

**IMPROVING LIVES SELECT COMMISSION  
22nd March, 2017**

Present:- Councillor Clark (in the Chair); Councillors Allcock, Beaumont, Cooksey, Cusworth, Elliot, Jarvis, Keenan, Marriott, Napper, Senior and Short.

Apologies for absence:- Apologies were received from The Mayor (Councillor Pitchley) and Councillor Khan.

**49. DECLARATIONS OF INTEREST**

Councillor Allcock declared a non-pecuniary interest in Minute No. 53 (Overview of the Provision and Services for Children and Young People with Special Educational Needs and Disability (SEND) in Rotherham) as he was a member of the SENDIASS Moderating Committee.

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

There were no members of the press or public present at the meeting.

**51. COMMUNICATIONS**

Corporate Parenting Panel

Councillor Cusworth had provided Members of the Select Commission with a summary of the last meeting of the CPP and drew attention to the following issues:-

- Initial Health Assessments for Looked After Children (LAC) were still causing concern. Part of the delay was due to partners such as doctors typing up notes. It was hoped that Liquid Logic would alleviate some of the issues with nurses receiving requests for assessments a lot sooner
- Recruitment of Social Workers in the area of LAC
- Wilmott Dixon had committed to ringfencing a portion of the sixteen apprenticeships to care leavers, waiving the requirement for GCSE Maths and English and supporting the young person to achieve the qualifications during the period of apprenticeship
- 67% of care leavers were in Education, Employment and Training compared to the national average of 43%
- Rotherham had 12% of care leavers in higher education
- The recent Ofsted visit to Liberty House had recognised further improvements

Fostering Panel – 6<sup>th</sup> March

- Recommended approval of one new prospective foster carer
- Considered two annual reviews and two bi-annual reviews and recommended continued approval of all
- Two foster carers had resigned
- The Panel would welcome any Elected Member

Child-Centred Borough

Councillor Allcock reported that at the last meeting:-

- A representative from Leeds City Council had attended to talk about their approach to being child centred and how they had managed to embed it as an ethos across the whole authority
- Looked at ideas that the Authority may start implementing across Rotherham in order to move towards being more child centred and focussed

**52. MINUTES OF THE PREVIOUS MEETING HELD ON 1ST FEBRUARY, 2017**

Resolved:- (1) That the minutes of the previous meeting of the Improving Lives Select Commission, held on 1<sup>st</sup> February, 2017, be approved as a correct record for signature by the Chairman.

(2) That an update be provided to the next meeting with regard to the management of sickness absence amongst staff (Minute No. 46 - Early Help and Family Engagement).

**53. OVERVIEW OF THE PROVISION AND SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) IN ROTHERHAM**

Paula Williams, Workforce Development & Quality Assurance Co-ordinator, gave the following powerpoint presentation:-

The Rotherham Context

- There were 43,882 children and young people attending Rotherham's maintained schools as at January 2016 School Census. 7,124 children are identified as having a Special Educational Need (16%)
- 2.8% have needs met with support of an Education Health and Care Plan
- 21.8% have needs met by a graduated response

Current Provision – what constitutes the current offer

- Family Advice and Support
- Special Schools
- Enhanced Resources
- Local Authority Alternative Provision
- Post-14 Transitions
- Private and Voluntary
- Early Years Support
- The Mainstream Inclusion offer
- Social Care Provision
- The Health Offer

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### Special Schools (total capacity 595) – current offer

- Hilltop – PMLD – age 2-19 95 places  
Redwood Early Years Resource
- Abbey (designation under review) 7-16 90 places (110 from September)
- Kelford (SLD, PMLD) age 2-19 100 places  
Kimberworth Primary Resource
- Milton (Autism and Complex Needs) age 5-16 120 places  
Canal Side Resource
- The Willows (MLD) age 7-16 100 places
- Newman (Physical needs) age 2-19 102 places  
Newman Enhanced Resource (highly complex needs and autism 20 places)

### Enhanced Resources

- Hearing Impaired Resources  
Bramley Grange Primary age 5-11 11 places
- Hearing Impaired Resources  
Wickersley age 11-16 11 places
- Primary Speech and Language Resource  
Anston Hillcrest Primary age 5-11 15 places
- Secondary Autism Resource  
Swinton Secondary School age 11-16 20 places

### Local Authority Alternative Provision

- Aspire  
Primary (19) and secondary (60 places plus 30 in partnerships)  
Sites currently being reconfigured
- Rowan Health Alternative Provision  
42 places age 5-19
- Home Tuition  
19 places age 5-19
- Private and Voluntary  
Morthyng  
Really Neet Co.
- Post-16 Providers

### RMBC CYPS – SEND/Inclusion within Education and Skills

- Education Health and Care Assessment Team
- Educational Psychology Service
- Inclusion Support Services: Autism Communication Team, Education Other than At School and Central Register, Hearing Impairment Team, Learning Support Service, Social Emotional and Mental Health Team, Visual Impairment Team
- Special Educational Needs and Disability Information Advice and Support Services (SENDIASS)

Close liaison with:-

- Rotherham Parents Forum
- Virtual School for Looked After Children
- Elective Home Education

Demographics in Rotherham

- Evidence suggests that the population of Rotherham will increase by 1.7% from 2016 to 2021 from 261,400 to 265,800. A growth of 4,400 people
- We can assume that although the overall population is growing at 1.7% the adult population is producing a higher ratio of children
- There is a greater predicted increase in pupils aged 3-19. If realised, there will be a corresponding increase in the number of school age pupils from 44,626 to 48,858, a growth of 2,231 (an increase of 5%)
- It is predicted that the number of pupils with SEND will increase from 7,253 (2016) to 7,616 by 2021 which is an increase of 363 pupils (5%). This represents the total increase in SEND and includes pupils with EHC Plans and those pupils receiving SEN Support in mainstream schools

Education Health and Care Planning – Local Picture

- Overall Rotherham have 1,570 statements and Education Health and Care Plans (EHCP)
- 2.8% of the population (2.8% national average)
- As of February 2016 we have 545 Statement conversions to complete (DfE target date 31<sup>st</sup> March 2018)
- Conversions target 2016/17 – Y6, Y9, Y11, Y14 = 255 (in total)
- Conversion target LDAs December 2016 – fully met
- Average number of new EHC assessment referrals 24 per month

National Picture May 2016

- Education Health and Care Plans issued within 20 weeks in May 2016
- Rotherham 66.9% - national average 59.5%
- Rotherham Tribunal Cases 2016/17 – one – national average 4.34%

Genuine Partnerships

- National work of Rotherham Charter Team launched June 2016
- Local Authority (Educational Psychologist) and Parent Forum Co-lead
- Diverse team of parents, carers, young people and practitioners modelling genuine co-production, appreciative approaches
- Consultation, training packages, tiered packages of support leading to Gold Accreditation
- Influential to SEND reforms 2014, wider than SEND
- NATIONAL INTEREST – Voices: National Alliance for Local Area Partnership Working
- Partnership for NDTi (“inspirational”), Shropshire, more to follow
- Four Charter Principles to be adopted nationally as ‘Cornerstones for Participation’, starting with four Local Authority pilots (pending DfE formal statement and funding arrangements)

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- Rotherham described by Voices as a “Mothership” Local Authority
- Grant funding (Awards for All and Comic Relief): Parent and Practitioner Induction Programme and Young People’s Project
- University of Sheffield regional project
- Rotherham Forum 600+ members, positive relationships in main with young people and families, tribunals rare
- Hybrid of Local Authority, trading and grant funds – three year Business Plan, seeking continued Local Authority financial partnership post-2017 as important social investment raising Rotherham profile and saving money for Council

### SEND Governance Arrangements

- Children’s Progress Board
- CYPs Transformation Project Group
- Children and Families Strategic Partnership
- SEND and Inclusion Senior Management Group
- SEND Data Dashboard
- Education and Skills Senior Leadership Team
- CYPs DLT – Children’s Transformation Board and Children’s Resource Board
- Joint Commissioning Strategy
- Health and Wellbeing Board
- SEND Area Inspections
- SEND Assurance
- Children’s Improvement Board

### Rotherham SEND Strengths

- Excellent nationally recognised relationships with parents/carers and a high level of co-production
- Drive and determination from all practitioners to ensure provision is matched and personalised to need
- High take up of traded services by educational settings
- Ability to provide high quality training bespoke to a diverse audience
- Newly appointed stable leadership improving the whole system

### Rotherham SEND main areas for development

- To continue to improve and achieve timelines for Education Health and Care Plans, Annual Reviews and Statement conversions
- Reconfiguration of provision for Social Emotional and Mental Health and Autism needs
- Co-location of services within a SEND Hub

The Select Commission welcomed Catherine who was a Service user and Kerry Taylor, Service Lead, SENDIASS. Catherine explained her family circumstances and her experience of using SENDIASS.

Discussion ensued with the following issues raised/clarified:-

- How good were the schools that specifically focussed on an area of specialism able to support children with multiple and complex needs – Most schools supported children with a range of needs; even though a school may have a resource e.g. Speech and Language Resource, it would only be for up to 15 children - the rest were in mainstream school. The School would also have a Special Needs Co-ordinator who had the experience and knowledge of the graduated response to deal with the whole range of needs of the remainder of the school. It was very rare for children with Special Educational Needs to have just one difficulty. The Service endeavoured to always put the child at the centre and personalise around that child.
- What was the process of reviewing children who had entered special school provision at an early age and if possible helping them access mainstream school? – A child entered into a specialist provision via an Education Health Care Plan (EHC). The EHC, which legally had to be reviewed annually but could be done sooner, would look at the child's provision. It was common to have children moving from one specialist provision to another but there was not enough children moving back into mainstream provision. Often emotional, social and health needs were of a temporary nature and the Service was investigating how services could be personalised around the children with those needs with regular reviews taking place to ensure that provision was adapted and de-escalated if needed with the child returning to mainstream as and when appropriate.

If a parent wanted a child to stay in mainstream school then the Service would make the appropriate provision through the EHC for them to be maintained in a mainstream school.

- How were the wishes and feelings of the young people and children captured? – Work had commenced on what needed to be developed with one of the self-assessments taking regard to the voice of the young person. Rotherham had "Child Centred Reviewing" with some young people leading their own review. Every attempt was made to involve children and young people in the strategic work.

SENDIASS had a Moderating Group that looked at its services and included representation from different Service users including children and young people and considered what it needed to offer them. There was a Children's Information Officer who worked with children 0-16 around SEND and a Young People's Information Officer who worked with the 16-25 age within the Team. The work also covered many different issues such as the annual review process, the EHC work that took place to make sure wishes, hopes and feelings were captured and they could support any SEN matter in school. It was new to the Service and still developing but had already seen a doubled amount of children accessing the Service.

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- Nationally the statistic for young people accessing the Service was three boys to one girl. Were there any thoughts as to why that particularly happened in Rotherham as well and what was the Service's approach? Work was taking place on establishing a better understanding of all the data to enable to address any issues necessary. Rotherham was in line with the national position.
- The report to a approximate overspend of £30,000 overspend, £14,000 to be carried over and £16,000 to be recouped by the Local Authority. Was the £16,000 from other agencies? SENDIASS had been allocated £30,000 from the SEND Reform Grant when the 2015/16 annual report had been prepared. However, at that time the Service had changed significantly due to the loss of staff. Some of the funding had been utilised to recruit a Referral Officer for parents but the lengthy recruitment process had resulted in the underspend. It was a similar position for the current financial year.
- Why had the provision of advice, information and support to young people moved from the Integrated Youth Service to sit within Rotherham SENDIASS? It had been as a result of restructuring within CYPS, the development of the Early Help provision and in order to ensure that SENDIASS was appropriately placed as they who had the expertise within special education needs and disability to support families and young people. However, the relationship between Early Help, Health and Social Care was very close. It was hoped that parents and the young people did not see a division and that they had the appropriate specialists around the table who were working together to support the family rather than acting as independent organisations.
- There was a special schools total capacity of 595 but only 20 places in the highly complex needs and Autism. What happened if there was a need for more than the 20 places? A Sufficiency report was being compiled looking at the growth in population, the type of/how much future provision was needed and bringing the special schools together, along with providers, to look at how to plan to increase provision.
- Were there any barriers preventing Services getting into schools? On the whole Rotherham Academies were working with Services and in most cases the SEND provision and services were well established and working before they were academised. Through the work of the School Improvement Service the Head Teachers regularly met and shared the knowledge of what services were available. As part of the approach to Social, Emotional and Mental Health issues, there were now partnerships of schools working together and look at how to address those needs in their localities more strategically.

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- What position would the Local Authority be in if a school decided it could/would not to buy in services? Certain areas of the work were statutory such as the Educational Psychologist who had to provide a report for an EHC Plan. The EHC Plan, once written, was a legal document which would state the type of support that was necessary which necessitated schools having to bring in the required specialists. Schools/academies were legally bound to deliver an EHC Plan and could be directed to accept a child with an EHC Plan.
- With regard to the case study, did schools buy into training and more education to stop others having to go through the same experience? SENDIASS were there to listen, help and support the family.
- Was there genuine buy in from partners e.g. CAMHS? Rotherham was ahead of other areas with regard to the Authority's relationship with Health Services and CAMHS and there was a good and developing relationship with the CCG who commissioned services. The SEND hub would be in the same building as CAMHS, health therapists and the Social Care Disability Team bringing the three areas together to develop communication and improve the EHC process and the offer that was available to families. The CAMHS Transformation Plan had brought a team together consisting of Education, Health and Social Care staff to support parents after a child has been diagnosed.
- Were there any checks to establish if Pupil Premium was spent on the child for the benefit of the child? Pupil Premium information had to appear on a maintained school/academy's website. The Council had responsibility for the allocation of Pupil Premium for a Looked After Child and had to evaluate its effectiveness.
- Traditionally there were problems on the transition from Children's Services to Adult Services and work had taken place in this area. Were there any particular problems being commonly encountered on the seamless life journey? The Transition Group and Plan had brought together Adult Services and Children Services from across Education, Health and Care. The Group was looking at a number of actions some of which had already happened. There was now a Transitions Team in Adult Social Care that worked very closely with colleagues in Children's starting their work with children of 14 years to commence the preparation of, not only what they needed to do as a Service, but also to prepare the young person for being an adult and part of Adult Services. It also helped the families to understand some of the expectations around Adult Services and what was/was not provided.
- Was the Transition Team involved in the commissioning cycle looking at future services? The Team would be involved in the outcome of the Sufficiency plan as well as the SEND hub and some of the strategic groups. It was the intention that they be involved in every

strategy for SEND that covered Children and Adults' education, health and social care.

- Governance arrangements – what role did Elected Members play? Elected Members attended many of the meetings.
- There had been a reduction in the number of referrals to the Service followed by a noticeable sharp increase. Was there any particular reason for that or just natural fluctuation? The reduction in the number of referrals had been at the time of the staffing issues at SENDIASS. So far this year, there had been a massive incline in numbers - as of 14<sup>th</sup> March there was a 25% increase in referrals compared to the same period last year.

There had also been an incline because of the change from Statements to ECH Plans.

- What additional safeguarding training/checks were carried out because of the vulnerability of these children? The starting point was that the children had to be and must be safe. Safeguarding was a key element both in terms of staff training, commissioning of places and the monitoring of any place. The focus on safeguarding was the first piece of work that had to be carried out.

The Chair thanked Paula, Karen and Kerry for their presentation.

Resolved:- (1) That the presentation be noted.

(2) That once complete the Sufficiency Strategy be submitted to the Select Commission for discussion.

(3) That the Select Commission given consideration to the establishment of a Working Group to discuss the case study

(4) That consideration be given to a joint meeting with the Health Select Commission with regard to Transitions to Adult Services.

**54. CHILDREN'S AND YOUNG PEOPLE'S SERVICES PERFORMANCE REPORT - JANUARY 2016/17**

Mel Meggs, Deputy Strategic Director, presented a summary of performance under key themes for Children's Social Care and Early Help Services as at the end of January, 2017.

It was noted that this was the first performance report for the Select Commission since the implementation of the new Liquid Logic case management system at the end of October, 2016. The changeover had created a number of challenges in terms of data quality and reporting but significant progress had been made. However, teams were still adjusting to new recording requirements and addressing data migration gaps.

The report highlighted examples of good and improved performance and key areas for further improvement.

Discussion ensued on the report with the following issues raised/clarified:-

- Social Worker caseloads had reduced again across all the teams and were now within the normal bounds – only one with a caseload of 25.
- Currently there was only one Social Worker and one Team Manager vacancy.
- Had there been an improvement since the extra staff had started in the amount work carried out? The caseloads had reduced. The Service had seen its first outstanding audit and the Looked After Children Service had had its first outstanding element of an audit. Ofsted had not deemed any cases to be critically inadequate as nor had the Peer Review; most the cases were deemed requiring improvement which was a better position than that originally. Over the next couple of months “Signs of Safety” would be implemented and a dramatic improvement expected; now that there were the numbers of staff to have the time to do the quality of work desired they now needed the tools to do the work.
- The persistent absence percentage was high and the percentage of children attending school was low. What work was being done – The Government had changed the persistent absence threshold and a student only had to have a few absences for it to be classed as persistent absenteeism; this may account for some of the increase. Clearly there was link between persistent absence and levels of attendance and the Education Welfare Officers who worked as part of the Early Help offer were producing some additional actions.
- Were we looking into how individual schools were tackling persistent absenteeism/low attendance? It relied upon the Local Authority having voluntary engagement with the schools. Schools not maintained by the Local Authority were allowed to make their own decisions with regard to absences and the sharing of information. The Early Help Teams were there to provide support to schools around their absence policies and procedures and clearly had to have that relationship because it was the Local Authority that had the power to take formal action around school attendance. Each school would be expected to have an attendance strategy but that was done with Early Help support.
- Health Assessments should be completed within 35 working days. Was that realistic? A family did not wait long for an assessment where it was known that there were needs that could be met. Families needed a timely service and it would be made sure an assessment was undertaken to access those services. The 35 days

could be extended but it was questionable whether the quality of the information or assessment would be any better as opposed to the quality of the experience for the family. There were no information or guidelines but 35 days was a good principal.

- The Leaving Care tracker showed 10 young people were not in suitable accommodation - was there any movement on the ones that were overcrowded/bed and breakfast/sofa surfing? These were the most vulnerable young people and were kept under review. Their personal adviser would be working with them.
- Early Help was doing well and Ofsted were impressed. Looking at Early Help as a form of mitigation from families, children being stepped up. Are we seeing that coming through in the figures or something expected to see in the future? The Children in Need figures over the last couple of months had seen a decrease of approximately 200-300 children being supported by Social Care. It was known that children would not live their life at one point of a threshold and it was important that they received a seamless service whatever their needs. It was expected that when some of the evidence based models e.g. Signs of Safety were implemented that coming out of the Social Care system should be quicker for children. There should be fewer children in care and more supported at home with their parents.
- In January 2017 there were twelve children that ceased to be LAC. Had they reached an age where they ceased to be LAC or twelve families that work had taken place with and managed to return them home? It could be one of three routes. It may be that they had found alternative permanency through adoption or Special Guardianship Orders where they stayed with their family, those that turned 18 years of age so became care leavers and those that had returned home.
- Could a breakdown be provided of the percentage of LAC who had had three or more placements? It was more likely that it was those children who came late into the care system and therefore subject to more placement disruption. It was known that a child was unlikely to disrupt a placement if they came into the system at an early age; if they came in at the age of 14 it could sometimes take longer to find an appropriate family. Some of the disrupted placements were due to planned moves but there was no doubt that there were too many children whose placement was disrupted because their carers could not meet their needs. A strengths and difficulties questionnaire had been undertaken with the results analysed to give an assessment of a child's emotional wellbeing. A score of 18 indicated that they were more likely to have placement disruption; 30 children had been identified through the process and extra resources to be provided to give support prior to disruption. A scheme, "Mocking Bird", was to be introduced where foster carers provided support to other foster carers.

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- In January, 2017 50% of the Health Assessments of LAC carried out. The 50% was two children of which only one had a Health Assessment.

A Health Summit with the CQC had been held looking at a range of issues of which Health Assessments was one of them and a range of actions were in place. The CQC had been asked to conduct a review as the Authority felt its issues had been resolved. The issues that remained were within the Health part of the system and were working very hard to manage them – having sufficient clinic time and the paediatricians submitting their report within 20 days. There was an action plan which was monitored every week.

- Was there any data on how many children had stopped going into care because their families were looking after them through Section 20 etc.? Was there support for families? If Social Care had not been involved the child could live with a relation under a private fostering arrangement. Where Social Care was involved, there was an obligation to support whoever cared for the child. If it was a Special Guardianship Order the Authority would pay an allowance and make a contribution to the child's upkeep as well as providing a range of different support dependent upon the level of need. They would be considered as a Child in Need. There were also children at home on a Supervision Order and a Child Arrangement Order where the Authority provided help and support. Those arrangements were reviewed to ensure they were fully working.
- Voice of the Child – for audit purposes how well were the decisions documented not to instigate a Section 4.7 investigation? They were documented under the management decision on every child's case and there would be a rationale as to why that decision was made. In January there been 19 cases where it had been found that the concerns had not been substantiated and in those instances an audit had been requested to check that the decision was right and the rationale was clear.
- What was being done to make ensure that a CPP was not being closed down too soon? It was felt that Signs of Safety would help in ensuring better analysis and only closing cases where they could be when it was seen that the change in a child's circumstances was being sustained. Most of the cases were those on a CPP because of emotional abuse and neglect so it was more difficult to know when and if a family was able to sustain an improvement. The Authority was applying for funding to pilot under the National Innovation Programme, NST for Neglect, as there was work to be done around how families were helped where it was believed neglect was having an impact on the children.

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- What other reasons were there for the decline in performance other than high turnover of staff across the LAC Service? – The number of children placed in an out of area placement was an issue. Rotherham's caseloads were low in comparison with other authorities but Social Workers had distances to travel and was why attempts were being made to bring children back to Rotherham to Rotherham families. The target for the number of foster families had been achieved (15) and had been increased to 25.
- Were there applicants from all across the community and society? There was insufficient diversity in the system. Specialist recruitment work in some communities would not be unhelpful.

Resolved:- (1) That the report be noted.

(2) That the next Children and Young People's performance report include SEND Service performance data.

(3) That the Select Commission consider as part of the 2017/18 work place exclusions and persistent absence.

### **55. DATE AND TIME OF THE NEXT MEETING**

Resolved:- (1) That the next schedule meeting be held on Wednesday, 14th June, 2017 at 1.30 p.m.

(2) That a special meeting be held on 17<sup>th</sup> May to look at the work programme and to consider the report of the review group on the alternative models for Children and Young People's Services.