



# Rutland County Council

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**Meeting:** CHILDREN AND YOUNG PEOPLE SCRUTINY PANEL

**Date and Time:** Thursday, 20 September 2018 at 7.00 pm

**Venue:** COUNCIL CHAMBER, CATMOSE

**Clerk to the Panel:** Joanna Morley 01572 758271  
email: [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk)

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## A G E N D A

**1) APOLOGIES FOR ABSENCE**

**2) RECORD OF MEETING**

To confirm the record of the meeting of the Children and Young People Scrutiny Panel held on 21 June 2018 (previously circulated).

**3) DECLARATIONS OF INTEREST**

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

**4) PETITIONS, DEPUTATIONS AND QUESTIONS**

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

**5) QUESTIONS WITH NOTICE FROM MEMBERS**

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rules No 219 and No. 219A.

**6) NOTICES OF MOTION FROM MEMBERS**

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 220.

**7) CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISION IN RELATION TO CALL IN OF A DECISION**

To consider any matter referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

**SCRUTINY**

Scrutiny provides the appropriate mechanism and forum for members to ask any questions which relate to this Scrutiny Panel's remit and items on this Agenda.

**8) CHILDCARE SUFFICIENCY ASSESSMENT 2018 20 min**

To receive Report No.155/2018 from the Strategic Director for People.  
(Pages 5 - 30)

**9) LEICESTERSHIRE & RUTLAND LOCAL SAFEGUARDING CHILDREN BOARD: ANNUAL REPORT 20 min**

To receive Report No. 162/2018 from Simon Westwood, Independent Chairman of the Leicestershire and Rutland Local Safeguarding Children Board.  
(Pages 31 - 76)

**10) DRAFT JOINT STRATEGIC NEEDS ASSESSMENT 20 min**

To receive Report No.164/2018 from Mike Sandys, the Director of Public Health.  
(Pages 77 - 162)

**11) POST 16 EDUCATION**

**40 min**

To receive Report No.163/2018 from the Strategic Director for People and a presentation from Gill Curtis, Head of Learning and Skills  
(Pages 163 - 174)

**ITEMS FOR INFORMATION ONLY**

The following item is for information only and will not be discussed in the meeting.

**12) Q1 FINANCE MANAGEMENT REPORT**

To receive Report No.135/2018 from the Strategic Director for Resources.

*(Report circulated under separate cover)*

**13) REVIEW OF FORWARD PLAN AND ANNUAL WORK PLAN 2018-2019**

To consider the current Forward Plan and identify any relevant items for inclusion in the Children's and Young People Scrutiny Panel annual work plan or to request further information.

*Copies of the Forward Plan will be available at the meeting.*

**14) ANY OTHER URGENT BUSINESS**

To receive any other items of urgent business which have been previously notified to the person presiding

**15) DATE AND PREVIEW OF NEXT MEETING**

Thursday 22 November 2018 at 7 pm.

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**TO: ELECTED MEMBERS OF THE CHILDREN AND YOUNG PEOPLE SCRUTINY PANEL**

Ms R Burkitt (Chairman)

Mr I Arnold

Mr K Bool

Mr M Oxley

Mr E Baines

Mr A Lowe

Vacancy

**TO: CO-OPTED MEMBERS OF THE CHILDREN AND YOUNG PEOPLE SCRUTINY PANEL**

Mr A Menzies

Mrs L Youngman

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## SCRUTINY PANEL

20th September 2018

### RUTLAND COUNTY COUNCIL CHILDCARE SUFFICIENCY ASSESSMENT REPORT 2017 - 2018

#### Report of the Director for People

Strategic Aim:	Creating a brighter future for all	
Exempt Information	No.	
Cabinet Member(s) Responsible:	Cllr D Wilby, Portfolio Holder for Education	
Contact Officer(s):	Gill Curtis Head of Learning and Skills	email: <a href="mailto:gcurtis@rutland.gov.uk">gcurtis@rutland.gov.uk</a> Telephone: 01572 758460
Ward Councillors	N/A	

#### DECISION RECOMMENDATIONS

It is recommended that the Panel:

1. Notes the priorities for maintaining childcare sufficiency in Rutland as identified in the Childcare Sufficiency Action Plan (Appendix A).
2. Provides feedback on actions planned by the Learning and Skills Service to maintain capacity within the childcare system.

#### 1. PURPOSE OF THE REPORT

- 1.1. This report aims to provide the Children and Young People’s Scrutiny Panel with assurance that there is currently sufficient childcare to meet the requirements of parents and carers and that the Learning and Skills Service is undertaking a range of planned activities to manage the market and maintain sufficient capacity within the system.
- 1.2. All Local Authorities have a statutory duty under the Childcare Act 2006 to complete an annual report which assesses the sufficiency of childcare in the local authority area and identifies gaps in provision. The assessment must also consider whether sufficient childcare is available to meet the needs of disabled children. This assessment must be published on the County Council website

## **2. BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1. The Childcare Act 2006 gives local authorities a key role in shaping the childcare market in their area. Working with providers from private, voluntary, independent childcare sectors, academies and local authority maintained schools, the local authority aims to create a strong, sustainable and diverse childcare market that meets the needs of Rutland parents and carers.
- 2.2. Rutland County Council evaluates available childcare spaces through completion of the Annual Childcare Sufficiency Assessment which reflects the DfE Early Education and Childcare statutory guidance for local authorities September 2014. Updated guidance, which takes account of the Childcare Act 2016, was released in March 2017 and came in to effect from September 2017; this informs Rutland's Annual Childcare Sufficiency Assessment.
- 2.3. Rutland Childcare Sufficiency Assessment 2017-18 is based on information gathered and evaluated by Rutland County Council's Early Years' Service from September 2017 – March 2018. All relevant data is used to compile the report and inform recommendations in relation to the sufficiency of early years and childcare provision in Rutland and informs the Childcare Sufficiency Action Plan 2018-19
- 2.4. Whilst the Childcare Act 2006 requires local authorities to ensure there is sufficient childcare to meet the needs of parents who require childcare, in Rutland the focus is not just about childcare sufficiency but also aims to:
  - make sure this childcare is accessible and affordable so that parents have the opportunity to take up or remain in work or to undertake education or training to obtain work.
  - make sure it is of consistently good quality so that it benefits the child and contributes to the child's readiness for school
- 2.5. When considering capacity and sufficiency of childcare, it is important to separate early education and childcare for under 5's from childcare provided either as 'wrap-around' or 'out-of-school/ holiday care'. Wrap-around care refers to childcare that is offered in addition to the school day and may consist of before or after-school clubs or holiday clubs; this may be offered regularly throughout the year or as sessions focused on a specific area such as a summer holiday sports event.

### **Early Years Childcare**

- 2.6. As an outcome of the Childcare Assessment, it has been identified that, at the time of the assessment, there was sufficient Early Years childcare. However, it must be noted that the majority of parents and carers identified themselves as from the Oakham area. It is recognised that this does not offer a sufficiently robust evaluation of parental views of availability and therefore the Learning and Skills Service will undertake a more pro-active approach to gathering parental views. This will include arranging with early years settings and schools out of the Oakham area to hold face to face discussions with parents to gather views.

Additionally, opportunities will be explored with larger businesses, including Rutland County Council, to increase the response from working parents.

- 2.7. The introduction of the 30 Hour Extended Entitlement (30HEE) September 2017 has not identified the need for additional childcare places. This is because a majority of the children accessing the 30 HEE were already accessing nursery provision. At 14<sup>th</sup> September 2017 (2 weeks in to the new arrangements) there had been 177 successful parent applications for the Extended Entitlement; at a similar point in 2018 the number of successful applications has risen slightly to 191.
- 2.8. The Early Years Provider Hub software, Open Objects, has been available to the Early Years' Service since the autumn and provides a process to accurately allocate funding. The release of a new module (August 2018) within Open Objects will enable the Early Years' Service to maintain a more up to date picture of sufficiency across Rutland in real time, and enable a more responsive approach to any potential pressures.
- 2.9. It is recognised nationally that the introduction of the 30HEE has the potential to reduce income for childcare providers because, prior to this being introduced, parents were often being charged at a higher rate than is received through the government funding.
- 2.10. The Learning and Skills Service is working with Early Year providers within a Schools Forum sub-group working party to support the viability of provision across Rutland. The group aims to identify ways to deliver cost efficiencies and explore options for increasing income. Additionally, Rutland County Council Economic Development Team is supporting early education businesses in identifying additional funding opportunities such as government backed small business loans or grants where these would be appropriate.
- 2.11. Two new early years provisions are due to open this autumn. The development of a robust business proposal, which identifies financial sustainability of provision as well as high quality early education, has been key within the activity in determining suitable providers.

#### **Wraparound and Holiday Childcare:**

- 2.12. The Learning and Skills Service has gathered information outlining wraparound and holiday childcare provision across Rutland. As an outcome of revised methodology, a more systematic approach to gathering information on the wraparound care available has been developed. Information, particularly related to holiday childcare, is now regularly updated on the Rutland Information Service (RIS) website.
- 2.13. Plans to address issues or concerns identified through the Childcare Sufficiency Assessment are included in the Action Plans within the Report. Additionally, a

focused programme is currently being developed by the Learning and Skills Service to further extend childcare options across Rutland which will commence within the coming financial year. The intention is for high quality wraparound and holiday care to be available to meet parental need with the intention to expand availability across Rutland.

### **3. CONSULTATION**

- 3.1. Consultation is undertaken annually through the Parental Childcare Assessment Survey.

### **4. ALTERNATIVE OPTIONS**

- 4.1. The childcare assessment is a statutory requirement and therefore if it was not undertaken the Council would not be undertaking its statutory functions and could be open to legal challenge.

### **5. FINANCIAL IMPLICATIONS**

- 5.1. The Childcare Sufficiency Assessment and subsequent planned actions are included within the annual Learning and Skills budget; there are no further financial implications anticipated.

### **6. LEGAL AND GOVERNANCE CONSIDERATIONS**

- 6.1 The Childcare Act 2006 places specific duties on the local authority to secure sufficient childcare and to carry out a Childcare Sufficiency Assessment.
- 6.2 Failure to secure any shortfall in childcare provision highlighted by the CSA would render the Council liable to a challenge that it was not meeting its statutory duties under the Childcare Act 2006.

### **7. EQUALITY IMPACT ASSESSMENT**

- 7.1. An Equality Impact Assessment (EqIA) has not been completed.

### **8. COMMUNITY SAFETY IMPLICATIONS**

- 8.1. No community safety implications have been identified through the Childcare Sufficiency Assessment

### **9. HEALTH AND WELLBEING IMPLICATIONS**

- 9.1. Rutland County Council has a statutory duty under the Childcare Act 2006 to secure 'as far as is reasonably practicable' sufficient childcare to meet the requirements of working parents/carers, or parents/carers undertaking education or training that will lead to work.



## **10. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 10.1. Under the Department for Education's (DFE) '*Early Education and Childcare: Statutory Guidance for Local Authorities*', local authorities should report annually to elected council members on how they are meeting their duty to secure sufficient childcare and make this report available and accessible to parents.
- 10.2. This report provides elected members with this information and identifies that, at the time of the Childcare Sufficiency Assessment being completed, there were sufficient places available. Routine assessment and reviews will continue be undertaken by the Learning and Skills Service to ensure sufficiency is maintained and, should a potential pressure be identified, positive action will be taken with existing and potential providers to minimise the impact on parents and carers.

## **11. BACKGROUND PAPERS**

- 11.1. There are no additional background papers to the report

## **12. APPENDICES**

- 12.1. Appendix A – Rutland County Council Childcare Sufficiency Assessment Report 2017 - 2018

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

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# Annual Childcare Sufficiency Assessment Report

2017 - 2018



# Annual Childcare Sufficiency Assessment Report

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- 7** Conclusion
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Please note any reference to ‘parents’ in this report reflects parents, carers or those with parental responsibility for children.



**1**

# Rationale for the Childcare Sufficiency Assessment



Rutland County Council is required by law to report annually to Elected Council Members on how they are meeting their duty to secure sufficient childcare, and to make this report available and accessible to parents, under the Childcare Act 2006.

Having sufficient childcare means that families are “as far as is reasonably practicable” able to find childcare that meets their child’s early education and welfare needs and enables parents to make a real choice about work or training that may lead to paid employment.

An assessment of sufficiency has been made through review of information gathered which includes the reported need for childcare and the amount of childcare available. This includes feedback from early years’ providers, parents and local businesses. Assessment of childcare sufficiency is used to develop a Local Authority strategic action plan to be implemented 2018-19, and to direct actions taken by the Learning and Skills Service to support and develop the local childcare economy in partnership with current and potential early education and childcare providers.

The data is based on evidence gathered during the period from September 2017 – May 2018 and, more specifically, through the Childcare Sufficiency Survey undertaken in April and May 2018.

## Objectives:

To identify any childcare gaps that may exist in sufficiency in our area and consider how these gaps may be closed in the future.

We will look at the following categories of Childcare in Rutland:

- Early Years Childcare for non-funded children
- Funded Education for 2 year olds
- Universal funded education for 3 and 4 year olds
- The 30 Hour Extended Entitlement for 3 and 4 year olds
- Childcare before and after school
- Childcare during school holidays
- Childcare for children with special educational needs and disabilities
- Childcare during atypical hours

## 2

## The Rutland Context – Early Education and Childcare

### The Demand for Early Years Childcare

Retrospective birth data for Rutland, which is tracked year on year when this becomes available, provides a proxy indicator of trends in potential demand for early education and childcare. The birth rate figures show a little variation over time, which reflects a relatively stable demand for childcare. However, population change through building development and military redeployment may impact on future figures. Therefore, information gathered through the annual Childcare Sufficiency Assessment, alongside more regular consultation with providers, offers a more responsive indicator of actual need. The Local Authority works in partnership with the MOD to identify numbers of children moving into and out of Rutland to ensure childcare sufficiency needs are identified and addressed early.

Retrospective Live Birth Data 2008-2017			
Calendar Year	Actual Birth Data	% Difference year on year	Reception Class Cohort
2008	341	3.3	373
2009	333	-2.3	395
2010	307	-7.8	407
2011	291	-5.2	377
2012	314	7.9	386
2013	318	1.3	408
2014	291	-8.5	396
2015	335	15.1	412
2016	339	1.2	431
2017	326	-3.8	414

There was a slight decrease in the number of live births recorded in Rutland 2017. The number of children educated in Rutland continues to remain higher when compare to the actual birth data.

### Availability of Early Year Provision

Early education and childcare in Rutland is provided by a large number of different providers which includes state-funded and independent schools, private day nurseries, pre-schools and childminders. This provision is registered and regulated by Ofsted.

Since the 2016-17 CSA report, three Early Years settings have closed with a fourth provider due to close at the end of this academic year.

All Early Years providers offer inclusive practice to meet the needs of children with special educational needs and disabilities (SEND) and currently provide Early Years Childcare for 41 children with SEND with 10 children attending the state-funded special nursery school in Oakham. Additional advice and support to meet the needs of all children is offered by the Local Authority Early Years Inclusion Team, Visions Children's Centre, the Early Help Team and Aiming High.

## Rutland Early Years Providers



## Rutland Childminders



Type of Provision	Number	Number of places available
Private and Voluntary Early Years Provision	15	627
Nurseries	4	96
Nursery - Independent School	1	24
Nursery - Special School	1	10
Childminders registered with Ofsted	21	126
Childminders registered with *REYAL	8	48
<b>Total number of registered childcare places</b>		<b>931</b>

\*Rutland Early Years Agency Limited (REYAL) is registered with Ofsted and works in partnership with Rutland County Council Early Years' Service to help recruit and support childminders in Rutland.

A childcare place describes the number of children that can attend the provision at any one time. However, each place may be utilised by numerous children during the day. For example one place could be accessed by up to 4 children therefore creating 4 sessions from a single place.

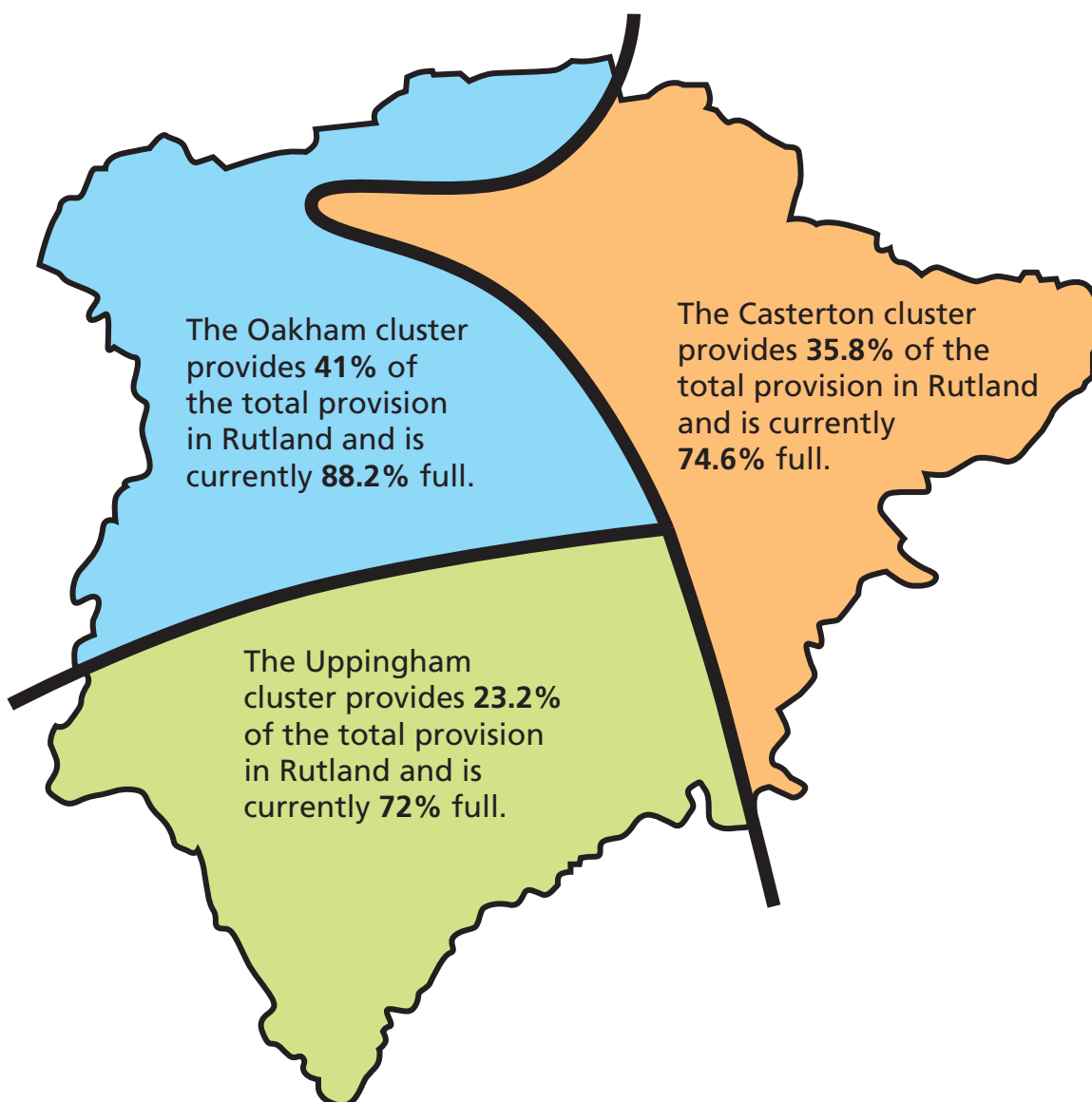
### The Early Years Census 2018 identified:

- The '2 Year Old Entitlement' for eligible 2 year olds was claimed for a total of 40 children, an increase of 12 children from 2017, 69% of those meeting the eligibility criteria.
- The Universal Entitlement for 3 and 4 year olds of 15 hour of Early Education and Childcare was claimed for 760 children, a 102% take up due to out of county parents choosing Rutland for their child's early education.
- The 30 Hour Extended Entitlement supporting working parents was claimed by 280 children.

## Occupancy of Early Years Childcare Places

During May 2018 a thorough assessment of the occupancy of childcare places in the early years' sector was undertaken, with the conclusion that the overall percentage of occupancy across Rutland was 79.8% leaving 20.2% sufficiency. This is a slight reduction from 2017 where the surplus capacity was 23%.

To further support more targeted understanding of potential pressure areas, the Learning and Skills Service considered the specific geographical cluster groups of Oakham, Uppingham and Casterton, which reflects the methodology for school pupil place planning.



The 30 Hour Extended Entitlement has not resulted in the anticipated pressure on childcare places which indicates that a majority of the children now accessing the 30 Hour Extended Entitlement were already accessing nursery provision but this had been paid for by their parents and verified by Early Years providers.



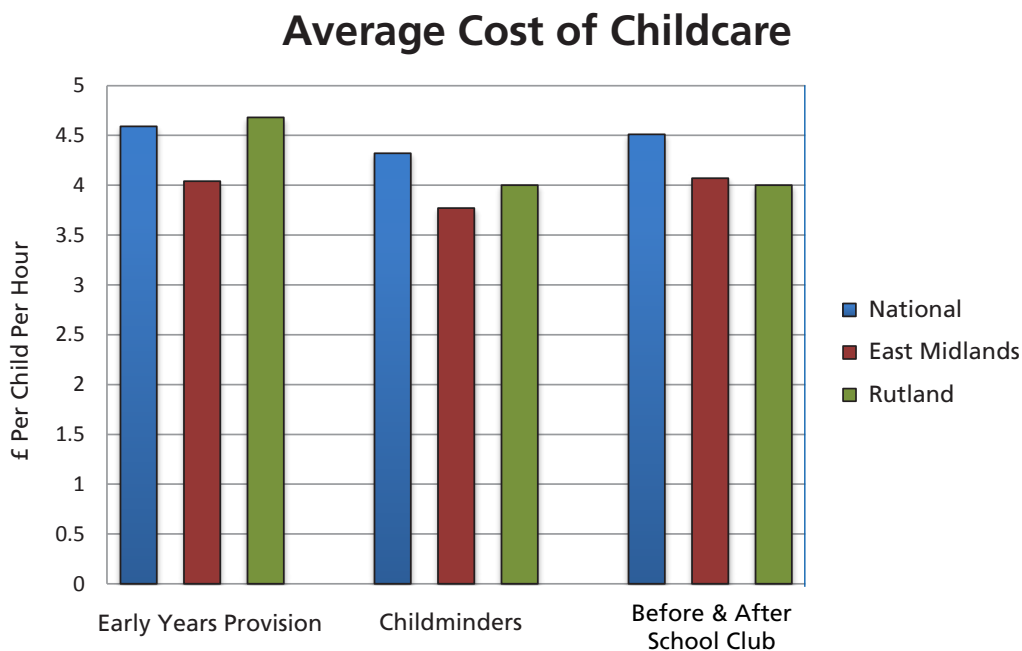
The School Admissions Code allows parents of summer born children (born between 1 April and 31 August) to request that their child is admitted out of their normal age group. In the academic year 2017 only four parents opted to defer entry of their children into primary school; this number will not have an impact on childcare sufficiency.

One Early Years' setting closed during this academic year citing government cuts to funding as a key contributor. This was followed up by the Local Authority and can confirm all children access alternative provision. The financial viability of Rutland Early Years' provision will continue to be monitored over the next year, with the Local Authority offering guidance and advice where this is requested by providers.

## Affordability of Early Year Provision

### Average Costs to Parents

The average cost to parents for a childcare place in an Early Years setting in Rutland is currently reported as £4.68 per hour which is an increase from £4.44 in 2017. The average cost of a childcare place with a childminder is £4 per hour which remains at the same level as reported in 2017.



The Department for Education introduced a new Early Years National Funding Formula in April 2017 which has had an impact for Providers accessing government funding and resulted in a financial cut over the past two years from £4.60 per child per hour to £4.40 in April 2017 and then to £4.25 from April 2018. However, Rutland County Council is still paying their providers at a competitive rate when compared with other Local Authorities in the East Midlands.

The Local Authority must monitor the financial viability of settings and work with providers to ensure the statutory duty of 'securing sufficient childcare' to meet the needs of parents who meet the eligibility criteria for Early Education of two, three and four year olds' is fulfilled. Schools Forum has set up an active working party with the remit to develop a solutions-focused approach to supporting Early Years providers to deliver cost efficiencies as well as considering activities to support income generation. The Early Years' Service is contributing to this activity by providing information, advice and guidance.

## Available Early Education Funding to Parents

### Two Year Old Entitlement

The 2 year old entitlement of free Early Education is not a 'Universal' offer and is only accessed by meeting national eligibility criteria to support disadvantaged children across the county. Children can benefit from this funding until the term after their third birthday. Then like all children, they become eligible for the universal free entitlement for three and four year olds.

Children accessing the 2 year old entitlement are able to access a total of 570 hours per year.

Rutland County Council currently receives funding for 35 children from the Department for Education and pays providers £5.20 per hour. In the summer term 2017 a total of 41 children accessed this entitlement. This number varies from term to term.

Parents who think they might be entitled to 2 year old funding are directed to Visions Children's Centre for more information.



### Three and Four Year Old Universal Entitlement

All three and four year olds can access 15 hours of Early Education for 38 weeks of the year or 11.2 hours over 51 weeks of the year (570 hours per year), until they reach compulsory school age, the term following their fifth birthday. This is currently paid at £4.25 per hour in Rutland.

### Three and Four Year Olds of Working Parents

A child will be entitled to the additional 15 hours per week (giving a total of 1140 hours per year) if the child's parents work and they are able to provide evidence of their eligibility to Her Majesty's Revenue and Customs (HMRC). This can be accessed over 30 hours per week for 38 weeks of the year or 22.4 hours for 51 weeks of the year. This is also paid at £4.25 per hour.

## 3 The Rutland Context – Wraparound and Holiday Childcare

### Availability of Wraparound and Holiday Childcare

Wraparound childcare is childcare that is provided outside of normal school hours, such as Breakfast clubs or After School childcare. 'Holiday childcare' is childcare that is provided during school holidays. The Private, Voluntary and Independent (PVI) sector supports several schools by facilitating wraparound clubs and holiday childcare. Most providers are registered with Ofsted but providers may be exempt from Ofsted registration if sessions operate for less than two hours per day.

The Early Years' Service has gathered information outlining wraparound and holiday childcare provision available across the county and this information is regularly updated on the Rutland Information Service (RIS) website so that parents can remain well-informed. Some parents require atypical childcare and the Local Authority is currently working in partnership with Early Years' providers to explore options for addressing this requirement.

Parents have not reported finding Before or After School childcare to be an issue. However, the cost of before and after school childcare was raised as an issue, by a small proportion of parents responding to the survey, although the cost of this type of childcare, in Rutland, is lower when compared both regionally and nationally.

Seven providers are currently actively involved in facilitating holiday clubs across Rutland although it is important to note some holiday activities are limited to identified dates and not always delivered for the whole school holiday period.



## The Number of Providers Offering Childcare for School Age Children:

Type of Provision	Number of Providers	Available before 8am weekdays	Available up to 6pm weekdays	Available weekends
Breakfast Club – Primary School	18	13	n/a	n/a
After-school club – primary schools	18	n/a	14	n/a
Breakfast Club – Secondary School	4	4	n/a	n/a
Nursery - Special School	1	10		
After-school club – Secondary schools	4	n/a	3	n/a
Childminders	30	Childminders tend to operate between the hours of 7:30 – 18:30 and offer a flexible service.		1
Holiday Club	7	7	7	n/a

## Cost of Wraparound and Holiday Childcare

The average costs for Before and After School childcare is £4.00 and has remained the same as in 2017. This is usually paid directly to the provider by the parent. Holiday childcare ranges between £23.00 and £28.00 per child per day. Tax free childcare and vouchers can be used to subsidise childcare fees.



## 4 The Quality of Childcare in Rutland

### Quality of Childcare

Rutland County Council's ambition for all children and young people to be educated in good or better provision and starts with our Early Years' providers.

The quality of Early Years provision in Rutland is registered, regulated and judged, by Ofsted. At the time of the Childcare Sufficiency Assessment 2017-18 100% of Rutland Early Years settings are rated as 'Good' or 'Outstanding' by Ofsted, and Rutland has the highest percentage of 'Good' and 'Outstanding' Early Years settings in the East Midlands. This is reflected in consistently high outcomes measured at the end of the Early Years Foundation Stage (EYFS).

	2015 *GLD	2016 GLD	2017 GLD
Rutland	75%	72%	76%
England	66%	69%	70%
East Midlands	64%	68%	69%

\*A Good Level of Development (GLD) is when a child achieves at least the expected level in the early learning goals across the prime areas of learning and development (personal, social and emotional development; physical development; and communication and language) and Literacy and Mathematics are specific areas of learning and development.

All Rutland childminders both registered with Ofsted and with the Rutland Childminding Agency, who have received an inspection, are currently graded as 'Good' or 'Outstanding'.

Similarly, Before and After School and Holiday Childcare that has been inspected by Ofsted has all received an outcome of 'Good'.

### Maintaining High Quality Provision

The Local Authority works closely with Ofsted via weekly communication and regular 'Keeping in Touch' meetings. This provides a robust partnership approach to reviewing themes from inspection outcomes and identifying shared areas of concern as well as celebrating successes and good practice.

Rutland County Council offers a comprehensive package of support to existing and prospective Early Years childcare providers.

Current support offered includes:-

- Initial support visits to new practitioners
- Early Years network meetings
- Early Years Foundation Stage visits by Early Years' Service to all settings
- Early Years Managers' training day, including safeguarding.
- Early Years training programme
- Email and telephone support

To ensure the continued sufficiency of high quality early years and childcare provision in 2018-19, Rutland County Council will continue to develop and improve:

- the completion of routine visits to all Early Years providers, offering advice and support and challenge, guided through regular liaison with the Regional Early Years Ofsted team
- the regular review of provision, as identified within the Learning and Skills Prioritisation and Entitlement document, to identify provision which is vulnerable to failure in the delivery of high expected outcomes for Rutland children
- the proactive approach to offering, brokering or commissioning high quality and timely training and support to enable providers to remain well-informed and meet their education and welfare requirements.

## 5 Parental Views of Childcare in Rutland

### Gathering Parental Views

Rutland County Council consulted with families during March 2018 through the Childcare Sufficiency Assessment Survey, which was completed by 118 parents. This was slightly lower than in 2017 (130 responses) despite the survey being more widely publicised than in previous years. Opportunities for parental engagement will be considered within future survey distribution and consultation activities.

Currently 40 children identified with Special Educational Needs or a disability (SEND) attend an Early Years provision in Rutland 2.3%. However, a high proportion of parents responding to the survey (11.4%) have a child with SEND.

A high number of parents responding to the survey 63.89% are registered with Visions Children's Centre and 65.5% of the total parents responding access Early Years Funding.

### Key Survey Findings

**76%**

of respondents identified themselves as living in the Oakham area, this needs to be taken into consideration when drawing conclusions about outcomes from this survey.

**50%**

of parents responding use a Private Day Nursery or Pre-School provision for their child under the age of 5, with 59.82% of the 50% accessing provision in the Oakham area.

**63.5%**

of parents indicated that the prime purpose for using childcare was to enable them to meet their employment needs.

There were a number of reasons why parents choose their provider; the following three in order of significance being:

- Meets the needs of my child
- Reputation of provider
- Location

The Response was almost equally divided between parents accessing childcare during term time and over the whole year.

71% of parents accessing the 30 hour entitlement reported that they have not changed their pattern of working hours since the introduction of the policy in September 2017. 28.7% of parents have identified that the additional hours have provided an opportunity to study or train for employment.

## Conclusion

Of parents responding to the survey 99.1% of parents access childcare between the hours of 6am and 8pm, with 92.4% of parents confirming that the times currently offered meet their needs.

73.3% parents stated that current childcare provision meets their needs, this is an increase of 24.3% from the 2017 CSA assessment.

Where the feedback was less positive, this was largely due to providers working limited hours and particularly for parents working atypical hours.

56.73% of parents said that a lack of Before and After School and holiday childcare was not a barrier to them seeking employment. However, some significant comments were made by individual parents who indicate that holiday childcare could impact on their future employment opportunities. Comments also indicate that a lack of Holiday provision is a concern for some working parents.

Developing a more flexible approach to opening times will be a priority for the Learning and Skills Service for 2018-19.

63.4% expressed that they have not experienced difficulty in accessing provision to meet their child's needs. However, it is noted that parents of children with specific individual needs often find it more challenging to find suitable childcare.

55.5% of parents have identified they have benefitted financially from accessing the Early Education and Extended Entitlement.

Parents paying for childcare (42.1%) have indicated that the cost can be a barrier to accessing all the childcare they require. However, only 31.3% of respondents have opened a 'Tax Free Childcare' Account. This will be continually promoted by the Local Authority. This initiative helps reduce childcare costs to any provider registered with Ofsted and could help to address some of the financial issues identified in this survey.

## 6 Local Business View of Childcare

### Consultation with Businesses

To understand the childcare needs of shift workers and those with unusual working patterns the Local Authority contacted a sample of Rutland's small, medium and large businesses. One to one conversations with proprietors of small businesses highlighted the need for more atypical childcare.

### Key Comments from Larger Businesses

Many of the larger businesses who took part in the survey, made similar comments to last year, indicated that they offer family friendly flexible working wherever possible and identified that to cover all eventualities such as ill health or holiday care, parents often have backup childcare support in place.

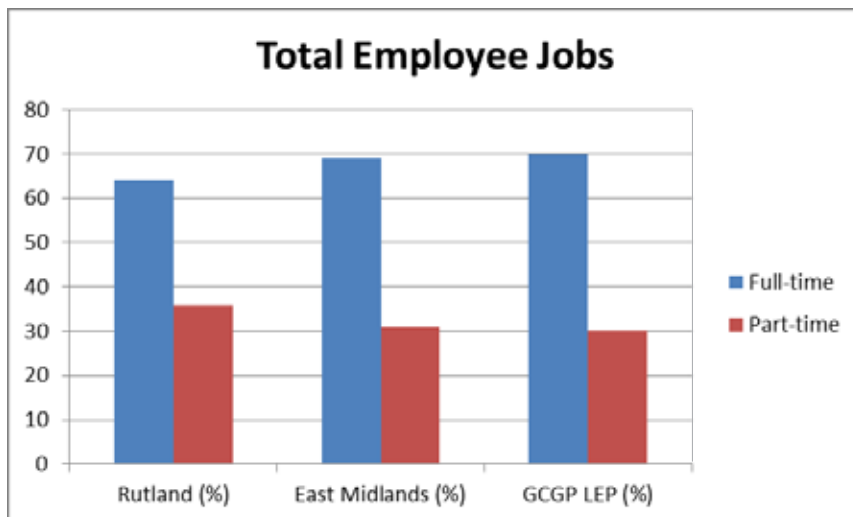
### Key Comments from Small and Medium Sized Businesses

85% of Rutland businesses are categorised as 'micro' businesses this means that the business operate on a very small scale and the employees comprise of no more than ten employees. 14% of such businesses expressed difficulty in accessing childcare beyond the typical working hours of 8am to 6pm on weekdays and lack of Holiday childcare to meet their individual needs.

### Conclusion

The requirement for atypical and holiday childcare was highlighted as an issue for a small number of micro businesses, though not identified as a problem for larger businesses. Promotion of the Rutland Information Service website should help to address some individual childcare needs by informing parents of available childcare provision.

### Rutland Key Statistical Data



(GCGP LEP : Greater Cambridge, Greater Peterborough Local Enterprise Partnership )

Rutland has a high proportion of part-time employees and therefore it is essential that childcare sufficiency is closely monitored to ensure the needs of both full and part time working parents is met.



## Conclusion

Rutland County Council has met the childcare sufficiency duty in 2017-18 by:

- Ensuring there is sufficient Early Years and Childcare provision across the county. Using information that has been collated through direct contact with providers, the invitation for parental response and views of the Rutland Business sector.
- Ensuring that there is access to high quality Early Education and Childcare provision for all children including those children accessing Early Entitlement funding for two, three and four year olds.
- Ensuring there is sufficient Early Education and Childcare provision for children from families taking up the childcare element of the working tax credit, children with additional needs, school-aged children and children needing care through school holidays.

Rutland County Council has supported and promoted the 30 Hour Extended Entitlement which has resulted in a higher than anticipated proportion of parents accessing additional paid-for hours. The Department for Education had anticipated that 185.6 children would access the 30 Hour Extended Entitlement. However, in the January census 259 children were accessing the additional hours. Parents have been encouraged to open a Tax-Free childcare account but there has been lower than anticipated take up; the Learning and Skills Service will continue to work with providers to support the promotion of this Policy to help with childcare costs.

HMRC and the DfE have acknowledged the difficult challenges that parents have faced in registering for both entitlements. Some parents responding to the parental survey highlighted their difficulties in registering and time delays in accessing their entitlements.

Through routine monitoring, the Early Years service will continue to carefully assess the childcare provision available and to work with Early Years providers and REYAL to promote further childcare and childminder facilities as required.

The recommendations listed below from the 2016-17 Childcare Sufficiency Action plan have been completed (Appendix 2).

- Continue to market and promote the free education entitlement for two, three and four year olds to ensure parents are accessing the high quality provision to which they are entitled.
- To further explore the quality, availability and reach of wrap-around and holiday provision to meet the needs of Rutland families.
- Continue to monitor childcare sufficiency data through the implementation of the new Open Objects System to support the introduction of the 30 Hour Extended Entitlement.
- If childcare quality and sufficiency concerns are identified this is followed by a comprehensive approach to planning for additional provision to meet the needs of all Rutland children and their families.

### Our priorities for the next year are to:

- Secure additional childcare places across rutland to offer greater accessibility for parents.
- Extend availability of childcare to greater meet parental demand.
- To support rutland childcare providers to remain financially viable.

## 8 APPENDIX 1

### Rutland Early Years' Service Childcare Sufficiency and Early Education Action Plan 2018-19

**Aim:** To ensure sufficient, high quality Early Education, Out of school and Holiday childcare places are available to meet the needs of all Rutland children and families.

**Outcome:** Parents are able to access childcare provision that is available, accessible and affordable and delivered flexibly in a range of high quality settings

1. SECURE ADDITIONAL CHILDCARE PLACES ACROSS RUTLAND TO OFFER GREATER ACCESSABILITY FOR PARENTS			
Target	Actions	Responsibility	Timescale
Childcare provision secured at Kendrew Barracks, Cottesmore and Oakham Enterprise Park	<ul style="list-style-type: none"> <li>Identify and register provider for each location</li> <li>Engage with identified provider and support them to become fully operational and deliver early entitlement places and the EYFS</li> </ul>	<b>Sally Hickman</b> Early Years Adviser	March 2018 - December 2018
Additional childcare provision in the Uppingham area to increase parental choice	<ul style="list-style-type: none"> <li>Identify and register provider in the Uppingham area</li> <li>Engage with identified provider and support them to become fully operational and deliver early entitlement places and the EYFS</li> </ul>	<b>Karen Bland</b> Childcare and children's Centre Officer	June 2018 - January 2019
2. EXTEND AVAILABILITY OF CHILDCARE TO GREATER MEET PARENTAL DEMAND			
Target	Actions	Responsibility	Timescale
To increase the number of all-year round childcare providers from 5.	<ul style="list-style-type: none"> <li>Create a bank of highly skilled and experienced early years practitioners</li> </ul>	<b>Karen Bland</b> Childcare and children's Centre Officer	March 2018 - December 2018
Extending opening hours and weeks	<ul style="list-style-type: none"> <li>To extend bank practitioners to cover holiday provision</li> </ul>	<b>Sally Hickman</b> Early Years Adviser	December 2018 - July 2019
3. TO SUPPORT RUTLAND CHILDCARE PROVIDERS TO REMAIN FINANCIALLY VIABLE			
Target	Actions	Responsibility	Timescale
Ensure all Childcare Providers continue to operate and remain financially viable	<ul style="list-style-type: none"> <li>Support the financial viability of Businesses through access to Rutland County Council's Economic Development Team</li> <li>Continue to work with School Forum Early Years Working Party to monitor current provision and to engage with a collaborative approach to sustainability and viability</li> </ul>	<b>Sally Hickman</b> Early Years Adviser	April 2018 - April 2019

## Rutland Early Years' Service Childcare Sufficiency and Early Education Action Plan 2017–18 COMPLETED

**Aim:** To ensure sufficient, high quality early education and childcare and wraparound and holiday care places are available to meet the needs all Rutland children and their families.

**Outcome:** Parents and carers report that, because childcare places are available, accessible and affordable and delivered flexibly in a range of high quality settings, it is sufficient to meet needs so that they are able to study or work.

1. MAINTAIN SUFFICIENCY OF EARLY EDUCATION AND CHILDCARE ACROSS RUTLAND				
Target	Actions	Responsibility	Timescale	Completed and evaluated
<p>Systematic processes for childcare sufficiency data collection, to include information to ensure sufficiency for the 30 Hour Extended Entitlement, are implemented</p> <p>ensuring accurate data is readily available</p> <ul style="list-style-type: none"> <li>sufficiency of provision ensured</li> </ul> <p>27</p>	<ul style="list-style-type: none"> <li>Organise programme of training and guidance for LA staff and early years providers to ensure confident use of Open Objects</li> <li>Calculate the number of additional hours accessed by eligible 30 hour entitled children following the headcount data collection process</li> </ul>	<p>Early Years adviser, Childcare officer</p> <p>Early education and childcare co-ordinator</p>	<p>September 2017</p> <p>Autumn 2017</p> <p>Spring 2018</p> <p>Summer 2018</p>	<p>All providers using Open Objects; successful training provided. Phone support continues to be available to all providers Update on hours accessed available</p>
<p>The Open Objects System is implemented and monitoring in place to ensure it is providing an effective data resource and evaluation tool for 30HEE so that the system</p> <ul style="list-style-type: none"> <li>meets the needs of both the LA and all Early Years providers</li> <li>supports the effective allocation and audit of the Early Years funding</li> </ul>	<ul style="list-style-type: none"> <li>Organise promotional materials to ensure all Early Years providers sign up to and use Open objects</li> <li>Continue to market and promote the free education for two, three and four-year olds to ensure parents/carers are accessing the high quality provision to which they are entitled</li> </ul>	<p>Early education and childcare co-ordinator</p> <p>Early Years adviser, Childcare officer</p>	<p>January - March 2018</p> <p>On-going</p>	<p>100% providers using Open Objects Market and promotion includes Rutland Information Service website</p>
<p>A comprehensive approach to support the generation of additional provision to meet the requirements of all Rutland children and their families is planned with stakeholders and providers and implemented in a timely manner</p>	<ul style="list-style-type: none"> <li>Monitor take up of places using Open Objects three times annually.</li> <li>Confirm and evaluate information collected above to assess overall sufficiency to report to elected members annually.</li> <li>Work with LA officers and childcare representatives to explore and develop processes to support viability of existing providers and increase the number of new providers within Rutland</li> </ul>	<p>Early Years Adviser and Childcare officer</p> <p>Early Years Adviser and Childcare officer</p> <p>Early Years Adviser and Childcare officer</p>	<p>September 2017- May 2018</p> <p>September 2017- May 2018</p> <p>September 2017 – April 2019</p>	<p>Delay in accessing Open Objects due to system becoming operational overcome successfully; fully functioning Spring 2018. Schools Forum EYFS working party established to support viability of provision</p>

## 2. ASSURE QUALITY OF EARLY EDUCATION AND CHILDCARE

Target	Actions	Responsibility	Timescale	Completed and evaluated
Sufficiency of good or better quality	<ul style="list-style-type: none"> <li>Monitor Ofsted inspection outcomes and identify:               <ul style="list-style-type: none"> <li>Strengths; work with Providers to provide opportunities for sharing good practice</li> <li>Areas for improvement: offer support and guidance to bring about rapid improvement. Monitor for evidence of sustained impact</li> </ul> </li> <li>Routinely complete the Early Years priority assessment process to identify any issues relating to quality or sufficiency; implement appropriate actions to address identified issues</li> <li>Develop a cohesive programme of training and guidance for all pre-school childcare providers, focusing on high quality early education, safeguarding and meeting the needs of all young children in preparation for readiness for school</li> </ul>	<p>Early Years adviser, Childcare officer</p> <p>Early education and childcare co-ordinator</p>	<p>2017- August 2018</p> <p>3 times per year</p> <p>April 2018 to April 2019</p>	<p>On-going support provided. Challenge where provision less than good. Use of Early Years practitioners in support/moderation Outdoor Project in conjunction with Early Excellence.</p> <p>Managers Day Event completed – focus on safeguarding</p> <p>Developing Childcare Project within Learning and Skills Action Plan 2018-19</p>

## 3. ENSURE SUFFICIENCY AND QUALITY OF WRAPAROUND AND HOLIDAY CHILDCARE TO MEET PARENTAL NEEDS

Target	Actions	Responsibility	Timescale	Completed and evaluated
Accurate data on wrap-around and holiday childcare maintained; information readily available to parents and carers on RCC/ Rutland Information website	<ul style="list-style-type: none"> <li>Undertake regular monitoring of provision to include providers added to and removed from register; update RCC website and link to neighbouring authority websites for parents attending provision outside Rutland.</li> <li>Develop a plan to support increased local authority partnership with wrap-around and holiday providers to include systematic audit of need and provision, updated to ensure information is current at key school holiday times; signpost through publication and website</li> <li>Confirm strategic policy in relation to monitoring of wrap-around and holiday childcare beyond LA statutory duty; potential to include increased levels of data collection, programme of provider training and support, quality assurance of provision.</li> </ul>	<p>Early Years and Childcare Co-ordinator</p> <p>Early Years officers</p> <p>Head of Learning and Skills</p>	<p>Weekly from October 2017</p> <p>December 2017 to March 2018</p>	<p>October half term February half term Currently uploading Easter Half term information on to RIS</p> <p>Cleansing of RIS site to ensure accurate provide information Contact with out of school , holiday childcare providers Ofsted links</p>

**Rutland Information Service**

[ris.rutland.gov.uk/kb5/rutland/directory/families.page?familieschannel=0](http://ris.rutland.gov.uk/kb5/rutland/directory/families.page?familieschannel=0)

**Early Years Foundation Stage**

All Early Years providers deliver the Early Years Foundation Stage (EYFS)

The Early Years Foundation Stage Profile is the statutory assessment completed at the end of the Reception year. It is hoped that the majority of children will achieve a 'Good Level of Development' (GLD) at the end of the EYFS, the results in 2017 below, show that Rutland children achieved above national and regional comparisons. Rutland GLD was the highest in the East Midlands.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/596629/EYFS\\_STATUTORY\\_FRAMEWORK\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf)

[www.gov.uk/government/publications/early-years-foundation-stage-profile](http://www.gov.uk/government/publications/early-years-foundation-stage-profile) handbook

**Ofsted**

For an explanation on the role of Ofsted, the inspection framework and a description of the Ofsted judgements please see Ofsted Early Years inspection handbook available at

[www.gov.uk/government/publications/early-years-inspection-handbook-from-september-2015](http://www.gov.uk/government/publications/early-years-inspection-handbook-from-september-2015)

**Tax Free Childcare account**

Working parents are able to open a Tax Free Childcare account, for every £8 a parent pays into their childcare account, the government will pay in an extra £2. Parents can get up to £2,000 government support per child per year towards their childcare costs. They can then use this money to pay their childcare provider, including Ofsted Registered out of school providers.

[www.gov.uk/help-with-childcare-costs/tax-free-childcare](http://www.gov.uk/help-with-childcare-costs/tax-free-childcare)

[www.childcareworks.co.uk/](http://www.childcareworks.co.uk/)





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**CHILDREN & YOUNG PEOPLE SCRUTINY PANEL**

20 September 2018

**LEICESTERSHIRE AND RUTLAND LOCAL SAFEGUARDING CHILDREN BOARD (LRLSCB) ANNUAL REPORT 2017/18**

**Report of the Independent Chair of the LRLSCB**

Strategic Aim:	This contributes to the corporate objective of ‘Creating a brighter future for all’.	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Richard Foster, Portfolio Holder for Safeguarding Children and Young People	
Contact Officer(s):	Simon Westwood, Independent Chair of the LRLSCB	Tel: 0116 305 7130 <a href="mailto:sbbo@leics.gov.uk">sbbo@leics.gov.uk</a>
	Dr Tim O’Neill, Director for People and Deputy Chief Executive	Tel: 01572 758307 <a href="mailto:toneill@rutland.gov.uk">toneill@rutland.gov.uk</a>
Ward Councillors	All	

**DECISION RECOMMENDATIONS**

That the Panel:

1. Notes the draft Annual Reports and makes any comments for amendment to be considered by the Independent Chair of the Local Safeguarding Children Board.

**1 PURPOSE OF THE REPORT**

- 1.1 The purpose of this report is to seek the views of the Panel on the draft Annual Report 2017/18 for the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB). Any comments or proposed additions and amendments will be addressed in the final report before it is presented to the LRLSCB at its meeting on 12 October 2018 and subsequently published.

**2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 The LRLSCB is a statutory body established by Section 13 of the Children Act 2004 and currently operates under statutory guidance issued in Working Together 2015. It is a requirement that the Board produce an Annual report regarding its work and report it to the Leader of the Council together with the Chief Executive of the local

authority, the Chairman of the Health and Wellbeing Board, and the Police and Crime Commissioner and the Chief Constable.

- 2.2 Under the Children and Social Work Act 2017, LSCBs are due to cease and local multi-agency safeguarding arrangements will be established in line with statutory guidance issued in Working Together 2018. Until multi-agency safeguarding arrangements are in place LSCBs will continue to function under current statutory guidance.
- 2.3 The Annual Report provides a full assessment of performance on the local approach to safeguarding children in line with the requirements of the legislation and statutory guidance.
- 2.4 The key purpose of the Annual Report is to assess the impact of the work undertaken in 2017/18 on service quality and on safeguarding outcomes for children in Leicestershire and Rutland. Specifically it evaluates performance against the priorities that were set out in the LRLSCB Business Plan for 2017/18.
- 2.5 The draft Annual Report can be found at Appendix A to this report, and includes:
- (i) A foreword from the Independent Chair;
  - (ii) A summary of the work and findings of the Board during the year;
  - (iii) An overview of the Board's governance and accountability arrangements and local context;
  - (iv) Two separate outlines of safeguarding performance, activity and outcomes for Leicestershire and Rutland;
  - (v) Analysis of performance against the key priorities in the 2017/18 Business Plan;
  - (vi) An overview of the Board's work on engagement, assurance, learning and development and training;
  - (vii) The challenges ahead including the Business Development Plan Priorities for 2018/19.
- 2.6 The key messages from the LRLSCB regarding Rutland are:
- a) Workers and agencies work well together to safeguard children in Rutland.
  - b) Capacity of workers is impacting upon their ability to attend development opportunities and put learning into practice.
  - c) Notable reductions in referrals to social care and children on child protection plans need to be further understood.
  - d) Understanding of Disclosure and Barring Service (DBS) checks and the Local Authority Designated Officer (LADO) needs to be improved within the voluntary and community sector.
  - e) Consistency of practice within agencies across a range of areas of work still requires improvement. This includes quality of assessment, recording, information sharing and hearing and responding to the voice of children.
  - f) The Board will continue to challenge and drive improvement in safeguarding of children, preparing for the changes in legislation which will require the establishment of new safeguarding arrangements by 2019 led by three statutory partners; the local authorities, the clinical commissioning groups for the area and the police.



- 2.7 The Annual Report is being presented to a range of forums including the Cabinets, Children’s Scrutiny Panels or Committees and the Health and Well-Being Boards in both local authority areas.

### **3 ORGANISATIONAL IMPLICATIONS**

- 3.1 There are no resource implications arising from this report, as this is a retrospective report. The LRLSCB operates within a budget to which partner agencies contribute.
- 3.2 Rutland County Council contributes £52,250 to the costs of the LRLSCB (of a total budget of £240,263 in 2018/19) and £8,240 to the costs of the LRSAB (of a total budget of £100,878 in 2018/19).
- 3.3 Following anticipated funding reductions and agreement with Board partners the Board budget for 2018/19 no longer includes funding for Serious Case Reviews (or Safeguarding Adults Reviews for the SAB). These are to be funded through the reserves of the Safeguarding Boards. The reserves are sufficient to cover current reviews underway. The Board has agreed that any additional costs would be covered proportionally by safeguarding partners.
- 3.4 The budget requirement for future years will be considered in the work to agree new multi-agency arrangements for safeguarding children and parallel consideration of safeguarding adults board support arrangements.

### **4 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 4.1 The Annual Report of the Leicestershire & Rutland Local Safeguarding Children Board for 2017/18 provides an assessment of the work of the partnership in improving Safeguarding of Children in Leicestershire and Rutland. The report is presented so that the Panel may provide comment on the Annual report that will be considered and addressed prior to the final report being submitted to the LRLSCB on 12 October, after which it will be published.

### **5 BACKGROUND PAPERS**

- 5.1 There are no additional background papers to the report.

### **6 APPENDICES**

- 6.1 The draft Annual Report of the LRLSCB for 2017/18 is appended. (Appendix A)

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.**

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LEICESTERSHIRE AND RUTLAND  
LOCAL SAFEGUARDING CHILDREN  
BOARD (LRLSCB)

# Annual Report

## 2017/18

### Document Status

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**First draft completed:** 21/06/2018

**Approved by Executive:**

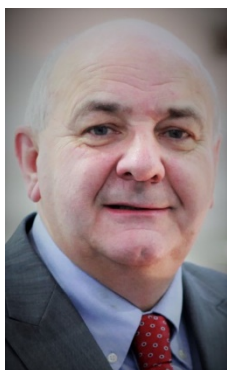
**Approved by Board:**

**Published:**

**Report Author:** Safeguarding Boards Business Office,  
Leicestershire & Rutland LSCB and SAB

**Independent Chair:** Simon Westwood

## **Foreword**



I am pleased to present the Annual Report for the Leicestershire and Rutland Local Safeguarding Children (LRLSCB) 2017/18.

The report is published at the same time as the Annual Report for the Safeguarding Adults Board. The reports include commentary on areas of cross-cutting work we have undertaken through our joint business plan.

The key purpose of the report is to assess the impact of the work we have undertaken in 2017/18 on safeguarding outcomes for children, and young people in Leicestershire and Rutland. Though the report is joint for the two areas it provides distinct findings about practice and performance in both Leicestershire and Rutland.

### **LRSCB Vision**

The Board needs to ensure that the strategic vision for safeguarding is actively promoted and communicated to all staff in partner agencies.

### **Purpose of the Safeguarding Children arrangements:**

- Promote continuous improvement through a realistic and focused business plan with a few key priorities and implementation support appropriately resourced.
- To enable and require partnerships and agencies to account for and evidence what they do that safeguards children.

### **What we want to achieve for children and young people:**

#### **Children are safe, they tell us they feel safe and know who to turn to for help and assistance**

- We want to find evidence of greater emotional resilience, self-worth/confidence in young people
- Overall, we want to see reductions in adverse childhood experiences e.g. abuse, exploitation, neglect, mental ill health, being affected by domestic abuse and substance misuse

We can never eliminate risk entirely. We need to be as confident as we can be that every child and vulnerable adult, are supported to live in safety, free from abuse and neglect. The Board is assured that, whilst there are areas for improvement, agencies are working well together to safeguard adults and children in Leicestershire and Rutland.

I hope that this Annual Report will help to keep you informed and assured that agencies in Leicestershire and Rutland are committed to continuous improvement.

Simon Westwood

A handwritten signature in black ink, appearing to read 'SP Westwood', with a stylized flourish at the end.

Independent Chair

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## **Summary**

The Board is assured that, whilst there are areas for improvement, workers and agencies are working well together to safeguard children in Leicestershire and Rutland.

In reaching this conclusion, we have:

Sought assurance that those who work directly with children listen to what they are saying and to respond to them appropriately and worked with young people to set up a Young People's Advisory Group to influence and support the work of the Board.

Monitored data and information on a regular basis. Learning from this includes:

- Whilst there were more calls to children's services there were fewer referrals to social care in Leicestershire and Rutland than previous years.
- There are fewer children on Child Protection Plans in Leicestershire and Rutland than previous years.
- The proportion of repeat child protection plans in Leicestershire has increased
- Neglect remains the most prevalent form of abuse in Leicestershire and Rutland
- There was a continued increase in the number of children recorded as home educated in Leicestershire, but appropriate safeguarding approaches are in place.

Worked on and reviewed progress against our Business Development Plan for 2017/18;

Conducted a series of formal audits of our safeguarding arrangements, including:

- A 'Section 11' peer review of organisations safeguarding approaches
- Case audits of frontline practice regarding 'Early Help' services and Children with Disabilities;

Carried out Serious Case Reviews and other reviews of cases and disseminated learning from these across the partnership.

Reviewed safeguarding procedures and developed stand-alone procedures, including a procedure regarding pre-birth safeguarding;

Provided training in partnership with Leicester City LSCB on a number of topics relevant to safeguarding including our Safeguarding Children Competency Framework and learning from Serious Case Reviews.

Commissioned work to assess safeguarding knowledge and practice in the voluntary and community sector that identified some areas for improvement and further work.

More information on all of these areas can be found throughout the Annual Report

The nature of the Board is of holding partners to account and promoting learning and improvement. Therefore the Board is always considering how it can further improve

safeguarding practice. The key areas for further development arising from the ongoing work of the LSCB include:

- Embedding the work of the Young Peoples Advisory Group to enable children to influence the LSCB's priorities and their delivery more fully.
- Continuing to challenge and support improvement in practice with regard to supervision, recording and responding to the lived experience of Children.
- Developing practice across the partnership regarding safeguarding Children with Special Educational Needs and Disabilities.
- Increasing assurance regarding children missing from home and care and the strength of the partnership response to this.
- Improve awareness raising of private fostering across the partnership and wider community.

### Key Messages

- Workers and agencies work well together to safeguard children in Leicestershire and Rutland.
- Capacity of workers is impacting upon their ability to attend development opportunities and put learning into practice.
- Understanding of Disclosure and Barring Service (DBS) checks and the Local Authority Designated Officer (LADO) needs to be improved within the voluntary and community sector.
- Consistency of practice within agencies across a range of areas of work still requires improvement. This includes quality of assessment, recording, information sharing and hearing and responding to the voice of children.
- The Board will continue to challenge and drive improvement in safeguarding of children, preparing for the changes in legislation which will require the establishment of new safeguarding arrangements by 2019 led by three statutory partners; the local authorities, the clinical commissioning groups for the area and the police.
- We will continue to work with other strategic partnerships to further clarify governance and leadership

## **Board Background**

The LRLSCB serves the counties of **Leicestershire** and **Rutland**. It is a statutory body established in compliance with The Children Act 2004 (Section 13) and The Local Safeguarding Children Boards Regulations 2006 to:

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

Its work is governed by 'Working Together to Safeguard Children 2015' statutory guidance.

The Board is made up of organisations in the public sector with lay members, voluntary sector representation and led by an Independent Chair. The Board has established subgroups and task and finish groups to function effectively and achieve its objectives. The membership and structure of the board can be found on the Board's website [www.lrsb.org.uk](http://www.lrsb.org.uk).

Under the Children and Social Work Act 2017 LSCBs are due to cease and local multi-agency safeguarding arrangements will be established. The detail of the requirements for these new arrangements was published in Working Together 2018 guidance and the new arrangements will be required to be in place by September 2019. Until multi-agency safeguarding arrangements are in place LSCBs will continue to function under current statutory guidance.

The LRLSCB continued to meet four times a year alongside its partner Board: the Leicestershire and Rutland Safeguarding Adult Board. Each of the meetings comprises a Children's Board meeting, an Adults' Board meeting and a Joint meeting of the two Boards. The Board is supported by an integrated Safeguarding Adults and Children Executive Group and a range of subgroups and task and finish groups to deliver the key functions and Business Plan priorities.

From July 2018 the LRLSCB will no longer meet alongside the Leicestershire and Rutland Safeguarding Adult Board, as that Board aligns its operation more closely with the Leicester City Safeguarding Adults Board.

The LRLSCB works closely with Leicester City Safeguarding Children's Board (LCLSCB) on several areas of work to support effective working across the two areas. The LRLSCB and the LCLSCB have established a joint executive that oversees joint areas of business for the two Boards.

The LSCB is funded through contributions from its partner agencies. In addition to financial contributions, in-kind contributions from partner agencies are essential in allowing the Board to operate effectively. In-kind contributions include partner agencies providing training resource for the inter-agency programme and chairing and participating in the work of the Board and its subgroups and Leicestershire County Council hosting the Safeguarding Boards Business Office. The income and expenditure of the Board is set out on Page 30 of this report.



## **Independent Chair**

The LRLSCB is led by an Independent Chair. The Independence of the Chair of the LSCB is a requirement of Working Together 2015.

During 2017/18 Leicestershire and Rutland continued to have a joint Chair for both Safeguarding Adults and Children Boards. From 2018/19 Simon Westwood will continue to Chair the LRLSCB. A new joint Independent Chair has been appointed by Leicestershire & Rutland and Leicester City Safeguarding Adults Boards as part of aligning safeguarding adults work across the two areas.

The Independent Chair provides independent scrutiny and challenge and better enables each organisation to be held to account for its safeguarding performance.

During this plan period the Independent Chair was accountable to the Chief Executives of Leicestershire and Rutland County Councils. They, together with the Directors of Children and Adult Services and the Lead Members for Children and Adult Services, formally performance manage the Independent Chair.

The structure of the LRLSCB and membership of the Board can be found on the Board's website [www.lrsb.org.uk](http://www.lrsb.org.uk).

## **LSCB Business Plan Priorities 2017/18**

Priorities set by the LRLSCB for development and assurance in 2017/18 were that:

- Children at risk of child sexual exploitation (CSE), trafficking and missing are effectively safeguarded
- Safeguarding risk with regard to children with disabilities is understood and responded to
- Consistency of practice is developed across the partnership in delivering the Signs of Safety model of practice in Early Help, Child Protection and Care

In addition the LRLSCB shared the following priorities for joint development and assurance with the LRSAB:

- To be assured that in situations where domestic abuse, substance misuse and mental health difficulties are all present (toxic trio) the impact is recognised and responded to using robust multi-agency risk assessment, information sharing and sign posting to resources
- Children and vulnerable adults have effective, direct input and participation in the work of the Boards
- The Board is assured that the emotional health and well-being of adults and children and safeguarding risk is understood
- To strengthen multi-agency risk management approaches

## Safeguarding Children in Leicestershire

From its scrutiny, assurance and learning work the LSCB assesses that whilst there are some areas for improvement organisations are working well together in Leicestershire to safeguard children.

### **Safeguarding children snapshot for Leicestershire:**

**134,800** children and young people aged under-18 live in Leicestershire<sup>1</sup> (20% of the population).

**13.7%** of children and young people aged 0-17 are from a Black or Minority Ethnic (BME) background, slightly above the general population (11.1%).

- ▲ **16,855** contacts to First Response (Children's services) in Leicestershire
- ▲ **3,156** referrals to Early Help services
- ▼ **6,609** referrals to Children's social care
- ▲ **30%** of referrals to CSC were re-referrals
- ▼ **2,763** Children in Need at the end of March 2018
- ▼ **394** Children on Child Protection plans at the end of March 2018
- ▲ **284** Child protection plans during the year where Neglect is a factor – **63%** of all new plans.
- ▲ **24%** of Child Protection plans were for children who had previously been on a plan.
- ▼ **247** referrals regarding Child Sexual Exploitation
- ▼ **560** children reported missing
- ▲ **73%** of return interviews completed
- ▲ **496** Children in Elective Home Education (EHE) at the end of March 2018
- ▼ **79%** of children in EHE during the year received their statutory visits
- ▲ **548** Children in Care
- ▼ **4** notifications regarding Private Fostering arrangements
- ↔ **245** referrals to the Local Authority Designated Officer (LADO)
- 4,448** referrals to Child and Adolescent Mental Health Services (CAMHS)

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<sup>1</sup> ONS mid-year population estimates 2014

While there were more contacts to Children's Services on 2017/18 than the previous year referrals into Social Care, and the number of children in child protection plans has reduced. However more referrals are repeat referrals and more child protection plans were for children who have previously been on a plan. Neglect is recognised as a factor in a much larger number and proportion of cases than previously.

The reduction in the number of Child Protection plan starts mainly occurred in the last half of the year, and corresponds with an increase in cases assessed for no further action. The Local Authority report this may reflect positive action in the First Response Team to try to only put children to an Initial Child Protection Conference (ICPC) if they are likely to be put on a Child Protection Plan. In addition there has been an increase in proceedings regarding neglect which may have resulted in the reduction in Child Protection plans. The LSCB have requested further analysis from the Local Authority on this.

The increase in the proportion of plans that were for children who had previously been on a plan (second or subsequent plans) has been found to partially relate to large sibling groups coming back onto child protection plans, having not been subject to a plan for more than two years.

During the year the LSCB monitored completion of single assessments within 45 days after a reduction at the start of the year following a change in process. By the end of the year the Local Authority had cleared the resulting backlog and performance was back in line with previous years with 82% were being completed on time.

Leicestershire County Council have reviewed and revised the service delivery model for First Response, strengthening the 'front door' into children's services. The Local Authority is part of the Signs of Safety England Innovation Project, which is supporting ongoing development of the Signs of Safety approach within the authority and partnership, engaging practitioners and families.

Leicestershire County Council are reviewing Early Help services due to financial constraints. The Board will monitor the impact of this on safeguarding children.

There have been fewer referrals regarding CSE, fewer reports of children going missing and fewer children have gone missing and more return interviews have been carried out with children who have gone missing.

Following a concern regarding Police Child Abuse Investigation Unit cases which did not appear to have allocated Social Workers a process issue regarding meeting notification was identified in the Local Authority. The process has been changed and the impact will be monitored.

The number of children in Elective Home Education continues to rise, and there has been a drop in the proportion of children who have had a home visit.

The LSCB requested a specific report regarding safeguarding and Elective Home Education. The report from the Local Authority outlined processes and procedures

in place and provided assurance that arrangements in place were supporting safeguarding of children who are home educated and known to the authority.

The number of Children in Care has continued to increase.

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## Safeguarding Children in Rutland

From its scrutiny, assurance and learning work the LSCB assesses that whilst there are some areas for improvement organisations are working well together in Rutland to safeguard children.

### **Safeguarding children snapshot for Rutland:**

**7,685** children and young people aged under-18 live in Rutland<sup>2</sup> (20% of the population).

**5.7%** of the population of Rutland are from a Black or Minority Ethnic (BME) background.

- ▲ **1,522** contacts to Children's services in Rutland
- ▼ **308** referrals to Children's social care
- ↔ **26%** of referrals to CSC were re-referrals
- ▼ **244** Children in Need at the end of March 2018
- ▼ **19** Children on Child Protection plans at the end of March 2018
- ▼ **11** Child protection plans during the year where Neglect was a factor – 52% of all new plans.
- ▼ **21%** of Child Protection plans were for children who had previously been on a plan.
- ▲ Average caseloads of **18** cases per worker
- 13** referrals regarding Child Sexual Exploitation
- ▲ **21** children reported missing
- ▲ **60%** of return interviews completed
- ↔ **No** Private Fostering referrals
- ▼ **No** children in Elective Home Education (EHE) at the end of March 2018
- ▼ **75%** of children in EHE during the year received their statutory visits
- ▼ **30** Children in Care
- 179** referrals to Child and Adolescent Mental Health Services (CAMHS)

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<sup>2</sup> ONS mid-year population estimates 2014

While there were more contacts to Children's Services in 2017/18 than the previous year, referrals into Social Care and the number of children on child protection plans has reduced. A similar proportion of referrals were repeat referrals and a smaller proportion of child protection plans are for children who have previously been in a plan. Neglect and Emotional Abuse continue to be the main types of abuse.

The LSCB will continue to monitor the notable reductions in referrals and Child Protection plans in Rutland.

There have been more reports of children going missing and more return interviews have been carried out with children who have gone missing.

Numbers of children in Elective Home Education (EHE) remains very low. There has been a drop in the proportion of children in EHE who had a statutory home visit.

The LSCB requested a specific report regarding Elective Home Education which outlined processes and procedures in place and provided assurance that arrangements in place were supporting safeguarding of children who are home educated and known to the authority.

The number of Children Looked After has reduced.

Rutland County Council report that creative approaches have resulted in positive outcomes for some current and former Children Looked After.

The multi-agency Children Looked After / At Risk Children (CLA/ARC) panel in Rutland established in 2016/17 continues to support timely & effective decisions through monthly meetings to discuss cases where there has been an escalation of concerns.

Rutland County Council have continued to embed the Signs of Safety approach in practice through the year, embedding this in Child Protection Conferences & CLA reviews, and this is well received by Social workers and other professionals.

The Local Authority consistently holds Practice Workshops which review current practice and develop skills and knowledge which impact on practice.

## Safeguarding Children in Leicestershire and Rutland

### Voluntary Sector Safeguarding Assurance

As part of its assurance work the Board has commissioned Voluntary Action LeicesterShire (VAL) to carry out a survey to assess safeguarding approaches across the community, voluntary and independent sector.

The project ran for one year from August 2016 to August 2017 and was promoted through voluntary sector communication channels, newsletters and forums encouraging voluntary sector groups across the two Counties to complete the questionnaire in a paper, online format or by telephone. In addition, VAL contacted and followed up agencies directly by telephone to encourage completion.

During the year there was focused work to engage sports organisations and organisations working with children with special educational needs and disabilities in line with the Boards priorities.

Overall 188 organisations responded to the survey covering 7,849 volunteers and 2,096 paid staff across the two counties. With organisations reporting they delivered services to almost 45,000 children.

The key findings include:

- Staff or volunteers have received safeguarding training in **86%** of organisations
- **85%** of organisations have a designated lead person for safeguarding concerns
- **86%** of organisations have carried out DBS checks, though only 61% have carried out DBS checks for both relevant staff and volunteers, though this may be impacted by their workforce make up.
- **48%** of organisations were aware of the LSCB and its procedures and only **34%** of the Threshold guidance
- **42%** of organisations were aware of their obligations to report incidents to the LADO.
- **52%** of organisations were aware of Prevent (Preventing Violent Extremism) and only **26%** of organisations had accessed training on this.
- Levels of knowledge of Child Sexual Exploitation and Neglect varied across agencies.
- **21%** of agencies use the Leicestershire & Rutland Safeguarding Competency framework.

These findings suggest good coverage of safeguarding training and awareness in the voluntary and community sector, but a small minority of organisations that do not have robust safeguarding training, understanding or procedures. The nature of the project means that VAL has been able to signpost and support organisations to improve their procedures and practice and gain training as required.

The LSCB Voluntary and Community Sector reference group are developing a communications strategy in response to this report to support communication of key messages to the sector to further address some of the apparent gaps in knowledge

and practice in some areas regarding safeguarding children, particularly regarding DBS checks, LADO obligations and Prevent.

### Partner updates

Our partners provide assurance regarding safeguarding practice and development throughout the year to our Safeguarding Effectiveness Group, key points and developments are included in relevant sections of the report and responses from all partners are included at the end of the report.

70 children were referred into the LFRS firestarters scheme in 2017/18. 75% were referred through an agency working with the child, and 20% were known to social care. Engagement in this work is having positive outcomes for vulnerable children. One Child in Care having gone through the course is reported by support workers to be 'a different child,' and the Fire Service is working towards them joining as a fire cadet. The Board are exploring links between this service and mental health services.

The partnership has noted a sustained increase in the average caseload of the Police Child Abuse Investigation Unit non-recent team, however the Police report they are able to appropriately manage cases.



## **Business Development Plan Priorities**

Progress on the Boards priorities is outlined below

### **LSCB Priority 1 – Children at risk of Child Sexual Exploitation (CSE), trafficking and missing are effectively safeguarded**

**We planned to** review how information from Missing children return interviews is analysed and used to support improvements to services and gain assurance that work on Child Sexual Exploitation is safeguarding and improving outcomes for children.

**We also planned to** identify potential areas for action regarding safeguarding compliance assessments in sport and other voluntary organisations across Leicestershire and Rutland and check that online safety information is supporting safeguarding of children and young people online.

**The partnership increased oversight** of missing cases to support effective operational responses and completion of return interviews and the CSE Hub developed a new approach to identifying and acting upon key themes from missing interviews and piloted this from December 2017.

**The partnership continued to** carry out communications regarding CSE as part of a partnership communication plan. CSE Outreach Workers and the Faith and Communities CSE Champion Service (EngageME) worked to engage and raise awareness regarding CSE with third sector organisations, sports clubs, voluntary organisations, faith groups and other community groups.

**The partnership developed and rolled out** 'In the Net' resource to appropriately raise awareness of CSE and online safety with primary age children. This was seen by almost 5,500 primary school children across 73 schools in Leicestershire and over 400 children across 7 schools in Rutland.

Chelsea's Choice theatrical CSE education productions were also further rolled out to children of secondary school age. This was seen by 11,000 secondary school children across 46 schools in Leicestershire and almost 500 children across 3 schools in Rutland.

In addition the partnership started to develop an educational campaign to further highlight online risks particularly via gaming platforms and 'Train the trainer' CSE training was delivered to secondary school leads and CSE awareness to primary school leads.

In Leicestershire there was a **10% reduction** in the number of children going missing (68 fewer) and a 16% reduction in missing episodes (230 fewer) compared to the previous year.

In Rutland there was a **133% increase** in the number of children going missing (12 more) and a 108% increase the number of missing episodes (13 more) compared to the previous year

**An increased number and proportion** of return from missing interviews were completed this year. In Leicestershire 884 interviews were carried out in 2017/18 for 1210 missing episodes, compared to 747 for 1440 episodes in 2016/17. In Rutland 15 return from missing interviews were carried out in 2017/18 for 21 missing episodes, compared to 3 for 12 episodes in 2016/17.

CSE and Missing will remain as a priority of the LSCB into 2018-19. This will include following up the impact of these areas of work and assurance regarding changes to services.

**We plan to** carry out case file audits of CSE and Missing cases and follow up the result of the analysis of return interviews in 2018.

## **LSCB Priority 2 – Safeguarding risk with regard to children with disabilities is understood and responded to**

**We planned to** carry out an organisational self-assessment to understand the current approach to safeguarding children with disabilities across agencies compared with good practice and carry out Multi-agency Case File Audits to test the effectiveness of current arrangements. The findings of these would inform an improvement plan that enables us better to safeguard Children with Disabilities.

**We identified** initial areas for improvement in the assessment, but the final report incorporating findings from the audit was not completed by the end of the year. Agencies responded to urgent matters identified in the assessment and audit, carrying out improvements to case working and procedures.

The final report on the assessment and audit will be reported to the Board in July 2018.

This priority has been carried forward into the Business Plan for the Board for 2018/19 and **we plan to** address key areas for improvement, including safeguarding procedures and training as part of this plan. This will include a learning event in the Autumn of 2018 to disseminate learning from the assessment and audit.

## **LSCB Priority 3 – Consistency of practice across the partnership in delivering the Signs of Safety model of practice in Early Help, Child Protection and Care**

**We planned to** promote and support the embedding of Signs of Safety across the partnership, particularly increasing schools awareness, engagement and skills in engaging in the Signs of Safety model. We also planned to support development of a quality assurance and performance management framework to test the impact of Signs of Safety on the quality of safeguarding services and practice and on safeguarding outcomes for children and young people.

**We revised** multi-agency documentation to support all organisations to contribute to the Signs of Safety approach and supported briefing sessions in the LSCB and for frontline workers on Signs of Safety.

**We developed** 3 key 'bottom lines' for good multi agency practice with the expectation that leaders, managers and trainers across the partnership actively promote. These are:

- Agencies attend multi-agency meetings.
- Agencies use the relevant forms to help develop a focused contribution to all multi-agency meetings.
- Agencies actively contribute to decision making and safety planning.

**We embedded** Signs of Safety within the LSCB case file audit approach.

The approach incorporating Signs of Safety has become more aligned across Leicester, Leicestershire & Rutland and partners, particularly schools, fed back that they found the revised documentation helpful and reported that they better understand the Signs of Safety process and multi-agency aspects of this.

Adult Social Care services in Leicestershire County Council are actively considering how the principles, disciplines and tools of the approach may be used and linked effectively with 'Making Safeguarding Personal'

As this is now well understood across the partnership, further development work on this will be led by the Local Authorities.

Progress on the four priorities shared with the LRSAB:

**LSCB / SAB Priority 1 – To be assured that in situations where domestic abuse, substance misuse and mental health difficulties are all present the impact is recognised and responded to using robust multi-agency risk assessment, information sharing and sign posting to resources**

**We planned to** develop a coherent, co-ordinated framework that delivers effective safeguarding responses where these three factors are present across families.

**We researched** the issues facing adult and children safeguarding and individual agencies with regard to this 'trilogy of risk'.

**We developed** a package of customisable materials for agencies to use within their own organisations to communicate key messages and improve practice.

**We plan to** launch the materials in July 2018 and will assess the dissemination of the materials and the impact of this work through a quality assurance plan developed alongside the materials.

**LSCB / SAB Priority 2: Children and Vulnerable Adults have effective, direct input and participation in the work of the Boards**

**We planned to** research models of participation for children and vulnerable adults and put in place an appropriate model of participation for the LSCB so that children have direct input into the work of the Board.

**We also planned to** develop an effective model for engagement of adults with care and support needs.

**We set up** a Young Peoples LSCB Advisory Group following research and engagement with young people.

**The Advisory group will** lead part of the LSCB Board meeting in July 2018 and **we plan to** work with the young people to further develop the group through the coming year.

**LSCB / SAB Priority 3: The Board is assured that the emotional health and well-being of adults and children and safeguarding risk is understood.**

**We planned to** produce practice guidance and implement appropriate training and development activities to develop common understanding of emotional health and safeguarding risk across all agencies and ensure emotional health and safeguarding risk

with regard to the broader family context is considered in safeguarding work with children and adults.

**We also planned to** review the Safeguarding Risk Assessment of the local Sustainability & Transformation plan for health.

**We explored** the gap in understanding and needs across the workforce with regard to emotional health and wellbeing and safeguarding. The breadth of scope for this piece of work meant that this work took longer than anticipated.

As a result of the assessment work, understanding emotional health needs of parents and carers was identified as the key area for work.

Further work will be taken forward by Future in Mind and Better Care Together within the Sustainable Transformation plan (STP).

Leicestershire Partnership Trust are developing their 'Whole family' approach which will support this.

#### **LSCB / SAB Priority 4: To strengthen multi-agency risk management approaches**

**We planned to** develop a structured multi-agency framework to enable a reflective supervision session to be used in cases where the issues are complex or entrenched.

**We created** an initial process following research into existing models locally and nationally and collating ideas and views of staff and tested the process.

**We plan to** test the process and adopt it by September 2018.

The impact of the process will be tested by reviewing outcomes for cases where the process has been used.

## **Operation of the Board**

### **Partner and Public Engagement and Participation**

#### **Partner Engagement and Attendance**

The Board met four times during 2017/18 with an additional extraordinary meeting to discuss the final report for a Serious Case Review.

Leicestershire and Rutland County Councils, the District Council representatives, the Police, University Hospitals of Leicester NHS Trust, East Midlands Ambulance Service and East Leicestershire & Rutland Clinical Commissioning Group attended all ordinary Board meetings during the year. Schools were also represented at all ordinary Board meetings.

Attendance by other members at Board meetings remain good across most other partners, with some exceptions. The National Probation Service only attended one ordinary meeting, sending apologies to two of the other three. CAFCASS have not attended any Board meetings this year. This is being followed up by the Independent Chair of the Board.

Attendance at subgroups of the Board is good across agencies.

The membership of the Board can be found on the Boards website [www.lrsb.org.uk](http://www.lrsb.org.uk).

#### **Voluntary Sector Engagement and Participation**

The Board has a Voluntary and Community Sector (VCS) Reference Group that provides a link to a broad range of voluntary sector groups to communicate key messages from the Board to the voluntary and community sector and to feed in the views and challenges of the sector into the Board.

As well as follow up to the voluntary sector safeguarding assurance survey the VCS Reference Group consistently promoted key single and multi-agency learning events and safeguarding resources, such as the Neglect toolkit to the sector.

The group identified the need to set up and then promoted a lunchtime workshop for working parents across Leicester, Leicestershire and Rutland to access to raise awareness of Child Sexual Exploitation.

The group highlighted issues within the MARAC process framework to the LSCB, which was fed into the Domestic Abuse and Sexual Violence Partnership. As a consequence there was a review of the level of resources and improvement in consistency of delivery.

#### **Public Engagement & Participation**

The Board has developed its approach to engaging children and young people in its work, as outlined under the shared engagement priority with LRSAB.

Young people were directly involved in shaping the set-up of the Safeguarding Board's Young People's advisory group. This group will lead agenda items for Board meetings and be involved in pieces of work for and with the Board.

Views of children and young people, including from Leicestershire Children in Care Council and Rutland Youth Council were considered in the development of the Board's priorities for 2018/19. This directly influenced the work plan of the Young People's Advisory Group and a continued focus on the voice and 'lived experience' of children across all Board priorities.

The LSCB has received reports on the voice of children and families and how agencies are recording and responding to these through its Safeguarding Effectiveness Group. These show that agencies across the partnership are listening to and responding to the voice of children to support safeguarding and broader service delivery.

## Assurance – Challenges and Quality Assurance

### **Challenge Log**

The Board keeps a challenge log to monitor challenges raised by the Board and the outcomes of the challenges. During the year the following challenges were raised by the Board with safeguarding partners regarding the following topics:

- Attendance at Child Protection conferences. The Board challenged partners regarding low attendance at Initial Child Protection Conferences. The Board Chair challenged Police and Leicestershire County Council to cross-reference the data they hold with regard to this to provide a definitive picture of the issue.
- Child Sexual Exploitation service provision. The Board Chair, with his counterpart in Leicester City requested the Police and Crime Commissioner consider continuation of time-limited funding for key elements of the partnership response to Child Sexual Exploitation.
- Multiagency Safeguarding Arrangements. The Board Chair challenged statutory partners under the Children and Social Work Act 2017 to have early consideration of future structures for multi-agency safeguarding arrangements to be brought in with Working Together 2018.
- The Board continued to monitor timeliness of Initial Health Assessments for Children coming into care following a challenge in 2016/17.

Following these challenges:

- A Task and Finish Group has been set up to review procedures and set agreed parameters for attendance at Child Protection meetings and conferences and collate data regarding this. The Police have reported that they are committed to supporting ICPCs as appropriate with the resources they have.
- PCC funding for analyst and health posts in the multi-agency CSE team was continued into 2018/19.
- Senior Officers from statutory partners met to discuss the new multi-agency safeguarding arrangements prior to the release of Working Together 2018.

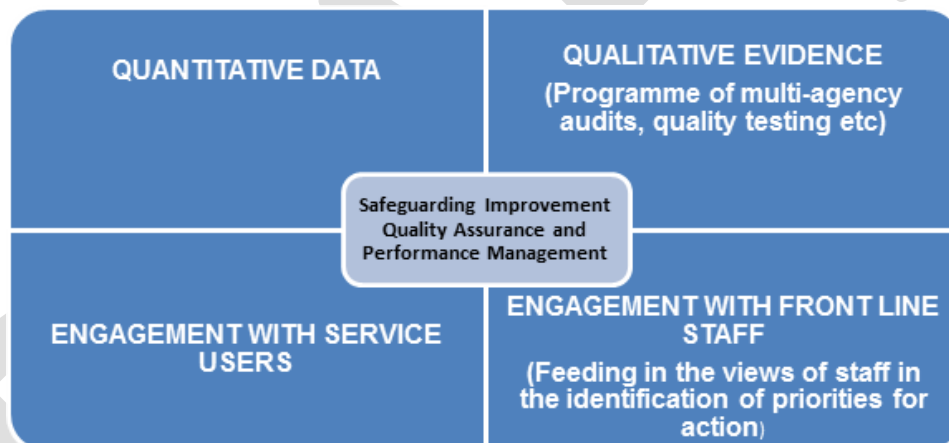
- In Leicestershire more Initial Health Assessments for Looked after Children were carried out on time and the Corporate Parenting Board is now overseeing performance on this.

### Quality Assurance and Performance Management Framework

The Board operates a four quadrant Quality Assurance and Performance Management Framework as outlined below. This is overseen by the Boards Safeguarding Effectiveness Group (SEG) shared with the SAB. The outcomes of and findings from this performance framework are incorporated in the relevant sections within the report.

The detailed elements of this are reviewed each year to ensure this provides assurance regarding core safeguarding business as well as business plan priorities and other emerging issues.

The overall model is also reviewed and engagement elements of the framework, both with staff and service users require some further development in the coming year.



### Audits

During 2017-18 the LSCB, along with the Leicester City LSCB trialled a new methodology for a 'Section 11' peer challenge of agencies' compliance against their duties within Section 11 of the Children Act 2004. In previous years this has taken place as a paper assessment, which has provided limited scope for challenge and further scrutiny.

For the peer challenge process agencies reviewed their compliance against the nine standards previously tested in our Section 11 processes. Each agency presented their findings to a panel made up of members of the two Safeguarding Children Boards, including Independent Chairs and Lay members. Presentations took place over three sessions. This process gave the opportunity for further focussed exploration and challenge of agencies assessments and compliance with safeguarding duties.

Most agencies provided evidence of good practice which included: website development; safeguarding training, raising awareness (including with the public and children) and adopting quality assurance frameworks and processes.

The conclusions of the chairs of the panels were that processes for safeguarding children are in place across the key agencies, but specific actions were identified for all individual agencies to take forward.

The peer challenge process also led to further follow up work with the Community Rehabilitation Company and District Councils in 2018/19 to gain assurance regarding their safeguarding compliance.

This Peer Challenge approach was found to be a positive experience and more informative than the previous document based approach. There was a good participation and contribution from partners in this process leading to a balance of challenge and support.

This 'Section 11' peer challenge process is to be considered as part of a two-year model subject to future safeguarding arrangements for Leicester, Leicestershire and Rutland.

In addition to its 'Section 11' assurance process the Board continued its approach to multi-agency auditing. During the year two safeguarding multi-agency case file audits were carried out focussing on the following priorities:

- Early Help (and step up to Social Care)
- Safeguarding Children with Disabilities

Two further audits focussed on domestic abuse and missing children were planned to take place, but were delayed due to a reduction in Board office capacity during the year. Audits on these themes will take place in 2018-19.

The audit process follows a Multi-Agency Case File Audit approach. All relevant agencies audit their practice and involvement in a set number of identified cases. Each case and the findings of each individual agency's audit of that case are reviewed in a multi-agency meeting to discuss practice and identify further single-agency and multi-agency learning.

The Early Help audit considered nine cases, seven in Leicestershire and two in Rutland and found:

- Gaps in supervision and management oversight led to drift in a number of cases
- Significant inconsistencies in practice including regarding:
  - Quality of record keeping
  - Use of chronologies
  - Quality of assessments
  - Quality of plans
- Inconsistency in the level of understanding regarding thresholds for step-up to Social Care
- A gap in understanding regarding neglect, reducing the effectiveness of the response to neglect in some cases



- Whilst there was some good practice with regard to hearing and responding to the views of children, the consideration of the voice of the child was not evident in many cases

Agencies have taken away these learning points to embed appropriate responses within their practice. Progress on actions from the Early Help audit will be reviewed by the LSCB in 2018.

The Children with Disabilities audit considered ten cases, seven from Leicestershire and three from Rutland and found:

- Multi-agency information sharing was good in most cases, but there were gaps regarding multi-agency co-ordinated assessment.
- Children's views were sought well in most cases, however how well they were taken into account in planning was variable.
- Some gaps evident in recording, management supervision and oversight,
- Many plans were not SMART
- Significant practice issues in a couple of cases that were immediately addressed by partners.

This audit followed an organisational assessment against standards identified within national Safeguarding Disabled Children practice guidance. This organisational audit found a number of areas for improvement for individual agencies and the multi-agency framework for safeguarding children with disabilities.

The recommendations from the organisational assessment and the audit together are as follows:

- a) The LSCB Task and Finish group representatives communicate the findings of the self-assessment and case file audits to their agencies and services;
- b) Each agency or service and the Leicestershire and Rutland LSCB develop their own improvement plan and contribute to a multi-agency improvement plan based upon the findings of the assessments and audit. Progress in implementing the multi-agency plan is then monitored by the LSCB
- c) The LSCB Task and Finish group meets on one or two more occasions to coordinate this work and the need for continuation of this group is reviewed at the end of the year within the new multi-agency safeguarding arrangements.
- d) Multi-agency procedures are reviewed in line with the findings of the organisational assessment, specifically considering the risks and needs relating to safeguarding children with special educational needs and disabilities, and specific responses.
- e) The LSCB training sub-group reviews the safeguarding training at all levels to ensure it effectively covers disabled children and consider broader multi-agency training needs regarding safeguarding children with disabilities.
- f) The LSCB considers a partnership awareness campaign regarding safeguarding children with disabilities
- g) Action is taken to integrate the EHCP assessment, care planning and review process to promote an holistic picture of the child's needs and reduce the number of meeting parents and young people need to attend;

- h) Further case file audits are undertaken on a six-monthly basis to assess if there are improvements in practice.

These recommendations provided the basis for action under this Board priority for 2018/19.

A multi-agency audit plan has been set in conjunction with the Leicester City LSCB for the coming year linked to the Board's priorities and national Joint Targeted Area Inspection themes.

### Learning and Improvement

#### **Serious Case Reviews and other Learning Reviews**

Serious Case Reviews (SCRs) are described within *Working Together to Safeguard Children 2015* and are statutory reviews undertaken by Local Safeguarding Children Boards (LSCBs) for cases where abuse or neglect is known or suspected and either:

- A child dies; or
- A child is seriously harmed and there are concerns as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

The LSCB has a well-used referral process into its Safeguarding Case Review Subgroup that considers whether cases meet SCR criteria or may otherwise be appropriate and beneficial to review to support learning and improvement across the partnership. Decisions regarding cases to review and appropriate types of review are supported by the Learning and Improvement Framework, shared with between the two LSCBs and two SABs across Leicester, Leicestershire & Rutland.

The Board completed one SCR in line with Working Together 2015 guidance during the year.

Five further SCRs were underway at the end of the year.

The LSCB took the opportunity to gain learning regarding multi-agency safeguarding practice from four cases that did not meet the criteria for a SCR. The LSCB utilised alternative review methods including Appreciative Enquiry learning events, Multi-Agency Panel review of the work undertaken by single agency, Case Management Review and Multi-Agency Case Audit.

#### **Learning from reviews**

The following arose in the learning and recommendations from all reviews:

- Ensuring that families whose first language is not English are able to communicate with emergency services in crises situations.
- Denied/concealed pregnancies present a high risk to the babies, particularly at the time of birth, and have statistically significant worse outcomes
- The categories of harm for children in situations of parental domestic abuse need to be carefully considered to ensure all risk factors are considered.

- The importance and specific purpose of parts of the child protection process are not always well understood by professionals not regularly involved in child protection processes.
- The Board needs greater assurance that Child Protection plans are both SMART and robustly implemented
- All professionals should be supported in considering the impact on them of working with people who present as aggressive / challenging behaviour

The influence of this learning can be seen in the work of the Board in its priorities, Training and Development of Procedures this year and in priorities and areas for development for 2018/19.

The Safeguarding Case Review Subgroup monitors a master action plan containing recommendations and actions arising from all reviews.

### **Domestic Homicide Reviews**

The LSCB and SAB manage the process for carrying out Domestic Homicide Reviews (DHRs) on behalf of and commissioned by the Community Safety Partnerships in Leicestershire and Rutland. This is managed through the joint Children and Adults section of the Boards' SCR Subgroup.

One DHR was completed during the year. Two further potential DHRs were considered, one is being taken forward as a DHR locally and the other is being reviewed in another geographical area.

### **Development Work and Disseminating Learning**

The LSCB produces a quarterly newsletter in conjunction with the Safeguarding Adults Board, called Safeguarding Matters. This is used to disseminate key messages including from reviews and audits across the partnership and to front-line practitioners.

Learning has also been shared through Learning Events and the Trainers Network and single agency internal processes, including to GPs via the Primary Care Safeguarding Children Quality Markers (SCQM) tool.

The Board carried out a review of Safeguarding Matters and the Board website with practitioners across partners. Feedback included that Safeguarding Matters was a useful tool for keeping up to date with safeguarding learning, and also for disseminating safeguarding information across teams. Some areas for improvement were identified regarding design and highlighting items of interest for specific audiences.

The Boards website was felt to be easy to access and find relevant information on, but not so easy to find out what had been updated. Some areas for improvement were identified with regard to colours used and adding Board papers to the site.

### Child Death Overview Panel (CDOP)

The CDOP is a key part of the LSCB's Learning and Improvement Framework since it reviews all child deaths in the Local Authority areas and identifies any modifiable factors, for example, in the family environment, parenting capacity or service provision and considers what action could be taken locally, regionally and nationally to address these.

The local CDOP, shared with Leicester City, reviewed all child deaths in the area and identified learning from these. In addition the CDOP supported by Public Health completed a review of cases over the past eight years where suicide or self-harm was categorised as the cause of death.

The review found the following common factors in local suicides:

- Social isolation
- Bullying (including online) (30% of cases)
- Autism, personality disorder and ADHD in (40% of cases)
- A number of the cases were struggling to cope with negative changes in their environment, for example separation of parents.

These were considered alongside national learning and the following recommendations identified:

- Raise awareness with schools-highlight the support services that are available to support students, parents and teaching staff.
- Work with front line staff, teaching staff and commissioners to highlight the potential impact on mental health of parental separation – particularly for those children with other risk factors
- Target resilience programmes on children and young people with diagnosed or suspected neurological developmental issues e.g. Asperger's/ Autistic Spectrum disorders and ADHD.
- Raise awareness of the potential impact of the pressure to succeed academically on mental health and wellbeing with both students and teaching staff.

The local CDOP produces its own annual report, which will be published in the Autumn of 2018.

### Co-ordination of and Procedures for Safeguarding Children

The Board shares its Multi-agency procedures with the Leicester City LSCB. Throughout the year the Board has reviewed and revised Multi-Agency Procedures in line with developments in practice and learning from reviews and audits.

The Board has developed a standalone procedure with regard to pre-birth safeguarding.

The Board updated the thresholds document for referral to children's services and has also revised procedures relating to:

- Reports for Child Protection Conference
- Whole family approach

- Historical abuse and allegations
- Contacts

The Board commenced work on a single Multi-Agency Referral form for all agencies to use to refer into children services front door for any of the Local Authorities in the area. This will be completed in 2018/19.

Changes to procedures have been communicated through bulletins, the LSCB and SAB's Safeguarding Matters newsletter and through training events.

### Training and Development

The Competency Framework for Leicester, Leicestershire & Rutland, prepared in accordance with 'Working Together 2015' sets out minimum competencies and standards across the children's workforce and gives advice as to how practitioners can meet these requirements through learning, development and training, supported by briefing sessions, bespoke training, consultation and advice. This supports practitioners, managers and organisations to ensure a good level of competence across the partnership workforce with regard to safeguarding children.

This framework will be reviewed in 2018/19 in line with Working Together 2018.

The Boards Training and Development Work is led by the Interagency Training, Group, which is shared with Leicester City LSCB.

The group leads development and delivery of an annual training and development programme. This reflects the priority elements within the two LSCB's business plans and national priorities, as well as the learning from national and local Serious Case Reviews. The training programme is delivered through a 'mixed economy' of partner contributions, commissioned training and national training opportunities, as set out in a partnership agreement.

The LSCB also facilitates a local trainers' network, which supports development of local safeguarding trainers through development sessions and networking.

The LSCB, through its Safeguarding Effectiveness Group, regularly requests information from its partners regarding the effectiveness of their safeguarding training programmes in line with the Leicestershire & Rutland Safeguarding Competency Framework.

All agencies have been able to provide information to give assurance on training and competency during the year. At the end of the year training data was outstanding from the Clinical Commissioning Groups due to a reduced administration resource in the CCG safeguarding team. Earlier returns through the year had consistently given assurance, and the availability of data to provide this assurance from the CCGs will continue to be monitored by the LSCB.

During 2017/18 evaluation of the interagency training programme was undertaken by Voluntary Action LeicesterShire (VAL), on behalf of the two LSCBs.

During the year 67 themed training events took place within the LSCB Interagency programme across Leicester, Leicestershire and Rutland with 1047 attendees.

This was a 39% decrease in attendees on multiagency training compared with 2016/17. This was in line with 40% fewer places available due to running fewer large scale events than the previous year.

In addition 25 LSCB funded Essential Awareness training sessions for the voluntary and independent sector offering 625 spaces in total supporting consistency in knowledge and skills across the wider workforce across Leicester, Leicestershire and Rutland. These were well received and almost all courses were full.

Following introduction of a charging policy for no shows in 2016/17 the number of no-shows has reduced further by 25% this year to 106, in addition the number of cancellations halved to 71.

The evaluation includes a three-month follow-up of attendees to support the assessment of the impact of training and development on practice.

Analysis of this feedback continues to demonstrate sustained improvements in knowledge, skills and confidence in key subject areas and continues to provide a greater insight to the ways in which professionals are working together, sharing information and taking personal responsibility in respect of safeguarding children and young people

Participants are asked to identify post training actions. There was a continued shift from cascading learning to specific practice related actions from previous years' results. At the three-month follow up 82% of participants reported they had implemented the actions they identified in training at least in part. Where these were not able to be implemented, the key issue was reported as relating to capacity.

Capacity of workers across the children's workforce is a barrier to learning, because it prevents workers from attending training and/or committing to the learning when they are there. 'Other work priorities' was given as a non-attendance reason in 42% of cases with only sickness at 59% being higher.

The Board undertook some development work with regard to its approach to training during the year, including developing a training strategy for 2018/19 and agreeing a transfer of the support function from VAL to the Leicester City Safeguarding Board Office.

The Board will pause training for April to July 2018 while the support function is transferred to Leicester City Safeguarding Board Office.

An LLR Sharing Learning from Reviews: Research in Practice proposal has been accepted to look at disseminating learning from reviews in a timely way, with a 'cascade' pack of information for safeguarding leads, including a synopsis of the case, detail of the learning, links to research and relevant articles. This information can then be shared widely within agencies. This will be implemented in 2018/19.

The LSCB would like to express its appreciation to organisations that have contributed to the partnership training programme through trainer time or venues. The estimated value of the in-kind contribution to the programme from all agencies is over £10,000.

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## **Leicestershire & Rutland SAB and LSCB Finance 2017-18**

	£
<b>SAB Contributions</b>	
Leicestershire County Council	52,798
Rutland County Council	8,240
Leicestershire Police	7,970
Clinical Commissioning Groups (West Leicestershire and East Leicestershire & Rutland)	15,930
University Hospitals of Leicestershire NHS Trust	7,970
Leicestershire Partnership NHS Trust	7,970
<b>Total SAB Income</b>	<b>103,334</b>
<b>LSCB Contributions</b>	
Leicestershire County Council	84,003
Rutland County Council	52,250
Leicestershire Police	43,940
Clinical Commissioning Groups (West Leicestershire and East Leicestershire & Rutland)	55,760
Cafcass	1,100
National Probation Service	1,348
Derbyshire, Leicestershire, Northamptonshire and Rutland Community Rehabilitation Company (Reducing Re-offending Partnerships)	3,000
<b>Total LSCB Income</b>	<b>241,401</b>
<b>Total Income (LSCB &amp; SAB)</b>	<b>344,735</b>
	£
<b>SAB and LSCB Operating Expenditure</b>	
Staffing	214,966
Independent Chairing	22,500
Support Services	30,500
Operating Costs	13,500
Case Reviews	16,290
Training Co-ordination and Provision (LSCB)	55,641
<b>Total SAB &amp; LSCB Operating Expenditure</b>	<b>387,037</b>
<b>Deficit</b>	<b>£8,662</b>
<b>LSCB &amp; SAB Reserve account at end of year</b>	<b>£51,016</b>



## **Business Plan Priorities 2018-19**

From analysis of current and emerging issues the following have been identified as our priorities for 2018-19:

<b>Development Priority</b>	<b>Summary</b>
1. Partnership Transition	Influence the development of new multi-agency safeguarding arrangements.
2. Multiple Risk Factors	The impact of multiple risk factors on children is recognised, understood and responded to across agencies.
3. Safeguarding Children – Access to Services	Ensure the pathways for access to services for safeguarding children are robust and effective
4. Child Exploitation - (Child Sexual Exploitation, Trafficking, Missing and Gangs)	Children at risk of exploitation are effectively safeguarded.
5. Safeguarding Children with Disabilities	Improve the approach to safeguarding children with Special Educational Needs and Disabilities.

Action plans are in place for each of these priorities.

For 2018-19 there are no specific joint priorities with the Leicestershire & Rutland Safeguarding Adults Board though joint working will be promoted where possible.

## Partner Updates



**West Leicestershire**  
Clinical Commissioning Group



**East Leicestershire and Rutland**  
Clinical Commissioning Group

Leicestershire and Rutland and West Leicestershire Clinical Commissioning Groups (CCGs) are committed to the promotion of safeguarding children, supporting the work of the safeguarding board and to support staff and partners to undertake their safeguarding responsibilities.

In 2017-18 the CCGs have continued to monitor evidence and assurance from commissioned health services. As Commissioners of local health services West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups are required to evidence compliance with *NHS England (NHSE) Accountabilities and Assurance Framework Safeguarding Vulnerable People in the NHS (2015)*. This includes the CCG receiving evidence and assurance from commissioned health services about the quality of the safeguarding arrangements in relation to key adult & children (including Looked After Children) safeguarding requirements, Deprivation of Liberty standards (DoLs) and Mental Capacity Act legislation, and to identify areas for development or where additional assurance is required. As part of this process all CCG commissioned health services are required to submit the CCG Safeguarding Assurance Tool (SAT) together with supporting evidence.

The CCGs have also demonstrated their support to the promotion of the child safeguarding agenda by supporting and/or coordinating a number of initiatives and policy developments.

The CCGs Safeguarding team is coordinating across Leicester, Leicestershire and Rutland the roll out of the NHS England Child Protection – Information Sharing (CP-IS) programme. This is a nationwide information sharing solution that identifies children with Child Protection Plans or Looked After Children who visit NHS unscheduled care settings such as accident and emergency wards, ambulance service, maternity, minor injury units, out of hours and walk-in centres. The outcome of this means that when a child attends a NHS unscheduled care setting the CP-IS alert is shown on the child's medical records about the child's safeguarding or LAC status. The CP-IS alert is then automatically sent to inform the child's social worker about the geographical location of the Out of Hours or Urgent Care/Emergency Department.

The CCG endorsed the work of the CCG Domestic Violence Health Group and the production of the Domestic Violence and Abuse Policy that has been disseminated to all GP Practices across Leicestershire and Rutland.

In addition UAVA have been commissioned by the CCGs to deliver Managing Disclosures of Domestic Abuse briefings to all GP Safeguarding Leads. UAVA have also provided Train the Trainer sessions to all members of the CCG Safeguarding Team to enable the team to continue to deliver the Domestic Abuse briefing sessions to GP's once UAVA have delivered their CCG 6 commissioned sessions.

The CCG Safeguarding Team led the arrangements for the Safeguarding Health Network- a quarterly meeting of safeguarding leads from all of the CCG commissioned services. Leicestershire & Rutland Safeguarding Children Board information has been cascaded to the Safeguarding Health Network that includes NHS and Non NHS Providers.

Messages from Serious Case Reviews and Domestic Homicide Reviews have been cascaded to GP's via the Primary Care Safeguarding Children Quality Markers Tool (SCQM). The CCG Safeguarding Team promotes GP compliance with recommendations arising from SCRs and Alternative Reviews through the delivery of GP Safeguarding Children Training Programme and discussions at the GP Safeguarding Forums.

The CCGs' commitment to safeguarding and working in partnership will continue into 2018/19.



Leicestershire County Council children and family services continue to make progress against the continuous improvement plan 'Road to Excellence 2017 to 2020.' The plan is closely monitored and driven by the senior leadership team and six-monthly progress reports are presented to Overview and Scrutiny Committee. These show a clear direction of travel and improvement that focuses on improving the experiences and outcomes of children in need of help and protection, children looked after and care leavers. The plan incorporates developments in line with recommendations from Ofsted following their inspection in 2016.

The plan is based around the four building blocks of:

- Being a Learning Organisation
- Embedding Excellent Practice
- Taking the Right Action at the Right Time, and
- Developing Policy and Performance

And is underpinned by four behaviours for all staff:

- Voice; Listening and responding to what children and families say
- Signs of Safety; doing with, rather than 'for' or 'to'
- Outcome focussed; striving to improve children and families lives
- Leadership; everyone is responsible and accountable

The Assistant Director and Heads of Service lead a monthly meeting with service managers and all child care managers to focus on practice development and performance.

The Council invested to enable a significant increase in staffing to support the improvement journey. Substantial work on recruitment and retention has taken place

over the last twelve months and despite the national challenges of recruitment in social work Leicestershire is beginning to see steady growth. A number of staff have been recruited across the teams although many are newly qualified.

Work has taken place in First response and an in-house inspection by Senior managers in December 2017 and an independent mock inspection in May 2018 demonstrated improvements in this key area. Practice Standards to support the 'Growing Quality in Children's Social Care' have been launched in all areas and audit and improvement work is supporting the embedding of these standards.

The establishment of the Practice Excellence arm of the service to deliver on embedding Signs of Safety, quality assurance and improvement, and practice is seeing a positive impact. The ASYE (Assessed and Supported Year in Employment) programme for newly qualified social workers has been revised and strengthened and an ASPIRE programme developed for new team managers and aspiring senior practitioners. A progression framework for social workers and a learning offer have been agreed.

The second annual social work conference took place in June with a focus on 'Making a difference to children and families'. The event celebrated good practice.

The Council has worked to ensure that rigorous management oversight is supported by improved performance management arrangements.

Caseload number and workloads are closely monitored. In key areas of the service, namely First Response, Children in care, CSE Hub, disabled children workloads are now in line with our caseload standard. There is ongoing work to realign the children protection and strengthening families teams to ensure reasonable workloads across all of these teams.

Performance has improved in key areas: timeliness of response at the Front Door; number of assessments completed and of these the number completed within 45 working days; quality and compliance of strategy discussions/meetings; permanence planning; contact with care leavers and care leavers in suitable accommodation. There is an improving picture regarding repeat child protection plans.

Participation work with young people including advocacy work to support young people in their case conference and work with the children in care councils and care leavers is strong.

The continued work in line with the 'Road to Excellence' will support safeguarding children and young people in Leicestershire by championing and embedding consistently high quality practice and management oversight. The improvement and performance culture and framework will support this and evidence impact for children, young people and their families.

Leicestershire will also work to ensure that the Listening Support Service's return interviews for children going missing from home and care are timely and that the quality of these is consistent, monitoring demand to ensure resourcing of the service is sufficient.

A stable and effective operational and portfolio holder leadership is in place which ensures services continue to strive for better. There is committed political support expressed through the continued investment in a broad range of children's services. Previous instability in social care teams has meant that some children have had several changes of social worker. Successful recruitment and retention strategies have led the service to a more stable position. The service is sufficient and caseloads are manageable. We have few vacancies within children's social care and we have significantly reduced the use of agency staff. Small focused social work teams enable close working and shared learning; social workers know their children well. Social Work and Early Help teams are located together which enables professional dialogue and good practice to be shared.

The integrated front door to children's services, including a Special Education Needs (SEND) pathway is established, understood and used appropriately by our partners. We have worked with partner agencies and provided a training programme to our schools, health service, police and Ministry of Defence staff which is aiding an appropriate and timely response to concerns raised.

We now have a fully embedded children's services Performance and Quality Assurance Framework. Monthly audits assure us that children are safe and protected. Managers and senior leaders have a clear line of sight to the quality of front line practice. Performance with regard to assessments and reviews is within timescales and outcomes for Children Looked After, Care Leavers and Children with SEND are good across education, employment, placements and accommodation.

Our workforce development plan reflects the learning from our Quality Assurance and Performance processes and from feedback from children and families. Signs of Safety and relationship-based practice is embedded as our model of intervention with families across service areas. Our training and development programme is aligned to cover the key skills and attributes necessary moving forward into accreditation. We have embedded the use of the neglect toolkit and have introduced a toolkit with families where the trilogy of risk is evidenced.

We have developed a strong focus on reflective supervision, with the majority of staff being satisfied with its quality. There is a good range of training and learning opportunities that is also well received. This ranges from staff conferences and practice learning events based on emerging issues to bespoke training courses. We run bi-monthly multi agency learning from Serious Case Reviews (SCR) sessions.

Decisive action is taken to escalate concerns where necessary improvements and timescales are not made for children in care and our care leavers. An effective multi-agency Children Looked After (CLA) and At Risk Children (ARC) Panel agrees threshold being met for proceedings, Public Law Outline (PLO), and reviews all those on Supervision Orders. This panel has prevented drift on cases. We have

appointed a permanent Head of the Virtual School who is an effective point of contact for schools and has good oversight of our CLA attainment. The Virtual Head ensures that each young person placed out of county has an identified worker who liaises with schools and tracks progress.

We have focused on ensuring our children at risk of sexual exploitation are protected through effective multi-agency arrangements. The internal 'Exploitation Group' considers all children at risk of exploitation and there are strong links with the multi-agency CSE Hub.

We have made significant improvements in our fostering service, aligning all areas to the Signs of Safety approach and use all the Coram/BAAF materials in our assessments. We have a proactive and supportive independent panel that are engaged with Rutland carers. There is a strong recruitment campaign to improve in-house foster carer sufficiency with a strategy in place to increase the local foster carers by almost a third which puts us in line with expected national standards. 'Staying Put' is embedded within our fostering service and we have completed our Local Offer for Care Leavers recently to include new statutory provision up to 25 years. We will build on our existing resource such as our skilled foster carers, such as completing life story work and supervising family time and extend our fostering service to other Local Authorities.

We have increased our social worker capacity in our children with disabilities team and reviewed our 'offer' for children with disabilities. Multiagency audits of safeguarding children with disabilities (February 2018) rated all good and outstanding.

We are reviewing our domestic abuse offer including toolkits and training ensure that services are accessible and timely in the Rutland area for victims and perpetrators but also the children involved in such experiences to improve outcomes for them.

We have strengthened our Participation and Engagement Framework to ensure we have a system of continuous feedback from service users which informs our practice and supports our service design and review. Our families and foster carers report seeing positive changes and communication and support strengthening.

We have completed our 2017/18 'Next Steps' Action plan, which has addressed the 17 recommendations from the 2017 Ofsted report. The learning from that and from our Peer Challenge May 2018 has enabled us to create a comprehensive Children's Services Continued Development Plan 2018/ 2020 which will provide leadership direction and clarity in our service plans supported by a robust needs assessment and a coherent commissioning strategy.

Concise recording and analysis are key areas for further development in the coming year alongside improving the recording of the lived experience for children and young people. Whilst we have good outcomes we are not always good at recording how we achieved them. We will continue to build on SMART planning and monitor how plans are progressed, we will use data to inform practice further and ensure robust Core Groups are being held to progress plans effectively.

We will continue to strengthen links across the local authority, with elected members, children and young people's fora and the whole partnership system to ensure the conditions for excellent partnership working and practice flourish. Partner agency attendance at Child Protection Conferences continues to be an area of concern; some agencies are not attending as we would like and this we continue to address via the LSCB.



Children are at the heart of the strategic priorities of Leicestershire Police which include Child Sexual Exploitation and Abuse, Sexual Offences and Domestic Abuse. Her Majesty's Inspectorate of Constabularies and Fire and Rescue Services (HMICFRS) in their Child Protection visit in 2017 concluded, 'the force continues to demonstrate a strong commitment to reviewing, improving and implementing changes to its services and to prioritising child protection.'

The Force has continued to demonstrate its commitment to multi-agency working taking leading roles in developing executive structures to respond to Child Sexual Exploitation, Domestic and Sexual Violence and Abuse and children linked to 'Urban Street Gangs.' The Force takes an active role in all Safeguarding Children Board activity and has committed an additional Inspector post to support this work.

The Force has invested significant funds to renovate the Child victim suite in consultation with local children. The Force has continued to develop a culture of seeing the child in any incident by creating a 'Childs Voice' video which is supplemented by a 'Think victim' booklet which contains specific advice in respect of Children.

The Force has worked with partners to strengthen the combined assessment of CSE concerns through a multi-agency daily management meeting, weekly partnership meeting and monthly strategic meeting. Leicestershire Police have redesigned their response to missing people. The Missing Persons Operational Team provides consistency of assessment, whilst the Missing Persons Engagement Team work with partners to reduce the risk to people who repeatedly go missing; children making up the majority of these.

The Child Referral Team reviews all public protection notices submitted by frontline officers and staff. Through a re-structure and a change in processes it is now able to undertake all strategy discussions on behalf of the Force including those relating to sexual offences and Domestic Abuse. Part of the process redesign included the audio recording of S.47 strategy discussions; HMICFRS described this practice as 'innovative' and 'good practice.'

HMICFRS, during their re-visit in December 2017, graded over twice as many child protection cases as good, and nearly half as many as inadequate compared to their original inspection in January 2017. Despite the improvement, there is clearly more work to be done. HMICFRS were assured of a continuing commitment to make further improvements.

The Forces Paedophile Online Investigation Team (POLIT) has joined the newly developed Digital Hub. Enhanced processes within the hub and in POLIT, has led to more people who view indecent images of children being identified and more children being safeguarded.

The Force is committed to meaningful engagement in Child Protection Conferences, particularly pre-birth and initial conferences. Demand in this area has more than doubled. Although resources have been increased, those which are attended have had to be prioritised; all receive a report in respect of Police information about the family. The Force is chairing a multi-agency group tasked to look at alternate options to attendance, including video conferencing.

The Force is developing a Children's Strategy to ensure the voice of the child is incorporated into every strand of policing. The Police and Crime Plan 2017-21 includes a focus on specific areas where children are affected.

The Force is working with Local Authority partners to improve the provision of appropriate adults for children in custody and to reduce the amount of children kept in Police custody overnight due to a lack of appropriate accommodation.

The Force is undertaking a project to create a Safeguarding hub encompassing Children and Adults. Building upon the innovative processes adopted by the Child Referral Team, and the multi-agency CSE team, it will also include Domestic Abuse support, MARAC, Adult Vulnerability and Mental Health. It will allow the holistic review, research and assessment of cases, ensuring the response considers the most appropriate response to often complex situations. Some of the existing teams include staff from partner agencies. It is hoped the aligned hub will facilitate further co-location and partnership working.

Leicestershire Police will maintain a regime of internal audits and will engage with multi-agency and external reviews in order to continually improve the service to provide the best outcome for children and families.



We successfully introduced a hospital 'independent domestic violence advisor' (IDVA) into the Emergency Department at the Leicester Royal Infirmary. The IDVA has been instrumental in supporting the team to secure refuge for a woman who had no recourse to public funds due to her circumstances. The IDVA has also ensured



that a number of patients have received specialist domestic abuse support before leaving the department.

We transferred all of our safeguarding records for maternity, children and adults onto an electronic database to ensure data is kept in one place. This means that the team have ready access to cases and information, to enable us to cross reference information that the Trust holds on safeguarding concerns.

We delivered accredited PREVENT WRAP training to over 7,475 staff as part of a plan to train 85% of clinical staff by June 2018, as part of our NHS England contractual requirements.

We completed IT preparatory work to support the implementation of the Child Information Sharing Project (C-PIS) by April 2018. This national programme will provide real-time alerts about children who are known to be Looked After or on a Child Protection Plan.

We have worked with safeguarding partner agencies to complete 5 multi-agency audits. In child safeguarding we were able to demonstrate that we have effective processes to share information about children considered at risk with police and social care.

We have promoted the use of the NHS England Safeguarding App. This means that staff using the App have immediate access to consistent information about safeguarding and the wider agenda such as Mental Capacity Act.

In 2017 the Trust's safeguarding assurance self-assessment and subsequent CCG review identified the following developmental areas:

- To improve compliance with PREVENT WRAP Training
- To explore further methods to capture the 'Voice of the Child'
- Finalise the revised UHL Safeguarding Supervision Policy and Management of Allegations Against Staff Policy.

In response to this the following work has taken place –

- A revised training strategy for PREVENT training was developed together with a monthly performance monitoring tool, to ensure that relevant staff attend PREVENT training
- In conjunction with the Patient Experience Team and Women's and Children's CMG, further data was collated to demonstrate how the Voice of the Child is captured
- UHL Safeguarding Supervision Policy has been re developed in line with changes in practice. The Trust has also developed and updated policies in relation to the "Management of allegations against staff".

Due to the changing nature of safeguarding work the complexity of cases, together with the available resources to manage cases will be reviewed taking into account referral patterns and activity data. An option appraisal will be completed during 2018 to determine the required resource and team structure to deliver the future safeguarding service.



The NPS is committed to protecting the right of a person, whether an adult or a child, to live in safety, free from harm, abuse and neglect. It recognises that safeguarding is everyone's responsibility and that children are best protected when professionals are clear about what is required of them individually and how they need to work together. The NPS national policy, "Safeguarding and Promoting the Welfare of Children" clearly describes our work, its links to child safeguarding, and how we meet our Working Together Section 11 duties.

The National Probation Service continues to engage positively with the LSCB and with partnership agencies.

In the past year, significant work has gone into further developing the safeguarding processes in an online repository of process maps, documents, policies and guidance called EQUiP - Excellence and Quality In Processes. This outlines to staff how to make safeguarding checks, referrals, child protection conference responsibilities, and provides aide memoirs and toolkits. It will be used to inform Safeguarding Quality Assurance tasks that will be scheduled in coming 12 months. Additionally, a new Practice Improvement Tool has been developed to quality assure safeguarding referrals.

In relation to training, all NPS staff, regardless of role, have to complete the Child Protection and Safeguarding Children, and the Domestic Abuse e-learning modules. All front line staff who supervise or have contact with offenders also have to complete the two day Safeguarding Children face to face training.

As of April 2018, no staff have the e-learning outstanding, and only just under 10% of staff still require the face to face input. Other training relating to safeguarding children has continued to be offered in the past year such as Working with Sex Offenders, Domestic Abuse. Whilst additional training offered by partner agencies/local authority has been offered to, take-up has been low due to workload demands; this is acknowledged as action required for the coming year.

LLR NPS Senior Management have made efforts to maximise attendance at LSCB Board Meetings, with additional involvement in a subgroup review of Child Protection Conferences and Appeals, and a pending subgroup review of quoracy, partnership representation and contribution to CP conferences. Serious incident information requests and data trawls have been returned within timescales.

Front line NPS staff continue to manage high risk violent and sexual offenders, some of whom will pose a risk to children. Staff make referrals, with NPS management support and oversight, where safeguarding concerns arise. There is room however to develop our staff's understanding and links with the Early Help aspect of Children's Social Care so that we are fully utilising the "One Front Door" approach to address the needs of all children of service users under NPS' supervision.

The challenges in the year ahead for NPS remain high workloads; with the Leicestershire Cluster being consistently amongst the highest workload in the Midlands region. Additionally, there has been a large intake of staff, with more trainee Probation Officers joining later in the year. Whilst this will hopefully alleviate some of the workload pressure in the future, in the interim two years it presents further workload challenges whilst these new staff are developed, supported and trained.

NPS LLR remain committed to delivering a quality service, and learning from our practice and partnerships.



Safeguarding touches everyone's lives at some time, including the lives of the service users and staff of Leicestershire Partnership NHS Trust (LPT). Many of our service users have experienced abuse of some kind, or may be at risk of experiencing abuse either now or in the future. Few of these service users exist in isolation, which is why in 2017 LPT have continued to build on the work to adopted a 'Whole Family' approach to safeguarding, including moving to a position of a Whole Family safeguarding team instead of separate Adult and Children team.

Training and information for staff has been adapted in relation to Individual and organisational responsibilities and in line with promoting a Whole family approach. Likewise, LPT has continued to work towards improving health outcomes for Looked after Children (LAC) and supporting the Child Death Overview Process (CDOP).

The PREVENT Statutory Duty was introduced in 2015, placing specific statutory obligations on health organisations and other partners to support the protection of individuals vulnerable to exploitation by extremist groups. Moving forward LPT will have a Prevent Lead and Prevent co-ordinator as part of the Whole Family Safeguarding Team, who will ensure compliance with statutory responsibilities including training delivery.

Given the vulnerabilities of those we work with in LPT, we must continue to focus on 'Early Help' and Prevention and lesson learning in 2017-18 in order to prevent the risk of Abuse to Vulnerable Adults and Children in contact with LPT services.

LPT is closely monitored in relation to safeguarding activity both internally and externally to ensure the organisation is compliant with statutory requirements placed upon health organisations.

Derbyshire, Leicestershire, Nottinghamshire & Rutland Community Rehabilitation Company (DLNR CRC) is responsible for the supervision of low and medium risk of harm adult offenders, the provision of a range of rehabilitative interventions for CRC and National Probation Service (NPS) cases and the delivery of 'Through the Gate' (TTG) services in Resettlement Prisons. This work involves working with adult offenders who are both perpetrators of abusive behaviour and individuals who present with multiple vulnerabilities

Safeguarding is a core statutory function of DLNR CRC. Risk assessment and risk management is one of its key activities, driving all its activities with service users. Safeguarding considerations are considered within assessment and risk management plans at all stages. DLNR CRC use specialist risk assessment tools such as Offender Assessment System (OASys) and Spousal Assault Risk Assessment (SARA) to support defensive decision making across all areas of risk. All operational staff are trained in safeguarding as part of their core training and DLNR CRC has a competency framework to ensure that all cases are allocated to appropriately trained staff on the basis of identified risk and need.

DLNR has quality assurance mechanisms to support the maintenance of effective practice standards. All team managers within DLNR CRC attend 'Quality Days' on a monthly basis during which case records are sampled and quality assured. DLNR CRC also have an Internal Audit team who undertakes themed audits across DLNR. DLNR CRC are also subject to audits through Her Majesty's Prison & Probation Service (HMPPS) contract management team and HM Inspectorate of Probation (HMIP).

**CHILDREN AND YOUNG PEOPLE  
SCRUTINY PANEL**

20 September 2018

**JOINT STRATEGIC NEEDS ASSESSMENT**

**Report of the Director of Public Health**

Strategic Aim:	Meeting the health and wellbeing needs of the community – improving the health of the population		
Exempt Information	No		
Cabinet Member(s) Responsible:	Mr Alan Walters - Portfolio Holder for Safeguarding – Adults, Public Health, Health Commissioning, Community Safety & Road Safety		
Contact Officer(s):	Mike Sandys, Director of Public Health	0116 305 4239	<a href="mailto:Mike.sandys@leics.gov.uk">Mike.sandys@leics.gov.uk</a>
	Trish Crowson, Senior Public Health Manager	01572 758 268	<a href="mailto:trish.crowson@leics.gov.uk">trish.crowson@leics.gov.uk</a>

**DECISION RECOMMENDATIONS**

That the Panel:

1. Notes the report.
2. Endorses the approach to development of the new Joint Strategic Needs Assessment and publication of the chapters on Children and Young People; specifically;
  - (a) The Best Start in Life,
  - (b) Children and Young People – Staying Safe and Healthy
  - (c) Achieving Educational Potential.
3. Offers views in relation to the recommendations within the draft chapters pertaining to children and young people.

**1 PURPOSE OF THE REPORT**

- 1.1 To inform the Panel of the process and development of the new Joint Strategic Needs Assessment (JSNA) and to seek views in relation to areas where further analysis would be helpful in the future; and the draft recommendations made.

**2 BACKGROUND**

- 2.1 JSNAs are the statutory process by which a Local Authority and Clinical Commissioning Group assess the current and future health, care and wellbeing

needs of the local community to inform local decision making. A JSNA integrates a range of data and topics such as health, housing, transport, employment and education, to identify needs of strategic importance to health and wellbeing.

- 2.2 The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.
- 2.3 It will be used to help to determine what actions Rutland County Council, the local NHS and other partners need to take to meet the health, wellbeing and social care needs, and to address the wider determinants that impact on health and wellbeing. The JSNA informs and underpins the Rutland Joint Health and Wellbeing Strategy.
- 2.4 The last JSNA for Rutland was produced in 2015 and is available on the RCC website at: <https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/joint-strategic-needs-assessment/>

### **3 PROCESS FOR DEVELOPING THE JSNA**

- 3.1 A JSNA Reference Group has been overseeing the JSNA process and ensuring the development of the JSNA meets the statutory duties of the Health and Wellbeing Board.

Draft subject-specific chapters have been produced which give an assessment of current and future health and social care needs. The chapters are:

1. Rutland's Population
2. The Best Start in Life
3. Children and Young People – Staying Safe and Healthy
4. Achieving Educational Potential
5. Physical Health of Adults
6. Mental Health of Adults
7. Ageing Well

Each chapter makes recommendations for action in response to the current and future needs identified by the data. The JSNA, and in particular the recommendations, are designed to inform future commissioning decisions. It is not expected to lead to development of specific action plans. An Infographic summary of each chapter will be available online, along with an online data dashboard which will be updated on a quarterly basis to enable users to self-serve high level data requests.

- 3.2 Once the JSNA 2018 is published, it is proposed, (where possible) to update the chapters, when new data is released. The JSNA Reference Group will be re-formed in late 2020 and the status of all chapters will be reviewed at this time.
- 3.3 The 3 relevant chapters for this panel, as outlined in the recommendations section, are attached as appendices A, B and C but all of the draft JSNA chapters can be found at the following link  
<https://rutlandcounty.moderngov.co.uk/ieListDocuments.aspx?CId=213&MIId=1896&Ver=4>

The Adults and Health Scrutiny Panel will also be considering the draft JSNA at its meeting on 27<sup>th</sup> September 2018

- 3.4 Any additional and individual comments on the draft should be sent to Dr Katherine Packham, Consultant in Public Health, at [Katherine.packham@leics.gov.uk](mailto:Katherine.packham@leics.gov.uk) by 5<sup>th</sup> October 2018.
- 3.5 Approval of the JSNA lies with the Rutland Health & Wellbeing Board. The final version, amended in light of comments and feedback will be taken to the December Board meeting for approval and publication by end December 2018.

#### **4. CONCLUSION AND SUMMARY**

The report describes the process for development of the JSNA 2018 and how it is used to determine the current and future health, care and wellbeing needs of the population, and how it is used to ensure local evidence-based priorities for commissioning to improve the public's health including that of children and young people and reduce inequalities.

#### **5. BACKGROUND PAPERS**

- 5.1 There are no additional background papers.

#### **6. APPENDICES**

- 6.1 Appendix A – The Best Start In Life  
Appendix B – Children and Young People – Staying Safe and Healthy  
Appendix C – Achieving Educational Potential

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

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# RUTLAND JOINT STRATEGIC NEEDS ASSESSMENT 2018

THE BEST START IN LIFE

JULY 2018

Strategic Business Intelligence Team  
Leicestershire County Council

**NHS**  
East Leicestershire  
and Rutland  
Clinical Commissioning Group



DRAFT

**Public Health Intelligence**

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Produced by the Strategic Business Intelligence Team at Leicestershire County Council.

Whilst every effort has been made to ensure the accuracy of the information contained within this report, Leicestershire County Council cannot be held responsible for any errors or omission relating to the data contained within the report.

## FOREWORD

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The purpose of the Joint Strategic Needs Assessment (JSNA) is to:

- To improve the health and wellbeing of the local community and reduce inequalities for all ages.
- To determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- To provide a source of relevant reference to the Local Authority, Clinical Commissioning Groups (CCGs) and NHS England for the commissioning of any future services.

The Local Authority and CCGs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Rutland, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.

The JSNA has reviewed the population health needs for the people of Rutland in respect of a person's early years aged 0-4. This has involved looking at the determinants of health, the health needs of this population in Rutland, the impact of services, the policy and guidance supporting young children, and the existing services and the breadth of services that are currently provided. The unmet needs and recommendations that have arisen from this needs assessment are discussed.

The JSNA offers an opportunity for the Local Authority, CCG and NHS England's plans for commissioning services to be informed by up to date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, CCG and NHS England must be able to explain why.

## EXECUTIVE SUMMARY

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- This chapter presents a comprehensive overview of children (aged 0-4 years) in Rutland. There are many factors that influence the health of a child during their pre-school years. This is a vital time for development of a child whether that be physically, emotionally or socially, and many of the factors influencing a child's health at this time can have an impact on their later life.
- The majority of indicators presented are from national sources so are subject to a time lag due to the time required for data collection, data analysis and publication. Where possible, comparisons have been made to national averages and local context has been included.
- The best start in life summary rank indicates Rutland's position relative to other Local Authorities based on readiness for school and provision of new birth visits. Rutland ranked 91 in 2015/16 out of 152 Local Authorities which is better than average.<sup>1</sup>
- There are proportionally fewer children known to social care in Rutland than in other local authorities in England with lower rates of Children in Need, Children Looked After and those subject to a Child Protection Plan in Rutland in 2016/17.
- School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. 'Good level of development' is used to assess school readiness. School readiness starts at birth with the support of parents and other caregivers, as children start to acquire these skills. School readiness at age 5 (the end of reception year) has a strong impact on future educational attainment and life chances.<sup>2</sup> In 2016/17, 75.7% of children in Rutland achieved a good level development (GLD) at the end of Early Years Foundation Stage (reception) compared to the England value of 70.7%.
- From 2014/15 to 2016/17 there has been a significant improvement in the percentage of children with obvious dental decay in Rutland (28.8% to 15.6%).
- The overarching recommendation of this chapter is: to provide support to aim for all children in Rutland to have a happy and healthy childhood, targeting resources in proportion to need and to those who are most vulnerable.

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## **1. Introduction**

This chapter presents a comprehensive overview of children (aged 0-4 years) in Rutland. The majority of indicators presented are from national sources so are subject to a time lag due to the time required for data collection, data analysis and publication. Where possible, comparisons have been made to national averages and local context has been included.

## **2. Who is at risk?**

There are many factors that influence the health of a child during their pre-school years. This is a vital time for development of a child whether that be physically, emotionally or socially, and many of the factors influencing a child's health at this time can have an impact on their later life.

### **1.1 Children in poverty**

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. It therefore follows that reducing the numbers of children who experience poverty should improve adult health outcomes and increase healthy life expectancy.

In England in 2013, 20.2% of children aged 0 to 4 years of age were in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income). The figure for the East Midlands was 20.5% and the Rutland value was 9.6% which is significantly better than the England value<sup>3</sup>.

### **1.2 Homelessness**

Homelessness often equates to severe poverty which is a social determinant of health. As a result, homeless children are often the most vulnerable in society.

Family homelessness (applicant households eligible for assistance (1996 Housing Act) unintentionally homeless and in priority need) in 2016/17 was 1.9 per 1,000 households for England, and 1.6 per 1,000 households for the East Midlands. Rutland's rate was 1.2 per 1,000 households (19 households) which is significantly better than the England value.<sup>4</sup>

### **1.3 Children's Social Care in Rutland**

There are proportionally fewer children known to social care in Rutland than in other local authorities in England with lower rates of Children in Need, Children Looked After and those subject to a Child Protection Plan in Rutland in 2016/17.

The number and profile of Children Looked After (CLA) in Rutland has remained fairly stable over

recent years with an average of around 40 children and young people in care at any one time and around 50-55 children looked after over the course of a year. The number of CLA has increased slightly over recent years in line with population growth and mirroring the national trend (although it is expected to show a decrease for 2017/18). The number of Care Leavers is also stable at around 23 over each of the last three years.

Rutland is the smallest local authority in England and faces a different set of challenges to larger authorities in ensuring the best possible provision of services for children looked after and those leaving care. The profile of CLA in Rutland – and the cost of service provision – can fluctuate considerably due to the relative low number of children in the cohort at any one time. As such, the impact of a small number of sibling groups moving in or out of care can have a disproportionately large impact on the profile of the cohort, for example, in relation to age, gender, ethnicity, category of need or legal status. The same is true for other cohorts such as children subject to Child Protection Plans and Care Leavers.

The sections which follow describe the latest comparative data for Rutland and England in more detail.

### **1.3.1 Children in need**

In Rutland in 2016/17, 504 children under the age of 18 were classified as children in need. This equates to a rate of 573 per 10,000 population; better than the England average of 612 per 10,000 population.<sup>5</sup>

The proportion of children in Rutland in 2017 in need due to abuse, neglect or family dysfunction was 71.7%. This is higher than the England average of 68.3%.<sup>6</sup>

The rate of children under the age of 18 years in need due to child disability or illness in Rutland in 2017 was 27.2 per 10,000 population (21 children). This is similar to the England value of 31.2 per 10,000 population.<sup>7</sup>

### **1.3.2 Children who are Looked After**

In Rutland on 31 March 2017, 40 children under the age of 18 were classified as looked after. This equates to a rate of 51.8 per 10,000 population. This is significantly better than the England average value of 62.0 per 10,000 population.<sup>4</sup> The rate of children who are looked after (CLA) per 10,000 children for Rutland has increased over the last five years from 40 per 10,000 in 2012 to 52 per 10,000 in 2017. The increase in the rate over the last five years has been greater for Rutland than for the national and regional comparators, with only a small increase regionally and the national figure remaining static over the last four years. This means that the increase over the last six years has brought Rutland's rate of CLA proportionate to its local population much closer to the regional and national pictures.

Rutland has the lowest number of CLA of any local authority in England; no other local authority has fewer than 100 CLA – Wokingham is the next smallest with 110 – and the average for a local authority is 649 children (average for all authorities over the last 5 years).

In 2017, 96.0% of eligible looked after school aged children (22 children) had an emotional and behavioural health assessment. This is higher than the England average value of 76.0%.<sup>5</sup> The proportion of eligible children considered ‘of concern’ in 2016/17 was 59.0% (13 children). This is worse than the England value of 38.0%.<sup>5</sup>

In 2017, 100.0% of looked after children under the age of 5 in Rutland (6 children) had up-to-date development assessments<sup>5</sup>, and 100.0% of looked after children under the age of 18 (29 children) had an annual health assessment.<sup>5</sup>

In 2016/17, the rate of children leaving care for Rutland was 25.9 per 10,000 population. This is lower than the England average value of 26.5 per 10,000 population.<sup>5</sup>

In Rutland, the total spend on CLA increased by 56% over the last 5 years; up from £990,000 in 2011-12 to £1,546,000 in 2015-16. The spend on CLA in Rutland as a proportion of all spending on Children’s Services over the same period (2011-12 to 2015-16) has gone up from 26.7% to 34.6%, so CLA now accounts for around a third of all spending on Children’s Services in Rutland. However, it remains considerably lower than the comparative figure for the region (43.1%) or nationally (44.1%). The average cost per child looked after is also much lower in Rutland than the average for local authorities in England – around £14k lower – at £28,109 per child, compared to £41,785 per child nationally (2015/16). Thus, outcomes for CLA in Rutland are being achieved at a much lower cost than in other local authorities.

More detailed information on Children Looked After in Rutland is available in the Children Looked After and Care Leavers Strategy.<sup>8</sup>

### **1.3.3 Safeguarding of children**

In Rutland at the end of March 2017, 20 children were subject of a child protection plan. This equates to a rate of 25.9 per 10,000 population. This is significantly lower than the England average value of 43.3 per 10,000 population.<sup>5</sup>

In Rutland during 2016/17, there were 32 new child protection cases for children aged less than 18 years of age, this is a rate of 46.6 per 10,000 population. This is lower than the England rate of 56.3 per 10,000 population.<sup>4</sup> In Rutland, 36.1% of children aged under 18 years of age (13 children) became subject of a child protection plan for a second or subsequent time. This is higher than the



England value of 18.7%.<sup>7</sup>

### **1.3.4 Children social care workforce**

There have been a number of changes to the way in which children's social care is delivered across Rutland in 2017/18. There was been a focused effort on reducing the number of agency staff and increasing the number of permanent employees to support consistency of practice and continuity of support for children and families. This has seen the number of permanent staff increase from around 50% in 2017 to 85% in 2017 (with a further increase expected in 2018 data).

Changes to staff and structure have coincided with a halving of the absence rate. For the children's social care workforce, the staff absence rate for Rutland in 2016 was 7.1%, around twice the National average of 3.5% (in 2016). In 2017 the absence for Rutland dropped to just 2.4% - two-thirds lower than the previous year – bringing it below the National average of 3.1%.<sup>9</sup>

## **1.4 Maternal influences**

Factors relating to the mother and method of delivery of a newborn child can have an influence on the health needs of a child.

### **1.4.1 Young mothers**

A child's long-term health can be impacted on as follows: children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight. The mental health effects for a teenage mother are that they are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth – this may impact on the child's health and development. Living in poverty, is also an increased risk for teenage parents and their children.

In 2015, the number of births to mothers aged less than 20 years of age in Rutland was 9, a proportion of 2.6%. This is similar to the England value of 3.4%.<sup>10</sup>

### **1.4.2 Older mothers**

Higher rates of antenatal depression and anxiety have been found amongst older mothers. This may add to the risks for the newborn child.<sup>11</sup>

In 2015, the number of births to mothers aged 40 years and over in Rutland was 17. This equates to 5.0% of all live births. This is similar to the England value of 4.3%.<sup>10</sup>

### **1.4.3 Caesarean section**

When maternal or infant problems arise, there may be a need for a child to be delivered by

caesarean section. Following delivery, there may be further health problems associated with the procedure for the newborn infant.

In Rutland, in 2016/17, 90 deliveries were made by caesarean section. This equates to 28.8% of the total number of deliveries. This is similar to the England value of 27.1%.<sup>4</sup>

#### **1.4.4 Postpartum psychosis**

Any mental health problems that a mother has may impact on her ability to care for her infant.

In 2015/16, 5 women in Rutland were estimated to have postpartum psychosis, 10 were estimated to suffer from a severe depressive illness in the perinatal period and between 35 and 50 women were estimated to suffer from a mild-moderate illness and anxiety in the perinatal period.<sup>10</sup>

#### **1.5.5 Deliveries to mothers from Black and Minority (BME) groups**

In Rutland in 2016/17, 6.7% of deliveries were to mothers from BME groups (21 deliveries). This is lower than the England proportion of 23.3%.<sup>4</sup> The 2011 Census tells us the percentage of the population from BME groups in Rutland is 2.9% whereas nationally the percentage is 14.6%. This infers that both locally and nationally mothers of a BME background may be having more children than those from a non-BME background.

### **1.5 School readiness**

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. 'Good level of development' is used to assess school readiness. It is measured at the end of the reception year and covers: communication and language; physical development; personal, social and emotional development; literacy; mathematics; understanding the world; and expressive arts, designing and making. School readiness starts at birth with the support of parents and other caregivers, as children start to acquire these skills. School readiness at age 5 (the end of reception year) has a strong impact on future educational attainment and life chances.<sup>12</sup>

A child's performance in school is a key indicator of their early years' development. In 2016/17, 75.7% of children in Rutland achieved a good level development (GLD) at the end of Early Years Foundation Stage (reception) compared to the England value of 70.7%. Although attainment as measured by GLD remains above that seen nationally, however, there are inconsistencies in performance over time. Meanwhile, seven children with free school meal status achieved a good level of development at the end of reception (63.6%). This is similar to the England value of 56.0%.<sup>3</sup>

## **2. Level of need in Rutland**

In 2016, Rutland's population of 0-4 year olds was estimated to be a total of 1,835 (887 females and 948 males). This is projected to stay the same by 2039.

Further information regarding Rutland's population can be seen in the JSNA Population chapter here:

### **2.1. Best start in life summary rank**

The best start in life summary rank indicates Rutland's position relative to other LAs based on readiness for school and provision of new birth visits. Rutland ranked 91 in 2015/16 out of 152 LAs which is better than average.<sup>13</sup>

### **2.2. Infant mortality**

Several factors can influence a baby's chance of survival at birth, in their first few weeks of life and beyond.

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions.

Reducing the gap between the richest and poorest groups, and infant mortality overall are part of the Government's strategy for public health (Healthy Lives, Healthy People: Our Strategy for Public Health November 2010)

Rutland had 5 deaths under 1 year of age in the period 2014-16 – a rate of 4.9 deaths per 1,000 live births. This is similar to England's rate of 3.9 deaths per 1,000 live births.

#### **2.2.1. Low birth weight**

One contributing factor to the risk of childhood mortality and a child's developmental problems and their health in later life is low birth weight. Low birth weight is defined as a weight under 2500g and a gestational age of at least 37 complete weeks at birth.

A high percentage of low birth weight babies may indicate lifestyle issues of the mothers and/or issues with maternity services which could also impact on the health of the newborn.

The proportion of low birth weight babies was 2.67% for Rutland in 2016 (8 babies). This is similar to the England value of 2.79%.

### **2.2.2. Smoking in pregnancy**

Smoking in pregnancy has detrimental effects for the growth and development of the baby and health of the mother. The encouragement of pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thereby provide health benefits for the mother and reduce exposure to smoke by the infant.

Smoking during pregnancy can cause pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022.

The smokers at the time of delivery indicator is only available as a combined figure for Leicestershire and Rutland, due to the small numbers involved in Rutland. The proportion of mothers known to be smokers at the time of delivery for Leicestershire and Rutland combined was 8.6% in 2016/17. This is better than the England rate of 10.7%. This is line with the latest smoking prevalence figures in Rutland where 8.6% of the adult female population smoke. This is significantly better than the national female smoking prevalence of 13.0% in 2017.<sup>14</sup>

### **2.2.3. Breastfeeding**

Breastfeeding has been shown to have positive effects on an infant's health and development. Not only does breast milk provide excellent nutrition for babies, breastfeeding is associated with lower levels of gastro-intestinal and respiratory infection, and therefore lower chance of hospitalisation for such infections. Children that are breastfed are also less likely to become obese.

Breastfeeding also has positive effects for the mother, as mothers that do not breastfeed have an increased risk of ovarian and breast cancers, and they may also experience more difficulty in achieving their pre-pregnancy weight.

In 2016/17, 81.1% of mothers breastfed their babies within the first 48 hours of delivery, this is significantly better than the England value of 74.5%. In 2014/15, 52.8% of infants due a 6-8 week check were being either totally or partially breastfed. This is significantly better than the England value of 43.8%.

## **2.3. Immunisation**

Vaccination is offered to infants in order to protect them from the diseases and associated complication, and also to minimise the spread of the diseases within the wider population. Vaccination coverage is measured against benchmarked targets.

### **2.3.1. MMR**

Vaccination to protect against the infectious diseases measles, mumps and rubella can prevent children from not only contracting those diseases, but also complications associated with the diseases, such as meningitis, encephalitis and deafness.

The population vaccination coverage for children having received two doses of the MMR vaccine at 5 years old was 93.8% for Leicestershire and Rutland combined for 2016/17. This is within the benchmarked target range of 90% to 95%.

### **2.3.2. Hepatitis B**

Mothers infected with the hepatitis B virus (HBV) are at risk of passing on the HBV infection to their babies. Hepatitis B can lead to cirrhosis of the liver and liver cancer, so vaccination of babies born to infected mothers is important. In 2016/17, no children aged 1 and 2 years old received the vaccine for hepatitis B in Rutland. This is likely to be due to the low numbers of infants born to hepatitis B virus infected mothers that are at high risk of acquiring HBV infection themselves.

### **2.3.3. Dtap/IPV/Hib**

This combined vaccine (Dtap/IPV/Hib) protects against diphtheria, pertussis, tetanus, haemophilus influenzae type B and polio.

In 2016/17, in Leicestershire and Rutland combined, 97.3% of children aged 1 year old and 98.2% of children aged 2 years old had received the combined vaccine of Dtap/IPV/Hib. These proportions are better than the benchmarked target of 90% to 95%.

### **2.3.4. Men C**

Protection against infection by meningococcal group C bacteria is provided by the Meningococcal C conjugate (Men C) vaccine. Infection by meningococcal group C bacteria can cause meningitis and septicaemia. Boosted immunisations in the infant's second year provide immunity that lasts into adulthood.

The population vaccination coverage for children having received the completed course of the Men C vaccine by their first birthday was 98.1% for Leicestershire and Rutland combined for 2015/16. This is above the benchmarked target range of 90% to 95%.

For 2016/17, the population vaccination coverage for children having received the Haemophilus influenzae type b (Hib) and Men C booster vaccine by their second birthday was 96.1% for Leicestershire and Rutland combined. This is above the benchmarked target range of 90% to 95%.

### **2.3.5. PCV**

The PCV vaccination protects against pneumococcal infections that can cause pneumonia, septicaemia and meningitis.

The population vaccination coverage for children having received the completed course of the PCV vaccine by their first birthday was 97.3% for Leicestershire and Rutland combined for 2016/17. This is above the benchmarked target range of 90% to 95%.

The population vaccination coverage for children having received a dose of the PCV booster vaccine by their second birthday was 96.2% for Leicestershire and Rutland combined for 2016/17. This is above the benchmarked target range of 90% to 95%.

### **2.3.6. Influenza**

Vaccination against influenza can prevent illness and hospitalisation. Vaccination is offered to those at risk of developing serious complications if they catch the virus.

The population vaccination coverage for children aged 2-4 years old was 49.3% for Leicestershire and Rutland combined for 2016/17. This is within the benchmarked target range of 40% to 65%.

### **2.1 Excess weight**

Being overweight at ages 4 to 5 years old can lead to a person being overweight in later life. This can lead to ill-health and associated problems.

The proportion of overweight (including obese) children in reception was 24.0% for Rutland for 2016/17 (82 children). This is statistically similar to the England value of 22.6%.

### **2.2 Tooth decay**

Oral health problems in children are largely preventable. Oral health is an important aspect of a child's overall health status and is seen as a marker of wider health and social care issues, including poor nutrition and obesity. A combination of healthy diet and practising good dental hygiene can help to ensure a child has healthy teeth and gums.

#### **2.2.1 Three year olds**

The average number of decayed, missing or filled teeth in three year olds in Rutland in 2012/13 was 0.33. This is statistically similar to the England value of 0.36.

High levels of consumption of food and drinks containing sugar (particularly long term bottle use) can lead to incisor caries. The prevalence of incisor caries in three year olds in the same time

period was 1.8. This is better than the England value of 3.9.

Meanwhile, the proportion of three year olds free from dental decay was 85.1% for Rutland in 2012/13. This is statistically similar to the England proportion of 88.4%.

### **2.2.2 Five year olds**

In England, 23.3% of five-year-old children had experience of obvious dental decay (caries), having one or more teeth that were decayed to dentinal level, extracted or filled because of caries (%d3mft>0) in 2016/17. d3mft is the standard measure of dental decay and refers to teeth that are decayed, missing and/or teeth with fillings. In Rutland, the percentage of children with obvious dental decay is significantly better than the national average at 15.6%. From 2014/15 to 2016/17 there has been a significant improvement in the percentage of children with obvious dental decay (%d3mft>0) in Rutland (28.8% to 15.6%).

In England, the average (mean) number of teeth per child affected by decay (decayed, missing or filled teeth (d3mft)) was 0.8. In Rutland, the average number of teeth per child affected by d3mft was 0.4, half the national average. From 2014/15 to 2016/17 there has been a significant improvement in the average number of decayed teeth per child in Rutland (0.7 to 0.4).

Among the children with decay experience, the average number of decayed, missing (due to decay) or filled teeth (mean d3mft (% d3mft>0)) in England is 3.4. At upper-tier local authority level there is clear variation of this measure with affected children in Rutland and Wiltshire having only 2.3 teeth affected on average, while those in Harrow had 4.8.

## **2.3 Hospital attendances**

There are many reasons why an infant may attend hospital, some of which might be preventable if mothers and their infants followed more healthy lifestyles or accessed primary care services.

### **2.3.1 A & E attendances**

Accident & Emergency attendance are often preventable for children aged 0 – 4 years. Reasons for attendance are largely due to accidental injury or to minor illnesses which could be treated in primary care.

In Rutland, the rate of attendances at any Accident & Emergency (including walk in centres) from infants aged 0 – 4 years who are resident in Rutland was 607.6 per 1,000 population in 2016/17. This is similar to the England rate of 601.8 per 1,000 population.

### **2.3.2 Emergency Admissions**

A healthy start in life and access to care and support for parents should minimise the occurrence of the majority of childhood emergency admissions. For example, by encouraging breast feeding, good diet and hygiene, better support for parents in the management of illness in their homes and the provision of health advice through primary care services.

There were 103 admissions from children aged under 1 year old as an emergency in 2015/16, a rate of 300.3 per 1,000 population. This is similar to the England rate of 357.7 per 1,000 population. In the same time period, there were 147 admissions from children aged 1 - 4 years old as an emergency in 2015/16, a rate of 103.3 per 1,000 population. This is similar to the England rate of 106.5 per 1,000 population. As this is a count of admissions, a child will be counted more than once if they have more than one admission.

### **2.3.3 Admissions of babies under 14 days**

Admissions of babies under 14 days of age are often related to the quality of health assessments before discharge after birth or to postnatal care once home. Other reasons for admission are related to problems with feeding, such as dehydration and jaundice.

In Rutland in 2016/17, 20 admissions to hospital from babies under 14 days. This equates to a rate of 64.1 per 1,000 deliveries and is similar to the England rate of 71.0 per 1,000 deliveries. In 2015/16 the rate of admissions of babies under 14 days in Rutland was significantly worse than the national average, equating to 32 admissions to hospital in the age range specified. It is important to note the numbers of admissions are small and are likely to fluctuate year on year.

### **2.3.4 Unintentional and deliberate injuries**

Injuries are a major cause of mortality for children. They can also be a precursor to long-term health issues, including mental health conditions as a result of the experience(s).

They were 19 hospital admissions caused by unintentional and deliberate injuries in 0 – 4 year olds in 2016/17. This equates to a rate of 103.5 per 10,000 population. This is a similar rate to the England value of 126.3 per 10,000 population.

### **2.3.5 Emergency admissions for falls**

The rate of emergency admissions for falls for children aged 0 – 4 years was 391 per 100,000 population for Leicestershire and Rutland combined for the period 2014/15 – 16/17. This is better than the England rate of 509 per 100,000 population.

Meanwhile, the rate of emergency admissions for falls from furniture for children aged 0 – 4 years was 67.1 per 100,000 population for Leicestershire and Rutland combined for the period 2012/13 – 16/17. This is better than the England rate of 138.2 per 100,000 population.



### **2.3.6 Emergency admissions for accidental poisoning**

The rate of emergency admissions for accidental poisoning for children aged 0 – 4 years was 72.7 per 100,000 population for Leicestershire and Rutland combined for the period 2014/15 – 16/17. This is better than the England rate of 145.5 per 100,000 population.

Meanwhile, the rate of emergency admissions for poisoning from medicines for children aged 0 – 4 years was 52.5 per 100,000 population for Leicestershire and Rutland combined for the period 2012/13 – 16/17. This is better than the England rate of 101.5 per 100,000 population.

Children aged 0 – 4 years suffering poisoning may indicate safeguarding issues.

### **2.3.7 Admissions for respiratory conditions**

The risk of a child having a respiratory tract infection is increased due to damp housing conditions and smoking in the home.

There were 15 admissions for respiratory tract infections for infants under 1 year of age in 2015/16, a rate of 437 per 10,000 population. This is statistically similar to the England rate of 582 per 10,000 population.

### **2.3.8 Admissions for gastro-intestinal conditions**

Diet, hygiene and support in management of infections can all minimise the risk of infants contracting gastroenteritis.

In 2015/16, there were 8 admissions for gastroenteritis for children aged 2, 3 and 4 years in Rutland. This was a rate of 74.1 per 10,000 and is statistically similar to the England rate of 53.7 per 10,000.

### **2.3.9 Elective admissions**

Elective admissions in infants are often related to congenital conditions, or complications relating to pregnancy and delivery. After a child's first birthday, dental caries are a significant reason for elective admission.

For Rutland, 51.5 per 1,000 children aged under 5 years were admitted electively in 2015/16. This is statistically similar to the England rate of 54.0 per 1,000 population. Of these elective admissions, over a third (36%) had a primary diagnosis of cancer and almost a fifth (18%) were due to congenital malformations, deformations and chromosomal abnormalities. Over half (58%) of these admissions went to University Hospitals of Leicester NHS Trust and a quarter (25%) went to

Peterborough and Stamford NHS Trust.

### **3. How does this impact?**

A model developed in 2007, estimated that “the total cost of preterm birth to the public sector was £2.9 billion. The incremental cost per preterm child surviving to 18 years compared with a term survivor was £22,885. The corresponding estimates for a very and extremely preterm child were substantially higher at £61,781 and £94,740, respectively.<sup>15</sup>”

Increasing breastfeeding not only decreases the chance of the mother developing breast cancer, but it also decreases the chances of the infant developing gastrointestinal and respiratory tract infections.

“Treating the four acute diseases in children costs the UK at least £89 million annually. The 2009–2010 value of lifetime costs of treating maternal BC is estimated at £959 million. Supporting mothers who are exclusively breast feeding at 1 week to continue breast feeding until 4 months can be expected to reduce the incidence of three childhood infectious diseases and save at least £11 million annually. “

“The same increase could result in NHS savings of around £21 million related to breast cancer over the course of a first-time mothers' lifetime.<sup>16</sup>”

### **4. Policy and Guidance**

The central piece of legislation guiding Children' Social Care is the 1989 Children Act. The key element of it for this chapter is its focus on a 'Child in need' and a 'Child in need of protection'. Section 17 of the Act places a general duty on all local authorities to 'safeguard and promote the welfare of children within their area who are in need.' A 'child in need' is a child who needs additional support from the local authority to meet their potential.

Section 47 of the Act requires the local authority to investigate the child's circumstances where they have 'reasonable cause to suspect that a child ... is suffering, or is likely to suffer, significant harm,' and to 'take any action to safeguard or promote the child's welfare'. Local authorities have a duty to provide a level and range of services to safeguard children and promote their welfare. Consequently, a local authority has to investigate any concerns or allegations that suggest a child is likely to suffer physical, emotional or sexual abuse, or neglect, and to take action to prevent this.

The way that agencies and organisations should work together to carry out their duties and responsibilities under the 1989 Children Act and other legislation is set out in a document called Working Together to Safeguard Children.<sup>17</sup> It sets out the responsibilities of all agencies in the

protection of children. The Early Help Strategy<sup>18</sup> in Rutland draws on existing best practice locally and nationally, with a vision, shared by the partners of Rutland's Children's Trust, to improve outcomes for our children and young people.

The Children's Centre services are governed by statutory guidance from the Department for Education. This means that recipients must have regard to it when carrying out duties relating to children's centres under the Childcare Act 2006. Children's Centres currently have a key role to play in early intervention, particularly given their established work in the early years when the support has the biggest impact on long-term outcomes. Centres are also well placed to provide a wider range of services as Family Hubs, for any parent (including fathers) to access services or information about all family-related matters. The multi-agency Children's Centre Governance Group is exploring how the opportunities offered by the integrated Children Centre and Library can deliver the intentions of a Family Hub.

An integrated 0-19 (years) Healthy Child Programme service is now being delivered in Rutland, provided by Leicestershire Partnership Trust's 'Healthy Together Service'. The 5-19 healthy child programme services transferred from the former Primary Care Trust to Local Authorities in April 2013. More recently the 0-5 healthy child programme services transferred from NHS England to local authorities in October 2016. This enables coverage of the five mandated services described in legislation as universal health visitor reviews (antenatal, new birth, 6-8 weeks, 1 year and 2 to 2½ years). It also delivers the health outcomes as they are described in the Public Health Outcomes Framework where the data flows directly from health visiting activities, such as breast feeding at 6-8 weeks and an assessment of child development at 2 to 2½ years using the ages and stages questionnaire.

The 0-19 Healthy Child Programme recognises that the first years of life are a critical opportunity for building healthy, resilient and capable young people and adults. It follows Marmot's 'Life Course Approach' from the Marmot Review,<sup>19</sup> and complies with the Chief Medical Officer view in the Annual Report (2012) 'Our Children Deserve Better: Prevention Pays'<sup>20</sup>: events that occur in early life (indeed in foetal life) affect health and wellbeing later, so it makes sense to intervene early. Public Health England carried out a Rapid Review to update the evidence for the Healthy Child Programme<sup>21</sup>.

## **5. Current services**

The 0-19 Healthy Child Programme is delivered by Leicestershire Partnership NHS Trust's 'Healthy Together' team in Rutland, it is an evidence based programme delivered by Public Health Nurses (Health Visitors & School Nurses). It follows a 4-5-6 model: 4 Levels of Services, 5 Mandated Contacts, 6 High Impact Areas<sup>22</sup>. Safeguarding is central to the 0-19 Healthy Child Programme. The

high impact areas for 0-5 year olds can make a valid contribution to providing children in Rutland with the 'Best Start in Life'. In addition Oral Health has been identified as a local high impact area for Rutland. There is also a focus on Children & Young People's Mental Health and Military families in Rutland.

The Early Start Programme (ESP) provides intensive early intervention and support for vulnerable first time parents with an infant 0-2 years living in Rutland. It is delivered by Public Health nurses (Health Visitors) to up to 10 families at a time in Rutland.

There is information on 'The Best Start in Life' issues on the 3 Healthy Together websites including:

Health for under 5's: <https://healthforunder5s.co.uk/>

Health For Kids: <https://www.healthforkids.co.uk/>

Health for Teens: <https://www.healthforteens.co.uk/>

## **5.2 Children's Social Care services**

Children's Social Care will assess a child and their family's circumstances before the child can receive a service. The complexity of a child and family's situation determines the type and timescale of the assessment. Further assessments are repeated periodically to assess effectiveness of services and interventions and to respond to unmet or changes in need.

100% of all children under 5 years in Rutland are registered with the Children Centre.

The Children's Centre also offers targeted early help to families in their homes and on the two MOD sites; this is delivered by family support practitioners. The Centre supports families to access their 2 year old childcare funding, which supports parents back to work and enables children's early education and preparedness for school.

The integration of the Special Educational Needs and Disability (SEND) and Inclusion service with Early Intervention results in the identification of children's needs at the very earliest stages.

## 6. Unmet needs/Gaps

Regular early health screening checks are in place but the area would benefit from the findings being formally shared routinely across the partnership to help join up responses to families. Although services are quick and responsive the impact of therapeutic services provided to children following referral is not always demonstrated as they are not yet routinely evaluated, this means we cannot be fully confident that some early support is effective in preventing the escalation of needs which is being addressed.

## 7. Recommendations

These recommendations reflect those in the Rutland's Health and Wellbeing Strategy where applicable.<sup>23</sup>

- To provide support to aim for all children in Rutland to have a happy and healthy childhood, targeting resources in proportion to need and to those who are most vulnerable.
  - Providing early help through the Children's Centre and the 0-19 Healthy Child Programme
- Target resources in proportion to need to address the needs of any children living in poverty.
- Increase numbers of children being active, and encourage them to be active for longer.
- Outcomes should be measured in line with national outcome frameworks and commissioning reporting requirements. However other reporting requirements and measures need to be locally determined including outcomes regarding oral health and improving the health & wellbeing of children and young people from military families.
- Additional outcome measures (including the Local High Impact Areas) should not add burden to data collection, should be collected within current systems and align to national reporting requirements.
- Engagement with the whole family is an important component of the Healthy Child Programme and should apply across the whole system.
  - Support and encourage healthy behaviour in pregnancy and beyond including maternal smoking, alcohol use, healthy eating and physical activity.
  - Scale up support to families through parenting programmes and ensure that they are delivered to high quality standards.

## GLOSSARY OF TERMS

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BME	
CCG	Clinical Commissioning Group
CLA	
JSNA	Joint Strategic Needs Assessment
LSOA	Lower Super Output Area
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PHE	Public Health England

### CLA – Children who are looked after

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# RUTLAND JOINT STRATEGIC NEEDS ASSESSMENT 2018

CHILDREN AND YOUNG PEOPLE - STAYING  
SAFE AND HEALTHY

DECEMBER 2018

**Strategic Business Intelligence Team**

Leicestershire County Council



DRAFT

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Whilst every effort has been made to ensure the accuracy of the information contained within this report, Leicestershire County Council cannot be held responsible for any errors or omission relating to the data contained within the report.

## FOREWORD

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The purpose of the Joint Strategic Needs Assessment (JSNA) is to:

- To improve the health and wellbeing of the local community and reduce inequalities for all ages.
- To determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- To provide a source of relevant reference to the Local Authority, Clinical Commissioning Groups (CCGs) and NHS England for the commissioning of any future services.

The Local Authority and CCGs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Rutland, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.

The JSNA has reviewed the population health needs for the people of Rutland in respect of a person's child and teenage years. This has involved looking at the determinants of health, the health needs of this population in Rutland, the impact of services, the policy and guidance supporting young children, and the existing services and the breadth of services that are currently provided. The unmet needs and recommendations that have arisen from this needs assessment are discussed.

The JSNA offers an opportunity for the Local Authority, CCG and NHS England's plans for commissioning services to be informed by up to date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, CCG and NHS England must be able to explain why.

## EXECUTIVE SUMMARY

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- In 2016/17, the proportion of pupils residing in Rutland with excess weight (classified as overweight or obese) in Year 6 (aged 10-11 years) (25.4%) was better than the national percentage (34.2%); this has been the case for four of the last six years. In contrast, the prevalence of overweight and obese Reception pupils in Rutland (24.0%) is similar to the England average (22.6%), and has increased each year for the last three years.
- Compared to last year, the prevalence of excess weight in Year 6 children in Rutland improved from 31.4% to 25.4%; this equates to a reduction in 20 pupils in the authority classified with excess weight. Whilst the proportions of both overweight and the obese categories fell between 2015/16 and 2016/17, the statistical significance of overweight pupils has remained similar to England, whereas the statistical significance of obese pupils became significantly better than the national average. The proportion of obese pupils in Year 6 in Rutland is 11.3%; this is the best performing percentage nationally.
- The rate of under 18 conceptions in Rutland has shown a significant decline in line with national and since 2013, has remained significantly better than the national rate.
- Rutland continues to perform significantly worse than the national percentage for proportion of the population aged 15-24 screened for chlamydia. Meanwhile in 2017, Rutland continues to perform significantly worse than the benchmarked goal rate of 1,900-2,300 per 100,000 population for chlamydia detection rate for 15-24 years olds but has seen a year on year increase since 2015.
- Regular drinking is defined as consuming an alcoholic drinking at least once a week. 7.0% of 15 year olds in Rutland said they were drinking regularly, similar to the England value of 6.2%. Meanwhile, 20.6% of 15 year olds in Rutland said they had been drunk in the last 4 weeks. This is worse than the England value of 14.6%.
- Rutland has a lower level of estimated prevalence of mental health disorders in children aged 5-16 years compared to England. In 2015, the estimated prevalence in Rutland was 8.2%, compared to 9.2% nationally.

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## 1. Who is at risk?

There are many factors that influence the health and care needs of a child during their pre-school years. This is a vital time for development of a child whether that be physically, emotionally or socially, and many of the factors influencing a child's health at this time can have an impact on their later life.

### 1.1 Children in poverty

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. It therefore follows that reducing the numbers of children who experience poverty should improve adult health outcomes and increase healthy life expectancy.**Error! Bookmark not defined.**

Under the Child Poverty Act 2010, a household is said to be in relative poverty when their income is less than 60% of the current median income. This figure stands at 18.4% before housing costs have been considered.

Rutland are positioned within the 25 local authorities with the lowest levels of child poverty across the UK.

**Table 1: Top 25 local authorities with the lowest levels of child poverty across the UK<sup>1</sup>**

Local authority	% of children in poverty 2017 (after housing costs)
Isles of Scilly	5.17%
Shetland Islands	9.39%
Wokingham	10.76%
Hart	11.17%
South Northamptonshire	11.79%
Mole Valley	12.08%
Waverley	12.49%
South Oxfordshire	12.50%
Aberdeenshire	12.59%
Rushcliffe	12.89%
Ribble Valley	12.90%
South Cambridgeshire	13.07%
Uttlesford	13.17%
Harborough	13.34%
Mid Sussex	13.37%
West Oxfordshire	13.39%
Elmbridge	13.44%
Rutland	13.52%
Epsom and Ewell	13.56%

Surrey Heath	13.56%
Horsham	13.94%
Chiltern	14.06%
Winchester	14.08%
West Berkshire	14.27%
Fareham	14.27%

### **1.1.1 Homelessness**

Homelessness often equates to severe poverty which is a social determinant of health. As a result, homeless children are often the most vulnerable in society.

Family homelessness (applicant households eligible for assistance (1996 Housing Act) unintentionally homeless and in priority need) in 2016/17 was 1.9 per 1,000 households for England, and 1.6 per 1,000 households for the East Midlands. Rutland's rate was 1.2 per 1,000 households (19 households) which is significantly better than the England value.<sup>2</sup>

### **1.1.2 Low income families**

Low income families are those in receipt of out of work benefits or tax credits where the families' reported income is less than 60% median income.

In 2015, 7.2% of children under 16 years were in low income families (430 children). This is better than the England value of 16.8%.<sup>3</sup> In 2017, 4.6% of children attending state-funded schools in Rutland were eligible and claiming free school meals (256 children). This value is better than the England value of 13.9%.<sup>2</sup>

## **1.2 Children in Need**

In Rutland in 2016/17, 504 children under the age of 18 were classified as children in need. This equates to a rate of 573 per 10,000 population. This is significantly better than the England average value of 612 per 10,000 population.<sup>4</sup>

Of those in need 71.7% were defined as in need due to abuse/neglect or family dysfunction. This is significantly worse than the England average value of 68.3%.<sup>4</sup>

Of those children in need, 21 children (a rate of 27.2 per 10,000 population) were defined as in need due to child disability or illness in Rutland in 2017. This is similar to the England value of 31.2 per 10,000 population.<sup>4</sup>

Self-harm was identified as risk in 4.5% of assessments of children in need, slightly higher than the national average of 4.1% during 2016/17.<sup>4</sup>

### **1.3 Special Educational Needs**

In Rutland in 2017, there were 347 pupils of primary school age with special educational needs (SEN). This is 11.9% of the total number of pupils and is lower than the East Midlands proportion of 12.7% and the England proportion of 13.8%.<sup>4</sup>

For secondary schools, there were 374 pupils with special educational needs. This is 14.0% of the total number of pupils and is higher than the East Midlands proportion of 11.7% and the England proportion of 12.3%.<sup>4</sup>

Percentages of children receiving SEN support in Rutland have risen significantly from 8.5% in 2015 to 13% in 2018. The rate of SEN support is now ranked third in the East Midlands (of 9 authorities) having been lowest from 2009 to 2015.<sup>4</sup>

### **1.4 Children Looked After**

In Rutland on 31 March 2017, 40 children under the age of 18 were classified as looked after. This equates to a rate of 51.8 per 10,000 population. This is significantly better than the England average value of 62.0 per 10,000 population. The rate of Children Looked After (CLA) per 10,000 children for Rutland has increased over the last five years from 40 per 10,000 in 2012 to 52 per 10,000 in 2017. The increase in the rate over the last five years has been greater for Rutland than for the national and regional comparators, with only a small increase regionally and the national figure remaining static over the last four years. This means that the increase over the last six years has brought Rutland's rate of CLA proportionate to its local population much closer to the regional and national pictures.

Rutland has the lowest number of CLA of any local authority in England; no other local authority has fewer than 100 CLA – Wokingham is the next smallest with 110 – and the average for a local authority is 649 children (average for all authorities over the last 5 years).

In 2017, 96.0% of eligible looked after school aged children (22 children) had an emotional and behavioural health assessment. This is higher than the England average value of 76.0%. The proportion of eligible children considered 'of concern' in 2016/17 was 59.0% (13 children). This is worse than the England value of 38.0%.<sup>4</sup>

In 2016/17, the rate of children leaving care for Rutland was 25.9 per 10,000 population. This is significantly lower than the England average value of 26.5 per 10,000 population.

#### **1.4.1 Health Assessments**

Under the performance assessment framework, local authorities in England are monitored on the uptake of annual health checks for children who were being 'looked after'. Children who have been



looked after for 12 or more months are expected to have a health assessment. The health checks are a key tool in ensuring the health needs of all looked after children are identified. Initial and annual health assessments are important to ensure prompt identification of pre-existing, emerging and changing health needs.

In 2017, 96.0% of eligible looked after school aged children (22 children) had an emotional and behavioural health assessment. This is higher than the England average value of 76.0%. The proportion of eligible children considered 'of concern' in 2016/17 was 59.0% (13 children). This is worse than the England value of 38.0%.<sup>4</sup>

In 2017, 100.0% of looked after children under the age of 5 in Rutland (6 children) had up-to-date development assessments, and 100.0% of looked after children under the age of 18 (29 children) had an annual health assessment.<sup>4</sup>

### **1.5 Safeguarding of children**

In Rutland at the end of March 2017, 20 children were subject to a child protection plan. This equates to a rate of 25.9 per 10,000 population. This is lower than the England average value of 43.3 per 10,000 population.

In Rutland during 2016/17, there were 32 new child protection cases for children aged less than 18 years of age. This is a rate of 46.6 per 10,000 population. This is similar to the England rate of 56.3 per 10,000 population. Meanwhile, in Rutland, 36.1% of children aged under 18 years of age (13 children) became subject of a child protection plan for a second or subsequent time. This is higher than the England value of 18.7%.<sup>4</sup>

### **1.6 Trilogy of Risk (aka Toxic Trio)**

The term 'Trilogy of Risk' has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to adults and children has occurred. They are viewed as indicators of increased risk of harm to children and young people.

For detailed data on the Trilogy of Risk and its impact for Rutland children and young people please refer to the previous Toxic Trio Needs Assessment (2016), which will be updated in the latter part of 2018.<sup>5</sup>

### **1.7 Child Sexual Exploitation**

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual

activities or others performing sexual activities on them.

Rutland has clear processes in place for addressing CSE aligned to the Local Safeguarding Children's Board and led locally by Children's Social Care.

There is no specific crime of child sexual exploitation. Offenders are often convicted for associated offences such as sexual activity with a child, and therefore it is not possible to obtain specific figures from statistics of sexual exploitation offences. National data suggests that almost 560 children were trafficked for sexual exploitation in 2017 under the National Referral Mechanism of the National Crime Agency.

The National Referral Mechanism is a victim identification and support process that is designed to make it easier for all the different agencies involved in a modern slavery case (for example, the police, UK Visa and Immigration, local authorities and non governmental organisations) to cooperate, share information about potential victims and facilitate their access to advice, accommodation and support.

In 2017 the National Referral Mechanism (NRM) received a total of 5,145 referrals of potential victims of trafficking. 2,118 (41%) were children under the age of 18. The most prevalent exploitation types for children believed to have been trafficked were labour exploitation (1,026, 48% of all children believed to have been trafficked) and sexual exploitation (559, 26%). The exploitation type of 414 (20%) of children believed to have been trafficked was recorded as unknown.<sup>6</sup>

These figures are likely to be under-estimates due to the difficulties in recognising and understanding that individuals have been victims of trafficking. It is also not mandatory for a professional to make a referral to the NRM.<sup>6</sup>

## **1.8 Education**

A child's performance in school is a key indicator of their development. In addition to exam-related performance, engagement in other activities can provide opportunities to enhance a pupil's mental wellbeing. For more information on education, please refer to the 'Achieving Educational Potential' JSNA Chapter.

## **1.9 Youth Justice**

It is common for children and young people who enter the youth justice system to have more unmet health needs than other children.

The combined figure for Leicestershire and Rutland for children who have formally entered the youth justice system was 2.5 per 1,000 children aged 10-18 years in 2016/17. This is better than the England value of 4.8 per 1,000 children.<sup>7</sup>

Meanwhile, the combined figure for Leicestershire and Rutland for first time entrants in the youth justice system was 163.4 per 100,000 children aged 10-17 years in 2016. This is better than the England value of 327.1 per 100,000 children.<sup>7</sup>

Numbers of children and young people from Rutland who access the Youth Offending Service are extremely low and consequently the data is suppressed. The numbers have remained consistent over the past three years.

### **1.10 Young Carers**

In 2011, 60 children aged less than 15 years in Rutland provided 1 or more hours of unpaid care per week. This is 0.9% of the total number of children aged less than 15 years. This is similar to the England proportion of 1.11%.<sup>7</sup>

Three children aged less than 15 years in Rutland provided 20 or more hours of unpaid care per week. This is 0.04% of the total number of children aged less than 15 years. This is better than the England proportion of 0.21%.<sup>2</sup>

In 2011, 146 young people aged 16-24 years in Rutland provided 1 or more hours of unpaid care per week. This is 3.6% of the total number of children aged 16-24 years. This is better than the England proportion of 4.8%.<sup>2</sup>

Meanwhile, 19 young people aged 16-24 years in Rutland provided 20 or more hours of unpaid care per week. This is 0.5% of the total number of children aged less than 16-24 years. This is better than the England proportion of 1.3%.<sup>2</sup>

The number of new young carers referred for assessment to children's social care was 9 in 2015-16, 26 in 2016-17 and 21 in 2017-18. The total number of young carers receiving support was 42 in 2015-16, 56 in 2016-17 and 65 in 2017-18.<sup>4</sup>

### **1.11 Household Issues**

Households experiencing issues may have a negative impact on the quality of a child's housing and health.

#### **1.11.1 Lone parent households**

714 households in Rutland in 2011 had a lone parent with dependant children. This is 4.8% of the total number of households and is lower than the England proportion of 7.1%.<sup>8</sup>

#### **1.11.2 No parents in employment**

235 households in Rutland in 2011 had dependent children but no adult in employment. This is 1.6% of the total number of households and is lower than the England proportion of 4.2%.<sup>7</sup>

### **1.11.3 Long-term health problem**

In 2011 there were 456 households in Rutland which had dependent children and at least one person (which could be an adult or a child) with a long-term health problem or disability. This is 3.04% of the total number of households and is lower than the England proportion of 4.62%.<sup>7</sup>

## **1.12 Risky Behaviours**

Risky behaviours are those behaviours that are unhealthy as well as some which are illegal. As part of the 'What About YOUTH' survey, 15 year olds were surveyed with respect to their lifestyle behaviours. The survey took place in 2014/15 and the unweighted base was 137 respondents in Rutland.

In Rutland, 17.9% of 15 years olds reported having undertaken at least three of the following unhealthy behaviours: smoking, drinking, smoked cannabis, took other drugs, consumed fewer than five portions of fruit and vegetables, not active for 60 minutes or more in the week prior to the survey. Rutland's value is similar to the England proportion of 15.9%.<sup>9</sup>

## **2. Level of need in Rutland**

In 2016, Rutland's population of 5-19 year olds was estimated to be a total of 6,752 (3,205 females and 3,547 males). This is projected to increase by 6.6% to around 7,200 by 2039.<sup>10</sup>

Further information regarding Rutland's population can be seen in the JSNA Population chapter here: **Add link once published**

### **2.1. Child mortality**

Deaths in children after their first birthday are mostly due to injuries and are therefore usually preventable. The mortality rate for children aged 1-17 years cannot be calculated for Rutland as there were only 3 deaths in this age group during 2014-16.<sup>2</sup> Since 2010-12, the highest number of child deaths in a three year time period was 3.

### **2.2. Excess Weight**

Excess weight in children can lead to excess weight into adulthood. Childhood obesity can lead to health problems such as: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

In 2016/17, the proportion of pupils residing in Rutland with excess weight (classified as overweight or obese) in Year 6 (aged 10-11 years) (25.4%) was better than the national percentage (34.2%); this has been the case for four of the last six years. In contrast, the prevalence of overweight and obese Reception pupils in Rutland (24.0%) is similar to the England average (22.6%), and has increased each year for the last three years.<sup>11</sup>

Compared to last year, the prevalence of excess weight in Reception children in Rutland has increased from 22.9% to 24.0%; this equates to an increase in four pupils in the authority classified with excess weight. This is mainly due to the increase in the prevalence of obese Reception pupils from 7.7% to 8.8%. However, the prevalence of overweight pupils in Reception remained reasonably stable at 15.2%.<sup>11</sup>

In contrast, the prevalence of excess weight in Year 6 children in Rutland improved from 31.4% to 25.4%; this equates to a reduction in 20 pupils in the authority classified with excess weight. Whilst the proportions of both of the overweight and the obese categories fell between 2015/16 and 2016/17, the statistical significance of overweight pupils remained similar to England, whereas the statistical significance of obese pupils became significantly better than the national average. The proportion of obese pupils in Year 6 in Rutland is 11.3%, this is the best performing percentage nationally.<sup>11</sup>

Compared to the national picture in 2016/17, the gap narrowed between the difference in prevalence of excess weight in Reception and Year 6 children in Rutland, and currently stands at +0.9 percentage points. In 2014/15 to 2015/16, this gap increased (+2.1, +8.4).

Most demographic groups demonstrated a higher proportion to England with regards to excess weight amongst Reception pupils in 2016/17. Whilst the biggest differences between the authority and the national average were found in the overweight category rather than the obese category, the proportion of obese Reception pupils appears to have been rising over the last three years at a quicker rate than the proportion of overweight pupils. In contrast, the corresponding proportions of overweight pupils in Year 6 were similar to the England average across different demographic groups, and the proportion of excess weight was significantly lower amongst a number of Year 6 demographic groups.

Although there was little evidence of an association between level of deprivation and prevalence of excess weight in either Reception or Year 6, the prevalence of excess weight in Reception in the least deprived areas of Rutland (IMD decile 10) has increased year on year since 2013/14, and has been (non-significantly) higher than the England average and Rutland average for the last three years.

### **2.2.1. Body perception**

In Rutland in 2014/15, the percentage of 15 year olds who thought their body was the right size was 52.5%. This is similar to the England value of 52.4%.<sup>9</sup> Over a third (35.9%) of respondents from Rutland felt they were too fat and 11.6% felt they were too thin. This is similar to the national percentages of 34.4% and 13.2% respectively.<sup>9</sup>

### **2.3. Physical activity**

Regular exercise is beneficial to health. In addition to physical benefits, there are psychological benefits, such as reduced anxiety and depression. Over two-thirds (68.7%) of 15 year olds said they had about 7 or more hours of sedentary behaviours in their free time on a weekday in the previous week. This is better than the England value of 70.1%.<sup>9</sup> Furthermore, 8.6% of 15 year olds said they were physically active for at least an hour per day, 7 days a week. This is worse than the England value of 13.9%.<sup>9</sup>

### **2.4. Smoking**

Smoking in early adulthood is likely to impact on the health and health behaviours later in life. Smoking is known to cause preventable morbidity and premature death.

As part of the 'What About YOUth' survey, 15 year olds were surveyed with respect to their lifestyle behaviours. The survey took place in 2014/15. Regular smokers are those that said they smoked at least one cigarette a week. 4.5% of 15 years in Rutland said they were regular smokers. This is similar to the England value of 5.5%.<sup>9</sup>

Occasional smokers are those that said they sometimes smoked, but not as many as one a week. 5.0% of 15 year olds in Rutland said they were occasional smokers. This is statistically similar to the England value of 2.7%.<sup>9</sup>

13.1% of 15 year olds said they had tried other tobacco products. This is similar to the England value of 15.2%.<sup>9</sup> 15.2% of 15 year olds said they had tried e-cigarettes. This is similar to the England value of 18.4%.<sup>9</sup>

### **2.5. Tooth decay**

Oral health problems in children are largely preventable. Oral health is an important aspect of a child's overall health status and is seen as a marker of wider health and social care issues, including poor nutrition and obesity. A combination of healthy diet and practising good dental hygiene can help to ensure a child has healthy teeth and gums.

### **2.5.1. Five year olds**

In England, 23.3% of five-year-old children had experience of obvious dental decay (caries), having one or more teeth that were decayed to dentinal level, extracted or filled because of caries (d3mft>0) in 2016/17. d3mft is the standard measure of dental decay and refers to teeth that are decayed, missing and/or teeth with fillings. In Rutland, the percentage of children with obvious dental decay is significantly better than the national average at 15.6%. From 2014/15 to 2016/17 there has been a significant improvement in the percentage of children with obvious dental decay (d3mft>0) in Rutland (28.8% to 15.6%).<sup>12</sup>

In England, the average (mean) number of teeth per child affected by decay (decayed, missing or filled teeth (d3mft)) was 0.8. In Rutland, the average number of teeth per child affected by d3mft was 0.4, half the national average. From 2014/15 to 2016/17 there has been a significant improvement in the average number of decayed teeth per child in Rutland (0.7 to 0.4).<sup>12</sup>

Among the children with decay experience, the average number of decayed, missing (due to decay) or filled teeth (mean d3mft (d3mft>0)) in England is 3.4. At upper-tier local authority level there is clear variation of this measure with affected children in Rutland and Wiltshire having only 2.3 teeth affected on average, while those in Harrow had 4.8.<sup>12</sup>

The presence of substantial amounts of plaque compared with 'visible' or no plaque provides a proxy measure of children who do not brush their teeth, or brush them rarely. Such children cannot benefit from the protective effects of fluoride in toothpaste on dental decay. A 'substantial amount of plaque' was recorded for 1.5% of volunteers in England compared to 0.0% in Rutland.<sup>12</sup>

At the age of five-years, nearly all oral sepsis will be the result of the dental decay process rather than originating from gum problems. A small number of cases will be linked to traumatic injury of teeth, but no diagnosis of cause was recorded during this survey. Oral sepsis was defined in the protocol as the presence of a dental abscess or sinus recorded by visual examination of the soft tissues. Oral sepsis was recorded for 1.1% of volunteers in England and 0.0% of volunteers in Rutland.<sup>12</sup>

It is useful to know what proportion of children had dental decay affecting one or more of their incisor (front) teeth. This type of decay is usually associated with long term bottle use with sugar-sweetened drinks, especially when these are given overnight or for long periods during the day. Overall, the national prevalence of incisor decay was 5.1%. In Rutland the percentage was 1.3%.<sup>12</sup>

### **2.5.2. Twelve year olds**

The latest data available for 12 year olds was compiled in 2008/9: 12 year olds in Leicestershire and Rutland had an average of 0.85 decayed, missing or filled teeth. This is similar to the England value

of 0.74. For the same time period, 58.1% of 12 years olds in Leicestershire and Rutland were free from dental decay. This is worse than the England proportion of 66.4%.<sup>13</sup>

## **2.6. NHS Dentistry**

### **2.6.1. Access**

A 12 month time period is used for access reporting to reflect National Institute for Health and Care Excellence (NICE) guidelines which recommend that the longest interval between oral reviews for children should be 12 months.<sup>14</sup> In Rutland, 5,324 children saw an NHS dentist in the 12 months to 30 June 2017, representing 69.0% of all children resident in the county. Nationally the percentage was 58.2%.<sup>15</sup>

When examining by five year age bands, Rutland has a higher access percentage than the national average for 0-4 and 5-9 years. At 10-14 and 15-19 years, Rutland has a lower access percentage than the national average.<sup>16</sup>

### **2.6.2. Activity**

NHS dental treatment is divided into patient charge bands depending on the level and complexity of treatment provided. Patient charge bands are associated with a Course of Treatment (CoT) as stated in Part 5 Treatment Category of the FP17. Dental care providers submit details of their activity on an FP17 form. There are three standard charge bands for all NHS dental treatments:

- Band 1 course of treatment: covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if needed, and application of fluoride varnish or fissure sealant.
- Band 2 course of treatment: covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth.
- Band 3 course of treatment: covers everything listed in Bands 1 and 2 above, plus crowns, dentures and bridges.
- Urgent care is a separate Band 1 category.

In Rutland, there were 9,136 CoT delivered to children in 2016/17. Of these CoTs, 79.0% (7,221) were Band 1 treatments indicating children are more likely to receive a general check-up than correctional treatments. Aside from examinations, fluoride varnish was the most common Band 1 treatment provided to children, with 2,343 CoTs delivered. This represents a 66.3% increase (1,409) from 2015/16.<sup>1517</sup> Between 2014/15-2015/16 a quarter (25.0%) of FP17 claims for children in Rutland included fluoride varnish. Nationally, fluoride varnish represents a third of all treatment



types in this time period.<sup>16</sup>

The most common Band 2 treatment provided to children was permanent fillings and sealant restorations with 1,181 CoTs delivered. This represents a 7.9% decrease (1,282) from 2015/16. 'Other treatment' accounted for the most common Band 3 treatment for children in Rutland with 24 CoTs delivered.<sup>1517</sup>

## **2.7. Road traffic accidents**

Vehicle speed and traffic volumes are seen as reasons why parents are wary of their children walking and cycling. By limiting walking and cycling, physical activity is limited.

During 2014-16, one child aged 6-10 years was killed or seriously injured in a road traffic accident in Rutland. This equates to a rate of 16.9 per 100,000 population and is similar to the England rate of 14.8 per 100,000 population.<sup>2</sup>

The crude rate of children aged 0-15 years killed or seriously injured in a road traffic accident during 2014-16 was 5.1 per 100,000 population (1 child). This is similar to the England rate of 17.1 per 100,000 population.<sup>2</sup> In the previous time period of 2013-15, one child was also killed or seriously injured in a road traffic accident.

## **2.8. Sexual Health**

### **2.8.1. HPV Vaccination**

Vaccination to protect against the main cause of cervical cancer is offered as part of the human papillomavirus (HPV) immunisation programme. It is a two dose programme that is given to females in Year 8 and Year 9 of school.

The population vaccination coverage for females having received one dose of the HPV vaccine at 12 or 13 years old was 88.8% in 2016/17. This is similar to the benchmarked target range of 80% to 90%. Rutland has shown an increase when compared to the previous year, where the coverage was 86.6%. The national coverage increased slightly compared to the previous year to 87.0%.<sup>3</sup>

Meanwhile, the population vaccination coverage for females having received two doses of the HPV vaccine at 13 or 14 years old was 75.8% for in 2016/17. This is worse than the benchmarked target range of 80% to 90%. Rutland has shown a decrease since the previous year where the coverage was 85.2%, which was similar to the national benchmark (80%-90%).<sup>3</sup>**Error! Bookmark not defined.**

### **2.8.2. Teenage pregnancy**

Teenage pregnancies are largely unplanned and about half end in an abortion. Having a child at an

early age can be detrimental to both the teenage parent and child – in terms of the baby’s health, the mother’s emotional health and wellbeing and the likelihood of parent and child living in long-term poverty.

### **2.8.2.1. Conceptions**

The rate of under 18 conceptions in Rutland has shown a significant decline in line with national, and since 2013, has remained significantly better than the national rate. In 2016, there were 4 conceptions for girls aged 15-17 years in Rutland. This equates to a rate of 4.7 per 1,000 females aged 15-17 years. This is better than the England rate of 18.8 per 1,000 females aged 15-17 years.<sup>18</sup>**Error! Bookmark not defined.**

### **2.8.2.2. Deliveries**

Factors relating to the mother and method of delivery of a newborn child can have an influence on the health needs of a child.

A child's long-term health can be impacted on as follows: children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight. The mental health effects for a teenage mother are that they are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth – this may impact on the child’s health and development. Living in poverty, is also an increased risk for teenage parents and their children.

In 2015, the number of births to mothers aged 15-17 years of age in Rutland was 3, a rate of 3.4 per 1,000 females aged 15-17 years of age. This is similar to the England value of 6.3 per 1,000 females aged 15-17 years of age.<sup>18</sup>

### **2.8.3. Chlamydia**

Chlamydia is known to cause avoidable sexual problems – such as infections, pelvic inflammatory disease, ectopic pregnancy and tubal-factor infertility. The National Chlamydia Screening Programme recommends annual screening or on change of partner, whichever is more frequent.

Rutland continues to perform significantly worse than the national percentage for proportion of the population aged 15-24 screened for chlamydia. The percentage has decreased from 18.6% in 2016 to 16.2% in 2017, which equates to a decrease of 109 screenings in Rutland in 2017. Nationally the percentage screened has also decreased from 21.0% in 2016 and 19.3% in 2017.<sup>18</sup>

Meanwhile, in 2017 Rutland continues to perform significantly worse than the benchmarked goal rate of 1,900-2,300 per 100,000 population for chlamydia detection rate for 15-24 years olds, but has seen a year on year increase since 2015. In Rutland the chlamydia detection rate increased

(improved) from a rate of 1,461 per 100,000 population aged 15-24 years in 2016 to 1,614 per 100,000 population aged 15-24 years in 2017.<sup>18</sup>

Like nationally, the chlamydia detection rate in females in Rutland is higher than in males, however, the difference in rate between males and females in Rutland is much smaller compared to nationally. Locally, males have seen a year on year increase in the detection rate since 2015 whereas in females, the rate has been declining throughout this time.

## **2.9. Substance misuse**

### **2.9.1. Alcohol**

Alcohol consumption in teenagers is associated with risky behaviour, particularly in respect of sexual activity and the likelihood of teenage pregnancy and contracting a sexually transmitted infection. Research has also suggested that people drinking at an early age drink more frequently and more in total. They are therefore more likely to develop alcohol problems in adolescence and adulthood. For this reason, the Chief Medical Officer for England recommended that under 15s should not drink alcohol at all.

As part of the 'What About YOUth' survey, 15 year olds were surveyed with respect to their lifestyle behaviours. The survey took place in 2014/15. In Rutland, 74.4% of 15 years olds said they had had an alcoholic drink. This is worse than the England value of 62.4%.<sup>9</sup>**Error! Bookmark not defined.**

Regular drinking is defined as consuming an alcoholic drinking at least once a week. 7.0% of 15 year olds in Rutland said they were drinking regularly. This is similar to the England value of 6.2%.<sup>9</sup>**Error! Bookmark not defined.** Meanwhile, 20.6% of 15 year olds in Rutland said they had been drunk in the last 4 weeks. This is worse than the England value of 14.6%.<sup>9</sup>**Error! Bookmark not defined.**

The rate of hospital admissions for people aged under 18 years due to alcohol-specific conditions during 2014/15 - 16/17 are not available for Rutland as the numbers are too small.<sup>19</sup>

### **2.9.2. Drugs**

The usage of recreational drugs by young people can lead to mental health issues such as suicide, depression and disruptive behaviour disorders.

As part of the 'What About YOUth' survey, 15 year olds were surveyed with respect to their lifestyle behaviours. The survey took place in 2014/15. In Rutland, 10.8% of 15 year olds had tried cannabis; this is similar to the England value of 10.7%. In comparison, 2.7% had taken cannabis in the last month. This is also similar to the England value of 4.6%.<sup>9</sup> 0.9% of 15 year olds in Rutland had taken other drugs in the last month. This is similar to the England value of 0.9%.<sup>20</sup>

The rate of hospital admissions for people aged 15-24 years due to substance misuse for the past three time periods has remained similar to the national average, with a constant count on 10 admissions. During 2014/15 - 16/17 for Rutland was 68.1 per 100,000 population. This is statistically similar to the England rate of 89.8 per 100,000 population.<sup>19</sup>

## **2.10. Mental health**

The emotional health and wellbeing of young people can impact on their development and learning, in addition to their physical and social health.

As part of the 'What About YOUth' survey, 15 year olds were surveyed with respect to their lifestyle behaviours. The survey took place in 2014/15. The proportion of 15 year olds with low life satisfaction in Rutland in 2014/15 was 9.5%, this is better than the England value of 13.7%.<sup>20</sup>

Bullying in any form can impact on a person's physical and mental health. It can also impact on educational attainment and can pose a suicide risk.<sup>9</sup> The proportion of 15 year olds in Rutland in 2014/15 who said they had been bullied in the past couple of months was 60.2%, this is similar to the England value of 55.0%.<sup>9</sup>

Rutland has a lower level of estimated prevalence of any mental health disorders in children aged 5-16 years compared to England. In 2015, the estimated prevalence in Rutland was 8.2%, compared to 9.2% nationally.<sup>21</sup> The estimated prevalence of emotional disorders (anxiety disorders and depression) in children aged 5-16 years in Rutland in 2015 was 3.3%, lower than the England value of 3.6%.<sup>1</sup>

### **2.10.1. Eating disorders**

The estimated prevalence of potential eating disorders in young people aged 16-24 years in Rutland in 2015 was 1.2%. The England value was 1.5%.<sup>21</sup>

### **2.10.2. Admissions for self-harm**

Between 2012/13 and 2015/16, the rate in hospital admissions as a result of self-harm in Rutland increased year on year, peaking in 2015/16, where there were 27 admissions. In 2016/17 the rate declined and 15 young adults aged 10-24 years old in Rutland were admitted to hospital as a result of self-harm. This equates to a rate of 230.9 per 100,000 population which is better than the England rate of 404.6 per 100,000 population.<sup>19</sup>

## **2.11. Hospital attendances**

Many emergency hospital admissions for children are preventable. Emergency hospital activity can be an indicator of other issues such as housing and transport, or mental health problems for the

child or their parent.

### **2.11.1. Accident & Emergency (A&E)**

Since 2010/11, the rate of A&E attendances for children and young people in Rutland has remained significantly better (lower) than the national average. In 2015/16, there were 2,719 attendances at Accident & Emergency for children and young adults in Rutland aged 0-19 years old. This equates to a rate of 315.2 per 1,000 population and is better than the England rate of 408.5 per 1,000 population.<sup>19</sup>

### **2.11.2. Emergency admissions**

In 2015/16, nationally, the highest rate of emergency admissions in children and young people were seen in the 15-19 age group, followed by the 5-9s and the 10-14s. In Rutland, the 5-9s have the highest rate, followed jointly by the 10-14s and 15-19s.

Across all age bands in 2015/16, Rutland has a significantly better (lower) rate than nationally. This equates to 58 emergency admissions for children in Rutland aged 5-9 years old, 61 emergency admissions for children in Rutland aged 10-14 years old and 77 emergency admissions for children and young adults in Rutland aged 15-19 years old.<sup>19</sup>

### **2.11.3. Admissions for injuries**

In addition to being a cause of premature mortality, injuries can cause long-term health and mental health issues.

Between 2013/14 and 2015/16, the rate of admissions due to unintentional and deliberate injuries in children aged 0-14 years was significantly better (lower) than the national average. In 2016/17, the rate increased to 101.0 per 10,000 population to perform similar to the England rate of 101.5 per 10,000. This equates to 60 children aged 0-14 years in Rutland admitted to hospital due to unintentional and deliberate injuries.<sup>19</sup>

### **2.11.4. Admissions for asthma**

The rate for hospital admissions for asthma has remained similar to national since 2013/14. The latest data shows in 2016/17, 10 people aged under 19 years in Rutland were admitted for asthma. This is a rate of 120.6 per 100,000 population and is statistically similar to the England rate of 202.8 per 100,000 population.<sup>19</sup>

## **3. How does this impact?**

People's health and emotional wellbeing have their roots in early childhood, by providing the right level of nurture and support, where needed, at an early stage we can enable children to thrive

throughout school and into their adult lives. Caring and supportive environments that promote optimal early childhood development greatly increase children's chances of a successful transition to school. This, in turn, promotes children's chances of achieving better learning outcomes while at school and better education, employment and health after they have finished school.

£7.300 million per 10,000 children aged 0-17 years was spent on Local Authority children and young people's services (excluding education) in Rutland during 2016/17. This is lower than the England rate of £7.789 million per 10,000 children.

Of the above, £2.369 million per 10,000 children aged 0-17 years was spent on looked after children in Rutland during 2016/17. The England rate was £3.527 million per 10,000 children.

£2.310 million per 10,000 children aged 0-17 years was spent on safeguarding children and young people's services (excluding education) in Rutland during 2016/17. The England rate was £1.981 million per 10,000 children.

The planned spend on special schools in Rutland during 2017/18 was £1.282 million per 100,000 children. The England rate was £9.978 million per 100,000 children.

The expenditure on youth justice for children aged 0-17 years in Rutland during 2016/17 was £107,000 per 10,000. The England rate was £230,000 per 10,000 children.

#### **4. Policy and Guidance**

##### **4.1. The Children and Families Act 2014**

The Children and Families Act 2014 puts a much greater emphasis on bringing together support for children and young people up to the age of 25, focusing on outcomes beyond school or college. The Act also introduced major changes to support for children and young people with special educational needs (SEN), creating education, health and care (EHC) plans to replace SEN statements. Families with EHC plans are offered personal budgets for elements of their care. The Act also places a duty on local authorities to identify all children in their area who have SEN or disabilities.

The overall aim is to give families a greater involvement in decisions about their support and to encourage social care, education and health services to work more closely together in supporting those with special needs or disabilities. As part of the changes local authorities are required to publish a 'local offer' setting out what support is available to families with children who have disabilities or SEN. The local offer should also explain how families can request personal budgets, make complaints and access more specialist help. Details of Rutland's local offer can be found here: <https://www.rutland.gov.uk/my-services/schools-education-and-learning/send-local-offer/>

## **4.2. Rutland SEND and Inclusion Strategy 2017**

The Council's SEND and Inclusion Strategy provides an opportunity to create a shared view of the challenges faced by children and young people. This Strategy enables the Council and other stakeholders together to identify the gaps in services, and challenge what needs to change and improve to achieve better outcomes for children and young people.

This Strategy sets out clear expectations of the Council and Clinical Commissioning Groups (CCGs), and other partners especially health and education providers, which reflects the statutory requirement under primary legislation, regulation and case law as set out in the SEND Code of Practice (2015), Section 28 Duty to Co-operate and the Local Safeguarding Board safeguarding procedures.

## **4.3. Future in Mind (2015)**

The Department of Health and NHS England published 'Future in Mind: Promoting, protecting and improving children and young people's mental health and wellbeing' in 2015. Future in Mind sets out the Government's vision for children and young people's mental health.<sup>22</sup> The themes of Future in Mind include:

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

## **4.4. The Green Paper<sup>23</sup>**

A Green Paper 'Transforming Children and Young People's Mental Health Provision': was published in December 2017. It builds on the government's vision for children and young people's mental health set out in Future in Mind in 2015, and provides the joint response of the Department for Health and Social Care and the Department for Education. The Paper contains three key announcements:

- To provide an incentive for every school and college to have a designated senior lead for mental health. All children and young people's mental health services should have a link for schools and colleges to better support them in delivering on child and young people mental health and wellbeing needs. They will do this through advice, consultation and signposting for children who need it.
- Funding for new mental health support teams, which will be supervised by NHS children and young people's mental health staff, to provide extra capacity for early intervention and

ongoing help.

- A four week waiting time for access to specialist NHS children and young people's mental health services will be trialled.

#### **4.5. The Five Year Forward View for Mental Health (2016)<sup>24</sup>**

In order to deliver on the vision set out in 2015's Future in Mind and 2016's Five Year Forward View for Mental Health, the government have:

- Legislated for parity of esteem between physical and mental health.
- Committed to make an additional £1.4 billion available for children and young people's mental health over five years.
- Committed to recruit 1,700 more therapists and supervisors, and to train 3,400 staff already working in services to deliver evidence-based treatments by 2020/21.
- Improved services for eating disorders, with, 70 new or enhanced Community Eating Disorder Teams, and the first ever waiting times for eating disorders and psychosis.
- Funded eight areas to test different crisis approaches for children and young people's mental health.

#### **4.6. Prevention Concordat for Better Mental Health<sup>25</sup>**

The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. The concordat promotes evidence based planning and commissioning to increase the impact on reducing health inequalities.

It represents a public mental health informed approach to prevention, as outlined in the NHS Five Year forward view and promotes relevant NICE guidance and existing evidence based interventions and delivery approaches, such as 'making every contact count'.

The Concordat seeks to prevent mental health problems from developing and to promote good health through local and national action including addressing the wider determinants of mental health and focusing on prevention. It recognises the need to build capacity and capability of the workforce to prevent mental health problems and promote good mental health. A Prevention Concordat has been adopted for the East Midlands.

#### **4.7. Suicide Prevention: Policy and Strategy (2018)<sup>26</sup>**

The Five Year Forward View for Mental Health recommends that all local authorities have multi-agency suicide prevention plans in place in 2017. These should target high-risk locations and support



high-risk groups, including men and people in contact with mental health services. The local plans should be reviewed annually and supported by new investment.

The LLR Suicide Audit and Prevention Group (LLR SAPG) has been brought together to tackle the cause and the impact of suicide across LLR and has developed the LLR Suicide Prevention Strategy and Plan 2017-20. This plan includes the STOP Suicide Prevention Campaign, and the development of a Suicide Prevention website.

#### **4.8. NICE Guidance**

##### **4.8.1. Social and Emotional Wellbeing in Primary Education PH 12**

This guideline covers approaches to promoting social and emotional wellbeing in children aged 4 to 11 years in primary education. It includes planning and delivering programmes and activities to help children develop social and emotional skills and wellbeing. It also covers identifying signs of anxiety or social and emotional problems in children and how to address them.<sup>27</sup>

##### **4.8.2. Social and Emotional Wellbeing in Secondary Education PH20**

This guideline covers interventions to support social and emotional wellbeing among young people aged 11–19 years who are in full-time education. It aims to promote good social, emotional and psychological health to protect young people against behavioural and health problems.<sup>28</sup>

##### **4.8.3. Social and emotional Wellbeing Early years PH40**

This guideline covers supporting the social and emotional wellbeing of vulnerable children under 5 through home visiting, childcare and early education. It aims to optimise care for young children who need extra support because they have or are at risk of social or emotional problems.<sup>29</sup>

##### **4.8.4. Young People's Mental Health coalition Guidance<sup>30</sup>**

Published in 2015 'Promoting Children and Young People's emotional health and wellbeing: a Whole School and College Approach guidance has also been included in the green paper. It includes a designated lead for mental health in a school or college who will have oversight of the whole school approach.

## **5. Current Services**

### **5.1. Local Safeguarding Children's Board**

Under the auspices of the Local Safeguarding Children's Board, Rutland has a clearly set out thresholds document which sets the level of type of interventions to be provided to children and young people depending on their level of need. It breaks down risk factors into developmental;

family and Environmental; and parent and carers.

## 5.2. “Front door” of services

The Council provides the ‘front door’ through which parents and professionals can access additional support at any level, including early help advice and support. This includes a multi-disciplinary holistic approach that brings a range of professional skills and expertise to bear through a “Team Around The Family” approach; a relationship with a trusted Lead Professional who can engage the child and their family, and/or co-ordinate the support needed from other agencies

The critical features of an effective Early Help Offer which have been identified nationally and on which Rutland’s early help process is founded are:

The Early Help Offer recognises the crucial role that all family members – not just mothers and fathers, but step parents, grandparents, siblings and other extended family members and carers – play in influencing what children experience and achieve as well as the consequences when families are in difficulty.

The provision of early help services covers for levels of need:

**Universal need** - Services working with children and families, to promote positive outcomes for everyone; midwives, health visitors, schools and early year’s settings, adult learning and community voluntary groups. Practitioners working in these services identify where children and families would benefit from extra help at an early stage.

**Early Help and Targeted need** - Services focus on children, young people and families who may need support either through a single service or through an integrated multi-agency response, for example, housing, youth options, and community safety. They work with families where there are signs that without support a child may not achieve good outcomes and fulfil their potential.

**Specialist need** - Services, such as social care, adult mental health services, focus on families with individual or multiple complex needs, who are at risk of significant harm or significant impairment to their health or development, including where help has been requested through Section 17 - a child in need or where a specific disability or condition is diagnosed, and Section 47 – where there is a need to investigate a significant safeguarding concern.

By law, Children's Social Care has to give priority of service to children with specific categories of need:

- Those at risk of serious harm and who may need a protection plan

- Those who are, or may need to be, looked after by Children's Social Care and are unable to remain living at home (birth to 18 years including unaccompanied asylum seeking children and young people)
- Private Fostering - such arrangements have to be notified to the local authority (Children's Social Care)
- Those aged 16 or over who are leaving the care of Children's Social Care or have previously left care and are eligible for Leaving Care services
- Where Children's Social Care involvement is required by the courts

Specialist services include:

- The recruitment, assessment and supervision of foster carers
- Placing and supporting children with foster carers
- Placing children in residential care for children who are no longer able to live at home and where that is the appropriate option
- Supervising children who are privately fostered
- Supporting young carers Adoption services are provided on Rutland's behalf by Leicestershire County Council.

### **5.3. Social Care teams and partners**

The Social Care teams work in partnership with, and may refer to, other services, including education, health, housing, and the police to provide interventions and support on a multi-agency basis. Social Care provision is delivered by three teams:

**Referral, Assessment and Intervention Service** who provide the front door service including; advice and guidance, screening of contacts made to the service and recommendations as to appropriate support for families, complete reports requested by the courts for families in Private Family Law matters, complete assessments under section 17 and initial child protection investigations under section 47.

**Permanency and Protection Service** – this service is split in to two teams, one working with the complex child in need work under section 17 and families subject to child protection plans, the other working with children looked after by the Local Authority and any other court work required of the Local Authority.

**Fostering, Adoption and Care Leavers Service** who provide support to current foster carers and recruitment of new carers, care leavers, children in care who require a Personal Advisor, and matters relating to adoption.

**The Local Offer** sets out information about services for children and young people with Special Educational Needs and Disabilities (SEND) with information for parents/carers, children and young

people as well as for professionals. <https://www.rutland.gov.uk/my-services/schools-education-and-learning/send-local-offer/>

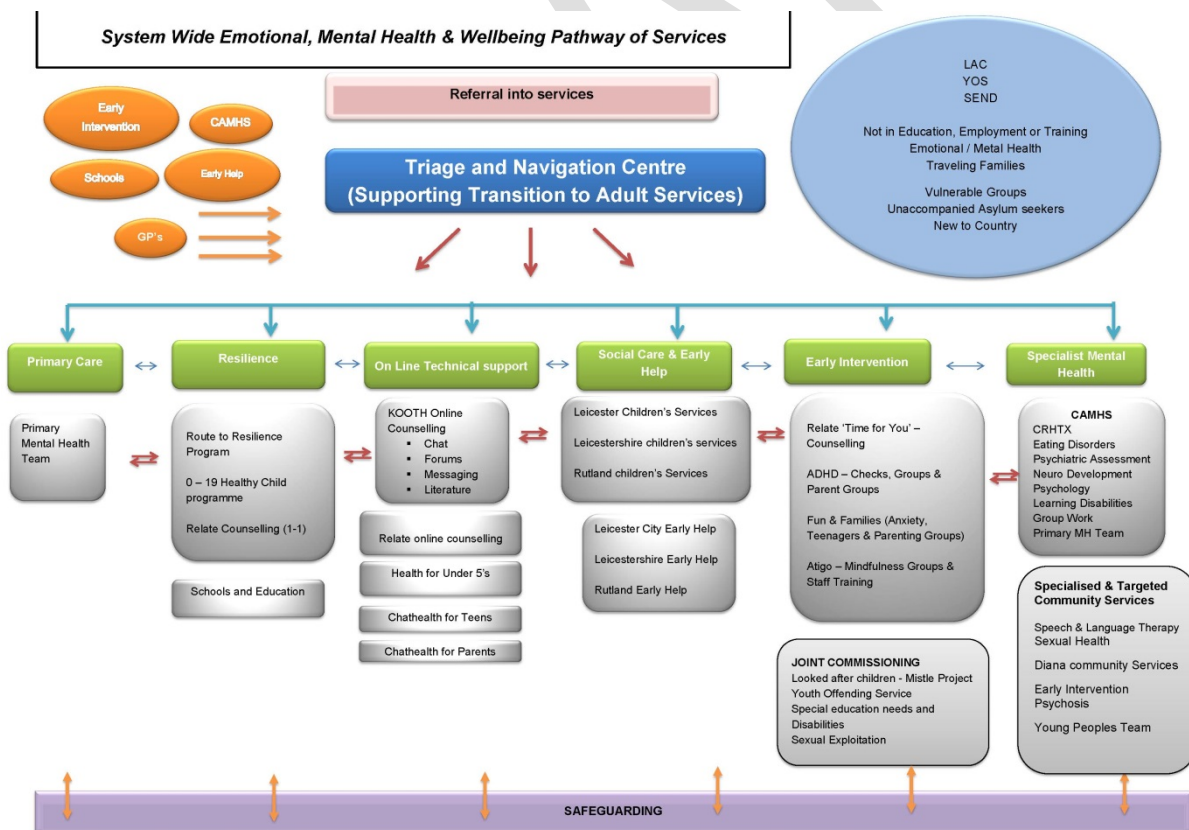
#### 5.4. Promotion of Mental Health and Wellbeing

Services to promote mental health and wellbeing and to identify and support those who are experiencing mental health problems need to be co-ordinated and integrated. Locally this has been described as a whole system pathway across Leicester, Leicestershire and Rutland, called the Social, Emotional, Mental Health and Wellbeing pathway.

#### 5.5. Future in Mind commissioned services

A number of services have been commissioned directly as part of the Future in Mind programme. These services have been designed to augment and improve pre-existing mainstream services. This is the list of the **Future in Mind commissioned services** (Commissioned by Leicester City Clinical commissioning Groups on behalf of all 3 CCGs across Leicester, Leicestershire and Rutland):

Figure 1: System wide pathway of services



- Targeted Early Intervention Emotional health and wellbeing Service for LLR

- Route to Resilience in Schools - a whole school approach to resilience in schools programme
- Xenzone - Kooth deliver an Online Counselling service
- Enhanced Access to Childhood and Adolescent Mental Health Service (CAMHS)
- Eating Disorders Service
- Crisis and Home Treatment Service
- Place of safety
- CAMH Service
- Primary Mental Health Team

#### 5.6. Child and Adolescent Mental Health Service (CAMHS)

The CAMHS service is an LLR wide service and links with the Future in Mind services described above. CAMHS help children and young people who have been referred by another healthcare professional. CAMHS website: <http://www.leicspart.nhs.uk/OurServicesAZ-ChildandAdolescentMentalHealthServiceCAMHS.aspx>

Referrals are made if it's thought the child or young person has emotional and/or behavioural difficulties at a level which requires specialist support. The range of services includes initial assessments, therapy, group work, emergency assessments and in-patient care. CAMHS also links with other children's services to offer a multi-agency approach. The team is made up of doctors, nurses and therapists who specialise in child mental health. The support we provide varies according to need, from a one-off appointment to a programme of on-going care which lasts until the child or young person feels better and is felt to be safe.

- **CAMHS Crisis Resolution and Home Treatment team** provides rapid assessment and treatment at home for children and young people in mental health crisis and support for their families, providing no physical medical intervention is required. Once a referral is received, the team aims to make telephone contact with a family within two hours and to assess the child or young person within 24 hours. The service is operational from 8am until 10pm. Outside of these times, support is provided by the adult crisis team.
- The **Primary Mental Health Team** works between primary care - for example GPs and public health (school) nurses - and specialist CAMHS outpatient teams. The team treats young people having difficulties with their mental health or emotional wellbeing, and who may be at risk of developing a mental health disorder.

- The **Young Peoples Team** works particularly with vulnerable young people in care and those who are involved with the youth offending service.
- The **CAMHS Learning Disability Team** provide services for children with a moderate to profound learning disability as defined in International Classification of Disease 10 presenting with mental health and or associated behavioural problems.
- The **CAMHS Eating Disorders Team**, based at Mawson House in Leicester, offers specialist outpatient assessment and treatment to young people and their parents affected by eating disorders, and manages around 100 new referrals each year. Treatment usually lasts between 12 and 18 months, though early intervention is crucial to recovery.
- The **Paediatric Psychology Team**, based at Artemis House, offers specialist psychological assessment and treatment to children, young people and their families who are psychologically affected by living with physical health conditions or disabilities. Referrals are from Consultant Paediatricians only

### **5.7. Healthy Child Programme**

The programme helps to build resilience and support emotional health and wellbeing of children and young people and maternal mental health. Children's mental health has been included as high impact areas in the delivery of the 0-19 Healthy Child Programme. In this context, Public Health nurses (Health Visitors and School Nurses) provide brief interventions, advice, and support for children, young people and their families on emotional health and wellbeing.

0-19 Healthy Child Programme have also developed a number of packages of care and support and pathways in response to need including: anxiety, emotional health and self-harm, emotional health, behaviour management 0-5/5-19, domestic violence safeguarding, child sexual exploitation referral pathways.

Public health nurses provide face to face support through drop in clinics for young people in secondary schools and for parents in primary schools

Young people can also text a public health nurse to access confidential advice via a secure messaging service, ChatHealth. In Leicestershire and Rutland, young people can text 07520 615387

The ChatHealth service is also available for parents and carers if they have concerns about their child's health, and would like to contact a health professional. In Leicestershire and Rutland: 07520 615382

### 5.7.1. Early Start Programme

The Early Start Programme provides intensive early intervention and support for vulnerable first time parents with an infant 0-2 years. Informed by an outreach health visiting model, ESP is delivered by health visitors, early childhood practitioners and family nursing support staff and provides families with bespoke support. Support can start from 16 weeks pregnancy until the child's second birthday.

The Aim of the Programme is to ensure all children have the best start to life and prepare and equip vulnerable parents for parenthood providing them with skills, knowledge, confidence and capability to enable them to give their children the best possible start.

There is information on Emotional health and wellbeing and mental health issues on the 3 Healthy Together websites including:

Health for under 5's: <https://healthforunder5s.co.uk/>

Health For Kids: <https://www.healthforkids.co.uk/>

Health for Teens: <https://www.healthforteens.co.uk/>

## 6. Unmet needs/Gaps

### 6.1. Needs of children and young people

The evidence of local needs, current and emerging indicates:

- There are increasing numbers of referrals to early intervention services and CAMHS for children and young people with mental health and emotional health and wellbeing problems e.g. self-harm, anxiety.
- There are increasing numbers of children and young people who are exposed to domestic violence and other adverse childhood experiences. Research states that children who experience domestic violence have a fourfold increased risk of experiencing mental and emotional health issues. Therefore, there are a significant number of children in Leicestershire who may be experiencing and/or witnessing domestic violence; however their emotional and mental health needs are not necessarily being catered for<sup>31</sup>.
- Public health nurses (school nurses) are also seeing an increasing number of children who are self-harming and experiencing anxiety.
- The age at which children and young people are presenting to services with emotional and mental health problems has lowered to primary school age.

- A significant number of referrals to CAMHS are related to behaviour which is taking up significant time and resources. It is hoped that the new system wide emotional, mental health and wellbeing pathway will help to divert these referrals away from CAMHS, if appropriate. The care of children and young people with behavioural issues is better served if it is multidisciplinary and focused on the child's needs rather than a medical diagnosis.
- There is also emerging recognition that many of the referrals to services are caused by attachment issues, therefore there should be an increased focus on parenting programmes through the 0-19 healthy child programme the Children and Family Service's early help service and voluntary sector programmes.
- A recent national 'Time to change' survey<sup>32</sup> revealed that 90% of young people said that they have experienced stigma and discrimination as a result of their mental health issues. This has prevented them in some cases, from doing every day activities that they enjoy. Stigma and discrimination can also stop people from seeking help and socialising with friends and discussing their problems with family or friends because they fear a negative reaction.

## **6.2. Mental Health Promotion and Prevention of Mental Health problems and Early Intervention**

- Across the system there is recognition that there needs to be a greater emphasis on mental health promotion, prevention of mental health problems and early intervention, identifying emotional and mental health problems early in order to 'break the cycle'.
- Resilience also needs to be systematically promoted within all schools through the route to resilience programme and through the delivery of personal social health education (PSHE) including how to build mental resilience and wellbeing. All schools will have to deliver compulsory health education from September 2020.
- Self Help: There may be scope and potential to help and support young people to manage emotional health and wellbeing issues themselves.
- There needs to be more emotional and mental health training and support provided to universal services (e.g. Schools, Primary Care (GPs), Health Visiting and School Nursing Services) due to sheer numbers of children and young people accessing these services.
- It is recognised that schools need to be helped to take on a greater role in promoting emotional health and wellbeing as well identifying children who are at risk of emotional and mental health problems. However, in order to do this they need training and support to feel competent and confident. Part of compulsory health education (from September 2020) will include the need to ensure that children and young people will know how to recognise when



they and others are struggling with mental health issues and how to respond

### **6.3. Provision of CAMHS Services**

There are still significant blockages in terms of access to treatment at every level of CAMHS. However, it is also recognised that there have been recent improvements.

### **6.4. Emerging gap between children with ADHD and autism with mental health services**

A gap in the current commissioned services around children and young people with a diagnosis of Autism has been identified. The gap focusses specifically on those children and young people with a diagnosis of Autism, but do not also have a diagnosis of a mild to moderate learning disability. The children with Autism with mild learning disability are not picked up until situations escalate i.e. in:

- Care and Treatment reviews
- Children with medical need (education meeting)
- Not in education, employment or training (NEET)
- Youth offending Services

### **6.5. Children in Care (Looked after Children)**

Children in care have particular emotional needs, related to their earlier experiences before they were looked after. These earlier experiences have an influence on brain development and attachment behaviour. Rates of: emotional, behavioural and mental health difficulties are at four to five times higher amongst children in care (looked after children) than the wider population.

A Whole System Approach to promoting good emotional health of children in care (looked after children) is needed (see NSPCC's 'Achieving Emotional Wellbeing for Looked after Children' (2015)<sup>33</sup> the priorities for change within the system should include:

- Embed an emphasis on emotional wellbeing throughout the system
- Take a proactive and preventative approach
- Give children and young people a voice and influence
- Support and sustaining children's relationships
- Support care leavers' emotional needs

## **7. Recommendations**

- Target resources in proportion to need to address the needs of any children living in poverty and those most vulnerable.
- Increase numbers of children being active, and encouraging them to be active for longer

- Promote child visits to dentists and increase levels of fluoride varnish treatments to prevent tooth decay.
- Work with NHS England, commissioners of human papillomavirus (HPV) vaccination programme, to improve uptake of second dose.
- Better promote the range and availability of Tier 1 and 2 support available in Rutland to professionals, young people and parents via the Rutland Information Service, School websites and parent training.
- Support training for school staff to assist them with compulsory requirements for all schools to provide: relationship education (primary school) and sexual health and relationship education (secondary schools) from 2019, and to enable them to deliver health education which becomes compulsory from September 2020.
- Adversity and trauma informed care for children and young people should be prioritised for those who have Adverse Childhood Experiences (ACEs). ACEs include: parental separation, domestic violence, mental illness, alcohol misuse/ drug use. This should form part of an overarching partnership strategy and cover both primary and secondary prevention. The ACEs model should be used to identify young people and families who perhaps do not reach the threshold for a referral into statutory services.

## GLOSSARY OF TERMS

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A&E	Accident & Emergency
ACEs	Adverse Childhood Experiences
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group

CLA	Children Looked After
CoT	Course of Treatment
CSE	Child Sexual Exploitation
d3mft	decayed, missing or filled teeth
EHC	Education, Health and Care
HPV	Human Papilloma Virus
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LSOA	Lower Super Output Area
NEET	Not in education, employment or training
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NRM	National Referral Mechanism
PHE	Public Health England
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities

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# RUTLAND JOINT STRATEGIC NEEDS ASSESSMENT 2018

## ACHIEVING EDUCATIONAL POTENTIAL

DECEMBER 2018

Strategic Business Intelligence Team  
Leicestershire County Council



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Whilst every effort has been made to ensure the accuracy of the information contained within this report, Leicestershire County Council cannot be held responsible for any errors or omission relating to the data contained within the report.



## FOREWORD

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The purpose of the Joint Strategic Needs Assessment (JSNA) is to:

- To improve the health and wellbeing of the local community and reduce inequalities for all ages.
- To determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- To provide a source of relevant reference to the Local Authority, Clinical Commissioning Groups (CCGs) and NHS England for the commissioning of any future services.

The Local Authority and CCGs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Rutland, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.

The JSNA has reviewed the data relating to educational attainment in Rutland, from early years through to school leaving age. The processes used to oversee progress are outlined and unmet needs and recommendations that have arisen from this needs assessment are discussed.

The JSNA offers an opportunity for the Local Authority, CCG and NHS England's plans for commissioning services to be informed by up to date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, CCG and NHS England must be able to explain why.

## EXECUTIVE SUMMARY

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In this chapter we examine how pupils in Rutland’s state-funded schools perform in comparison with pupils nationally in Early Years Foundation Stage, Key stage 1, Key stage 2 and Key stage 4 statutory assessments. The chapter includes data trends over the past 5 years to evaluate performance over time. It is important to note that Key stage 1, 2 and 4 had a change of assessment measures between 2014-15 and 2015-16 which impacts on data patterns.

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## 1. Level of need in Rutland

It is recognised that many factors impact on children's educational potential being achieved and it is well known that lower educational outcomes are further associated with poorer outcomes in later life. More detail on these wider determinants of health are available in the 'Children and Young People Staying Safe and Healthy Joint Strategic Needs Assessment' available here: **Link to be inserted**

### 1.1. Early year's foundation (EYFS)

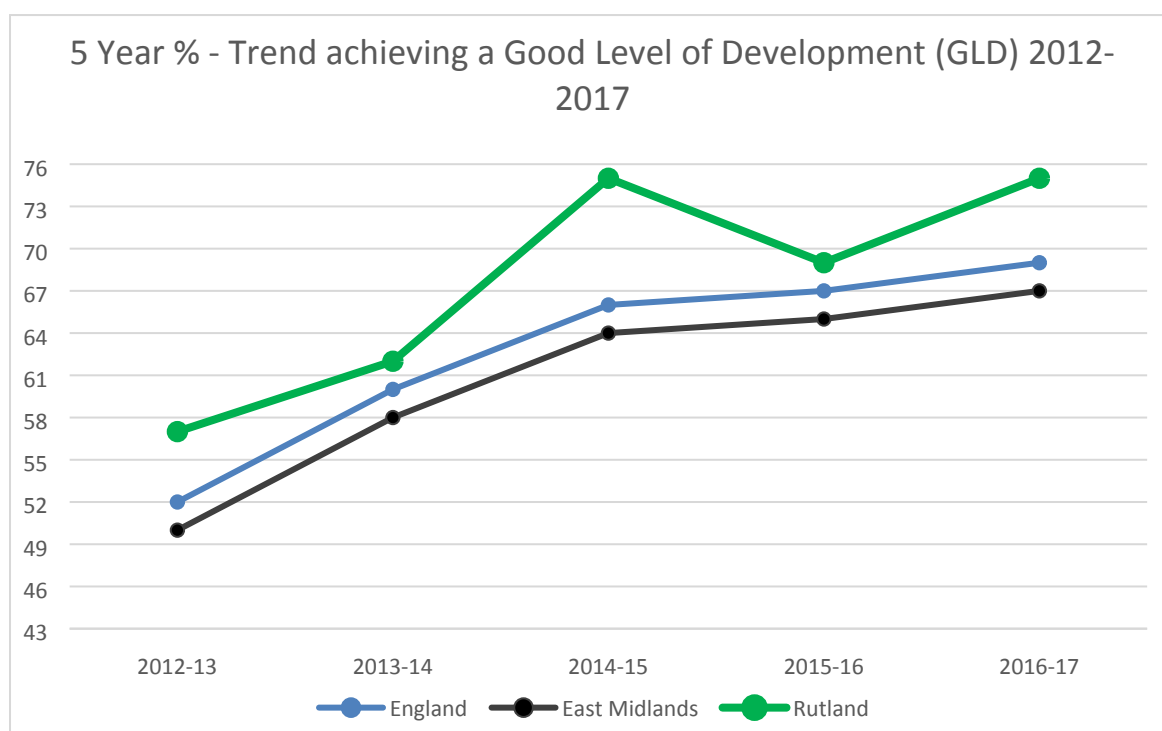
#### 1.1.1. Good Level of Development

Performance at the end of the Early Years Foundation Stage (EYFS) is measured by the Good Level of Development (GLD) which measures a child's attainment across the first 12 Early Learning Goals.

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. 'Good level of development' is used to assess school readiness. It is measured at the end of the reception year and covers: communication and language; physical development; personal, social and emotional development; literacy; mathematics; understanding the world; and expressive arts, designing and making. School readiness starts at birth with the support of parents and other caregivers, as children start to acquire these skills. School readiness at age 5 (the end of reception year) has a strong impact on future educational attainment and life chances.<sup>1</sup>

Rutland's scores for 'Good Level of Development' remains above that seen nationally. There are inconsistencies in performance over time, however indications are that this may be influenced by the characteristics of the cohort. For example, in 2014 the cohort was made up of a high proportion of summer born children and in 2016 the cohort had a high percentage of boys. However, there will be continued challenge to those Early Years providers where performance is not at a level that would be expected for that cohort, with LA commissioned programmes to support the development of a curriculum to meet the needs of all groups of pupils.

**Figure 1: Percentage of reception children achieving a good level of development, 2012-2017<sup>2</sup>**



### 1.1.2. Phonics Screening

In 2016/17, 83.3% of Year 1 pupils in Rutland achieved the expected level in the phonics screening check. This is similar to the England value of 81.1%. Meanwhile, 11 children with free school meal status achieved the expected level in the phonic screening check (61.1%). This is similar to the England value of 68.4%.<sup>3</sup>

### 1.2. Key Stage 1 SATs

Key stage one performance in reading, writing and mathematics is measured through teacher assessment at the end of Year Two. The performance of pupils in Rutland state-funded schools has been consistently above national average for a number of years in all subjects although the gap between the local authority and national Key Stage 1 outcomes have narrowed in 2017 to broadly in line with pre-2016 levels. Note the change in assessment methods in 2015-16. Prior to that date, attainment had been measured in Levels, with Level 2 being expected. This is now referred to as Expected Standard; the percentages refer to those children attaining Expected Standard or better.

**Table 1: KS1 SATs – Year on year comparison against National – Expected Standard<sup>4</sup>**

Key Stage 1		2012-13		2013-14		2014-15		2015-16		2016-17	
		L2+	% point difference	L2+	% point difference	L2+	% point difference	EXS +	% point difference	EXS +	% point difference
Reading	Rutland	91%	2% ↑	91%	1% ↑	93%	3% ↑	80%	6% ↑	79%	3% ↑
	National	89%		90%		90%		74%		76%	
Writing	Rutland	88%	3% ↑	88%	2% ↑	90%	2% ↑	70%	5% ↑	72%	4% ↑
	National	85%		86%		88%		65%		68%	
Maths	Rutland	94%	3% ↑	95%	3% ↑	96%	3% ↑	78%	5% ↑	78%	3% ↑
	National	91%		92%		93%		73%		75%	

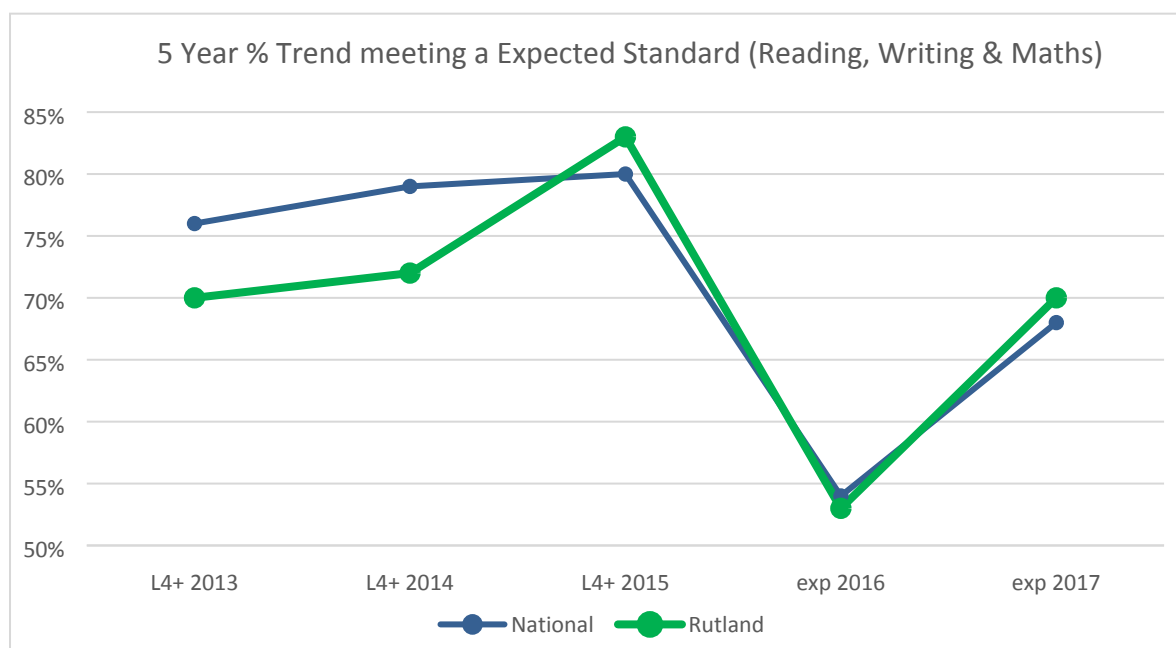
### 1.3. Key Stage 2 SATs

Key stage two performance is measured at the end of year 6. Writing is measured through teacher assessment whilst reading, grammar, punctuation and spelling, and mathematics are measured by standard assessment tests (SATs). The 2017 Rutland average for combined Key Stage 2 Reading, Writing and Mathematics attainment at expected standard at 67% is higher than the national average of 61.0%. Improvement from 2016 in combined Reading, Writing and Mathematics attainment is at a rate higher than that seen nationally, with the percentage of children in Rutland schools 14% higher than in 2016 compared with 8% improvement nationally.

Performance in Rutland schools has considerably improved from 2013 and 2014 when LA percentage of expected standards being met across all three subjects were lower than national results. Rutland scored higher than the National average in 2015 and 2017.

Note the change in assessment methods in 2015-16. Prior to that date, attainment had been measured in Levels, with Level 4 being expected. This is now referred to as Expected Standard; the percentages refer to those children attaining Expected Standard or better.

**Figure 2: Key Stage 2 SATs - Expected standard in Reading, Writing & Maths (combined)<sup>5</sup>**



#### 1.4. Key Stage 4 GCSEs and Progress 8

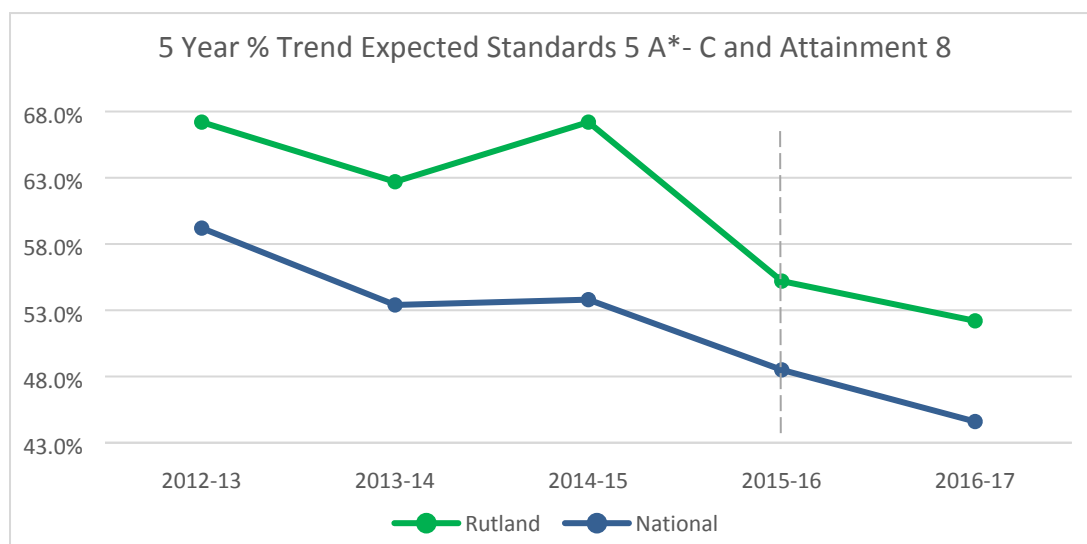
As of summer 2016, Key Stage 4 is measured through GCSE examination, the Attainment 8 score, the Progress 8 score and the English Baccalaureate (EBacc). Prior 2016 the main method of measuring of a schools performance was by calculating the percentage of pupils who got five or more A\* to C grades. Attainment 8 measures the achievement of a pupil across 8 qualifications. Progress 8 measures the progress students make between the end of Key Stage 2 and Key Stage 4 based on performance in eight qualifications. The headline EBacc attainment measure in 2017 is the percentage of pupils in a school gaining a grade 5 or above in English and maths, and a grade C or above in other subjects.

Figure 3 shows the last 5 years average of expected standard for schools in Rutland.

Rutland has exceeded the National average by at least 6% every year. In 2014-15 Rutland scored 13.4 percentage points higher than the National average, this was the highest difference over the 5 years.

Rutland and England both seem to follow a downwards trend from the year 2016 onwards. However, this reflects the changing assessment criteria of Attainment 8. Despite the descending line Rutland comfortably sits above the National Average in each year.

**Figure 3: Key Stage 4 GCSEs and Attainment 8 - Five year trend of expected standard<sup>6</sup>**



**Table 2: Key Stage 4 GCSEs and Attainment 8 Scores**

Table 2 shows the percentage point difference per year between the National Average and Rutland.

Key Stage 4	5+ A*-C GCSEs including Maths and English						Attainment 8								
	2012-13		2013-14		2014-15		2015-16		2016-17						
	GCSEs	% Point difference	GCSEs	% Point difference	GCSEs	% Point difference	A8	% Point difference	A8	% Point difference					
Rutland	67.2	8%	↑	62.7	9.30%	↑	67.2	13.40%	↑	55.2	6.70%	↑	52.2	7.60%	↑
National	59.2			53.4			53.8			48.5			44.6		

**Table 2: Key Stage 4 GCSEs and Attainment 8 Scores<sup>6</sup>**

Progress 8 is a new measure of progress children make between the end of primary school and the end of secondary school. A positive score means the school has made better progress than expected. A score below -0.5 will trigger an inspection and a score of 1+ will exempt the school from an inspection for a year. Rutland schools' Progress 8 score of 0.32 compares very favourably with the national score of -0.0 in 2016-17. Rutland schools' Progress 8 score of 0.32 compares very favourably with the national score of -0.0 in 2016-17.

### 1.5. Attendance and absences in state-funded Rutland Primary and Secondary Schools

Absence from Rutland schools is well below that seen nationally and regionally, however this remains a focus of discussion with school leaders to ensure the safeguarding of children and young people.



**Table 3: Absences in primary schools, 2016/17<sup>7</sup>**

Pupil absence 2016/17	Percentage of sessions missed			Persistent absentees	
	Overall absence	Authorised Absence	Unauthorised absence	Number	Percentage
<b>England</b>	4.0%	3.0%	1.1%	325,230	8.3%
<b>East Midlands</b>	4.0%	2.9%	1.1%	27,655	8.2%
<b>Rutland</b>	2.8%	2.4%	0.4%	81	3.2%

**Table 4: Absences in secondary schools, 2016/17<sup>7</sup>**

Pupil absence 2016/17	Percentage of sessions missed			Persistent absentees	
	Overall absence	Authorised Absence	Unauthorised absence	Number	Percentage
<b>England</b>	5.4%	3.8%	3.8%	392,200	13.5%
<b>East Midlands</b>	5.3%	3.8%	1.5%	34,155	13.6%
<b>Rutland</b>	3.5%	2.8%	0.8%	151	6.0%

### **1.6. Exclusions**

Rutland has had 2 permanent exclusions in 2017/18: one primary phase child, which was dealt with as a managed move, and one secondary phase young person. There have been no appeals considered by Independent review panels by reason for exclusion. Rutland County Council had a part time Social Inclusion Officer, (SIO) who conducts school meetings and visits to the home. The SIO conducts fortnightly meetings with the 3 secondary schools in Rutland to discuss cases that may be at risk of coming off roll or at risk of exclusion. Rutland does not

have any Pupil Referral Unit places in the county.

### 1.7. Ofsted Ratings – Primary and Secondary Schools in Rutland

This section identifies the number of schools in each Ofsted category based on their most recent inspection (at August 2018). The education function of the local authority has a duty to ensure there are sufficient high quality school places and works closely with school leaders to achieve the aim for all children to attend good or outstanding state-funded schools. This is articulated through Rutland County Council’s Corporate Plan 2017-20 which sets out the ambition for all children and young people to be able to access high quality education within settings where every individual matters equally and is encouraged to aim high and achieve their very best.

**Table 5: Ofsted ratings for primary schools and secondary schools in Rutland, 2018<sup>8</sup>**

School Type	Number of schools	Schools Rated Outstanding	Schools Rated Good	Number of children attending
Primary Schools	17	4	13	2915
Secondary School	3	1	2	2481
<b>Total</b>	20	5	15	5594

The local authority complies with the DfE Schools Causing Concern Guidance which clearly identifies the expectations for local authorities to utilise their powers of intervention to those schools maintained by the local authority which are underperforming; where an academy or free school is of concern to the local authority, this Guidance must be followed. Strong working partnerships have been established with the Department for Education and the Regional Schools Commissioner’s office in sharing intelligence about academies within Rutland and challenging DfE officers where concerns over the performance of an academy or multi academy trust may have been identified.

### 1.8. Elective Home Education

Section 7 of Education Act 1996 requires that parents/carers must “cause the child to receive efficient full time education suitable to his or her age, ability and aptitude and to any special needs he or she may have either by regular attendance at school or otherwise.” Rutland County Council operates a voluntary registration scheme for pupils undergoing elective home education (EHE) informed by the Council’s Education Otherwise Policy. Local Authorities have

no statutory duties in relation to monitoring the quality of EHE on a routine basis. However, under Section 437 (1) of Education Act 1996, local authorities can intervene if it appears that parent/carers are not providing a suitable and efficient education.

In Rutland the number of children electively home education (EHE) is small and there is no obvious trend emerging. At the end of the academic year 2015/2016 there were no children recorded as elective home educated; however through the year the number went up to 5 pupils. These consisted of 1 primary phase (awaiting a place at an independent school) and 4 secondary phase children. The reasons presented by parents and the schools included, for example, moving into Rutland and awaiting a place at the school of choice, moving into out-of-county schools.

At the end of the academic year 2016/2017 there were less than 5 primary school age child electively home educated. During the academic year, 4 of the children who were electively home educated were Year 11 pupils. The reasons presented by the parents and schools included, for example, to progress a music programme at a Conservatory of Music, or to take up home tuition, using a virtual school learning site. All of these families allowed Rutland County Council's Social Inclusion officer (SIO) contact at home. At the end of the 2017/2018 academic year there were no children electively home educated.

It should be noted that Rutland County Council operates an 'Education Otherwise' programme of support. This supports children who have significant needs that are not electively home educated and are children who need a different intervention to mainstream school. These children include those who are permanently excluded or are at risk of permanent exclusion, have medical needs, or are undertaking a managed move and include children who present as anxious school refusers. This may be diverting some children and parents from resorting to EHE as an alternative to mainstream school. Rutland currently has 21 children accessing Education Otherwise support. The Education Otherwise budget is £110,000.

The Local Authority is aware of some children in Rutland who are out of school and have chosen not to have contact with the LA or not to have ever registered with a school, some due to cultural or faith reasons, and therefore, under the current national guidance, the Local Authority has no statutory right to conduct visits or make contact. There have been no cases of EHE children being investigated (under s.436A of the Education Act 1996 or otherwise) to find if children are receiving suitable education and no school attendance orders have been issued with regard to children found to be receiving unsuitable EHE (or who have been claimed to be receiving EHE).

## **1.9. NEET**

Young people who are not in education, employment or training (NEET) are more likely to suffer from poor health, depression or early parenthood.

In 2015, 2.1% of 16-18 years old in Rutland were not in education, employment or training (20 people). This is better than the England value of 4.2%.<sup>3</sup>

## **1.10. Special Educational Needs**

In Rutland in 2017, there were 347 pupils of primary school age with special educational needs (SEN). This is 11.9% of the total number of pupils and is lower than the East Midlands proportion of 12.7% and the England proportion of 13.8%.

For secondary schools, there were 374 pupils with special educational needs. This is 14.0% of the total number of pupils and is higher than the East Midlands proportion of 11.7% and the England proportion of 12.3%.

Percentages of children receiving SEN support in Rutland have risen significantly from 8.5% in 2015 to 13% in 2018. The rate of SEN support is now ranked third in the East Midlands (of 9 authorities) having been lowest from 2009 to 2015.

The demand for, and the spending on, services and support for children with SEND in Rutland has grown significantly. This represents 3% of the total number of pupils in all Rutland schools, compared with the England benchmark of 2.8%. However, this figure is predicted to rise due to the increase in the number of pupils requiring an Education, Health and Care Plan (EHCP) as a result of earlier diagnosis and consequent referrals for support, particularly for those with social, emotional and mental health needs.

The spending on Special Educational Needs and Disabilities (SEND) services and support in Rutland (funded mainly from the Dedicated Schools Grant - High Needs block) has grown by 16% in the past 3 years, rising from £3,061,000 in 2013/14 to £3,545,000 in 2016/17, and continues on an upward trajectory.

Children with Communication and Interaction (C&I) needs, which includes ASD, and those with Social Emotional and Mental Health (SEMH) needs (20% of the population) have some of the highest cost education placements.

## **1.11. Learning Disabilities**

In Rutland in 2017, there were 385 pupils with a learning disability. This is 6.9% of the total number of pupils and is higher than the England proportion of 5.6%.<sup>9</sup>

Further data on the learning disabilities is detailed in the Learning Disability Market Position Statement (link still to be added).

A recent review of the Special Educational Needs and Disabilities population identified that Autistic Spectrum Disorder (ASD) accounts for almost a quarter of all SEND children in Rutland (87 children or 24%). This is the largest category of disability and this proportion is significantly larger than seen nationally.

### **1.12. Behavioural, emotional and social support needs**

In Rutland in 2014, there were 86 pupils with behavioural, emotional and social support needs. This is 1.14% of the total number of pupils and is lower than the England proportion of 1.66%.<sup>10</sup>

## **2. Policy and Guidance**

Local Authorities have a series of statutory responsibilities for education which are set out in sections 13 and 13a of the Education Act 1996 and the Childcare Act 2006. The local authority also complies with the DfE Schools Causing Concern (February 2018) which is guidance for local authorities and Regional Schools Commissioners on how to work with schools to support improvements to educational performance, and on using their intervention powers.

The Admissions Code December 2014 sets out the statutory guidance that schools must follow when carrying out duties relating to school admissions into primary school at reception year and secondary school at year 7 in September each year.

The Children and Families Act 2014 requires every local authority in England to appoint an officer employed by the authority to make sure that its duty to safeguard and promote the welfare of its children looked after (CLA) by the authority is properly discharged. That officer is referred to as the Head of the Virtual School.

## **3. Current Services**

At the heart of the education framework for Rutland is a commitment to encourage successful autonomous schools and to promote the activity of these and wider partners, including Single and Multi-Academy Trusts and Teaching School Alliances, to secure:

- the best possible levels of attainment and progress;
- outstanding leadership including effective governance;
- safety, fairness and equity for all pupils and staff;

- value for money and the capacity for continuous improvement within a self-improving system.

All Early Years providers in the Private, Voluntary, Independent sector and schools work in close partnership with the local authority Early Years' Service. Inspection outcomes are monitored and systematic review (as outlined in the Education Improvement Prioritisation and Entitlement document) is undertaken. Local authority support is targeted to early years' providers in inverse proportion to success to ensure that resources are used effectively, with the aim for good practice within the sector to be shared and built upon. All Early Years providers delivering the Early Years Foundation Stage (EYFS) are entitled to an offer of 'core support' from Rutland County Council Early Years' Service. This includes Keep in Touch visits to each early years setting, Private, Voluntary or Independent provider, school and childminder; access to three EYFS networks; Lead Early Years Providers training day and a programme of training.

An overview of the performance of Rutland schools is maintained through an agreed and transparent process articulated through the Education Improvement Prioritisation and Entitlement document. The Learning and Skills Service meets at least three times per year to undertake a School Quality Assurance (SQA) desktop review of school effectiveness. At this meeting a range of evidence is considered and a prioritisation agreement made about each primary and secondary maintained school or academy. Schools are informed of the resulting priority status, with opportunities offered to maintained schools and academies to discuss the basis of the outcome and to review further evidence as required. The prioritisation enables the local authority to understand where there is potential vulnerability and to work with maintained schools and offer support to academies to address issues swiftly, including supporting these schools to build meaningful school improvement networks with others.

The Head of the Virtual School Head is also responsible for managing pupil premium funding for the children they look after and for allocating it to schools as well as managing the early years' pupil premium and for allocating the premium to the early years' providers that educate CLA who are taking up the free early education entitlement for 3- or 4-year-olds.

It is a statutory requirement that admissions into primary school at Reception Year and Secondary School at Year 7 for September each year are co-ordinated by the local authority; parents of Rutland resident children apply to Rutland County Council for places. Applications for other year groups throughout the academic year, known as in-year admissions, are administered by the admission authority for the preferred school. In 2018:

- 97% of Rutland resident children have received an offer at their first preference primary school

- 96% of Rutland resident children have received an offer at their first preference secondary school
- 100% of Rutland resident children have received an offer at one of their preferred primary schools
- 100% of Rutland resident children have received an offer at one of their preferred secondary schools

The admissions team works in partnership with the Business Intelligence Team and Property Services to ensure there are sufficient school places available in Rutland and to monitor the available capacity within schools over the year.

#### **4. Unmet needs/Gaps**

Rutland County Council produces a Learning and Skills Service Annual Review (LaSSAR) which acts as both a summary of the previous year's actions to address previous priorities as well as acting as a blueprint for future plans. The LaSSAR draws together a range of self-evaluation activities including internal and external review, data analysis, feedback and judgements and progress towards addressing local, regional and national priorities. This process enables the Learning and Skills Service to celebrate and build on from successes as well as to identify emerging issues and areas for improvement. It is through this annual process that unmet needs or gaps would be identified (see section 5).

#### **5. Recommendations**

The Learning and Skills Service identifies areas for further improvement in the Annual Education Improvement Plan (AEIP) which is compiled following the annual self-review process undertaken at the end of each academic year. The AEIP expresses the key actions required for ensuring the service to schools is effective in supporting and challenging schools leaders to sustain educational improvements. The impact of the AEIP is monitored through Rutland County Council's Education Performance Board, performance reports to Children and Young People's Scrutiny Panel and the Learning and Skills Service routine self-evaluation processes.

The 2018-19 Annual Education Improvement Plan will be completed when school performance data becomes available, however early indications are that it will include:

- Continuing to strengthen the capacity of systems leadership across the Local Authority through commissioned and brokered CPD programmes for leaders at all levels, including governors, and through partnership working with systems leaders

to develop rigorous processes to secure robust sector-led, and delivered, school improvement.

- Utilising effective challenge and support mechanisms to increase schools' focus on effective provision for all groups of children and young people so that they are achieving their best possible standards, taking account of their starting points.

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## GLOSSARY OF TERMS

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AEIP	Annual Education Improvement Plan
CCG	Clinical Commissioning Group
CLA	Children Looked After
DfE	Department for Education
EYFS	Early Years Foundation Stage
EBacc	English Baccalaureate
GLD	Good Level of Development
LA	Local Authority
OFSTED	Office for Standards in Education
LaSSAR	Learning and Skills Service Annual Review
SATs	Standard Assessment Tests
SQA	School Quality Assurance

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**SCRUTINY PANEL**

20<sup>th</sup> September 2018

**RUTLAND POST-16 EDUCATION OFFER**

Report of the Strategic Director for People

Strategic Aim:	Reaching our Full Potential	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr D Wilby, Portfolio Holder for Education	
Contact Officer(s):	Gill Curtis Head of Learning and Skills	Telephone: 01572 758460 email: <a href="mailto:gcurtis@rutland.gov.uk">gcurtis@rutland.gov.uk</a>
	Robert Shore Manager Adult Learning and Skills	Telephone: 01572 720985 email: <a href="mailto:RShore@rutland.gov.uk">RShore@rutland.gov.uk</a>
Ward Councillors	N/A	

**DECISION RECOMMENDATIONS**

That the Panel:

1. Approves the intention to offer strategic support to education settings, children and young people and employers in helping to develop and improve the Post-16 offer for Rutland young people
2. Contributes to identification of future actions to be undertaken through the Learning and Skills Service

**1 PURPOSE OF THE REPORT**

- 1.1 To provide Children and Young Persons Scrutiny Panel with an interim review of the activity being undertaken by the Learning and Skills Service to assess the current provision available to Rutland children for their post 16 education, employment and training. This is referred to as the Post-16 Project. At the completion of the Project, which is expected in spring 2019, there will be a clear understanding of options available to our young people on completion of their Key Stage 4, secondary school education and this will enable the Local Authority to help to develop and improve the education and training offers.
- 1.2 To enable the Scrutiny Panel to give consideration to initial findings and contribute to the development of potential actions to influence and shape future provision.
- 1.3 **NOTE:** This report provides key information which will be augmented through an interactive presentation to the Scrutiny Panel.

## **2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 Local Authorities must comply with the law which requires all young people in England to continue in education or training until at least their 18th birthday, and they must promote the effective participation in education and training of 16 and 17 year olds in their area with a view to ensuring that those persons fulfil the duty to participate in education or training (Section 10 Education and Skills Act 2008). From 2013, all young people had been under a statutory duty to participate in education or training until the end of the academic year in which they turn 17. From 2015, this requirement was extended to all young people until their 18th birthday; this was referred to as Raising the Participation Age (RPA).

## **3 DUTIES**

- 3.1 In fulfilling their post-16 statutory duties to 'secure enough suitable education and training to meet the reasonable needs of young people and to cooperate with other local authorities', local authorities should champion the education and training needs of young people in their area by:
- 3.1.1 Influencing and shaping the provision on offer and helping to develop and improve the education and training market.
  - 3.1.2 Supporting the improvement of the quality of the education and training of young people aged 16-19.
  - 3.1.3 Supporting employer needs, economic growth and community development working with Local Enterprise Partnerships (LEPs) as appropriate.
  - 3.1.4 Supporting the development of provider and stakeholder networks that help to deliver the RPA targets.
- 3.2 Local Authorities must make arrangements to enable it to establish (so far as it is possible to do so) the identities of those young people who are either not in education, employment or training (NEET) or their destinations are unknown. This is achieved through the Local Authority leading the September Guarantee process, which underpins the delivery of the Raising of the Participation Age (RPA) duty. This is the process by which local authorities aim to ensure that all 16-17 year olds receive an offer of a suitable place in education or training by the end of September each year after they have left their Key Stage 4 secondary education. In Rutland, this is undertaken by Rutland County Council Youth Education and Careers Service.
- 3.3 Wider validation of destination data is provided through published Secondary school performance reports, along with key academic performance data. Additionally, Ofsted undertakes an Annual Conversation with the Local Authority and key data interrogation includes destination, NEET and Unknown data
- 3.4 From September 2012, maintained schools have been under a duty to secure access to independent and impartial careers guidance for their pupils in years 9-11 on the full range of post-16 options, including Apprenticeships. Academies and Free Schools opening from September 2012 are subject to an equivalent requirement in their funding agreements. From September 2013, the careers duty was extended to years 8-13 with an equivalent requirement applied to 16-18 year olds in colleges through funding agreements. The effectiveness of careers information, advice and

guidance is included within the Ofsted inspection framework for maintained schools and academies.

- 3.5 In December 2017, the Department for Education released updated guidance, *Careers strategy: making the most of everyone's skills and talents*, which clarified the responsibility of secondary schools and colleges for making sure that their students can access independent careers guidance. This strategy included the introduction of eight benchmarks of good career guidance, developed by the Gatsby Charitable Foundation and the setting out clear expectations for careers advice in schools that should be embedded by the end of 2020. Three themes that recur in the Gatsby Benchmarks are;
- 3.6 providing encounters with the world of work, and with higher and further education to bring the future to life
- 3.7 ensuring good information about how the curriculum links to careers and about the labour market
- 3.8 helping young people to develop a careers plan suited to their passions and strengths.
- 3.9 Young people have a choice about how they continue in education or training post-16, which could be through:
- 3.9.1 full-time study in a school, college or with a training provider of at least 540 planned hours a year;
- 3.9.2 full-time work or volunteering (20 hours or more) combined with regulated part-time education or training (about one day per week);
- 3.9.3 an apprenticeship or traineeship.
- 3.10 A person is considered to be in education or training if any of the following apply:
- 3.10.1 they are enrolled on an education course and are still attending or waiting for term to (re)start
- 3.10.2 they are doing an apprenticeship
- 3.10.3 they are on a government-supported employment or training programme
- 3.10.4 they are working or studying towards a qualification
- 3.10.5 they have had job-related training or education in the last four weeks
- 3.10.6 The Local Authority, schools and colleges set out the services they provide for young people with Special Educational Needs and/ or Disabilities (SEND) up to the age of 25 in the published Local Offer. The Local Offer is be a key tool in supporting young people with SEND to make choices as they approach the end of school. Information, advice and guidance for students with SEND on post-16 options is prioritised through Education Health and Care Plan and student annual reviews.
- 3.10.7 Local authorities are required to put arrangements in place to establish (so far as it is possible to do so) the identities of those 18 year-olds who are NEET (young

people not in education, employment and training) or at risk of becoming NEET and provide them with support, but they are not required to track all 18-year-olds or return data about this cohort to the department.

## **4 CURRENT PROVISION AVAILABLE**

- 4.1 Rutland County Council Learning and Skills Service has undertaken a review of the current position of the availability of post-16 education and training for Rutland students and how this is accessed.
- 4.2 There are various avenues for Rutland young people to access Post 16 Provision (see Appendix A); academic, vocational and employment:
  - 4.2.1 A-Level courses can be completed in Rutland at Harington Sixth Form, or local out of county institutions such as Melton Vale Sixth Form College and Brooksby Melton College both at Melton Mowbray or New College Stamford and Bourne Grammar in Lincolnshire.
- 4.3 Vocational Courses include NVQ's and BTEC's and can be undertaken at Further Education Colleges such as New College in Stamford.
  - 4.3.1 An NVQ (National Vocational Qualification) is a work-based way of learning which is carried out at a college, school, or workplace. There are five levels of NVQ (not including entry level), and each one involves the teaching and application of particular work-based competencies.
  - 4.3.2 BTECs (Business and Technology Education Council) are specialist work-related qualifications which are available from entry level through to professional qualifications at level 7 (equivalent to postgraduate study). BTEC qualifications are flexible and can be taken alongside (or instead of) GCSEs and A levels in schools and colleges. They're also usually studied full-time, either in college or jointly between a school and a college. On successful completion of a BTEC National qualification, students can progress to employment or continue their learning in the same or related areas of study, in higher education and professional development programmes.
- 4.4 Apprenticeships and Supported Internships are delivered through Further Education Colleges which include Peterborough Regional College and New College Stamford. Rutland Adult Learning and Skills Service delivers apprenticeships through an established partnership with Peterborough Regional College. Rutland Adult Learning and Skills Service offers provision that reflects our local Labour Market Information, such as Childcare, Hospitality and Customer Service, through our Apprenticeship programme.
  - 4.4.1 Apprenticeships are entry level employability qualifications which enable candidates to combine practical work experience with study to further their career. Apprentices work alongside experienced staff to find out first-hand what a particular job entails. Apprentices are paid for their work and also get access to study time, typically one day per week, to study the theory of their chosen sector. This training would usually take place at a college of further education affiliated to the apprenticeship programme. Apprenticeships usually last from 1 to 4 years and there are three stages: Intermediate (equivalent to 5 GCSE passes), Advanced (equivalent to 2 A-

Level passes) and Higher (which can lead to NVQ Level 4 and above, or a foundation degree).

- 4.4.2 Supported internships are a structured study programme based primarily at an employer. They enable young people aged 16-24 with a statement of SEN, or an Education, Health and Care plan (EHCP) to achieve sustainable paid employment by equipping them with the skills they need for work, through learning in the workplace. Supported internships are unpaid, and last for a minimum of six months. Wherever possible, they support the young person to move into paid employment at the end of the programme. Alongside their time at the employer, young people complete a personalised study programme which includes the chance to study for relevant substantial qualifications, if appropriate, and English and maths.

## **5 POST-16 PROJECT ACTIVITY TO DATE**

- 5.1 Initial activity has included reviewing the position within Rutland Schools which included:
- 5.2 Reviewing the current post-16 choices being made by young people attending Rutland schools. In Rutland, an Annual Activity Report is completed to establish the post-16 destinations of our young people. In 2017, this identified that students attending Rutland schools went on to a wide range of sixth forms, in and out of Rutland, Further Education, and work placed learning and employment indicating there is a strong academic route available, and wider vocational opportunities available, in the wider locality. This will be explored further in the presentation. 2018 data is not yet available.
- 5.2.1 Working with school leaders to understand their priorities in relation to key skills and academic offers and ensuring that the three Rutland Secondary Academies were accessing resources available to them to support their delivery of independent advice and guidance to their students so that it is meaningful and aspirational for all involved. This included support through the Department of Work and Pensions' Schools' Advisor and the Skills Service which is part of Opportunity Peterborough's economic development portfolio, now funded by the Cambridgeshire & Peterborough Combined Authority.
- 5.2.1.1 Governor Training has been organised for September 2018 to update Governors of Rutland Schools with the Statutory Obligations of Schools in regards to the Careers Strategy ( December 2017), and how the Local Authority can support them with monitoring and challenging progress.
- 5.2.2 Working with Rutland County Council's SEND and Inclusion Service to support the early identification of young people with additional needs to enable successful transition to the next stage of their education, training or employment. This has included the joint creation of a fixed term (12 month contract) Supported Internship Job Coach role, which sits within the Learning and Skills Service, to provide coaching, support and guidance to young people with learning disabilities and support interns in learning their placement tasks and providing the necessary coaching, training and encouragement to succeed.
- 5.2.3 Formulating a cohesive approach to vocational training and pathways to employment through the Skills Strategy Forum. This Forum is designed to support

the transition from school into work, and ensure that careers information in Schools is reflective of Local Labour Market Information (LMI). LMI includes a compilation of detailed statistical data on jobs and salaries, employers and employees, sectors, current employment conditions and future trends. The Combined Authority LEP (Local Enterprise Partnership), Rutland Academies and the Skills Service are stakeholders within this Forum and are making significant contribution to the development of a strategic approach to this agenda.

- 5.2.3.1 Employers are integral to great careers advice. We aim to work with employers of all sizes, and from all sectors, to provide encounters that inspire people and give them the opportunity to learn about what work is like and what it takes to be successful in the workforce. These activities could include work experience or shadowing, workshops or talks run by employers, or other activities that develop the skills needed to deal with business challenges. They could include encounters with people who are self-employed and working for themselves, reflecting the growing number of freelancers in the workforce. With more people than ever running their own business, entrepreneurship education is an important component of high-quality careers provision.
- 5.2.3.2 Employers are also key to high quality work experience. Work experience offers young people the opportunity to participate in the world of work and gain practical experience that will enable them to believe and prove that they can be valuable and productive members of the workforce. It also enable employers to provide a talent pipeline for their business. Rutland County Council has a work experience model which works effectively within schools, and the Learning and Skills Service is working with local employers to ensure that work experience placements offer positive experiences for young people and positive outcomes for employers.
- 5.2.4 Continuing to foster wider partnership working. As mentioned above we have established strong working partnerships with the LEP and the Skills Service. Relationships with local sixth form and Further Education Colleges, such a Peterborough Regional College, New College, Stamford and Brooksby Melton College are well established and promote a smooth transition for all students who wish to continue their education in these establishments, and their move into employment. Further partnerships are being developed to reflect the choices of the young people from Rutland.
- 5.3 Working in partnership with Rutland Transport Department to establish key transport links and provision for young people attending post-16 education, employment or training. Transport support is available for young people through Rutland transport service, although there are some criteria. Students aged 16 - 18 years (and continued learners aged 19 and over studying the same course at the same college) will be entitled to subsidised transport assistance (£510 per academic year) to their designated college, subject to this being more than three miles from their home address.

## **6 INTERIM FINDINGS**

- 6.1 The Local Authority has a clear understanding of the current destinations of all Rutland young people attending state funded Rutland Schools. The data relating to the small percentage of young people not in education, employment or training indicates that the wide range of post-16 provision, ranging from highly academic to



vocational, available within Rutland and in the surrounding region is offering the levels of choice required.

- 6.2 Whilst the provision available is wide-ranging, the Learning and Skills Service has not yet evaluated how effective the processes are for offering information, advice and guidance to young people on post-16 and future career choices. The introduction of the Careers Strategy, and self-evaluation procedures undertaken through the Gatsby Benchmarking processes will enable this to be clarified over time.
- 6.3 The Local Authority remains a champion for the education and training needs of young people in Rutland through the current level of activity to support the development of the quality of the education and training of young people aged 16-19 and working with employers to identify their requirements.
- 6.4 As an outcome of review of the work undertaken so far, the intended next areas of focus will be on the following priority areas:
  - 6.4.1 Providing opportunities for gathering the voice of the young people to enable them to express their views of the education and training market available to them.
- 6.5 Continuing to support the development of provider and stakeholder networks that help to deliver the Raising Participation Age targets.
- 6.6 Continuing to collate and evaluate the range of available data and to utilise communication pathways to influence and shape the development of the provision on offer with Rutland and out of county education and training providers and local employers.
- 6.7 Enhancing the current information, advice and guidance provision for young people in partnership with secondary and primary schools, Rutland Adult Learning and Skills Service and the Skills Service
- 6.8 Offering external support to schools to develop and deliver the Gatsby Benchmarks and achieve the expectations of the Careers Strategy
- 6.9 Developing a more cohesive Transition pathway for Rutland's young people with Special Education Needs and/ or Disabilities in line with Rutland's SEND and Inclusion Strategy.

## **7 CONSULTATION**

- 7.1 Consultation has been undertaken with schools, college and employers during the course of determining the initial findings. Further consultation will take place as this Project continues.

## **8 ALTERNATIVE OPTIONS**

- 6.1 At this early stage of the Project all viable options are being considered.

## **9 FINANCIAL IMPLICATIONS**

- 9.1 At this stage no key financial implications have been identified other than those already budgeted through the Rutland Adult Learning and Skills Service and Learning and Skills Budgets.

## **10 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 10.1 No legal or governance considerations have been identified at this time.

## **11 DATA PROTECTION IMPLICATIONS**

- 11.1 No individual records are required at this stage. Appropriate data sharing agreements will be identified if this is deemed necessary within the course of the Project.

## **12 EQUALITY IMPACT ASSESSMENT**

- 12.1 Not completed at this time.

## **13 COMMUNITY SAFETY IMPLICATIONS**

- 13.1 None have been identified.

## **14 HEALTH AND WELLBEING IMPLICATIONS**

- 14.1 Offering choice promotes the Well- Being of the individual so that they can make informed aspirational decisions.
- 14.2 Ensuring that Careers Guidance is maximised in Rutland schools promotes independence by engaging the young person in their decision-making, and presents opportunities that they may not have felt attainable
- 14.3 Partnership working enables the community to actively involve them themselves in the future workforce.

## **15 ORGANISATIONAL IMPLICATIONS**

- 15.1 Environmental implications
  - 15.1.1 None
- 15.2 Human Resource implications
  - 15.2.1 None
- 15.3 Procurement Implications
  - 15.3.1 None

## **16 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 16.1 The work undertaken by the Learning and Skills Service to date has identified that there is a range of post-16 opportunities which is not restricted by limited availability of provision within the Rutland county boundary.
- 16.2 The Local Authority can identify the current destinations of all Rutland young people who had attended state funded Rutland Schools and figures for those young people not in education, employment or training remains very low indicating that there is sufficient suitable provision within the locality.
- 16.3 Whilst the Local Authority has a duty to influence or shape the education and employment market, this needs to be achieved through an accurate understanding of the needs of Rutland young people.
- 16.4 Continued joint working with local employers, schools and further education will ensure that Rutland young people have the necessary information to make informed choices about future career pathways with advice and guidance to enable them to achieve the transferable required for sustainable employment.

## **17 BACKGROUND PAPERS**

- 17.1 Rutland County Council Education Framework 2017-2020 Report No: 38/2018

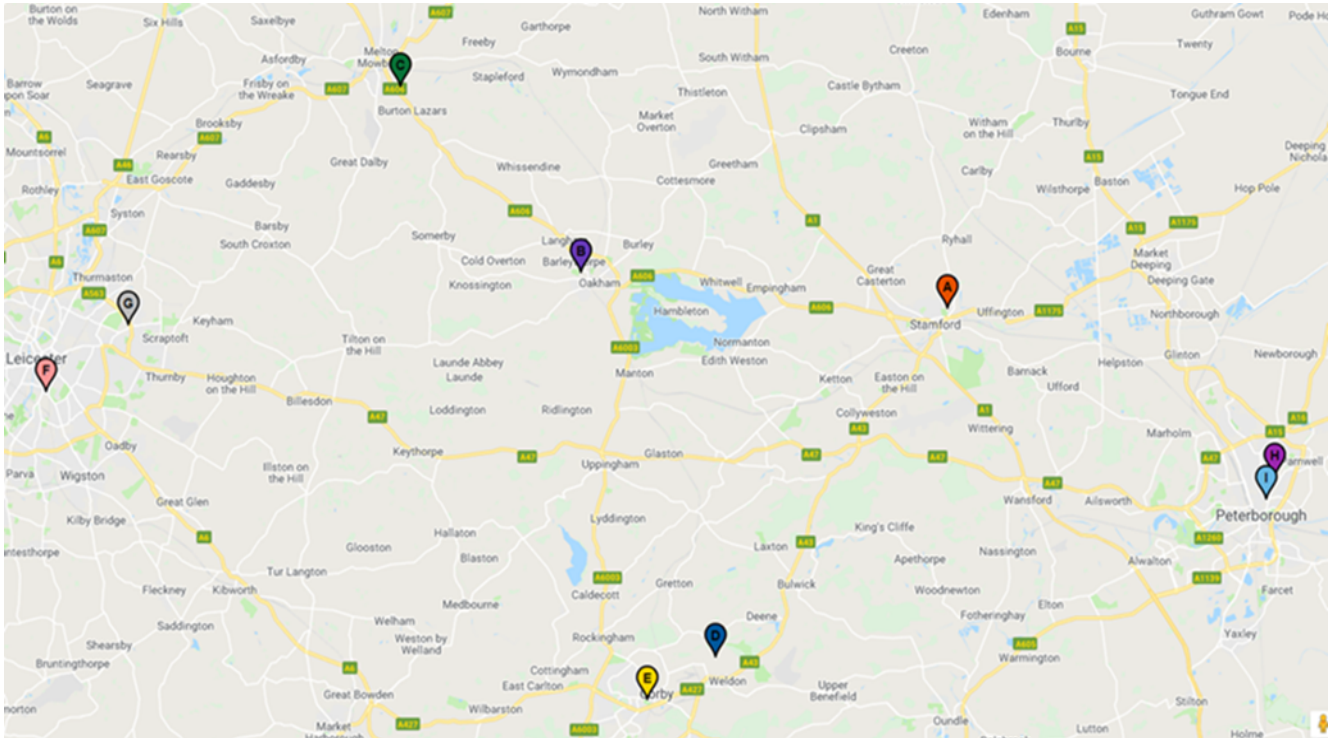
## **18 APPENDICES**

- 18.1 Appendix A: Map of local Post-16 Education Establishments

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## Appendix A. Map of local Post-16 Education Establishments



### Key:

- A - New College, Stamford
- B - Harington Sixth Form, Oakham
- C - Melton Vale Sixth Form, Melton Mowbray
- D - Corby Business Academy, Corby
- E - Corby Technical School, Corby
- F - Leicester College (there are 4 campuses, this pin is on the Freeman's campus)
- G - Gateway 6th Form College, Leicester
- H - Peterborough Regional College, Peterborough
- I - Peterborough City College, Peterborough

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