | |
| ✓ | Public health services including Obesity, Smoking, breast Feeding | Public Health | RFT, Primary Care, Private Sector, Schools, Vol sector and RMBC | |
| X | Primary Care Services | CCG NHS England | GP's, Dentists, Opticians and Pharmacists | |
| X | Accident and Emergency | CCG | RFT/Care UK | |
| X | Paediatric Services | CCG | RFT/Sheffield Children's Hospital | |
| X | Specialist Paediatric Surgery/services e.g. | NHS England | Specialist provider (Leeds, Great | |

| | | | | |
|---|--|----------------------|---------------------------------------|--|
| | Heart, Cancer, epilepsy, neonates, chronic pain. | | Ormond St, Sheffield etc.) | |
| X | Complex Needs Community Services | CCG | RFT | |
| X | Tier 4 CAMHS services | NHS England | Specialist providers | |
| X | Specialist Equipment | NHS England | Specialist providers | |
| ✓ | Bereavement, Drugs, Alcohol and Substance | RMBC & Rotherham CCG | External & Internal Service Providers | |

This table is not exhaustive but gives a good indication of what services are included in the strategy. In Paragraph 6.3 we have identified service priorities where we intend to provide initial focus to utilise joint commissioning as an enabler for improving outcomes for children, young people, their families and carers. This will allow us to test out and learn from the many elements of a joint commissioning approach which we will then use to further scope and inform our joint commissioning in the future.

1.4 Our Vision on which our joint commissioning strategy is based is that children are safe, happy, healthy, confident and successful, contributing to a thriving, inclusive community that is welcoming to all.

1.5 The Strategy will cover a three year period from 2015 to 2018. We have agreed a set of principles which will underpin our joint commissioning approach:-

- We will commission services based on co-production with all key stakeholders and communities
- We will work collaboratively and in partnership at all stages of the commissioning cycle to influence the shaping of services within local communities
- We will commission services based on clear decision making and rationale for improving shared outcomes
- We will work in partnership to remove barriers and duplication, supporting the local market to grow and to build on strengths and social capital
- We will consult, engage and respond to all key stakeholders as part of the commissioning process and ensure that decisions are made based on a robust needs analysis and evidence base
- We will prioritise our efforts and resources to reduce inequalities and to ensure that those with the highest needs are effectively supported to live a fulfilling life within their local community
- We will ensure that commissioning will always focus on value for money and sustainable outcomes, making sure that every pound in Rotherham is a pound well spent.
- We will abide by the NHS constitution and promotes its awareness among Partners, patients, staff and the public
- We will ensure that our commissioning process, including tendering and procurement, is transparent and in line with good practice and legal requirements, whilst at the same time recognising the value of local market shaping when working with diverse communities in Rotherham

- We will rigorously monitor, evaluate and review the services we jointly commission together, reducing the burden of duplicated performance reporting on service providers by the development and implementation of a shared outcome based framework
- We will ensure that our commissioning decisions are justifiable and stand up to scrutiny

1.6 In Rotherham, we are adopting a four staged approach to commissioning which informs our commissioning cycle:-

- **STAGE 1: - JOINT UNDERSTANDING OF NEEDS**, it is important to jointly gain an understanding of the needs, resources and priorities which will have a positive impact on outcomes and what children, young people and families think about local services. We also need to understand national and local priorities, policy and drivers which will inform our decision making and our understanding of the total available resource. At a Strategic level this information is collated in the Borough's Joint Strategic Needs Assessment
- **STAGE 2: - JOINT PLANNING**, in relation to joint planning we need to focus on what we want to be and how we will get there. At a strategic level the Health and Wellbeing Board have published a Health and Well Being Strategy and the new Children and Young People's Partnership will develop a new Children and Young People's Plan. This Joint Commissioning Strategy will underpin the planning of the delivery of shared core priorities
- **STAGE 3: - JOINT DOING**, at this stage we will be implementing and delivering the actions and priorities we have agreed at the planning stage
- **STAGE 4: - JOINT REVIEW**, this stage is focused on ensuring that all plans and the services we commission are delivering the intended outcomes. It will include robust performance management processes and robust accountability of all partners and stakeholders in the delivery of agreed outcomes. We will develop a Children and Young People's Outcome based Framework which reflects the principles and key features of Outcome Based Accountability (OBA) to monitor and measure performance and the impact on the lives of children and families in Rotherham.

Together we will create a culture of high performing services and high challenge across the Borough.

2. NATIONAL AND LOCAL DRIVERS

In this section we briefly outline the key recent policy and legislative changes and local drivers that are most relevant to our planning in relation to joint commissioning.

2.1 ROTHERHAM Clinical Commissioning Group:

- Maternity matters
- Healthy Child Programme (2009)
- Facing the future - Standards for acute paediatric Services (2015)
- Facing the future - Together for child health Standards (2015)
- Commissioning a good child health service (RCGPs)(2013)
- Giving all children a healthy start in life (2014)
- Implementing a new 0 - 25 special needs system LA's and partners (2014)
- NHS outcome framework 2015/16
- Public Health Outcome Framework 2013-16
- CAMHS - Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report (2015) and Transformation Plan 2015
- NICE Guidance
- NHS Standard Contract
- Health and Well-Being Strategy

2.2 ROTHERHAM Council- National Drivers:

- Children Act 1989
- Adoption and Children Act 2002
- Education Act 2002
- Children Act 2004
- Education Act 2006
- Academies Act 2010
- Children and Families Act 2014
- Working Together to Safeguard Children 2015
- Keeping Children safe in Education 2015

2.3 LOCAL DRIVERS:

- Children and Young Peoples Vision and Priorities - working with children, families and our partners for Rotherham Children's Services to be rated outstanding by 2018
- Children and Young People Services Improvement Plan based on the recommendations from the Jay Inquiry, the Casey Report and the inspection by Ofsted in October 2014
- Corporate Fresh Start Strategy - Developing a 'Child Friendly' Borough
- Post abuse support for victims and survivors of CSE
- Health and Wellbeing Strategy
- Child Health Needs Analysis
- Sexual Health
- CSE Delivery Plan

This Joint Commissioning Strategy reflects our joint national and local priorities as we strive for excellence.

3. THE DEVELOPMENT OF JOINT COMMISSIONING ARRANGEMENTS

3.1 There is a strong commitment to develop joint commissioning arrangements but in spite of this there is minimal joint commissioning of services currently taking place across the Council and with the Clinical Commissioning Group, the voluntary and community sector, education, housing and the police. However, the recent joint funding agreement in relation to the post of Assistant Director of Commissioning, Performance and Quality Assurance marks an important stage of our partnership journey and our commitment in real terms to joint working across the Clinical Commissioning Group and Rotherham Metropolitan Borough Council. This Joint Commissioning Strategy aspires to act as the catalyst for change, fostering an incremental approach across all partner organisations in relation to the commissioning of services and support for Children and Young People in Rotherham over the next three years.

3.2 We recognise that joint commissioning and planning are pivotal to the improvement and transformation of services to support a shift in culture, which empowers rather than creates dependency and an approach which recognises talent, mobilises assets and develops resilient communities. As a result, we intend to:

- ✓ Align our resources in relation to our joint priorities to increase efficiencies, reduce duplication, and to ensure value for money, reducing the reporting burden on providers to multiple commissioners
- ✓ State our shared commitment to providing timely financial information in an open and transparent way with clearly identified financial leads from the Council and the CCG
- ✓ Develop and implement a streamlined Commissioning Framework which is measurable against mutually agreed outcomes with all of our key stakeholders
- ✓ Develop a Joint Investment Plan aligned to our key priorities which will inform aligned budgets and the exploration of the feasibility of formal Section 75 Partnership Agreements
- ✓ Develop and implement a robust market management model which will allow us to systematically review, plan and shape commissioned services jointly, avoiding duplication of time and resources.
- ✓ Develop and implement an incremental aligned and integrated approach to commissioning which will ensure synergy across the whole commissioning system, working with NHS England, Public Health and Adult Social Care
- ✓ Further map services against our agreed priorities within local communities, including schools, colleges, and universal services to further understand our resources and how they are currently deployed and at what price and quality. This will inform how we jointly shape services at

local level to build community resilience and target resources and need more effectively in the future

- ✓ Co-produce a commissioning model which embraces personal budgets, social prescribing, community assets and self-directed support, building on the early help offer in Rotherham to reduce demand and enhance life choices for children and young people
- ✓ Use quantitative and qualitative needs analysis and data to identify current and future needs and where there are gaps in services to ensure we commission services which children and young people believe are important to them
- ✓ Develop a whole market approach which works out the real costs and value of in-house and externally commissioned services, applying a standardised market management model
- ✓ Review and inform how different procurement techniques might be used to improve effectiveness, ensuring user involvement to improve outcomes
- ✓ Plan the timings of procurement activity across partners and ensure effective risk identification and risk management systems are developed and embedded in future service planning
- ✓ Lead and shape a Service and Market Improvement approach, encouraging providers to work collaboratively and not in direct competition
- ✓ Work with children, young people and their families to enable them to review services with commissioners, capturing learning from existing work and experiences to inform the development of a Rotherham Quality Kite Mark informed by the experience of children and young people
- ✓ Ensure that our respective IT systems talk to each other
- ✓ Ensure that workforce development needs across providers are effectively embedded in the market improvement plans, encouraging shared learning and development activities to drive up the quality of the workforce across the board. This should be underpinned by the development of an overarching Workforce Strategy led by the establishment of a Learning and Development Partnership hosted by an independent Provider, which will enable access to partnership funding to support future training and access to qualifications
- ✓ Develop an Equalities Charter which embraces the commitment from commissioners and providers to working in partnership with diverse communities
- ✓ Develop an information sharing protocol to strengthen our joint governance arrangements in relation to the priorities reflected in the Joint Commissioning Strategy

4 OUR THREE YEAR PLAN

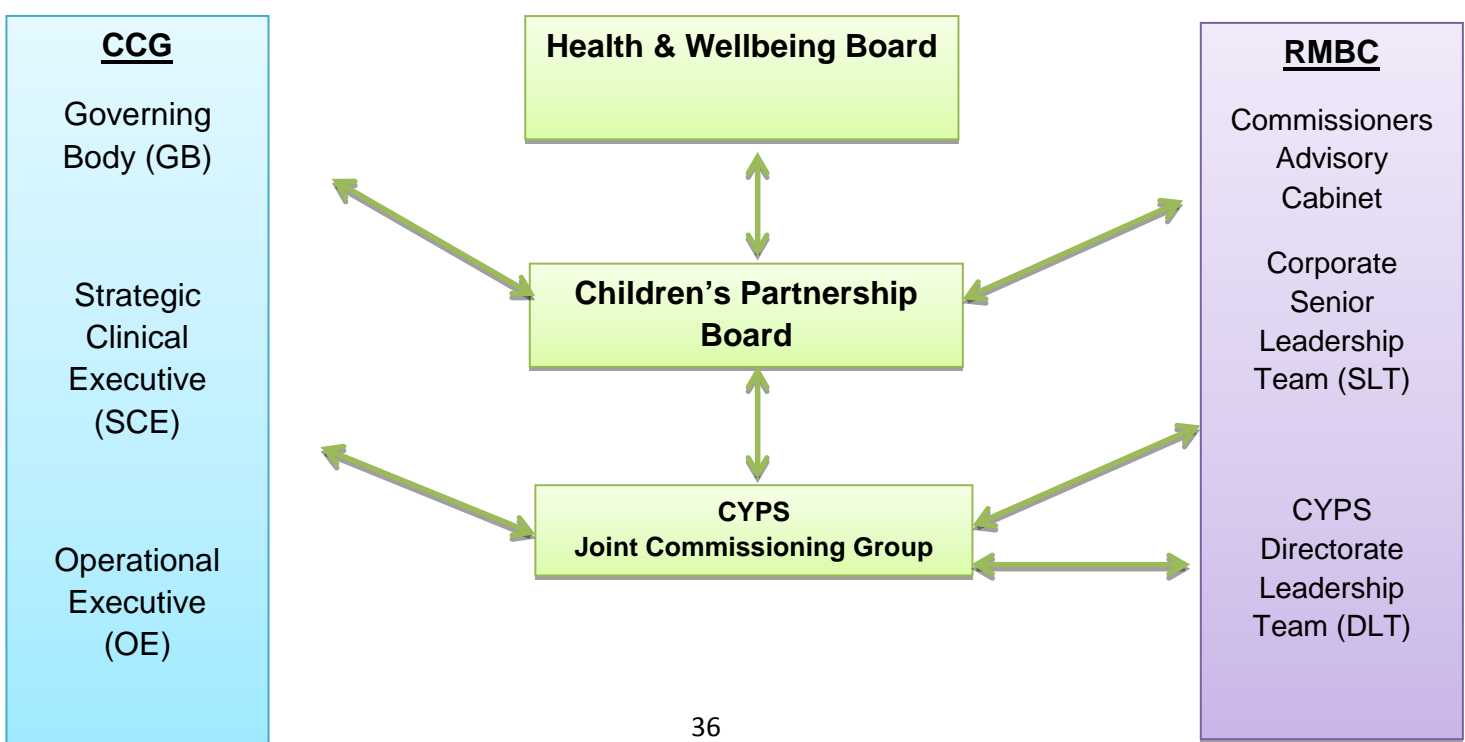
- 4.1 We have set ourselves an ambitious target of three years in which to deliver the transformational change we want to see in our joint commissioning arrangements. The initial focus will be on the development of joint commissioning arrangements between the Children's and Young Peoples Directorate in the Council and the Clinical Commissioning Group. However, we recognise that there is a significant potential opportunity to exceed this and in particular to work with

schools, public health and adult social care to understand further their potential role, appetite and contributions to the further development of joint commissioning arrangements in Rotherham.

- 4.2 We will adopt and apply a programme management approach to support the delivery of our joint commissioning intentions, which, as well as providing transparent project plans this will ensure a robust approach to performance management, governance and risk management across partners.
- 4.3 We will develop an Implementation Plan aligned to our key priorities which will be co-produced and monitored by and with our key partners and stakeholders. The Implementation Plan will be directly monitored by the Joint Strategic Commissioning Group and will have clear milestones and metrics to strengthen collaborative accountability for delivery and action. There will be 7 work streams linked to our priorities, each of which will have a joint lead and will be responsible for the development of detailed commissioning strategies linked to the priorities outlined in this Strategy

5 GOVERNANCE

- 5.1 We recognise that the development of joint agreements across different organisations can be complex and challenging and that many issues such as financial sovereignty, politics, culture and control are potential barriers to the achievement of our joint commissioning ambitions.
- 5.2 To mitigate these risks we intend to establish a robust governance arrangement that is largely built on the current reporting mechanisms for both the Clinical Commissioning Group and the Council. This will help reduce increased bureaucracy and the potential time delay in relation to our decision making process. This is outlined below:



- 5.3 The diagram shows that in addition to the current and established governance we only intend to create one new forum which is the Joint Strategic Commissioning Group. This Group will be responsible for the development and monitoring of the Implementation Plan and will ensure that all joint commissioning arrangements outlined in our Joint Commissioning Strategy actually happen and are reported through our established governance arrangements in a timely manner for joint decision.
- 5.4 The 3 locality plans (North, Central and South) will feed and influence the strategy based the provision of local intelligence and information from the communities and from our partners. The information will be fed through to the commissioning priority work streams to ensure that our future commissioning is responsive, flexible and informed.
- 5.5 The Joint Strategic Commissioning Group will be initially chaired by the jointly funded Assistant Director of Commissioning, Performance and Quality Assurance, and will initially meet on a monthly basis, which will be subject to review following a 6 month period of operation.
- 5.6 The Joint Strategic Commissioning Group will consist of decision makers and individuals who are committed to aligned and integrated commissioning. The proposed membership will be as follows;-Associate Director of Commissioning - Clinical Commissioning Group, Director of Public Health, Director of Adult Social Care, Assistant Director of Strategic Housing, Chief Executive of the Voluntary and Community Sector, Director of Education, GP Lead, Head of Safeguarding, Performance and Workforce Development A legal representative, procurement and finance will be co-opted as and when is needed
- 5.7 This initial proposal in relation to membership presents as top heavy but is important initially to ensure that buy in is from the top to enable the challenging conversations to be had in a constructive and professional manner.

6 OUR JOINT COMMISSIONING PRIORITIES

- 6.1 We will take a whole system, intergenerational approach based on a life journey to ensure synergy and integration of development initially focusing on children and young people, their families and carers using our commissioning cycle to ensure that we apply a consistent approach to all decision making processes in relation to market management and shaping, improvement, efficiency programmes and investment plans.
- 6.2 Transforming the way that we currently commission services is a complex task and will not be achieved overnight. We are looking at transformational change in the way that services are currently delivered and recognise that we need to take a timely and incremental approach. We have jointly identified service priorities where we intend to provide initial focus to utilise joint commissioning as an enabler for improving outcomes for children, young people and their families and

carers. This will allow us to test out and learn from the many elements of a joint commissioning approach, which we will then use to further scope and inform our joint commissioning in the future.

6.3 The Service priority areas are-

- ✓ Child Sexual Exploitation post abuse support services
- ✓ Early Help
- ✓ SEND
- ✓ Transition
- ✓ Looked After Children- our Sufficiency Strategy in relation to Residential Care and Fostering Placements
- ✓ CAMHS
- ✓ 0-5 YEARS, including best start

6.4 We will build on the current work to date and develop detailed joint commissioning strategies for each service priority area which will sit beneath our overarching Joint Commissioning Strategy. Each Service Priority will be led by a Project Group and will report into the Joint Strategic Commissioning Group to ensure oversight and successful delivery.

7 COMMUNICATIONS AND ENGAGEMENT

7.1 We will co-produce a Commissioning Communication Plan to ensure that the developing approach and priorities outlined in our Joint Commissioning Strategy are communicated effectively to all stakeholders. This will require a mixed approach:

- ✓ Creative use of technology, media and community events to engage with children, families and local communities
- ✓ Information and engagement with stakeholders across the Children and Young People's Partnership, Rotherham Youth Cabinet, Looked After Children, the Local Children's Safeguarding Board and the Voluntary and Community Sector Strategic Leads Forum.
- ✓ The development of commissioner and provider partnership forums, ensuring inclusion of the community and voluntary sector as well as statutory services, both in-house and external.

8 IN CONCLUSION

- ✓ The transformational benefits of joint and aligned commissioning are unlimited as are the uncertainties and challenges. However, in working collaboratively we believe that the outcomes for children and young people in Rotherham will be enhanced and will have a major positive impact on their lives and those of their families
- ✓ We can no longer work in silos as separate organisations and neither should we choose to. By joining up our resources and expertise we will be in a position not only to improve our commissioning of services but to

transform, focusing our resources in the right time, in the right place and in the right way.

- ✓ We are committed to working jointly to harness community assets and to co-produce services with local people to inform the development and shaping of markets which the people of Rotherham deserve. This will enable us to develop a child-friendly borough where children grow and develop well, in a safe environment.

Glossary of Terms

| | |
|-----------------------|---|
| Co-produce | To work together to design and deliver services. |
| Asset Based Approach | To recognise potential all people have and to build on their strengths to increase independence and develop strong communities. |
| CAMH's | Child Adolescent Mental Health Services |
| RMBC | Rotherham Metropolitan Borough Council |
| RFT | Rotherham Foundation Trust |
| Rotherham CCG | Rotherham Clinical Commissioning Group |
| Social Capital | The natural assets within communities e.g. spirit of volunteering. |
| Market Shaping | To work with the voluntary and community sector, service providers and local community groups to develop a strong menu of services for local children and young people. |
| Self-directed support | The support for children and young people is led by them. |
| SEND | Special Educational Needs and Disabilities. |

**RMBC Working In Partnership
Children & Young People's Service**

Looked After Children Service Provision Review

Terms of Reference

1. Introduction

The priorities set out by Commissioner Newsam in his report to the Secretary of State for Education in July 2015 extended the improvement work of the Council and its partners. A total of six priorities were outlined, of which one was: 'Strengthening the commissioning infrastructure ensuring that services commissioned both in-house and externally offer the best outcomes and are cost effective and there is in place a sufficient range of care and placement services'.

The key challenges identified by the Sufficiency Strategy require commissioning to respond in a proactive way to shape local services to reflect the ambition we have for the children and young people of Rotherham.

Also, the Ofsted Report into Rotherham's Children and Young People's Services published in November 2014 rated services as inadequate with recommendations around: sufficiency; choice; quality of service; up to date risk assessments, plans and reviews; voice and experience; clear profile of needs and clear understanding.

In response to these priorities, legislative requirements and recommendations a review of the looked after children's service provision is being undertaken looking at:

- In-House Residential Care - St Ed's and Silverwood
- Leaving Care – Nelson Street and Hollowgate
- In-House Respite - Liberty House and Cherry Tree Manor
- Homelessness Provision - Rush House

2. Purpose and Objectives

The purpose of the project team is to oversee the progress of the review and ensure it remains on track. They will collectively deal with any issues or barriers and escalate any major concerns to DLT.

Lead Officers have been agreed and allocated to each service area and are

undertaking a desk top exercise with an objective of producing a service description to ensure that we have a clear picture of the 'as is' service provision.

3. Scope and role of the project team

The project team will review the 'as is' service and liaise with stakeholders, partners, service users, young people, workers and colleagues to gather their views and ideas for how our services work currently and how we should provide those services in the future.

At the end of the review period, a report of findings will be produced and presented to DLT.

The main scope of activity of the project group will include:

- To complete a desktop exercise of the 'as is service'
- To complete a series of quality assessment site visits with small multi-disciplinary teams
- To complete a 'Dragons Den' exercise utilising our young inspectors and young people
- To complete a series of challenge events to bring together a wide range of partners focusing on what we currently provide and what we should provide in future
- To gather views of community groups via a voluntary and community sector CYPS reference group
- To meet with the Youth Cabinet and LAC Committee, and sub-regional commissioning colleagues to ensure involvement and views are captured
- To benchmark against other authorities where possible

4. Membership

The project team is made up of the following roles:

- Interim Director, CYPS – Project Lead
- Homeless Provision Representative – Rush House, Target Housing, Action Housing
- LAC and Residential Head of Service
- Children's Disability Services Service Manager
- Interim LAC advisor
- CYPS Commissioning Representative
- Barnardos Representative
- Rotherham Parents Forum Representative
- CYPS Performance and Planning Representative – Project Support

- Young Inspector Coordinator
- Finance Representative
- Public Health Representative
- Housing, Asset Management and Neighbourhood Services Representative
- Service Manager for Care Leavers
- Voluntary and Community Sector Representative

5. Governance Arrangements

The project is led by the CYPS Interim Director. The final report will be presented to DLT and Commissioner Newsam.

All information and documentation is gathered at one central point by the Performance and Planning team representative.

Children and Young People's Services

Review of Residential Care, Leaving Care, Short Breaks, Homelessness Provision

Quality Assurance Assessment Template

The Quality Assurance Assessment Template is designed to capture information from the sites visited by the multidisciplinary review team. The template refers to 5 core research questions which is further developed within the template in relation to specific practical service questions. The Core questions are:

- **Why:** Why something is being done in a particular way and thought to bring about intended outcomes
- **How** – Knowing what should or has been done is not the same as doing it well
- **Who** – to invite and when each service will involve different partners and stakeholders
- **What works** – What specific actions bring about the desired outcomes with few unwanted consequences and how outcomes are measured
- **How much** – Even when an intervention has been proven to work, we need to know whether it represents good value for money and is cost effective and therefore likely to be sustainable over time.

The Department for Education's 'Guide to the Children's Homes Regulations including the quality standards September 2014 provides useful information to support the approach to the quality assessment site visits. The 2015 regulations include Quality

Standards which set out aspirational positive outcomes that homes are expected to be achieving for each child in their care and the underpinning requirements that homes must meet in order to achieve the overarching outcomes.

The principles for residential care are built upon important elements which underpin the regulations and the DFE guide and should be at the heart of the review for all services within scope and not just residential care.

The principles of residential care are:

- Children in Residential Care should be loved, happy, healthy, safe from harm and able to develop, thrive and fulfil their potential
- Residential Care should value and nurture each child and young person as an individual with talents, strengths and capabilities that can develop over time
- Residential Care should build positive relationships, establishing strong bonds with children and young people on the basis of jointly undertaking activities, shared daily life, domestic and non-domestic routines and establish boundaries of acceptable behaviour
- Residential Care should be ambitious, nurturing young people's school learning and out of school learning and ambitious for their future.
- Residential care should be attentive to need, attending to young people's emotional, mental and physical health needs, such as repairing earlier damage to self-esteem and supporting friendships.
- Residential care should be outward facing working with the wider system of professionals for each child, and with children and young people's families and communities of origin to sustain links and understand past problems.
- Residential care homes should have high expectations of staff as members of a team, as decision makers, as activity leaders and engaged in on-going learning about their role and the children, young people and families they work with.

- Residential care should provide a safe and accommodating environment in high quality building spaces that support nurture and privacy as well as common spaces to be active.

These principles should underpin all the values within the scope of the review and must drive your ambition levels when completing the on site visits.

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
|---------------------------------------|---|--|--|
| 1. The Child's/Young Person's Journey | <ul style="list-style-type: none"> - The child's/young person's wishes and feelings have been recognised and championed. - Outcomes | <ul style="list-style-type: none"> - Active consultation about key events - Conversations about key events - Conversations about their experience of family life - Engaging in a way that is appropriate to age and understanding - Views are taken into account and responded to | <p style="text-align: center;">Outstanding</p> <p style="text-align: center;">Good</p> <p style="text-align: center;">Requires Improvement</p> <p style="text-align: center;">Inadequate</p> <p><i>Outstanding – Strong consistent evidence in all elements</i></p> <p><i>Good – Evidence of all elements</i></p> <p><i>Requires Improvement – Evidence of most areas but there are some gaps</i></p> <p><i>Inadequate – No evidence</i></p> |

Comments:

| Area of Assessment | What are you looking for? | What did you find? | Judgement: |
|--------------------------------------|--|---------------------------|--|
| 2. Quality of Assessment/ Support | <ul style="list-style-type: none"> - Person is central - Privacy and confidentiality - Wellbeing - Complaints - Child protection procedures and training - Countering bullying and hate crimes - Missing procedures/actions | | <p style="text-align: center;">Outstanding</p> <p style="text-align: center;">Good</p> <p style="text-align: center;">Requires Improvement</p> <p style="text-align: center;">Inadequate</p> |

Comments:

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
|---------------------------|---|--------------------------------------|--|
| 3. Assessment of Location | <ul style="list-style-type: none"> - Close to local bus route - Close to local college etc - Established community | | <p style="text-align: center;">Outstanding</p> <p style="text-align: center;">Good</p> <p style="text-align: center;">Requires Improvement</p> <p style="text-align: center;">Inadequate</p> |

Comments:

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
|------------------------------|---|-------------------------------|---|
| 4. Leadership and Management | | | Outstanding Good Requires Improvement Inadequate |

Comments:

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
|--------------------|---|-------------------------------|---|
| 5. Innovations | | | Outstanding Good Requires Improvement Inadequate |

Comments:

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
|-------------------------|---|-------------------------------|---|
| 6. Advocacy/Information | | | Outstanding Good Requires Improvement Inadequate |

Comments:

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
|---------------------------|---|--------------------------------------|---|
| 7. Links with Education | | | Outstanding Good Requires Improvement Inadequate |

Comments:

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
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| 8. Links with Health | | | Outstanding Good Requires Improvement Inadequate |

Comments:

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
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| 9. Links with Training Opportunities | | | Outstanding Good Requires Improvement Inadequate |

Comments:

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
|----------------------------------|---|--------------------------------------|---|
| 10. Child's/Young Person's Voice | | | Outstanding Good Requires Improvement Inadequate |

Comments:

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
|---|---|--------------------------------------|--|
| 11. Environment, Location/Design and Size of Home – Bathroom and Working Facilities, Health and Safety (Risk Assessment), Security, office location | | | <p style="text-align: center;">Outstanding</p> <p style="text-align: center;">Good</p> <p style="text-align: center;">Requires Improvement</p> <p style="text-align: center;">Inadequate</p> |

Comments:

| Area of Assessment | What are you looking for? (Examples) | What did you find? (Examples) | Judgement: <i>Please circle one</i> |
|--|---|--------------------------------------|---|
| 12. Staffing – Support, Teamwork, Training, Supervision, Staffing levels, use of waking nights, turnover | | | Outstanding Good Requires Improvement Inadequate |

Comments:

Silverwood Service Improvement Plan



2016-02-02 Service
Improvement Action

Cherrytree Service Improvement Plan



2016-02-03 redacted
Service Improvement

Hollowgate Service Improvement Plan

Interim Service Manager – Janet Simon

Maxwell Muchenje

Christian Palfrey

Visits were undertaken to Nelson Street and Hollowgate as part of the review of Leaving Care Accommodation in December 2015. The Leaving Care Accommodation Service presented as a service with little direction and was described by a member staff who stated; “the unacceptable has become acceptable”. Staff group appears demoralised and lacking in confidence or motivation. Young people accessing this service are not receiving the standard of support that would be expected from a corporate parent. It appears that practice has been eroded over time to such an extent that it is now unacceptable. Young people do not appear to be engaged in their plans or in any structured activity within the setting which would prepare them for independence. Staff spoken to couldn’t articulate what the outcomes were that they were aiming for or who the service was aimed at and the level of need. A decision was made to close Nelson Street whilst the service is reviewed.

This plan describes and identifies key priorities for young people supported by the leaving care accommodation service and sets out how we intend to support young people in making the transition into living independently.

The Plan aims to:

Ensure all young people are in suitable and supported accommodation.

- Ensure that the leaving care accommodation provision is of high quality and supportive enabling care leavers to acquire the full range of life skills.
- Care leavers have the time and support they need to acquire the life skills that will enable them to live independently.
- Reinforce good practice, and ensure that any practice concerns are addressed
- Provide an outstanding service to young people that will prepare them for independence
- Establish rigorous and robust assessment approaches to ensure we are getting it right for every Young Person
- Improve achievements and outcomes of our Young People
- Improve the physical health, emotional wellbeing and development of Young People
- Maximise opportunities for Young People

| REQUIREMENT | ACTION [S] | Owner | Due by | Rag | Status |
|---|--|---------------|-----------------|---|--|
| <p>1. Policies and procedures</p> | <ul style="list-style-type: none"> • File opened with a set of up to date key policies and guidance • Staff to go through with support from management • Signature sheet to be completed by each staff member as confirmation of awareness and understanding of the key documents (to be retained on supervision file) | <p>██████</p> | <p>11/03/16</p> | <p style="background-color: green;"></p> | <ul style="list-style-type: none"> • Policy and Procedure files located in the office. • This file contains the current RMBC Safeguarding Children and Safeguarding Adults procedure • System in place to evidence that all staff have read and understood the procedures. |
| <p>2. Health and safety</p> <ul style="list-style-type: none"> • Staff team to take effective action whenever there is a serious concern about a young person's welfare. • Staff to report any concerns about a young person. • Staff to familiarise themselves with and follow safeguarding procedures • Assessment to be undertaken with the responsible team for each young person to identify if they are at risk of harm, taking into account | <ul style="list-style-type: none"> • Lone working guidance - Local guidance updated • Drugs & substance misuse - Handling issues of drugs and substance misuse by service user guidance introduced • Vetting of visitors - Business/professional Visitors log Book introduced – requires staff to confirm visitor ID • Improvements to vetting of Tenants visitors being explored – main focus is to ensure all visitors are appropriately registered with photo ID copy and contact details provided. • Missing from Home – Incident management protocol being improved – first change was introduction of Tenants | <p>██████</p> | <p>31/04/16</p> | <p style="background-color: yellow;"></p> | <ul style="list-style-type: none"> • Staff up to date and aware of need to complete Accident Reporting forms and Body Maps (where relevant) • Staff reminded that they should not go off duty without recording and reporting incidents, disclosure-allegations that would have occurred during their shift. • Team message book introduced • File audits completed – actions outstanding being progressed • Service User files brought up to date and maintained • All social workers/Personal Advisors are to complete CSE risk assessments and trigger indicators for their |

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| <p>information in the young person's plans, and if necessary, make arrangements to reduce the risk of any harm to the young person.</p> <ul style="list-style-type: none"> • Ensure that information for each young is up to date to assist in locating young people who are missing including favoured places and addresses are included in line with local protocol. • Child Sexual Exploitation risks assessed in a timely manner and are subject to regular review. • Any injuries to young people are fully investigated and assessed following safeguarding procedures. | <p>Daily Interaction Record which will improve visibility of absence.</p> <ul style="list-style-type: none"> • Service user Risk Assessments – the current form used from the referral teams is in-adequate and the risk Assessment review process is not timely. Agreement made with Personal Advisors that staff at Hollowgate can update these risk assessments immediately a major incident occurs or a new concern arises and email document to them for input and signature. • New internal risk Assessment form will be completed for all new service users. Gradually, all service users risk Assessments will be transferred to this new format. • The Personal Advisor risk Assessment form will remain as part of the referral information. • Existing guidance on what is an Incident and how to record incidents has been re-circulated to all staff. • Incident report form, Incident log book & | | | | <p>young people. These will inform and supplement the Accommodation's CSE risk assessments.</p> <ul style="list-style-type: none"> • Training on CSE is available on-line (all staff to complete). Evolve and Barnados to be invited to have workshops with team and young people. • Gaps exist in the quality of Support Plans and Risk Assessments – Management will provide on-going review of these documents and provide staff with guidance and training. • Support Plans and Risk Assessments – Management workshop scheduled for Team meeting of 20/04/2016. |
|--|--|--|--|--|---|

incident file introduced and now in use.

- New guidance on dealing with Disclosures-Allegations, report form, log book & file introduced and now in use.
- All young people's risk assessment and support plans to be reviewed **with** young people and Personal Advisors. Going forward, these will be reviewed each quarter or earlier if new support needs and/or risks have emerged.
- Young people's risk assessments will be discussed in individual staff supervision and in team meetings.
- All staff have been reminded that the young people's episode of going missing from the project will be recorded as incidents.
- Each young person's missing from home management plan has been updated with known individuals' details and historical information including favoured places and addresses associated with the young person when they go missing.

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| <p>3. Upkeep of property and grounds</p> | <p>Thorough clean-up of driveways, car park and paths completed.</p> <p>Skip ordered to have now removed discarded furniture and rubbish.</p> | <p>██████</p> | <p>29/02/16</p> | <p>█</p> | <p>Area is kept appropriately clean and tidy.</p> |
| <p>4. Service user engagement</p> | <p>More focus on service user consultation and involvement in how the service is provided and in quality assurance.</p> <p>1:1 meetings with management.</p> <p>Management attendance at service user consultation meetings</p> <p>Service users will be encouraged to appoint their representative who can represent them in advancing service improvement</p> <p>Weekly activities to include quiz nights, arts and crafts, cooking</p> <p>Snack and drinks provided during sessions</p> <p>Young Inspector to be invited to meet with young people using the Leaving Care</p> <p>Accommodation to seek feedback on their experience and views about any changes they want,</p> | <p>██████</p> | <p>31/03/16</p> | <p>█</p> | <p>Suggestions and feedback form and resource now available.</p> <p>TARA meetings now in place with a schedule of dates and an agenda.</p> <p>Young people asked to be represented at team meetings with managers.</p> <p>A young people's representative has been identified.</p> <p>Activity schedule up and running including crafts, baking and</p> <p>Invitations to partners that can provide support and advice.</p> <p>Service Improvement questionnaire with a suggestion that the names of those completing a questionnaire should be placed in a hat and the first name picked out received a £25 gift voucher.</p> <p>Example of peer challenge – the use of cannabis by some residents appropriately challenged by others.</p> <p>Communal space for young people to have private meetings and group meetings or have space away from their flats.</p> <p>Snacks and drinks available at sessions. Fruit is now provided in reception as a result of feedback from a young person.</p> |
| <p>5. Health promotion</p> | <p>Breakfast club introduced</p> <p>Fruit basket introduced</p> | <p>█</p> | <p>31/03/16</p> | <p>█</p> | <p>The breakfast club introduced and well received by young people.</p> |



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| | Cooking sessions increased | | | | Provision of fruit freely available. Cooking sessions is enabling the young people to have company while learning about keeping healthy and developing their independence skills. |
| 6. Health And Dental Care | Links to be developed with Health and Dental Care | ■ | 29/04/16 | | Links still to be developed with Health and Dental partners |
| 7. Staff Rota | Staff raised concerns regarding short breaks when transiting from night shifts to day shifts, as well as the fact that L2 staff work 3 weekends out of 4, and that the rota pattern makes it difficult for some staff to attend team Meetings etc – consultation with staff, senior management and tenants to be started March 2016 and to consider different rota options | ■ | 29/04/16 | | There is currently a review of staffing as there has been some changes due to other resources being closed. This will enable some flexibility in the service offer not just to young people in Hollowgate but those in Residential/ in their own tenancies and those in supported/dispersed accommodation. Alongside this review will be consideration of the current rota and its suitability for the needs of the service. |
| 8. ICT | Availability of computer/internet access for service users. More multi-media literature and resources will be provided. | ■ | 12/03/16 | | Wi-Fi infrastructure has now been installed at Hollowgate. Awaiting RMBC IT department to finalise the connection. |
| 9. Records management | Archiving of previous service user files at Nelson Street and Hollowgate prioritised – order placed with Records Management – awaiting delivery of archive boxes. | ■ | 12/03/16 | | All Nelson Street documents and Hollowgate ex-tenants documents have now been archived with RMBC Records Office. |

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| 10. Work and resource space at Hollowgate | <p>Area to be open for business</p> <p>Fitting and equipping allocated flat prioritised</p> <p>– Furniture and fittings sourced from Residential service closed homes – to be collected from 12/02/2016</p> | ██████ | 15/02/16 | | <p>The development of the resource space is completed and ready for use.</p> <p>This has been an improvement the service and welcomed by young people.</p> |
| 11. Staff support via supervision | <p>Structure now in place to ensure all staff receive adequate supervision - at a minimum of 1 session per month unless higher frequency identified as required.</p> <p>Deputy Manager will supervise Level 2 staff.</p> <p>Team Manager will supervise Deputy Manager and the 3 Level 3 staff</p> <p>Supervision matrix to be put in place</p> | ██████ | 12/03/16 | | <p>All staff supervised in February and March. April supervisions progressing.</p> <p>Staff supervision folders updated with all available supervision notes.</p> <p>Supervision matrix is in place and will be monitored by the Service Manager</p> <p>Most staff members have now completed their profiles which will be used to identify areas for development and in the Learning Log to be provided to all staff members which will be reviewed and discussed in supervision.</p> |
| 12. Partnership working and professional resources for service users | <p>Updating our partner resource list.</p> <p>Inviting partners for regular scheduled drop in visits to the service to support staff and service users.</p> <p>To start seeking partners feed-back on quality of our interaction and response to them</p> | ██████ | 31/03/16 | | <p>There is evidence that staff are moving towards a more inclusive process of working.</p> <p>Staff have visited team meeting and management meetings in leaving care team.</p> <p>Professionals are being invited to TARA meetings and activity sessions in order to develop a more trusting relationship</p> |

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| | | | | | between young people and professionals they may have to work with in the future. Personal advisors are more visible within Hollowgate. |
| 13. Development of a more supportive, enabling and empowering support approach to working with service user that promotes development of life and independent living skills | Support should be provided in accordance with the service users support Plan and weekly key-working session plans. | ██████ | On-going | | Plans have been reviewed and there is an improvement. On-going reviewing of support plans and including young people and professionals in the process. Change of use of one of the rooms to a communal space/resource. Support plans are 6 weeks, 3mths then 6mths No emergency placements to be accepted. Referral process via 16 + accommodation panel being reviewed. A system to be linked to moving on rather than after the young person is placed. PACE model of working with and supporting young people was delivered by the RMBC in Team meeting. Second monthly team meeting introduced as a platform for reflective practice and training. |
| 14. HR Compliance – Evidence that all staff have a current DBS which is satisfactory as per Rotherham’s procedures updated every | Report is being run by HR to confirm compliance for each member of staff. | | | | Report run by HR – Matrix being developed and any missing documents requested to ensure compliance All staff now have in-date DBS checks |

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| three years | | | | | |
| 15. Recruitment of a deputy manager to the Leaving Care Accommodation Team | Interim Deputy Manager recruited | ■ | 05/02/16 | | Permanent Recruitment to be prioritised. |
| 16. Training Matrix for staff which flags when mandatory training is required | Completed | ■ | 29/2/16 | | Completed Training Matrix is being updated as staff complete training. |
| 17. Individual and up to date Training record for each member of staff to be placed in supervision folder and supervision to evidence that gaps / training needs are identified | To be addressed as part of supervision | ■ | 31/03/16 | | To be evidenced in supervision folders. Target not met. Staff reminded of need to complete refresher on-line training modules. More time is being made available to staff to complete modules. A number of face-to-face training has been received by staff to date and a number are booked on forthcoming training. |
| 18. TOIL procedure to be put in place and monitored effectively | TOIL procedure to be rolled out and staff made aware of how this will be managed going forward | ■ | 29/02/16 | | LR has agreed to provide the link to the appropriate TOIL procedure Local procedure to be put in place |
| 19. Service User files should be peer audited for quality at least 3 monthly | Matrix for this needs to be developed | ■ | 15/03/16 | | All files have been audited by QA but a Matrix for this needs to be developed going forward to ensure that the files for the leaving care accommodation service are appropriate. |

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| <p>20. Management meetings between Leaving Care and Leaving Care Accommodation</p> | <p>Regular fortnightly meetings between Leaving Care Managers to share information about young people of concern and to ensure a joined up service.</p> | <p>■</p> | <p>15/02/16</p> | <p>■</p> | <p>Meetings taking place</p> |
| <p>21. Promoting engagement with young people and improved support</p> | <p>The move-in induction process will be enhanced to ensure all necessary documentation is available before young person takes residence.</p> <p>Expectations to engage will be highlighted and emphasised to the young people as part of the induction.</p> <p>The tenancy agreement and recommendation process for young people to bid for own homes is to be reviewed to strengthen young people's engagement</p> <p>Reward/incentive scheme being explored to reward positive engagement.</p> <p>Key-work/Support Plan meeting planner introduced</p> <p>Tenants activities planner introduced</p> <p>Tenants consultation meetings to be held monthly</p> <p>Management to consult each tenant individually in the month of February to have</p> | <p>■</p> | <p>30/05/16</p> | <p>■</p> | <p>PACE (playfulness, Accepting, Curiosity, Empathy) training was completed on 23/02/2016</p> <p>Review of Service to include developing and building on the engagement and support of young people and introduction of an induction pack and process.</p> |

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|---|--|---|-------------------|--|--|
| | their assessment of service provided and how service could be improved. | | | | |
| 22. Review of Statement of Purpose and role of the team | Review with relevant services the 16 + accommodation service and the offer to young people. Plan to be reviewed and redrafted to take into account any changes/improvement to the service. | | April 2016 | | In progress |
| 23. Review of Statement of purpose of 16+ accommodation panel and referral process | Rewriting of the statement of purpose of the 16+ accommodation panel to ensure representation at the right level and from the appropriate services to ensure timely and appropriate plans for young people and to provide solutions and appropriate challenge. |  | April 2016 | | In progress. |
| 24. Review of the roles of Level 3 and Level 2 staff | To be completed as part of the review of the Leaving Care Accommodation Team and |  | April 2016 | | Service Manager progressing discussions and review. |

| | | | | | |
|--|---|---|-----------------|--|---|
| | discussions with HR about terms and conditions for staff within Leaving Care and Leaving Care Accommodation who are currently subject to Action for Children Terms and Conditions | | | | |
| 25. Discussion with HR around bringing all members of staff within terms and conditions of RMBC | Work to be completed with HR | █ | 05/03/16 | | Service Manager has had initial discussion and is progressing the review. |

Dragons Den Challenge Event LAC/Leaving Care Review

1. Introduction and background

As part of Rotherham Council's review of Looked after Children & Leaving Care service, an event was held on Monday 18th January 2016.

A panel of young people was convened with representative from Young Inspectors, LAC Council and Youth Cabinet. A member of Health Ambassadors was also invited, but unfortunately due to unforeseen circumstances was unable to attend. The panel would be asking attendees a series of questions and then based on their responses; the panel would invest a sum of money to each service provider.

Providers were invited to from
Homelessness Provision

- Rush House
- Action for Housing
- YWCA (Fleming Gardens)

Leaving Care Provision

- Hollowgate

Short Breaks Provision

- Liberty House
- Cherry Tree

These providers were each invited to nominate a manager, front-line worker and service user to attend this event.

Young Inspector Coordinator put together a series of 6 questions that each of those attending would be asked on an individual basis, these was approved by senior manager.

2. Questions

Managers & Front Line Workers

1. Do young people using your service have a voice?
2. Are young people using your service actively listened to?
3. Do you take into account what the young people want or need?
4. Are young people using your service safe?
5. How do you know they are safe?
6. Do the young people know who to contact in case of an emergency or in danger?

Service Users

1. Do you feel you have a voice?
2. Do you feel you are actively listened to?

3. Do managers/front-line workers take into account what you want or need?
4. Do you feel safe?
5. How do you know that you are kept safe?
6. Do you know who to contact in case of an emergency or in danger?

3. Responses to Questions

YWCA (Fleming Gardens)

Manager

1. Confident that young people definitely have a voice, listening to young people about where they would like to live and about their education. This is followed through their pathway of services with YWCA (Fleming Gardens).
2. Residents meetings, suggestion boxes, inspection of properties and discuss with young people their properties e.g. a young person requested a ramp to their property, this was put in place. Monthly meetings are also held with residents.
3. Support planning is done with young people and listening about their interests. Guidance is offered about what young people want or need.
4. As safe as any young person can be. Risk assessments are carried out. Young people are given information on how to keep safe and they are allocated a key worker, but a young person can speak with any member of staff.
5. Feedback on risk assessments are reviewed every 3 months. Ensure young people have information where to get outside support.
6. Residents have a handbook with information about what to do in a time of emergency and emergency contact numbers.

Front-line Worker

1. Yes, young people have a voice – it is captured during assessment and helps workers to identify what to focus on, because different young people want different things.
2. Definitely, direct work taking young people to places they have asked to go to. Young people ask about certain activities/tasks and if these are assessed as suitable but there is reluctance from parents/family, staff from our service will act as an advocate.
3. It is sometimes difficult balancing what they want and what they need. You have to be respectful to the young person. Example – a young person wanting to try drugs, but work needed with young person and family around drug misuse – in circumstances like this education is key.
4. As safe as can be, it is about working with individual young people and it can be complicated in particular around subjects such as abuse.
5. Hardest part of the job, knowing they are safe – it is about building a relationship of trust and understanding why they do certain things. Some

- strict guidelines need to be in place. It sometimes helps to listen to conversations of groups of young people and observe body language
6. Having somewhere like My Place where young people can attend and see information about safety. It is about building relationship/partnerships with schools, police and other services in Rotherham to keep children and young people safe. Need to make sure young people have the confidence to contact the police

Service User

Young person -

1. Felt she had a voice and she can go to the office if she wants to put forward her voice and say what is on her mind. Workers accessible when office is open. Opening times of office is 9:30 to 5:30 – not 24/7.
2. Felt her voice is actively listened to – she knows where to go if needs to make a complaint and would know that she would be listened to and get a response. Has all the information about complaints procedure.
3. Felt her needs were listened to and staff always there to support her and when says what she wants, is usually satisfied with things that happen.
4. Feels very safe, there are CCTV cameras throughout the estate.
5. Has always felt safe, been to Fleming Gardens twice and would not have returned if she hadn't felt safe.
6. Knows to ring police and which members of staff to contact if an emergency came up.

Rush House

Manager from Rush House not able to attend, but front-line worker did offer to try and respond to manager questions. It was explained they are the exact same questions.

Front-line Worker

1. Yes, they have suggestions box and suggestions can be put forward at any part of their journey being supported by Rush House.
Young people are given regular questionnaires – feedback forms on moving in, interim and moving out. Regular residents meetings. Open door policy of manager of this service.
2. Yes they are actively listened to, but cannot wave a magic wand and give them everything they want. If issues can be resolved the aim is to do so.
3. Listen to suggestions, house meetings – all issues are not resolved, but will work with young people to help have their needs met, but cannot always deliver what they want. Staff will listen if a young person is not happy with their living arrangements.
4. Relatively safe, in a certain extent they are safe in particular if they are living in Rush House, if dispersed in community not as much so. Assist and guide

young people, so they do not take risks. The main issue is young people putting themselves at risk.

5. Boundaries are set for young people living in Rush House; there is a tolerance policy against violence and an anti-bullying policy. Outside of Rush House it is not always easy to say whether young people are safe.
6. Service is open 24/7, always a member of staff available. Young people are given all relevant numbers i.e. mental health crisis team, police and other emergency service numbers.

Service User

2 Young People

1. Felt they had a voice, every resident gets together in activity room and discuss things, this is how we get to have a say about what we want from Rush House.
2. Felt their voice is taken in account and staff do what they can for them.
3. Yes – Example given – 1 of the young people in attendance said she was pregnant and had family issues – Rush House have found her a place to live, taken her to GP appointments and obtained the medication needed – felt that you only had to knock on staff door and they would try to help.
4. Yes definitely feel safe, it is the safest place I have been. Staff are there 24/7.
5. They have rules and if you don't follow them you get a warning. There are lots of cameras around the building.
6. Felt that you can go to staff and they listen to you – they help you in time of emergency, would help you to contact the police or any other service that deemed the right service to chat with.

Hollowgate

Manager

1. Their voice is not heard enough, this service needs to involve young people more. Service will be reviewed and it is planned to have young people involved in that review to find out how they feel and have input into what they would like their home to look like and help develop policies to support this. It will be a better service, if young people are involved
2. They try and make sure young people have a say through some meetings and consultations, but improvements are needed. Manager would like to introduce more meetings – TARA meetings, Visioning Days – those that use the service and those that have used it in the past should help shape the service.
3. Yes, but there is room for improvement, the manager is not convinced the service does exactly what it should. Sometimes what the young person wants is not the best thing for them, it is about getting the right balance, young people using this service need more support. Corporate parents should become responsible parents.

4. Yes, relatively safe, there is a system in place to monitor who is in and out of the home. Manager would like to introduce some group work on key safety issues and listen to young people with experience of safety issues.
5. Risk assessments, are updated regularly. Pathway and support plans need to be kept up-to-date. Need to listen more to young people and ask them do they feel safe and what improvements could be made to make them feel safer.
6. All young people using this service have contact details for Emergency Duty Team (EDT), key workers and other numbers to contact for out of hours services.

Front-line Worker

1. Yes, but we need to make capturing the voice of young people more integral into everything we do, there is room for improvement
2. Yes, staff listen to young people and pass on what they say but we do not achieve everything they want.
3. Yes, this is something that is ongoing and is dependent on each young person, we cannot deliver everything, and every child is looked at individually.
4. Young people are safe, staff are available 24/7 and some are based at the office at the entrance of the building.
5. Monitoring is in place to capture which residents in or out of the building; visitors to the building and registration of cars visiting the building are taken. Policy in place, nobody over 21 years with the exception of family visiting the building.
6. Yes, young people have mobile contact and landline for the building, there should be no occasion when they cannot contact a member of staff.

Service User

Young Person

1. Felt they did have a voice, but prefers to keep themselves to themselves
2. Felt they could ask for things and talk to staff if needed
3. Can sit with staff and talk
4. Felt safe
5. Felt safe because doors have codes and are locked at all times
6. Have staff numbers and would always let staff know if there was an emergency

Liberty House

Manager

1. Yes – they get to express their opinions in weekly meetings. Young people are asked to contribute on all aspects of their short-break i.e. activities, food choices and menu planning.
2. Young person having concerns can raise these with senior staff.

Make sure that young people with a disability have the appropriate tools to have their voice heard – i.e. Makaton, symbols and all staff receive training in different forms of communication.

3. After decision at short-break panel for a young person to attend our service, meetings are held to including young person to match young person to activities and take into account what they like to do. Young people and their families are invited for tea visits to help young person become familiar with surroundings.
4. Yes – stringent safeguarding policy in place. Building has fingerprint scanning to get in and out of the building, so a young person would not be able to leave without a member of staff. All staff trained re safeguarding. Regular up-dates with police to discuss any potential hot-spot areas to avoid taking young people to risk areas.
5. All (26) staff DBS checked. Service has Reg 44 checks. Ofsted inspect to make sure safeguarding is in place for young people. Cameras are strategically positioned throughout the building. No child has ever gone missing.
6. Each young person allocated a 1 to 1 worker. Risk assessments are carried out and each young person has a travel file. Regularly review policies and procedures around safety. Young people receive fire escape procedure training.

Front-line Worker

1. Yes – residents meet weekly. There is a suggestion/feedback box and a complaints/ compliments box. Staff work directly with young people and capture their wishes and feelings.
2. Young people are listened to and communication is adapted to meet the needs of the young person i.e. Makaton. Verbal and body language is also observed.
3. Try to accommodate requests for particular activities, these are discussed as a group and reach agreement with all young people, taking into account logistics such as transport.
4. The building is very safe, young people cannot leave without a member of staff. Staff follow safeguarding and dignity policies. All work with young people recorded and all staff have received safeguarding training.
5. We know all young people are physically safe, staff follow care plans and outcomes of risk assessments. Young people are not able to manage their own risks; they need staff to support them.
6. When a young person is having their short-break it is the responsibility of staff to keep them safe. If they are out of the building, a travel file it put together to manage all situations of an emergency.

Service User

1. Yes I have a voice

2. Yes I feel listened to
3. Yes what I want is taken into account
4. Yes I feel safe
5. Staff look after me
6. I am not sure but there is always a member of staff with me

Young person brought along a sheet with the questions and written response as well as attending in person.

Cherry Tree

Manager

1. Yes – we have toolkits that we use. It is about working around each individual young person and having a team to support. Young people have 1 to 1 discussions where they can raise issues.
2. Young people have Independent Reviewing Officers and advocates from Rights-to-Rights and Orchard Stars that they can discuss matters with. Reg 44 monthly visits, look for evidence to make sure that the young person is being listened to. Ofsted inspections look for this evidence also.
3. Young people are actively involved in their own care – topics discussed e.g. menu planning, ideas for activities. Discussions take place with key workers and at residents meetings.
4. Yes, would like to think they are safe. Fingerprint access system in place. Monthly safety checks take place. Risk assessments are carried out. Environmental risk assessments also carried out, working closely with police to know areas to avoid when taking young people out for activities.
5. Risk assessments determine levels of risk and what steps need to take place to help keep a young person safe. Never had a young child go missing.
6. Young person would find a member of staff, they all know who their key worker is and who their advocate from Rights-to-Rights. Information shared on police and fire escape procedures.

Front-line Worker

1. Yes, young people involved in various meetings including residents meetings and young people can speak with any member of staff
2. During LAC Reviews, young people have opportunity to discuss things important to them. They have opportunity to say what they would like to do and we try to accommodate and support their wishes and build this into a weekly routine. Adaptations are made to have discussions with young people in their preferred communication i.e. Makaton.
3. Try and put the needs of young people first, wherever possible and include their families in discussions.
4. We have a safe building with the fingerprint system. Night time buzzer system on doors. Staff on site 24/7.
5. We know young people feel safe, in the way they express themselves and we

listen to them family.

6. Young people would always communicate with a member of staff and all staff know of each individual child's disability and communication needs – issues are discussed with social worker.

Service User

Young Person

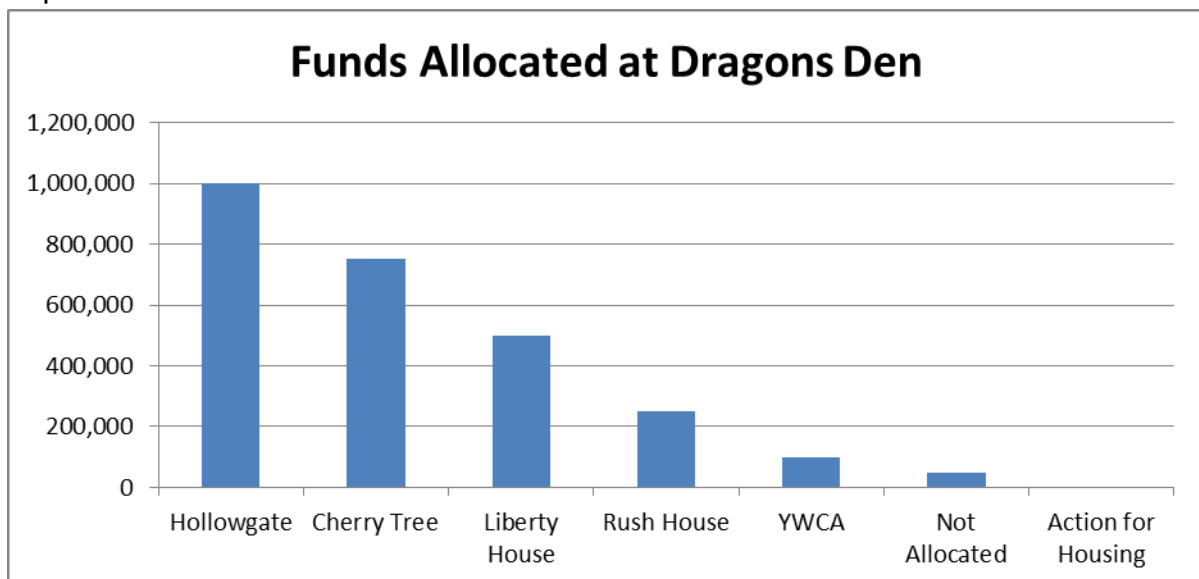
1. Yes I have a voice
2. Yes I feel listened to
3. Yes what I want is taken into account
4. Yes I feel safe
5. I am safe
6. I contact staff

Action for Housing did not attend the event

Manager from Rush House was not available to attend the event

4. Conclusion

On conclusion from the event, the panel of young people were asked to see who they would invest their 'dragons den' money. They had 6 sums of money to allocate to providers. This was their choice



Reasons for their choices

- Hollowgate recognised they need to improve, and the manager discussed some ideas for improvement that involved young people. Front-line worker also recognised in some areas there are areas for improvement; they did not try and paint a rosy picture, the panel felt they deserved the most money.
- Cherry Tree & Liberty House were both very close and managers and front-line workers were both very confident they listen to their young people and take all their needs into account and keep them safe. They chose Cherry

Tree to come 2nd above Liberty House, because Cherry Tree spoke more about other partners being involved i.e. advocates from Rights-to-Rights, social care with independent reviewing officers and police.

- Rush House did not have management representation, but two young service users were both confident that Rush House did the best for them.
- YWCA was behind Rush House for the main reason that the young service user said that staff only available during office hours 9:30 to 5:30 and not 24/7 like all other services.
- The final sum of money was not allocated
- Action for Housing was not given any funds, because they did not send any representative to the event.

Services users from all providers, responded positively to all questions and felt they were having their voice heard, their wants and needs looked at and are helped to stay safe. They did not make any negative comments about the service they use.

Services talked about having the tools in place to capture voices i.e., suggestion/compliments/complaints boxes but there was limited examples of outcomes being achieved as a result of a young person putting their opinions forward.

With the exception of Hollowgate, no other service talked about making any improvements.

Liberty House, in response to the question about taking into account what young people want or need, said they talked to young people individually, but then discussed requests with all service users to see if there is any common ground for young people to do things together. Hollowgate, in response to same question said they talked to individuals and aimed to meet individual needs; they maybe could possibly learn from Liberty and have group discussions, which the manager did put forward as one of the improvements they would like to introduce.

There were some concerns around the responses to the safety questions – Rush House said they felt confident that young people living at Rush House were safe, but young people supported by Rush House dispersed in communities they have issues with young people putting themselves at risk, and they could not be confident that these young people are safe. Also YWCA said knowing that young people are safe is the hardest part, and do feel sometimes young people put themselves at risk and they learn from this by trying to understand the reasons why young people do this.

5. Thank You

Special thanks with this event

██████████ Young Inspector Coordinator

██████ Active member of Youth Cabinet

██████████ Active member of LAC Council

██████████ Young Inspector

Benchmarking of LAC & Leaving Care Services

2. Introduction and background

As part of Rotherham Council's review of Looked after Children & Leaving Care service, benchmarking was undertaken with other local authorities to find out how other local authorities deliver their residential service and services to support looked after children and those leaving care. A total of 6 local authorities were identified as contacts. After identifying an appropriate contact person for looked after children each person was sent a request to share appropriate documents and asked questions about their service and processes.

The website of each local authority was researched to identify relevant information that was accessible on-line

These findings are based on the following authorities:

1. Derbyshire
2. Northamptonshire
3. Rochdale
4. Sheffield
5. Middlesbrough
6. Doncaster

One of the local authorities Doncaster Children's Services is no longer delivered by the council. Their services are delivered by Doncaster Children's Services Trust. Information on Doncaster services was obtained from their website. My contact made to Middlesbrough, coincided with the day that Ofsted announced they would be carrying out a Single Inspection Framework inspection at Middlesbrough, therefore the information also for Middlesbrough has been obtained from their website.

After researching 'Edge of Care' which has been identified as an innovative service to support looked after children, 2 local authorities were identified as implementing this service, these are Coventry and Birmingham.

2. Profiles of Looked After Children

Rotherham currently has 426 looked after children (11.1.16) compared to 390 at time of Ofsted inspection September 2014 an increase of 8.5%. Rotherham reported December 2015 they had 204 Care Leavers

Northamptonshire has 926 looked after children (January 2016) this is an 11% increase from 2014. Northamptonshire currently has just over 300 Care Leavers.

Rochdale reports that at any one time they average 540 children in care

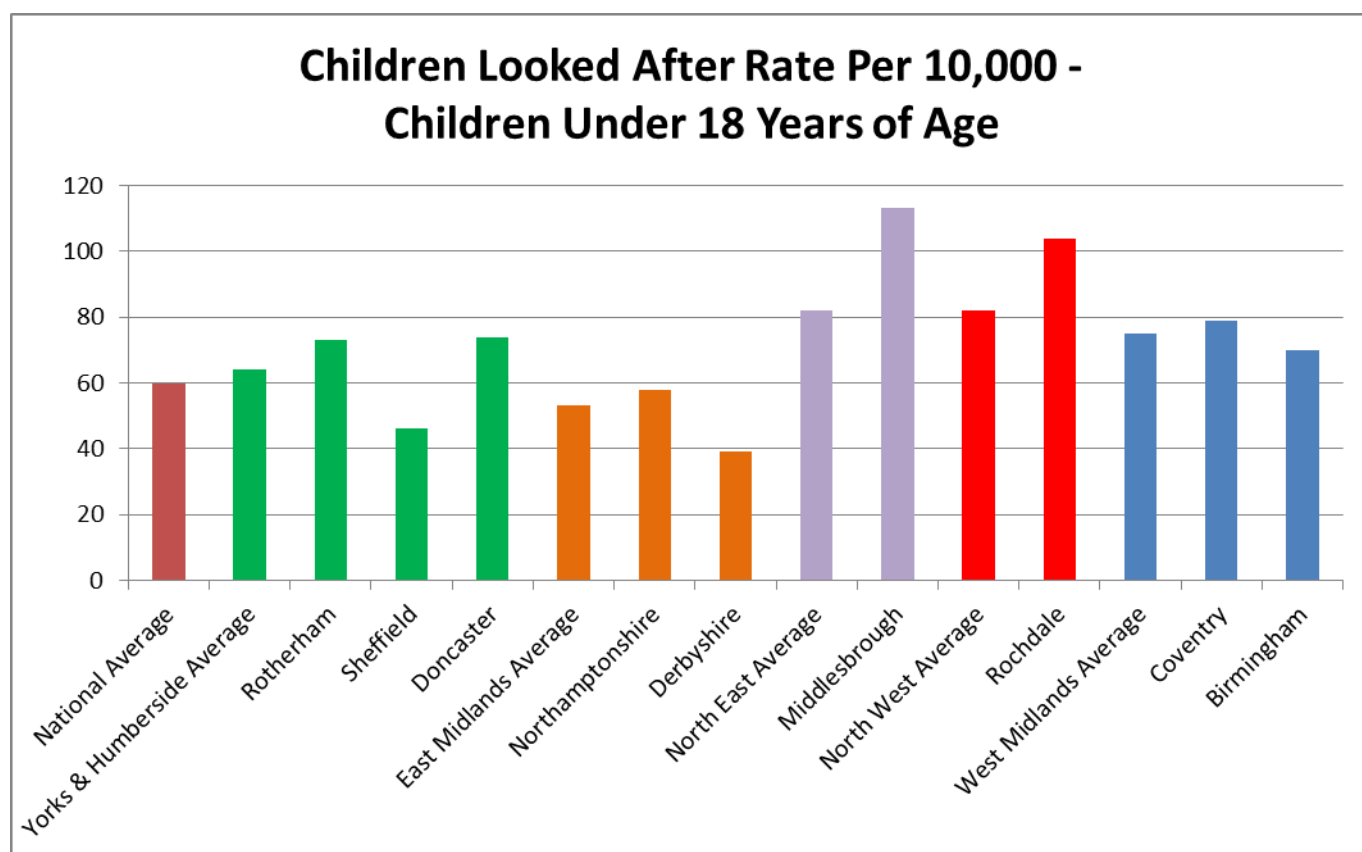
Sheffield currently has 515 looked after children (January 2016), this is a small reduction from 526 in January 2015. Sheffield has 300 Care Leavers

Derbyshire reported in October 2015 they had 629 looked after children, this is an increase from March 2015 (608), but a decrease from March 2012 when it peaked at 700.

Middlesbrough reported in February 2015 they had 377 looked after children

No information on current number of looked after children or care leavers were obtained from Doncaster.

The chart below shows the rate of children looked after per 10,000 for each of the local authorities researched and their regional average.



3. Requests – for Relevant Documents

Each local authority was asked if they could share with us any relevant documents regarding looked after children and leaving care services.

Information was either sent via email from other local authorities or information found on their website, these are saved in benchmarking evidence folder

- Northamptonshire
 - Coming into Care Guide
 - Corporate Parenting Strategy 2015/2017
 - My Life, My Way Toolkit
 - Annual Report – Promoting Health & Wellbeing of Children in Care 2014/2015
- Rochdale
 - Corporate Parenting Strategy 2015/2017
 - Care Leavers Offer July 2015
- Sheffield
 - Corporate Parenting Strategy 2015/2017
 - Independent Reviewing Service Annual Report 2014/2015
- Derbyshire
 - Sufficiency Strategy
 - Children in Care & Care Leavers Strategy & Improvement Programme 2013/2015

No documents obtained from Middlesbrough or Doncaster

4. Questions

Q1. Within your local authority is residential provision for looked after children, provided in-house/external or a mixture of both?

Northamptonshire have 4 residential homes which are in-house and after Ofsted inspections in 2015 these are all rated good. This provides the majority of residential provisions; external provision is sought if and when required.

Sheffield has 5 in-house residential homes that offer 24 placements. After Ofsted inspections in 2015 they have 3 rated good and 2 rated requires improvement. External provision for Sheffield comes through the White Rose consortium which they use as and when external provision is needed.

Sheffield are in the final stage of reviewing residential service provision and they are reviewing the option to make one of their residential services an emergency provision.

Service to support Care Leavers has been brought back in-house after reviewing the services under the Belongings Agenda.

Derbyshire County Council is the main provider and has no plans at present to change for their fostering and residential placements for children in care.

Derbyshire's children residential homes are currently rated 1 Outstanding, 2 Good, 1 Requires Improvement (with element of good) 1 Requires Improvement by Ofsted

They have closed their emergency/short term residential unit as they could not see that this service was leading to positive outcomes for children.

Middlesbrough residential care was brought back in control of the council in 2014. It had been previous to this contracted to Fiver Rivers Child Care Ltd.

Middlesbrough in-house children's homes have varied inspection outcomes from Ofsted, from inspections in 2015, one home rated inadequate; one requires improvement and one outstanding.

No information was obtained from Doncaster or Rochdale.

Q2. Does your local authority have any specialised in-house service to support looked after children or children at risk of becoming looked after i.e. Edge of Care Service or Transition Assessment Centre

Northamptonshire - although this is not a provision to prevent children and young people coming into care, Northamptonshire have introduced a service to try and provide consistency for young people coming up to care leavers' age.

They are offering incentives to Foster Carers to deliver 'floating support' for young people coming up to care leavers age, to give continuity with the relationship and for young people to be supported with moving to independence from the Foster Carers that they have been living with.

Sheffield's Edge of Care provision and processes are currently under review.

They have effective Early Intervention procedures in place, which contributes to their figures on children being in care, being a lower % per population than other local authorities.

Derbyshire In 2015 they set up 2 Preventing Family Breakdown Teams - largely using Innovations Funding with 4 other Local Authorities and Morning Lane Associates. Process and procedures set up to support this can be found at - <http://derbyshirecaya.proceduresonline.com>

Derbyshire are working with Impower (until March 2016) to increase their in-house fostering capacity and thus enable less residential and IFA use – it's starting to make a difference

Doncaster Trust, have teams which provide intensive family support.

The prime purpose and function of the Intensive Prevention Team is to reduce the numbers of Children in Care within Doncaster. Support is provided to families in crisis or if there is a risk of family breakdown.

No information was obtained from Middlesbrough or Rochdale

Two local authorities that I researched and found they do have Edge of Care teams are Coventry and Birmingham.

Coventry - Edge of Care Service

Support for young people age 11 to 18 years

Aim - To prevent and reduce number of children and young people coming to care by managing risks associated with maintaining young people within families and communities in Coventry.

Procedures can found -

http://coventrychildcare.proceduresonline.com/chapters/p_edge_care_interv_serv.html

Birmingham - Edge of Care Service

Introduced June 2015

Aim - To safely prevent and reduce the number of children and young people entering care in Birmingham

Introduced evidence based crisis intervention model

Supporting young people age 11 to 18 years and their families, supporting them for a period of 4 to 12 weeks.

Information can be found –

<http://www.communitycare.co.uk/2015/06/09/birmingham-new-service-deliver-change-edge-care/>

Q3. Does your local authority have any innovative services, regarding provision for LAC/Care Leavers? Has anything new been developed that you could share

Northamptonshire have developed a number of documents, developed a new service and made pathway planning interactive to support looked after children and care leavers

- Coming into Care Guide - supported with the putting this document together, Northamptonshire Children in Care and Voice of Young People in Care Group.

- Pathway Plans - Interactive document
- Leaving Care Guide - includes financial policy information; joint housing protocol
- Northamptonshire has a provision of a 'hub' which is specifically for Care Leavers and Looked After Children and is co-located with Children's Rights Team - On offer is - Daily Living Programme, Breakfast Club, Trainer Kitchen, Duty Service - No sleeping arrangements on offer at this 'hub'. This service opened October 2015
- Northamptonshire have both Looked after Children Council and Leaving Care Council.

Sheffield has a number of opportunities for looked after children and care leavers to have their voice heard.

- Executive Director for Children, Young People and Families has an 'open door' for all care experienced children and young people. Offering them an opportunity to have their voice heard.
Monthly sessions held 4 pm to 6 pm first Thursday of each month - this is reported to be used regularly by children in care and care leavers
- Sheffield has a LAC Council and Care Leavers Council. Both these councils have regular interaction with Corporate Parenting Panel, Panel members (councillors) visit every 6 months and members of councils are encouraged to attend panel meetings when there is appropriate and relevant information for sharing.

Derbyshire after closing their emergency/short term residential unit, they established for crisis response a small community based flexible outreach team – they are now reporting that this is making a real difference.

Doncaster Children's Services Trust delivers a specific 18+ Service

- The 18+ Service is a dedicated service for young people who have left the care of Doncaster Children's Services Trust (or formerly the local authority), and meet the definition of being a 'care leaver'.

No information was obtained from Middlesbrough or Rochdale

5. Future Plans

A number of authorities are reviewing some of their services for looked after children and care leavers.

Northamptonshire

To assist care leavers with supported living – there is currently a tender process in progress to identify a provider to give support to young people in the accommodation which is made up of 21 flats which has been developed as suitable accommodation for use of care leavers in Northamptonshire.

Sheffield

Are reviewing residential services and they are reviewing the option to make one of their residential services an emergency provision.

Derbyshire

Derbyshire are researching whether they should establish/re-designate some residential provision to be 'therapeutic' as they judge they can do it better and cheaper, for many (not all), early days in their needs assessment but may include something for those with autism and not severe learning difficulties and/or other therapeutic

Also under review in Derbyshire is their emergency foster carer scheme

6. Conclusion

There are two local authorities out of the ones benchmarked who are achieving a rate below national average for the rate of looked after children per 10,000, these are Sheffield and Derbyshire. Both of these authorities reported that they either had specialist teams in place to support edge of care or they had effective early intervention procedures in place.

There are three local authorities whose statistics show they are below their regional average, Sheffield, Derbyshire and Birmingham. Birmingham also has a team in place to support edge of care.

Northamptonshire has 4 residential homes for looked after children all have been Ofsted inspected and rated good

Derbyshire has one home that has been inspected and rated outstanding by Ofsted