

Improving Lives
Scrutiny Select Commission

Review of Alternative Management Arrangements
for Children's Service in Rotherham

April 2017

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ANNEX ONE – DETAILED OPTIONS APPRAISAL

Option 1 – Appointment of a Peer Practice Partner

Practice Partners have been selected by the DfE to understand how local authorities get to good and what it takes to move from good to excellent; to interrogate the most important practice questions facing children’s social care; and to drive sector-led peer-to-peer improvement. The Partners in Practice are all demonstrating excellent practice and are committed to innovation and continuous improvement. They have all delivered successful Innovation Programme projects and continue to gather and disseminate learning through the Innovation Programme learning network. They are all also actively driving sector-led improvement, particularly in authorities working to get to good.

The Practice Partners include a number of authorities that the Council has engaged as part of its research for this options appraisal (including Achieving for Children; Leeds City Council) and the Council’s ongoing work with Lincolnshire County Council as part of its Improvement programme. This option would involve formally appointing a Practice Partner to support Rotherham continue to deliver its Improvement programme, sharing innovation; insight; best practice; critical appraisal; and practical support on key functional areas to improve Children’s Services.

Criteria	Evaluation	Score
1. Child Focused	<ul style="list-style-type: none"> + Selection of advisers and experts who can support the council to focus on Children’s outcomes, operating at a strategic level to support and challenge RMBC’s improvement journey. + Ability to leverage practice specific advice, best practice and innovation from partner authorities / experts to improve the pace of improvement. + Build on the progress made towards improving Children’s outcomes (as evidenced by Ofsted monitoring visits letters; peer reviews (ADCS) and the Commissioner’s reports to Secretary of State). + Strategies have been established, together with partners, to improve Children’s outcomes and make Rotherham a child friendly borough. For example, Rotherham’s Children and Young People’s Plan 2016-2019. By retaining control of Children’s Services, the Council would ensure that all services are focused on Rotherham being a child centred borough, not only the remit of Children’s Services. + Maintains corporate parenting role and ensures Member and senior officer ownership and accountability for children’s outcomes in the borough. + Facilitates an integrated approach across education, early help and social care services to improve children’s outcomes (see Integration below). • Contingent on ongoing improvement against agreed milestones and improved practice particularly within the quality of social work in the LAC service and strengthened management stability. 	4

2. Partnerships	<ul style="list-style-type: none"> + The Practice Partner model will build on the good progress made in engaging partners in the Improvement journey, with a lack of disruption in terms of new organisation identify / structures, particularly recognising the increasing engagement required of partners to play their part in the delivery of the Improvement Plan. + External advisers will bring external challenge to ensure partners are playing their part in the Improvement journey – sharing lessons and insight from other localities and best practice models + Partner engagement and involvement has been a particular focus of the Improvement programme, particularly schools, health services and the Police. Feedback has highlighted the importance of sustained engagement at a strategic and operational level to maintain improvement. • Contingent on ongoing leadership from Children’s Services management team to prioritise local partnership work alongside internal service improvements. 	5
3. Commissioning	<ul style="list-style-type: none"> + The Practice Partner model will provide ongoing support and challenge to ensure that Children’s Services are leveraging the best available provision, interventions and services available in the market. + The Council has proactively commissioned a peer review on its commissioning approach and identified ways in which it can improve its commissioning capacity and capability, including Children’s Services (see option 2). + The Council would not need to invest in additional commissioning or procurement costs to deliver this option, but strengthen its commissioning capacity/capability to drive the quality and performance of services commissioned. 	4
4. Political oversight and governance arrangements	<ul style="list-style-type: none"> + Rotherham has invested heavily in engaging new Members and involving Members in Children’s Services, the Council’s corporate parenting role and alternative management arrangements. + The peer practice partner model will mean that political ownership and oversight is retained by Members, the Lead Member and Leader, alongside additional external peer challenge. + The Council’s strengthened internal governance arrangements, including partner involvement in the Improvement process, would remain – strong governance is a pre-requisite of the Practice Partner model to succeed. + The peer practice partner model creates additional independent scrutiny and challenge, alongside playing an honest broker role between the Council, local stakeholders and other parties (e.g. DfE) + The peer practice partner model means that the Council retains control of Children’s Services and means that a Council wide approach to children (a child friendly borough) is retained – a one Council approach. – In establishing the model, the Council would need and want to ensure that the governance arrangements, scope and remit of the external advisers have sufficient teeth to escalate and challenge the Council. 	4

5. Financial viability and sustainability	<ul style="list-style-type: none"> + There is a low cost of transition to the peer practice model, other than the continued funding for the peer practice partner and administration costs of hosting and facilitating Practice Partner board meetings, visits, etc. + The Council has made significant investment in Children's Service (£20m over the last two years) and has an agreed funding plan for social care over the next 3 years. + By retaining control and ownership, the Council is able to – if it chooses – to invest additional funds in Children's Services and is not locked into a long term commercial deal with a provider. + Additional demand risks to Children's Services remain with the Council, directly impacting on the Council's budget. + The Peer Practice Partner model supplemented by other peer reviews means that alternative approaches to demand management; cost reduction; funding models etc can be captured and shared at a strategic level. – The Council faces significant budget pressures over the next three years (c£42m savings required) at the same time as demand pressures within Children's and Adults Services. The Practice Partner model does not change the budget position. 	3
6. Workforce	<ul style="list-style-type: none"> + Staff would be retained by the Council and there would be no changes to T&Cs as a result of this option. This means limited impact on staff or management distraction focusing on structures rather than performance. + As part of its Improvement programme, the Council has implemented a number of workforce reforms and more flexible models to improve recruitment, retention and reduced agency usage. + The Improvement programme has evidenced the strong leadership in place (referenced by Ofsted) and the series of measures undertaken to attract staff; retain staff; improve quality and practice have resulted in significant improvements in permanent recruitment and lower than national average agency rates. + Significant investment has been to implement the Signs of Safety Model from April 2017 to improve the quality of social work within LAC to ensure all children/families receive a high quality, responsive service. + The Practice Partner model is designed to build capacity through close collaboration from professional peers. This should happen at both a strategic level and also operational (facilitated best practice, job shadowing, rotation etc). – Whilst this option creates significantly less upheaval compared to a number of the other AMAs, . The model is contingent on the strong leadership, focus and capability of not just the senior management team but social work managers driving performance and quality. – Whilst progress has been made there is work to do to continue to reduce agency staff and turnover. 	4
7. Integration	<ul style="list-style-type: none"> + The Peer Practice Partner model facilitates strong integration between Council services as there will be senior leadership team driving the best outcomes for children across all Council service . Similarly, 	5

	integration with other services, including health, housing, education, criminal justice is enhanced by adopting a 'one council' model.	
8. Risk	<ul style="list-style-type: none"> + The peer practice partner model presents the lowest risk and cost of transition of the AMAs. However, the risk lies in the ability of the Council to continue to deliver improvements and drive the pace of change alongside its wider priorities and budget challenges. + There is good evidence from other localities that the structured involvement of peers model (in different forms and structures) delivers sustained results in the quality of Children's Services and children's outcomes (including Leeds and Cornwall from our research visits), which in part has led to the development of the Practice Partner model. - Realism is required on the pace of change, with each of the local authorities visited as part of the research process articulating a five year journey from Inadequate to Good. - The model is contingent on sourcing, securing and retaining suitable individuals with the time, skills and aptitude to fulfil the wider peer reviews to full effect. Demand challenges will continue to present a challenge to the sustainability of the Children's Services model. 	4
	TOTAL SCORE	33 / 40

Option 2 – Commission by Contract

This option would involve the Council commissioning Children’s Services to external providers. Whilst the Council already commissions a number of providers (e.g. LAC accommodation), this option would see a greater degree of commissioning and in particular those areas traditionally seen as ‘in-house’ services. Clearly the extent of commissioning would be a Council-led decision.

Criteria	Evaluation	Score
1. Child Focused	<ul style="list-style-type: none"> + As the Council would retain control of Children’s Services, the Council would be able to build on the progress made towards improving Children’s outcomes (as evidenced by Ofsted monitoring visits letters; peer reviews (ADCS) and the Commissioner’s reports to Secretary of State). + Commissioning activity would be directed at those services, functions or interventions that are under-performing or failing to improve fast enough to meet children’s needs in Rotherham. This may increase the pace of change, if the right external provider(s) are identified. + Commissioning activity would be within the context of existing strategies established to meet children’s needs in Rotherham. For example, Rotherham’s Children and Young People’s Plan 2016-2019. By retaining control of Children’s Services, + By retaining control of Children’s Services, the Council would ensure that commissioning activity is aligned to the Council’s wider priorities e.g. being a child friendly borough. + Commissioning services may enable the Council to secure more innovation and best practice in the delivery of Children’s Services, selecting providers that have a proven track record of meeting children’s needs in other localities. + The Council would maintain its corporate parenting role and ensures Member and senior officer ownership for children’s outcomes in the borough. However, the extent of commissioned activity may impact on this. – The greater the extent of commissioned activity, the greater the chance of fragmentation and disconnects between different commissioned services, particularly in relation to partnership working, early help and wider council services. 	4
2. Partnerships	<ul style="list-style-type: none"> + Again the potential impact on partnerships is contingent on the scope of commissioned activity; the procurement process and timetable for delivery. The greater the extent of commissioned activity, particularly if broken down into separate lots/contract packages, the greater the complexity, confusion and risk - who does what where – for partners. – Effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. Moving to a predominantly commissioned model brings uncertainty, potential changes to staff roles, terms and 	2

	<p>conditions and processes and accountabilities.</p> <ul style="list-style-type: none"> – The transition process may result in greater internal focus rather than external collaborative working, particularly if core functions are transferred to a new provider(s) – The move to a predominantly commissioned model may result in additional complexity of partnership working in terms of the role of the Council, commissioned providers, and partners, linked to the scope of the contract. 			
3. Commissioning	<p>The Council has undertaken a Commissioning Peer Review via the LGA to assess the quality and structures of commissioning across the Council (with partners) to deliver good outcomes. It identified the following strengths and areas for consideration:</p> <table border="1" data-bbox="427 504 1830 796"> <tr> <td data-bbox="427 504 1128 796"> <ul style="list-style-type: none"> • Strengths • Strong leadership from Director of Children’s Services and senior team inspiring confidence • Clear mission • Driving change • Can evidence progress • Good transferable commissioning models • Addressing the issues e.g. sufficiency, mental health, etc. </td> <td data-bbox="1128 504 1830 796"> <ul style="list-style-type: none"> • Areas for consideration • Opportunities to influence Rotherham Clinical Commissioning Group • Building commissioning capability • Balancing Ofsted expectations and need for development • Whole family approach to commissioning • Senior commissioning succession planning • 0-25 agenda </td> </tr> </table> <ul style="list-style-type: none"> – In moving to a predominantly commissioned model, the implications are three-fold. Firstly, a significant investment in commissioning capacity/capability (under the existing leadership) to effectively manage a large scale and complex commissioning process. Secondly, integrated commissioning as far as is practical and possible with health/other partners to deliver shared outcomes. Thirdly, the ability to adopt alternative commissioning models (e.g. outcome based commissioning, PBR pay mechanisms) to transfer risk and align providers to shared outcomes. – The scale and complexity of commissioning activity would strongly suggest a long lead time in terms of market engagement, development, procurement, negotiation and contracting, particularly if multiple providers are selected over multiple lots. This activity could be phased, but would bring more uncertainty for staff and partners. 	<ul style="list-style-type: none"> • Strengths • Strong leadership from Director of Children’s Services and senior team inspiring confidence • Clear mission • Driving change • Can evidence progress • Good transferable commissioning models • Addressing the issues e.g. sufficiency, mental health, etc. 	<ul style="list-style-type: none"> • Areas for consideration • Opportunities to influence Rotherham Clinical Commissioning Group • Building commissioning capability • Balancing Ofsted expectations and need for development • Whole family approach to commissioning • Senior commissioning succession planning • 0-25 agenda 	3
<ul style="list-style-type: none"> • Strengths • Strong leadership from Director of Children’s Services and senior team inspiring confidence • Clear mission • Driving change • Can evidence progress • Good transferable commissioning models • Addressing the issues e.g. sufficiency, mental health, etc. 	<ul style="list-style-type: none"> • Areas for consideration • Opportunities to influence Rotherham Clinical Commissioning Group • Building commissioning capability • Balancing Ofsted expectations and need for development • Whole family approach to commissioning • Senior commissioning succession planning • 0-25 agenda 			
4. Political oversight and governance arrangements	<ul style="list-style-type: none"> + The Council would retain ownership and oversight of Children’s Services. The model will mean that political ownership and oversight is retained by Members, the Lead Member and the Leader. – The strength of the commissioning function (under the right leadership) and the commissioning/contracting model selected would dictate the extent to which provider(s) have autonomy to make changes to deliver in the best interests of children. In selecting this option there is a balance to be struck between getting the benefits of commissioning (freedom, flexibility, greater ability to invest, respond to changes) vs retaining control and oversight of the providers and outcomes specified. 	3		

	<ul style="list-style-type: none"> - In commissioning services there is a higher degree of risk in services not being aligned to wider Council services that support achieving the best outcomes for children (e.g. providers operating in isolation; lack of flexibility or insufficient change control processes in place to respond to changing commissioner needs). This may create inevitable tension between the Council's commitment to make safeguarding everyone's responsibility and being a child friendly borough and the selected providers. - The executive structure and extent to which there are any dual roles between the commissioning function and key provider(s) would be subject to negotiation and contract scope. - The role of the Lead Member and Scrutiny Committee would continue to be critical in providing political oversight of Children's Services, however, the extent of influence of contracted providers maybe more limited (e.g. requests for service changes that are out of scope of the agreed contract) or more costly. - The wider corporate parenting responsibilities of the Council would be at greater risk the greater the levels of commissioning due to the greater separation. 	
5. Financial viability and sustainability	<ul style="list-style-type: none"> + Selecting providers with the right commercial and financial standing may incentivise better cost control and enable the Council to more quickly achieve efficiency gains or better outcomes for lower cost. + The Council could elect risk share or outcome based commissioning payment mechanisms to drive efficiencies through the contract(s) and incentivise performance linked to children's outcomes. - Because of the demand risks to the Children's Budget the extent to which the Council would need to carry an element of demand risk along with the provider(s) would be subject to negotiation – it is unlikely that providers would accept the demand risk without a risk premium. - The scope of the commissioned service may impact on areas that have hindered Trust arrangements (see option 3) such as the treatment of overhead and back office services. - The Council's budget challenge requires a whole council approach – recognising the inter-relationship between children's and adult services budgets in relation to transitions. - The cost of large scale commissioning activity would be significant. Not only in terms of the procurement process but also the design phase (understanding the true cost of current delivery including overhead contribution); legal costs; performance monitoring regime (e.g. IT investment to monitor a more complex set of providers / outcomes) - Alongside the cost of set up, there maybe additional costs to the Council, including for example the treatment of buildings that are co-located between services; the separation of services; establishing new processes to manage the inter-relationship with provider(s). 	3
6. Workforce	<ul style="list-style-type: none"> + Staff would transfer (under TUPE) to selected provider(s). This brings both benefits (ability to use the experience of existing staff) but is also a complex, and time consuming process and transfers the cost of local government terms and conditions to provider(s). This may reduce the attractiveness of the contracts to the market and not realise significant savings in the short term. + The extent to which the Children's Services leadership team would transfer to the providers would be 	2

	<p>subject to the scope of commissioning activity. If the leadership team remains in house, this would provide stability and ensure the Improvement journey ethos continues within the new entity.</p> <ul style="list-style-type: none"> + The transfer to new providers may facilitate and be a stimulus for practice improvement – with new provider(s) bringing different ways of working, new interventions or services. – The transfer process, however well managed, introduces uncertainty to staff and may result in internal focus rather than the improvement journey and collaborative work with partners. – The benefits of existing investments in the workforce and improvements made in terms of recruiting permanent staff, reduction in agency staff etc would accrue to new providers and there could be fragmentation of the Signs of Safety model across different providers. However, new provider(s) maybe able to more quickly deliver the workforce reforms required to improve children’s outcomes 	
7. Integration	<ul style="list-style-type: none"> – Commissioning activity may impact on the extent of integration. There may be a direct impact on children’s outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. Particularly if multiple providers are engaged at different stages of the social work journey. – The focus of commissioning and design activity would need to focus on the ‘grey areas’ where commissioned services, the Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. 	2
8. Risk	<ul style="list-style-type: none"> + The selection of the right providers could facilitate increased flexibility to respond to changes in demand / requirements, greater innovation and ability to invest in Children’s Services specific requirements. – The extent of commissioning would dictate the level of risk (and potential reward) to the Council. Commissioning within Children’s Services is business as usual within Rotherham and most local authorities. However, the contracting out of in-house services (e.g. assessment function, fostering and adoption teams) on a large scale is relatively un-tested. – The risks to the Council reflect the wider risks of commissioning, including: <ul style="list-style-type: none"> o Political – lack of control on provider behaviour / performance o Commissioning capacity / capability – only by investing in additional resource could the Council effectively commission a wider range of services on a larger scale o Financial – difficulty in forecasting medium term budgets and demand risk to contracts would increase the risk premium (i.e. cost) o Sharing of information – Commissioning services across different providers increases the challenge of effective information sharing. o Quality / performance – lack of control on the quality of delivery or performance of providers, particularly if insufficient investment is made in commissioning capacity – The risk of fragmentation (different providers with different priorities) presents a real risk to the Improvement journey. Particularly so when the potential impact on partnership working is factored in. 	3

	<ul style="list-style-type: none"> – As well as the specific costs of transition and commissioning costs, there would be considerable effort required (Senior Leadership Team/ Children’s Services Management Team) to design and implement the model at the same time as the ongoing need to drive the Improvement journey. 	
	TOTAL SCORE	22 / 40

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Option 3 – Wholly owned company – establishing a “Trust”

This option would result in the Council establishing a new wholly owned company. The company would be a Teckal company and not subject to competition regulations (i.e. limited legal barriers to set up). The Trust would commission and deliver services deemed to be in-scope.

The majority of Trusts established so far have been predominantly social work focused Trusts – not education or wider Children’s Services. The notable exception to this model is Achieving for Children, which priorities integrated education and social work at a local school cluster level.

The independent evidence from the LGA commissioned research identifies Trusts as the model where disruptive change is required to fix fundamentally broken systems. Rotherham is two years into its improvement journey with evidence from Peer Reviews, the Peer Practice Partner and Ofsted that significant progress has been made with clear plans, robust performance data and the leadership and management both politically and managerially to continue the improvements.

Criteria	Evaluation	Score
1. Child Focused	<ul style="list-style-type: none"> + The establishment of a Trust focused on children’s social work could bring a strong, clear voice to the council, partners and to Rotherham. + Trust arrangements would facilitate greater autonomy and control to implement reforms in the best interest of the trust’s commissioned outcomes (i.e. children’s outcomes) – The sole focus on Children’s Services will mean that wider Council issues/challenges (e.g. the budget challenge to 2020 or demand challenges on adult services) would not be a distraction. However, Council wide priorities, e.g. a child friendly borough and the significant contribution other Council Services play in safeguarding (such as regulatory enforcement, housing, adult social care) could be lost as children’s services become the responsibility of the provider (the trust) rather than the Council as a whole. – There is a risk that in moving to a Trust that the good work over the last two years is undermined unnecessarily. – The scope of the Trust (in terms of the breadth/depth of children’s services) may impact on the delivery of children’s outcomes. Too narrow in its focus (i.e. a social work focused trust) would result in fragmentation and a loss of the systemic reforms underway. A wider scope to include services such as early help and SEND may impact on demand (i.e. budget risk) and the outcomes for children not in social work or SEND . – The scale of disruption would be significant in terms of management focus, cost of transition and staff transfers to the new organisation entity. This may unavoidably impact on children’s 	4

	outcomes as staff/managers focus internally rather than on the Improvement journey.	
2. Partnerships	<ul style="list-style-type: none"> – There is a significant risk to the strength of partnership working in Rotherham in moving to a Trust model. Evidence from research areas highlighted the detrimental impact on partner relationships and clarity on roles and responsibilities. – Effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. Moving to a Trust model brings uncertainty, potential changes to staff roles and processes and accountabilities. – The transition process may result in greater internal focus rather than external collaborative working – The move to a Trust model may result in additional complexity of partnership working in terms of the role of the Council, the new Trust, and partners, linked to the scope of the contract. 	2
3. Commissioning	<ul style="list-style-type: none"> + The Trust will have the autonomy to commission new / different interventions and services to meet the needs of children in Rotherham, with potentially greater freedom and flexibility to de-commission and re-commission services at pace. + The Trust model avoids EU procurement legislation via establishing the Trust as wholly owned company in procurement terms a 'Teckal company' which satisfies Reg 12 of the Public Contracts Regulations 2015. – The Trust would likely require investment in commercial capability within the new entity, alongside additional commissioning capacity. – The Council would also required additional commercial/commissioning capacity / capability to manage the contract with the Trust. – There is an ongoing risk of commissioner/provider relationship management. Given the critical interplay between Children's Services and the wider Council, mature, open and transparent working would be required. 	4
4. Political oversight and governance arrangements	<ul style="list-style-type: none"> + The Trust would remain within Council ownership. However, the Trust would have leadership and management autonomy to make changes (strategic/operational) to deliver in the best interests of children in Rotherham. + The executive structure and extent to which there are any dual roles (Council SLT and Trust Executive for example) would be subject to negotiation and contract scope. For example, the role of the Lead Member and DCS will likely retain statutory responsibilities but have to navigate the relationship with the Trust Board and the wider Council. – The role of the Lead Member and Scrutiny Committee in areas with alternative management arrangements is more diffuse – reducing (in the eyes of local research contributors) the political 	3

	<p>oversight of Children's Services.</p> <ul style="list-style-type: none"> - The Trust would require a new governance structure between the Council and the Trust that establishes collaborative partner and inter-council relationships – a complex and time consuming process to set up and run effectively. - Establishing a Trust presents the substantial risk of reducing political engagement, ownership and oversight of Children's Services in the Borough – a key area of progress in the last two years. This is as a result of Children's Services being 'the Trust's problem/remit'. - The wider corporate parenting responsibilities of the Council maybe at risk, with officers deferring to the Trust for all children related matters. 	
5. Financial viability and sustainability	<ul style="list-style-type: none"> + Establishing the Trust may incentivise better cost control and surplus/profit generation - Existing Trusts that have been established are experiencing financial difficulties. One Children's Trust is 8% over its revenue budget with the local Council being its only customer. - It is likely that a fixed budget over the medium term is required to facilitate planning. However, the impact of rising demand for Children's Services would directly impact on the base budget. - The treatment of overhead and back office services have proven problematic in previous Trust arrangements, both in terms of the cost and lack of flexibility of Council support services, and the disruption in appointing new providers. - The Council's budget challenge requires a whole council approach – recognising the inter-relationship between children's and adult services. Moving to a Trust arrangement would not take away the budget challenge or the contribution that the Trust would need to make. - The transition costs in moving to a Trust are significant. Research in other localities suggest set up costs of £3-5m – costs which the Council could not carry within its existing revenue budgets. - Trust arrangements bring additional tax and VAT implications, particularly the treatment of irrecoverable VAT which add a 20% cost to services in scope. - Alongside the cost of set up, there are additional costs to the Council, including for example the treatment of buildings that are co-located between services; the separation of services; establishing new processes to manage the inter-relationship with the Trust. 	2
6. Workforce	<ul style="list-style-type: none"> + The Trust would introduce greater freedoms and flexibilities to recruit, develop and performance manage staff, with more flexible packages of employment benefits. However the Council has already implemented a comprehensive offer that is being seen as positive practice and is demonstrating significant impact on increasing permanent recruitment and reducing agency usage. + The transfer to a new organisation may facilitate and be a stimulus for practice improvement – establishing a new culture via symbolic changes to a new organisation identity 	5

	<ul style="list-style-type: none"> + Staff would transfer (under TUPE) to the new entity. This brings both benefits (ability to use the experience of existing staff) but is also a complex, and time consuming process and transfers the cost of local government terms and conditions to the Trust. + Some of the Children's Services leadership team would likely transfer to the new entity, providing some stability and ensuring the Improvement journey ethos continues within the new entity. - The transfer process, however well managed, introduces uncertainty to staff and may result in internal focus rather than the improvement journey, collaborative work with partners and see a reduction in permanent recruitment and an increase in agency usage and turnover. - The benefits of existing investments in the workforce and improvements made in terms of recruiting permanent staff, reduction in agency staff etc would accrue to the new Trust entity. 	
7. Integration	<ul style="list-style-type: none"> - Moving to a Trust model presents a significant threat that Children's Services becomes a more entrenched silo, not engaging with wider priorities that safeguard and provide better life chances for children. This can impact on service issues ranging from transition from Children's to Adult Social Care; to the need for education and skills considerations being linked to wider economic growth policy (e.g. birth to adulthood strategies). - There may also be a direct impact on children's outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. - Research from other localities has highlighted the crucial role of the scope of any Trust services, particularly the 'grey areas' where Trust, Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. 	2
8. Risk	<ul style="list-style-type: none"> + A move to a Trust model should facilitate increased flexibility to respond to changes in demand / requirements. - The move to a Trust model clearly introduces more risks (financial, transition, partners, integration as highlighted above). There is a poor evidence base to support the move to a Trust model. Existing trusts are in different development stages but as a whole are in there infancy as a proven AMA. Feedback from localities has consistently highlighted that a change in structure or ownership does not de facto deliver performance or practice improvement. - As well as the specific costs of transition, considerable effort is required (SLT/ Children's Services SMT) to design and implement the model at the same time as the ongoing need to drive the Improvement journey. - The cost and complexity of support services and disentangling Children's Services from wider Council Services are significant. - If the leadership, management and staffing are transferred to a new entity, the question remains to what extent is the new entity able to realise significant change if the staffing resource remains the same? 	3

	– The timetable for implementation, delivery and transformation has been highlighted by research as a three to five year journey to move from the As Is model to sustained improvements in outcomes (good/outstanding).	
	TOTAL SCORE	25

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Option 4 – Community Interest Company

In establishing a wholly owned company, the Council may also chose to incorporate the Trust as a Community Interest Company (often described by the generic term social enterprise). The features of a Community Interest Company are:

- *A CIC can reassure the public as the community purpose of the organisation is regulated*
- *There is an asset lock in place – with any assets transferred to another asset locked body should the company be wound up.*
- *Surpluses are re-invested in the company or in the local community (cannot be returned to the Council)*
- *The asset lock means that the assets can only be used for the good of the community, in this case Rotherham’s children and young people*
- *A CIC is required to report annually on how it achieves its community interest – bringing greater transparency.*

Because the arrangements would be the same as a Wholly Owned Company (Option 3), rather than repeating the evaluation content we have identified where there maybe any material benefits/disadvantages in selecting a CIC over and above a wholly owned company.

Criteria	Evaluation	Score
1. Child Focused	<ul style="list-style-type: none"> + The asset lock and community purpose (in particular the re-investment of surplus into the community / young people or children in Rotherham may re-assure local stakeholders + The CIC may help to position the Trust as more separate and distinct from the Council (if this was desired) 	5
2. Partnerships	<ul style="list-style-type: none"> • No change to Option 3. 	2
3. Commissioning	<ul style="list-style-type: none"> • No change to Option 3 as the Trust would be established as both a Wholly Owned Company <i>and</i> CIC (avoiding procurement regulation issues). 	4
4. Political oversight and governance arrangements	<ul style="list-style-type: none"> • No change to Option 3 other than the increased transparency as a result of publishing the community benefit of the CIC on an annual basis. 	3
5. Financial viability and sustainability	<ul style="list-style-type: none"> + Establishing the CIC alongside the wholly owned company would be relatively straightforward and quick, easy to establish. It is a tried and tested model. – Importantly the CIC does not have charitable status and is unable to access the full range of tax advantages of charitable entities. 	2
6. Workforce	<ul style="list-style-type: none"> • No change to Option 3. 	5

7. Integration	<ul style="list-style-type: none"> No change to Option 3. 	2
8. Risk	<p>+ There is existing precedent for establishing a wholly owned company and CIC through 'Achieving for Children', which is a wholly owned company limited by guarantee and registered as CIC. Please note that the scope of the Achieving for Children model is wider than social care and delivers all education support, childrens services and integrated health for children with disabilities.</p> <ul style="list-style-type: none"> No other changes to Option 3. 	3
	TOTAL SCORE	26

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Option 5 – Employee owned Mutual

In establishing a Trust, the Council could elect to chose a ‘mutual’ (a co-operative society) organisation structure, with the Council retaining a stake and potentially other third parties. The mutual would be a separate organisation. This is a separate option from the wholly owned company / CIC described above.

Criteria	Evaluation	Score
1. Child Focused	<ul style="list-style-type: none"> + Outside of the Children’s Services context, there is reasonable evidence that employee owned enterprises (Mutuals) incentivises increased innovation, customer service and ownership. + The move to an employee owned Mutual would establish strong operational independence from the Council and may facilitate additional focus on the child as its core business. The establishment of the mutual with this sole purpose could bring a strong, clear voice to the council, partners and to Rotherham. + A Mutual would facilitate greater autonomy and control to implement reforms in the best interest of the Mutual’s commissioned outcomes (i.e. children’s outcomes). – However, Council wide priorities, e.g. a child friendly borough, could be lost as children’s services become the responsibility of the provider (the Mutual) rather than the Council as a whole. . – The scope of the Mutual agreement (in terms of the breadth/depth of children’s services) may impact on the delivery of children’s outcomes. Too narrow in its focus (i.e. a social work focused Mutual) would result in fragmentation and a loss of the systemic reforms underway. This includes the integration with education, early help, skills and employment. This may impact on demand (i.e. budget risk) and the outcomes of children not in social work. – The scale of disruption would be significant in terms of management focus, cost of transition and staff transfers to the new organisation entity. This may unavoidably impact on children’s outcomes as staff/managers focus internally / on new structures rather than on the Improvement journey. 	4
2. Partnerships	<ul style="list-style-type: none"> – There is a significant risk to the strength of partnership working in Rotherham in moving to a new entity model such as a Mutual. Evidence from research areas highlighted the detrimental impact on partner relationships and clarity on roles and responsibilities. – Effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. Moving to a Mutual model brings uncertainty, potential changes to staff roles and processes and accountabilities. – The transition process may result in greater internal focus rather than external collaborative 	2

	working.	
3. Commissioning	<ul style="list-style-type: none"> + A Mutual will have the autonomy to commission new / different interventions and services to meet the needs of children in Rotherham, with potentially greater freedom and flexibility to de-commission and re-commission services at pace. – The Mutual maybe required to compete for the Service Contract under regulation 77 PCR 2015 (unlike a wholly owned company which is not subject to procurement under the Public Contracts Regulations 2015) – making an illegal direct award if no open and competitive procurement process takes place. – The maximum length of term for a Mutual (spun out of public sector control) contract is 3 years. Research from other localities has highlighted the length of time required to manage the transition to a new entity, to embed the systems, controls and focus on quality as 3-5 years. – The Mutual – as per Trust arrangements - would likely require investment in commercial capability within the new entity, alongside additional commissioning capacity. Similarly, the Council would also required additional commercial/commissioning capacity / capability to manage the contract with the Mutual. 	1
4. Political oversight and governance arrangements	<ul style="list-style-type: none"> – A Mutual introduces greater independence over and above a Trust (wholly owned company). Under normal Mutual governance arrangements for example, the Mutual has the ability to remove Directors at a General Meeting. It will be more difficult for the Council to step in and instigate changes where performance / quality is not meeting the Council's expectations. – Outside of the Council's ownership, the Mutual would have leadership and management autonomy to make changes (strategic/operational) to deliver in the best interests of children in Rotherham. This maybe counter to wider Council strategic priorities. This creates inevitable tension between the Council's purpose, priorities, budget and the Mutual's. – The executive structure and extent to which there are any dual roles (Council SLT and Mutual Executive for example) would be subject to negotiation and contract scope. For example, the role of the Lead Member and DCS will likely retain statutory responsibilities but have to navigate the relationship with the Mutual Board and the wider Council. – The role of the Lead Member and Scrutiny Committee in areas with alternative management arrangements is more diffuse – reducing (in the eyes of local research contributors) the political oversight of Children's Services. – The Mutual would require a new governance structure between the Council and the Trust that establishes collaborative partner and inter-council relationships – a complex and time consuming process to set up and run effectively. – Establishing a Mutual presents the substantial risk of losing political engagement, ownership and oversight of Children's Services in the Borough – a key area of progress in the last two years. 	1

	<p>This is as a result of Children's Services being 'the Mutual's problem/remit'.</p> <ul style="list-style-type: none"> - The wider corporate parenting responsibilities of the Council maybe at risk, with officers (perhaps sub-consciously) deferring to the Mutual for children related services/decisions. 	
5. Financial viability and sustainability	<ul style="list-style-type: none"> + There is some evidence in Mutuals (outside of the Children's Services context) that Mutuals can incentivise greater innovation, cost reduction and efficiency as the budget becomes part of everyone's role. - Mutuals – in general – have limited access to external capital and investors during the start up and initial trading years. This may negate any potential ability to invest in drivers for improvement (e.g. technology). - The complexity of establishing a Mutual would be proportionately higher than establishing a Trust. - As per establishing a Trust, the following financial challenges apply: <ul style="list-style-type: none"> o It is likely that a fixed budget over the medium term is required to facilitate planning. However, the impact of rising demand for Children's Services would directly impact on the base budget. o The treatment of overhead and back office services (transfer from the Council? Establish new providers?) have proven problematic in previous Trust/new entity arrangements, both in terms of the cost and lack of flexibility of Council support services, and the disruption in appointing new providers. o The Council's budget challenge requires a whole council approach – recognising the inter-relationship between children's and adult services. Moving to a Mutual arrangement would not take away the budget challenge or the contribution that the Mutual would need to make. o The transition costs in moving to a Mutual are significant. Research in other localities suggest set up costs of £3-5m – costs which the Council could not carry within its existing revenue budgets. o Mutual arrangements bring additional tax and VAT implications, particularly the treatment of irrecoverable VAT which add a 20% cost to services in scope. o Alongside the cost of set up, there are additional costs to the Council, including for example the treatment of buildings that are co-located between services; the separation of services; establishing new processes to manage the inter-relationship with the Mutual 	1
6. Workforce	<ul style="list-style-type: none"> + There is some evidence of lower absenteeism and higher employee engagement in Mutuals within the public sector landscape. + Establishing a mutual would enable the Mutual members to protect staff terms and conditions, increasing employee engagement. 	3

	<ul style="list-style-type: none"> + The transfer to a new organisation may facilitate and be a stimulus for practice improvement – establishing a new culture via symbolic changes to a new organisation identity. + TUPE would apply to staff transfers with the benefits/costs associated as described above. – The Council is investing heavily in the Signs of Safety model to improve the quality of social work practice, without evidence of outstanding practice transferring to an employee led mutual would not be a rationale option. – The practical realities of a large membership organisation would mean that staff would be distanced from decision making. The ‘one member one vote’ model would not support day to day operating decisions within the Children’s Services context. – The Mutual would require additional investment in commercial capability to facilitate the Mutual operating on an independent, financially sound basis. + The transfer process, however well managed, introduces uncertainty to staff and may result in internal focus rather than the improvement journey and collaborative work with partners. 	
7. Integration	<ul style="list-style-type: none"> – Moving to a Mutual model presents a significant threat that Children’s Services becomes a more entrenched silo, not engaging with wider priorities and the needs of the borough. This can impact on service issues ranging from transition from Children’s to Adult Social Care; to the need for education and skills considerations being linked to wider economic growth policy (e.g. birth to adulthood strategies). – There may also be a direct impact on children’s outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. – Research from other localities has highlighted the crucial role of the scope of any new entity’s services, particularly the ‘grey areas’ where a Mutual, Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. 	2
8. Risk	<ul style="list-style-type: none"> + Employee ownership would undoubtedly increase employee engagement, and therefore the ownership for the Improvement challenge may increase, as well as the focus on children and innovation / problem solving. – There are no social care mutuals operating in the Children’s Services landscape of this size and complexity. – Moving to a Mutual would be an untested model. – The decision making processes within a Mutual (one member one vote) may not introduce the freedoms and flexibilities that the Council would want in establishing a new organisational entity freed from local government control. – A mutual presents more complex set up and legal processes, particularly if there are additional stakeholders (e.g. the Council retains a share, staff ownership and another provider) 	2

	<ul style="list-style-type: none"> - As well as the specific costs of transition, considerable effort is required (SLT/ Children’s Services SMT) to design and implement the model at the same time as the ongoing need to drive the Improvement journey. - The cost and complexity of support services and disentangling Children’s Services from wider Council Services are significant. - If the leadership, management and staffing are transferred to a new entity, the question remains to what extent is the new entity able to realise significant change if the staffing resource remains the same? - The timetable for implementation, delivery and transformation has been highlighted by research as a three to five year journey to move from the As Is model to sustained improvements in outcomes (good/outstanding). 	
Summary	TOTAL SCORE	16

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Option 6 – Managing Agent

A Managing Agent can be appointed by the Council to provide an independent management function, working to an appropriate governance framework. The Managing Agent would be responsible for commissioning services, developing business cases for change, and driving the performance of Children’s Services. The Managing Agent maybe responsible for delivering some aspects of the service.

Criteria	Evaluation	Score
1. Child Focused	<ul style="list-style-type: none"> + A Managing Agent, subject to the scope of the contract, would bring independent challenge and ownership for driving the performance and quality of Children’s Services in Rotherham. + A Managing Agent could bring additional capabilities to facilitate a stronger focus on children’s services. This could include technology, performance management and monitoring, best practice interventions, commissioning capacity/capability – to improve services for children in Rotherham. + The Council would retain control of Children’s Services, but the ability to influence and impact on the Managing Agent would be contingent on the quality of the procurement process (e.g. contract terms, change control) and contract management/monitoring. Given the Council would retain control, it should be able to ensure that the Managing Agent continues to build on the progress made towards improving Children’s outcomes (as evidenced by Ofsted monitoring visits letters; peer reviews (ADCS) and the Commissioner’s reports to the Secretary of State). + The Managing Agent would be directed to target services, functions or interventions that are under-performing or failing to improve fast enough to meet children’s needs in Rotherham. This may increase the pace of change. The Managing Agent may be able to more quickly commission new services or de-commission functions/interventions that are not improving at the scale required. + By retaining control of Children’s Services, the Council would ensure that the Managing Agent’s activities are aligned to the Council’s wider priorities e.g. being a child friendly borough. + Commissioning a Managing Agent may enable the Council to secure more innovation and best practice in the delivery of Children’s Services. The Agent would be able to select providers that have a proven track record of meeting children’s needs in other localities. – The Council would maintain its corporate parenting role and ensures Member and senior officer ownership for children’s outcomes in the borough. However, the role of the Managing Agent maybe confusing (both internally and externally) and hinder the Improvement journey. 	3
2. Partnerships	<ul style="list-style-type: none"> – The impact on partnership working would be impacted by the scope of the Managing Agent arrangement. It is likely that the Managing Agent would have some negative implications for partnership working if there is a lack of clarity between the roles of the Managing Agent and 	2

	<p>Children’s Services staff; the specific remit of the Managing Agent and remaining Council services.</p> <ul style="list-style-type: none"> – Effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. The Council may lose some control over the extent of commissioned services, bringing uncertainty, potential changes to staff roles and processes and accountabilities. – The transition process may result in greater internal focus rather than external collaborative working, particularly if core functions are transferred to a new provider(s). – The move to a Managing Agent model may result in additional complexity of partnership working in terms of the role of the Council, the Managing Agent, commissioned providers, and partners, linked to the scope of the contract. 	
3. Commissioning	<ul style="list-style-type: none"> + It is likely that the Managing Agent would be given autonomy to commission / de-commission services to drive service improvements, subject to agreed governance / sign off processes with the Council. + The Managing Agent would bring additional commissioning capacity/capability, and potentially stronger business processes (business case, data/analytics) to strengthen the commissioning of children’s services. – The Council would also be required to invest in additional commercial and commissioning capacity / capability to procure and then manage the contract with the Managing Agent. – There is an ongoing risk of commissioner/provider relationship management. Given the critical interplay between Children’s Services and the wider Council, mature, open and transparent working would be required with the Managing Agent. 	2
4. Political oversight and governance arrangements	<ul style="list-style-type: none"> + The Council would retain political oversight and corporate responsibility for Children’s Services. However, the extent of the role of the Managing Agent may impact on the extent of ‘ownership’ for Children’s Services. – New governance arrangements would need to be established to provide effective management of the Managing Agent and establishes collaborative partner and inter-council relationships – a complex and time consuming process to set up and run effectively. – The executive structure and extent to which there are any dual roles would be subject to negotiation and contract scope. For example, the role of the Lead Member and DCS will likely retain statutory responsibilities but be required to navigate the roles/services provided by the Managing Agent. – The Managing Agent presents the risk of losing political engagement, ownership and oversight of Children’s Services in the Borough – a key area of progress in the last two years. This is as a result of Children’s Services being ‘the Managing Agent’s problem/remit’. 	2

	<ul style="list-style-type: none"> - The wider corporate parenting responsibilities of the Council maybe at risk, with officers (perhaps sub-consciously) deferring to the Managing Agent for children related services/decisions. - The risk of a 'blame game' between the remaining Council services and the Managing Agent exists. 	
5. Financial viability and sustainability	<ul style="list-style-type: none"> + The Council could elect risk share or outcome based commissioning payment mechanisms to drive efficiencies through the contract(s) and incentivise the performance of the Managing Agent linked to children's outcomes. - Appointing a Managing Agent would bring additional management costs to the delivery of Children's Services. The cost/benefit could only be justified if the Managing Agent delivers improved children's outcomes and financial savings over and above the baseline projections. - Because of the demand risks to the Children's Budget the extent to which the Council would need to carry an element of demand risk along with the Managing Agent would be subject to negotiation. - The scope of the Managing Agent role may impact on areas that have hindered Trust arrangements (see option 3) such as the treatment of overhead and back office services. - The Council's budget challenge requires a whole council approach – recognising the inter-relationship between children's and adult services. The Managing Agent role would not take away the budget challenge or the contribution that Children's Services would need to make. - The cost of appointing a Managing Agent would be significant in terms of the complexity of the procurement process, set up and mobilisation, and the wider potential areas of contract scope for example the treatment of buildings that are co-located between services; the separation of services; establishing new processes to manage the inter-relationship with existing commercial providers. 	3
6. Workforce	<ul style="list-style-type: none"> + The impact on the workforce would be contingent on the scope of the contract. However, it is likely that both management and delivery staff would transfer to the Managing Agent, alongside the Agent's existing resource. Staff transfers would be subject to TUPE and the costs/benefits this brings (see option 3). + The Managing Agent would partly be appointed on the basis of its ability to drive the quality of practice and performance of staff. - The extent to which the Children's Services leadership team would transfer to the Managing Agent would be subject to the scope of the Managing Agent contract. If the leadership team remains in house, this would provide stability and ensure the Improvement journey ethos continues within the new entity. - The transfer process, however well managed, introduces uncertainty to staff and may result in 	2

	internal focus rather than the improvement journey and collaborative work with partners.	
7. Integration	<ul style="list-style-type: none"> – Contingent on the scope of the services agreed, there may be a direct impact on children’s outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. – Alongside the integration of the Managing Agent with partner services (Schools, Health etc) the issues would remain regarding the ‘grey areas’ where the Managing Agent, the Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. 	2
8. Risk	<ul style="list-style-type: none"> + The Managing Agent model could potentially increase the pace of the Improvement journey, but only following a time-consuming procurement process and subsequent mobilisation and stabilisation phase. – There is limited evidence of a Managing Agent model operating effectively within the Children’s Services landscape. – The risk of appointing a Managing Agent, with the disruption and cost that it entails, could only be justified by significant confidence levels in the step change in performance of Children’s Services. – The Council’s budget challenge will remain a challenge for Children’s Services alongside the Improvement programme within this model. Additional pressure may be exerted to deliver savings through to 2020 if other parts of the Council do not deliver their savings. – Demand challenges will continue to present a challenge to the sustainability of the Children’s Services model. 	2
	TOTAL SCORE	18

Option 7 – Joint Venture

The Council may chose to enter into a Joint Venture with one or more organisations (from the public, private or not for profit sectors). The Joint Venture would be a separate, incorporated company, running Children’s Services via a contract with the Council.

Criteria	Evaluation	Score
1. Child Focused	<ul style="list-style-type: none"> + The Joint Venture (JV) model would predominantly, subject to the scope of the contract between the Council and the JV, be focused on children’s social work services. The establishment of a JV with this sole purpose could bring a strong, clear voice to the council, partners and to Rotherham. + The sole focus on Children’s Services will mean that wider Council issues/challenges (e.g. the budget challenge to 2020 or demand challenges on adult services) would not be a distraction. + Establishing the Joint Venture could be a dramatic stimulus for change within the Directorate, potentially increasing the pace of change and re-positioning Children’s Services in the eyes of children and young people in the borough. + A JV would facilitate greater autonomy and control to implement reforms in the best interest of the commissioned outcomes (i.e. children’s outcomes). + Identifying the right JV partner(s) could bring additional specialisms, expertise and innovation to meet children’s needs (including learning from other areas that may have been through an Improvement journey) if a partner could be found . The partner maybe from the public, private or not for profit sectors. + Alongside the specific contracted services with the JV, there maybe more informal peer to peer learning and sharing of best practice to enhance children’s outcomes from the third party(s). – Council wide priorities, e.g. a child friendly borough, could be lost as Children’s Services become the responsibility of the JV rather than the Council as a whole. – There is a risk that in moving to a JV that the good work over the last two years is undermined unnecessarily and evidence shows that moving to such a model is best undertaken where disruptive change is required and this is not the case in Rotherham 2 years into the improvement journey with significant progress made. – The scope of the JV (in terms of the breadth/depth of children’s services) may impact on the delivery of children’s outcomes. Too narrow in its focus (i.e. a social work focused JV) would result in fragmentation and a loss of the systemic reforms underway. This includes the integration with education, early help, skills and employment. This may impact on demand (i.e. budget risk) and the outcomes of children not in social work. – The scale of disruption would be significant in terms of management focus, cost of transition and staff transfers to the new organisation entity. This may unavoidably impact on children’s 	3

	outcomes as staff/managers focus internally rather than on the Improvement journey.	
2. Partnerships	<ul style="list-style-type: none"> - There is a significant risk to the strength of partnership working in Rotherham in moving to a JV model. The role of the Council within the JV may mitigate the risk, but effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. Moving to a JV model brings uncertainty, potential changes to staff roles and processes and accountabilities. - The transition process may result in greater internal focus rather than external collaborative working with partners. - The move to a JV model may result in additional complexity of partnership working in terms of the role of the Council, the JV partner, and partners, linked to the scope of the contract. 	2
3. Commissioning	<ul style="list-style-type: none"> + The JV will have the autonomy to commission new / different interventions and services to meet the needs of children in Rotherham, with potentially greater freedom and flexibility to de-commission and re-commission services at pace. + Subject to the Council's role, the JV model may avoid EU procurement legislation via establishing the JV in procurement terms a 'Teckal company' which satisfies Reg 12 of the Public Contracts Regulations 2015. - The JV would likely require investment in commercial capability within the new entity, alongside additional commissioning capacity. Similarly, the Council would also required additional commercial/commissioning capacity / capability to manage the contract with the JV. - There is an ongoing risk of commissioner/provider relationship management. Given the critical interplay between Children's Services and the wider Council, mature, open and transparent working would be required. - Establishing the JV may impact on existing commercial arrangements with commissioned providers. 	2
4. Political oversight and governance arrangements	<ul style="list-style-type: none"> - The JV would be subject to the other party(s) strategic priorities. The extent of control by the Council would therefore be contingent on the Council's shareholding within the JV (e.g. a controlling stake). - The JV would have leadership and management autonomy to make changes (strategic/operational) to deliver in the best interests of children in Rotherham. This maybe counter to wider Council strategic priorities. This creates inevitable tension between the Council's purpose, priorities, budget and the JV. - The executive structure and extent to which there are any dual roles (Council SLT and JV Executive for example) would be subject to negotiation and contract scope. For example, the role of the Lead Member and DCS will likely retain statutory responsibilities but have to navigate the 	1

	<p>relationship with the JV Board and the wider Council.</p> <ul style="list-style-type: none"> - A JV would require a new governance structure between the Council and the JV that establishes collaborative partner and inter-council relationships – a complex and time consuming process to set up and run effectively, more complex than a Trust given the role of other parties within the JV. - Establishing a JV also presents the substantial risk of losing political engagement, ownership and oversight of Children’s Services in the Borough – a key area of progress in the last two years. This is as a result of Children’s Services being ‘the JV’s problem/remit’. - The wider corporate parenting responsibilities of the Council maybe at risk, with officers (perhaps sub-consciously) deferring to the JV for children’s decisions/ services. - The risk of a ‘blame game’ between the Council, the JV or parties within the JV, particularly if performance drops or there are budget pressures, exists. 	
5. Financial viability and sustainability	<ul style="list-style-type: none"> + There may be opportunities for economies of scale and cost savings through pooled resources; streamlined procurement; more innovation as a result of selecting the right JV parties. + There would be opportunities to identify shared risk / reward options with the JV parties to incentivise cost reduction and performance linked to children’s outcomes. - The financial strength of the third parties may impact on the longevity and sustainability of the JV arrangement. - The treatment of overhead and back office services (transfer from the Council? Establish new providers?) have proven problematic in previous JV arrangements, both in terms of the cost and lack of flexibility of Council support services, and the disruption in appointing new providers. - The transition costs in moving to a JV would be significant, as per Trust arrangements but with potentially additional complexity. Research in other localities suggest set up costs of £3-5m – costs which the Council could not carry within its existing revenue budgets. - It is likely that JV arrangements bring additional tax and VAT implications, particularly the treatment of irrecoverable VAT which add a 20% cost to services in scope. - Alongside the cost of set up, there are additional costs to the Council, including for example the treatment of buildings that are co-located between services; the separation of services; establishing new processes to manage the inter-relationship with the JV. 	2
6. Workforce	<ul style="list-style-type: none"> + The JV would introduce greater freedoms and flexibilities to recruit, develop and performance manage staff, with more flexible packages of employment benefits. + Staff would transfer (under TUPE) to the new entity. This brings both benefits (ability to use the experience of existing staff) but is also a complex, and time consuming process, particularly given the multi-party dimension of a JV structure. + Some the Children’s Services leadership team would transfer to the new entity, providing stability 	2

	<p>and ensuring the Improvement journey ethos continues within the new entity.</p> <ul style="list-style-type: none"> + The transfer to a new organisation may facilitate and be a stimulus for practice improvement – establishing a new culture via symbolic changes to a new organisation identity. – If RMBC did not have a controlling stake in the JV (less than 50%) then the JV would be able to lawfully change the T&Cs of employees compared to RMBC. The cost benefits of this (and the increased flexibility to recruit staff with alternative benefits packages) may be negated by the lack of control the Council would have. – The transfer process, however well managed, introduces uncertainty to staff and may result in internal focus rather than the improvement journey and collaborative work with partners. – Collaboration with the third party on areas such as recruitment, retention may deliver cost improvements and reduce agency staff use, and improve social worker retention. 	
7. Integration	<ul style="list-style-type: none"> – Moving to a JV model presents a significant threat that Children’s Services becomes a more entrenched silo, not engaging with wider priorities and the needs of the borough. This can impact on service issues ranging from transition from Children’s to Adult Social Care; to the need for education and skills considerations being linked to wider economic growth policy (e.g. birth to adulthood strategies). – There may also be a direct impact on children’s outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. – Research from other localities has highlighted the crucial role of the scope of any new entity services, particularly the ‘grey areas’ where a JV, Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. 	1
8. Risk	<ul style="list-style-type: none"> + The right JV partner may, subject to effective contracting, cultural fit etc, help improve the pace of the Improvement journey, through increased innovation, best practice etc. – The JV model presents a very practical problem of identifying the right JV partner, that brings both the right technical, managerial and sector/practice specific capabilities, alongside a good cultural fit with the Council and its staff. – The JV presents additional complexity over and above Trust arrangements. This may increase the cost of set up, extend the contracting and mobilisation process. – The JV presents additional governance and alignment risks over Trust arrangements, given the role of third parties, potential conflicting priorities, and risks to the integration of provision. – There is limited evidence of large scale JV activity within children’s social care. There are smaller scale examples of partnership / commissioning activity in particular services, but not on the size, scope or complexity of Children’s Services in Rotherham. – There are risks involved in identifying and contracting with parties with the right values, financial 	2

	<p>strength and relevant skills/experience to add real value to the JV.</p> <ul style="list-style-type: none"> - The Council's budget challenge will remain a challenge for Children's Services alongside the Improvement programme within this model. - Demand challenges will continue to present a challenge to the sustainability of the Children's Services model within a JV. 	
	TOTAL SCORE	15

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Option 8 – Shared Service

The Council may chose to establish a Shared Services agreement with another local authority (or wholly owned company) which would provide services as agreed within a contract or SLA. The scope of the service would determine the level of risk and transition costs to the Council.

Criteria	Evaluation	Score
1. Child Focused	<ul style="list-style-type: none"> + Within a Shared Service arrangement, the Council would retain control of Children’s Services commissioning / delivery but collaborates on certain aspects or services where: there is good quality provision provided by another authority; the authority has an evidenced track record of providing those services; the relationship brings additional innovation / interventions to drive Children’s Outcomes in Rotherham. + Because the extent of Shared Services would be at the discretion of the Council, a starting point would be that the Council would only select services that would demonstrably improve children’s outcomes in the borough. + Identifying the right Shared Services provider would bring additional specialisms, expertise and innovation to meet children’s needs (including learning from other areas that may have been through an Improvement journey) + If the Shared Service provider is co-terminus with Rotherham there may be a positive geographic impact in terms of cross border working around school clusters, or out of borough LAC placements + Alongside the specific contracted / SLA services provided by the other party(s), there maybe more informal peer to peer learning and sharing of best practice to enhance children’s outcomes + As per in-house options, by retaining control of Children’s Services, the Council would ensure that all services are focused on Rotherham being a child centred borough, not only the remit of Children’s Services. + The Council would maintain its corporate parenting role and ensures Member and senior officer ownership for children’s outcomes in the borough. – The scope of the Shared Services (in terms of the breadth/depth of children’s services) may impact on the delivery of children’s outcomes. The handoffs / referrals between each party may result in fragmentation and a loss of the systemic reforms underway. This includes the integration with education, early help, skills and employment. – The scale of disruption could be significant in terms of management focus, cost of transition and staff transfers to elements of Children’s Services delivered by the third party. This may unavoidably impact on children’s outcomes as staff/managers focus internally rather than on the 	4

	Improvement journey.	
2. Partnerships	<ul style="list-style-type: none"> + The Council has direct experience of collaborating with other local authorities in South Yorkshire and the region, including collaborative working in Children's Services such as the Regional Agency Protocol to drive down costs of Social Workers and the development of Regional Adoption Agency proposals – The scope of Shared Services would determine the impact on existing partnership arrangements. If significant elements of Children's Services are transferred this would have a corresponding impact on partnership working arrangements. – Effective partnership working (with the CCG, the NHS Trust; SY Police; schools) is contingent on stable long term trusting relationships between key personnel, and robust supporting processes. If parts of the service are transferred to a new provider this may bring uncertainty, potential changes to staff roles and processes and accountabilities. – The strength of partnership working under Shared Services arrangements would be contingent on ongoing leadership from Children's Services management team to prioritise local partnership work alongside internal service improvements and contract management of shared services. 	3
3. Commissioning	<ul style="list-style-type: none"> + The Shared Service could operate at the commissioning or provider level (or both). The benefits of integrated commissioning may include economies of scale; reduced unit costs; stronger relationship management with key suppliers. – The scope of the shared services agreement would impact on the complexity and timetable of any commissioning activity to appoint the Shared Service provider. The more complex and larger in scope the arrangement, the increased investment required by the Council to commission / negotiate the contract/SLA. – The Council would also required additional commercial/commissioning capacity / capability to manage the ongoing performance and outcomes of the service. – There is an ongoing risk of commissioner/provider relationship management. Given the critical interplay between Children's Services and the wider Council, mature, open and transparent working would be required. 	3
4. Political oversight and governance arrangements	<ul style="list-style-type: none"> + The Council would retain political oversight and corporate responsibility for Children's Services. However, the extent of the services provided by another Authority may impact on the extent of 'ownership' for Children's Services. – The relationship, contingent on the scope of the services, have the risk of being more transactional rather than strategic, focusing on service delivery rather than external support and challenge at a strategic level to the Council. – New governance arrangements would need to be established to provide effective management of 	3

	<p>the Shared Services and establishes collaborative partner and inter-council relationships – a complex and time consuming process to set up and run effectively.</p> <ul style="list-style-type: none"> – The executive structure and extent to which there are any dual roles would be subject to negotiation and contract scope. For example, the role of the Lead Member and DCS will likely retain statutory responsibilities but be required to navigate the roles/services provided by another Authority – Establishing Shared Services arrangements presents the risk of losing political engagement, ownership and oversight of Children’s Services in the Borough – a key area of progress in the last two years. This is as a result of Children’s Services being ‘the Shared Service provider’s problem/remit’. – The wider corporate parenting responsibilities of the Council maybe at risk, with officers (perhaps sub-consciously) deferring to Shared Services provider children’s related decisions. – The risk of a ‘blame game’ between the remaining Council services and the Shared Service provider exists. 	
5. Financial viability and sustainability	<ul style="list-style-type: none"> + There may be opportunities for economies of scale and cost savings through pooled resources; streamlined procurement; more innovation as a result of selecting the right shared services provider. + There would be opportunities to identify shared risk / reward options with the provider to incentivise cost reduction and performance linked to children’s outcomes. + Compared to a Trust model there is a comparatively low cost of transition to the Shared Service model, contingent on the scope of the arrangement. The Council would be contracting with an existing entity. – The Council would have less flexibility to invest additional funds in Children’s Services to meet demand if elements of the service are the responsibility of a third party. – Additional demand risks to Children’s Services may remain with the Council, directly impacting on the Council’s budget. – The financial strength of the third party may impact on the longevity and sustainability of the Shared Service arrangement. The party may chose for financial (or other reasons e.g. political) to disengage from the shared service arrangement. 	3
6. Workforce	<ul style="list-style-type: none"> + Collaboration with the third party on areas such as recruitment, retention may deliver cost improvements and reduce agency staff use, and improve social worker retention. + Where staff are in scope of transfer, this may facilitate and be a stimulus for practice improvement – establishing a new culture via symbolic changes within a new organisation. It may also ‘raise the game’ of the services that remain within Council control/delivery. – Contingent on the nature of the Shared Service arrangement, TUPE may apply, resulting in staff 	3

	<p>transfer and the relative benefits/disadvantages as laid out under the 'new entity' models described above i.e. uncertainty; distraction; lack of change as a result of the same management/staff delivering the service.</p> <ul style="list-style-type: none"> – With another local authority providing the Shared Service, there may not be the improvements in flexibility / freedoms to recruit new staff and offer alternative benefit packages. – Contingent on the scope of the Shared Services, the transition process may result in internal focus rather than the improvement journey and collaborative work with partners 	
7. Integration	<ul style="list-style-type: none"> – Contingent on the scope of the services agreed, there may be a direct impact on children's outcomes through a less integrated approach with partners to early help and managing the demand drivers for LAC. – Alongside the integration of Shared Services provision with partner services (Schools, Health etc) the issues would remain regarding the 'grey areas' where the Shared Services provider, the Council and local partner services interact in terms of ownership and referral processes. Fragmentation, a lack of consistency and ownership are highlighted as particular risks to outcomes. 	3
8. Risk	<ul style="list-style-type: none"> – There is a lack of robust evidence to demonstrate that Shared Services, at a large scale, within Children's Services will deliver sustained improvements. – Where shared services have been established for Children's Services, they have been developed on the back of a long history of collaborative working. In South Yorkshire there is a lack of history of shared services in social care. The adoption of a Shared Services model would be a learning curve for the authorities involved at the same time as focusing on delivering the Improvement programme. – There is also a practical risk in so far as the self assessment and Ofsted ratings of neighbouring authorities in South Yorkshire are not strong – certainly each authority (and the Doncaster Children's Trust as referenced in the Trust section above) would require detailed due diligence as part of the commissioning process to establish the quality and performance impact over and above the Rotherham baseline. – Realism would continue to be required on the pace of change – both in terms of the time to deliver the Shared Services agreement (12 months) and then sustain the improvement journey over the next three years. – The Council's budget challenge will remain a challenge for Children's Services alongside the Improvement programme within this model. Additional pressure may be exerted to deliver savings through to 2020 if other parts of the Council do not deliver their savings. – Demand challenges will continue to present a challenge to the sustainability of the Children's Services model. 	4

	TOTAL SCORE	24
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DRAFT

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Annex 2.

1 Terms of Reference

1.1 The following terms of reference were agreed by the review group:

- To identify the strengths and weaknesses of alternative management arrangements (AMA) that are currently being used by councils in delivering children's services, highlighting in particular what has driven and sustained service improvement in different areas.
- On the basis of this evidence, to make recommendations on the most appropriate model of governance and delivery based on Rotherham's current and future ambitions for children's social care services.

1.2 The review compared and contrasted AMAs of social care and how this impacts on accountability, improvement, wider corporate working and the delivery of the authority's statutory social care duties. In considering AMAs, specifically those outlined by Commissioner Myers, the review explored the potential impact that these could have on the achievement of outcomes for children and young people; financial sustainability; and how AMAs support innovation and transformation within Children and Young People's Services. Also central to members' consideration was how alternative models could support the Council's strategic response to the seven tests for RMBC children's social care set out to the Department for Education (detailed below).

1.3 The following cross-party group of members of the Improving Lives Select Commissions undertook the review:

- Cllr Leon Allcock
- Cllr Maggi Clark (Chair)
- Cllr Victoria Cusworth
- Cllr Jayne Senior
- Cllr Peter Short

2 Seven tests Children and Young People's services (as set out by Commissioner Newsam)

- 2.1 **Well-functioning corporate services** which prioritises children's social care and deliver effective financial, human resources and infrastructure support. It is critical that the corporate leadership is well engaged with the issues within children's services and provides effective support and challenge. I have outlined the risk that energy and resources will lean towards services already handed back at the expense of the prioritisation on children's social care services but it is clear to me that improvement will not be sustainable without high quality human resources, financial, legal and infrastructure support
- 2.2 **Stable and capable leadership** at both a Member and officer level. There are all out elections in May, and the Labour Group has indicated that if it returns to administration the cabinet will remain largely as is, allowing the continued development of the existing members. If that is not the case then there is the wider consideration of developing the necessary skills and experience of the new councillors. Cabinet meetings are now being held in public so over the next few months it will be a measure of readiness to see how well portfolio holders manage their new responsibilities. A permanent senior management team in the Council has been appointed and the Children's Directorate now has the benefit of a permanent departmental leadership down to heads of service. By September I would expect to see much less reliance on temporary managers at that level.
- 2.3 **Continued improvement in the quality and effectiveness of practice**, including progress against the actions in the improvement plan and evidence that recommendations from quality assurance, audits and Ofsted improvement visits have been dealt with promptly and effective. The Strategic Director has set out a vision for the delivery of outstanding child-centred services through a major transformation programme. I would expect this to be widely understood and embedded by September and progress robustly programme managed.
- 2.4 **Strong and supportive partnerships**. My progress report signals a step change in the partnership through better leadership, increased collaboration and improved working practices. Although there is much improvement, to date, partnerships have not been well supported by transparent and rigorous governance and going forward there is a need to be clear about shared priorities and how they are resourced. The new Children and Young People's Partnership (Children's Trust Board Arrangements) was re-launched in February 2016 with excellent representation

across the system, including young people, and three task and finish groups were established to lead on: development of a Children and Young People's Plan; Embedding Early Help and the development of a well-performing workforce across the partnership. Over the next six months, it should be delivering against this plan and harnessing resources around a shared agenda. Overall, by September, I would want the LSCB and the Strategic Partnership to be making good progress and this partnership commitment to be evidenced through improved outcomes.

- 2.5 **Robust financial management.** As I have indicated, the budget set for 2016/17 is unlikely to meet the forecast demands. The Strategic Director has led on the production of a medium term financial strategy which will both drive more cost effective practices through service transformation and deliver savings over the lifetime of the plan. To support him and his management team he will need the senior financial capacity with the right skills and experience to undertake the necessary financial modelling. While this has been agreed in principle, it will take some time before the benefits of better resource management and more effective commissioning begin to be evidenced in the bottom line.
- 2.6 **A compelling strategy for the workforce** which has delivered a settled structure for children's social care, more permanent social care staff in post, nearing national averages, and a return to only using interim staff as a means of upskilling or supplementing, when necessary, the permanent staffing establishment. I would expect to see in place comprehensive professional development for staff at all levels supporting effective practice and staff retention.
- 2.7 **Effective performance information and quality assurance** which is being used to measure outcomes for children and improve practice. Data has been used very effectively to monitor and drive better performance but to improve practice further there needs to be a greater emphasis on the outcomes being achieved and a clearer understanding of the quality of practice with children and young people. Performance information needs to demonstrate stable and sustained delivery of services, milestones set out in the improvement plan need to be met or on course for delivery, the budget agreed and the transformation programme for children's social care services understood and delivering.

3 The schedule of meetings

3.1 The schedule of meetings and the subject matter discussed at each is set out below:

14th November 2016

- to discuss scope of the review;
- outline of policy context - "Putting Children First";
- recap on previous visits/telephone conversations undertaken by CX/DCS

18th November

- agree terms of reference
- consider available literature (detailed in Section 13)

30th November

- Isos Workshop (1) – to consider key enablers and timescales for improvement from LGA action research

13th December

- To agree lines of enquiry (in light of Isos workshop)
- Agree visits

23rd January – 28th February 2017

- Visits /telephone conversations with Local Authorities (detailed in Section 7)

17th February

- Isos Workshop (2) – where is Rotherham on its improvement journey and what are the priorities for the next stage?

13th March

- Review of evidence to date
- Consideration of improvement evidence (CYPS)

15th March

- Children's Improvement Board – high level sector led challenge of approach adopted and initial findings

10th April

- Agree final report
- Agree recommendations

4 Schedule of visits

4.1 Outline of visits/discussion programme:

London Borough of Richmond upon Thames <i>Community Interest Company with neighbouring authority</i>	Tuesday 19th April 2016
Royal Borough of Windsor and Maidenhead <i>Transferring to Community Interest Company with neighbouring authorities</i>	Tuesday 3rd May 2016
Slough Borough Council <i>DfE Trust</i>	Tuesday 3rd May 2016
Hampshire County Council <i>Agency Arrangement</i>	Wednesday 1st June (tele-conference) 2016
London Borough of Kingston upon Thames <i>Community Interest Company with neighbouring authority</i>	Wednesday 15th June (tele-conference) 2016
Doncaster Council and Doncaster Children's Trust <i>Neighbouring Authority – DfE trust</i>	Monday 23rd January 2017
Cornwall Council <i>Sector Led Improvement</i>	Monday 6th February (tele-conference) 2017
Birmingham City Council <i>Wholly owned company (shadow arrangements)</i>	Wednesday 9th February 2017
Leeds City Council <i>Sector Led Improvement</i>	Thursday 23rd February 2017
London Borough of Bromley <i>Intervention (Commissioner)</i>	Tuesday 7th March (tele-conference) 2017

Annex 3:

Rotherham Metropolitan Borough Council Improvement in local children's services

Members' Overview & Scrutiny Committee review
Second workshop: Summary

Isos Partnership

February 2017



Introduction

Context: Children's Services Overview & Scrutiny Committee review

- In 2016, members of Rotherham Metropolitan Borough Council's (RMBC) Children's Services Overview & Scrutiny Committee initiated a review of the options for sustaining rapid and long-term improvement in children's services.
- The purpose of the review was to gather a wide range of evidence from within Rotherham's children's services, from across the Council as a whole, from partners supporting Rotherham's improvement journey, and from other local areas about what they had done and what supported had helped them on their improvement journey.
- As part of this process, Isos Partnership, working with the Local Government Association (LGA), was invited to support this review by drawing on the recent LGA-commissioned research we have carried out. This focuses on the enablers and barriers of improvement in local children's services, and on models of external improvement support.

The workshops: Isos' support for this review

- Isos was invited by RMBC and the LGA to facilitate two workshops for members of Children's Services Overview & Scrutiny Committee, senior RMBC leaders and officers, and partners in Rotherham's improvement journey. The first workshop took place on 30 November 2016, and focused on sharing and exploring the findings from our research in order to inform Children's Services Overview & Scrutiny members' evidence-gathering work in other local areas.
- The second workshop took place on 17 February 2017, and focused on drawing together the evidence around two key questions.
 1. **Where is Rotherham currently on its improvement journey?** What has been achieved, what is the evidence?
 2. **What are the priorities for the next stage of Rotherham's improvement journey?** Are conditions in place for further, sustained improvement? What support is needed?
- This document summarises the discussions at the second workshop. A small group of Councillors, officers, Commissioner Bradwell and practice partners lead Debbie Barnes took part in the workshop, bringing a range of views from different professional and lay perspectives.



1 Rotherham's improvement journey: We started with a self-assessment exercise, using the framework from our LGA action research.



1

Rotherham's improvement journey: This page summarises the evidence that you described to support your view of Rotherham improvement journey.

The evidence and rationale you gave for your for self-assessment scores

1

Strategic approach

There is a clear, strategic plan for improvement and clarity about “what good looks like”. The data shows a pattern of improvement and compliance with key performance measures. Core “mission-critical” services are now safe. This picture is supported by Ofsted monitoring reports and feedback from external practice partners. The focus now is on increasing the quality of practice, and ensuring members are kept aware of improvements.

2

Leadership & governance

There is now strong, experienced, credible and stable leadership, both corporately and within children’s services. Heads of Service report feeling empowered and comment positively on the difference over the last twelve months. There is not yet a full complement of team managers in place. Members are rightly challenging for evidence of improvement, and are keen to triangulate this through more regular frontline visits.

3

Engaging & supporting the workforce

The workforce is increasingly stable, as shown by benchmarking data and supported by the findings from Ofsted monitoring visits and peer review. A unifying model of social work practice and new practical tools have been rolled out, and staff say (including to Ofsted) that they understand this has been done to support their work. Positive feedback from new recruits suggests Rotherham is increasingly seen as an employer of choice.

4

Engaging partners

Stronger partnerships at a strategic level, but not always matched at an operational level. Multi-agency audits are taking place, but a more systematic and embedded approach is needed. There have been successes in building better partnerships with schools around SEND, and with the VCS. Would welcome greater challenge from partners, but requires trust and confidence to be built. There is recognition this is an incremental process.

5

Building the supporting apparatus

There is pride in an effective management information and data system, which produces accessible dashboards of benchmarked performance data. These are being used with team managers, with support to help them use data to inform decision-making. Data are being used to inform conversations about children and outcomes, not just numbers. There is further to go, however, to see the impact on outcomes and embed the voice of the child.

6

Fostering innovation

Innovation, in the sense of being open to new approaches and seeking to embed effective ideas in practice, is championed by children’s services leadership and supported by the Council (e.g. investment in new initiatives, participating in the Pause pilot, new approaches around recruitment). In time, the aim is for practitioners to be more innovative, but this comes with a level of risk and will need to be managed carefully.

7

Judicious use of resources

There has been considerable investment in supporting children’s services improvement. There is now a realistic base budget, which has been used to set robust financial plans for next three years. This provides security for children’s services improvement, but will also allow political and corporate leaders to track and monitor the impact and progress of these investments. Members are rightly keen to hold officers to these plans.

Priorities for the future: You highlighted three priorities that should be at the heart of the next stage of Rotherham's children's services improvement journey.

You identified three priorities for the next stage of Rotherham's improvement journey.

Overall, your aspiration is to foster a sense of confidence and pride in Rotherham's children's services, with a culture that is forward-facing and outward-looking, learning from others and generously sharing your experience. Informed by your self-assessment, you identified three key priorities for sustaining improvements.

1. **Ensuring consistently high-quality practice** – there was strong consensus that the next stage of Rotherham's improvement journey should be focused on the transition from a safe, compliant, core service to a consistently high-quality one. Embedding *signs of safety*, strengthening audits and routines to drive practice improvement, strengthening the voice of the child, and securing improvements in LAC services were highlighted as key areas of focus.
2. **Strengthening your engagement with key partners** – you want to build strong relationships with partners so that they are working alongside the Council in planning, developing and delivering services, and are providing healthy, mutual challenge about children's services improvement. In particular, you wanted to strengthen partnership working (a) to tackle the impact of domestic abuse, and (b) with key health services – starting by maximising the value of RMBC-controlled services such as school nurses and health visitors, then seeking to influence improvements in CAMHS services, and then developing approaches with other therapeutic support services.
3. **Maintaining a sustainable budget** – implementing effectively and closely monitoring your three-year financial plans, and ensuring investments in frontline practice support early help and help to reduce demands on statutory services.

You highlighted two areas where you would welcome further support on the next stage of your improvement journey.

1. **Practice-focused support** – you saw an important and ongoing role for external scrutiny, but also that this needed to be balanced with practice-orientated support from other local areas and practitioners in order to support ongoing work to improve the consistency and quality of practice – e.g. around support for LAC, the voice of the child.
2. **Partnership working** – part of the role of external scrutiny in the future may also be to act as the “honest broker” to strengthen relationships, and to build trust, confidence and mutual challenge among strategic partners.

Priorities for the future: We used our LGA research to consider the evidence of whether the conditions are in place for sustained improvement in Rotherham.

Condition	Descriptor	Evidence
<p>Capacity to self-assess accurately</p>	<p>Able to identify strengths and weaknesses, accepts external feedback, and uses external support effectively.</p>	<p>Routine self-assessments are embedded – growing culture of reflection and challenge, now systematic.</p> <p>There is a high level of congruence between internal self-assessment and external feedback – peer reviews, practice partner reviews, Commissioner reports, Ofsted monitoring visits. Clarity about what is being invested in improvements, and how this is working.</p> <p>Members are asking probing questions of children’s services – this is positive and important. Equally important is the willingness of members to triangulate with feedback gathered from thematic frontline visits.</p> <p>Continued outward-facing engagements – Rotherham has not “hunkered down”, but has remained open to others.</p>
<p>Capacity to develop strategic priorities that will address weaknesses</p>	<p>Understands what works to drive improvement, and able to develop strategies and actions to deliver improvement.</p>	
<p>Capacity to implement these strategic priorities swiftly and effectively</p>	<p>Able to put in place right resources, workforce capacity, and corporate, political and partner support for improvement.</p>	

2

Priorities for the future: In considering options for the next stage of Rotherham's improvement journey, you highlighted seven key principles.

You argued that however Rotherham's children's services are arranged in the future, the approach agreed upon must ...

1

Be in the best interests of children in Rotherham – the right future arrangements must be those that provide the best platform for sustaining improvement services that support children and keep them safe

2

Be sustainable – the right future arrangements must be those that offer a sustainable long-term basis for delivering high-quality children's services

3

Work *with* people, rather than doing *to* them – particularly by engaging RMBC staff and key strategic partner agencies

4

Involve robust external scrutiny – you recognise this will remain an important part of Rotherham's ongoing improvement journey, and should be embraced as an opportunity to track progress and address barriers

5

Maintain strong elected member oversight of children's services – all Councillors, including the Lead Member, continue to exercise corporate parenting and scrutiny roles (and, in case of the Lead Member, statutory responsibilities) to secure the best outcomes for young people in Rotherham regardless of which model is adopted

6

Maintain the integration of services – you are keen to avoid creating barriers at key service interfaces, such as between early help and social care, or with education services

7

Maintain links with other local services and strategies that contribute to young people's development and long-term outcomes – particularly the links with housing, economic growth and jobs and skills

Priorities for the future: The next stage of Rotherham's children's services improvement journey – final points from the workshop discussion.

- **Through the Overview & Scrutiny Committee review and your discussions with national decision-makers, you are keen to have a principled, evidence-informed discussion about how best to sustain improvements in Rotherham's children's services.** You have set out priorities (improving the quality of practice, strengthening partnerships), seven core principles, and specific actions around strengthening self-assessment and challenge (the voice of the child, enabling members to triangulate evidence through thematic frontline visits) that can inform your considerations.
- **One of the key messages you emphasised in the workshop was that you are now two years into your children's services improvement journey** and, furthermore, that whatever options are considered in the future must not destabilise what has been put in place over the past two years.
- **The Overview & Scrutiny Committee review has visited local areas that have established or are establishing alternative delivery models.** You are aware that the numbers of alternative delivery models are small, that many are in their early stages, and therefore that there is not a firm and broad evidence-base about their progress. In our LGA research, we explore two types of alternative delivery models – executive leadership models and new organisations – and discuss some of the potential benefits local areas that have developed these models have achieved. A key finding from our research is that alternative delivery models can play a role in helping to overcome persistent and systemic barriers and to create the conditions for sustained improvement to take place. (Another key finding, however, is that these benefits are not exclusive to alternative delivery models – rather, in certain circumstances, they have helped to overcome barriers that the local area had not been able to previously.)
- **As we discussed in our workshop, you are confident that you will be able to draw on evidence to show that improvements are taking place in Rotherham's children's services.** You agreed that a key action was to marshal the evidence from external peer reviews, practice partner feedback, Commissioner reports, and Ofsted monitoring visits in order to validate and provide assurance of the progress and improvements that have been made in Rotherham.
- **Equally, however, you were not complacent and recognised that the way in which children's services may be delivered in the future would need to evolve and change according to the demands on the service,** and that there may be benefits in exploring new ways of commissioning local services to meet local needs more effectively.



Annex 4:

Aston Hall J& I School
Church Lane
Aston
Sheffield
S26 2AX
Tel: 0114 2879811

27th March 2017

Councillor Maggi Clark

Dear Councillor Clark,

Many thanks for the opportunity afforded to me to share my views regarding the future direction of children's services in Rotherham. As a serving head teacher with the Local Authority for the past fifteen years I have been witness to many changes, both inside and outside education, and supported many of the most vulnerable children and families through particularly challenging and potentially life-changing circumstances. School leaders are also familiar with the improvement cycle of peer review, partner feedback, Ofsted Inspections and action planning to address priority development areas. As part of the CYPS Strategic Improvement Board I have seen at first hand the journey Rotherham has been on from the inception of the Board until now.

It would be accurate to say that Rotherham is a very different town to the one it was two years ago. The depth and breadth of improved practise within Rotherham is demonstrable in many areas such as improved workforce capacity, improved response times to referrals, updated and more responsive systems such as multi-agency safeguarding hub, locality teams and Early Help. It is heartening to see partners from Health, Social Care, Police, Education and the Borough sit around a table and talk knowledgeably about what is making a real difference to the lives of children and families in the town and also recognise what more can be done.

The changes and systems now in place are starting to make things better for our most vulnerable residents and stabilise lives that were once out of control. it would be fair to reflect that whilst some exemplary practice is evident and improved outcomes are being reported daily, there are still some are pockets of weakness and areas to be further developed but all partners are well-sighted on these and have robust plans in place to swiftly address them.

It would seem sensible therefore to endorse therefore the preferred option of continuing to work with the current model of peer practice partnership, which provides the opportunity to put up that reflective lens to all development areas. This methodology also provides opportunities for Rotherham to continue to learn from good and outstanding partners and adopt and amend and improve their systems and practices whilst creating some of our own. The change to an alternative delivery model would not be without risk and may actually undo some of the improvements now in place. I am reassured that external peer review, partnership feedback, monitoring visits and commitment high quality partnership working is the correct model and that we will continue to see impact and further improvement.

Yours sincerely,

Donna Humphries
Executive Headteacher

From: ROBERT ODELL [<mailto:Rob.Odell@southyorks.pnn.police.uk>]

Sent: 28 March 2017 13:15

To: Hatton, Lesley

Subject: RE: Letter from the Chief Executive

Lesley

Thank you for the letter

For the sake of completeness and having discussed it this end we concur that the current arrangements are the best option going forward....

Regards

Rob

From: Pepe Di'Iasio [<mailto:pd@waleshigh.com>]

Sent: 03 April 2017 17:42

To: Hatton, Lesley

Subject: Re: FAO Chief Executive, RMBC

Good afternoon Sharon,

Thank you for the opportunity to contribute to this important discussion.

I have been both proud and privileged to work alongside such dedicated professionals over the last two years as part of the 'Improvement Board' and feel I can take some (small) credit from the considerable steps that we have seen taken to improve the quality of provision and service to the young people and families of Rotherham.

I would certainly want to see a continuation in the existing arrangements whereby the LA is supported through a variety of peer to peer reviews and external challenge from identified providers of outstanding practice from across the country. I believe that it is fair to say that this has demonstrated high quality impact and is starting to 'bare real fruit'. I would be seriously concerned to see this progress jeopardised from a potential change in momentum or direction at this stage.

I remain convinced that young people, schools and families from across Rotherham remain best served by their local communities and through a local model within the Local Authority and would wish to see this remain

Pepe Di'Iasio
Headteacher
Wales High School

From: Janet Wheatley [mailto:Janet.Wheatley@varotherham.org.uk]

Sent: 27 April 2017 12:11

To: Webb, Caroline

Cc: Hatton, Lesley

Subject: RE: Request for assistance: Scrutiny review of Alternative Management Arrangement for Children's Services

Hi Caroline

Thank you for offering VAR the opportunity to express our views about the management arrangements for Children's Services going forward. The views below represent our views and input from the Children Young People and Families VCS Consortia

Our view is that with the current refreshed leadership and the changes instigated, Children's Services needs a period of stability. There also needs to be on the part of stakeholders, a realistic timeframe to embed the change management and the associated culture and relationships that have and are continuing to develop

Our experience has been the Children's Services have worked positively in partnership with the voluntary and community sector (VCS) and continues to do so. Some of the examples of this are:

1) VCS Input and direct involvement in the Peer Challenge review meetings / process

2) VCS direct input, consultation, representation and involvement in a number of both strategic and operational boards, to ensure best outcomes for CYP. Some examples of these boards / groups includes:

- | | |
|----------------------|--------------------------------------|
| People's Partnership | i) The Children & Young |
| Board | ii) The Local Children Safeguarding |
| sub group | iii) Performance & Quality Assurance |
| group | iv) Learning and Improvement sub |
| | v) CSE & Missing sub group |
| Voice & Influence | vi) Child Centred Borough and YP |
| | vii) Sexual Health Strategy Group |
| | viii) Youth Offending Board |

3) VCS direct input, consultation and involvement in the development of various pieces of work and initiatives, for e.g:

- i) Development of the Children's Plan
- ii) Development of the Early Help strategy
- iii) Development of the SEND offer

4) Partnership and voluntary community sector (VCS) input into the recruitment and selection of key personnel in Children Services, for e.g:

- i) Deputy Director Children Services
- ii) Assistant Directors
- iii) Senior commissioning roles
- iv) Heads of Localities & Early Help

5) Recognition of the value of the VCS, by direct support of the VCS infrastructure that supports the development and contribution / co-ordination of VCS into and alongside the CYP agenda and service areas; by part funding the Children, Young People & Families Consortium, without which there would not be the level of VCS engagement with CYP Services.

Rotherham Borough Council, along with a number of other statutory partners have supported the refresh of the local COMPACT with voluntary and community organisations and the reviewed version has now been adopted in Rotherham. The agreed COMPACT will provide all partners with a framework to continue to work even better together for the benefit of Rotherham communities.

We cannot say we have any experience or expertise re the merits and disadvantages of particular / alternative management arrangements for Children's Services and nor have we assessed any evidence of alternative arrangements working better elsewhere. The VCS does constructively challenge and raise issues as required and our view is that we are actively talking with Children's Services about co-production of services and there is a greater than ever recognition of the importance of prevention and early intervention; and the particular role of the VCS.

In light of all the above we agree with the preferred option of Rotherham Metropolitan Borough Council's Improving Lives Select Commission scrutiny review to continue with the preferred option of continuing with the current model of peer practice partner approach. We also believe that this will secure the most rapid and sustainable improvements for children and young people's services in the short term. I would be grateful if you could pass our views onto Cllr Maggi Clark

If you have any queries or need anything further please do not hesitate to contact us.

Best Wishes

Janet

Janet Wheatley
Chief Executive

Voluntary Action Rotherham
The Spectrum
Coke Hill
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Registered Charity Number: 1075995
Registered Company Number: 2222190

Our reference LB/CH/smj/125

Your reference

Date 6th April 2017

Rotherham Hospital
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Oakwood
Rotherham
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Telephone 01709 820000
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Sharon Kemp
Chief Executive
Rotherham Metropolitan Borough Council

Dear Sharon,

I am writing in response to Scrutiny Commission's review of children's services in Rotherham set out in your letter of 23rd March 2017.

I can confirm that The Rotherham NHS Foundation Trust (TRFT) supports the preferred option, to continue with a peer practice partnership approach. We agree that this is likely to secure better and sustainable outcomes for Children and Young People.

It is clear from TRFT's perspective, that Rotherham MBC has made significant progress over the last two years and that continuing with the current approach will provide the greatest opportunity to see these changes continue and become embedded. Thus, changing the delivery model at this stage could add significant risk.

I am pleased that the review has not ruled out the adoption of other approaches in the future and we are very interested in exploring further integration opportunities between our organisations moving forward, similar to those that are evolving for adult services. This will allow the exploration of alternative delivery models and on the basis that we are committed to maintaining this dialogue, TRFT is supportive of the proposed approach taken by RMBC.

Yours sincerely



Louise Barnett
Chief Executive

Louise Barnett
Chief Executive, The Rotherham NHS Foundation Trust

Direct Line 01709 424576
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Date: 30 March 2017

Oak House
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S66 1YY

Sharon Kemp
Chief Executive
RMBC
Riverside House
Main Street
Rotherham
S60 1AE

Dear Sharon,

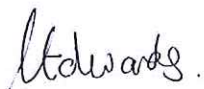
Thanks you for your letter dated 23rd March 2017.

As a key stakeholder we appreciate that you are seeking our views on the direction of travel.

I can confirm that NHS Rotherham CCG supports your preferred option of continuing with the peer practice partner approach.

We look forward to continue working closely with you to continue to improve services in the future.

Yours sincerely



Chris Edwards
Chief Officer

Chief Executive Office

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Our ref KS/dj

18 April 2017

Sharon Kemp
Chief Executive
Rotherham MBC
Riverside House
Main Street
ROTHERHAM
S60 1AE

Dear Sharon

Further to your letter of 23 March 2017 in respect of seeking our views on a preferred option for Rotherham MBC's Children's Services I am now able to provide you with a response.

Firstly, please accept my apologies for our delayed reply, however thank you for the opportunity to comment.

Having considered the options that Sir Derek has set out, we would concur that the most sensible option to support is indeed the preferred option of the continuation of the current model.

I hope this response is helpful

Yours sincerely



KATHRYN SINGH
CHIEF EXECUTIVE

Rotherham Local Safeguarding Children Board

1st Floor, Wing A, Riverside House, Main Street,
Rotherham, S60 1AE
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3rd April 2017

Councillor Maggi Clark
Chair, Improving Lives Select Commission
Rotherham Metropolitan Borough Council

Dear Cllr Clark,

I am writing in response to your request of my observations concerning your review on the potential future arrangements for the delivery of children's services. My comments are based on observations made in my role as independent chair and on the evidence from the work of the LSCB since I came to Rotherham 17 months ago. I have used the action research into improvement in children's services commissioned by the Local Government Association to inform my response to you.

The appointment of permanent staff to leadership positions in the council has strengthened the co-ordinated sense of purpose for children's services. The council has embraced its responsibility for children's services as part of its overall functions. It has recognised the need to focus HR and legal services support to drive the necessary children's services improvements and taken action to ensure that its wider functions safeguard children. The plans to realise the ambition for Rotherham to be a child centred borough are as yet at an early stage but they have the potential to provide a powerful context within which children's services can understand the needs of the population of children it serves and be sensitive to their views.

Detailed performance information on children's services is now scrutinised by leaders and councillors, and is increasingly open to partners. There is a shared understanding of the improvements made in complying with statutory requirements and the need now to move to improvements in the quality of the services delivered. Children's services have also welcomed and made good use of external scrutiny and peer review as part of its improvement journey.

There are clear thresholds in place across the safeguarding system, from early help to child protection, and plans that will develop common language and understanding about levels of need across partners.

Relationships with partner agencies are developing but there is still significant progress to be made towards the degree of trust, transparency and challenge at all levels, from strategic to front-line, that drives good children's services. There are pockets of good partnership working but that is not yet consistent at all levels.

Progress since early 2016 has been rapid, with the pace maintained by determined leadership from the senior leaders appointed. The greatest change I have perceived since

coming to Rotherham has been in the culture of the organisation. Staff from across the council, as well as in children's services, display an increased sense of confidence and direction. Senior leaders in children's services make a point of regularly acknowledging the good practice of individuals, contributing to the development of confident professional decision-making and understanding of 'what good looks like'.

The progress I have observed in children's services is at a critical stage with crucial shifts taking place, for example, from compliance to quality in practice, from willingness to listen to children to a comprehensive engagement with children at strategic through to front line level and from openness to partnership working to a strong cohesive approach. All of these shifts require consistency and determination and anything that may cause distraction or diversion of energy should be avoided at this stage. I therefore support the conclusion of the ILSC review that the current peer practice partner model should be maintained at present.

The progress of children's services must and will of course be kept under review, both internally and by the inspectorate, and I agree that alternative future delivery models cannot be ruled out where there is evidence that these will better deliver the necessary outcomes. As LSCB chair I would want to be assured that any future proposed model could develop and sustain progress in partnership working across agencies and in particular with schools, which are crucial organisations in the safeguarding system, from early help through to child protection.

The further development of partnership working across the safeguarding system will be the focus for further improvement both through the current LSCB and its replacement as defined by the Children and Social Work Bill. The LSCB has an important role to play in securing improvements in children's services and the wider safeguarding system in Rotherham and I look forward to continuing engagement in gathering evidence on what is working and what requires further improvement.

Yours sincerely



Christine Cassell
Independent Chair to the RLSCB

C.C. Sharon Kemp, Chief Executive, RMBC

Rotherham's Children and Young People's Plan 2016 to 2019



Rotherham
Children &
Young People's
Partnership





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About This Plan

The Children and Young People's Plan (CYPP) is a single strategic, overarching plan for local services where outcomes for children, young people and their families need to improve.

Planning is not a diversion from effective front line activity and is essential if services are to be developed to meet the needs of children, young people and families; if resources and the workforce are to be deployed to best effect; and partners focus on achieving the best possible local outcomes. The CYPP is to support the Strategic Partnership as they work together to agree clear targets and priorities for the services for children and young people in Rotherham.

The Children and Young People's Strategic Partnership brings together a wide range of organisations including Rotherham Council, South Yorkshire Police, Health Services, Education and Colleges, South Yorkshire Fire and Rescue service and the Voluntary and Community Sector.

The strategic outcomes in this plan have been determined by the Children and Young People's Strategic Partnership, adopting good governance principles, with a plan that is underpinned by a common vision that is understood by all parties and is based on consultation and what young people, parents and carers in Rotherham have said about services for children and young people.

The strategic priorities that would benefit from a more focused partnership approach have been identified for this plan recognising that there are other strategic plans for Rotherham which also include priorities for children and young people.

The three main strategic outcomes to be achieved for children, young people and their families in Rotherham through the Children and Young People's Plan are:

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

The Children and Young People's Strategic Partnership is accountable for the delivery of this plan and therefore will allocate and approve the resources; hold partners to account for delivery; and take a lead on engaging and involving children, young people and their families.

The Children and Young People's Strategic Partnership is committed to developing a skilled workforce, making sure that the people working with children, young people and families in Rotherham have the skills to be able to identify, assess and intervene to support families. This will be achieved through existing organisational workforce development strategies but where a multi-agency focus is required in relation to a specific workforce issue or a multi-agency training requirement, such developments will be determined by the Children's Strategic Partnership.

Information About Rotherham can be found at page 30 along with further details about how Our Young People, Parents and Carers have influenced the development of this Plan.

Governance Arrangements and links to Other Strategic Priorities and Plans

There are priorities of the Children and Young People's Strategic Partnership that are already integrated into other strategic plans, such as the Health and Wellbeing Strategy and the Rotherham Safeguarding Children Board business plan, which are being delivered by the respective Partnerships Boards. These include:

- **The Rotherham Together Partnership** – delivering improvements for local people and communities through the Rotherham Together Partnership Plan.
 - **Health and Wellbeing Board** – planning how best to meet the health and wellbeing needs of the local population, tackle inequalities in health through the new Rotherham Health and Wellbeing Strategy. Some of the key priorities in this strategy where the Children's Strategic Partnership will contribute to achieving include ensuring all children get the best start in life; children and young people achieve their potential and have a healthy adolescence and early adulthood; and all children and young people enjoy the best possible mental health and wellbeing and have a good quality of life.
 - **Safer Rotherham Partnership** – includes the Council and South Yorkshire Police and a range of other partners who make decisions relating to crime and community safety issues through the draft Safer Rotherham Partnership Plan. Reducing the threat of domestic abuse and reducing the harm to victims is a priority recognising that the impact of **domestic abuse** on the victim and children is severe.
- Reducing the threat of **Child Sexual Exploitation** (CSE) and the harm to victims is also a priority, along with preventing and tackling CSE recognising that CSE has a lifelong impact on its victims. Therefore, children, young people and their families must have confidence in Rotherham's multi-agency approach to prevention, support and bringing perpetrators to justice.
- **The Rotherham Local Safeguarding Children Board** – sets out the work the Board will do to help keep Rotherham's children and young people safe through their Business Plan 2016-18. The priority areas include governance and accountability; community engagement and the voice of the child; scrutinising front line practice, and children in specific circumstances including the **safeguarding of Looked after Children**, Child Sexual Exploitation and children who go missing and **Neglect**. Children suffering neglect is the biggest category of those who are suffering significant harm. Care is a vital part of our child protection system and most Looked After Children (LAC) say their experiences are good. However children in care are at greater risk than their peers and more needs to be done to ensure that corporate parenting has a positive impact on their health, education and safety and they can move successfully into adulthood.
 - **The Rotherham Looked After Children Strategy** 2014-2017 sets out the vision for the range of services provided in partnership for looked after children, identifying priority objectives to make sure that outcomes for Looked After Children are as good in all aspects of their lives.

There will also be strategies and plans that are developed over the term of this Children and Young People's Plan. For example, changes will be required as a result of the new **Children and Social Work Bill 2016 -2017** which makes provision about looked after children; to make other provision in relation to the welfare of children; and to make provision about the regulations of social workers.

Working in partnership is essential to delivering the outcomes in this plan. It is acknowledged that there are also other organisations in Rotherham and Departments of the Council that contribute significantly to improving the health and wellbeing of children and young people, for example, Leisure and Green Spaces contribute to improving the health and wellbeing of children and young people.

The Children and Young People's Strategic Partnership will work with the Health and Wellbeing Board to ensure the priorities in the Health and Wellbeing strategy that are related to children and young people and their families are implemented. The Children and Young People's Strategic Partnership will be the delivery mechanism for those priorities enabling a wider partnership focus.

The Children and Young People's Strategic Partnership will work with the Rotherham Safeguarding Children Board to keep children and young people safe and a working protocol is in place setting out the relationship between the Children's Strategic Partnership and the Safeguarding Children Board.



Foreword by Councillor Watson

I am delighted to introduce Rotherham's new Children and Young People's Plan for 2016 to 2019 which has been developed by the partners on the Children, Young People and Families Strategic Partnership. Rotherham already has successful partnership working and it is clear there is a commitment by all partners to improve the outcomes for children, young people and families in Rotherham.

The Children and Young People's Plan is a strategic plan which sets out the vision for children and young people and their families and the outcomes that need to be improved.

Our plan also details some of the ways in which we are engaging and listening to the views of young people and how they are influencing service standards. Our Young Inspectors are telling us how we need to provide more digital solutions and improve information about services, develop customer standards and improve the overall customer journey. Our Youth Cabinet have been working with Public Health around mental health and how to improve access for young people seeking help including the development of the Website 'My Mind Matters' and much more work is planned. We continue to support the LAC Promise and within the plan there are details of various services that the LAC council have influenced including some of our commissioned services.

It is acknowledged that there are other strategic plans in place about keeping children and young people safe and improving their health and wellbeing and it is the intention that the Children and Young People's

Plan is an overarching plan which focuses on where outcomes need to be improved that would benefit from a wider partnership focus.

There are a number of focused priorities within this plan to ensure children and young people are healthy and safe from harm, are able to start school ready to learn for life and from being engaged in learning, they are ready for the world of work.

The challenge the Children and Young People Strategic Partnership faces is to achieve better outcomes for children and young people with fewer resources. So it is important that the resources that we do have are used effectively and that staff have the right skills to turn around the lives of our most troubled and challenged families.



Councillor Gordon Watson

The Vision for Rotherham's Children and Young People

The Children and Young People's Strategic Partnership have identified a vision and three main Strategic outcomes that align to the points in a child's life when they will require additional help and support.

Our Vision is to be a child centred Borough which will ensure our children, young people and their families:

- are healthy and safe from harm;
- start school ready to learn for life
- are ready for the world of work
- working with children, families and our partners, for Rotherham's Children's Services to be rated outstanding by 2018.

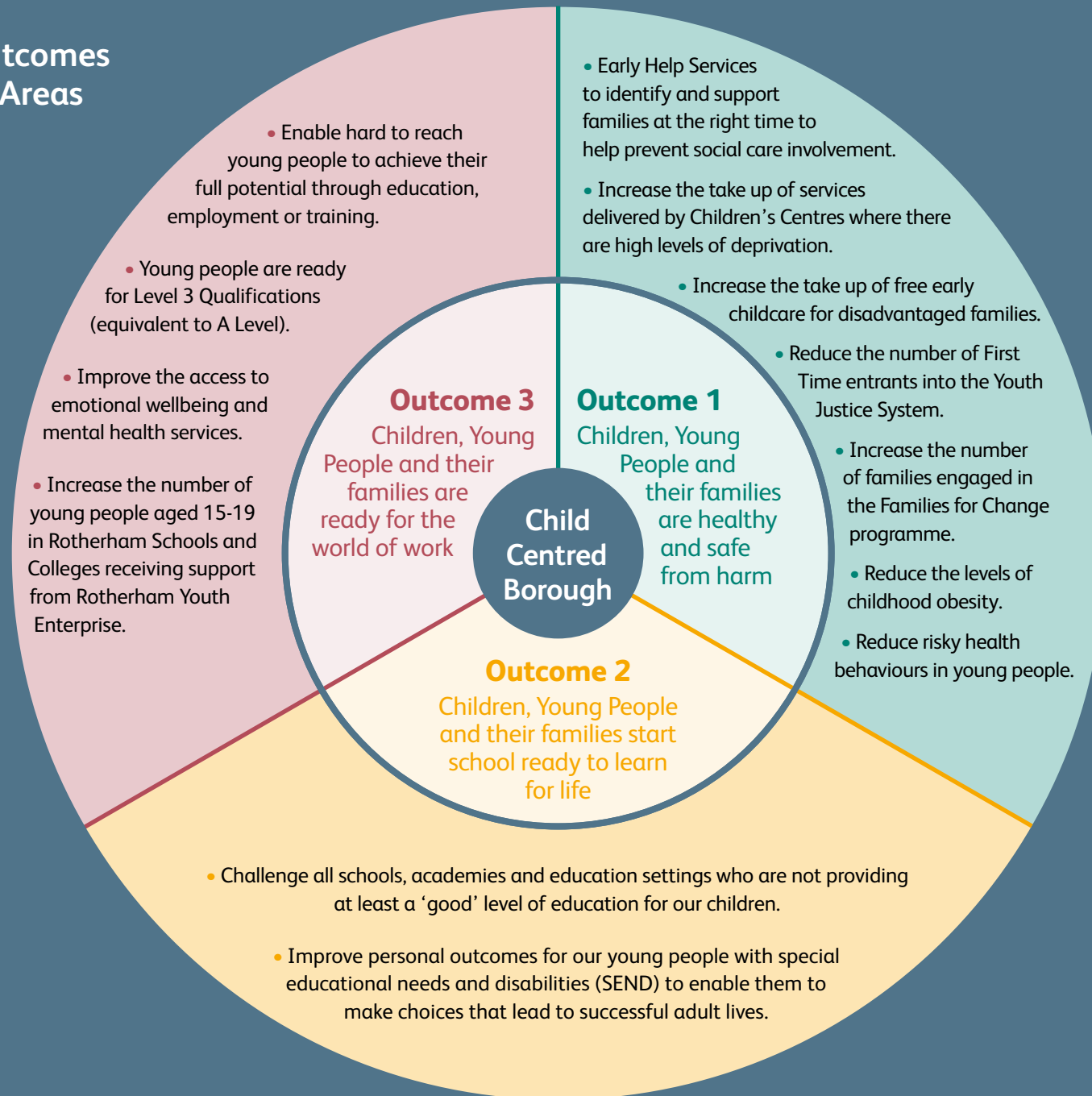
This will mean our children, young people and families are proud to live and work in Rotherham.

A Child Centred Borough

We adopt a partnership approach because achieving improved outcomes for all children and young people in Rotherham is the responsibility of everyone who works with and cares about children and young people. Our aspiration to become a Child Centred Borough is at the heart of our Vision to ensure our children and young people are safe, healthy, successful, heard, involved and respected at home, at school, in their communities and are part of the decisions that affect them.

Establishing the best start in life for children and young people is essential as all aspects of their development - physical, emotional and intellectual – are established in early childhood. Development in the early years can have a lifelong impact on health and wellbeing, educational achievement and economic status. A proactive and preventative approach prior to any problems occurring is required to ensure good child development and health behaviours. By placing an increased focus on health and wellbeing in those early years we hope that all Rotherham children will be able to fulfil their potential.

Strategic Outcomes and Priority Areas





Outcome 1: Children, Young People and their Families are Healthy and Safe from Harm

Early Help

Priority: Early Help Services to identify and support families at the right time to help prevent social care involvement.

Performance Measures:

- A reduction in the Children in Need Rate (rate per 10K population).
- Percentage reduction in children who had a social care concern raised within 12 months of the last concern ending (re-referrals).
- Increase in the number of multi-agency Early Help assessments.

We know that early identification and intervention are key to preventing poor outcomes for children and young people and that providing support at the earliest point can stop issues escalating. Early intervention in childhood can help reduce physical and mental health problems and prevent social dysfunction being passed from one generation to the next.

Through our Early Help Strategy we aim to improve outcomes for children and families in Rotherham and at the same time, reduce the demands upon specialist and higher tier services.

In Rotherham, most children, young people and family's needs are met by universal services, or those services that are available to everyone.

For those children and families who face more challenges and may have multiple needs, our services will provide support and expertise, building on a 'One Family, One Worker, One Plan' principle. An Early Help Assessment will ensure they receive all the support they require. Further information about Early Help services is available at:

<http://www.rotherham.gov.uk/earlyhelp>

Early Help Assessments

Early Help Teams provide intense, focused support when problems first emerge. The right service at the right time can reduce or prevent specific problems from getting worse and becoming deep seated or entrenched.

Our integrated Early Help Teams are based in nine Locality Teams, across three Areas - North, South and Central and can provide advice and support for the whole family on issues such as: Parenting; Teenagers; Behaviour; Emotional wellbeing; Drugs and alcohol; Domestic abuse; Money, benefits and housing; Staying safe – outdoors and online; And places to go and things to do.

From the 1st November 2015, (the pilot stage for the Early Help Assessment) until 30 March 2016 there were 799 triage outcomes that requested an Early Help Assessment.

In February 2016 weekly Step-Down Panel meetings commenced to ensure there is a consistent and robust process in place to manage, monitor and clearly record outcomes for all cases stepping down from Duty and Assessment teams and/or those coming off a Children in Need plan. At the end of March 2016 we have stepped down 73 families (191 children) to our Early Help Locality Teams, along with making recommendations for seven families and 15 children to be worked with by our partners.

Early Help Pathways

In January 2016, we launched our new; Early Help Pathway; Early Help Request for Support; Early Help Assessment; and Early Help Offer website. The Pathway to Services document outlines the Early Help offer and a virtual 'pathway to Early Help services' in Rotherham. These services are currently provided by Rotherham Metropolitan Borough Council, Health providers, the Voluntary Sector, schools, early years and education settings for children and young people aged 0 to 19* years and their parents/carers *(25 for young people with a disability). It is intended to be a sign-posting tool for families, practitioners and professionals. It is not an exhaustive guide of all services available and should be used alongside the online Early Help Service Directory and other useful documents that can be found on the website.

The Early Help offer and pathway commence with services which are classed as 'universal' – available for all families in Rotherham to access when appropriate. It also includes more 'targeted' early help support and services that are there to offer advice, support and guidance around individually identified needs for children, young people and their family.

The Pathway to Services document:

www.rotherham.gov.uk/downloads/file/2797/early_help_pathways

Rotherham Children's Centres

Priority: Increase the take up of services delivered by Children's Centres where there are high levels of deprivation in those communities.

Performance Measures:

- Increased percentage of children aged 0-5 living in the Rotherham area who have accessed Children Centre activity.

A Children's Centre is where families with children under five years can go to access a range of services and information. They deliver services in one building, or at a variety of venues in a local area.

The centre's work in partnership with parents and service providers to deliver inclusive services that are:

- child-friendly accessible
- respond to the needs of local families
- help children to reach their full potential.

Each centre will also have the services of a qualified early years teacher. They will work with early years professionals so that all children have access to quality early learning experiences. This is whether it is at school or nursery.

There are also family support workers and health professionals that are either based at or visit the centre.

Services vary between centres but will cover the following:

- Early education and childcare. This is provided by the centre, childminders, other days providers, out of school clubs or extended schools
- Support for you and your family
- Child and family health services
- Information for parents and carers
- Information about training and employment

There are 12 Children's Centres with 10 linked sites in Rotherham.

Performance against the Children's Centres measures continued to improve in the final quarter of the year, with the percentage of children aged 0-5 living in the Rotherham area who are registered with a Children's Centre reaching 91.4% against the target of 95%.

Although this was slightly below the target it still represents a good achievement for the year and work is already underway to ensure that we are targeting those residing in the 30% Lower Super Output Area's (LSOA's) and to improve registration rates across these areas and at the linked sites.

The access figures have also increased, with performance reaching 54% against the annual target of 66%. Heads of Centres and frontline staff focussed on the 30% LSOA's and achieved much improved performance of 63% against the 66% target; despite the impact of an increase in the reach areas and with a reduction in the number of outreach staff.

Early Childcare for Disadvantaged Families

Priority: Increase the take up of free Early Childcare for disadvantaged families

Performance Measures:

- Percentage of entitled two year old accessing childcare.

Giving children and families the very best start in life continues to be a key priority for Rotherham. The entitlement to free early year's provision was first introduced in the National Childcare Strategy (DfEE 1998). By January 2010 almost all eligible four-year-olds and the vast majority of eligible three year olds in England were benefiting from the entitlement to free early years provision (DfE 2010). There is evidence showing that receiving good quality early years education is associated with improved outcomes for children's development, and is particularly beneficial for children from disadvantaged backgrounds, 'breaking the cycle' between early disadvantage and poor outcomes through life which can be linked to a number of health, education, economic and social outcomes. The priority therefore is to increase the take up of free Early Childcare for disadvantaged families in Rotherham.

Youth Offending Teams

Priority: Reduce the number of First Time Entrants into the Youth Justice System

Performance Measures:

- Percentage reduction in First Time Entrants (FTE) into youth justice system.

Youth Offending Teams (YOT's) have three targets that they are required to report back to the Ministry of Justice and Youth Justice Board (YJB). These are:

- Reducing the number of First Time Entrants into the Youth Justice system
- Reducing Reoffending
- Reducing the use of custody

Performance is measured by the YJB by comparing performance against the same period in the previous year, and comparing local with national performance. A quarterly report is produced by the YJB for Ministers RAG rating YOT's and highlighting remedial action taken for YOT's rated "red". Rotherham is currently rated as a "green" YOT.

Although YOT's return data to the YJB, with the exception of custody data, the data used by the YJB for First Time Entrants and Reoffending is taken from the Police National Computer (PNC) database. This data is provided to YOT's a month after quarterly data is submitted.

For First Time Entrants the data is shown in rolling full-years for the 12 months to March, July, September, and December of each year. The latest data is for July 2015 to June 2016 at 460 (rate per 10,000 of 10-17 population).

Reoffending figures are based on proven reoffending. A proven re-offence is defined as any offence committed in a one year follow-up period that leads to a court conviction, caution, reprimand or warning in the one year follow-up or within a further six month waiting period to allow the offence to be proven in court. Latest data is for the January 2014 to December 2014 period at 27.3 %.

Rotherham is regarded by the Youth Justice Board as a well performing YOT and the service is fully compliant with the requirements for the constitution and staffing of a youth justice service as outlined in the Crime and Disorder Act 1998.

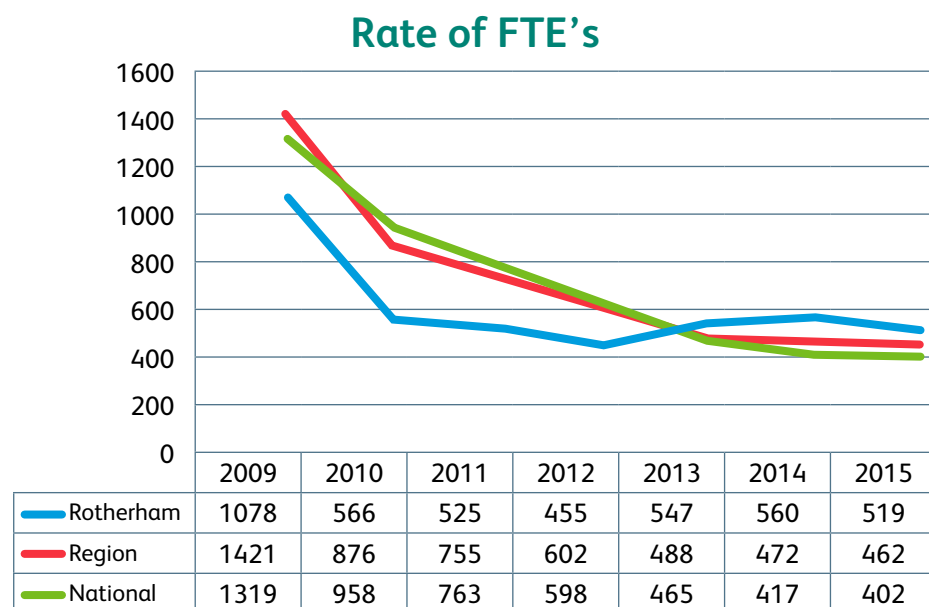
In addition to the Act's requirements the YOT is also compliant with the 190 National Standards required by the Ministry of Justice and Youth Justice Board and the Home Office Code of Practice for Victims of Crime. Compliance in respect of these two areas is audited yearly and the results fed back to the Youth Justice Board with the YOT Management Board taking responsibility for any remedial action required.

Overall in the last five years, the numbers of First Time Entrants (FTEs) for Rotherham has gone down in line with the downward trend nationally and in South Yorkshir. Rotherham's YOT Comparison Group also showed a downward trend from 2010 to 2015 although the

numbers for Sheffield have risen in 2015 compared with 2013 figures. In comparison, Walsall's (also in our comparison group) numbers rose in 2014 but reduced again in 2015 and are still well below the figures in 2010.

Since the middle of 2012 first time entrant numbers (those entering the youth Justice System) have been slowly increasing. This follows a period in which the numbers were significantly decreasing and were above those of regional and national rates. Whilst the gap between Rotherham's rates and regional and national rates is not huge (Fig 1.) and numbers involved are relatively small, (Table 1). It is nevertheless a concern that from a low baseline rates have risen above regional and national trends.

Fig 1



Families for Change Service

Families for Change (FfC) is the local delivery of the Troubled Families initiative, a national programme to work with families with multiple high cost problems. The Families for Change work is embedded in Children's Services as part of the Early Help offer.

The initiative asks local authorities to identify families using specific criteria, and deliver interventions that lead to behaviour change and better outcomes. The programme challenges local services to work together and ensure that service delivery is family-focused and well-coordinated.

Phase one of the programme was launched in April 2012 and ended in April 2015; families were identified if children were not attending school, young people were committing crime, families were involved in anti-social behaviour and adults were out of work. In Rotherham we were asked to identify and achieve outcomes with 730 families; we were successful in delivering 100% of this target.

Phase two began in April 2015. The roll out of the programme builds on the work of phase two, whilst expanding the scope in terms of identifying the families that we work with. There is an increased emphasis on service transformation, both improve outcomes for families and ensure more efficient and effective use of public money for the long-term. In phase two, Rotherham is challenged to work with 2470 families, and committed to working with 371 families in 2015/16 and 882 in 2016/17.

To be eligible for the expanded programme, each family must have at least two of the following six problems:

- Parents or children involved in crime or anti-social behaviour
- Children who have not been attending school regularly
- Children who need help; children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan
- Adults out of work or at risk of financial exclusion or young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents or children with a range of health problems

The work will be deemed successful, and payment by results funding will be available, if significant and sustained progress is identified across all the problems that are identified by the family, or if a family member enters and sustains employment.

In Rotherham the work is now fully embedded in the Early Help Offer. All families supported by the service will receive a holistic offer of support, so that there is 'one family, one worker, one plan' and that the workforce will have the skills, experience and tools to meet the presenting need in each locality. The Early Help Offer is a multi-agency response to meet the needs of vulnerable families; the family outcomes tracked through Families for Change will provide an indicator of how effective we are at working collectively to deliver outstanding services and supporting Rotherham families to thrive.

Children and Young People achieve their potential and have a healthy adolescence and early adulthood

This is one of the key aims within Rotherham's Health and Wellbeing Strategy. This strategy provides a high level framework which will direct the Health and Wellbeing Board activity over the next three years.

Whilst tackling inequalities in health requires focused action from the start of life and in the early years, the commitment needs to be maintained throughout childhood and adolescence. We need to provide good education and healthcare, and opportunities for good work and training in order to support young people to thrive. In common with all the priorities, whilst we need to ensure these are available for all children and young people within the borough, we must focus on those children and young people who are most vulnerable; those who are looked after, those with mental health problems, physical and learning disabilities and those from our most deprived communities.

This is a key period for developing individual resilience: developing a sense of purpose and self-esteem, becoming emotionally aware, taking responsibility for their own physical and emotional needs and being connected to others. Resilience enables children and young people to cope with the challenges they face and to contribute positively within their community.

Hospital admissions caused by unintentional and deliberate injuries

Injuries are a leading cause of hospitalisation and represent a cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience. This is a key indicator for partnership working to reduce injuries, including child safeguarding.

Childhood Obesity

Priority: Reduce the levels of childhood obesity.

Performance Measures:

- Reduce year-on-year levels of childhood obesity for:
(a) Reception year children (age 4/5) and (b) year 6 children (age 10/11)

Childhood is a critical time for the development of obesity. In Rotherham, levels of obesity are more than double between school age at reception (aged 4-5 years – 10.3% obese, similar to the England average) and year 6 (aged 10-11 years – 21.8% obese, higher than the England average of 19.1%). There are many contributing factors to this increase including access to a high fat and high sugar diet (including drinks) and the local environment.

Through the Lifestyle Survey, young people have told us that they are eating less of their five portions of fruit and vegetables per day when compared to 2014 (40%). Boys in year 10 are more likely not to eat

any fruit or vegetables per day, this being at 12%. When asked about how many glasses of water they drank a day, 2114 (68%) of young people said that they drank one to five glasses of water (down from 73% in 2014). 746 (24%) said they had 6-10 glasses (up from 18% in 2014) and 249 (8%) said that they drank no water at all (1% lower than 2014). More boys said they drank no water at all, 9% compared to 7% of girls.

2084 (67%) of pupils have a snack at break time (down from 70% in 2014). This year, fruit is the most popular choice compared with crisps last year. When asked where they mainly have lunch, 1524 (49%) said that they have a school lunch (up from 44% last year). Year 7 pupils are more likely to have school meals than year 10 pupils (61%) of year 7 pupils said they have them compared to 37% of year 10.

In relation to sport and exercise, the national recommendation is that all children and young people should engage in moderate to vigorous physical activity for at least 60 minutes per day. 2488 (80%) of pupils said that they regularly take part in sport or exercise (up from 77% in 2014). Overall Boys are more likely to exercise regularly (80%) compared to girls (75%). There is an improved increase in the frequency of times per week that pupils are exercising.

Young people were asked how they feel about their general health. Pupils who said they felt their weight was about normal size was 2022 (65%), (compared to 73% who said they weight was healthy in 2014 survey). 93 (3%) of young people felt that they were very overweight (up from 2% in 2014) and 622 (20%) felt that they were overweight (up from 17% in 2014).

The priority for Rotherham is to reduce the levels of childhood obesity especially in relation to those families who access services in Rotherham. A whole systems approach is being adopted by partners to reduce childhood obesity as part of implementing the new national Obesity Strategy from 2016.

Self Harm and Suicide

Rotherham uses the NICE (2012) definition for self-harm which is; 'any act of self-poisoning or self-injury carried out by an individual irrespective of motivation. This commonly involves self-poisoning with medication or self-injury by cutting.' Research suggests that nationally around 10% of 15-16 year olds have self-harmed. Self-harm is more common in young women, although it is on the increase among young men.

Following a group of suicide events in Rotherham from November 2011, an Independent Review has been undertaken. The report dated January, 2015 recognises the multi-agency response established promptly but recognises the learning from such events that need to take place. An awareness of the signs of self-harm and suicidal thoughts is essential if we are to be able to respond to these vulnerable young people quickly and effectively.

Supporting Children & Young People who Self Harm: Rotherham Self Harm Practice Guidance

Priority: Reduce risky health behaviours in young people. Reduce the risk of self-harm and suicide among young people

Performance Measures:

- Hospital admissions caused by unintentional and deliberate injuries (0-14 and 15-24 years).
- Hospital admissions for mental health conditions (0-17)
- Hospital admissions as a result of self harm (10-24 years)

Often discussion around the difference between suicide and self-harm can lead to confusion amongst professions. 'While some would argue that self-harm is in fact the opposite of suicide, there is equally compelling argument that they are part of the same continuum, both being a response to distress. There is sufficient evidence to suggest that skilled support at the time of the first episode of self-harming offers an opportunity to prevent further self-harming and, potentially a suicide attempt' NSPCC (2009). The guidance explains about self-harm and suicide, what are the risk factors and warning signs, coping strategies, who is at risk and how professionals can help, the Do's and Don'ts.

Care about Suicide cards have been developed as guidelines for the general public on suicide prevention, what signs to look for, how to respond and support the individual concerned and where to get further advice and access services. The guidance explains that mental health is something everyone has, like physical health and that mental health affects how we cope with life events and that a person's mental health affects how they learn, function from day to day, how they form, keep and end relationships.

The **Rotherham Suicide and Serious Self Harm Community Response Plan** has been developed. Research estimates that between 1 and 5% of all suicides by young people occur in the context of a cluster, and that 6% of suicides in prisons and 10% of suicide by people with mental illness are due to imitation or clustering effects. This plan is a multi-agency plan to support agencies and individuals specifically those who work with children and young people and is activated when Public Health perceives that a cluster is occurring or is at risk of occurring. An initial suicide may be the precipitating factor, but other external events may also act as triggers. These might include one or more deaths from other causes (e.g. trauma) which influence others to engage in suicidal acts out of grief, or pervasive environmental circumstances (e.g. economic downturn or extreme weather incidents) which cause stress for a whole community.

A Rotherham Care Pathway for Children and Young People Bereaved by Sudden Traumatic Death has also been developed.

Determining the underlying causes of suicide and self-harm and improving the emotional and mental well-being is a priority for all children and young people and there is a Rotherham Suicide and Prevention Self Harm Group taking this forward.

Risky Health Behaviours in Young People

During adolescence young people become more independent. With this increasing autonomy they may experiment with risk taking behaviours. They may try alcohol, tobacco and other substances, and may become sexually active. Modelled estimates suggest 10% of 15 year olds in Rotherham smoke regularly (daily or weekly), which is higher than the England estimate. Alcohol specific hospital admissions for under 18s, however, are significantly better in Rotherham than the England average (29.1 per 100,000 under 18 year olds in Rotherham, compared to 40.1 per 100,000 for England).

In Rotherham we have a higher diagnosis rate of new sexually transmitted infections (STIs) than the England average. However, care needs to be taken when interpreting this data as higher diagnosis rates may not necessarily indicate that more young people have STIs. This may reflect that local services are more accessible and young people friendly.

“One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. (Source – Public Health England)”.



Outcome 2: Children, Young People and their Families Start School Ready to Learn from Life

Special Educational Needs and Disabilities (SEND)

Priority: Improve personal outcomes for our young people with SEND to enable them to make choices that lead to successful adult lives.

Performance Measures:

- Increase in the number of Education Health and Care Plans completed in statutory timescales justice system.

Consultation in relation to the Local Offer for children and young people with special educational needs and their parents has taken place with a wide range of stakeholders including children and young people with special educational needs and their parents. Providers of services have also been engaged to gain a further picture of how to develop and present the Rotherham offer.

The Children and Families Act (2014) and SEND Code of Practice (2015) have led to significant changes in the approach to provision for children and young people with Special Educational Needs and/or Disability. In particular;

- A move from provision through statements and the registered stages of School Action Plus or School Action to needs met through Education, Health and Care Plans (EHCs) and a single registered stage of SEN Support. Within Rotherham, SEN Support and EHC provision is embedded in a waver approach usually described as the Graduated Response to need

- The statutory requirement for Local Authorities to publish a Local Offer of relevant SEND services and support, including publication of how the views of young people and their parents have been acted upon.
- A clear directive for agencies and services to be led by the views of children, young people and their families in the delivery and monitoring of provision that supports SEND
- A move to provision from birth to 25 to aid transition to adult services and to improve outcomes in adulthood
- A joint approach to commissioning of services across involved areas including education, health and social care
- A potential for the provision of personal budgets to enable young people and families to purchase some services directly.

The SEND Local Offer in Rotherham aims to provide information for parents and young people about resources, services, support, activities and events for Rotherham's children and young people with Special Educational Needs and/or Disabilities and their families. Information is arranged according to age from pre-school through to early adulthood.

www.rotherhamsendlocaloffer.org

Rotherham Charter

In partnership with parents, carers, children and young people, adults and families a Rotherham Charter has been developed. This Charter is the partnerships commitment to care, include, communicate and work in partnership so that together all achieve their potential.

www.rotherhamcharter.co.uk

Short Breaks

Short Breaks are commissioned for young people. Each year we discuss this service with disabled children and young people and their parents and carers as part of the needs assessment for short breaks. An issue that is often mentioned is access to universal services and making sure that there are suitable facilities for disabled children and young people. We are working with the YMCA to help disabled children and young people access universal services by providing some one to one support. The Council's parks department are also working with the local community in North Anston to provide playground facilities that can be used by disabled and non-disabled children. In the coming years we will continue to work with our disabled children and young people and their families to help them access activities as well as working with universal service providers to help them become more inclusive.

SEND Major Project

The area of SEND provision has been identified for further development. A strategic plan to address the planning of SEND provision for the future is being written based on findings over the past year which has included consultation with providers and families. Services to support this area have been brought together within the inclusion department, a leadership structure has now been established and greater links with social care and health services are now being developed. A data dashboard has been established with closer links to the Joint Strategic Needs Assessment. The financial sufficiency and sustainability of services and provisions is targeted for development over the next three years and incorporated into the CYPs Improvement plan. This work includes;

Rotherham Joint Commissioning Strategy

The Rotherham Joint Commissioning Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND) provides an overview of how the joint commissioning of services for children and young people with SEND in Rotherham will be developed and implemented in line with the requirements of the Children's and Families Act 2014.

The mapping and consultation undertaken has informed the development of this strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND), which provides an overview of how the joint commissioning of services for children and young people with SEND in Rotherham will be developed and

implemented. The Strategy outlines what joint commissioning is, the partners involved in the arrangement, the governance structure, the current Rotherham SEND Local Offer and how we will implement the Strategy.

The development of a SEND Assessment Hub is key to improving the co-ordination of SEND provision, as well as formalising joint working arrangements and the streamlining of assessments. The preferred option for the SEND Assessment Hub is Kimberworth Place, as a number of SEND services are already based there and therefore the number of services moving bases would be minimised.

The priorities identified for this Strategy have been identified by parents/carers and young people through the consultation undertaken. Parent/carer representation will continue through the SEND Joint Commissioning Group.

The nine priority areas of work contained within the Rotherham Joint Commissioning Strategy for Children and Young People with SEND are as follows:

- Create a joint SEND Education, Health and Social Care Assessment hub at Kimberworth Place. Year 1
- Review and re-model services that provide support for children and young people with social, emotional and mental health needs. Year 1
- Develop a performance and outcomes framework that will be applied across all local authority and Clinical Commissioning Group (CCG) SEND provision. To be implemented by Year 3
- Align local authority and CCG specifications for SEND service provision, so as to facilitate commonality of practice and a consistent approach (thus reducing duplication, improving efficiencies and developing clearer pathways). Year 1
- Develop the Education, Health and Care Planning (EHCP) process to look at how the assessment process (including the decision making process/panels and allocation of resources) can be streamlined and strengthened, so as to reduce the multiple assessments that young people and their families have to undertake. Year 1
- Ensure that there is a co-ordinated joint workforce development plan. Year 2
- Develop and implement Personal Budgets. Year 1
- Develop pathways to adulthood. To be implemented by Year 3
- Develop approaches to improving life experiences To be implemented by Year 3

Sustainable Education and Skills

Priority: Challenge all schools, academies and education settings who are not providing at least a 'good' level of education to our children.

Performance Measures:

- All children make good or better progress,
- The progress a pupil makes from the end of primary school to the end of secondary school (Key Stage 4 Progress 8 Measures).

A priority is that the quality of education for children and young people should enable them to be well prepared for further education, higher education and work.

All young people should have the tools and opportunities they need to fulfil their potential, regardless of background or life circumstances. We believe that all young people should have access to opportunities to develop skills for life and work and to create a more responsible, engaged and cohesive society.

Key Stage 2 is the final year of primary education when pupils are aged between seven and 11. Key Stage 4 is the term used for the two years of school education which incorporate GCSEs, and other exams, normally Year 10 and 11 when pupils are aged between 14 and 16.

The priority is that all children make good or better progress from the end of primary school to the end of secondary school (Key Stage 4).



Outcome 3: Children, Young People and their Families are Ready for the World of Work

Priority: Enable hard to reach young people to achieve their full potential through education, employment or training.

Measure:

- Reduction in the percentage of young people aged 16-18 who are Not in Education, Employment or Training (NEET)

Priority: Increase the number of young people aged 15-19 in Rotherham Schools and Colleges receiving support from Rotherham Youth Enterprise (FYE).

Measure:

- Increase in the number of young people receiving support from RYE in terms of the delivery of employability skills sessions and self-employment awareness sessions

Priority: Young people are ready for Level 3 Qualifications (equivalent to A Level).

Measure:

- The progress a pupil makes from the end of primary school to the end of secondary school. (Key Stage 4 Progress 8 Measure.)

We need to make sure that there are high quality options for young people to undertake both academic and vocational education, including apprenticeships and traineeships.

Education and Skills are involved in a number of activities to help prepare young people for the world of work.

The focus on preparing young people for the world of work is through good participation in learning (i.e. apprenticeships, college, school or university) and strong attainment outcomes (especially at Key Stage 4 and Level 3 at 19). However, it should be recognised that there is no universal offer, funding, or authority (e.g. careers guidance, education-business links, work experience, or curriculum enrichment around employability and enterprise skills) for the Council to prepare young people for the world of work, as responsibility and resources rests with colleges and schools.

However, there are a number of work areas that Council is involved in:

- Early help work is undertaken with vulnerable young people and/or NEETs. Early Help also send out weekly apprenticeship bulletin distributed to all colleges and schools. A Search and Apply and Youthi websites have been developed which provide an online prospectus and application process of all 16-18 provision and careers, support and vacancy information. This is the only universal information to young people.
- The Council is working with Rotherham North Notts (RNN) College (North Notts College and Rotherham College who completed a merger on 1st February 2016 to create a new organisation called the RNN Group (Rotherham and North Notts Group)) to successfully

bid for £4.4m from the Sheffield City Region Capital Growth Fund towards the building of a new £11m Centre for High Level Skills at Doncaster Gate. The Centre, due to open by 2018, will work with businesses and communities to address the shortfall in skills. It will provide both accessible and affordable higher education provision in Rotherham and is key to the economic regeneration of the town centre.

- Science, Technology, Engineering & Maths (STEM) Co-ordinator (jointly employed by Sheffield and Rotherham Council) and partially funded by Mondelez International (Cadbury) to:
 - Raise awareness of STEM for students to find out more about the industry. Including, working with employers to give young people a taste of work – including visits to employers and employer led projects. E.g. Sandvik, TATA Steel, Mondelez International, Gripple
 - Support teaching and learning in schools and colleges to raise attainment and engagement with key subjects e.g. Advanced Manufacturing Research Centre (AMRC) to raise attainment in maths
 - Celebrate success of young people including the Annual STEM Celebration.

An annual business-education event for teachers, this year focussed on post-16 options with a range of employers and post-16 providers exhibiting and 50 delegates attending.

£676k Ambition pilot to the Local Authority (Jan 15-July 17) to engage 259 jobseeker claimants aged 18-24 into work placements with 104 securing sustainable employment – as of March 2016, 111 starts and 40 securing employment.

Rotherham Youth Enterprise (RYE) contributes to the local economy by supporting young people/adults to make the leap from education into self-employment and business; supporting business growth; and long term business survival rates. RYE:

- Supported businesses to have an 81 % survival rate at five years of trading
- Support 30 - 40 new business starts per year
- Work with around 1,800 students in schools and colleges raising awareness of self-employment, including engaging post 16 students in an annual Business Planning Competition, delivering a range of employability and enterprise activities in schools and colleges
- Is a key partner in the annual Local Employers Advisory Forum (last year 71 businesses and providers exhibited at Magna to 863 attendees from schools, colleges and the workless community. Job Centre Plus (JCP) reported that a month after the event 27 people had secured jobs with companies who exhibited on the day)
- Run the annual Rotherham Young Entrepreneur of the Year Awards
- Delivering the Government/SCR's new Enterprise Adviser programme and achieved the target to match 20 employers to 20 schools and colleges in Rotherham to advise them on how better to engage with the business community and prepare young people for the world of work. The programme aims to widen young people's horizons, increase their knowledge of the range of career opportunities and the new and emerging sectors that are 'out there'

- To increase the number of business encounters in schools/ colleges, address the issue of employers offering work experience opportunities to special needs young people and better prepare young people for the ‘world of work’
- Establishing a Post-16 Providers Network led by the sector to identify and develop proposals for schools, the LA, employers and the SCR to better support young people into the world of work; and to work collaboratively to develop progression pathways and support transition into further learning and/or employment for 16, 17 and 18 year olds.

Economic Regeneration is supporting Commissioners to ‘Get Rotherham Working’ by supporting employers to:

- Become a Schools Enterprise Advisor, working with a schools senior leadership team to improve awareness of business, and assist young people to develop their future employability skills
- Exhibit at the Local Employer Advisory Forum (LEAF) – Rotherham Jobs and Career event which is held annually in November. Advising schools as well as working with job seekers to fill current vacancies and provide them with the knowledge of the skills needed to be successful in employment
- Take on a university / college intern
- Provide industry talks or visits to schools and colleges
- Take on an apprentice or a trainee
- Provide work experience opportunities for school students and/or the unemployed community

- Convert existing employees into apprentices, including higher level apprentices
- Undertake new in work training.

Employability skills within Study Programmes

Department of Education (DFE) guidance on Study Programmes states that:

- “All 16 to 19 students should be given the opportunity to take a study programme which reflects their prior attainment, education and career goals
- Study programmes should normally include substantial academic or applied and technical qualifications; non-qualification activity including work experience; and the study of English and maths where students do not hold a GCSE graded A*-C in these subjects
- Study programmes should be focused on progression to the next level of education, a traineeship or apprenticeship, or other employment”.

In terms of the work experience element, the guidance states that all study programmes should

- “allow for meaningful work experience (related to the vocational area) and/or other non-qualification activity to develop students’ personal skills and/or prepare them for employment, training or higher/further education.

Work experience can take many forms including work tasters, participation in social action projects, or a work placement.

Whilst training in a simulated work environment can help a student develop new skills and support progression into an external working environment, it is a work placement with an employer in an external work environment that has the greatest impact on students' employability. We expect providers to ensure that wherever possible all young people spend time in an external workplace."

Source: Departmental advice for education providers on the planning and delivery of 16 to 19 study programmes, DFE, January 2016.

Successfully planning and delivering this work experience is an important factor when devising and implementing study programmes. This often includes work related activities for the basic development of a student's employability skills through to work related experience such as volunteering on community projects. Independent work experience is where students have undertaken work experience or a placement for Employers and experience what it is like in the world of work. There are various organisations in Rotherham providing work experience for young people.

Improving Access to Emotional Wellbeing and Mental Health Services

Priority: To improve the access to emotional wellbeing and mental health services.

Measure:

- CAMHS referrals triaged for urgency within 24 hours of receipt
- Percentage of triaged CAMHS referrals that were assessed within three weeks.

The NHS England Future in Mind Report was published in May 2015 and sets out a clear national ambition to transform the design and delivery of a local offer of services for children and young people with mental health needs. This covers five key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

The Clinical Commissioning Group (CCG) responded to the guidance with a Local Transformation Plan (LTP) that is a five year vision to transform the system for children's mental health and wellbeing.

Consultation took place with parents and carers and young people to identify the issues with the current services. These comments have been used to inform the key objectives in the transformation plan. A significant number of comments related to having better access to mental health services. Parent and carer representatives are also on the partnership group and continue to influence the implementation of the plan.

The reconfiguration includes the establishment of clear treatment pathways, a Single Point of Access (SPA) and locality workers linked with locality based Early Help and Social Care teams as well as schools and GPs. Extensive staff consultation and recruitment to a whole new structure has taken place.

The Future in Mind & Local Transformation Plan will be finalised in December 2016 and has provided some new investment into the service allowing for the recruitment of additional resource. Staff are being mobilised into new ways of working.

The key objectives in the transformation plan are:

- **Support for Universal Services** – The development of an enhanced single point of access with a Primary Mental Health Worker based within the Early Help Hub. Named Child and Adolescent Mental Health Service (CAMHS) workers for schools and primary care.
- **Move away from the current tiered system** – Implement a consultation model that moves away from referrals and towards joint working, advice, guidance and support.
- **Implement the crisis care concordat** – Implement all aspects of the concordat, in particular the embedding of a new 24/7 helpline, ensuring no child or young person is placed in a police cell as a place of safety. Creation of a nurse liaison provision to work within the acute hospital setting.
- **Development of an Intensive Home Treatment Provision** – Implementing a new home treatment service that acts as an alternative to inpatient services and has a key role in pre-crisis, enabling step down from acute/inpatient services.
- **Eating Disorders** – Creation of a new community eating disorder service to reflect local need.
- **Caring for the most vulnerable** – Dismantling the barriers and reach out to children and young people in need through better assessment and an integrated flexible system that provides services in a way that are evidenced based.
- **Children, Young People and Families have a voice** – By developing sustainable methods to effectively engage with our children, young people and families so they have a voice and shape our services. Young Minds have been commissioned to support this.

Significant engagement has been undertaken with schools as it is recognised the key role they play in the identification of emotional health and wellbeing as well as the on-going support they provide.

About Rotherham

The Joint Strategic Needs Assessment for Rotherham tells us:

There are approximately 204,400 adults resident in Rotherham (2015 Mid Year Estimate) of whom 64,600 people are aged 60 and over (24.8% of the population), 37,100 are aged 18 to 29 years (14.2%) and 102,700 are aged 30 to 59 years (39.4%).

The number of children and young people aged 0 to 17 years is 56,400 (21.6%) of whom 16,000 are aged 0-4 (6.1%).

There were 43,128 children and young people attending state funded schools in Rotherham as at January 2016. 22.8% of children live in low income families.

The percentage of pupils with special educational needs reduced from 25% in 2010 to 19.5% in 2014 and the percentage with statements fell from 2.5% to 2.3% over the same period. The general reduction is in line with national trends although the percentage with statements has not been falling nationally.

According to the Index of Multiple Deprivation (IMD 2015), Rotherham is the 52nd most deprived out of 326 English districts. The Indices of Deprivation 2015 domains that are most challenging for Rotherham are: Health and Disability; Education, Training and Skills; Employment.

Almost a fifth of Rotherham's population live in areas which are amongst the most deprived 10% in England. The most deprived areas of Rotherham have seen deprivation increase the most between 2010 and 2015. From the needs analysis it is evidenced that there is a high

correlation between deprivation (IMD 2010) and risk of/experience of CSE.

Rotherham's Black and Minority Ethnic (BME) population is relatively small but has been growing and becoming increasingly diverse. According to the 2011 Census, 8.1% of Rotherham's population were from BME communities but the 2016 School Census shows that 16.7% of pupils were BME. The largest BME community is Pakistani and Kashmiri who numbered 7,912 in the 2011 Census. The Kashmiri and Pakistani community is well established in Rotherham. There are also much smaller established communities such as Chinese, Indian and Irish. The fastest growing population has been Black African communities and the Eastern Europeans. The Slovak and Czech Roma community is estimated at around 4,000 people and several hundred Romanian Roma have settled in Rotherham since 2014.

The full joint strategic needs assessment for Rotherham can be found at www.rotherham.gov.uk/jsna

Our Young People, Parents and Carers

The priorities in this plan have been based on what children, young people and their families/carers have told us about services for children and young people in Rotherham. Some of the ways in which these views are captured are detailed in this section.

Young Carers

Through consultation with young people through the Lifestyle Survey, 653 young people considered themselves to be young carers. When asked about what the three main things are that they do to help, the results are very similar for both year 7 and 10 and follow the same pattern as 2014. Helping around the house is the highest rated task, followed by helping to look after a brother or sister and keeping someone company is third choice. There has been an increase in the percentage of pupils saying they care more than eight hours per day. 89 pupils said they are caring more than eight hours per day. Caring for between one to three hours and four to seven hours, the percentage has reduced from 2014. There has been a positive increase in the number of young people who have heard about the Young Carers Service, this has increased to 33% (from 26% in 2014).

Many young people within Rotherham are helping to care and the person being cared for will usually be a family member such as a parent, grandparent, sibling, or someone very close to the family. The person or people they care for will have a serious or long term illness, disability, mental health difficulties or problematic use of alcohol or drugs; many young carers also help to care for younger siblings.

Rotherham Young Carers Service, which is currently commissioned from Barnardos Services Limited, works with young people aged 8-18 years,

and offers the young people guidance and support around issues they face as a young carer. They offer the young people activities during the school holidays, giving young carers a break and a chance to get together as a large group. The service also provides training and advice to other services and schools in contact with young carers.

The Rotherham Young Carers Service has increased the number of young carers and their families supported by 35% in 2015/16. Throughout the year, the Service supported 135 young people and their families by assessing need and making a long-term difference; meaning that children and families can support each other without long term dependency on multiple service interventions. Of the 135 young people supported; 48 young people were male; 87 female. 26.7% of children worked with had either a current or historical Child Protection Plan.

The service identified a very small number of females who have accessed the support of CSE services, some having allocated CSE social workers. While this number was very low it continues to highlight the vulnerability of young carers. Having CSE specialist workers within Barnardo's helped the service undertake joint work.

In 2015/16, 44% of young carers accessing the service were caring for someone who had mental health and substance misuse issues. Some young people care for more than one person and many young carers help care for siblings.

Service users that are more vulnerable, where possible have been actively encouraged to participate in the Young Carers Council to maintain some contact when they no longer need to be an open case with the service.

Rotherham Youth Cabinet

Rotherham Youth Cabinet is a group of enthusiastic, motivated and committed young people who endeavour to campaign on issues which are important to other young people in Rotherham. Their main aim is to be an active voice, representing all young people equally in order to have a positive effect throughout our communities.

What Youth Cabinet Do

- Undertake research and campaigns to help improve Rotherham
- Ensure that all young people in Rotherham are listened to and have a Voice
- Convert words into action
- Hold formal meetings at Rotherham Town Hall and informal sessions at Myplace
- Have FUN, make friends, meet new people, develop confidence, gain skills, work with Elected Members and decision makers in Rotherham
- Plus lots more...

How they do this

- Consultation with other young people to find out what we need to work on
- Meet regularly and work together as a team on our issues
- Have training to enable us to perform our role

- Go on residentials and visits to help us develop our skills and knowledge and to help us work as a group.

Current Campaigns

Every summer, following consultation with other young people in Rotherham, Youth Cabinet members write their Manifesto which is launched during Local Democracy Week. Their key aims for 2015-2016 were:

- Young People's Mental Health & Emotional Wellbeing
- Improving Public Transport For Young People
- Supporting other Young People to Understand Politics
- Helping to create a Proud and Positive Image of Rotherham
- Understanding the needs of all people from within our diverse communities to help community cohesion

Youth Cabinet Members will be creating a new manifesto during the summer, which will detail their priorities for 2016/2017.

Examples of Recent Achievements

One of the main areas that Youth Cabinet members have worked on is mental health. Some of this work has included:

- Working with Council Scrutiny, Councillors and a wide range of stakeholders around support for young people who self harm; with their recommendations being incorporated into CAMHS Service Plan and Public Health Self Harm Practice Guidance for professionals

- Working with the Commissioning Team on the development of the Mental Health Strategy and Transformation Plan in Rotherham
- Shared issues and concerns with CAMHS managers about young people accessing their services which helped to inform their Service Plan
- A member was elected as a Governor for RDASH and now attends Governors Meetings and CAMHS Partnership and Strategy Meetings, ensuring young people have a voice in this group
- Wrote a report 'Mind The Gap' on the national and local picture of Mental Health services for young people, which gave ten recommendations on how improvements could be made
- RYC members worked with Public Health and Commissioners to develop an Emotional Well-being support Website 'My Mind Matters' (www.mymindmatters.org.uk)
- Supported a CAMHS Scrutiny Review and fed into their findings to the Scrutiny Review Panel
- Members held a successful Children's Commissioner Takeover Day with the Overview Scrutiny Management Board and a range of partners and stakeholders, resulting in 11 recommendations being made
- Organised a conference for 120 young people and professionals around Mental Health called 'It's My Mind'. This provided workshops, stalls, speakers etc delivered by mental health professionals to enable young people and adults gain strategies to help support and maintain positive mental health
- Supported the commissioning of the new 0-19 Public Health Nursing Service
- Participated in a Department of Health Takeover Day in London with Alistair Burt MP, the Minister for Social Care, where they discussed issues raised by young people with regard to Mental Health Services
- Attended a Yorkshire and Humber regional meeting hosted by the NHS Mental Health Improvement Managers, where young people met with local Mental Health Commissioners and discussed barriers to services and how to break these down to improve services for young people.

The group have received a Diana Award for their contribution to mental health services for young people.

Further Involvement and Achievements

Youth Cabinet Members have also completed vast amounts of work to achieve their other Aims. These include:

- Creating videos and music to endeavour to get young people interested in Politics
- Liaising with South Yorkshire Passenger Transport Executive (SYPTEx) and transport organisations around bus passes for young people
- Working with Looked After Children's Council and Rush House on projects to encourage young people to be proud of where they live
- Representing young people on other groups such as; Children & Young People's Strategic Partnership Group, Police Young People's

Advisory Group, Rdash/CAMHs Partnership Group, Healthwatch Ambassadors, Rotherham Transport User Group

- Participating in interview panels for Senior Officers and Directors within RMBC
- Taking part in events such as Holocaust Memorial Day, Armed Forces Day, White Ribbon Campaign Event etc.

Looked After Children and Care Leavers

The Council takes its role as Corporate Parent to Looked After Children very seriously. Members and officers understand that looked after children as a group are more vulnerable than their non-looked after peers and that in general, outcomes and life chances are poorer for looked after children than for other children. The Leaving Care Service has a duty to ensure that young people leaving care are found suitable accommodation. The aim is to achieve the best possible outcomes for all children and young people looked after and the provision of suitable accommodation for Care Leavers is a key factor in achieving this by providing safe and secure accommodation.

Rotherham has a Looked After Children Strategy Group which includes multi-agency professionals working with looked after children in local authority services and professionals working with looked after children in key partner agency services. This partnership is responsible for making sure that outcomes for Looked After Children are good in all aspects of their lives and in achieving successful independence as adults. The Rotherham Looked After Children Strategy 2014-2017 sets out the vision for the range of services provided by the Council and

its partner agencies for looked after children, and identifying priority objectives. These include:

- To improve the degree and timeliness of placement stability and permanence and ensure children are able to enjoy continuity of relationships
- To improve the emotional wellbeing and physical health of looked after children
- To improve educational progress and attainment and narrow the gap between attainment of looked after children and their non-looked after peers
- To improve the support for and opportunities open to care leavers sufficiently to increase the number and proportion of them who are in employment, education or training (EET)
- To listen to children and young people so as to ensure that their views influence their own plans, as well as wider service delivery and development.

Voice of the Child Education Lifestyle Survey

The Lifestyle Survey is open to all young people in Y7 and Y10 in secondary schools and Pupil Referral Units. This is an electronic survey that is accessed by pupils in educational establishments through a web-link. All young people that participated in the survey were able to do so anonymously and this is the 8th year that the survey has been run in Rotherham.

Each educational establishment that participated receives a data pack giving them access to their own level of survey data; which they use to compare with borough wide information once published. The borough wide results are shared with partners and specific trend data shared with partners on their specialism to allow them to update the overarching action plan. Individual school reports will be used by schools to help them gauge how well they are meeting their own health and wellbeing objectives and help shape their PSHE curriculum.

A summary of the findings of the 2015 Lifestyle Survey includes:

- In total 3110 participated in lifestyle survey
- 3 Schools chose not to participate in the survey
- Participation in the survey varied widely between schools, the variances ranged between 14 % to 90 % participation rates from one school to another.

Positive Results

- Fruit is the most popular snack option
- 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
- There is greater awareness of where to obtain support if a young person had a weight issue

- 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
- Greater awareness of Young Carers Service
- Less young people report being bullied
- Fewer young people are drinking high energy drinks
- Increase in positive responses against participating 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 on the sale of cigarettes to under-age young people from local shops
- 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, more young people putting themselves in this category
- More young people saying they have a weight issue

- A proportion of young people in Y7 saying they use the internet to meet new friends
- Increase in the number of young carers, saying they need to care eight or more hours per day
- 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 age of 12
- Large proportion of young people who said they have drunk alcohol, said they have been drunk in past four weeks
- The use of legal highs increased
- Education around sexual exploitation, 40% of Y7 and 29% of Y10 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

- In response to the questions in relating to recommending Rotherham as a place to live or wanting to live in Rotherham in 10 years' time – more young people were unsure and gave the responses don't know or maybe rather than a definite yes or no.

Demographic Information

At the time of the survey there were 3251 young people in year 7 and 3356 in year 10 attending 16 secondary schools and three Pupil Referral Units in Rotherham. The survey was offered to all 16 secondary schools and three Pupil Referral Units in Rotherham. 13 out of 16 secondary schools and all pupil referral units took part in the 2015 survey with 3110 young people participated in total.

Participation rates for those 13 schools and Pupil Referral Units was 60%. Overall participation rate for all Y7 & Y10 young people was 47%.

In 2014 all 16 secondary schools participated and three pupil referral units in the survey in total 4,123 young people participated give a participation rate of 63%. 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.

2,564 pupils described themselves as White British (82%, slightly down from 84% in last year's survey), 451 were classed as Black & Minority Ethnic (BME) (15%, up from 13% last year) and 95 preferred not to say (3%).

496 (16%) of pupils said they had a long term illness, health problem or disability, this is a 7% increase from 2014. This large increase could

be due to the change in the question in 2015; this was changed to ask if they had a diagnosed long-term disability/illness or medical condition. In 2014 pupils were asked if they had a long-term illness or disability.

Young Inspectors

A commitment was made in our Children and Young People's Single Improvement Plan 2015 to develop a Young Inspectors Programme to ensure that young people are at the heart of service delivery and effective quality assurance arrangements are in place. In 2016 an action was also developed to utilise the Young Inspectors Programme to measure progress against our key priorities.

This contributes to improving the direct engagement of children and young people following Ofsted recommendations to ensure that the voices and experiences of the most vulnerable are heard, and they inform strategic planning and commissioning.

Rotherham's Young Inspectors Programme was set up in May 2015; based on good practice from Lincolnshire Council, national good practice and previous experience from within the Youth Service. The purpose of the Young Inspectors Programme is to:

- Place young people (aged between 13 and 24) at the heart of inspecting services delivered to children, young people and their families to ensure compliance against standards and inform service improvements
- Ensure the views and experiences of the Young Inspectors and children, young people and families are actively listened to, and acted upon to make a difference

- Improve the direct engagement of children and young people to ensure that the voices and experiences of the most vulnerable are heard, and they inform strategic planning and commissioning
- Provide young people from across Rotherham with opportunities to develop their skills, raise their confidence and self-esteem, all of which can lead to improved life chances
- Increase uptake and participation in services by those children and young people who have previously not engaged with Children and Young People's Services.

The Young Inspectors team currently consists of eight young people, four male and four female, of White British origin, ranging between ages 13 to 19 who are Rotherham residents. Some of the young people have a learning disability or social, emotional and mental health needs. Some of our young people are vulnerable and have received services and support from Children and Young People's Services.

The Young Inspectors have developed a Young Inspector Programme which has carried out 15 inspections over the school holidays. The Young Inspectors themselves have also achieved positive outcomes such as undertaking the Assessment and Qualifications Alliance Award, enhanced their social and personal development, increased skills, raised confidence and self-esteem and they have made a difference to other children and young people following the improvements made.

The Young Inspectors have identified many positive areas through their inspection programme including where children and young people feel they are actively listened to. The outcomes achieved:

- Lots of improvements have been made to the quality, range and access to information on the website – making it young person friendly
- Improvements have been made to our buildings with numerous repairs, maintenance, cleaning and gardening carried out
- The quality of information has been improved at our customer access points and buildings; where children and young people visit and live. For example signage, leaflets, notice boards and new furnishings
- New procedures have been implemented, for example complaints, ‘meet and greet’, increased choice for meals and activities
- Young Inspector experiences and findings informed a wider variety of staff training, new training matrix and induction files.

The Young Inspectors have a packed scheduled planned for more inspections of services also. Further work is required to understand children and young people’s journeys for accessing information and services through the website; ensuring easily accessible, customer friendly experiences, which take into account immediate access for our mobile and internet users.

During the summer holidays an exchange is planned with Lincolnshire Young Inspectors whereby each Local Authority will choose a theme for the young people to inspect; through the eyes of first time visitors.

Rotherham’s Young Inspectors Programme has been identified as good practice by Derbyshire Council. Key activities include fundraising, newsletters, press releases, attendance at events, promotional DVD (working with a student undertaking a filming/media course) and

Young Inspector personal stories. In the longer term Inspections of wider Council Services and Commissioned Services may be explored, inspecting wider public and private sector organisations. The future challenges of the Young Inspectors Programme include delivery within constraint budgets, group sustainability and momentum of inspections and outcomes. This will be managed through innovative thinking, planned communication and marketing campaigns, working towards our ambition of being a child-centred Borough and continued support from the Young Inspectors Team, Directors, Managers and staff.

Parents Carers Forum

The forum is led by Rotherham parents, working in partnership with RMBC, Rotherham CCG and supported by Contact a Family.

The main aim is to ensure the needs of all children and young people (aged 0-25) who are disabled or have additional needs in Rotherham are met. The vision is that all children, young people and their families living with disabilities/additional needs in our town enjoy the same opportunities, hopes and aspirations as other families in Education, Health, Social Care and leisure.

They aim to bring together parents/carers from across the borough to provide mutual support, share experience, exchange information, and influence policy.

The parents carers forum have developed a website:

<http://www.rpcf.co.uk>

Rotherham Parents Forum meet at the new Tesco Extra Store in the Community Space every Wednesday (apart from school holidays), 9.30am to 11.30am and we also hold a family drop-in session every

Monday evening (term-time only) at Kimberworth Place from 5.30pm to 7.30pm. Please see the Regular Events page on the website for further details.

Rotherham Looked After Children's Council

The LAC Council is a Voice & Influence Project which means children and young people are supported, empowered and encouraged to run their own LACC meetings, set their own agendas, have their say about things that matter to them and are provided with opportunities to influence decisions about how services are run.

LAC stands for Looked After Children and the LAC Council are a group of children and young people who are in care and leaving care, aged 11 to 18 years old. They hold regular meetings to raise awareness and have their say about things that affect them and work together to influence positive decisions to improve the lives of young people living in Care in Rotherham. The LAC Council has adopted the following statement from Article 12, of the United Nations Convention on the Rights of the Child:

“Children and young people have the right to say what they think should happen when adults are making decisions that affect them, and to have their opinions taken into account”.

The aims of the Rotherham LAC Council are to:

- Improve services for Rotherham looked after children and care leavers
- Raise awareness of the issues faced by looked after children and care leavers in Rotherham
- Build confidence, raise self-esteem and aspirations, make friends, work together and have fun!

The Looked After Children's Council have been able to positively impact on things that matter to them and meet all of their core aims within this period. Alongside working together on team building skills, increasing social capital, self-awareness and self-esteem building activities, young people have engaged in a high volume of co-production work to shape Services for looked after children. Some of the recent projects that members of the Looked After Children Council have been involved in includes:-

- **Commissioning of Foster Care Agencies for Rotherham Children & Young People** Working alongside Commissioning, a question within the tendering documents was specifically focused on the 'Voices of LAC & Young People'. Young people were surprised to receive 24 lengthy tenders from Foster Care Agencies wanting to work with Rotherham Looked After Children. Young people's task was to read and score these tenders. This was a huge undertaking with a very mixed ability group some of whom have Special Educational Needs, Mental Health Issues, Attention, Language and Comprehension challenges etc. However, with much encouragement and support, young people worked hard to complete this mammoth task and also developed an interview panel for the Foster Care Agencies
- **Dragons Den Interviews:** a collaborative piece of work where three young people from the LAC Council, the Youth Cabinet and Young Inspectors spoke to Managers, front line workers and Service users to find out how embedded good practice actually is. Valuable information from these interviews will be analysed by the Commissioning, Performance & Quality Team and utilised in future service improvement

- **Holocaust Memorial Day Event @ Town Hall:** Young people have wrote and rehearsed a presentation around the HMD theme 'Don't Stand By' where they have identified eight strong historical and contemporary characters who stood up against oppression and changed the world because of it
- **Rotherham's Early Help Service – Caring for Cared for Young People:** LAC Council members have also assisted in creating this information leaflet for Early Help Service, coming up with the title 'Caring for Cared for Young People' and ensuring the wording was young people friendly before being launched
- **Recruitment & Promotion of LAC Council:** young people looked at ways in which they could raise awareness of the many opportunities available in the LACC to other LAC across the borough and hopefully boost membership. LACC leaflets and information has been sent out to all LAC Designated Teachers in the 16 Secondary Schools across Rotherham asking for their help to spread the word about LACC with LAC young people within their schools. Also the group are creating posters to advertise the LACC which will be posted around Rotherham next week
- **LAC Council Pantomime 'oh yes it was' – Cinderella @ Civic Theatre Rotherham and LACC Christmas Party @ Cosmos Sheffield:** In order to build positive memories around Christmas for young people who may have had negative experiences in the past, and potentially distract from the pain of being separated from families at this time, the group traditionally plan for December to be a very festive fun month for the group. Alongside our annual visits to the above venues, young people shared together the fun and engaged in Christmas Arts and craft Sessions, fun activities, carol singing and games. Great fun was had by all
- **Corporate LAC Promise – Evidencing the changes:** Following from co-production of the LAC Promise and delivery of the LAC Summit in September the LAC Council were again asked to engage in a piece of work together to place the nine items within the promise in order of importance so that each month starting from February 2016 Social Care can focus on one theme each month and evidence how they are sticking to the promises they have signed up to. This LACC session caused much debate and negotiation amongst young people who had to concede some points to gain others, the task was a wonderful experience to distinguish the differences between argument and debate!

Children, Young People and Families' Consortium – Rotherham Voluntary Sector Consortium

The Children, Young People and Families Consortium is a partnership of voluntary and community sector organisations which provide services for children, young people and families across Rotherham.

Members work together and with wider partners to develop and raise standards, share knowledge and good practice, and influence change. It acts as a conduit for sharing information, engaging with partners and brings members' vast array of knowledge and good practice into one place.

Consortium members meet monthly, receive regular information updates, attend subgroups and represent the Consortium on a wide range of strategic groups to support local policy developments. Members offer each other support and the consortium is a vehicle to respond collectively and in appropriate time-scales to our changing environment. Members also work within the Consortium to develop networks and partnerships to maximise resources and jointly bring funds into the borough to meet outcomes for children and young people.

Within this flexible and responsive structure, the Consortium has a clear set of priorities which are:

- To build on the collective voice and experience of members to improve outcomes for children, young people and families through sharing skills, knowledge and good practice, and workforce development
- To work with partners to innovate and change how services are delivered to continue to meet the needs of children, young people and families amidst a challenging environment and reduced resources
- To strengthen a collaborative consortia approach to pro-actively plan ways to maximise funding and other opportunities to anticipate and meet the needs of local children, young people and families
- To continue to raise safeguarding standards amongst voluntary sector members and share learning to influence the wider sector to keep children and young people safe
- To work with partners to ensure our service users (children, young people and families) and our member organisations have a voice to influence policy and change things for the better and are responsive to emerging issues.

Activities and Deliverables have included:

- Consortium members complete Section 11 Audit tool to ensure compliance with safeguarding standards
- Consortium members working with RMBC to develop an on-line Section 11 Audit tool
- CSE Community awareness raising materials developed and activities delivered across Rotherham
- Successful bid for Home Office funding, for CSE Support across the borough (the Base Project), with over 175 victims, survivors and family members have accessed services provided by organisations within the Base project
- Consortium members' facilitated service user's involvement to Children and Adolescent Mental Health Services (CAMHS) voice and influence project
- Consortium members' contribution as strategic representatives on Children and Young People's Strategic Partnership and Rotherham Local Safeguarding Children Board and subgroups.

Delivering and monitoring the Strategic Outcomes



The Children's Strategic Partnership has made a commitment to evaluate its effectiveness in delivering the Children and Young People's Plan 2016 to 2019. Outcomes Based Accountability (OBA) is a conceptual approach to planning services and assessing performance that focuses attention on the outcomes that the services are intended to achieve. This will involve the collection and use of relevant performance data, involving stakeholders, including service users and the wider community, in achieving better outcomes.

Relevant quantitative and qualitative outcomes will be reported by each strategic partner and summarised as follows:

- How much did we do?
- How well did we do it?
- Is anyone better off?

The Children and Young People's Plan Performance Scorecard will be used to monitor performance data and be reported to the Children's Strategic Partnership Board.

The following action plan includes the three outcomes to be achieved and describes the main outcome measures, performance indicators and targets.

Action Plans

Outcome 1: Children Young People and their families are healthy and safe from harm							
Priority Area	Ref No	Measure	Good Performance	Performance	Target 2016/17	Accountable Partner Organisation	Why this priority area is included in this Plan
Early Help Services to identify and support families at the right time to help prevent social care involvement.	1.A1	Early Help – Reduction in Children in Need rate per 10,000 population.	Low	320 (2015/16)	No target	Rotherham Borough Council	Identifying problems early can stop them escalating. To reduce demand upon specialist and higher tier services.
	1.A2	Social Care – Percentage reduction children who had a social care concern raised within 12 months of the last concern ending (re-referrals).	Low	30.9% (2015/16)	April – September 26%. October to March 23%	Rotherham Borough Council	Improve quality of service. Reduction in re-referrals demonstrates impact of early help interventions.
	1.A3	Early Help – Number of Early Help Assessments completed.	High	536 (Cumulative December 2016)	No target	Rotherham Borough Council	Greater access to early help services reduces the need for more costly social care intervention.
Increase the take up of services delivered by Children’s Centres.	1.B1	Early Help – increase percentage of children aged 0-5 living in the Rotherham area who have accessed Children’s Centre where there are high levels of deprivation.	High	91.4% (2015/16)	95%	Rotherham Borough Council	Families with children under five can access a range of services and information including family support workers and health professionals.
Increase the take up of free Early Child Care for disadvantaged families.	1.C1	Early Help – Percentage increase of entitled two-year-olds accessing child care.	High	78% (Summer term 2015)	80%	Rotherham Borough Council	Receiving good quality early years education is associated with improved outcomes for children’s development.

Outcome 1: Children Young People and their families are healthy and safe from harm

Priority Area	Ref No	Measure	Good Performance	Performance	Target 2016/17	Accountable Partner Organisation	Why this priority area is included in this Plan
Increase the number of families engaged in the Families for Change Programme.	1.D(a)	Number and percentage of families engaged as a percentage of annual target Families for Change (FFC) Y2.	High	100% (2015/16)	822 families	Rotherham Borough Council	Service focusses on early intervention, including family intervention, to support families with multiple problems. Successful programme – turning the lives of families around.
Reduce the number of First Time Entrants into the Youth Justice System.	1.E1	Early Help – percentage reduction in first time entrants into criminal justice system. Per 10,000 10-17 years population.	Low	519 (2015/2016)	No target	Rotherham Borough Council	The life chances of young people who have a criminal conviction may be adversely affected in many ways in both the short term and long term. Prevention of offending is a priority.

Outcome 1: Children Young People and their families are healthy and safe from harm

Priority Area	Ref No	Measure	Good Performance	Performance	Target 2016/17	Accountable Partner Organisation	Why this priority area is included in this Plan
Reduce the number of unintentional accidents resulting in hospital admissions.	1.F1(a)	Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 10,000 resident population.	Low	129.8 per 10,000 resident population* (498 hospital admissions). (2014/2015)	No target	The Rotherham Foundation Trust	<p>Injuries are a leading cause of hospitalisation and a source of long-term health issues.</p> <p>This is a key indicator for cross-sectoral and partnership working to reduce injuries, including child safeguarding. (Source – Public Health England)”</p> <p>*Data Source: Hospital Episode Statistics (HES). Copyright 2016. Re-used with the permission of the Health and Social Care Information Centre. All rights reserved</p>
	1.F1(b)	Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years per 10,000 resident population.	Low	106.5 per 10,000 resident population* (498 hospital admissions). (2014/2015)	No target	The Rotherham Foundation Trust	
	1.F1(c)	Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 15-24 years per 10,000 resident population.	Low	122.6 per 10,000 resident population* (378 hospital admissions). (2014/2015)	No target	The Rotherham Foundation Trust	

Outcome 1: Children Young People and their families are healthy and safe from harm

Priority Area	Ref No	Measure	Good Performance	Performance	Target 2016/17	Accountable Partner Organisation	Why this priority area is included in this Plan
Reduce the levels of childhood obesity	1.G1(a)	Reduce year-on-year levels of childhood obesity for (a) Reception year children (age 4/5).	Low	10.3% (2015/16)	Downward trend in excess weight by 2020	Rotherham Borough Council	Obesity can seriously affect the physical and mental health of children, reduce self-esteem and increase the risk of social isolation
	1.G1(b)	Reduce year-on-year levels of childhood obesity for (b) year 6 children (age 10/11).	Low	21.8% (2015/16)	Downward trend in excess weight by 2020	Rotherham Borough Council	Obese children are at risk of becoming obese adults, reducing life expectancy. Partners to contribute to preventing obesity in childhood.

Outcome 1: Children Young People and their families are healthy and safe from harm

Priority Area	Ref No	Measure	Good Performance	Performance	Target 2016/17	Accountable Partner Organisation	Why this priority area is included in this Plan
Reduce risky health behaviours in young people.	1.H1(a)	Reduce suicide and self-harm: Hospital admissions caused by unintentional and deliberate injuries (0-14 years).	Low	106.5 per 10,000 resident population (498 hospital admissions (2014/15))	To reduce	Rotherham Borough Council	Group of suicide events in Rotherham from November 2011.
	1.H1(b)	Hospital admissions caused by unintentional and deliberate injuries (15-24 years).	Low	122.6 per 10,000 resident population (378 hospital admissions) (2014/15)	To reduce	Rotherham Borough Council	One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. (Source – Public Health England)”
	1.H1(c)	Hospital admissions for mental health conditions (0-17).	Low	40.8 per 100,000 resident population (23 hospital admissions) (2014/15)	To reduce	Clinical Commissioning Group	
	1.H1(d)	Hospital admissions as a result of self harm (10-24 years).	Low	312.1 per 100,000 resident population (143 hospital admissions). (2014/15)	To reduce	Clinical Commissioning Group	Determining the underlying causes of suicide and self-harm and improving the mental health well-being is a priority for all children and young people. Multi-agency suicide and serious self harm community response plan developed.

Outcome 2: Children, Young People and their Families Start School Ready to Learn from Life

Priority Area	Ref No	Measure	Good Performance	Performance	Target 2016/17	Accountable Partner Organisation	Why this priority area is included in this Plan
Special Educational Need and Disabilities – Improve personal outcomes for our young people with SEND to enable them to make choices that lead to successful adult lives.	2.A1(a)	Percentage of Education Health and Care Plans completed in statutory. (New plans issue 9 from September 2014).	High	58.3% (2015/16)	90% (by April 2018)	Rotherham Borough Council	Legislation led to significant changes in the approach to provision for children and young people with SEND. Development of Rotherham offer required. Joint approach to commissioning services. Provision of personal budgets.
	2.A1(b)	Percentage of Education Health and Care Plans completed in statutory timescales (based on conversations from statements to EHCP) from September 2014).	High	85.5% (2015/16)	90% (by April 2018)	Rotherham Borough Council	
Sustainable Education and Skills – Challenge all schools academies and education setting who are not providing at least a ‘good’ level of education for our children.	2.B1	All children make good or better progress. The progress a pupil makes from the end of primary school to the end of secondary school (Key Stage 4 progress 8 Measures).	High	New measure for secondary accountability in 2016 there is currently no performance data.	No target	Rotherham Borough Council	All young people should have the tools and opportunities to fulfil their potential. Quality of education for children and young people should enable them to be well prepared for further education, higher education and work.

Outcome 3: Children Young People and their families are healthy and safe from harm							
Priority Area	Ref No	Measure	Good Performance	Performance	Target 2016/17	Accountable Partner Organisation	Why this priority area is included in this Plan
Enable hard to reach young people to achieve their full potential through education, employment or training.	3.A1	Percentage of young people aged 16-18 who are Not in Education, Employment or Training (NEET).	Low	5.3 % (2015/16)	3.1 %	Rotherham Borough Council	Families with children under five can access a range of services and information including family support workers and health professionals.
Improve the access to emotional wellbeing and mental health services.	3.B1(a)	CAMHS referrals triaged within 24 hours of receipt.	High	99.4 % (2015/16)	100 %	Rotherham, Doncaster and South Humber (RDASH)	Tackling inequalities with a focus on young people who are vulnerable, specifically around mental health. Access to community mental health services needs to improve.
	3.B1(b)	Percentage of triaged CAMHS referrals that were assessed within three weeks.	High	26.3 %	95 %	Rotherham, Doncaster and South Humber (RDASH)	
Young People are ready for Level 3 Qualifications (equivalent to A Level).	3.C1	The progress a pupil makes from the end of primary school to the end of secondary school. (Key Stage 4 progress 8 measure.)	High	No data – new measure	No target	Rotherham Borough Council	All young people should have the option to undertake academic and vocational education, including apprenticeships and traineeships. A level 3 qualification enables access to these opportunities.

Outcome 3: Children Young People and their families are healthy and safe from harm

Priority Area	Ref No	Measure	Good Performance	Performance	Target 2016/17	Accountable Partner Organisation	Why this priority area is included in this Plan
Increase the number of young people aged 15-19 in Rotherham Schools and Colleges receiving support from Rotherham Youth Enterprise.	3.D1	No of young people aged 15-19 in Rotherham Schools and Colleges receiving support from RYE in terms of the delivery of employability skills sessions and self-employment awareness sessions.	High	4,805 (2015/2016)	No target	Rotherham Youth Enterprise	Rotherham Youth Enterprise contributes to the local economy by supporting young people/ adults to make the leap from education into self-employment and business; supporting business growth; and long term business survival rates.

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Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

ئەگەر تۆ یان كەسێك كە تۆ دەبناسی پێویستی بەیارمەتی هەبێت بۆ ئەوەی لەم بەلگەنامە یە تێبگات یان بیخوینیتەو، تەكایە پەيوەندیمان پێو بەكە لەسەر ئەو ژمارەییە سەرەویدا یان بەو ئیمەیلە.

إذا كنت انت أو اي شخص تعرفه بحاجة إلى مساعدة لفهم أوقراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

اگر جناب عالی یا شخص دیگر کی کہ شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفا با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید۔