



## **Rotherham Local Safeguarding Children Board**

**Annual Report 2013-14**

<b>Section</b>	<b>Contents</b>		<b>Page</b>
<b>1</b>	<b>Independent Chairs Introduction</b>		<b>4</b>
<b>2</b>	<b>Rotherham Local Safeguarding Children Board (RLSCB)</b>		<b>5</b>
	<b>2.1</b>	<b>Governance &amp; Partnerships</b>	<b>5</b>
	<b>2.2</b>	<b>Key Roles within Rotherham Local Safeguarding Children Board</b>	<b>5</b>
	<b>2.3</b>	<b>Financial Statement</b>	<b>6</b>
<b>3</b>	<b>Rotherham Children &amp; Young People in Context</b>		<b>7</b>
	<b>3.1</b>	<b>Population</b>	<b>7</b>
	<b>3.2</b>	<b>Ethnicity</b>	<b>7</b>
	<b>3.3</b>	<b>Areas of Deprivation</b>	<b>7</b>
	<b>3.4</b>	<b>Children on a Child Protection Plan</b>	<b>8</b>
<b>4</b>	<b>Learning and Improvement</b>		<b>9</b>
	<b>4.1</b>	<b>Child Death Overview Panel</b>	<b>10</b>
	<b>4.2</b>	<b>Serious Case Reviews</b>	<b>12</b>
	<b>4.3</b>	<b>Quality Assurance</b>	<b>12</b>
	<b>4.4</b>	<b>Learning &amp; Development</b>	<b>15</b>
	<b>4.5</b>	<b>Safeguarding Arrangement for Organisations – Section 11 Children Act 2004</b>	<b>17</b>
	<b>4.6</b>	<b>Performance Framework</b>	<b>18</b>
	<b>4.7</b>	<b>The Voice of Children &amp; Young People</b>	<b>21</b>

<b>5</b>	<b>Board Priority Areas</b>		<b>28</b>
	5.1	Local Authority Designated Officer (LADO)	28
	5.2	Child Sexual Exploitation	30
	5.3	Private Fostering	37
	5.4	Children Missing in Education	38
	5.5	Licensing	41
	5.6	Early Help	42
	5.7	Domestic Violence	42
	5.8	Neglect	43
<b>6</b>	<b>Service Developments</b>		<b>44</b>
	6.1	Multi-Agency Safeguarding Hub (MASH)	45
	6.2	Children's Multi Agency Assessment Protocol	45
	6.3	Multi Systemic Therapy	46
<b>7</b>	<b>Appendices</b>		<b>47</b>
	7.1	RLSCB Membership	47
	7.2	RLSCB Budget Statement 2013/14 Outturn	49

## 1. Independent Chairs Introduction

### **Introduction from the Independent Chair of Rotherham Local Safeguarding Children Board: Stephen Ashley**

Since we completed this year's annual report Professor Alexis Jay OBE has completed and published her report into child exploitation in Rotherham between 1997 and 2013. There is no one who will not be touched by the tragic story of the victims who have been subject to horrific sexual exploitation over that period. There will be no one who isn't angry that this was allowed to happen in Rotherham, despite the warnings that should have been evident to officials and professionals working here. It is shameful that we have let these children down so badly.



Whilst we know we have made progress in Rotherham there is more work to be done. The first and biggest concern is for the victims. It is essential that, where we have not already done so, we identify victims and provide them with the help and support they will need for many years to come. The second priority is to investigate and prosecute those offenders who perpetrate this horrific abuse. We must also reach out to our young people and provide the facilities to educate and protect them from sexual exploitation. We must develop links across all of our communities, so that young people know where to turn when they need help. By our actions we must show that our communities can once again have confidence and trust in our public services. We must, as a Board, take a close look at the report and ensure that the recommendations are taken forward; swiftly and in their entirety.

This report highlights the work that has been carried out this year by the agencies that form the Rotherham LSCB. There is a lot of good work and some areas where we still need to see improvement. The fact is that Professor Jay's report overshadows that work.

Neglect of our children and the effects that domestic abuse, substance misuse and mental health problems have on them also remains a huge concern. Whilst we must concentrate efforts on the issues in Professor Jay's report, we must also ensure that we have resources in place to deal with these issues of neglect that can destroy the lives and futures of children and young people.

Members of the Board have agreed that we will continue to focus on four key areas; child sexual exploitation, domestic abuse, child neglect and early help. We believe that concentrating our efforts in these areas will provide the most positive outcomes for the children of Rotherham.

I hope you find the report informative and welcome any comments you may have. These can be made to Steve Ashley at:

[CYPSSafeguardingBoard@rotherham.gcsx.gov.uk](mailto:CYPSSafeguardingBoard@rotherham.gcsx.gov.uk) or

Rotherham LSCB, Wing C Floor 1, Riverside House, Main Street, Rotherham S60 1AE

## **2. Rotherham LSCB**

### **2.1 Governance and Partnerships**

Working Together (2013) sets out that the LSCB should work with the Local Family Justice Board (in relation to children in care proceedings) and the local Health and Well-Being Board, the latter established in Rotherham in September 2011. The Health and Well-Being Board develops the Joint Strategic Needs Assessment, from which key commissioning activity should be derived, and the LSCB within its remit should both inform and draw from this in relation to vulnerable children. In order to provide some clarity in terms of these relationships, a protocol has been developed between the Health and Well-Being Board, the Children, Young People and Families Strategic Partnership and the LSCB. Similarly, in terms of some of the other joint priority areas, protocols have been developed between the Safer Rotherham Partnership (Community Safety Partnership) and the Corporate Parenting Panel (for Looked After Children)

### **2.2 Key Roles within Rotherham Local Safeguarding Children Board**

There are some key roles within the RLSCB, some of which are set out and described in the *Working Together (2013)* guidance. These are:

#### **2.2.1 Independent Chair**

It is expected that all LSCBs appoint an Independent Chair who can bring expertise and focus to ensure that the LSCB fulfils its roles effectively. Crucially, the Independent Chair provides the separation and independence required from all the agencies which provides a balance in influence and decision making. The Chair is subject to an annual appraisal, to ensure the role is undertaken competently and that the post holder retains the confidence of the RLSCB members. The Independent Chair should work closely with all LSCB partners and particularly the Director of Children's Services.

#### **2.2.2 Director of Children's Services**

The Director of Children's Services (known in Rotherham as the Strategic Director of Children and Young People's Services) has the responsibility within the local authority, under section 18 of the Children Act 2004, for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services.

#### **2.2.3 Local Authority Chief Executive Officer**

Though not a member of the Board, ultimate responsibility for the effectiveness of the RLSCB rests with the Chief Executive of Rotherham Metropolitan Borough Council who also has the responsibility to appoint or remove the LSCB Chair with the

agreement of a panel including LSCB partners and Lay Members. The Director of Children's Services reports to the Chief Executive of the Council.

#### **2.2.4 Lead Member**

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

#### **2.2.5 Lay Members**

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

#### **2.2.6 All Board Members**

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

### **2.3 Financial Statement**

#### **Budget - 2013/14 Outturn**

Income:	£217,755
Expenditure:	£217,755

Overall expenditure for the year 2013/14 achieved a balanced budget.

There was no surplus or deficit to carry forward to the 2014/15 budget.

Invoices were raised for all agency contributions for 2013/14. The contributions were set in accordance with the RLSCB funding formula and the national arrangements for CAFCASS.

The accounts reflect full income recovery for all contributions. For further detail, see Appendix 7.2.

Child Death Review administration costs of £15,084 are included in these accounts. The Board has an agreement in place for two thirds of the cost of any Serious Case Review Overview Report to be funded by RMBC and one third to be funded by Rotherham CCG. In 2013/14 no such expenditure was incurred.

### **3. Rotherham Children and Young People in Context**

#### **3.1 Population**

The most recent population estimate (2013) shows that there are approximately 62,100 children and young people, aged 0-19, living in Rotherham, representing 24% of the borough's total population. The gender split for children and young people in Rotherham has remained constant at 51% male, and 49% female (2013).

Live births in Rotherham increased from 2,527 in 2000/01 to 3,381 in 2006/07 before reducing and levelling off at around 3,100 in 2009, the most recent figure being 3,144 in 2012/13.

#### **3.2 Ethnicity**

In the 2011 Census, 12.4% of children and young people aged 0-19 in Rotherham were from Black and Minority Ethnic (BME) groups. 64% of Rotherham's BME population was concentrated in four central wards: Boston Castle, Rotherham East, Rotherham West and Sitwell – a pattern which has changed little since 2001. In Rotherham South Area Assembly (Boston Castle, Rotherham East and Sitwell), there is a large and growing BME population which more than doubled between 2001 and 2011. The link between larger family size and BME communities is also shown in 2011 Census data, where Rotherham East and Boston Castle wards have the highest percentages of both families with three or more children and BME children.

#### **3.3 Areas of Deprivation**

Deprivation in Rotherham has been increasing according to the Indices of Deprivation 2010 produced by *Communities for Local Government*. Rotherham was ranked as the 68th (out of 354) most deprived district in England in the 2007 Index of Multiple Deprivation (IMD) but in the 2010 IMD, Rotherham was ranked 48th (out of 326) most deprived. Rotherham remains amongst the 20% most deprived districts in England. 21% of Rotherham children aged 0-15 live in areas which are within the 10% most deprived in England, and 43% of Rotherham children who live in low income households live in the 10% most deprived neighbourhoods nationally (based on the *Income Deprivation Affecting Children Index (IDACI)* 2010). One in five Rotherham neighbourhoods have more than a third of children living in poverty (2011).

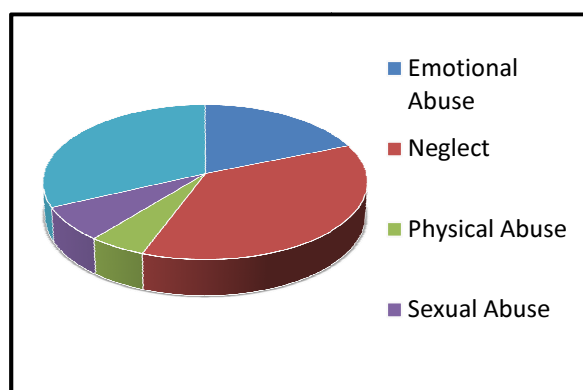
The most deprived areas in Rotherham are located in the central part of the borough with some pockets in outlying areas. The most deprived wards are Rotherham East, Valley, Rotherham West, Maltby and Boston Castle.

### 3.4 Children on a Child Protection Plan

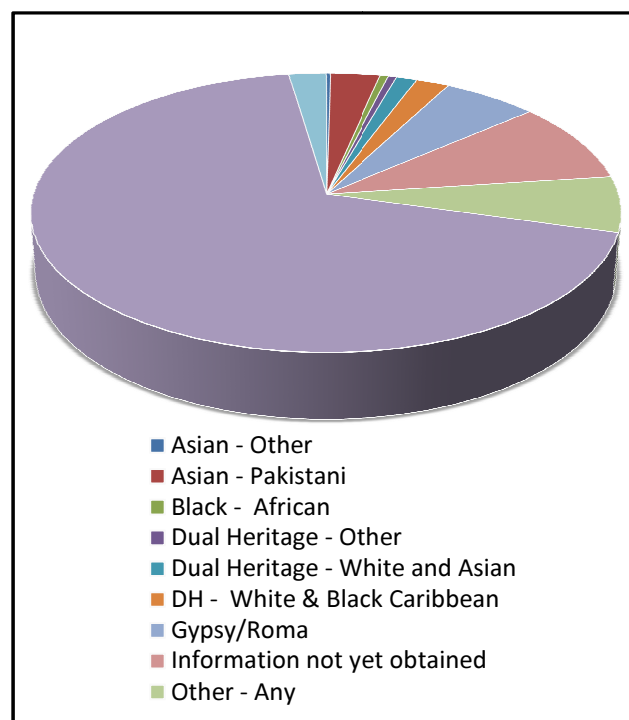
#### Number of Children on a Child Protection Plan - 388 as at 31<sup>st</sup> March 2014

(A Child Protection Plan is a multi-agency plan to protect children from suffering significant harm)

Child Protection Category	Number	Percentage
Emotional Abuse	73	19%
Neglect	143	37%
Physical Abuse	20	5%
Sexual Abuse	28	7%
Multiple Categories	124	32%

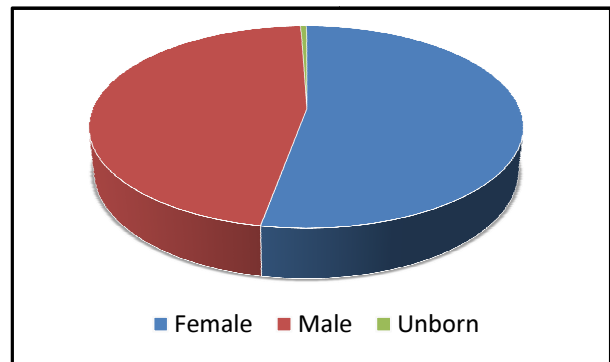


Ethnicity	Number	Percentage
Asian - Other	1	0%
Asian - Pakistani	12	3%
Black - African	2	1%
Dual Heritage - Other	2	1%
Dual Heritage - White and Asian	5	1%
DH - White & Black Caribbean	8	2%
Gypsy/Roma	23	6%
Information not yet obtained	36	9%
Other - Any	25	6%
White - British	265	68%
White - Other	9	2%





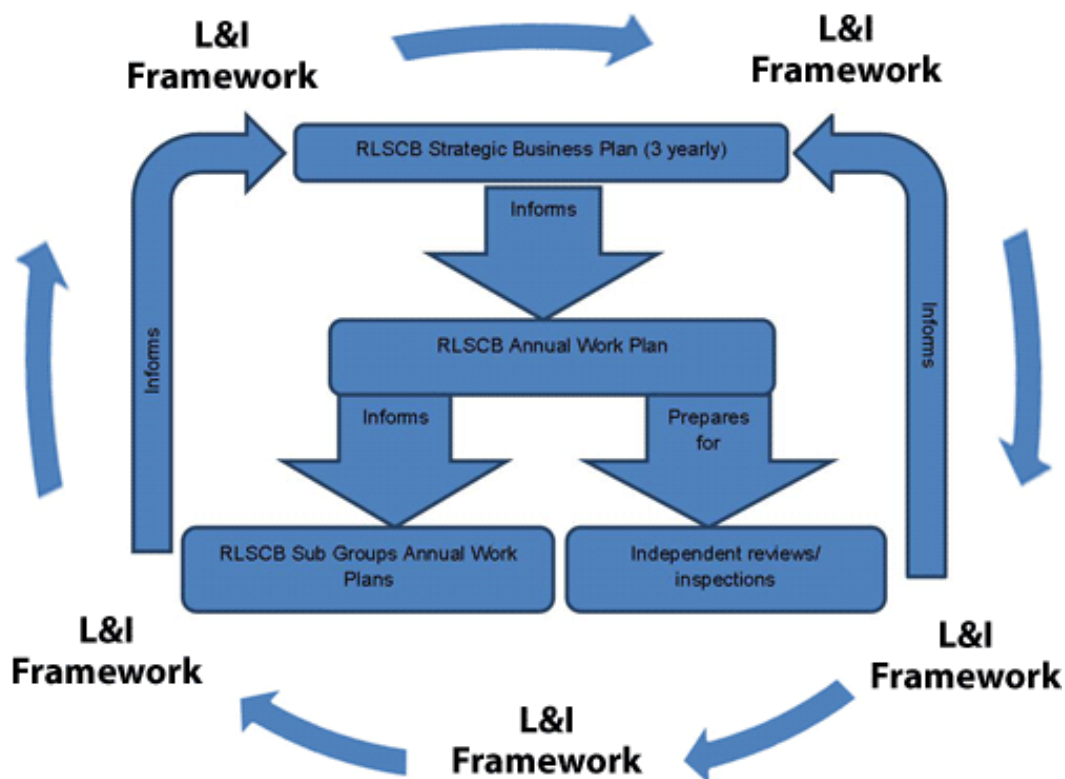
Gender	Number	Percentage
Female	205	53%
Male	181	47%
Unborn	2	1%



#### 4. Learning and Improvement

Rotherham LSCB, as an enabling partnership, ensures that there is a culture of continuous improvement and that every opportunity for learning is translated into better outcomes for children and young people. The Board's Learning and Improvement Framework and its Business Plan provide the framework for the Sub Groups to identify and disseminate learning; and to test out what difference is being made.

##### Strategic approach to Learning and Improvement



## 4.1 Child Death Overview Panel

The role of Rotherham's Child Death Overview Panel (CDOP) is to review the deaths of any Rotherham child in order to establish any patterns, identify modifiable factors, and promote messages to prevent future death. The panel has a multi-agency membership, including Public Health, Children's Social care Services, South Yorkshire Police, NHS and a Lay Member.

### Child Death Information from April 2013 - March 2014

Category of Death	Number of deaths
Deliberately inflicted injury, abuse or neglect (category 1)	
Suicide or deliberate self-inflicted harm (category 2)	1
Trauma and other external factors (category 3)	0
Malignancy (category 4)	1
Acute medical or surgical condition (category 5)	0
Chronic medical condition (category 6)	1
Chromosomal, genetic and congenital anomalies (category 7)	8
Perinatal/neonatal event (category 8)	6
Infection (category 9)	1
Sudden unexpected, unexplained death (category 10)	1
TOTAL	19

Gender	Number of Deaths
Male	11
Female	8
TOTAL	19

Ethnicity	Number of Deaths
White: English/Welsh/Scottish/Northern Irish/British	13
Asian or Asian British: Pakistani	5
Unknown/not stated	1
TOTAL	19

In 2013-14 the introduction of neonatal child death overview panel meetings with specialist input from both the Clinical Director of Obstetrics at Rotherham Hospital

and the Chief Midwife enables direct engagement by the panel with those overseeing the care of pregnant women and new born infants in hospital.

#### **4.1.1 Sudden Infant death**

During 2013-14 there was only one review of a sudden unexpected infant death. This child exhibited multiple risk factors including maternal and paternal smoking, poverty, drug use, poor sleeping position and previous domestic violence. There was clear evidence that the safe sleeping message had been given by professionals involved.

##### **Update at time of report production**

In the second quarter of 2014 however, preliminary information indicates 3 further sudden infant deaths where co-sleeping may have been a possible risk factor. This continues to support the urgent need for all professionals involved in babies under the age of one to ensure they have a safe sleeping environment and that the parents are supported in accessing stop smoking or substance misuse support services. In addition, the safe sleeping documentation has been refreshed and renewed.

#### **4.1.2 Congenital abnormality**

8 of the 19 deaths reviewed were from congenital abnormalities. Three of the 8 were from the South Asian community of which 2 of the children who died were born to parents in consanguineous first cousin marriages. Consanguinity and the consequent increased risk of congenital abnormality are of continuing concern.

#### **4.1.3 Suicide deaths**

Following the notification of 2 suicides deaths in 2013-14, significant work has been undertaken by Children and Young People's Services, Rotherham Schools, Public Health and the Child Death Overview Panel along with the Suicide Prevention Group to develop a community plan to reduce the impact of further suicide deaths and enhance the response to suicide, violent deaths and self-harm in local communities. There is significant evidence that such events as suicide or violent deaths have a negative impact on children and young people who may witness these or be affected by them and this increases their risk of self-harm or further risk taking behaviour.

#### **4.1.4 Child Death Overview Panel - review of function**

Archives of Disease in Childhood (part of the BMJ family of medical journals) published a review article in 2014 setting out key actions to make CDOP Panels more effective. Using the article as an assessment tool, Rotherham CDOP was able to establish, that it already has in place a number of actions to make the panel more effective, including:

- Effective links with the coroner, achieved through regular meetings with the coroner to discuss the operation of CDOP.
- Use of morbidity and mortality information
- Perinatal Reviews – Rotherham CDOP has a dedicated review process that feeds into the Rotherham panel.
- Establish a mortality review committee. Rotherham Foundation Trust has a mortality review committee.
- Electronic sharing of data with non CDOP agencies. Achieved through the introduction of the North Trent Neonatal Network across South Yorkshire and Bassetlaw, where there is an electronic exchange of data.

#### **4.1.5 Future Considerations**

- Extending the scope of CDOP to include 'near misses'. The Archives of Disease in Childhood article recommends CDOP's review 'near misses'. This would significantly extend the scope and work of the panel.
- Refresh and update safe-sleeping advice, and ensuring the issue remains a priority for both the LSCB and Children, Young People and Families Partnership Boards.
- Re-establish regular regional CDOP meetings to network, pool data and share learning.

### **4.2 Serious Case Reviews**

The purpose of undertaking a Serious Case Review is to learn lessons and improve services for children and young people. The LSCB has a responsibility to undertake a Serious Case Review if a child has died or been seriously harmed, as a result of abuse and/or neglect, and if there are concerns about the way agencies have worked together to safeguard the child. The Serious Case Review (SCR) Sub Group meets to consider any cases that have been referred to it against the criteria for a Serious Case Review (Working Together 2013), to make recommendations on any other appropriate Lessons Learned Reviews and to monitor action plans arising from case reviews.

In 2014 a Serious Case Review was initiated but this has not yet concluded and will be published in full in due course once any criminal proceedings have concluded. The LSCB is using a new methodology which involves the professionals involved with the family being part of the learning process. The family have also been able to participate in the process and were keen to have their voices heard about the services they received.

### **4.3 Quality Assurance**

The importance of regular auditing of practice, on a single and multi-agency basis, as a measure of the effectiveness of services and outcomes for children cannot be overstated. A priority for RLSCB is to use regular auditing of practice as a way of

ensuring the effectiveness of that practice, measuring outcomes for children and learning what works well in addition to what needs to be improved. The RLSCB audit activity is driven by the key priority areas contained within its business plan but also responds to areas of practice or themes that can arise from incidents or reviews, whether Serious Case Reviews, other Lessons Learned Reviews or Inspections.

Over the year action has been taken to evaluate the effectiveness of local arrangements in terms of adherence to procedures and practice standards and to check out if lessons are being learned from case reviews and audit. Evidence has been gathered from a number of performance monitoring activity and thematic audits including from partners of the RLSCB.

- The quality of referrals and decision making.

An audit of cases deemed to need 'No Further Action' following referral to the Contact and Referral Team (CART). Evidence from this audit led to more robust recording of decision making within CART, completing more thorough screening assessments as well as revision of the outcome letters that are sent to the referring agency/person where appropriate.

- Agency reports provided to Rotherham Safeguarding Children Unit for Child Protection Conferences in March, April and May 2013

Family contribution at child protection conference is crucial to successful care planning. However, it is also known that parents and children often feel overwhelmed; therefore it is important that they are properly prepared, engaged and supported in the process. Amongst other things, this means providing them a copy of the report, in a form they can understand, in good time for them to consider it. Evidence from this audit resulted in the conference minute template to be amended to reflect the submission and sharing of written reports for Child Protection Conferences with families and clarified that the independent conference chair should establish within conference when reports have been shared with the child and family.

The multi-agency training regarding professional responsibilities and attendance at Child Protection conferences was updated and incorporated the findings from this audit and clarified best practice.

- Care Planning (Child Protection and Looked After Children).

Audit work had identified that the previous care planning template was not as effective as was needed in developing working care plans that addressed risk or identified future planned outcomes. As a result, a new multi-agency care plan template has been developed, trialled and rolled out across agencies that has addressed these issues and has resulted in care plans that are clearer about the risks, more specific about what changes need to happen, are set within realistic timescales and identify who is responsible.

- A Customer Insight audit has been completed across all CYPs services.

This established that all services have, at various levels, some 'voice of the child' and customer feedback activity in place however there is an on-going need to improve how evidence from these are utilised to improve services and outcomes for children and families.

As a result of this audit a system is now embedded with Child Protection Conference Chairs recording the child's and/or parents views gained during their 1:1 meeting prior to attending the conference. A monthly report is now being sent to the Operational Safeguarding Manager with any emerging themes reported into the LSCB Quality Assurance Subgroup

Within Fostering and Adoption Services a panel information sheet has been developed that provides customer feedback directly to panel members. As a result recent surveys have highlighted that there has been a positive change in customers experience at the Panel.

Feedback has also facilitated changes to the information included within the fostering and adoption training and it now places greater emphasis about the type of life changing decisions prospective foster carers and adoptive parents may need to make during the assessment journey

- Re-audit of Rotherham GP attendance and contribution to Initial Child Protection Conferences

Overall this report provided clear evidence that there have been improvements in GP contribution / participation to this aspect of multi-agency child protection process. A positive outcome that directly impacts up on the children and families is that we have seen an increase in the submission of reports from GP's raise from 30.8% to 64.4%, though there is still room for improvement.

- Re-audit CART "No Further Action decision" July 2013

This audit identified that there had been an improvement in the quality of contacts from agencies to CART; however, it also highlighted the need for a continued consideration being given to how CART responds when the quality of the contact/referral information is poor or lacking in detail. The audit recommended that a formal process be developed so that any shortcomings in the quality of referral will be picked up and then reported back to the referring practitioner / agencies.

- Multi-agency Review of Serious Child Neglect Cases. This was a review of 59 cases of serious neglect where children's social care services have been involved for a significant period of time. The question that was posed was fundamentally asking for assurance that there were no cases where there was evidence of children being maintained in an environment that was causing or placing them at risk of significant harm. In simple terms "Do we know when enough is enough?"

As a result of this review a new model of risk assessment has been developed including the roll out of a specific neglect assessment tool – Graded Care Profile – which is now used for all cases where neglect is a significant issue.

The multi-agency training relating to professional responsibilities, attendance at Child Protection Conferences and core groups has also been updated and incorporates the findings from this review.

The CYPS Safeguarding Unit responded to the review and as a result Independent Child Protection Conference Chairs are now allocated to specific children and families for the duration of their period of planning.

- Development of Multi-Agency Audit Review Group. During the year the existing LSCB Quality Assurance Framework was reviewed and updated to incorporate a multi-agency audit protocol. The importance that the RLSCB had a formalised mechanism that ensures all work relating to safeguarding children in a multi-agency context is both robust and effective was recognised. The framework is comprehensive and involves the undertaking of a rolling programme of multi-agency audits that provide an opportunity to evaluate the involvement of different agencies, the services they have delivered, and identify the quality of practice and outcomes for children.

A stronger emphasis was placed on case audits with a number of themed audits undertaken as described above. A number of other audits are planned to include receiving evidence from the experience of parents, carers and practitioners to seek their views as to how well arrangements are working to safeguard children in Rotherham.

There is strong evidence to show that the actions of the LSCB have had an impact on safeguarding children in Rotherham. Examples of this include the much improved engagement of GPs in child protection conferences and the involvement of young people in their Child Protection Conferences. Significant work has also been completed to update and expand information for young people and their families who become subject to child protection processes.

#### **4.4 Learning & Development**

Rotherham LSCB recognises that the skills and knowledge of the workforce delivering support to children and their families is key to good quality services and outcomes for children. To promote and enable this, the LSCB provides a wide range of learning opportunities for professionals, volunteers and carers. Some of the learning opportunities within the Safeguarding Children and Early Help Learning Prospectuses include:

- Child Sexual Exploitation
- Safe Sleeping for infants
- Domestic Abuse – Risk Identification Matrix
- Conference on best practice supporting the local Roma community
- Learning from Serious Case Reviews

- Private Fostering
- Self-Harm and Suicide
- Financial inclusion and welfare Reform
- Family CAF
- Attachment

Between April (2013) and January (2014) 1,612 delegates from a wide range of organisations attended one of 77 safeguarding children workshops and 655 delegates attended one of 53 workshops available via the Early Help Prospectus, which included 208 undertaking Family CAF training.

In terms of impact on learning and development, each participant completes a post workshop feedback questionnaire and 10% receive a 3 month follow-up evaluation of the impact of the learning on their work with children and families. 100% of attendees polled in the 3 month follow-up evaluation either strongly agreed or agreed with the statement that their practice had improved by attending the learning event. Additionally, 100% of the attendees polled confirmed they had shared their learning experience with colleagues in their agency.

Feedback from participants:

*"The training has given me a great deal of opportunity to widen my knowledge and help me progress on to become an advocate"*

**Attachment Training – Feb 2014**

*"The course fitted my experience as a child-minder very well"*

*"This workshop will make me much more aware of the risk factors of patients I see"*

**(Safeguarding Young People at Risk of Sexual Exploitation – October 2013)**

*"Has made me more confident in speaking about any concerns I might have and where to go to do so"*


**Group 3 Safeguarding Core Workshop – Feb 2014**

*"Excellent session – logical and easy to follow format in terms of understanding Sexual Exploitation and how it is managed."*

*"Really, really good training, kept me engaged and I feel I have taken a lot away from it"*

**Working with Resistant Families – Nov 2014**





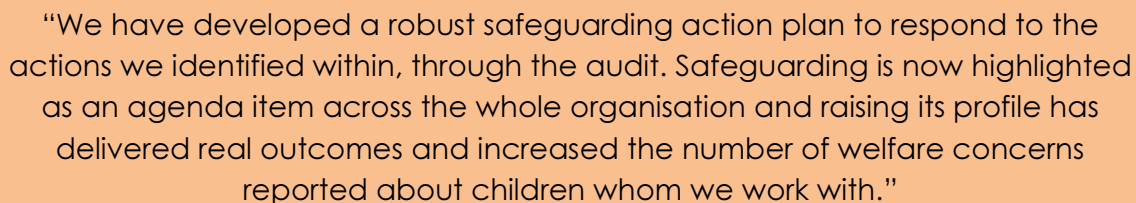
*"This is one of the most informative and thought provoking I have been on. Undoubtedly, this will help with my professional assessments of children."*

**Hidden Harm – 2014**

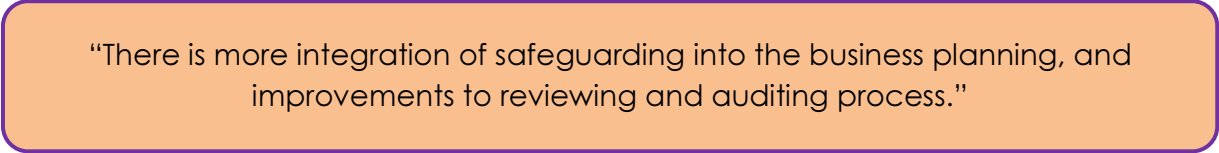
#### **4.5 Safeguarding Arrangements of Organisations – Section 11 Children Act 2004**

Under Section 11 of the Children Act 2004 and Working Together 2013, organisations have a responsibility to make arrangements to ensure their functions are carried out with regard to safeguarding and promoting the welfare of children. Rotherham LSCB audits the self-assessment of organisations against these safeguarding standards on a biennial basis. In 2013 the statutory organisations had their S11 Assessments audited and in 2014 the Voluntary and Community Sector (consortium) comprising approximately 30 organisations utilised the section 11 Audit Tool with support from the LSCB. The results identified some good practice in relation to supporting and safeguarding children and young people and also areas for further development.

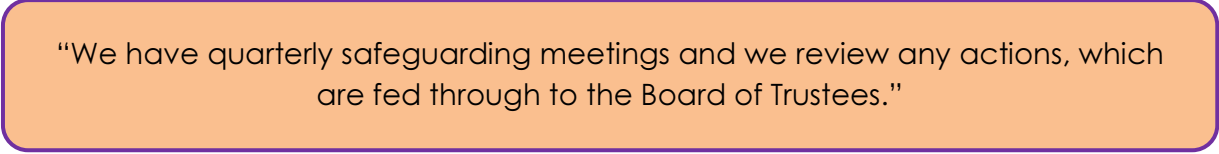
Examples of feedback from some of the Voluntary Organisations:



*"We have developed a robust safeguarding action plan to respond to the actions we identified within, through the audit. Safeguarding is now highlighted as an agenda item across the whole organisation and raising its profile has delivered real outcomes and increased the number of welfare concerns reported about children whom we work with."*



*"There is more integration of safeguarding into the business planning, and improvements to reviewing and auditing process."*



*"We have quarterly safeguarding meetings and we review any actions, which are fed through to the Board of Trustees."*

## 4.6 Performance Framework

The use of performance information is one of the ways that the LSCB can understand how services are performing in key areas of safeguarding children. This performance report relates to performance data as at the end of the 2013/14 reporting year. It includes performance against National Indicators, now no longer in use, and a selection of key local indicators aligned to the LSCB priorities of Child Sexual Exploitation, Domestic Abuse and Neglect.

**Safeguarding Children Performance Indicator (Outturn) 2013-14 – Figure 1.**

Ref	Definition	Good is	LATEST BENCHMARKING DATA (2012/13)		LOCAL TARGET	2012/13 Performance	2013/14 Performance (unvalidated)	Direction of Travel	RAG STATUS	
			Stat Neighbours	National Average					AGAINST TARGET	AGAINST NATIONAL
NI 59	Percentage of initial assessments for children's social care carried out within 10 working days of referral	HIGH	71.2%	75.5%	86.0%	77.2%	<b>56.1%</b> (875/1560)	↓	Red	Red
NI 60	Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement	HIGH	76.8%	76.7%	75.1%	71.1%	<b>61.0%</b> (1468/2405)	↓	Red	Red
NI 61	Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption	HIGH	75.13% (2011)	73.95% (2011)	74.0%	67.6%	<b>67.6%</b> (20/34)	→	Red	Red
NI 62	Stability of placements of looked after children: number of placements (3 or more)	LOW	8.49% (2012)	11% (2012)	9.5%	11%	<b>11.1%</b> (44/397)	→	Amber	Amber
NI 63	Stability of placements of looked after children: Length of placement	HIGH	68% (2012)	68% (2012)	68.6%	64%	<b>67.9%</b> (108/159)	↑	Green	Green
NI 64	% of Child protection plans, at the time of ceasing, which lasted 2	LOW	3.3%	3.2%	4.0%	3.8%	<b>6.8%</b> (24/351)	↓	Red	Red

	years or more									
NI 65	Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time	LOW	16.2%	14.9%	13.3%	16.1%	11% (46/406)	↑	Green	Green
NI 66	Looked After Children cases which were reviewed within required timescales	HIGH	91.98% (2010)	90.45% (2010)	97.5%	97.6%	98.6% (728/738)	↓	Green	Green
NI 67	Percentage of child protection cases which were reviewed within required timescales	HIGH	95.1%	96.2%	90.5%	88.7% new definition	99.6% (276/277)	↑	Green	Green

The table provides the end of year (2013-14) performance data against the national safeguarding children indicators and, where available, the latest benchmarking data. This is the last year that these national indicators are being used and each area will be able to develop local indicators to measure key performance.

Each indicator has had a Red/Amber/Green (RAG) status has been applied as follows;

- Green** - on/above local target and on/above national average
- Amber** - below local target but on/above national average
- Red** - below local target and below national average

The commentary below provides an update on those indicators that are rated as red (underperforming or below target) and includes a summary of improvements actions taken. As this is an exception based report, below are the details of the indicators with a RAG status classified as 'Red' with a summary of improvement actions taken.

**Measure (No.28 / NI 59):** Percentage of initial assessments for children's social care carried out within 10 working days of referral

There were 1560 initial assessments completed in 2013/14, 56.1% (845) of these were completed within the 10 day timescale. It is worth noting that although this year end position is still significantly below target, it is an improvement on the year end performance projected at 3<sup>rd</sup> quarter which was 53%

As previously reported this indicator has been performing poorly for a number of months and a number of actions, system reviews and service developments have been undertaken to improve timeliness. This includes the recruitment of permanent staff within the Contact and Referral Team (CART). These staff will screen new contacts into the service and will now not also be responsible for holding a caseload.

In addition Duty Social Workers now have scheduled protected time to complete assessment write-ups and daily allocation meetings between team managers and social workers ensure that current caseload is fully considered before allocation of new work.

This measure will not be in place for 2014/15 as the service introduces a new local assessment framework. This will result in a single type of child's multi-agency assessment and will increase the flexibility in completion timescales, according to the needs of individual children.

**Measure (No.29 / NI 60):** Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement

There were 2405 Core Assessments completed in 2013/14, 61% (1468) of these were completed within the 35 day timescale. This measure is linked to the above measure on Initial Assessments and the same improvement work. Core Assessments are also being replaced in 2014/15 with the new single multi-agency assessment.

**Measure (No.30 / NI 61):** Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption

This year 34 children were adopted, 23 of these were within timescales resulting in performance of 67.6% which is below benchmarking data but is in line with the previous year. Other performance statistics, introduced recently nationally, show that performance in adoptions overall is improving. The average time between a child entering care and moving in with its adoptive family, has reduced from 659 days (2010-2013 3 year average) to 492 days (in the last six months of 2013/14). The average time between a Placement Order being granted and the decision for a match for a child reduced by 25 days from 309 days in 2012/13 to 284 days in 2013/14.

While past performance has been lower than national benchmark this measure has significantly improved in 2013-14 and in a recent meeting with the DFE they made it clear that they were satisfied with Rotherham's progress.

**Measure (No.33 / NI 64):** Child protection plans lasting 2 years or more

Of the 351 child protection plans which ended in 2013/14, 24 (6.8%) had lasted 2 years or more. There are a further 19 children currently on plans over 2 years. It is worth noting that any decisions regarding the continuation of a child protection plan will be in the best interests of the child regardless of performance targets. A study based on audit findings demonstrates that purposeful effective plans are in place for these children.

## **4.7 The Voice of Children & Young People**

Children, young people and their parents tell us that trust can only be established when services communicate well, truly listen to their views and enable them to participate in decisions and activities as equal partners. Promoting their voice helps parents and children feel more confident and empowered, and evidence tells us that this promotes wellbeing and better outcomes. As one of its priorities Rotherham LSCB is committed to ensuring that services actively listen to children and young people about their circumstances and use this to shape their service provision.

### **4.7.1 Rotherham Lifestyle Survey**

The Lifestyle Survey is an annual survey carried out with pupils in Year 7 and Year 10 at all secondary schools in Rotherham.

Questions in the survey capture young people's views in relation to:

- Food and drink
- Health, activities and fitness
- Being in school
- Out of school
- Young carers
- Bullying and safety
- Smoking, drinking and alcohol
- Sexual health and their local neighbourhood.

The Lifestyle survey captures the views and perceptions from young people covering the priorities identified at the Health & Well Being Board prioritised - Starting Well, Developing Well and Living and Working Well.

In 2013 all 16 secondary schools participated in the survey and a 55% participation rate was achieved with 3,474 pupils completing the survey.

The positive results in the survey in particular in relation to healthy lifestyle;

- Fruit is the most popular break time snack
- An increase in % of pupils feeling they are a healthy weight
- More pupils are taking part in regular exercise

Contributing to these results has been the work carried out by the Obesity Strategy Group. In the past 4 years 1,721 children have accessed tiered weight management services provided by MoreLife Clubs (DC Leisure), RIO (Rotherham

Institute for Obesity and Residential Camps which on average have had an 87% success rate.

- More pupils responded that they are from a smoke free home
- More pupils responded that they had never tried smoking

Contributing to these results has been the work carried out by the Healthy Schools Team, promoting the benefits of non-smoking and confidence building with young people in schools to help them not to resist peer pressure.

Areas that were not so positive and require partnership considerations were:

- Rotherham Town Centre and public transport were where pupils said they felt least safe
- More young people identified themselves as young carers
- Bullying rates remained same as in 2012, however the number of pupils reporting bullying has reduced
- Local shops were identified as the places where pupils purchase their cigarettes and alcohol
- Parents supplying their children with cigarettes and alcohol
- The numbers of pupils feeling good about themselves has reduced

Changes and improvements that have been made during the past 12 months to support these areas have included:

- Young people are now attending a Rotherham Transport user group and putting forward their ideas to make safety improvements. Planned for 27<sup>th</sup> February 2014 Youth Cabinet will be holding their Children's Commissioner Day and will review South Yorkshire Passenger Transport Executive.
- Rotherham Town Centre Voice and Influence Group has been established and their first meeting was held January 2014.
- There has been a Young Carers card developed, which will allow a register of young carers to be developed, which will allow schools to identify which young carers need support; this has been developed with support from commissioning, youth cabinet and health.
- Schools are appointing anti-bullying ambassadors. All schools have signed up to implement a national anti-bullying charter.
- Trading standards are working locally to strengthen the policy around under age purchasing of cigarettes and alcohol.
- Smoke-free policy has been implemented at all schools and support is offered from members of tobacco control and strategy group to establish the policy and ensure that staff, pupils, parents and carers are aware of the policy.
- E-learning package around the issues of alcohol and in particular under-age drinking has been developed and is being promoted by Health and Well-Being Board.

#### 4.7.2 Rotherham Youth Cabinet

The charity YoungMinds report that an estimated one in twelve young people may self-harm at some point in their lives (YoungMinds, 2014). The incidence of self-harm has continued to rise in the UK over the past 20 years and, for young people, is said to be among the highest in Europe (Royal College of Physicians, 2010). ChildLine has seen a 167% increase in counselling sessions about self-harm in the last two years alone (NSPCC, 2014).

Aware that this is a problem facing young people in Rotherham, the Youth Cabinet agreed as part of its Youth Cabinet Manifesto (2013-14):

“to help develop information for young people around self-harm and (contribute to) a strategy to disseminate this. Also to work with services to improve access for young people seeking help and support around self-harm.”

**Rotherham Youth Cabinet, 2013**

This piece of work was undertaken as part of the Children's Commissioner's Day. The idea behind the day was to give:

“... children and young people the chance to be involved in decision making. Children and young people benefit from the opportunity to.. make their voices heard, while adults and organisations gain fresh perspective on what they do.”

**Children's Commissioner for England, 2013**

It was important for the Youth Cabinet to reflect the views of Rotherham young people who had self-harmed and their uncertainties, fears and experiences about services. They talked to over twelve young people who had self-harmed and their comments are summarised below:

- Many said that they were unsure of where to get help and support around self-harm and or the available services. Whilst there are posters in schools and Youth Centres around drugs, alcohol, sexual health etc. there is little about self-harm.
- One girl said that she should be able to contact her doctor directly for an appointment rather than going through her parents. She felt that this had prevented her seeking help.
- Most of the case studies didn't know who their school nurse was or where and when they can be contacted. There was a view that the school nurse only comes in to see certain students and isn't accessible for everyone.

- School stress is a big factor with some young people who self-harm. A young person said that in one school assembly before Christmas, they were told not to worry about school, exams etc. over Christmas and to have a relaxing time. They felt they had been given 'permission' to de-stress over Christmas.
- A young person said that a teacher was told about her self-harming and they told her parents, which made the situation worse. This would stop some young people approaching schools for support
- Some young people said that they got in a very bad way before they get any help or support. Some said they want help earlier to stop them feeling like they do which leads to them self-harming.
- One young person said that adults are the problem as they 'freak out' when the issue is raised – this makes the problem worse.
- Young people suggested having young people/young adults as peer support is helpful as they may be more approachable and fully understand. Young people have said that peer support groups (i.e. Safe Havens) work well for anti-bullying, drug and alcohol support etc.
- Several young people highlighted inconsistent responses from their GPs. A young person went to the doctor's when she was self-harming. She has said that they were not helpful as their reaction made self-harming seem 'normal' rather than a significant issue.
- One young person said that she had tried to get support from different services but nothing helped. Then she emailed the Samaritans and that was helpful. Sometimes young people don't want to talk face to face with people as their preferred method of communication is texting and social networking.
- Some young people say that services available are too clinical which make it hard to approach them for help.
- Young people have said that they don't know what to do when they notice a friend is self-harming or a friend confides in them about self-harming. They don't know what to do with the information.
- Parents/Carers need advice and support around how to react and how to support young people who self-harm.
- Young people have said that lack of self-esteem and feeling worthless led them to self-harming



#### **4.7.3 Discussions with Service Providers and Other Support Services**

On the basis of the case studies, the Youth Cabinet identified some core lines of enquiry. They invited representatives of provider agencies, schools/colleges and council services to a 'round table discussion' to discuss current provision and identify ways in which services to young people can be improved.

Through this piece of work, the Youth Cabinet were able to challenge local authorities and public service providers.

In a further demonstration of their commitment, Youth Cabinet members are presented their case studies and findings to a borough-wide conference on Suicide Prevention on April 3, 2014. The conference involved key stakeholders including secondary head teachers, health and social care professionals and commissioners of services.

The Youth Cabinet made 10 recommendations, all of which were accepted, and included the commissioning, provision and access to services. These were presented to the Council's Overview and Scrutiny Management Board who endorsed them at its Children's Commissioner's Day meeting of February 27, 2014 and also to the LSCB.

A delivery plan has now been developed in response to the recommendations.

#### **4.7.4 Children within the Child Protection system**

The child protection system and processes are complex and are intended to safeguard children from harm and promote their welfare. However, it is also known that parents and children often feel overwhelmed by the process and therefore it is important that they are properly prepared, engaged and supported, and able to have their views heard and taken into account.

In September 2013 an advocacy project was established as a pilot programme, developed and managed by the local authority's Rights2Rights service, to provide children and young people with a voice in the child protection process and specifically at their multi-agency Child Protection Conference.

The key objectives were to:

- Ensure that children had the opportunity for an advocate to improve their outcomes by meaningful engagement and participation which is focused on the individual child or young person and which significantly involves them in the important decision making processes.
- To raise awareness of the service amongst children, young people, parents and professionals.
- To establish and maintain a child centred, independent perspective and remain focused on issues from the child or young person's viewpoint.

- To support the involvement of children and young people in Child Protection Conferences and meetings by accompanying them or representing their views, wishes and feelings about issues which matter to them.

Over the period of the pilot project 106 children, aged between 0yrs and 16yrs, received an advocacy service in 50% of all Child Protection Conferences held. One of the key challenges was gaining consent from parents for their children to be provided with the advocate service and some parents did decline consent and this was respected.. However, the direct but sensitive approach of the advocate workers did result in a significant number of children of all ages receiving the service, even where there was some reluctance initially from parents.

A wide range of creative methods were used to engage with the children and young people and the advocacy workers felt that it was helpful to them by not having specific information about what the safeguarding concerns were. It was noted that once their trust had been gained how quickly they began to believe that what they had to say was important and that they wanted this to be shared with their parents and professionals.

The voice of some children as a result of the advocacy service:

*"I need to be at the conference; I want to tell my mum how it feels"*

**Girl - 16 yrs.**

*"I get upset when dad shouts at my brother. He gets upset when dad does this and that makes me upset, then I get angry with him as well"*

**Girl - 9 yrs.**

*"Mum told us she would always choose us over him". We don't like him when he drinks"*

**Boy - 12yrs**

The Child Protection Conference Chairs Conference also regularly provided feedback on the impact the advocacy service was making:

*"Your attendance at conference altered the whole focus of the meeting and ensured that we remained child centred."*

**(CPC Chairperson)**

*"The child's contribution was really helpful and gave a much clearer insight into their experiences."*

**(CPC Chairperson)**

The importance and benefits of the advocacy service for Rotherham children has been fully acknowledged and the provision of it has now been commissioned by the local authority on a sustainable basis.

#### 4.7.5 Looked After Children

In early 2014 the Looked After Children's Council, supported by the Youth Service, Voice and Influence Team, have been consulting with children in care and those leaving care to find out what matters to them. This was named "Have Your Say" and was designed to find out from children in care and care leavers:

1. *What has been 'good' about being in care or leaving care?*
2. *What has been 'bad' about being in care or leaving care?*
3. *If you could change things about being in care, what would you change?*
4. *Is there anything else you would like to say?*

All children in care and care leavers were given the opportunity to respond to the consultation and included children in foster care, residential care and those moving to independent living, or living independently. In total, 62 feedback forms were received from children and young people aged 11-21 yrs.

Feedback that was positive included comments in relation to good opportunities, a supportive service and good relationships with key workers; some of the comments were:

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

**18 yr old female, Supported Lodgings**

*"Something good about being in care is all the support I have had from the service and from my foster family,"*

**17 yr old female, Foster Care**

*"just thank you to all foster carers who look after children."*

**16 yr old female, Foster Care**

*"I have a good social worker.... I like her"*

**16 yr old male, Foster Care**

Feedback that was negative included comments in relation to poor support from services, issues in relation to placements and the negative impact on family attachments (relationships); some of the comments were:

*"Been pushed into independence too fast."*

**18 yr old male,  
Independent Living**

*"Having lots of different social workers this is unsettling for young people.... I feel I have been let down by Social Services."*

**16 yr old female, Foster Care**

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

**17 yr old female, Foster Care**

*"When I don't get to see my brother as much as I want to."*

**16 yr old female,  
Residential Children's  
Home**

All the feedback was analysed by the Looked After Children's Council and any recommendations are being presented and to the relevant senior managers and services by the LAC Council, in order to recognise good practice but also where improvements could be made to services.

## **5. Board Priority Areas**

### **5.1 Local Authority Designated Officer (LADO)**

The Local Authority Designated Officer (LADO) has the lead role and responsibility for oversight and coordination of all allegations that may place children at risk of harm from Professionals, Volunteers or Foster Carers. The LADO has responsibility for convening and chairing strategy meetings where necessary and liaising with partner agencies to discuss and agree the most appropriate way forward on specific cases. Planning includes appropriate action in relation to both the adult against whom an allegation has been made and the safeguarding plans for any children involved.

The work requires effective collaboration with all partner agencies, including the voluntary and private sector, human resource departments, the police and professional regulatory organisations.

**In 2013/14 there were 63 incidents resulting in investigation under LADO Procedures.**

Person by Employment Type	Number
Social Care(inc foster carers)	17
Residential Care worker	5
Health	2
Education	19
Education/Early years	2
Child minders	8
Police	1
Voluntary youth organisations	6
Faith groups	2
Work experience providers	1
<b>Total</b>	<b>63</b>

In total there were 20 different sources of referrals from the statutory, private voluntary and national organisations which evidences that there is a good awareness and use of the LADO procedures.

Outcomes of the LADO process are defined as:

- Substantiated –** on balance of probabilities it is more likely that the incident happened, rather than did not happen.
- Unsubstantiated –** insufficient evidence to prove or disprove
- Unfounded –** evidence to disprove
- Malicious –** evidence to disprove and of deliberate intent to deceive
- Other –** e.g. misunderstanding, not relevant to safeguarding, suspect deceased before investigation completed

Of the 63 incidents subject to LADO investigation, 7 have not yet concluded. 20 incidents were found to be “substantiated”, involving 24 staff members. Of those 20 cases that were substantiated, 6 people were dismissed from post (3 of these had been involved in 1 incident); 4 resigned, 2 foster carers were deregistered and 3 other staff received written warnings following internal disciplinary processes. In the voluntary sector, the services of 2 people were ceased. In a further 6 cases, staff were required to undertake further training around safeguarding issues. One case in which the allegation was substantiated is still subject to internal disciplinary process.

35 cases were found to be “unsubstantiated” and resulted in no further action being taken after initial consideration of these cases. A further 3 allegations were found to

be “unfounded”. Finally, one case was listed as “other” because the allegation that had been raised was deemed not to fall into LADO procedures but a meeting had taken place to consider previous concerns that had arisen as a result of the initial investigation.

Resulting from a number of enquiries relating to the employment of people working primarily with vulnerable adults, positive links have been developed with the Safeguarding Adult Service in this area of work. Partnerships are also developed with local initiatives to keep children safe in extra- curricular sporting activities. A Regional Safe in Sport group has been set up, which has been attended by the Rotherham LADO This group invites representatives from across South Yorkshire and covers a wide variety of sporting organisations. Further links are also being made with faith organisations in the area. A number of local organisations have shown interest in proposed safeguarding training and have welcomed suggestions of a joint approach to reviewing safeguarding procedures and protocols.

Links with LADOs in other Local Authorities have also been developed allowing for an improved standardisation of response to referrals. A regional meeting of LADOs has now been instigated on a quarterly basis. Of equal significance was the recent “National LADO day” which took place in Manchester and was the first event of its kind. This was a well subscribed event which for the first time brought together LADOs from all parts of the UK. In addition to opportunities for networking and sharing information, presentations were given by Ofsted, DBS and the NSPCC in relation to their Safe in Sport initiative. Most significantly the event focused attention on the great diversity of practice across different authorities and the need to standardise practice across the country. Proposals are now being discussed to establish a national LADO network, and to renew requests for clearer government guidance and protocol, for example, along similar lines to the statutory guidance in respect of the role of Independent Reviewing Officers.

The LSCB receives an annual LADO report and is assured that the local authority and its partners have a robust response on this important area of safeguarding children.

## **5.2 Child Sexual Exploitation**

Rotherham LSCB has published a separate annual report on the issue of Child Sexual Exploitation (CSE) and the following represents a summary of the key progress and issues. CSE is recognised nationally as one of the most important challenges facing agencies today. It has a serious and lasting impact on every aspect of a child or young person’s life, including their health, physical and emotional wellbeing, educational attainment, personal safety, relationships, and future life opportunities. To tackle this abhorrent form of child abuse, effective multi-agency partnership working is essential, where partners work to the principle that safeguarding is everyone’s responsibility, and that each are clear on their respective roles and responsibilities. In April 2013 the Rotherham Local Safeguarding Children’s Board (LSCB) published its three-year single multi-agency strategy and accompanying action plan, outlining how the Council and its partners continue to take real action to tackle the issues relating to CSE. The CSE Strategy and Action Plan contain 4 priorities:

### 5.2.1 Priority 1 - Leadership and Governance

Clear governance is at the heart of our multi-agency approach, and over the course of this last year we have made significant progress to strengthen how we work together.

Rotherham has continued its commitment to putting in place strong governance arrangements and the necessary structures to involve and engage key agencies, partners and lay members. The Rotherham LSCB devolved its strategic responsibilities to a specific CSE sub-group with further support from a multi-agency operational managers group (known as Silver Group), who can determine how best to put the plans into action.



*This strength and commitment shown by organisations across Rotherham to tackling CSE has been recognised by Rotherham LSCB receiving the NWG award in 2014 for the "Longest Journey Under Challenging Conditions". NWG is a charitable organisation formed as a UK network of over 2500 practitioners who disseminate information to professionals working on issues of CSE and trafficking in the UK.*

Performance and quality management arrangements were put in place with regular updates to the LSCB and regular reports to the Council's Cabinet as well as briefings to all elected members. Accurate and meaningful data is critical to determining the impact of services, and the recruitment of a dedicated police data analyst based in the CSE team has been an important development. This has enabled the delivery of a confidential monthly tactical briefing document which is used and shared at both the CSE sub-group and operational managers group.

Within the document, data is presented alongside narrative on current police operations, details of children deemed high risk to determine any actions required, and case studies highlighting successful interventions or prosecutions.

The CSE action plan sets out how partners will deliver the priorities of the local CSE strategy and improve services for children, young people and their families. It continues to evolve and develop, informed by publication of related national reports (e.g. Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups) and a number of independent reviews of local CSE services undertaken by Her Majesty's Inspectorate of Constabulary (HMIC), Barnardo's and the Independent Chair of the Rotherham Local Safeguarding Children Board.



### 5.2.2 Priority 2 -PREVENT

Preventing CSE happening to children and young people.

The exploitation of children is a devastating feature of communities up and down the country – but together we are making it more difficult for offenders to be able to abuse young people in this way. We are building a Borough-wide ‘eyes and ears’ approach – educating our communities, and our staff, to recognise the signs of CSE, and how to report it. We have doubled the number of people taking part in CSE training and awareness-raising – including professionals, councillors, Neighbourhood Watch co-ordinators and members of the public. Extensive work has also been carried out directly with our young people, to empower them to recognise the signs and risks of CSE.

A CSE competency framework has been developed by the Council and agreed by the LSCB to enhance the effectiveness of the training and awareness programme that has been delivered to staff and young people over a number of years.

Over the course of the last year almost 3,500 staff, councillors, young people, Neighbourhood Watch co-ordinators and members of the public have attended a CSE training or awareness event. This is an increase on the previous year of almost 1500 people. Work is now underway to ensure that this awareness is available to all staff, with more specialised training available for those working directly with children and young people.

*“Excellent session – logical and easy to follow format in terms of understanding CSE and how it is managed.”*

– Health Practitioner (GU Medicine)

Rotherham schools are more actively involved than ever before in protecting children against CSE through more effective training and awareness raising. In 2012/13 the CSE team worked with 13 of our 16 secondary schools, reaching 911 pupils through awareness workshops. This year that total has increased to 1,955 and all secondary schools in Rotherham are now engaged through their Year 8 curriculum for 2014/2015, with support from Rotherham’s Healthy Schools consultant and the education project officer within the CSE team. In addition to this, preventative work continues with Rotherham’s pupil referral units (PRUs), including the Rowan Centre (education provision for young mothers) and with special schools and colleges. This work will ensure that all Year 8 students in Rotherham education settings have a basic awareness of CSE.

*Good practice and resources are being shared with frontline staff to raise awareness of what is available to young people e.g. Zipit App to better respond if they receive inappropriate requests for indecent images.*

Further support is provided through the Integrated Youth Support Service (IYSS), which offers young people the opportunity to access one-to-one support, group



work and a wide range of developmental learning opportunities and positive activities. Over the past year they have undertaken informal curriculum sessions on CSE and related issues with 2,326 young people.

### **GOOD PRACTICE: RAISING AWARENESS AMONGST YOUNG WOMEN**

Raising awareness of CSE amongst our communities – including vulnerable groups of people who may fall victim to this crime – has been a key strand of our work over the past year. An example of this targeted work includes a residential course which was held at RMBC's Habershon House.

Held over six weeks, more than 30 young women took part in the awareness-raising course. The sessions brought together a number of young women's groups to share experiences of what it is to be a young woman in today's world – including the challenges and potential abuse which they may face, and the many forms that this can take. The group also took part on a self-defence session and talked about personal safety on the street.

Together they were encouraged to discuss the nature of CSE, the forms it could take and to understand the potential devastation this kind of abuse has on people's lives. Feedback from the young women showed they felt that they had benefitted from the programme, and these kinds of sessions will be repeated in the future.

#### **5.2.3 Priority 3 -PROTECT**

Protecting those children and young people who are at risk of CSE.

We have streamlined processes across agencies to allow us to better identify and safeguard children who are at risk of CSE. This includes common tools for staff to assess their concerns about a young person and understand what course of action they must take and the implementation of a South Yorkshire-wide risk assessment tool. Some of the case studies that follow demonstrate the impact that these system improvements are having on frontline child protection in Rotherham and the difference they are making to people's lives.

In 2013-14 the Multi-Agency CSE Team was increased to include representatives of the voluntary and community sectors and also health services. GROW – a Rotherham organisation supporting women to make informed choices – are commissioned to deliver a project called "INVOLVE", a support package to families and young women up to the age of 25 who are victims of CSE. A Public Health-funded nurse specialist supports young people to identify any health needs whilst developing appropriate pathways within the health community. The team also includes a worker funded by Barnardo's to provide a specific focus on encouraging

access to support for those who are reluctant to engage with statutory services and/or those who do not perceive themselves to be at risk.

During the year the social care 'front door' process, and support specifically for CSE, has been strengthened. Any child who is referred to, or already involved with, children's social care services and is at potential risk of CSE undergoes a screening process using the CSE multi-agency threshold descriptors. Where issues are identified the specialised CSE team will then lead on the assessment of new cases or, if the child already has social care involvement and is allocated to another key team, they will advise, and if needed work with, their current social worker to ensure the child receives appropriate support.

National research has shown that due to their personal circumstance certain groups of young people are at more risk of CSE than their peers. This includes young offenders; looked after children; those living where there is substance misuse in their household and those from black and minority ethnic communities. These groups are receiving a range of targeted preventative support incorporated within existing support packages or events - for example, LAC reviews, the youth service support pathway and the new arrival family induction day.

#### **5.2.4 Children running away or going missing from home**

Over the year there were 416 reported incidents of children and young people running away or going missing from home, involving a total of 131 children. This is an increase on 2012/13, when there were 338 reported incidents involving 121 children or young people. The charity SAFE@LAST are commissioned to deliver return to home interviews with young people to try to identify and address the reason for the run-away incident and to help the young person to understand the potential risks they face. They also provide an emergency bed facility for homeless young people, and an awareness raising service for primary school children through their Crucial Crew project.

#### **CASE STUDY: GEMMA**

Gemma is 13 years old and has been a regular missing person for the last year and was working with a large number of professionals. She has been a victim of sexual exploitation, three sexual assaults, self-harms, has significant behaviour issues and regularly truant from school.

She has accessed the SAFE@LAST refuge in the past, but then she was taken into care in order to protect her. A project worker did a return interview with Gemma in January after another referral from the police and she said that she would like some 1:1 support.

Gemma accessed the refuge again and used the night's stay to collect her thoughts and feelings and then she returned to her grandparents' care. The project worker has provided Gemma with some craft activities and she has been using these to try and occupy her mind when she is stressed, instead of self-harming. Gemma has been using the online diary on the SAFE@LAST website to record her thoughts and feelings.

Support is still ongoing for Gemma and she still has a SAFE@LAST project worker, as she still has periods where she goes missing, as this seems to be the coping mechanism that she has developed to cope with stressful times in her life. She is on a Child Protection plan, so support will continue for as long as she is at risk and is going missing.

Over the year there were 378 referrals to SAFE@LAST for a total of 137 children and young people. Of these, 74 young people engaged in a return interview. In addition a further 105 children and young people have had some involvement with SAFE@LAST project workers; 29 children and young people from Rotherham are known to have contacted the SAFE@LAST helpline/text or web chat.

#### **5.2.5 Priority 4 - PURSUE**

Pursuing those adults who perpetrate CSE.

South Yorkshire Police in partnership with all professionals and the public is committed to proactively pursue offenders of CSE through the identification, disruption and evidence gathering for prosecution of them.

Significant developments in practice by the police and other agencies which has led to improvements in how services to tackle CSE are delivered. For example, to support the local CSE sub-group meetings, a monthly tactical assessment is now produced which informs all relevant agencies in relation to risk, intelligence and current operations. This in turn enables these agencies to better respond to current issues from their own perspective.

Robust investigation in relation to the disclosure of CSE offences, current or historic, has resulted in the successful prosecution of offenders. During 2013-14 police investigations into CSE-related offences have led to 41 interviews under caution, 23 arrests, and five successful prosecutions. All convicted offenders in custody and in the community who are under the supervision of the Probation Services have a robust risk management plan

South Yorkshire Police have a robust risk assessment process in place, which enables a rapid multi-agency response to any high-risk CSE missing person cases. This has been used to good effect on numerous occasions, resulting in the safe recovery of the child and the implementation of preventative action. This year has also seen an increase in staffing within the CSE team, including the recruitment of two police analysts for South Yorkshire – one of which is based in the Rotherham team. This has enabled improved analysis of intelligence to help partners further understand the problem profile and support the identification of needs, impact and outcomes for young people in relation to CSE. This will then feed into the local Joint Strategic Needs Analysis (JSNA) and the police led Joint Strategic Intelligence Assessment (JSIA).

Police intelligence systems have been reviewed and a new improved framework put in place which is linked to the police briefing systems. These improvements and on-going developments in information and intelligence gathering are enabling the police and the CSE Team to respond quickly and appropriately to individual cases and emerging trends.

## GOOD PRACTICE: MULTI-AGENCY RESPONSE

Child A - a 15-year-old Slovakian female - was persistently going missing from home with Slovakian males much older than her. Following one such episode, her risk level was escalated to High and she became a priority for the police and local authority.

Following a week of intense investigation, she was located and the male she was with was arrested for various sexual offences involving a child.

### 5.2.6 Key developments and next steps planned for 2014/15

- At the time of publication of this report we have just received the outcome of the independent inquiry into historic CSE cases, commissioned by Rotherham Borough Council's Chief Executive. Together with other local, regional and national reviews, this will further inform the development of our multi-agency approach.
- Central to these developments is the creation of a Multi-Agency Safeguarding Hub (known as a MASH). Due to be launched in August 2014, the co-located service will bring together key officers to not only tackle CSE, but also domestic abuse, anti-social behaviour and the wider safeguarding children agenda.
- In addition, we will build stronger links with local communities, including EU migrants. We will review our procedures to make sure Looked After Children placed outside our area are protected in line with our local plans.
- We will also ensure that our young people are listened to and are developing a participation strategy to ensure their voice helps shape their own support and informs our future improvements.
- We will carry out research to better understand the motivations of offenders, and we will continue to raise awareness as part of the South Yorkshire-wide 'Say Something If You See Something' campaign, while developing ways of communicating that specifically benefit our communities here in Rotherham.
- Plans are in place to utilise the National College e-academy CSE e-learning package across the partnership to ensure quality and consistency across organisations. This follows an early demonstration and consultation exercise at the CSE Sub-Group by NWG representatives at the end of 2013.
- Following the recent publication of the multi-agency threshold descriptors referenced earlier, work has begun to clarify pathways and transfer

procedures between agencies. These are already in place but need to be formalised and documented in a format which is clear and understood by staff outside the specialist CSE team.

- The impact of CSE can be far-reaching and long-term, affecting the entire lives of those affected, and resulting in a disproportionate number being involved with statutory services later on in life. In 2014-15 the Rotherham CSE sub-group are working with partners in health to commission the development and delivery of a pathway of long-term recovery and therapeutic support for victims post abuse and in transition to adulthood.
- A new missing person's protocol for children and young people has now been developed and will be promoted and embedded during 2014/15.
- The Police Young People's Partnership Officers (PYPPOs) are embedded within the IYSS locality teams and work closely with them and schools around crime and disorder. Through this work they build up positive relationships with young people – particularly valuable when young people require support around reporting or making statements. The police and IYSS are currently reviewing the role of the PYPPO to further strengthen joint working arrangements.
- We will continue to review and improve CSE intelligence gathering processes as this is critical for any successful disruption or prosecution activity.
- A CSE needs analysis, which will include both victim and perpetrator profiles, is being completed to further inform the work of the partnership and ensure we are effectively targeting resources.
- Research opportunities are being explored and commissioned to better understand the motivation and behaviour of perpetrators and to identify the common indicators of those considered likely to commit CSE.

### **5.3 Private Fostering**

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts.

When it is made aware of a private fostering arrangement, the Local Authority is required to assess and support the circumstances of a child living with someone who is not a family member.

In 2013/14, the Local Authority's received six notifications of children who were potentially being Privately Fostered. Four of these progressed to an assessment and as at 31<sup>st</sup> March 2014 there were three ongoing private fostering arrangements; four privately fostered cases came to an end in the same year.

One of the key challenges in this area of safeguarding children is that of being aware which children are being privately fostered because the arrangements are made between families without professionals necessarily being aware or involved. As part of efforts to continually raise awareness of Private Fostering, the following activity has been undertaken in 2013-14 to try and improve professionals' understanding:

- Education Welfare Officers and Managers have received bespoke training on Private Fostering, and have been tasked with reviewing their caseloads to identify instances and make referrals as appropriate. There is a designated Education Welfare Service team leader holding responsibility for Private Fostering.
- Designated Safeguarding leads from all Rotherham Schools received a presentation on Private Fostering and were asked to undertake an audit of their children to identify cases of private fostering utilising a simple checklist developed by the LSCB. School Governors have received training on Private Fostering arrangements and responsibilities.
- A recurring message has been included on Rotherham's Public Health TV channel, which is displayed in universal health settings.

In the previous business year, all GP practices and school settings were sent information leaflets on Private Fostering with a request for these to be displayed in waiting/reception areas, and Private Fostering is embedded in the LSCB's training workshops to ensure a wide range of professionals are aware of the issue and their responsibilities. Further development work is required in this area to ensure better links are established with the Schools Admissions Team, to ensure that clarification of the numbers of children not living with parents is part of the admissions process.

#### **5.4 Children Missing in Education**

The term Children Missing in Education (CME) refers to all children of compulsory school age who are not on a school roll, and who are not receiving a suitable education otherwise than being at school, for example, at home (Elective Home Education EHE), privately, or in alternative provision.

Section 436A of the Education Act requires all local authorities to make arrangements to enable them to establish (so far as it is possible to do so) the identities of children residing in their area who are not receiving a suitable education.

The CME duty does not apply in relation to children who are registered at a school who are not attending regularly although the CME duty complements and reinforces duties that already exist for schools and the Education Welfare Service to monitor poor attendance. Schools have a duty to monitor absence through the daily attendance register. Maintained and academy schools are required to make regular absence returns to the Education Welfare Service where the attendance of individual pupils gives cause for concern.

The Children Missing Education (CME) function moved into the CYPS Education Welfare Service (EWS) in August 2012. And a number of improvements have been introduced to make this important area of safeguarding children more effective. These include:

- Strengthening the links with frontline education welfare Officers, schools, academies and safeguarding managers. Raising awareness in relation to shared CME responsibilities and reporting duties.
- Reviewed the CME referral protocols and thresholds.
- Introduction of a de-registration letter to notify schools of a completed CME investigation.
- In conjunction with the school admission team, contributed to the development of two Fair Access Admission Panels (primary and secondary phases)
- Strengthened links with Children's Social Care Services, the local authority Runaway Lead, Integrated Youth Support Services (IYSS) and introduced Education Welfare Service representatives for Child Sexual Exploitation and Looked After Children.
- EWS Team leaders also became the Education representative for MARAC on a rota basis.
- Reviewed the pathways and information sharing with other agencies
- Development of the database that enables monitoring and tracking of cases.

### **Updated on progress**

During the summer of 2014 we organised 14 additional CME initiative days which saw Education Welfare Officers deployed during the school summer holidays conducting home visits across the borough. By the end of August 2014 around five hundred and sixty five referrals had been followed up.

Increased staffing capacity along with an improved tracking and recording system provides us with a clearer, more accurate, picture of the number of children known to be missing education within the borough.

We are more simply able to identify vulnerable groups /specific groups.

### **Data Analysis**

Academic Year 2012/13

- Opened 973 new investigations
- Closed 726 \*\*

Academic Year 2013/14

- Opened 1211 new investigations
- Closed 1413 \*\*

\*\*Closed case numbers will included CME cases opened in previous academic years /recording periods

Whilst we do recognise the levels of CME numbers appear high in Rotherham we would agree with the recent National Children's Bureau report 'Not present, what future? Children Missing education in England report' (June 2014) that suggests high levels of recorded CME does not necessarily indicate that a local authority is performing poorly in comparison with lower CME rates. We feel our figures whilst high do recognise we are establishing robust recording and tracking systems.

#### Summer Term 2014 analysis (March to July 2014)

- Opened 736 new referrals
- Closed 882

#### *Closed Analysis (882)*

- 470 were tracked out of Authority - confirmed on roll of another school and start date confirmed.
- 88 were found elsewhere - passed to other regional CME teams (other LAs) allowing us to safely close.
- 56 believed to have left the UK.
- 59 were Y11 – no longer of compulsory school age.
- 36 – had submitted admission applications but became missing without taking up the school place offered to the child.
- 7 were found to be duplicates on the electronic data base.
- 150 were closed following successful school transfers within Rotherham
- 27 that became missing were DV/Sensitive - 12 of these were referred in by the Refuge.
- 2 were referred in as CSE – CME.
- Ethnicity breakdown 432 (of the 882) had no ethnicity recorded on the referral, 166 Roma, 46 Pakistani.

#### *Opened Analysis (736)*

Of the opened new cases approximately 500 were previously known to be in Rotherham but are now no longer at their last registered address in the borough. As of 12th September 2014 there are 468 current open active CME referrals.

The temporary position EU Migrant Community Education Engagement Officer was recruited to in July 2013. Additional support was provided to the CME Officer and Admissions team to assist

- non English speaking new arrivals
- help for parents and staff to complete and process application forms
- translation support to the Admissions Appeal process.

ESF Funding for this post ceased on 31st July 2014.

Since that time alternative arrangements have been put in place. This has entailed the use of 2 EAL Education Welfare Officers to take on additional CME responsibilities predominantly for the investigation of EU children thought to be missing education. In addition a number of generic EWOs have been deployed in order to support the prompt investigation of CME referrals.

A future development plan centres on developing closer workflow links across the Admission and CME staff including the functions of recording and processing. In addition to increasing the business support capacity across the Education Welfare Service and the Admissions team approval has been given to recruit to a CME Monitoring Officer position plus financial support towards further shared administrative resources.



## 5.5 Licensing

The LSCB and its members are committed to safeguarding children and promoting their welfare in any all circumstances and this includes the area of alcohol consumption and the use of taxis.

The Licensing Act 2003 deals with the licensing of premises for various activities, which include the following:

- To sell alcohol by retail
- To supply alcohol to a club member, or to sell alcohol to a guest of a club member in the case of qualifying clubs
- To provide regulated entertainment
- To sell hot food or drink (late night refreshment) between 11.00pm and 5.00am for consumption on or off the premises

The Licensing Act 2003 sets out four licensing objectives:

- Prevention of crime and disorder
- Public safety
- Prevention of public nuisance
- Protection of children from harm

Examples of activities which are a potential cause of harm to children and young people are:

- Selling alcohol to children under age
- Selling alcohol (by proxy) to children under age
- Selling alcohol to parents who are intoxicated and are supervising their children
- Allowing children into premises where there is gambling or adult entertainment

Where there has been evidence of a risk to children and young people the RLSCB has, along with other local Responsible Authorities, made representations to the Licensing Committee, and licences have been revoked and premises closed as a result.

Although the Licensing Act 2003 does not cover licences for vehicles for public hire (taxis), partner agencies share information and discuss issues where there is a taxi company or driver whose conduct is a cause for concern, and instigates appropriate courses of action. Where there are sufficient concerns and evidence, the matter is referred to children's social care services, the police, and the licence for a driver or vehicle can be suspended or revoked by the Council Licensing Board. A proposal for the training of taxi drivers in relation to safeguarding children and vulnerable adults, as part of their condition for obtaining a licence, are being developed and implemented.

## **5.6 Early Help**

In the past 12 months, the Local Authority has developed an early help dashboard to provide the LSCB members and advisors with an overview of activity in the borough. This includes caseload information relating to child/young person/family support provided by, amongst others:

- Children's Centres
- Targeted Family Support Team
- Integrated Youth Support Service
- Learning Support Service

The dashboard also includes information on Family CAF numbers, as well as drawing on regionally agreed indicators for measuring the effectiveness of early help. Rotherham is benchmarking positively in some aspects of Early Help impact measurement (specifically in relation to CIN numbers and statutory assessment volume), whilst in others there is the potential to infer we are being less successful. However, whilst we have a high rate of children on a child protection plan per 10,000 (with an out-turn figure of 70 in 2014, compared to 59.3 in 13), our rate of children per 10,000 who are subject to S.47 investigations is lower than the latest national and stat neighbour average, and whilst this is a significant increase locally on the previous year (up from 89.5 in 2013 to 110 in 2014), it is potentially a positive indicator, reflecting that more children at risk of significant harm are being identified and are receiving a statutory assessment of their wellbeing more quickly and effectively. Similarly, whilst our LAC numbers have increased in 2014 when compared to our 2013 out-turn; we are still below the latest stat neighbour average. This increase could equally evidence that our capacity to move children into care sooner is as a direct consequence of swift early identifying of need. The LSCB Performance Sub Group have requested more detailed information in future stimulate more in depth analysis of early help effectiveness.

The Quality Assurance subgroup receives quarterly reports on the Family CAF QA activity in the borough, and the recently established LSCB multi-agency review group will also oversee the audit of early help cases in the next business year.

Rotherham's response to the Trouble Families initiative has received positive feedback from the national Troubled Families Unit, with Rotherham meeting the benchmark for inclusion as an early adopter of phase 2 of this initiative.

## **5.7 Domestic Violence**

The impact on children of domestic abuse cannot be under estimated. Its co-existence with parental substance misuse and mental health issues has a corrosive impact on children's development and wellbeing. The Safer Rotherham Partnership and the LSCB are ensuring that tackling domestic abuse and its impact on adults, children and young people is a high priority.

In 2013 the Council's Improving Lives Select Commission Scrutiny Review of Domestic Abuse was completed. The focus of the review recommendations was to develop more integrated domestic abuse service provision that had clear protocols and

pathways for all risk levels that were understood by every partner agency. It was also recommended that domestic abuse should be more integrated at a strategic level so that other work streams were addressing the impact it has on victims.

By responding to the review recommendations, Rotherham will be able to;

- Evidence its local compliance with the national Violence Against Women and Girls' agenda
- Evidence that the Domestic Abuse Priority Group (DAPG), on behalf of the Safer Rotherham Partnership (SRP), are proactive in reducing the risk of domestic homicide in line with emerging national best practice that is focused and coordinated
- Enable the actions of agencies to withstand scrutiny in a Serious Case Review or Domestic Homicide Review
- Respond to victims and their families effectively

As part of the service developments the local authority, police and other partners are implementing a Multi-Agency Safeguarding Hub (MASH). As part of the MASH a domestic abuse hub is being implemented from September 2014 that will see police officers, social workers, independent domestic violence advocates and other professionals working together to provide an effective and timely response possible to domestic abuse. This will include the use of a Domestic Abuse Risk Assessment Matrix to enable professionals to identify risks, protective factors and the most effective response for individual children and their families.

In March 2013 the definition of domestic abuse was changed to include young people aged 16-18. In 2013-14 there were 13 young people aged 16-17 referred to MARAC in Rotherham. To respond to the change in definition and that this was a previously under recognised and under resourced area of need, the DfE provide funding for a Young Persons Domestic Violence Advocate (YPVA). The model for this in Rotherham is for the YPVA to have key responsibility for the high risk cases that are referred to MARAC and to provide specialist advice to professionals on cases of under 16's. In 2013-14 there 328 (of 455) case referred to MARAC which encompassed a total of 518 children.

A priority area identified for improvement within the borough is the multi-agency response for children and their parents where there is domestic abuse and the victim has no recourse to public funds. This issue has been shared and awareness raising undertaken with partner agencies through the use of case studies. Pathways to be adopted by the domestic abuse hub are under development.

## **5.8 Neglect**

In 2013 the LSCB undertook a review of cases where children had been seriously neglected. The review, the key findings of which were briefly outlined in last year's RLSCB annual report, highlighted the importance of identifying neglect early , utilising assessment tools designed to assist in identifying neglect and in assertive interventions with the aim of addressing the factors underpinning the neglectful parenting.

The challenge to all agencies working with children and families is to ensure the review's lessons are implemented. To this end, the RLSCB disseminated the review's key lessons through presentations at a range of high level strategic inter-agency meetings, including the Improvement Panel.

It is clearly important that the whole children's workforce, and those who also come into contact with families through their work, are able to identify these children as early as possible so that we can provide the right kind of help and the right time. The longer children are exposed to neglectful situations without appropriate support, the more corrosive the harm they suffer. As a result the LSCB has incorporated Neglect as a key priority into its 2014/15 Business Plan, requiring the need for borough wide Neglect Strategy. The strategy will be informed from the findings of the review as well as other local research into the Rotherham picture of neglect and will be underpinned by the following key principles;

- That it ensures a shared understanding of neglect and the safety, wellbeing and development of children is the over-riding priority
- That early assessment and intervention will be promoted, supported, and resourced.
- That early support should be of a kind and duration that improves and sustains children's safety into the future. It should also build on strengths and resilience within children and their families rather than promoting dependency.
- That it will recognise that assessing need, the risk of harm or likelihood of suffering harm requires robust information sharing, professional judgement, and consideration of specific indicators and outcomes.
- That to effectively safeguard children requires professionals to be curious and inquisitive about family circumstances and events but also requires professionals to be challenging of each other about changes and improvements made by families and realistic about their sustainability.
- That all work with children and young people will be measured by its impact on outcomes

RLSCB will act to co-ordinate the development of the Rotherham neglect strategy and monitor the effectiveness of interventions and outcomes for children. A key element of the monitoring will be via the Multi-agency Audit Review Group through case file audits to assess the implementation and of the neglect strategy.

## **6. Service Developments**

Working together effectively for the benefit of children, young people and their families requires closer partnership and collaboration than ever before. Here are some of the new developments aimed to improve outcomes for children and young people in Rotherham.

## **6.1 Multi-Agency Safeguarding Hub (MASH)**

Working effectively together as organisations and professionals within a MASH model has demonstrable benefits for children and their families in terms of outcomes:

- Sharing information leading to better risk assessment and decision making
- Identifying vulnerabilities earlier and identifying what early help can be provided
- Improved access to services for families

### **How will it work?**

Key professionals from a range of organisations including Children's Social Care, Health Services and the Police will be located together and work in an integrated, joined up way when considering referrals about children about whom there are welfare concerns. This will enable relevant information to be shared in a timely and holistic manner, considering the whole needs of the family. A coordinated response can then be provided at the earliest opportunity to prevent problem escalating. The MASH will also have a specific remit and dedicated professional expertise to focus on the issue of Domestic Abuse.

### **What are the timescales?**

Professionals from the key organisations will be located together from 4<sup>th</sup> August 2014 and be in a position to start working more closely together from that date. The next period will enable specific developments to be put in place in order to achieve the most efficient and effective service possible.

## **6.2 Children's Multi Agency Assessment Protocol**

The good quality assessment of the needs of children is a fundamental principal to providing the right kind of help at the right time.

Professor Eileen Munro in her review of the child protection system in 2011, highlighted that having set timescales for assessments of all children was not the right approach and that the timing should be individual to the child's circumstances. This was subsequently made a requirement in the publication of the Working Together statutory guidance in 2013.

Rotherham has developed its local assessment protocol based on best practice and evidence. Whilst it is led by the local authority, who is publically accountable, other agencies are aware of their responsibilities to contribute appropriately.

### **What are the benefits?**

The Assessment Protocol was implemented in June 2014 and enables:

- Assessments that are proportionate to the needs of the children.
- Children to have their views clearly sought and taken into account.
- Timescales that are appropriate for the child and their family, avoiding unnecessary delay.

- Multi-agency decision making throughout the assessment process
- The right help and support to be offered or provided at the right time.

### **6.3 Multi-Systemic Therapy**

Multi-Systemic Therapy is an evidence-based model that achieves successful outcomes with young people aged 11-17 whose behaviour has put them at risk of becoming looked after or young offenders going into custody.

Rotherham has entered into a partnership with Barnsley Metropolitan Borough Council to pilot delivering Multi-Systemic Therapy (MST) as a shared service and is being funded through the Troubled Families initiative. MST was developed in the USA, and is supported by a significant international body of research evidence; it is shown to reduce offending behaviour, family conflict and the need for out-of-home placements. MST is therefore highly cost effective and reduces the negative outcomes and social exclusion associated with out-of-home placements and experience of custody by improving family functioning.

## 7. Appendices

### 7.1 RLSCB Membership

Agency	Job Title	Name
	Independent Chair of Rotherham Local Safeguarding Board	Steve Ashley
CAFCASS	Service Manager	Anne Riley
Children Young Peoples and Families Voluntary Sector Consortium	Representative	Sue Wynne
Hilltop and Kelford Schools	Headteacher	Nick Whittaker
Lay Member	Lay Member	Debra Wadsworth
Lay Member	Lay Member	Richard Burton
National Probation Service	Acting Chief Officer	Sarah Mainwaring
NHS England (South Yorkshire & Bassetlaw)	Patient Experience Manager	Tracey Slater
NHS, Rotherham Clinical Commissioning Group	Executive Lead for Safeguarding	Sue Cassin
RDASH	Deputy Nurse Director	Deborah Wildgoose
Rotherham Metropolitan Borough Council, Children & Young Peoples Services	Director of Safeguarding Children and Families, Children and Young People's Services	Jane Parfremment
Rotherham Metropolitan Borough Council, Children & Young Peoples Services	Senior Director – Schools & Lifelong Learning	Dorothy Smith
Rotherham Metropolitan Borough Council, Children & Young Peoples Services	Strategic Director, Children and Young People's Services	Joyce Thacker
Rotherham Metropolitan Borough Council, Neighbourhoods and Adult Services	Director of Public Health	John Radford

Rotherham Metropolitan Borough Council, Neighbourhoods and Adult Services	Director of Health and Wellbeing	Shona Macfarlane
Rotherham Metropolitan Borough Council, Youth Offending Services	Youth Offending Services Manager	Paul Grimwood
Rotherham NHS Foundation Trust	Chief Nurse	Tracey McErlain-Burns
South Yorkshire Community Rehabilitation Company	Assistant Chief Officer	Maryke Turvey
South Yorkshire Fire and Rescue	Safeguarding Officer	Dawn Peet
South Yorkshire Police	Chief Superintendent District Commander	Jason Harwin
South Yorkshire Police, Public Protection Unit	Public Protection Unit Manager	Pete Horner



## 7.2 RLSCB Budget Statement 2013/14 Outturn

Budget Statement 2013/14 Outturn	Funding Formula	Budget 2013/14	Outturn 2013/14
	%	£	£
<b>Income 2013/14</b>			
<b>Annual Contributions</b>			
Rotherham Borough Council	55.80%	105,370	105,370
NHS Rotherham	25.90%	48,370	48,370
South Yorkshire Police	15.30%	28,560	28,560
South Yorkshire Probation	2.70%	5,040	5,040
CAFCASS	0.30%	550	550
<b>Other Contributions</b>			
Surplus from previous year		6,940	6,940
NHS Rotherham - L&D Contribution		22,000	22,000
Income generation - training		0	925
<b>Total Income</b>		<b>216,830</b>	<b>217,755</b>
<b>Expenditure 2013/14</b>			
LSCB Salaries *		160,200	160,363
Public Liability Insurance		800	750
IT & Communications		2,600	580
Printing		1,200	2,808
Stationery and Equipment		50	54
Learning & Development (RLSCB and Multi-agency)		28,480	28,342

Independent Chair		20,000	21,358
Software licences & maintenance contracts		3,500	3,500
<b>Total Expenditure</b>		<b>216,830</b>	<b>217,755</b>
<b>Surplus</b>		<b>0</b>	<b>0</b>

\* Child Death Overview Panel administration costs of £15,084 are included in these accounts

## 8. Glossary of Terms

<b>CAADA</b>	-	Coordinated action Against Domestic Abuse
<b>CAF</b>	-	Common Assessment Framework
<b>CAFCASS</b>	-	Children and Family Court Advisory and Support Service
<b>CART</b>	-	Contact and Referral Team
<b>CDOP</b>	-	Child Death Overview Panel
<b>CYPS</b>	-	Children & Young Peoples Services
<b>DBS</b>	-	Disclosure & Barring Service
<b>LAC</b>	-	Looked After Children
<b>LSCB</b>	-	Local Safeguarding Children Board
<b>MARAC</b>	-	Multi Agency risk Assessment Conference
<b>NSPCC</b>	-	National Society for the Prevention of Cruelty to Children
<b>OFSTED</b>	-	The Office for Standards in Education, Children's Services & Skills
<b>RDASH</b>	-	Rotherham, Doncaster & South Humber Foundation Trust
<b>RLSCB</b>	-	Rotherham Local Safeguarding Children Board
<b>SCR</b>	-	Serious Case Review