

Rotherham

Local Safeguarding Children Board

Annual Report

2015 - 2016

Table of Contents

1. Foreword by the Independent Chair	4
2. Local background and context	6
<i>Rotherham – demographic profile</i>	6
<i>What do children and young people think about living in Rotherham in 2015 –2016?</i>	10
3. The statutory role of Local Safeguarding Children Boards	11
4. Governance and accountability arrangements	13
<i>Local partnership and accountability arrangements</i>	13
<i>Financial arrangements</i>	14
5. Effectiveness of arrangements to keep children in Rotherham safe	16
<i>Early Help Services</i>	16
<i>Contacts and Referrals</i>	16
<i>Children’s Assessments</i>	19
<i>Section 47 Enquiries</i>	20
<i>Children in Need</i>	21
<i>Children on Child Protection Plans</i>	22
<i>Looked After Children</i>	23
<i>Looked After Children - Placement Stability</i>	24
<i>Looked After Children - Reviews and Visits</i>	25
<i>Looked After Children – Health & Dental Care</i>	26
<i>Children in specific circumstances</i>	27
Child Sexual Exploitation	27
Domestic Abuse	29
Children missing from care or home	31
6. Learning and Improvement	34
<i>Performance Management Framework</i>	34
<i>Quality Assurance, Audits and Case Reviews</i>	35
<i>Outcomes and impact of Audits and Case Reviews</i>	37
<i>Section 11 Audit for statutory agencies</i>	39
<i>Child Death Overview Panel</i>	40
<i>Multi-Agency Safeguarding Learning and Development</i>	43
<i>Safeguarding children policies and procedures</i>	45
7. Managing Allegations against staff, volunteers and foster carers	48
8. Conclusion and recommendations for future priorities	52

<i>Governance and accountability</i>	52
<i>Community engagement and the voice of children</i>	52
<i>Scrutinising front-line practice</i>	52
<i>Children in specific circumstances</i>	52
9. Appendices	53
<i>Appendix 1 – Board Member attendance 2015-16</i>	53
<i>Appendix 2 – Financial Statement 2015-16</i>	54
<i>Appendix 3: Glossary</i>	55
<i>Contact details</i>	56

1. Foreword by the Independent Chair

Welcome to the Rotherham Local Safeguarding Children's Board (RLSCB) Annual Report for 2015-16. I took over as Independent Chair in November 2015 and was therefore been in post for the last five months of the year covered by this report. Prior to that Stephen Ashley had chaired the Board until September 2015 and I would like to acknowledge his work in leading the Board during a very challenging period.

I would like to thank everyone across all agencies in Rotherham for the warm welcome and support I have received as independent chair. I have been impressed by the commitment to safeguarding children expressed by the leaders in the borough and by the energy directed towards improving safeguarding practice.

It is important to set the context for the year that this report covers. An Improvement Board was in place as a result of the direction to improve issued to Rotherham in October 2014. This was chaired by the Commissioner for Social Care, who worked with the Strategic Director for Children's Services in driving the necessary improvements. Following the Casey Report, commissioners had been appointed (February 2015) to take over the responsibilities of elected members across the council and as a consequence of these changes, most of Rotherham's boards and committees were reconstituted or ceased to exist. The Rotherham Local Safeguarding Children Board therefore needed to identify its role in relation to the Improvement Board and to build relationships and protocols with newly emerging structures. In addition to these changes there was a complete restructure of the senior leadership of the council and many staffing changes at other levels. All of this change took place under significant national scrutiny.

The purpose of this report is to set out the work of RLSCB for 2015-16 in co-ordinating and ensuring the effectiveness of partner activity in safeguarding children in the borough and how its functions have improved since the Ofsted inspection of 2014 that had found the RLSCB to be inadequate. The report comments on the evidence of the effectiveness of safeguarding by all agencies, including the response to child sexual exploitation, the area in which the borough failed so seriously in the past.

During 2015-16 the RLSCB focussed on making sure that up to date policies and procedures were in place to ensure that everyone knew what action to take when they had a concern about a child. We have strengthened our performance and quality assurance arrangements and now have a comprehensive performance framework and audit programme. We have refreshed our sub group supporting learning and improvement and extended our influence with boards that commission and plan services.

There is further progress to be made and we will continue to strive to be an excellent partnership working to keep the children in Rotherham as safe as possible. Our priorities for the coming year will be to extend our influence with key decision making bodies and the wider community and to increase the ways in which partners hold one another to account and challenge safeguarding practice at all levels.

We will have particular focus on children who are in care, children at risk of child sexual exploitation, those who go missing and children who suffer from neglect. In working on these priority areas we will listen to what children and young people and the community tell us about what they feel will help to keep Rotherham's children safe. We need to reach a point where the people of Rotherham can feel proud of the way in which their local services and the community itself work together to protect its children.

A handwritten signature in black ink, appearing to read 'C. Cassell', written in a cursive style.

Christine Cassell

Independent Chair
Rotherham Local Safeguarding Children Board

2. Local background and context

Rotherham – demographic profile

Rotherham is one of four metropolitan boroughs in South Yorkshire, covering an area of 110 square miles with a resident population of 260,100 (Office for National Statistics (ONS) mid-year estimate for 2014). The population of Rotherham has been growing, increasing by 11,800 (4.8%) between 2001 and 2013.

Key information

Population Profile:

- The latest mid-year estimate of Rotherham's population is 260,100 as at June 2014
- Rotherham's population increased by 9,400 (3.8%) between 2001 and 2011
- There are 56,400 children and young people age aged 0-17 (21.7% of the population)
- 51% of the population is female and 49% male, similar to the national picture
- Rotherham's Total Fertility Rate peaked at 2.15 births per woman in 2008 and despite a 9% reduction, remains above the national average
- 8.1% of the population were from Black and Minority Ethnic (BME) communities in 2011, twice the proportion in 2001

Population projections:

- Rotherham's population is projected to rise by 3.5% between 2015 and 2025 to 270,000
- The population is ageing with the oldest age groups increasing at the fastest rate
- Life expectancy has been rising although it remains below the national average
- The number of people aged 16-19 is projected to fall by 1,100 (9%) between 2015 and 2020

Other Facts about Rotherham:

- 66.5% of the population are Christians, 4.4% other faiths and 22.5% have no religion
- The number of international migrants arriving in Rotherham peaked at 1,220 in 2007/08 and was 790 in 2014/15
- 66% of international migrants to Rotherham are from new EU states, mainly from Slovakia, Poland and Romania
- Rotherham has 8,500 lone parents with a 21% increase projected between 2011 and 2021
- Rotherham is the 52nd most deprived district in England (in most deprived 16% nationally)
- 19.5% of the population live in areas within the most deprived 10% nationally
- Key challenges exist in terms of the Health, Education/Skills and Employment domains
- 70% of the Borough's land area is rural
- Rotherham LGBT (Lesbian, Gay, Bi-Sexual , Transgender) population could number up to 4,400 aged 16+

Population

2012-based population projections by ONS project Rotherham's population in 2015 to be 260,800 which, given the 2014 estimate, looks realistic. The population is expected to rise by an average of 900 per year over the next ten years (an increase of 9,100), to reach 269,900 by 2025. The projected increase reflects a combination of rising life expectancy, continued natural increase (more births than deaths) and net migration into the Borough.

Around half of the Borough's population lives in the Rotherham urban area (including Rawmarsh and Wickersley), in the central part of the Borough. Most of the remainder live in numerous outlying small towns, villages and rural areas. About 15% of the population live in the northern Dearne Valley area which covers Wath, Swinton, Brampton and Wentworth. Around 35% live in the southern Rother Valley area which covers Maltby, Anston, Dinnington, Aston, Thurgroft and Wales.

Rotherham is a diverse borough with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large council built housing estates, leafy private housing suburbs, industrial areas and rural villages. About 70% of the Borough's land area is rural so the most widespread feature is extensive areas of open countryside, mainly agricultural with some parkland and woodland.

There are approximately 203,700 adults resident in Rotherham (2014 Mid Year Estimate) of whom 64,100 people are aged 60 and over (24.6% of the population); 37,100 are aged 18 to 29 years (14.3%) and 102,400 are aged 30 to 59 years (39.4%). The number of children and young people aged 0 to 17 years is 56,400 (21.7%) of whom 16,100 aged 0-4 (6.2%).

Rotherham has significantly more people aged over 60 than children under 18. There are 99,500 people aged 50 or over which equates to 38.3% of the total population, a proportion which is rising. The total number of children has been falling although those aged under 5 years have increased in recent years. However, the number of children aged 0-4 is projected to stabilise before falling slightly to 15,800 by 2019. The largest reduction will be in young people aged 16-19, whose numbers are projected to reduce by 9% from 12,200 in 2015 to 11,100 to 2025.

In Rotherham, there are 132,300 (50.9%) females and 127,800 (49.1%) males, which are similar proportions to the national average. Live births in Rotherham have followed a similar pattern to England, decreasing from over 3,700 in 1991 to 2,730 in 2001. The numbers of births then increased each year after 2001 to reach 3,263 in 2008 before dropping slightly to 3,092 in 2009 since when the number has fluctuated. There were 3,230 live births in 2010, 3,057 in 2011, 3,264 in 2012, 3,120 in 2013 and 3,072 in 2014. The average number of births in Rotherham 2010-15 was 3,149.

The number of households with dependent children is projected to rise in line with total household growth, from 31,000 in 2011 to 32,700 in 2021, a 5% rise. The number of households with 3 or more dependent children is projected to rise by 7%, from 4,900 to 5,300 in 2021.

Ethnicity and Religion

Rotherham's Black and Minority Ethnic (BME) population is relatively small but has been growing and becoming increasingly diverse. The BME population more than doubled between 2001 and 2011, increasing from 10,080 to 20,842. 8.1% of the population belong to ethnic groups other than White British (6.4% are from non-white groups), well below the English average of 20.2%. It follows that 91.9% of Rotherham residents are White British.

The majority of Rotherham's BME residents were born abroad (55%) and are more likely to lack English language skills than those born in the UK. 19% of those born outside the UK cannot speak English well. Of those born outside the UK, 30% arrived as children aged 0-15 and 57% arrived as young adults aged 16-34. Ethnic groups where more than two thirds were born outside the UK in 2011 were Other White (63% born in Eastern Europe), Black African (73% born in Africa), Arab (54% born in the Middle East) and other ethnic groups. 81% of people with Mixed or Multiple Heritage were born in the UK. 61% of Rotherham's Pakistani community were born in the UK and 36% were born in South Asia (Pakistan and Kashmir).

Immigration and natural increase means that Rotherham's BME population has grown steadily in recent years. The white minority population (almost all European) was 2,368 in 2001, rising by 82% to 4,320 in 2011, mainly as a result of immigration within the EU. Most minority ethnic groups have young populations, including Pakistani/Kashmiri (33% under 16), Black African (31% under 16) and Eastern European (24% under 16). The mixed or multiple heritage population is growing rapidly as a result of mixed marriages or relationships, 50% are aged under 16. The Irish community is by far the oldest ethnic group with 42% aged 65+.

The fastest growing groups have been Black African communities and other new communities, including Eastern Europeans, have also settled in Rotherham. The Slovak, Czech and Romanian Roma community is estimated at around 4,100 people (many were missed in the 2011 Census count of 1,689 from EU Accession countries other than Poland, Lithuania and Romania). BME communities have a younger age profile compared to the general population which means that children and young people in Rotherham are far more ethnically diverse than older people.

People from states which joined the EU post 2004 make up 66% of all overseas migrants to Rotherham. The countries with the most migrants to Rotherham are Romania, Slovak Republic and Poland, which together accounted for 51% of migrants in 2014/15. Two thirds of arrivals in Rotherham between 2007/08 and 2014/15 moved to the three central wards. A high proportion of Slovak, Czech and Romanian migrants are from Roma communities.

In 2001, 2.6% of Rotherham's population belonged to minority religions and by 2011 this had increased to 4.4%, still well below the national average of 8.7%. 22.5% of the local population say they have no religion compared to 24.7% nationally and this group has more than doubled in size since 2001. The largest minority religion in Rotherham is Islam with 3.7% of the population stating they are Muslims, below the English average of 5%.

72% of Muslims in Rotherham are of Pakistani ethnicity, 9% are other South Asian and 5% are Arabs. Rotherham has 433 Hindus, 73% of Indian ethnicity, and 293 Sikhs of whom 75% are Indian. There are 401 Buddhists, mainly White British, Chinese or "Other Asian".

Other religions with between 50 and 200 followers in Rotherham are Jewish, Pagan, Wicca and Spiritualist. 17,030 people (6.6%) did not state their religion in the 2011 Census.

The arrival of EU migrants from Poland, Slovakia, Romania and other eastern European countries since 2004 has increased the number of Christians in Rotherham, mainly Roman Catholics and Eastern Orthodox. For example, it is estimated that approximately 90% of Polish people are Roman Catholic with over 50% attending church regularly.

Deprivation

According to the Index of Multiple Deprivation (IMD 2015), Rotherham is the 52nd most deprived out of 326 English districts (based on rank of average score). Rotherham's IMD rank improved from 63rd in 2004 to 68th in 2007 before deteriorating to 53rd in 2010 and 52nd in 2015.

31.5% of Rotherham's population live in areas which are amongst the most deprived 20% in England, which has changed little since 2004. However, the most deprived areas of Rotherham have seen deprivation increase the most between 2007 and 2015.

The key drivers of deprivation in Rotherham are: Health and Disability (21% in English Top 10%), Education and Skills (24% in English Top 10%) and Employment (24% in English Top 10%). Rotherham has more average or lower levels of deprivation in other domains such as Crime (15% in English Top 10%) and Living Environment (2% in English Top 10%).

Income and crime deprivation show above average concentrations in Rotherham and there are high levels of both income deprivation and crime in some areas. Children are more likely than adults to be affected by income deprivation and child poverty shows a very high level of inequality between the most and least deprived areas.

Figure 1 below shows the geographical distribution of the Index of Multiple Deprivation 2015 across the Borough. The main area of high deprivation is in central Rotherham, stretching from Meadowbank in the west to Thrybergh in the east. There are also pockets of high deprivation in Wingfield, Rawmarsh, Wath, Swinton, Maltby, Dinnington, North Anston, Thurcroft and Aston.

The most deprived areas in Rotherham are Ferham, Eastwood, East Herringthorpe and Canklow where about 60% of the population are affected by income deprivation. The areas with the lowest deprivation levels are found in South Wickersley, South Anston, Herringthorpe, Stag, Swallownest and Harthill.

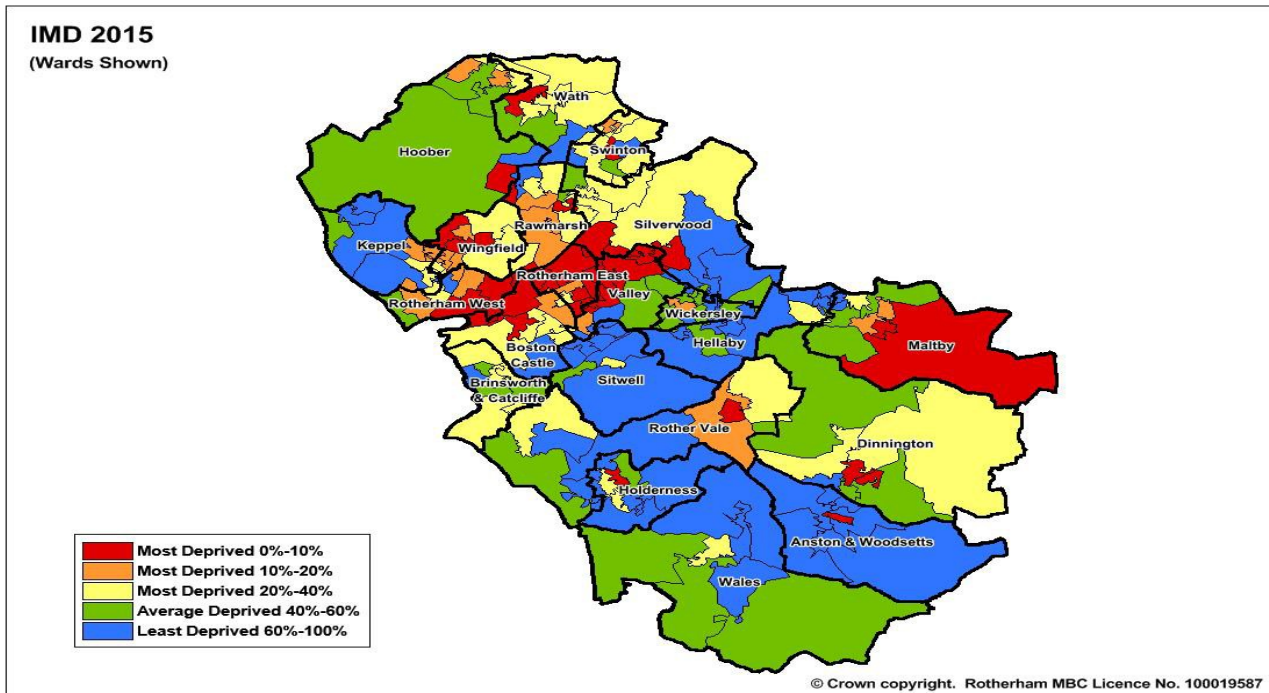


Figure 1: Indices of Multiple Deprivation 2015 in Rotherham Metropolitan Borough Council

What do children and young people think about living in Rotherham in 2015 –2016?

Rotherham Local Safeguarding Children Board strongly believes that children and young people should have a say when decisions are made which may affect them. We also believe that children and young people should have the means and opportunities to be able to raise issues which are important to them, and ensure they are listened to. By doing so, we will create a stronger child protection system that is more responsive to the needs of our most vulnerable children.

In 2015 the Lifestyle Survey was conducted within secondary schools in Rotherham. In total 3110 children and young people participated in the 2015 lifestyle survey. Of the pupils that completed the 2015 survey, 1624 (52%) were female and 1486 (48%) were male. 1624 (52%) were in year 7 and 1,486 (48%) were in year 10. Participation in the survey varied widely between schools, the variances ranged between 14% to 90% participation rates from one school to another.

Positive Results

- There has been an increase in the number of young people having school dinners and an overall reduction in the number of young people not having lunch at all
- More young people are participating in regular exercise
- Good awareness amongst young people where they can get support if they have any issue relating to mental health
- More young people are aspiring to go to university
- Almost all young people aware of internet safety

- Reduction in the number of young carers but greater awareness of Young Carers Service
- Fewer young people report being bullied
- Increase in positive responses against the participation in smoking, drinking alcohol and use of drugs – gives positive message against the peer pressure to partake in these
- Reduction in the number of young people actually smoking or trying alcohol
- Improvement in all areas of young people feeling safe in all areas including Rotherham town centre locations

Areas for attention

- Greater awareness around disability and long-term illnesses, with more young people putting themselves in this category
- A proportion of young people in Y7 saying they use the internet to meet new friends
- Although less young people reported bullying, less young people also said that they felt as though they were helped after being bullied
- Less young people wanting to stop smoking
- Increase in number of young people trying electronic cigarettes
- One third of young people who said they have drunk alcohol, have tried it before the age of 12
- Large proportion of young people who said they have drunk alcohol, said they have been drunk in past 4 weeks
- Education around sexual exploitation, 40% of Y7 and 29% of Y10 say they still need to be taught this
- Almost a quarter of those pupils who said they have had sex, did not use contraception
- Young people visiting Rotherham town centre has reduced
- Y10 girls are the most likely not to recommend living in Rotherham or want to live in Rotherham in 10 years' time

3. The statutory role of Local Safeguarding Children Boards

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals) that should be represented on LSCBs.

The way in which a LSCB delivers its functions and objectives are set out in the statutory guidance: *Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children (2015)*.

Statutory objectives and functions of LSCBs are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- (ii) training of persons who work with children or in services affecting the safety and welfare of children;
- (iii) recruitment and supervision of persons who work with children; (iv) investigation of allegations concerning persons who work with children;
- (v) safety and welfare of children who are privately fostered;
- (vi) cooperation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned. Regulation 5(2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of this guidance. Regulation 5

(3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.

In December 2015, the Department for Education (DfE) asked Alan Wood CBE to lead a review of the role and functions of Local Safeguarding Children Boards (LSCBs) in England. As part of the review he also looked at Serious Case Reviews and Child Death Overview Panels. A consultation exercise was undertaken with the review findings and the government response expected in 2016. The implications of the review for RLSCB will be reported in the annual report next year.

4. Governance and accountability arrangements

Local partnership and accountability arrangements

To enable the RLSCB to deliver on its statutory duties, an independent chair is in place to lead and chair the board.

Though not a member of the Board, ultimate responsibility for the effectiveness of the LSCB rests with the Chief Executive of Rotherham Metropolitan Borough Council who also has the responsibility to appoint or remove the LSCB Chair with the agreement of a panel including LSCB partners and Lay Members. The Strategic Director of Children's Services reports to the Chief Executive of the Council.

The independent chair meets regularly with:

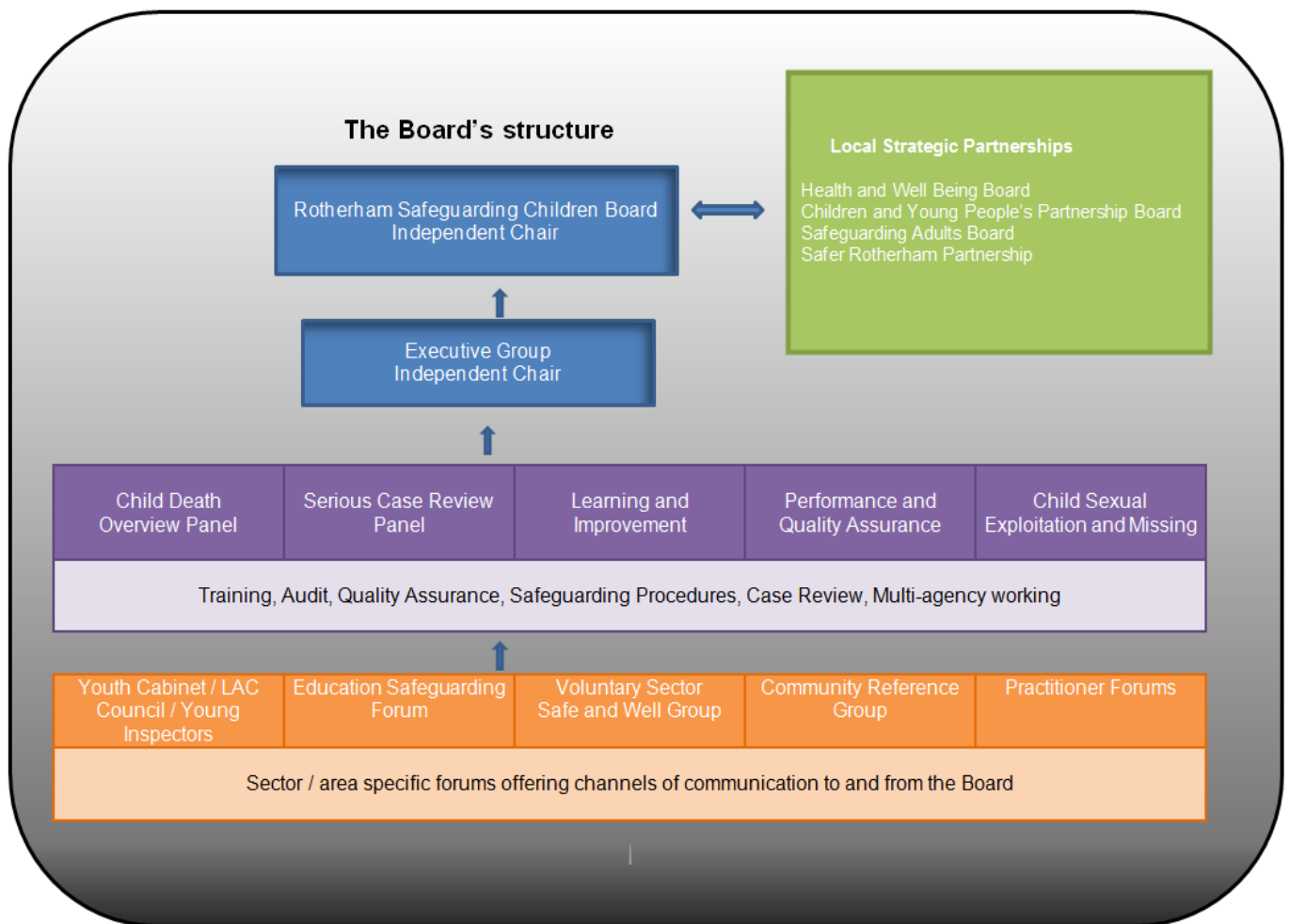
- Council Chief Executive
- Council's Strategic Director for Children and Young People's Services
- Government appointed commissioners for the council
- Chair of the Health and Well Being Board

Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children in their organisation and should be able to speak for their organisation with authority; commit their organisation on policy and practice matters; and hold their own organisation to account and hold others to account.

The elected councillor who has lead responsibility for safeguarding children and young people in the borough (known as the Lead Safeguarding Children Member) sits on RLSCB as a 'participating observer'. This means that the Lead Member is able to observe all that happens and can contribute to discussion, but cannot participate in any voting. This allows the Lead Member to scrutinise RLSCB and challenge it where necessary from a political perspective, as a representative of elected members and Rotherham citizens.

Lay members are full members of the Board, participating on the Board itself and relevant Sub Groups. Lay Members help to make links between the LSCB and community groups, support stronger public engagement in local child safety issues and facilitate an improved public understanding of the LSCB's child protection work. Lay members are not elected officials, and therefore are accountable to the public for their contribution to the LSCB. They do, however, provide a lay perspective and transparency for the work of the Board, in the addition to the involvement of elected members.

The main Board meets four times per year with additional board meetings when required. In order to deliver its objectives the Board has an Executive Group which consists of the chair and the chairs of the Board's Sub Groups; and five Sub Groups to undertake the detailed work of the Board's Business Plan.



- Business Manager
- Quality Assurance Officer
- Practice Audit Officer
- Learning and Development Coordinator
- Learning and Development Administrator
- Child Death Overview Panel Administrator (0.65 WTE)
- Administrative Officer (0.8 WTE)

Board Members attendance at Board Meetings can be found at Appendix 1.

Financial arrangements

The Board's budget is based on partner organisations contributions to an agreed formula. The funding formula and 2015-16 budget statement can be found at Appendix 2.

Budget - 2015/16 Outturn

Income: £334,669

Expenditure: £334,669

Overall expenditure for 2015/16 was within budget. There was no surplus or deficit to carry forward to the 2016/17 budget.

In February 2016 the LSCB held a development day to evaluate its own effectiveness and establish priorities for the business plan. The Board's self-evaluation was that the serious weaknesses identified by Ofsted had been addressed but that there were still areas for improvement. There had been significant improvement in performance and quality monitoring and good progress in audit activity which enabled the LSCB to have a better overview and challenge of the effectiveness of safeguarding in the borough. The work of the child sexual exploitation sub group was identified as an area of strength. There was still further work required to extend the influence of the LSCB with other key partnership bodies and to develop the learning and improvement function. The self-evaluation has informed the priorities in the business plan for 2016-17 and will be tested through peer review during the coming year.

5. Effectiveness of arrangements to keep children in Rotherham safe

Early Help Services

Early help services work with children and their families to prevent problems from getting worse. The Multi-Agency Safeguarding Hub (MASH) is the first point of contact when there are concerns about a child.

In 2015-16 there was a significant redesign of the Early Help services on offer in Rotherham. In October 2015 the new integrated Early Help locality service was created, bringing together staff from a range of previously separate services and professional disciplines. These include: Education Welfare, Youth Offending, Children Centres, Integrated Youth Support, Family Support and Troubled Families programme. This was swiftly followed by the establishment of the Early Help Triage Team to work alongside the Multi-Agency Safeguarding Hub (MASH), where concerns about a child's needs are first reported. The improved arrangements had an immediate impact with the previous backlog of Early Help Assessments cleared within two weeks and an increase in requests for early help where risks to children were not present.

The LSCB supported the re-launch of the Early Help offer in February 2016 when a weekly Panel was introduced to make sure that children who were no longer at risk of harm received appropriate support services. Since the panel began in February, 232 children have been receiving support from services within the community.

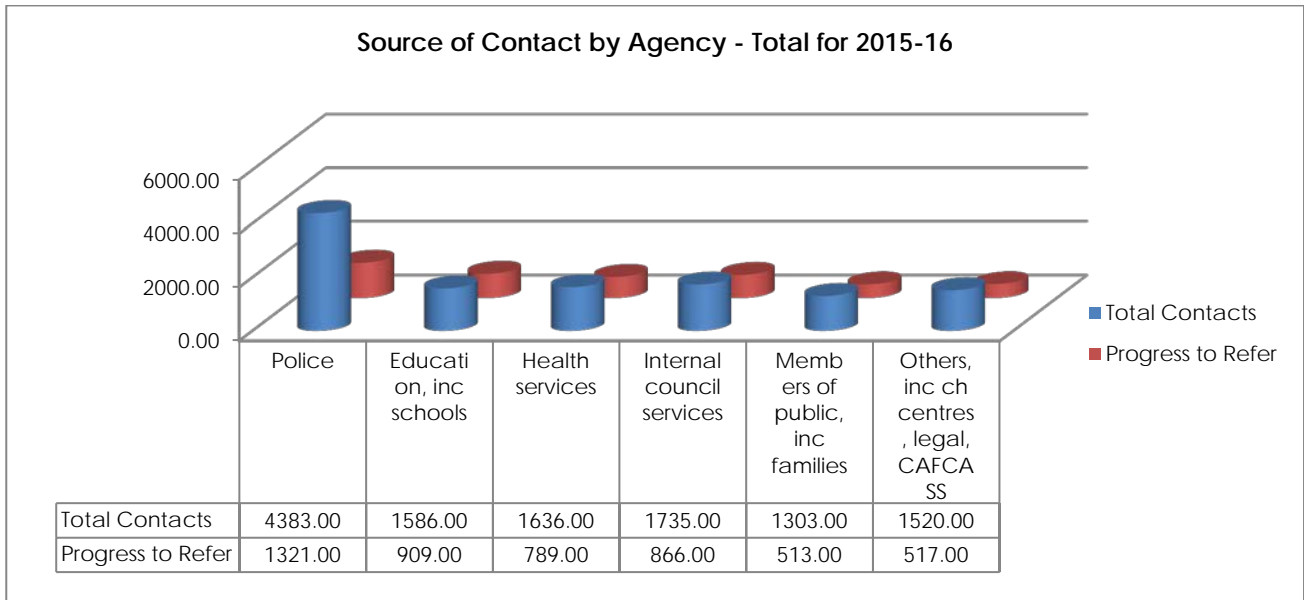
From April 2016 new data and information will be available which will enable the LSCB to monitor and evaluate what difference services are making for children and their families. The LSCB will continue to promote Early Help services and support the Early Help offer through its training and communications.

Contacts and Referrals

These are the requests for help when a child is thought to have support needs or to be at risk of harm.

The Rotherham Multi-Agency Safeguarding Hub (MASH) went live in April 2015. An independent review of the MASH in December 2015 reported to the Improvement Board in March 2016 that whilst there was still further work to do, 'enormous progress' had been made in a very short space of time.

Overall there has been a 16% increase in contacts to the MASH in 2015/16 with 12,165 made compared to 10,517 in 2014/15. This is approximately 1,000 requests for help or notification of concerns per month. The independent review of the MASH stated that there will be a number of factors that impact on the volume of contacts received. One is that as confidence in how the MASH works increases there would be an expectation that the number of contacts would rise. Another factor is that as partner organisations have a better understanding of needs and risks, there might be a reduction of contacts for children with a lower level of risk or need as they would go directly to the early help service.



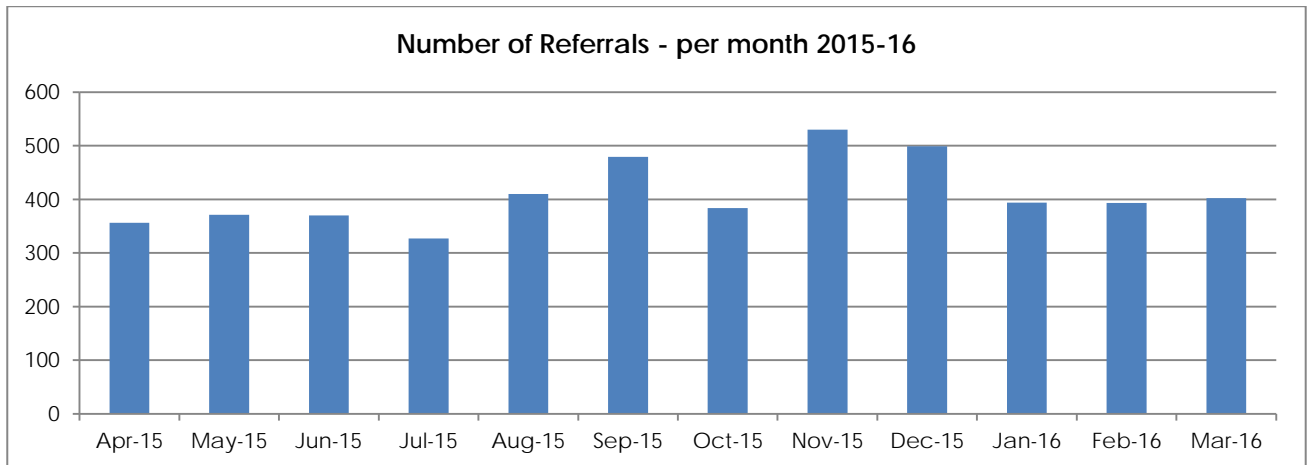
When the past 12 months' data is reviewed it appears that contacts made by education, which includes schools, have risen over the past few months. On the basis of feedback from schools it is understood that this is indicative of an increased confidence in the quality and helpfulness of the service within the MASH. There has been some reduction in the number of contacts from health services which may be an indication of better understanding of the thresholds for social care. The majority of the contacts received from the Police relate to domestic abuse incidents. A daily multi-agency triage system has been put in place to deal with domestic abuse incidents.

The triage system is where services who are or have been involved with the family, share information within one working day to decide what course of action needs to be taken.

The New MASH service was introduced on 1 April 2015. The LSCB undertook a desk top review of all contacts received on a single day in April 2015 which sought to determine the quality of case recording and multi-agency practice. The review identified some inconsistencies within the screening process of contacts. Clear guidance regarding screening expectations was explored with MASH team managers and individual workers. This was further communicated within the MASH Team meeting. Clarity around screening expectations is included within MASH Operational Guidance V.1 June 2015 and a subsequent audit found significant improvements.

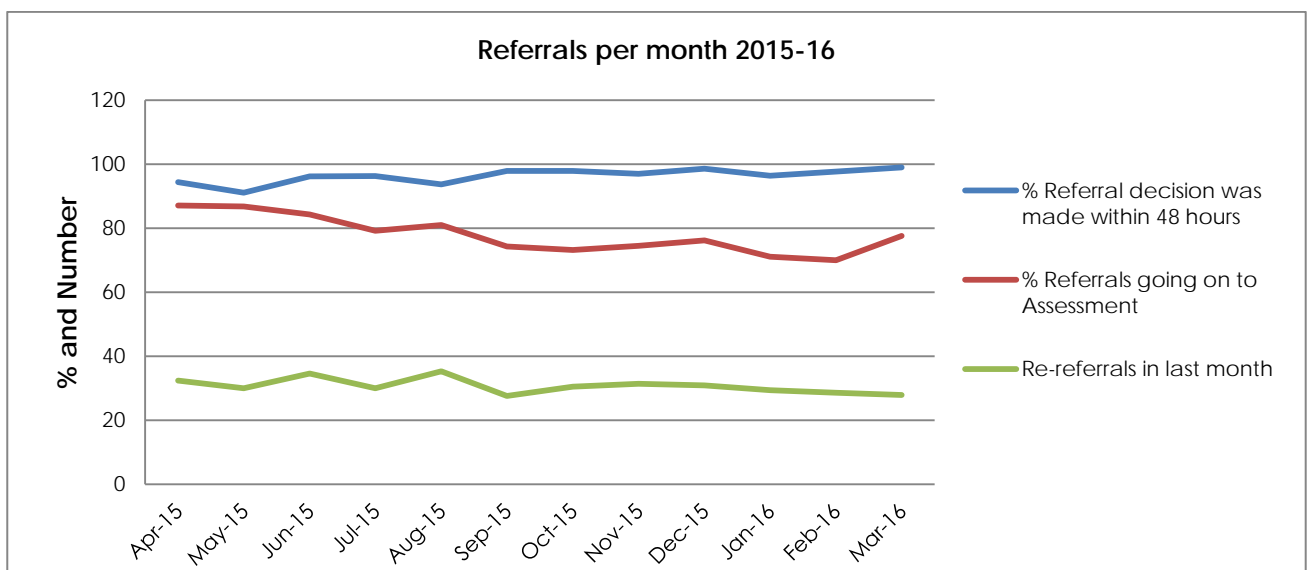
The MASH response rate is good. 96.5% of contacts and 99.0% of referrals had decisions made about them within timescales. The quality of these decisions has been validated by Ofsted during 3 separate improvement visits and by the independent review reported to the Children's Improvement Board in March 2016. Similar to contacts, month on month referral numbers are consistent at approximately 400 per month. In total there have been 4,915 referrals in 2015/16, a 9% increase on the 4,513 in 2014/15. There has been a month-on-month downward trajectory in the proportion of these which are re-referrals; following a mid-year high of 35.3% in August 2015 this has now reduced to 27.9% in March 2016.

A re-referral is where a child has had children's social care services involved with them in the previous 12 months and a further referral has been received relating to concerns about their welfare.



In addition, as the MASH has developed, more work is undertaken at referral stage in terms of information sharing and effective triage before progression to social work assessment teams. This has resulted in fewer referrals progressing to an assessment, with 77.6% in March 2016 compared to 87.1% in April 2015. This in turn allows for social care resources to be better targeted and families to receive a more appropriate response. The independent review of the MASH (2016) found that 'Social work analysis and articulation of need, harm and risk within the MASH is good. This is apparent in social work analysis and the recommendations being made by those making the decisions.'

Where a contact about a child indicates that the child might have complex needs or there is a risk of harm, a referral is created. If after further information sharing this remains the case then a multi-agency assessment is undertaken, led by a social worker.



Children's Assessments

An assessment is where those involved with a family work together with the parents and child to find out the needs of the child and any risks to them.

A review was conducted by the LSCB in conjunction with The Rotherham NHS Foundation Trust (TRFT) and Children and Young People's Services (CYPS) to evaluate two cases of newborn babies where there were safeguarding concerns and a potential delayed discharge from hospital. The review concluded that in one case there was not an undue delayed discharge from hospital whereas the second case did have an unnecessary delay because of the lack of timely pre-birth assessment and planning processes. As a result the LSCB Safeguarding Unborn and Newborn Babies procedure has been amended to include the details of additional standards and guidance. A Memorandum of Understanding (MOU) has been developed between TRFT and CYPS with the expectation that in the event of a baby or child that is medically fit for discharge but it is not safe for them to return to their parents, the escalation process must be followed. Discharges from hospital of children with safeguarding concerns are now being monitored on a routine basis through the Performance Management Framework.

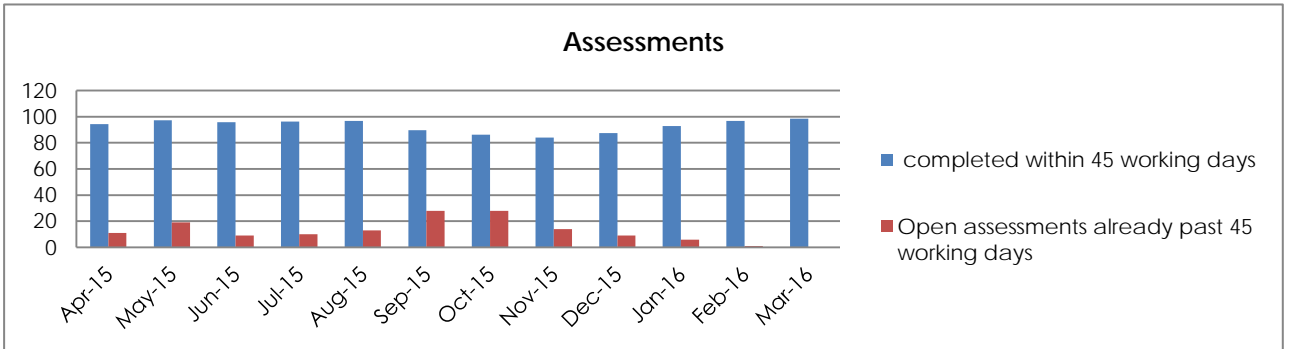
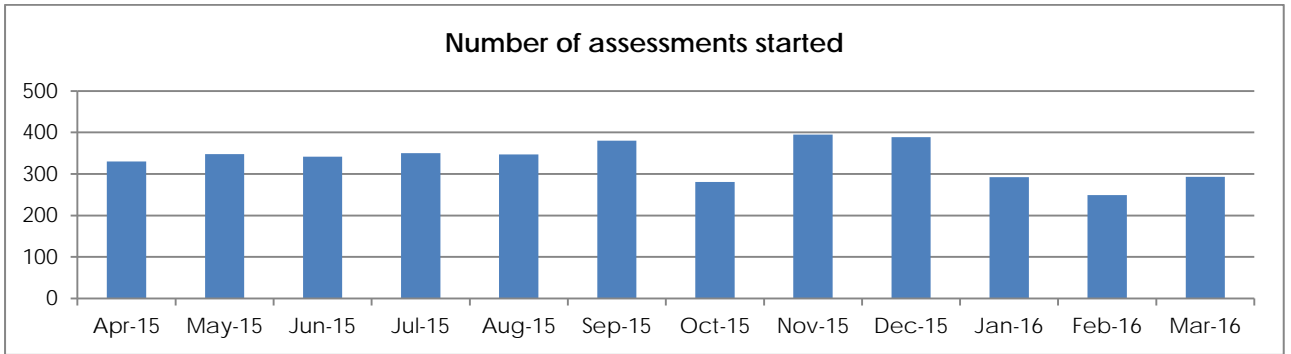
Thresholds for need and harm are used as evidence with professional judgement to decide what action needs to be taken to make sure children are safe and well.

Although the numbers of contacts and referrals have both increased over the last 12 months the reduction in those which go on to an assessment means that fewer assessments are now being started. Feedback from social workers and auditors however suggests an increase in the complexity of the cases coming through. The overall trend of the proportion of assessments resulting in no further social work involvement is downwards, which is a positive reflection of the improvement in quality of decision making and application of the thresholds of need and harm.

A combination of the reduction in volume of work, changes to the way duty teams are organised and increased management oversight has seen a significant improvement in the timeliness of assessment completion again this month; 98.4% of assessments were completed within 45 working days compared to an in-year low of 83.9% in November. 92.8% of all assessments completed in 2015/16 were completed in time compared to 88.8% in 2014/15.

The timeliness of an assessment for a child is important because it means that their needs or the risks to them are identified quickly and they are not left to drift. The upper time limit for assessments to be completed is 45 working days.

Although timeliness of the assessment is important the quality of it is equally key to achieving good outcomes for the child. Feedback from the March 2016 Ofsted improvement visit identified a number of examples of 'good' assessments during their visit though there remains further work to do to ensure consistently good quality assessments are produced right across the service.



Section 47 Enquiries

Section 47 Enquiries are the investigations which social workers, the police, and other professionals do to find out whether children have suffered from or are at risk of abuse or harm.

The numbers of Section 47 (S47) investigations remain high and this is currently the subject of intensive review by children’s services. The number undertaken over the year (1478) was higher than when benchmarked against the national average, statistical neighbours, and the best performing local authority.

An audit by the LSCB and The Rotherham NHS Foundation Trust (TRFT) was undertaken to assess the impact of the redesigned paediatric assessment (child protection medical) for the child abuse and neglect pathway launched in September 2014. This development was, in part, in response to anecdotal information that suggested that the process and procedures in place prior to this were resulting in social workers experiencing difficulties in arranging timely paediatric assessments and that children were experiencing long delays waiting to be seen after they had attended for their assessment appointment at the hospital. The findings provided evidence that children were not experiencing unnecessary delays but identified that a new recording template was required for the assessments which has now been implemented.

Using the number of children per 10,000 child population is a standard way to compare and measure how well we are doing against other authorities.

	Rotherham		Statistical Neighbours	National Average	Best Performing LA
	Number	Per 10,000 children of the population			
Section 47 Enquiries in 2015/16	1478	168	149.2	138.2	75

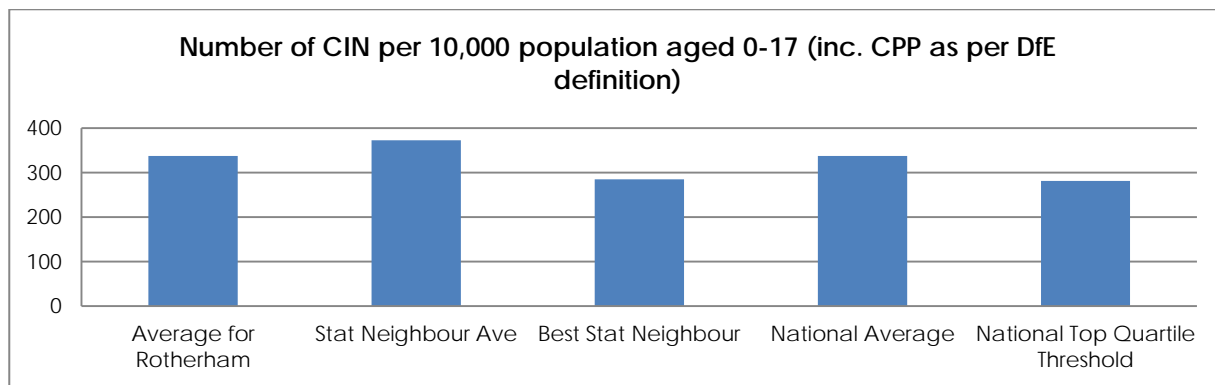
Analysis indicates an ongoing lack of confidence by professionals in addressing risks to a child in any way other than by focussing on child protection issues. This is a practice common in local authorities who have failed and are in government intervention. The number of S47 investigations which concluded there was no continuing risk of significant harm to the child suggests that an assessment conducted under S17 Children in Need may have been more appropriate.

The LSCB undertook an audit to evaluate the quality of Strategy Discussions and Section 47 enquiries. The findings evidenced that these were not conducted to a consistently good enough standard. The LSCB developed and contributed to the implementation of a multi-agency Strategy Discussion template and training sessions for chairs of Strategy Meetings that provided a clear framework to improve practice. A follow up audit will take place in 2016.

Children in Need

A child in need is one where a social worker and other professionals are working with them and their family to provide family support to meet the child's needs.

Although there is no good or bad indicator in relation to the numbers of children in need, it is important to monitor this against statistical neighbour and national averages as numbers considerably higher or lower than these averages can be an indicator of other performance issues. On average each month of the year there were 1497 children classed as open Children in Need cases.

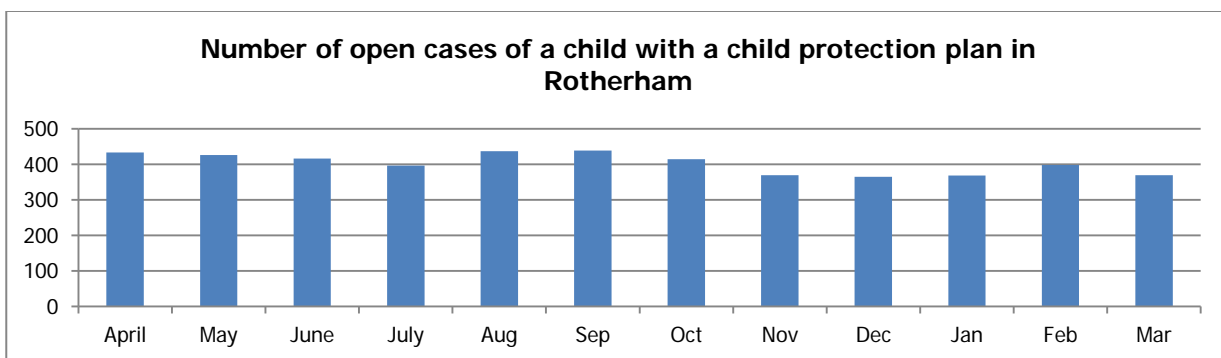
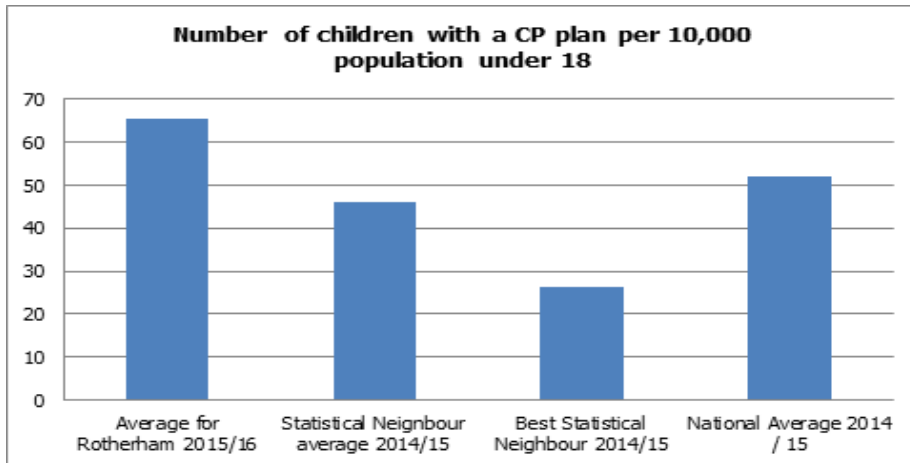


One of the measures of success of the Early Help offer will be, over time, a reduction in the numbers of Children in Need as families are offered support at an earlier point before concerns escalate. It is far too early in the development of the Early Help provision to conclude that the last three months' reductions in numbers are the beginning of a trend. It is more likely that it represents a review that has been undertaken of all open Children in Need cases during the reconfiguration of the locality teams which has led to closure and transferring of some cases to early help services where appropriate. It is still predicted that for a period of time the numbers of Children in Need in Rotherham may rise as those with a Child Protection Plan reduce.

Children on Child Protection Plans

Children who are risk of abuse or neglect have a Children Protection Plan to help make sure they are safe from significant harm.

At the end of March 2016 there were 369 children subject to a Child Protection Plan (CP Plan), which is a significant reduction from March 2015 when there were 433. However the rate per 10,000 child population of 65.4 demonstrates that this is still high when compared to statistical neighbours and the national average of 46.1 and 42.9 respectively.



It is expected that the numbers of children with a Child Protection Plan will continue to fall as practice improves and the care plan is worked more effectively and managers become more confident in their decision making. This is supported by the Strengthening Families Framework which was introduced in August 2015. The 'Strengthening Families' model encourages positive working between professionals and families; families are asked to put forward their views, to talk about what is working well for them as well as any concerns they have, and to offer ideas about the best way forward. This provides a more balanced picture of the family including how things that are going well for the family can be built upon to safeguard the child.

Of the children subject to a CP plan at the end of the year, 94.2% of their reviews over the entire year were completed in time which is a decline on the previous year which was 96.5%. The reasons for any late reviews are scrutinised and where necessary management action is taken. There have been a number of occasions when family issues have been the reasons for conferences being postponed and these have outnumbered the occasions where there has been fault on the part of children's social care services.

In the last 12 months there has been a very significant improvement in performance in relation to the duration of CP Plans. The data has been checked for those children becoming subject to plans for a second or subsequent time and it has been established that none of the children in the cohort have been subject to a previous CP Plan in the last two years.

An audit undertaken by the LSCB examined whether children and families subject to child protection conferences are being notified in a timely manner and provided with good quality written information that they can discuss with the professionals who have written them prior to the conference. 50 child protection conferences were subject to audit. The findings showed that there were delays sharing reports with families and the child protection conference chair person; and that this was not being challenged. As a result multi-agency training regarding "Strengthening Families Framework" specifically includes professional responsibilities and attendance at Child Protection conferences and the importance of sharing written reports at least 2 working days before. In addition there has been the development and implementation of a Challenge Protocol to enable conference chairs to constructively challenge colleagues within and between agencies to provide robust scrutiny to this area of work.

Every child who has a Child Protection Plan should be visited by their social worker every two weeks.

At the end of March 2016, 99% of children subject to a Child Protection Plan had been visited and seen within timescales compared to 92% at the end of March 2015.

Looked After Children

A Looked After Child is one who is in the care of the local authority and is sometimes called a "child in care" or "LAC".

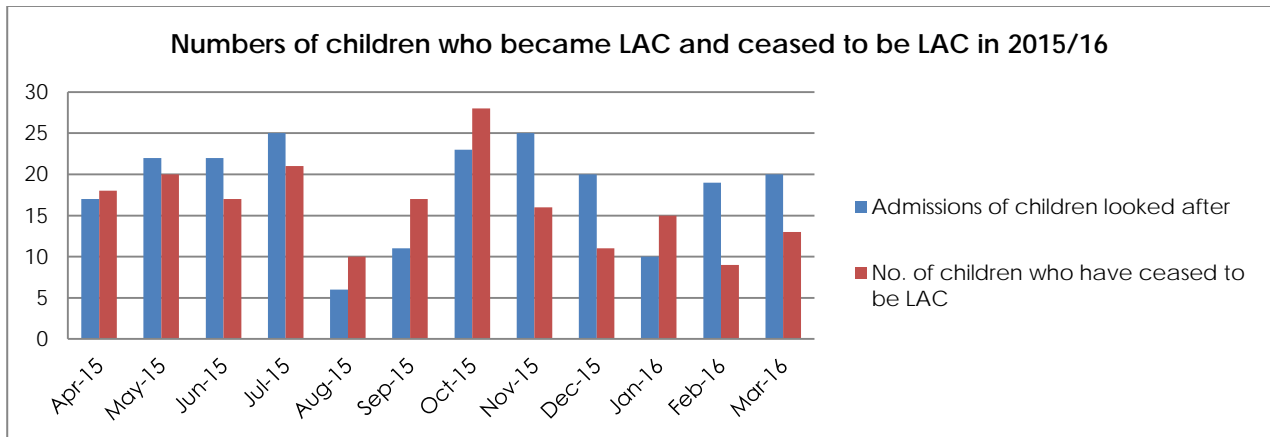
At the end of March 2016 there were 432 children in care which equates to 76.6 per 10,000 children in the population. Although this still places Rotherham broadly in line with statistical neighbours we are far higher than the national average and there is an upward trajectory as admissions to care have increased.

Arrangements need to be strengthened over time to prevent the need for children to come into care and developing this service forms a key strand of the Children In Care Sufficiency Strategy.

The sufficiency strategy aims to provide enough good quality placements for there to be a choice about where a child is placed.

This is particularly the case in respect of adolescents entering the care system for the first time. Outcomes are rarely improved for young people coming into care in adolescence and work is being initiated to develop a service specifically to work with this group.

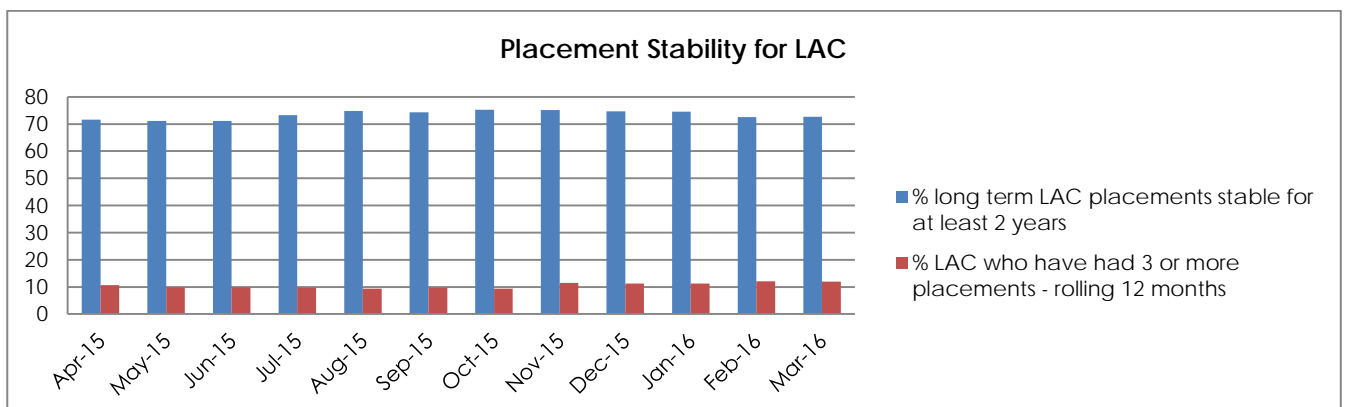
It is common for numbers of children in care in an authority in government intervention to rise as action is taken to address children's cases which have been drifting previously. The rise in the numbers of care proceedings in Rotherham is testimony to this happening locally. There is no feedback from the family courts to suggest that any children's cases are being brought before them unnecessarily.

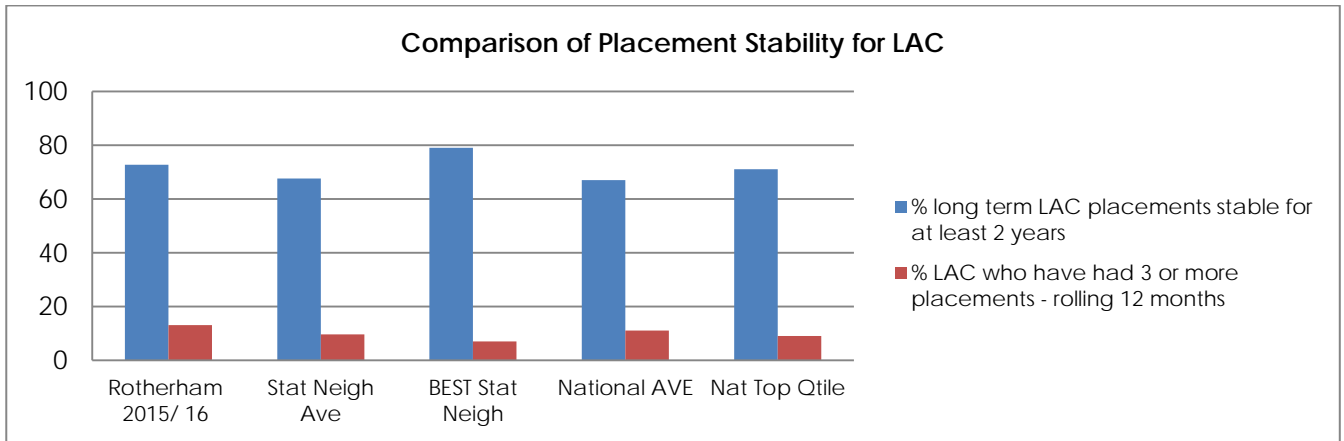


Looked After Children - Placement Stability

A Looked After Child has the right to stay somewhere for as long as they need to and moving from placement to placement can be detrimental to their welfare.

At the end of March 2016, 72.7% of long term Looked After Children have been in the same placement for at least two years. This placement stability is better than the national average of 67% however it is important to be confident that what appears to be stability is not in fact masking drift in planning for children. The sufficiency strategy identifies that there are too many children placed in residential care settings. Work which commenced in January 2016 to address this has resulted in a number of young people being identified who will be moving to more local provision. This may impact on the long term placement stability indicator but will result in better outcomes for those individual young people.

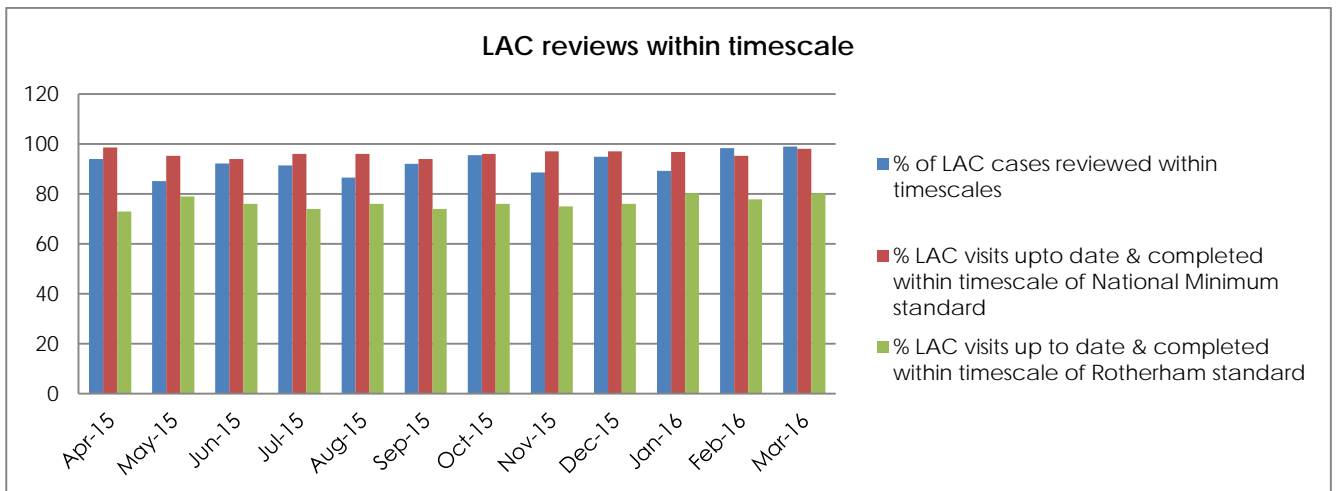




11.9% of Looked After Children have been in three or more placements in the last 12 months; this is broadly in line with national average of 11.0%. Although placement stability measures compare well against statistical neighbours and national averages, performance in relation to children who have had 3 or more placement moves in a year is still of concern and in particular to the numbers of children in care who have had missing episodes which count against this indicator. All children who have been missing or who are identified as being in 'unstable' placements are now subject to particular focus by way of regular 'Team Around the Placement' meetings. In the future they will also be considered as 'exceptions' in fortnightly performance meetings.

Looked After Children - Reviews and Visits

A Review is a meeting where the plans for a child's care are monitored by an independent person. These take place at set timescales to ensure that there is no delay for the child.



Of the eligible children in care 83.3% of their reviews over the entire year were completed in time which is a decline on the previous year (94.9%). This equates to 15 children having at least one review over timescales and relates to performance issues earlier in the year. Of the reviews held in March 2016, 99% were within timescales with only one child whose review could not take place in time. The reasons for any late reviews are fed back to children's social care managers and action taken to address any practice issues.

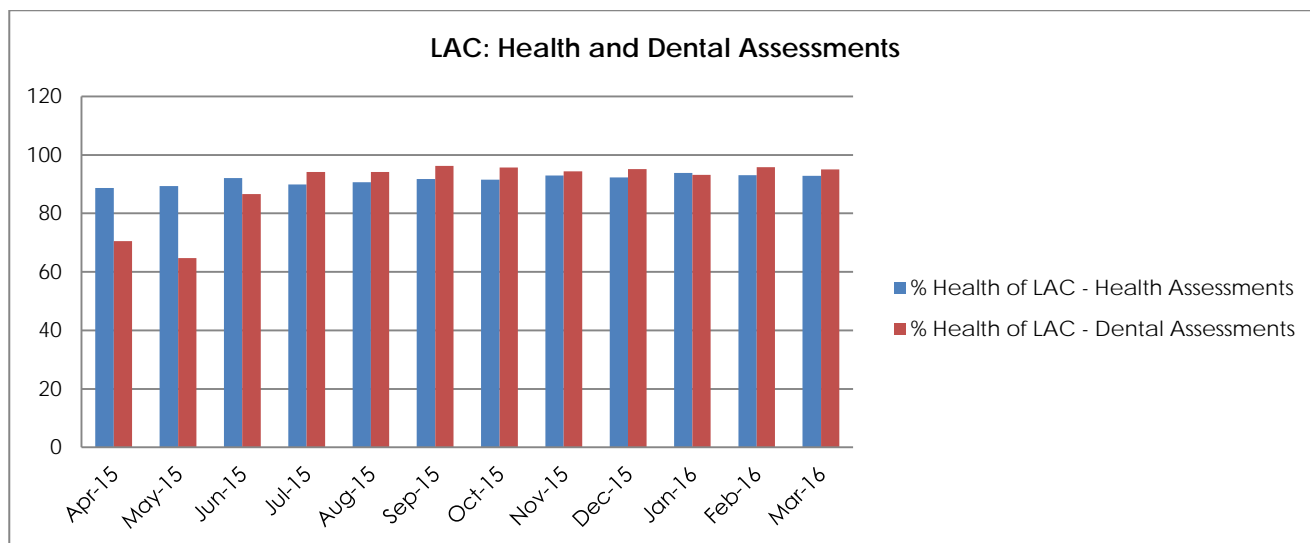
All children in care have to be visited regularly by their social worker – usually every 4 weeks which a local Rotherham standard and is better than the national standard which is 6 weeks.

Performance in relation to visits to Looked After Children within the National Minimum Standards remains well above 90%. Any visit exceeding the statutory minimum timescales is examined on a child by child basis to ensure that they have been subsequently visited and to ensure the reason for the delay is understood. In addition to National Minimum Standards, Rotherham has set a local standard that exceeds the national one. Performance in relation to the local standard is still not good enough and will continue to be the focus of sustained management attention. There are some children in care, however, who are visited more often than the Rotherham standard according to their needs at any particular time and this is good practice.

Looked After Children – Health & Dental Care

For children in care it is important that their health and dental needs are closely monitored and that they receive diagnosis and treatment without delay.

Performance in relation to health and dental assessments was very poor in previous years and has been the focus of concerted joint effort resulting in improvement in the last 12 months from 81.4% (March 2015) to 92.8% (March 2016) for Health Assessments and from 58.8% (March 2015) to 95.0% (March 2016) for Dental Assessments.



From reviews of some children's cases where they are not receiving these assessments it is known that some of these are the older young people who are recorded as 'refusers'. This is now being actively explored with health colleagues, regarding how the reviews can be promoted as something useful and young person friendly. Encouragement will be focused with young people on the things that interest them such as weight, hair and skin as well as other aspects of health. It will also be ensured that we are creative in thinking about how young people can be actively engaged, rather than expecting them to attend a standard clinic appointment. However, there are a number of potential reasons why performance in this area is not as good as it should be and will be the focus of an in depth 'check and challenge' audit in 2016-17.

Children in specific circumstances

Child Sexual Exploitation

In response to the Jay Report into CSE in Rotherham the LSCB developed a new strategy: [Child Sexual Exploitation - The Way Forward for Rotherham 2015-18](#)

This strategy articulates the commitment from the partnership and the progress of the Child Sexual Exploitation (CSE) Delivery Plan is reported to the CSE Sub Group and the main Board. The commitment articulated in the strategy is visible in the drive by the multi-agency partnership to support a number of large and complex past and current CSE enquiries. This maturing partnership between the Council, South Yorkshire Police and other agencies has resulted in several successful prosecutions; most recently the trial and conviction of three men and two women totalling 45 sexual offences committed against 15 young victims. A sixth defendant had already pleaded guilty to offences before the trial.

Ofsted has recently commented favourably on the child-centred approach taken by some of these enquiries, notably in terms of responding to juvenile perpetrators in an educational setting. The current multi agency response to CSE enquiries is employing the approach outlined in this strategy: PREVENT, PROTECT, PURSUE and PROVIDE support and this has successfully supported a number of child and adult survivors in obtaining justice and protection.

Key achievements in response to CSE in Rotherham in 2015-16 include:

- April 2015 – Implementation of the EVOLVE multi-agency Child Sexual Exploitation Team.
- July 2015 – publication of the new CSE Strategy - The Way Forward for Rotherham.
- July 2015 – new Taxi licensing policy introduced.
- August 2015 - Barnardo's receive £3.1m to support tackling CSE in Rotherham and rebuild the lives of victims.
- August 2015 - Good practice observed in managing complex CSE cases with Police partners.
- August 2015- £1.2m secured for an innovation programme to support victims and those at risk of CSE across South Yorkshire; including support of specialist foster carers to provide safe placements for young people.
- October 2015 - Second Ofsted visit confirms continuing strong "front door" arrangements and effective CSE practice.
- November 2015 - Rotherham man sentenced to 10 years as part of live CSE investigation (Operation Thole).
- December 2015 - High-profile Operation Clover trial commences at Sheffield Crown Court. 21 victims, 49 prosecution witnesses in total and 8 defendants
- January 2016 – ReachOut outreach service launched, delivered by Barnardo's.
- February 2016 - Operation Clover - 6 people were guilty in court of Child Sexual Exploitation offences.

To support the local response to CSE and the EVOLVE Multi-agency CSE Team a Multi-Agency Risk Management Panel was introduced. This considers intelligence, hotspots and directs disruption activity alongside having an overview of all major operations. Wider council services including licencing, regulation, housing and leisure services are now making an active contribution to these arrangements. The service in Rotherham has been transformed to what is an effective multi-agency victim led approach and this has been demonstrated by the impact the EVOLVE team has achieved since its inception.

The team has achieved major successes with two large operations involving the engagement of over 160 young people, the subsequent identification of nearly 30 victims and the identification of a significant number of suspects. The team have pioneered some exemplary work on developing support plans for juvenile perpetrators and schools in the community. To date, there has been one successful conviction with the defendant receiving a lengthy custodial sentence.

The victim management strategy employed by the team has been an outstanding success with none of the survivors withdrawing from the process. This has involved the collaboration of six separate agencies that have provided intensive support to these survivors, many with complex and challenging needs. Further multi-agency investigations are progressing well and will continue throughout 2016 and into 2017.

Operation Stovewood, the investigation into historical CSE, directed by the National Crime Agency (NCA), is now taking shape and they have now referred to the Council a number of potential suspects or victims for further information gathering and a number of arrests have been made.

The Jay Report identified potentially 1,400 survivors of child sexual exploitation. The Council responded in 2014 by investing in additional immediate support services but this was in the absence of a detailed understanding of the needs of survivors, the role different partners could play and an understanding of the role services in the community could play.

A LSCB multi-agency audit and practitioner learning event was undertaken on five children at high risk of CSE. It had a particular focus on child and victim centred investigations and support services. The review concluded that the CSE training and awareness across the partnership was making a difference and the screening tool was being used well to identify risks and vulnerabilities. On one of the cases where it was difficult to build a trusting relationship, the CSE Nurse Practitioner had made a significant positive difference to the outcomes for the young person. The review also found, however, that in some cases there was a frequent change of social worker and professionals were not always of the pathways to access specialist services.

Over the past 12 months the Council and partners have made good progress in strengthening the support to victims and survivors. A detailed needs analysis was completed and this was supported in late summer 2015 by a piece of research undertaken by Salford University to capture the voice of survivors, their families and those in the voluntary and community sector supporting them. The Council has now commissioned services for an initial period of three years to provide support to survivors.

The three areas of service included are:

- Practical, emotional support and advocacy for young people (up to the age of 25) who have experienced child sexual exploitation. This includes support to immediate family members;
- Practical, emotional support and advocacy for adults who have experienced child sexual exploitation. This includes support to immediate family members;
- Evidence based therapeutic interventions for young people and adults who have experienced child sexual exploitation.

At the end of January 2016, the new assertive outreach service for children and young people at risk of CSE was launched. Known as ReachOut, it is funded by contributions from the Department for Communities and Local Government, the Department for Education, the Council, Barnardo's and the KPMG Trust. The team of 15 staff will be engaging with children, young people and families as well as community groups, schools, colleges and health services and will also raise awareness of how to spot the signs of sexual exploitation. The team has already been successfully engaged in supporting recent CSE operations.

Both the Jay and Casey reports identified failings in the functioning of licensing services and in particular taxi licensing, as well as concerns at the links between child sexual exploitation and the taxi trade. As part of the intervention all decision making on licensing matters has been taken by one of the council's commissioners.

The Council has implemented a new Private Hire and Taxi policy. The new policy was agreed by the Commissioner on 6th July together with an implementation scheme which set requirements for compliance with the policy. The new policy includes higher standards of the 'fit and proper person' test of drivers including: how convictions, softer intelligence and complaints are considered; revised requirements for training, including Business and Technology Education Council (BTEC) and compulsory safeguarding training; and more stringent requirements regarding safety, age of vehicles and use of cameras in taxis.

By February 2016 the Commissioner will have held individual hearings and taken decisions on 135 taxi licensing cases. Importantly, arrangements for the exchange of information between the service and South Yorkshire Police (SYP) and the participation by the Business Regulation Manager in the Child Sexual Exploitation (CSE) intelligence exchange meetings has ensured that licensing are playing their full part in tackling CSE and other safeguarding issues.

Domestic Abuse

Domestic abuse is a feature within the family for 70% of Rotherham children who are subject to a Child Protection Plan of protection, in line with national trends.

Domestic abuse is defined as any incident or pattern of controlling, coercive or threatening behaviour or abuse between those ages 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. This encompasses, but is not limited to, physical, emotional, psychological, sexual and financial abuse. Domestic Abuse includes forced marriage, "honour" based violence, partner and ex-partner stalking and harassment.

Domestic abuse causes harm not only to the individual but also to other members of the family, community and wider society. Victims of domestic abuse may suffer long term physical and mental health problems and are more likely to face economic consequences, unemployment and welfare dependency. 30% of domestic abuse starts in pregnancy

The impact of domestic abuse on children includes increased levels of vulnerability and higher risks to their welfare as a result of domestic abuse occurring in their household.

MARAC or Multi-Agency Risk Assessment Conference is a meeting of professionals which looks at the high risk domestic abuse cases and develops a plan to keep the victim safe.

Indicator – 2015/2016	Number or % of cases
Number of all domestic abuse incidents reported to South Yorkshire Police	6297
Numbers of repeat cases reviewed by MARAC	202
Number of 16/17 year old referrals to MARAC	31
Number of cases reviewed by MARAC	534
Number of MARAC cases with children involved	204
Number of repeat referrals to MARAC with children involved	66
Number of repeat referrals to MARAC	202
Number of referrals to IDVA	481
Rate of engagement with IDVA	78.5%
Total Referrals to IDVAs	581
High Risk Referrals	489
Successfully Contacted (High Risk) - %	90
Engaging (High Risk) - %	79
Medium or Low Risk Referrals	86
Successfully Contacted (Medium Risk) - %	49
Engaging (Medium Risk) - %	35
High Risk referrals	100%
Male Referrals - %	5
LGBT Referrals - %	1
16/17 yr old referrals - %	6
BME referrals - %	6
Disability Referrals - %	7

An IDVA or Independent Domestic Violence Advocate is someone with the specialist knowledge and skills that can provide support to victims of domestic abuse.

Nationally, in 2011/12, 7.3% women (1.2 million) and 5% men (800,000) reported having experienced domestic abuse. It is recognised nationally and locally that domestic abuse is under reported. Rotherham has seen an increase in reported incidents, also in referrals to MARAC when compared to previous years. This trend is expected to continue and reflects the national picture.

The increase in reported abuse may be related to increased awareness of domestic abuse alongside economic adversity and austerity, the impact of which is putting more families at risk of psychological stress and family breakdown. There are concerns that welfare reform measures could lead to an increased risk of financial abuse and women in particular could become more financially dependent.

In terms of responding to the impact of domestic abuse on children the arrangements and process for dealing with referrals to the MASH (Multi-Agency Safeguarding Hub) in relation to domestic abuse in the family was changed in order to improve safeguarding outcomes for children. Since September 2015, all referrals identified as high or medium risk received in relation to domestic abuse are reviewed on a daily basis by the MASH within 24 hours (working week) by a multi-agency meeting consisting of a social worker, police officer, health and education professionals, probation officer and an IDVA. The meeting ensures that all relevant information is shared before a risk assessment is undertaken, a safety plan is put in place for the victim and the appropriate safeguarding response is initiated for the child(ren).

For high risk cases, the child's school and health practitioners (e.g. GP, health visitor, school nurse) involved with the family are alerted to ensure the child is supported and monitored after experiencing a Domestic Abuse incident the night before. The high risk cases are also referred to the next MARAC (Multi-Agency Risk Assessment Conference) for review. For some of the lower level risk cases the new early help triage team are able to respond proportionally to the needs of the child.

Children missing from care or home

'Running away is often symptomatic of other issues in a child or young person's life: children who decide to run away are likely to be unhappy, vulnerable and potentially at risk of harm' (Children's Society 2015)

It is important that local arrangements to identify, risk assess and support children and young people who go missing are well coordinated to prevent harm and safeguard those who have additional vulnerabilities and are most at risk.

In 2014 Ofsted found that the arrangements in Rotherham to identify and protect children who go missing from home or care were inadequate because:

- Processes for identifying and tracking children missing from home and care were not robust enough.
- Return home interviews weren't making a difference and not all children benefitted from a return home interview after going missing.
- There was no reporting mechanism which resulted in a lack of management oversight.

Children and young people who are missing from home or care had been identified as a priority for the LSCB because of their particular vulnerability. All contacts for one week in April 2015 related to a young person who was reported as missing were examined. As a result the use of the "Missing from Home – Trigger Plan" was identified as best practice and is now routine when a young person has been reported as missing frequently. Trigger Plans" are now routinely sent to other Police Forces when a Child in Care from Rotherham is placed out of borough. Feedback from our partners in the Police and Foster Carers and Residential Providers has been very positive. In addition every missing young person referred is offered a timely Return Home Interview.

One of the key actions to address the deficit identified by Ofsted was to implement a tracking system to monitor individual children and young people and a way of reporting how many children were going missing in Rotherham. The development of a report to count how many children go missing required significant changes to the case management system and the data below represents the most recent overview of missing episodes.

		Jan 2016	Feb 2016	Mar 2016
Missing Episodes	Total Number of missing episodes	83	60	56
	Total number of individual children	66	40	46
	Including number of Looked After Children missing episodes	29	23	26
	Including number of individual Looked After Children	17	13	20
Return Home Interviews (RHI)	Number of missing episodes referred for RHI	70	55	54
	Number of RHI Refused by Child or young person	0	3	8
	Number of Referrals still outstanding	23	24	0
	Number of RHI completed this month	50	31	46
	Number of completed after the 3 days of child or young person being found	14	5	10
	Number completed within the 3 days of found	36	26	36

A follow up audit was conducted by the Practice Audit Officer, RLSCB and the CSE/Vulnerable Person's Coordinator in September – October 2015 using 50 cases of children who were reported as missing during that period. The audit addressed:

- Thematic analysis of the reasons why young people go missing to identify the most significant indicators and risk factors – the “push” and “pull” factors and particular areas of vulnerability
- An assessment of the quality of practice provided to the young people from the initial call to the police, contact and screening by MASH or the Missing Team, response to the episode by police, and assessment and service delivery by social care
- Recommendations to improve practice and services to children who go missing.

As a result of the audit, the following recommendations were made and implemented:

- Align the missing notification and referrals within the MASH to further improve information sharing and screening.
- Parents (including carers, foster carers and residential care workers) should be engaged in the Return Home Process to ensure the “push” and “pull” factors identified in the RHI with the young person are understood and addressed in order to reduce the frequency of the missing episodes / risks / vulnerabilities.
- Placement providers and carers must have training to ensure their understanding of children and young people who go ‘missing’ from home or care informs the care they provide.
- The views and “voice” of children and young people who go missing must be listened to and used to inform decisions about their lives. A leaflet designed by young people to be given at RHIs should be developed and views utilised to inform and shape services.

A Return Home Interview is where an independent person speaks to the child in order to hear what they have to say and how they feel about their home life and circumstances and helps to prevent them from going missing again.

Key improvements over the past year to the response to children who go missing include:

- The appointment of a Missing Person coordinator and Return Home Interview support workers.
- The Missing Team are located in the MASH (Multi-Agency Safeguarding Hub) which improves information sharing.
- The implementation of a tracking system which enables the sharing of key information and coordination of services.
- A multi-agency monthly Missing Evaluation Review Team which monitors the operational processes that support children and young people who go missing
- Revision of the Missing Protocols and procedures to create clear pathways and accountability between services.
- Initiating 'Trigger Plans' for all young people who have gone missing or are vulnerable to going missing.
- A Missing Screening Tool has been developed to assist practitioners and managers about factors relating to a child going missing.
- The Council has signed up to the National Runaways Charter.

A Trigger Plan is a profile of a young person which helps the police to find them if they go missing.

There have been significant improvements in relation to the practice in relation to missing and this has translated into improved outcomes for children and young people.

Case example:

A 15 year old girl had been reported missing on more than one occasion and had been found in Manchester where she had put herself at risk of harm. The Return Home Interview established that the girl was exploring her sexuality and had been trying to access information and services, which she had found on the internet, in Manchester. As a result of the Return Home Interview she was able to access appropriate local support in Rotherham and did not go missing on any more occasions.

6. Learning and Improvement

In order to improve outcomes for children in Rotherham, the LSCB has to check and challenge the effectiveness of services. The LSCB provides safeguarding training and up to date safeguarding policies and procedures for people who work with children in Rotherham to make sure they are confident in providing the services.

Performance Management Framework

The RLSCB Performance Management Framework includes a process for gathering and analysing information to answer the questions:

- What do we know about all children in the area and what are their needs?
- What do we know about children with particular needs, including early help?
- What do we know about children who need protection?
- What do we know about looked after children and care leavers?

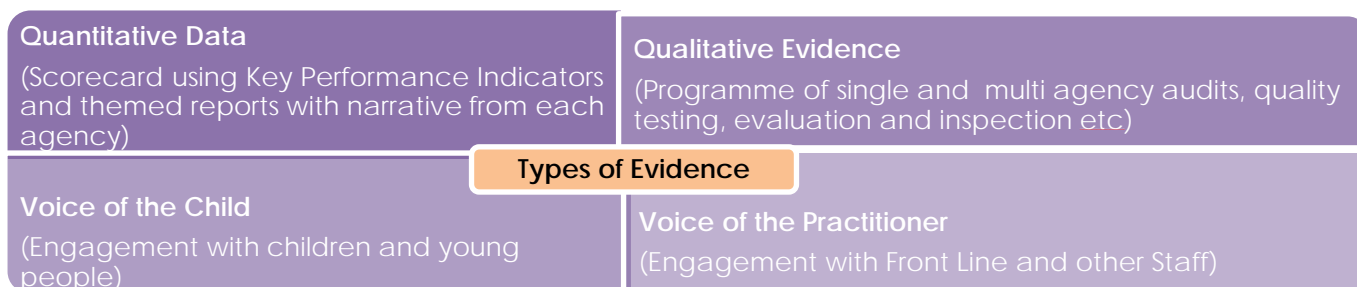
In considering these questions, we will consider the following:

- How much have we done and how do we compare with others?
- How well have we done it and what difference are we making to the lives of children?

These questions will be answered using:

- Quantitative data to compare with other authorities (Statistical Neighbours; Yorkshire & Humber region; Best Performing Local Authorities and LSCBS), monitor over time, track trends and evaluate effectiveness
- Qualitative data in the form of strategic (section 11) and case file audits, inspection reports, evaluation from training and procedures
- Feedback from children and young people
- Feedback from frontline professionals and understand workforce perspectives
- Feedback from single agency perspectives triangulated with feedback from other agencies and external processes

This diagram illustrates the sources of information:



This is an example of how we will gather evidence for each safeguarding priority:

Safeguarding Priority				
How much have we done?		How well have we done it?		What difference are we making?
Performance Data and Trends	Audits, evaluations and thematic reports	Voice and experience of the child	Workforce, Training and Voice of practitioners and carers	Inspection Reports, Corporate parenting

The evidence is provided by single agencies and the local authority. It has been an evolving process that has improved as agencies understand what they need to contribute to the overall understanding of effectiveness. Agency information is also presented in the four quadrants illustrated above and increasingly includes a report from a senior manager or safeguarding lead and feedback from children and young people and their families.

The quarterly reports provide a context for monitoring and evaluating the effectiveness of what is done by Rotherham Local Safeguarding Children Board and its Board partners individually and collectively to safeguard and promote the welfare of children. The reports are considered at the multi-agency Performance & Quality Assurance Subgroups which are held six weekly. Alternate meetings focus on performance and auditing. The Subgroup Chair provides a report to the Board to inform their scrutiny of multi-agency arrangements.

Our aspiration is to provide an understanding of what difference we are making to the outcomes of children and young people based on information from each of the quadrants, for example:

- How many children and young people each agency works with , and how many specifically for safeguarding reasons
- How many referrals they make to MASH for safeguarding concerns and early help; how many multi-agency meetings they attend (e.g. CP conferences, core groups, strategy discussions etc)
- Summaries of work they have undertaken to measure the difference their work has made to the lives of children and young people - their individual and collective outcomes
- Summary of audits they have undertaken to quality assure their work
- Summary (feedback) of questionnaires / surveys from staff in relation to safeguarding / training / supervision etc
- Report how they have worked with children and young people to contribute to the development of their service and other services.

Quality Assurance, Audits and Case Reviews

Quality Assurance is a process which checks the quality of services and what needs to change to improve them. It establishes what is working well and where there are improvements needed. Conducting audits (checks) and reviews of children's cases is one of the ways the quality of services is monitored.

Audit and reviews of multi-agency frontline practice	
Thematic review strategy discussions Jan 2015 – Feb 2015	April 2015
An audit was undertaken to evaluate the quality of strategy discussions and subsequent sec 47 enquiries; a total of 273 strategy discussions held between 1st January 2015 and 18 February 2015 were audited.	
Audit of MASH contact and referral outcome decisions	April 2015
The New MASH service was introduced on 1 April 2015. This was a desk top review of all contacts received on a single day in April 2015 which sought to determine the quality of case recording and multi-agency practice.	

Missing Children Audit	May 2015
Children and young people who are missing from home or care had been identified as a priority for the RLSCB because of their particular vulnerability. All contacts for one week in April 2015 related to a young person reported as missing were examined. This audit was undertaken to provide a baseline for future audits.	
Audit of Paediatric Assessments (Child Protection Medicals) for Child Abuse and Neglect	May 2015
This audit was undertaken to assess the impact of the redesigned paediatric assessment for child abuse and neglect pathway launched in September 2014. This development was, in part, in response to anecdotal information that suggested that the process and procedures in place prior to this were resulting in social workers experiencing difficulties in arranging timely paediatric assessments and that children were experiencing long delays waiting to be seen after they had attended for their assessment appointment at the hospital. This initial audit provides a baseline for the future audits post implementation of the pathway.	
MASH workforce survey July – August 2015	August 2015
A survey monkey questionnaire was jointly developed between partners within Health, Children’s Social Care Services and the LSCB business unit. The survey consists of 14 questions that covered the full gamut; from the clarity of MASH process through to the delivery of improved outcomes for children. The survey aimed to establish where partners thought that the MASH had made any impact and to identify what further work needs to happen moving forward.	
Audit of timeliness of children protection conferences	September 2015
This audit examined whether children and families subject to child protection conferences are being notified in a timely manner and provided with good quality written information that they can discuss with the professionals who have written them prior to the conference. 50 child protection conferences were subject to audit.	
MASH ‘No Further Action’ dip sample audit	September 2015
This was a follow up dip sample audit following the more comprehensive benchmarking audit undertaken in April 2015. A desktop review was undertaken on a 100 contacts received by the MASH between the 25-31 July 2015. This represented 40% sample size of the 239 contacts received in this time period. The audit sought to determine the quality of case recording and multi-agency practice.	
Missing Children re-audit	October 2015
This audit was a follow up to the benchmarking audit May 2015. Significant changes had been made to practice in the intervening time. This audit aimed to address three main areas: the reasons why young people go missing, the quality of practice provided to the young people and to make recommendations to improve practice and services to children and young people who go missing.	
Evolve CSE Thematic Audit	November 2015
A multi-agency desktop review was undertaken of 5 individual children by individual partner agencies using a developed CSE audit tool. The review of these cases sought to qualitatively determine the effectiveness of the multi-agency practice and working together arrangements of EVOLVE with a particular focus on child and victim centred investigations and support services.	
MASH children’s workforce survey	December 2015
A survey monkey questionnaire should be developed and distributed seeking feedback regarding individual practitioner experiences of accessing the MASH from across the partnership. It was designed to seek practitioners’ opinion regarding their experience of contacting the MASH service as well as establishing how confident they felt regarding the quality of the decisions made and the advice provided.	
Audit of Strategy Discussions	February 2016
This audit was a follow up to the benchmarking audit conducted in April 2015, and was specifically undertaken to test compliance to the statutory guidance and RLSCB procedures. A desktop review was undertaken using 30 Strategy Discussions conducted by the Rotherham Children’s and Young Peoples Service between September and December 2015.	

Child Case Reviews
<p>Case A</p> <p>Concerned a 4 month old baby who was subject to a child protection plan and suffered a non-accidental injury; the subsequent paediatric assessment also identified a healing fracture of the ulna. The focus of the review was to review the multiagency CP plan, visits schedule across the partnership, content of visits (quality) and efficacy of core groups to establish if there was any learning regarding the joint CP practice in this case.</p>
<p>Case B</p> <p>Concerns a 17 year old female who had experienced domestic abuse perpetrated by her partner and concerns regarding her mental health. She had been sectioned under section 2 MHA 1983 (2007) 2015 and placed in a neighbouring authority prior to transfer to Rotherham; she was discharged from the section in July 2015. The focus of the review was to review the practice of practitioners from partner agencies in relation to this young woman particularly regarding effective communication.</p>
<p>Case C</p> <p>Root cause analysis undertaken concerning a 9 month old male infant who was admitted to the Children's Ward, Rotherham General Hospital in April 2015 following an arranged hospital appointment with the Dietician. His weight was below the 0.4th centile, he appeared visually thin and at the time of admission concerns were expressed by medical staff regarding his obvious failure to thrive and developmental delay. Prior to his admission an anonymous referral was made to children's social care expressing concerns about his weight and appearance.</p>
<p>Cases D & E</p> <p>This was a review two specific cases where the discharge from hospital of new-born babies subject to safeguarding processes may have been delayed after they were deemed medically fit for discharge. The purpose of the multi-agency review of the two cases was to assess the effectiveness of the current procedures and practice for safeguarding unborn and new-born babies to ensure they are in line with best practice and the recommendations made by the Care Quality Commission (CQC) following their CLAS Inspection undertaken in February 2015.</p>

Outcomes and impact of Audits and Case Reviews

The RLSCB developed and contributed to the implementation of a multi-agency Strategy Meeting/ discussion template and training sessions that provide a clear framework and structure as well as practice guidance to ensure effective meetings.

Use of the "Missing from Home –Trigger Plan" has been identified as best practice and is now routine when a young person has been reported as missing previously and for all Looked After Children aged over 10 years. Trigger Plans are routinely sent to other Police Forces when a Child in Care from Rotherham is placed out of borough. Feedback from our partners in the Police and Foster Carers and Residential Providers has been very positive.

The Missing from Home or Care and Runaways Multi-agency protocol has been reviewed in light of audit work and agreed with partner agencies in Rotherham and then across the South Yorkshire region. As a result a Return Home Interview (RHI) process has been agreed and every missing young person who is referred is offered a timely RHI. The take up of RHIs has increased significantly and there is practice evidence that this intervention and support has had a positive impact on engaging young people, reducing missing episodes and providing targeted support to young people at risk of significant harm.

The RLSCB Learning and Development Co-ordinator has ensured that the multi-agency training regarding “Strengthening Families Framework” specifically includes professional responsibilities and attendance at Child Protection conferences and importance of sharing written reports at least 2 working days before.

The RLSCB procedure for initial and review child protection conferences have been updated and published to provide clarity about professionals’ expectations of engagement with children and their family and the provision of written reports.

As a result of audit work, the CYPS Safeguarding Unit has made changes to ensure that all conference minutes are distributed and available within the child’s record in a timely manner. There has been a significant improvement, but continues to be monitored closely with increasing consideration how to complete minutes in a more focussed efficient manner without losing the essential evidence.

The Development and implementation of a Challenge Protocol was undertaken for the use of the Child Protection Conference Service. This enables conference chairs to constructively challenge colleagues within and between agencies to provide robust scrutiny to this area of work.

The protocol regarding “Paediatric Assessments for Child Abuse and Neglect” has been reviewed and aligned with the guidance provided by Royal College of Paediatrics and Child Health “The Child Protection Companion” 2nd ed. 2013 and agreed with partner agencies in Rotherham. An agreed procedure has been added to the LSCB Procedures on line and awareness raised amongst partner agencies and the procedure through the RLSCB level 3 safeguarding training.

An audit had identified inconsistency within the screening process within the MASH. Clear guidance regarding screening expectations was explored with MASH team managers and individual workers. This was further communicated within the MASH Team meeting. Clarity around screening expectations is included within MASH Operational Guidance V.1 June 2015.

The LSCB Safeguarding Unborn and New born Babies procedure have been amended to include the details of additional standards and guidance relating to contingency arrangements the development of a planning template with stakeholders to support the production of Pre-Birth Plans.

A formal written agreement or Memorandum of Understanding (MOU) has been developed between The Rotherham NHS Foundation Trust (TRFT) and Children and Young People’s Services with the expectation that all children in hospital, who are subject to safeguarding concerns, should not be subject to a delayed discharge. In the event that it is not safe to discharge them, an escalation procedure is in place between the two services.

To support this a regular (bi-monthly) meeting between the Head of Midwifery (TRFT) and Head of Safeguarding / Head of Service – Locality Social Work (CYPS) now provides a forum to review all cases of babies born where there have been safeguarding concerns and ensures that plans are in place for those expected to be born in the next period. As a result of a case review the RLSCB has developed and implemented a new procedure for “contact between parents and their children in hospital where there are safeguarding concerns.”

Section 11 Audit for statutory agencies

The S11 audit evaluates and challenges organisations arrangements to safeguarding children.

Section 11 (4) of the Children Act 2004 requires each person or body to which the duties apply to have regard to any guidance given to them by the Secretary of State and places a statutory requirement on organisations and individuals to ensure they have arrangements in place to safeguard and promote the welfare of children.

Rotherham LSCB currently operates a 4 stage Section 11 audit process:

- **Stage 1** - A self-assessment is undertaken by each partner agency using an agreed audit tool that encompasses 8 standards.
- **Stage 2**- Participation in a "Challenge Meeting" which involves the agency RLSCB member, the organisation's section 11 auditor, the RLSCB Independent Chair and the RLSCB Quality Assurance Officer; and another Board Member peer reviewer.
- **Stage 3** – Each agency commences work against the improvement actions agreed at the S11 challenge meetings and contained with their feedback letter.
- **Stage 4** - Involves the identification of emerging themes and findings and production of a summary report providing a level of assurance to the LSCB.

Agencies which were subject to the S11 Audit in 2015-16
South Yorkshire Police
Rotherham Clinical Commissioning Group
RMBC Children and Young Peoples Services
RMBC Corporate
Rotherham Youth Offending Service
Rotherham, Doncaster and South Humberside NHS Foundation Trust (RDASH)
The Rotherham NHS Foundation Trust (TRFT)
NHS England
South Yorkshire Fire & Rescue (SYFR)
National Probation Service (NPS)
Sodexo South Yorkshire Community Rehabilitation Company (SYCRC)

All agencies that were requested to complete a section 11 report did so and were received by the LSCB business unit in February 2016. Between the 9 and 16 February 2016 three challenge days were held.

This year the decision was taken to incorporate a Board Member peer reviewer on the challenge panel. The challenge meeting is part of the LSCB's collaborative approach to continuous improvement, the objective being to facilitate honest and constructive challenge, as well as providing an opportunity for organisations to share their practice, indicate future actions and provide assurance about their safeguarding children arrangements. The aim is to increase both the effectiveness of inter-agency working and to improve the understanding in relation to organisational roles and responsibilities.

Feedback has strongly indicated that those completing the audit found it a valuable exercise. Agencies advised that the audit had acted as a prompt, reinforcing their obligation to have arrangements in place which serve to protect and safeguard children and young people - with some agencies revising their own policies and amending procedures to address gaps identified by the audit.

As a result of these discussions the reviewers were in a position to conclude that overall, agencies had an awareness of their safeguarding arrangements, that their self-evaluations were a realistic review of their current position and that these will provide a base line to measure future progress. All agencies provided examples of evidence that supported their self-evaluation. An opportunity for resubmission was given and the updated evidence and action plans have been reviewed by the LSCB advisors and the Performance and Quality Assurance Sub Group to monitor progress.

Key Themes Arising from Section 11 Audit

3 key themes were seen cross cutting all of the 8 individual standards:

- 1) Agencies do not always provide enough evidence either through specific practice examples or quantitative data to support the statements being made regarding the safeguarding arrangements within their organisations.
- 2) Organisations continue to find the increased focus on evidencing "outcomes" to be a challenge with a tendency to rely on descriptive evidence of process and procedure; however the challenge meetings did provide an opportunity to identify evidence of improved outcomes for children and families but answering the "So what?" question is an area that continues to require further partnership working and will need to be subject to further review and challenge over the next 12 months.
- 3) There is limited sharing of single agency audits with the LSCB where there are safeguarding elements being scrutinised. The findings from these audits are not routinely shared with the LSCB which is a missed 'added value' opportunity for shared learning, development of best practice and providing assurance across the partnership.

Child Death Overview Panel

The Child Death Overview Panel (CDOP) is a multi-agency panel. It looks at every case where a child has died in the borough to see if there are things which can be changed in the future to prevent a similar death.

The number of child deaths in any particular age range within the local area is small in number. This means that generalisations are rarely appropriate, and for lessons to be learned data needs to be collected and reported on nationally and over a number of years. Current methods of data collection mean that accurate regional and national comparisons are not readily available.

CDOP promotes the sharing of information and learning to all organisations, in both the statutory and voluntary sector, about how to reduce the likelihood and impact of modifiable risks which might lead to the death of a child. By so doing, the panel seeks to reduce risks, prevent avoidable deaths and improve the health, welfare and safety of the children across the Borough.

Remit of the Child Death Overview Panel

The functions of the CDOP include:

- Reviewing all child deaths, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law;
- Collecting and collating information on each child and seeking relevant information from professionals and, where appropriate, family members;
- Discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family;
- Determining whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths;
- Making recommendations to the Local Safeguarding Children Board (LSCB) or other relevant bodies promptly so that action can be taken to prevent future such deaths where possible;
- Identifying patterns or trends in local data and reporting these to the LSCB;
- Where a suspicion arises that neglect or abuse may have been a factor in the child's death, referring a case back to the LSCB Chair for consideration of whether a Serious Case Review (SCR) is required;
- Agreeing local procedures for responding to unexpected deaths of children; and
- Cooperating with regional and national initiatives – for example, with the National Clinical Outcome Review Programme – to identify lessons on the prevention of child deaths.

In reviewing the death of each child, the CDOP should consider modifiable factors, for example, in the family environment, parenting capacity or service provision, and consider what action could be taken locally and what action could be taken at a regional or national level.

The aggregated findings from all child deaths should inform local strategic planning, including the local Joint Strategic Needs Assessment, on how to best safeguard and promote the welfare of children in the area. Each CDOP should prepare an annual report of relevant information for the LSCB. This information should in turn inform the LSCB annual report.

Child Death Reviews 2015-16

During 2015-16 CDOP met on three occasions, with a total of 7 deaths being reviewed.

Case	Age Range	Gender	Ethnicity	Expected/Unexpected	Modifiability	Category
1	<28 days	Female	Unknown	Expected	Non Modifiable	Perinatal/neonatal event
2	<28 days	Female	Asian Pakistani	Expected	Non Modifiable	Chromosomal, genetic & congenital anomalies
3	28 to 364 days	Female	White British	Expected	Non Modifiable	Perinatal/neonatal event
4	<28 days	Male	White British	Expected	Non Modifiable	Chromosomal, genetic & congenital anomalies
5	<28 days	Male	White British	Expected	Non Modifiable	Chromosomal, genetic & congenital anomalies
6	1-4 years	Male	White British	Unexpected	Non Modifiable	Acute medical or surgical condition
7	28 to 364 days	Male	White British	Unexpected	Modifiable	Sudden unexpected, unexplained death

CDOP Activity 2015-16

In 2015-16 Rotherham CDOP reviewed 7 cases of children who had died.

Rotherham CDOP undertook the following review and developmental work in 2015-16:

- Participated in a South Yorkshire wide study being carried out by Sheffield Children's Hospital relating to deaths of children with a life limiting illnesses.
- Actively contributed to South Yorkshire CDOP meetings.
- Undertook a modifiability exercise to ensure that CDOP members understood the complexities at arriving at such a judgement and applied the criteria consistently.
- Reviewed the membership of CDOP to strengthen the work of the panel.
- Commissioned a Safe Sleep Audit for infants which was undertaken by The Rotherham NHS Foundation Trust and Rotherham Public Health

Key Learning Points from 2015-16

- To provide clear guidelines for handover communications between midwifery and health visitors / Family Nurse Partnership (FNP), to ensure that identified risks are recorded and shared between professionals, and where necessary re-assessment takes place.
- To provide guidance for midwifery, health visitors and FNP when reassessment and/or escalation are required.
- To update The Rotherham NHS Foundation Trust (TRFT) Safe Sleeping Policy to include assessments, procedures and processes

- CDOP reviewed a case where there were vulnerable young children living in poor housing conditions and there were potential options to address this with the landlord using a range of housing regulations and enforcement actions. It was established that the council's housing department can take action against irresponsible housing landlords including for example, issues such as damp, bare wiring, no heating, unsafe conditions. This key area of learning was disseminated through the partnership workforce.
- Where a teenager is receiving treatment in an acute medical setting (hospital) there needs to be a care pathway developed to ensure the child receives the same medical interventions and reviews as if they were on a paediatric ward. This needs to include the use of a paediatric history sheet and charts, and training amongst staff on how to effectively use this pathway.

Multi-Agency Safeguarding Learning and Development

Training and other learning and development activity is provided by the RLSCB to a wide range of professionals and volunteers who work with children and families in Rotherham.

The RLSCB currently offers a wide range of multi-agency safeguarding children training which supports the development of the workforce in Rotherham who work or come into contact with children, young people and their families. Training is delivered through a blended approach with face to face training and e-learning courses and aims to support individuals and organisations to undertake their safeguarding roles and responsibilities in a committed, confident and competent manner.

During 2015/16 the LSCB offered 48 different themed training courses delivered through 205 training sessions to 4857 attendees. Examples of the training subjects included:

Training courses delivered in 2015/16
Child Sexual Exploitation and Safeguarding
CSE: Understanding a Child Victim's Response to Sexual Exploitation
Safeguarding Children and Understanding Thresholds of Need
Working with Resistant Families
WRAP Training (Workshop to Raise Awareness of Prevent)
Domestic Abuse
Early Help - Assessment Skills Training
Early Help - Introduction to Childhood Neglect
Female Genital Mutilation
Strengthening Families Framework
Safeguarding Disabled Children and Young People

All Rotherham Safeguarding Children Board courses are free of charge to all partner agencies and non-profit organisations.

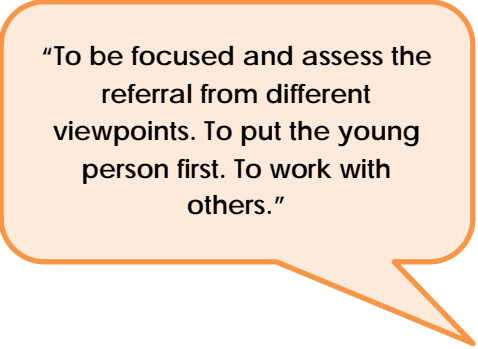
Agencies who attended included

- South Yorkshire Police;
- Rotherham Clinical Commissioning Group;
- The Rotherham NHS Foundation Trust;
- Voluntary sector organisations including Action Housing, Rotherham Women's Refuge, MySELF Project, GROW, Rotherham and Barnsley Mind;
- RMBC social care; Educational settings;
- South Yorkshire Fire and Rescue;
- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
- Rotherham Foster Carers.

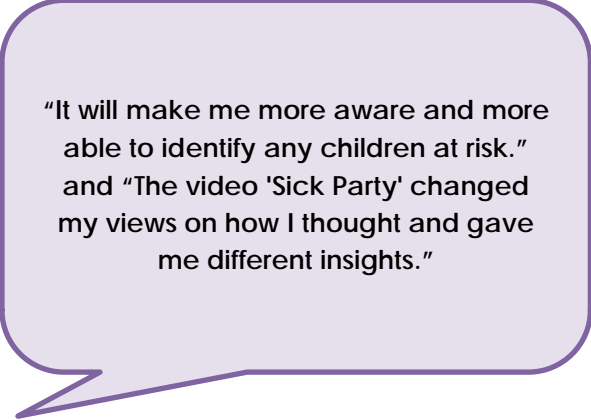
The LSCB training offer is continually reviewed to ensure that it responds to local need and priorities and the training strategy takes into account national, regional and local factors, including acting on the recommendations of serious case reviews, child death reviews, and other reviews such as audits.

The training programme identifies the aims and learning outcomes for all courses and identifies which groups of staff the training is appropriate. It is aligned to the National Competency Framework for Safeguarding Children. Attendees are asked to provide evidence of the impact of the training both on their practice and for children and families. The evidence shows that the majority of attendees report increased confidence, improved skills and the fact that having attended the training they felt it had impacted positively on their safeguarding practice. The following offers an insight into some of the feedback received:

Developing Understanding and Insight into the Impact of Child Sexual Exploitation on Victims' Responses and Disclosures:

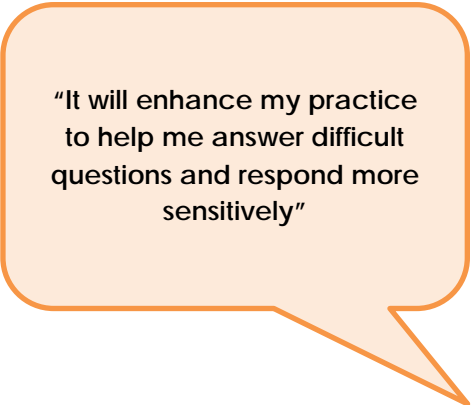


"To be focused and assess the referral from different viewpoints. To put the young person first. To work with others."

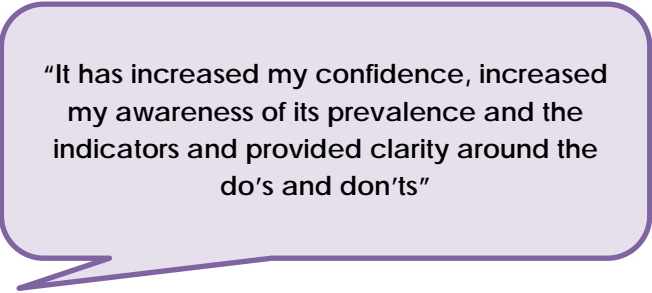


"It will make me more aware and more able to identify any children at risk." and "The video 'Sick Party' changed my views on how I thought and gave me different insights."

Female Genital Mutilation:



"It will enhance my practice to help me answer difficult questions and respond more sensitively"



"It has increased my confidence, increased my awareness of its prevalence and the indicators and provided clarity around the do's and don'ts"

Working with Resistant families:

"You must hear the voice of the child, make sure you hear and see them"

"It will help me with my reflective practice and confidence in challenging families"

Basic Child Protection:

"Child protection is everyone's responsibility"

"To not make assumptions better to say something than not"

Safeguarding Training for Education - Designated Safeguarding Leads:

"I need to review and update my own learning regularly to keep up with the changes"

"It has given me adequate information which has given me confidence should a safeguarding incident take place in my work setting"

Safeguarding children policies and procedures

These are the multi-agency procedures and processes that professionals must follow where there are concerns about a child's safety or welfare.

Safeguarding Children Policies and procedures can be developed or amended as a result of any of the following:

- Changes to legislation or statutory guidance
- Recommendation from a local learning process, such as audits or practice reviews
- Recommendation from Serious Case Reviews or Child Deaths
- Research evidence or best practice guidance

Safeguarding procedures updated in 2015/16

During the year there were two updates to the online multi-agency safeguarding children procedures:

In the summer of 2015 a review of all procedures in the "Core Procedures where there are Concerns about a Child's Safety and Welfare" were extensively reviewed to ensure they were consistent with Working Together 2015 and other statutory guidance and legislation, research and best practice guidelines and current practice in Rotherham. The documents were reviewed by the RLSCB Business Unit in conjunction with key multi-agency stakeholders. New or significantly revised procedures included:

"Referring Safeguarding Concerns about Children"

- Referring Safeguarding Concerns about Children
- Multi-Agency Referral Form (MARF) Guidance
- Action Following Referral of Safeguarding Children Concerns
- Practice Guidance:
- Indicators of Abuse; Significant Harm: The Impact of Abuse and Neglect; Neglect

"Child Protection - Investigation and Conferences"

- Strategy Discussions/Meetings
- Section 47 Enquiries
- Paediatric Assessment for Section 47 Enquiry (Child Protection Medical)
- Initial Child Protection Conferences
- Implementation of a Child Protection Plan - Lead Social Worker and the Core Group Responsibilities
- Child Protection Review Conferences
- Practice Guidance: 2013 Protocol and Good Practice Model Disclosure of information in cases of alleged child abuse and linked criminal and care directions hearings (October 2013)
- Practice Guidance: Achieving Best Evidence in Criminal Proceedings Guidance on interviewing victims and witnesses, and guidance on using special measures (March 2011)
- Appeals in Relation to Child Protection Conferences

New procedures developed and added to the manual during the year included:

- As a result of the Care Quality Commission inspection of The Rotherham Foundation NHS Trust in 2015, new procedures for Safeguarding Unborn and Newborn Babies and Concealment and Denial of Pregnancy were developed.
- Supporting Children and Young People Vulnerable to Violent Extremism
- Safeguarding Girls and Young Women at Risk of Abuse through Female Genital Mutilation
- The South Yorkshire Runaways Joint Protocol Running Away from Care and Home

Significantly reviewed were the following procedures:

- Safeguarding Children and Young People who go Missing from Home and Care
- Children and Families who go Missing
- Children Moving Across Boundaries

- Children Living Away from Home (including Children and Families Living in Temporary Accommodation)
- Safeguarding children subject to Private Fostering arrangements
- Safeguarding Children at Risk of Modern Slavery
- Neglect Procedure was updated and the Rotherham Graded Care Profile was added.
- Underlying Policy, Principles and Values
- Information Sharing and Confidentiality
- Statutory Framework
- Practice Resolution Protocol: Resolving Professional Differences of Opinion in Multi-Agency working with Children and their Families
- Contact between Parents and their Children in Hospital where there are safeguarding concerns
- Multi-Agency Practice Review Group Terms of Reference

National guidance documents were added, including

- ACPO – A Guide to Investigating Child Deaths
- DBS Eligibility Criteria
- Raising Concerns at Work: Whistleblowing Guidance for Workers and Employers in Health and Social Care
- Anti- Social Behaviour, Crime and Policing Act 2014
- Safeguarding Children at Risk of Modern Slavery

7. Managing Allegations against staff, volunteers and foster carers

Investigations where there are concerns about those professionals or volunteers who work with children.

Working Together 2015 requires that each Local Authority has a designated officer to deal with allegations made against professionals or persons who are a part of the children's workforce. In practical terms, the role of the Local Authority Designated Officer (LADO) is to:

- Provide advice and guidance to agencies and individuals, in relation to issues surrounding the conduct of their staff (whether paid or unpaid) which concern actions or behaviours giving rise to safeguarding concerns;
- Ensure co-ordination and proportionate, fair and safe outcomes in relation to these matters, specifically regarding the safeguarding of any / all children concerned, the investigation of any criminal matters and the associated human resources processes;
- Convene, chair and record strategy meetings for this purpose;
- Manage and oversee individual cases from the commencement of the process through to conclusion and outcome.

The LADO will become involved, where there is reasonable suspicion that a person who works with children (whether paid or unpaid) has behaved in such a way as to:

- Cause or potentially cause harm to a child;
- Commit a criminal offence against or related to a child; or
- Indicate that he or she would pose a risk of harm if they were to work regularly or closely with children.

Both historical and current allegations of this kind are considered. An incident or behaviour occurring in the context of a person's private life will also be considered where this suggests that the person may pose a risk of harm to children.

In 2015-16 there were 233 recorded enquiries, 99 of these progressed to a strategy meeting and investigation. This is an increase on the figures for 2014-2015 when 83 allegations were progressed into a full LADO investigation. The referral source for those initial 99 enquiries was as follows:

Professional Source of LADO referral	Total
Children's Social Care Services	45
Residential Child Care Service	2
Children's Contact Service	1
Secondary Education	7
Primary Education	11
Early Years Services	3
Fostering Service RMBC	9
Independent Fostering Agency	1
Health:	
Rotherham Doncaster and South Humber NHS Trust	1
Sheffield Children's Hospital NHS Trust	1
The Rotherham Foundation NHS Trust	1
Other NHS Trust	1

Professional Source of LADO referral	Total
NSPCC	1
Police	10
RMBC Children's Rights2Rights Service	2
RMBC	1
CYPS Safeguarding Services	2
Total	99

Of the 99 initial enquiries that progressed to strategy discussion and investigation, the nature of the issues was as follows:

Nature of issue	Total
Physical abuse	30
Physical restraint	9
Emotional abuse	11
Sexual abuse	11
Inc Historical sexual abuse	3
Sexual exploitation	4
Person who may pose a risk of harm	14
Neglect	17
Total	99

Of the 99 enquiries that progressed to strategy discussion and investigation, the outcome was as follows:

Outcome	Total
Substantiated	30
Unsubstantiated	40
Unfounded	11
Malicious	4
Other	4
Investigation ongoing	10
Total	99

A range of outcomes is recorded in respect of the perpetrator's employment as follows (in each case there are one or more outcomes):

Outcome	Total
No further action taken	55
Resigned	12
Dismissed	5
Formal warning (written or verbal)	3
Ceased using services	3
Additional monitoring and supervision for specified period	14
De-registered (foster carers)	5

Outcome	Total
Police caution	2
Criminal proceedings ongoing	5
Policies and procedures reviewed	1
Additional support offered in the classroom	4
Additional Safeguarding training recommended	Unquantified but frequent (especially in schools)
Referral to regulatory body	5

Quality and Thematic Issues

Increasing volume of referrals to the Local Authority Designated Officer (LADO)

The growing number of enquiries to the LADO provides some evidence that an increased awareness of the allegation management process is evident and is embedded throughout the Rotherham partnership. In specific agencies (e.g. Police and Health) the number of enquiries that reach the LADO threshold and therefore become full LADO Investigations is high, suggesting a clearly embedded understanding of the types of issue that require a LADO involvement and an awareness of the process to be applied.

Awareness raising and the profile of the LADO role

The LADO has facilitated a number of training events across the partnership this year in order to improve and facilitate further and more consistent understanding of the LADO role, type and nature of issue to be referred. Presentations about the work of the LADO and process for managing allegations against staff have been made as follows:

- Two presentations to the Education Safeguarding Forum;
- Primary Head Teachers and School Governors;
- Housing and Licensing representatives;
- Catering and Facilities Managers.
- Residential Social Workers and as part of the Safer Recruitment Training delivered by the LSCB;
- Senior Managers of the Integrated Youth Service;
- Staff working in the Mosques across Rotherham as part of a general safeguarding training session;
- Taxi Operators as part of a safeguarding briefing event presented with the Passenger Transport Services.

Thematic and Qualitative Overview

There have been a number of complex matters referred to the LADO in the year. These have included serious allegations against members of staff employed in a variety of settings across the partnership. Particular referrals this year still have reference to historic allegations, some of which relate in part to larger scale police investigations.

In January 2016, a number of historical safeguarding incidents in respect of Taxi Drivers were brought to the attention of the Safeguarding Unit through work of the internal audit department within the council. These raised general issues about the safety of local arrangements around the licensing and commissioning of transport for children in the borough as well as having generated enquiries into the specific allegations and incidents.

Though, in line with Working Together guidance, the LADO remit generally covers adults who are employed to work directly with children the above was an example where a particular group of workers were not previously routinely being referred to the function. Given the above issues relating to some taxi drivers in the borough it is now explicit that taxi drivers (who regularly transport children and young people as part of their job or contract) should be considered by the LADO where there are relevant allegations. Taxi operators have been consulted and engaged in relation to this change to procedure.

Broader procedural change, relating to the licencing of taxi drivers, commissioning and procurement of taxi's or other transport for children in the borough and the use of taxis by residential care providers has resulted from this work.

There has been a slight increase in the number of perpetrators reported who have regular access to children and young people through other forms of employment, involving driving. For instance, there have been referrals in respect of two driving instructors. These referrals have generated positive links with the regulatory body for driving instructors who have been particularly proactive in recognising the safeguarding responsibilities of their organisation and assisting with LADO investigations.

Some incidents were not immediately and appropriately referred to the LADO. One such incident occurred in a school where an immediate internal investigation determined that the incident would not meet LADO threshold. Subsequently, the parents reported that the child received an injury and a full LADO investigation was undertaken which resulted in a criminal charge against the teacher.

8. Conclusion and recommendations for future priorities

We need to make sure that we have good information about how good safeguarding practice is in Rotherham, that we listen to children, young people and the wider community and that we influence the people who commission services to make improvements where it is needed. In drawing up our business plan we have taken account of the report from the Ofsted inspection in 2014, information from Ofsted monitoring visits and the Board's self-evaluation of its effectiveness.

This has resulted in the following key priority areas for the LSCB 2016 -18 Business Plan:

Governance and accountability

There needs to be a clearer articulation and understanding of the responsibilities and relationship between the LSCB and the Health and Well Being Board, Children's Partnership, Children's Improvement Board and Community Safety Partnership. The LSCB needs to have defined priorities for focus of its work in the context of the work of other strategic partnership boards. The LSCB needs to have greater influence in terms of the priorities and planning for other partnership boards. Partners need to hold each other to account much more in relation to safeguarding practice and issues.

Community engagement and the voice of children

The Board needs to do more in terms of engagement with local communities in relation to raising awareness and listening to their views. The voice of children needs to be taken into account more when evaluating safeguarding outcomes for children and young people. The council has declared its intention to be a child centred borough and the Board will test the evidence that the council and its partners are providing child centred services.

Scrutinising front-line practice

There needs to be continued, regular and effective monitoring of frontline practice including the use of thresholds and the impact of Early Help. Smarter opportunities need to be used for learning from practice and sharing the learning across the partnership.

Children in specific circumstances

Safeguarding Looked After Children, Children who are at risk of harm due to Child Sexual Exploitation, Children who go Missing, and Children who are at risk due to Neglect have been identified as priority areas of safeguarding where the LSCB needs to challenge and monitor progress.

For more information, see the [RLSCB Business Plan 2016 – 2018](#).

9. Appendices

Appendix 1 – Board Member attendance 2015-16

Agency Attendance at RLSCB	Jun	Sep	Dec	Mar	% Attendance
Independent Chair	✓	✓	✓	✓	100%
Adult Services, RMBC	Aps	D	Aps	✓	50%
CAFCASS	✓	Aps	Aps	Aps	25%
Rotherham Clinical Commissioning Group	D	✓	D	✓	100%
Councillor – Cabinet member CYPs	✓	Aps	✓	Aps	50%
CYPs Voluntary Services Consortium	Aps	Aps	Aps	✓	25%
Children & Young Services, RMBC	✓	✓	✓	✓	100%
Housing, RMBC	✓	✓	Aps	Aps	50%
Lay Members	✓	Aps	Aps	✓	50%
NHS England	✓	Aps	✓	✓	75%
National Probation Service	✓	✓	✓	Aps	75%
Public Health England	✓	✓	✓	✓	100%
Rotherham & Doncaster and South Humber NHS Foundation Trust (RDASH)	✓	✓	✓	Aps	75%
Schools & Colleges Representative	✓	✓	✓	✓	100%
Sodexo Justice	✓	✓	✓	✓	100%
South Yorkshire Fire & Rescue	Aps	X	Aps	Aps	0%
South Yorkshire Police	✓	✓	✓	✓	100%
The Rotherham NHS Foundation Trust (TRFT)	D	✓	✓	Aps	75%
Yorkshire Ambulance Service	X	X	Aps	✓	50%
Youth Offending Service, RMBC	Aps	Aps	✓	✓	50%

Key	
x	Agency is not invited or does not have a current representative
Aps	Apologies were tendered with no deputy attending
✓	Attended
D	Deputy attended

Appendix 2 – Financial Statement 2015-16

Budget Statement 2015/16 Outturn	Funding Formula	Budget 2015/16	Outturn 2015/16
	%	£	£
Income			
Annual Contributions			
Rotherham MBC	55.80%	162,231	162,231
Rotherham CCG	25.90%	75,315	75,315
South Yorkshire Police & Crime Commissioner	15.30%	44,475	44,475
South Yorkshire Probation	2.70%	7,849	5,330
CAFCASS	0.30%	830	550
Other Contributions			
Surplus / Deficit from previous year		0	0
Rotherham CCG - L&D contribution		22,000	22,000
Rotherham MBC - L&D contribution		22,000	22,000
Rotherham MBC – Printing contribution		1,200	1,200
Income generation - Training		0	1,568
Total Income		335,900	334,669
Expenditure			
LSCB Salaries *		238,150	223,724
Public Liability Insurance		800	1,168
IT & Communications		900	3,279
Printing		2,900	3,108
Stationery and Equipment		50	0
Learning & Development		49,800	49,604
Independent Chair		39,800	42,056
Software licences & maintenance contracts		3,500	7,150
Independent Chair Recruitment		0	4,080
NWG Network Membership		0	500
Total Expenditure		335,900	334,669
Surplus / Deficit		0	0

Appendix 3: Glossary

BME	-	Black and Minority Ethnic
BTEC	-	Business and Technology Education Council
CAADA	-	Coordinated action Against Domestic Abuse
CAF	-	Common Assessment Framework
CAFCASS	-	Children and Family Court Advisory and Support Service
CDOP	-	Child Death Overview Panel
CIN	-	Children in Need
CLAS	-	Children Looked After and Safeguarding
CP Plan	-	Child Protection Plan
CSC	-	Children’s Social Care Services
CSE	-	Child Sexual Exploitation
CQC	-	Care Quality Commission
CYPS	-	RMBC Children & Young Peoples Services
DBS	-	Disclosure & Barring Service
DfE	-	Department for Education
FNP	-	Family Nurse Partnership
IDVA	-	Independent Domestic Violence Advocate
LAC	-	Looked After Children
LADO	-	Local Authority Designated Officer
LSCB	-	Local Safeguarding Children Board
MARAC	-	Multi Agency risk Assessment Conference
MARF	-	Multi-Agency Referral Form
MASH	-	Multi-Agency Safeguarding Hub
MOU	-	Memorandum of Understanding
NCA	-	National Crime Agency
NPS	-	National Probation Service
NSPCC	-	National Society for the Prevention of Cruelty to Children
OFSTED	-	The Office for Standards in Education, Children’s Services & Skills
ONS	-	Office for National Statistics
RDASH	-	Rotherham, Doncaster and South Humber NHS Foundation Trust
RHI	-	Return Home Interview
RLSCB	-	Rotherham Local Safeguarding Children Board
SCR	-	Serious Case Review
SYFR	-	South Yorkshire Fire & Rescue
SYP	-	South Yorkshire Police
TRFT	-	The Rotherham NHS Foundation Trust
WRAP	-	Workshop to Raise Awareness of Prevent

Contact details

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