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## SCRUTINY BOARD (CHILDREN AND FAMILIES)

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Meeting to be held in Civic Hall, Leeds, LS1 1UR on  
Thursday, 11th October, 2012 at 9.45 am

*(A pre-meeting will take place for ALL Members of the Board at 9.15 a.m.)*

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### MEMBERSHIP

#### Councillors

- J Chapman (Chair) - Weetwood;
- B Gettings - Morley North;
- C Gruen - Bramley and Stanningley;
- A Hussain - Gipton and Harehills;
- A Khan - Burmantofts and Richmond Hill;
- A Lamb - Wetherby;
- P Latty - Guiseley and Rawdon;
- M Rafique - Chapel Allerton;
- K Renshaw - Ardsley and Robin Hood;
- A Sobel - Moortown;
- B Urry - Roundhay;

#### Co-opted Members (Voting)

- Mr E A Britten - Church Representative (Catholic)
- Vacancy - Church Representative (Church of England)
- Ms A Craven - Parent Governor Representative (Primary)
- Ms J Ward - Parent Governor Representative (Secondary)
- Ms N Cox - Parent Governor Representative (Special)

#### Co-opted Members (Non-Voting)

- Ms C Foote - Teacher Representative
- Ms C Raftery - Teacher Representative
- Mrs S Hutchinson - Early Years Representative
- Ms T Kayani - Leeds Youth Work Partnership Representative
- Ms J Morris-Boam - Young Lives Leeds

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# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:</p> <p><b>RESOLVED</b> – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p><b>No exempt items have been identified on this agenda.</b></p>	

3

### **LATE ITEMS**

To identify items which have been admitted to the agenda by the Chair for consideration.

(The special circumstances shall be specified in the minutes.)

4

### **DECLARATION OF DISCLOSABLE PECUNIARY AND OTHER INTERESTS**

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-18 of the Members' Code of Conduct. Also to declare any other significant interests which the Member wishes to declare in the public interest, in accordance with paragraphs 19-20 of the Members' Code of Conduct.

5

### **APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES**

To receive any apologies for absence and notification of substitutes.

6

### **MINUTES - 27TH SEPTEMBER 2012**

To confirm as a correct record the minutes of the meeting held on 27<sup>th</sup> September 2012.

**(Minutes to follow)**

7

### **SCRUTINY INQUIRY - FOUNDATION YEARS - PROVIDING THE BEST START IN LIFE FOR CHILDREN TO SUCCEED - SESSION 2**

To receive and consider the reports of the Director of Children's Services and Health Service Practitioners which provides an overview of the key issues relating to children and their families in the foundation years.

1 - 76

8	<b>LEEDS SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2011/12</b>	77 - 120
	To receive and consider a report from the Head of Scrutiny and Member Development presenting the Annual Report of Leeds Safeguarding Children Board 2011/12.	
9	<b>WORK SCHEDULE</b>	121 - 144
	To receive and consider a report from the Head of Scrutiny and Member Development outlining the Scrutiny Board's work schedule for the remainder of the current municipal year.	
10	<b>DATE AND TIME OF NEXT MEETING</b>	
	Thursday, 8 <sup>th</sup> November 2012 at 9.45am in the Civic Hall, Leeds. (Pre meeting for Board Members at 9.15am)	

## Report of the Head of Scrutiny and Member Development

### Report to Scrutiny Board (Children and Families)

Date: 11<sup>th</sup> October 2012

### Subject: Foundation Years - providing the best start in life for Children to succeed – Session 2

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

#### 1.0 Purpose of this report

- 1.1 At its meeting on the 20<sup>th</sup> of June 2012, the Scrutiny Board resolved to undertake an Inquiry looking at foundation years (age 0- 5) and how services in Leeds are provided to promote the best start in life for children, to equip them with the skills to succeed and promote their social mobility.
- 1.2 The purpose of the inquiry is to make an assessment of and, where appropriate, make recommendations on the following areas:
- The universal and targeted health, wellbeing and developmental support in place for Children and their families during foundation years (0-5) in Leeds.
  - Levels of support and engagement with families particularly those that are disadvantaged or hard to reach
  - Provision and delivery services, particularly those delivered in partnership with others such as the NHS and private and voluntary sector, the promotion of services and how accessible these services are.
  - To determine how well Leeds is working to identify challenges and take appropriate measures to improve outcomes for children and their families.
  - To identify how take up of free early education provision can be improved in the more deprived areas of Leeds.
- 1.3 Terms of reference were agreed by the Scrutiny Board on the 23<sup>rd</sup> of August 2012 and the first session of the inquiry was conducted on the 27<sup>th</sup> of September 2012.

## **2.0 Submission of evidence – October Meeting**

2.1 In accordance with the terms of reference the Scrutiny Board requested information on the following areas:

### Supporting and Engaging with Families

- Health and wellbeing
  - Healthy child programme( 0 – 5 years), the role of Health Visitors and the Family Nurse Partnership.
  - Service commissioning, links between practitioners and professionals, provision and the delivery of integrated services, communication and information sharing.
- Access to services and the provision of support through Childrens Centres such as 'Early Start'.
- Targeted Services, Early intervention, Parental support and parenting programmes, evidence based intervention, troubled families.

2.2 During April 2012 a working group of the Scrutiny Board (Health and Wellbeing and Adult Social Care) considered evidence specifically relating to health inequalities for children under 5 years of age. During this session information relating to the Family Nurse Partnership was considered, an approach which was wholly supported by the working group. A number of proposed draft recommendations have been determined which are listed below for the information of the Scrutiny Board (Children and Families ):

- The city needs to target services towards the most deprived communities to tackle the entrenched social inequalities that form the wider determinants of health – poverty, poor housing, poor environment, low educational outcomes, unemployment, low aspiration.
- the Family Nurse Partnership (FNP) approach is wholeheartedly supported, with the outcome of the formal review to be reported back to the Health and Wellbeing and Adult Social Care Board. Subject to the outcome of the review of the pilot areas, consideration to be given to expanding the approach across the City.
- Concern about the significant impact on families in the more deprived areas of Leeds who are at higher risk of suffering health inequalities.
- Concern about access to information and services in the more deprived areas of Leeds.

## **3.0 Evidence**

Representatives from Children's Services and NHS Airedale Bradford and Leeds will be attending this inquiry session. Supporting information has been provided which is appended as follows:

- Appendix A – The report of the Director of Childrens Service
- Appendix B – Reducing inequalities in infant mortality in Leeds
- Appendix C – Preparation for Birth and Beyond
- Appendix D - Family Nurse Partnership Report

- Appendix E – Infant Mental Health Services

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

Where the board deems it appropriate to undertake in consultation in order to conduct this inquiry or gather necessary evidence consultation will be undertaken.

### **4.2 Equality and Diversity / Cohesion and Integration.**

- 4.2.1 The Equality Improvement Priorities 2011 to 2015 have been developed to ensure our legal duties are met under the Equality Act 2010. The priorities will help the council to achieve its ambition to be the best City in the UK and ensure that as a city work takes place to reduce disadvantage, discrimination and inequalities of opportunity.
- 4.2.2 Equality and diversity will be a consideration throughout the Scrutiny Inquiry and due regard will be given to equality through the use of evidence, written and verbal, outcomes from consultation and engagement activities.
- 4.2.3 The Scrutiny Board may engage and involve interested groups and individuals (both internal and external to the council) to inform recommendations.
- 4.2.4 Where an impact has been identified this will be reflected in the final inquiry report, post inquiry. Where a Scrutiny Board recommendation is agreed the individual, organisation or group responsible for implementation or delivery should give due regard to equality and diversity, conducting impact assessments where it is deemed appropriate.

### **4.3 Council Policies and City Priorities**

This inquiry will assist in achieving outcomes and priorities as defined in the Children and Young Peoples Plan 2011-2-15 and the Child Friendly City Priority Plan.

### **4.4 Resources and Value for Money**

There is no resource or value for money implications relating to this report. At the conclusion of the inquiry any identified impact will be reported in the final inquiry report.

### **4.5 Legal Implications, Access to Information and Call In**

None

### **4.6 Risk Management**

None

### **4.7 Recommendations**

The Scrutiny Board (Children and Families) is recommended to:

- 4.7.1 Note the information contained within this report, and consider the information appended to this report and presented to the Board on the 11<sup>th</sup> of October 2012.
- 4.7.2 Make recommendations as deemed appropriate.
- 4.7.3 Note that the terms of reference may incorporate additional information during the inquiry should the Children and Families Scrutiny Board identify any further scope for inquiry or request further witness or evidence.

#### **4.8 Background documents<sup>1</sup>**

None

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.



**Report of Director of Children’s Services**

**Report to Scrutiny Board (Children and Families)**

**Date: 11<sup>th</sup> October 2012**

**Subject: Session 2: Foundation Years - providing the best start in life for children to succeed**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**1. Summary of main issues**

This report is to inform the second meeting of the Scrutiny Board Following into the inquiry into the foundation years (age 0- 5). The June meeting identified term of reference, around the inquiry, whilst the September meeting considered the overview of services, existing provision, outcomes and any gaps in services. The focus for the meeting in October is around how services support and engage with families. The board will consider evidence from health around the healthy child programme, the family nurse partnership, commissioning of services, communication and information sharing, access to the Early Start Teams through Children’s Centres and health visiting services, an overview of Targeted Services for children and the new ‘Families First model, funded through the Troubled Families programme and more information on the profile of young children becoming looked after.

**2. Recommendations**

Scrutiny Board are asked to consider and note the contents of the report as part of their wider inquiry.

## **1. Purpose of this report**

1.1 This report provides an overview to Children's Scrutiny Board of the key issues relating supporting and engaging with families:

- Access to services and the provision of support through Childrens Centres such as 'Early Start'.
- Targeted Services, early intervention.
- Parental support and parenting programmes.
- Service commissioning, links between practitioners and professionals, provision and the delivery of integrated services, communication and information sharing.
- Families First, funded from the Troubled Families initiative.
- Service commissioning, links between practitioners and professionals, provision and the delivery of integrated services, communication and information sharing.
- More detail around the profile of young children becoming looked after by the local authorities.

## **2. Background information**

2.1 As presented in the initial report for Scrutiny Board a wide range of partners across health, Leeds City Council, the maintained, voluntary and private sector deliver provision and services to support children in the foundation years. This includes health, early learning, child-care, leisure and support services. The child-care market in Leeds is delivered through a mixed market economy with a maintained sector element through schools and Children's Centres and a vibrant and strong private and voluntary sector, including over 900 childminders. Partnerships across the stakeholders have been developed over time and have been effective in improving services. However significant challenges for Leeds remain. Although attainment of young children overall has improved, infant mortality rates have decreased and 95% of 3 and 4 year olds take up the offer of

free early education there are still considerable issues for improvement:

- The birth rate in Leeds is increasing significantly with 2,434 (32%) more babies born last year than ten years ago; and 821 (9%) more last year than five years ago (academic years);
- The detrimental effects of deprivation on health and wellbeing, both direct and indirect, is a strong and consistent theme;
- The attainment gap at the end of the Foundation Stage, between the lowest 20% of achievers and the median level remains significantly wider than the national figure;
- The level of take up a free early education is lower in areas of significant disadvantage;
- There has been a significant increase in the number of under 4's becoming looked after in the last 6 months.

### **3. Main issues**

#### **3.1 Access to services and the provision of support through Childrens Centres - 'Early Start' Teams.**

There are 57 Early Start Children's Centres across the City and these are integrating with Health Visiting services to create 25 Early Start Teams. They provide a range of services for families including childcare either provided on site or in a formal agreement with a near by provider. The teams deliver family outreach and support services both in the Centre and in family homes. The integration with health visiting is enabling information to be shared (through a formal information sharing agreement) between Health and Children's Centres so that no families are missed. The Healthy Child Pathway is then delivered by the right member of the team and resources are maximised to ensure all families receive the right service at the right time. A key feature of Early Start Teams is the joint allocation of cases, a universal, universal plus and universal partnership plus level of service, better working between Leeds Community Health care Trust and LCC and a streamlined service for families. The Early Start Teams contribute to the three obsessions – all LAC and those on a CPP are registered and invited to engage with the centre, attendance and attainment are monitored. Young parents are supported into readiness for employment, there are good relationships established with Job Centre Plus support this.

More recently working with social care colleagues has been a focus for development, a lead social worker has been identified for each Children's Centre; a referral pathway from social workers to Children's Centres has been established for pregnant women who have significant issues and Children's Centre will ensure

that children with child protection plans, or who are Looked After by the local authority are offered services. They are also working with social care colleagues to develop 'family assessment' skills, where the child is at risk of becoming looked after, to contribute to court proceedings if required, but primarily to engage the family in good models of parenting.

The Early Start information sharing agreement between Leeds Community Health Trust and LCC is being used by the Department for Education as a model of good practice nationally in, 'Information Sharing in the Foundation Years' a report from the task and finish group led by Jean Gross, to be published later this year. The case study explains some of the process undertaken:

### **3.2 Targeted Services, early intervention**

For school age children, we are developing our local partnerships, or clusters, which bring together a range of services involved in providing universal services for school aged children and families. Our clusters are local partnerships that include, amongst others, schools, governors, Police, Youth Service, Youth Offending Service, Children's Centres, Housing services, third sector, health, local elected members and a senior representative from children's services.

We are growing the capacity of clusters to provide Early Intervention and Prevention support to local children and families by developing the role of the Targeted Services Leader.

Targeted Services Leaders (TSLs) will work with clusters using a 'TOP 100' methodology to identify children and families who need additional support. The "top 100" methodology is a fluid record of the families who are identified as vulnerable with multiple additional needs in the locality. To be effective, input into the top 100 process should come from all cluster stakeholders across education settings, children's settings, health settings, community safety settings, housing settings and adult settings.

TSLs are tasked to ensure that each family on the top 100 list benefits from

- A shared assessment (CAF or equivalent assessment)
- Requisite team around the family
- Lead family practitioner
- Shared intervention plan
- Team around the family communication strategy

TSLs are tasked to ensure that robust "support and guidance" processes are in place within the cluster to galvanise local cluster resources to provide appropriate early intervention. Where available, access to targeted mental health support

(TAMHS) is secured through support and guidance. Where more specialist interventions are required such as multi systemic therapy, family group conferencing, Signpost family intervention programme or support from the Leeds family intervention service, TSLs will broker these arrangements, ensuring that these resources are appropriately targeted.

Referrals that do not require the support of a Specialist but needs are identified require a different level of support. In these circumstances cases will be referred directly to a cluster, or if below school age, to the local children's centres.

For families whose level of support is to be de-escalated help is provided at a stage beyond early intervention, and is built around preventing problems from re-occurring. Another element of the role of Targeted Services and Early Start Teams is supporting the safe de-escalation of support for children and families from specialist intervention to less intensive cluster based care and support. Cluster based support and guidance or other multi agency meetings are the conduit for developing safe de-escalation plans.

### **3.3 Parental support and parenting programmes**

The Family support and Parenting service came together in January 2012 and brought together staff from 4 teams including the Family Information Service at the Parent Partnership Service. The service is building up relationship with staff in clusters who deliver a range of parenting and family support services with the aim of improving practice. These staff will have a variety of employers and job titles but are key personnel in terms of delivering the improved outcomes required in line with the 3 obsessions.

Resources vary across clusters in line with the funding formula and this can mean that in smaller clusters there may be fewer staff to support staff of school aged children. This means that they need to have the skills, resources and support to in place to maximise their impact and to work well with targeted and specialist services when the need arises

Leeds Education Challenge has a vision of a strong and successful network of well trained family practitioners, providing collective leadership, sharing best practice, and providing peer support and professional development is at the heart of this strand.

Progress to date:

- An engagement and consultation exercise has taken place with cluster managers and children's centre managers on their priorities for support
- A similar exercise is taking place with schools through a survey and the recent Primary heads conference.

- A steering group has come together made up of Head teachers, Cluster managers, Children's centre managers, Targeted service leaders, and Community representative to ensure that this work has a joined up approach and work/ fits with the targeted services developments and the Families first work.
- A menu of a cluster family support and parenting offer has been developed and is with clusters for them to identify and feed back on their provision

In partnership with targeted services the service is delivering a City and Guild qualification "Working with parents to family support and parenting staff initially focussed on the family intervention services.

Support for Evidence based parenting course for parents /cares and families is now being targeted in line with the 3 obsessions .

Staff teams are focusing on clusters /areas to ensure that they are able to best support practitioners in the areas whether they are employed by schools, clusters, children's services or partner agencies .

### **3.4 Service commissioning, links between practitioners and professionals, provision and the delivery of integrated services, communication and information sharing.**

The DfE funded TaMHS project which was successfully piloted in 3 clusters in Leeds 2007-10, then expanded to 9 clusters 2010-12. It aims to improve the mental health of school age pupils. The model is based on: building on existing effective universal practice; evidence based approaches; capacity building in schools; specialist mental health 'in-reach' support in local multi professional teams; early Intervention. The expansion had a broader remit to work with families where necessary, with a number of family support workers commissioned to offer mental health approaches to resolving family issues alongside specialist mental health professionals.

Summary of outcomes: Both the pilot and the current expansion demonstrate "good" measurable improvements in school age children's mental health using Goodman's Strength and Difficulties Questionnaire<sup>[1]</sup> (average points improvement of 5.1 in pilot; 3.5 in expansion year 1). Outcomes from 355 pupils supported through individual, group and one off sessions and 140 families, in the current expansion, include:

"Good" measurable improvements in family issues: average Goals Based Outcomes improvement of 4.2

A greater than average reduction of child protection plans in a cluster: gap between the Leeds' average and the TaMHS expansion average reduced from 18

(Rates per 10,000 children) to 2. Sample comparisons to statistical neighbours without TaMHS improvement in gap of 5.4.

A greater than average improvement in school attendance: 2.4% increase compared to annual Leeds average, of Primary: 0.9% Secondary: 1.4%.

Feedback shows swifter and easier access and high levels of satisfaction from users, families and school staff. 'The results have been phenomenal and had made an enormous difference - a definite shift in cases which previously would have escalated to social care.' - Jill Wood, Head Teacher Little London Primary and Cluster Chair.

#### Further Expansion Funding 2013-15

The 2010-12 expansion of TaMHS was funded through a Joint Investment fund – seed funding. Leeds City Council and Schools Forum have now agreed the proposed contributions for a further expansion to the remaining 14 clusters in the city from April 2013. NHS Leeds partnership commitment will soon be confirmed. Clusters will then be invited to submit expressions of interest, demonstrating a commitment to matched funds.

### **3.5 Families First, funded from the Troubled Families initiative**

Government estimates put the number of troubled families in Leeds at 2190. A figure of £4,000 per family will be made available in payment by results and some upfront funding (approx £8m over three years). The Department for Communities and Local Government (DCLG) have now confirmed Troubled Families that fall within the baseline<sup>1</sup> for PbR's over the three years is 1800.

Year one to start work with 600 troubled families. DCLG would make £3,200 per family (80% of the 40% payment by results) available up front with the remaining £800 per family to be paid on meeting the success criteria. In the region of £1.9m up front and £0.5m in arrears (PbR) when success criteria achieved.

Year two to start work with another 600 troubled families. DCLG would make £2,400 per family (60% of the 40% payment by results) available up front with the remaining £1,600 per family to be paid on meeting the success criteria. In the region of £1.4m up front and £1.0m in arrears (PbR) when success criteria achieved.

Year three to start work with another 600 troubled families. DCLG would make £800 per family (40% of the 40% payment by results) available up front with the remaining £3,200 per family to be paid on meeting the success criteria.

The Targeted Service Leader role in each cluster and the use of the Top 100

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<sup>1</sup> The funding provided under the Troubled Families payment by results arrangements will be available for five out of six troubled families in each upper-tier local authority. This is to avoid paying twice for the same outcomes. Government funding has already been provided to support these remaining families. For example, the DWP's £200m+ European Social Fund provision, the Work Programme and existing Government-funded Multi-Systemic Therapy pilots.

methodology which we are rolling out to all clusters and the recently developed data set is the basis for our confidence in delivering this service and meeting the criteria for the upfront funding.

Leeds has some of the best evidence based practice services in the country, such as Multi Systemic Therapy, Family Group Conferencing, the Family Intervention Service (modelled on the evidence base of the previous national family intervention programme) and a nationally recognised Youth Offending Service. Additional funds would enable us to add capacity to our offer and reach more families at pace.

The Troubled Families Programme strategically fits with and complements our local approaches and obsessions in the ways we work 'with' families and focussing on our three obsessions and improving outcomes: reducing LAC; increasing school attendance; and decreasing NEET. The National Troubled Families Programme fits as part of what we do and how we do it rather than as a stand alone initiative and must not be seen as such. The additional funds will not only enable us to increase capacity of our front line services but it also enables Leeds to further strengthen our 'architecture' by rolling out and with increased pace: Targeted Service Leaders; the Top 100 methodology; and local cluster guidance and support panels. It is crucial, in this current financial climate, to get any investment right first time.

The initial identification of the cohort of families who fit the Troubled Families criteria (national and local filters) has been completed. The lists are now placed on a secure website. Targeted Services Leaders have now been appointed to 20 out of the 25 clusters and they have been tasked to verify the data relating to their cluster. An information sharing protocol has been developed which will enable TSLs (over a period of time) to coordinate a risk assessment meeting for each of the families on the list. This will include appointing a lead practitioner and ensuring that a shared assessment is in place. Work is underway to utilise Troubled Families money to expand the intensive family support offer in Leeds including commissioning a further MST team and a further Signpost FIP team. The police, probation and prison services have agreed in outline to second staff to a central coordinating team to enable new ways of working with families with multiple additional needs which include an interface with the criminal justice system.

### **3.6 Service commissioning, links between practitioners and professionals, provision and the delivery of integrated services, communication and information sharing.**

A range of services are commissioned by Children's services, more information can be provided, including:

- Family Intervention Service, east, west/north west, south
- Support for young carers



- Bookstart
- ESOL for parents
- Homestart
- Leeds counseling
- Oxford Place

## **4. Corporate Considerations**

### **4.1 Consultation and Engagement**

There will be implications for consultation with providers and stakeholder dependent on the findings of the report.

### **4.2 Equality and Diversity / Cohesion and Integration**

There are key areas of equality and diversity that will need full consideration in relation to issues raised.

### **4.3 Council policies and City Priorities**

There are no immediate implication for council policy and governance

### **4.4 Resources and value for money**

Dependant on the outcome of the inquiry.

### **4.5 Legal Implications, Access to Information and Call In**

None

### **4.6 Risk Management**

The issues outlined in this report highlight some of the potential risks in terms of wider city priorities

## **5. Conclusions**

- 5.1 This Scrutiny Board (Children and Families) inquiry the foundation years will help to identify further investigation and next steps into narrowing the achievement gap, supporting the most vulnerable families more appropriately and achieve the vision for Leeds to become a Child Friendly City for all of its children. There is good progress in many areas to be built on and learned from. By identifying the needs of children at the earliest stage, even before birth, then the right services can be provided at the right time to break the cycle of disadvantage experienced by some families.

The inquiry will help to identify where services are working well together and promote this, and also identify gaps or areas where services are not fully co-ordinated.

## **6. Recommendations**

- 6.1 Scrutiny Board are asked to consider and note the contents of the report

## **7. Background documents<sup>2</sup>**

- 7.1 LAC report – appendix 1.

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<sup>2</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

## **APPENDIX 1**

### **Children's Services – Leeds City Council LAC Research Project**

#### **Background**

The vision for Leeds is to have a child friendly city by 2030 and the key to start delivering this ambition is the Leeds Children and Young People's Plan (CYPP) 2011 to 2015. The CYPP describes five strategic outcomes, 11 priorities and 15 key performance indicators (KPIs) that will guide and underpin the work and measure impact. An approach called 'outcomes based accountability' will be the tool to drive improvement and change. The plan is owned by the Leeds Children's Trust Board (CTB).

One of the five strategic outcomes is that 'children and young people are safe from harm'. This is supported by two specific priorities; to help children to live in safe and supportive families and to ensure that the most vulnerable are protected. The two KPIs that will be used to measure the impact of our actions are; to reduce the number of looked after children in the Leeds area – the baseline at January 2011 was 1,434 and to reduce the number of children and young people with child protection plans – the baseline at January 2011 was 778.

The CYPP covers a broad and complex agenda so to focus efforts in a way that makes the greatest impact three KPIs have been chosen as 'bell weathers' to provide a way to make significant improvements in a relatively short timescale. Rapid progress on these three 'bell weathers' or 'obsessions' will have a knock on effect in other areas. Reducing the number of looked after children is one of the three 'obsessions'.

The 103 list refers to the number of children and young people that came into care between 1<sup>st</sup> January and the 27<sup>th</sup> March 2012. Nearly half of this list included children who were under the age of one year old. A piece of research has been undertaken to explore why these children have come into care – what's the story?

#### **Research project objectives**

The research objectives are to:

- Quantify parental factors that contribute to children becoming looked after such as alcohol / drug use, domestic violence, mental health and learning disabilities
- Identify the presenting child protection concerns for this group of children
- Quantify when referrals are made to CSWS and by whom
- Explore how the assessment processes is conducted with particular emphasis on pre-birth assessment and planning
- Identify the involvement of / support given by Children's Services such as children's centres and family group conferencing
- Quantify the involvement of the child's extended family network
- Identify outcomes for previous children
- Explore the child's journey from initial concerns, assessment, through to placement and then permanence - focusing on purpose, time scales and long term planning
- Success stories and challenging cases

### **The sample**

The sample has been drawn from the LAC 103 list and refers to those children who came into care between the 1<sup>st</sup> January 2012 and the 27<sup>th</sup> March 2012 and were aged under one year old at the time. Initially there were 46 children within the cohort. On investigation one child did not have LAC status and there were two sets of twins. The cohort was amended to reflect the twins as belonging to single birth events therefore the sample group consists of 43 births.

### **Methodology**

The initial data set was obtained from ESCR and contained information about the child's name, ESCR reference number, first and subsequent legal status, care start date and the social work team with case responsibility.

This data was expanded to provide a broader picture of the household, parental factors, presenting health and social issues, involvement from social care and other agencies, the child's journey from assessment through to care planning and options for permanence.

The additional information was obtained by interviewing the lead social worker practitioner / team manager. The interviews were over the telephone and took between 15 and 30 minutes to complete.

### **Initial findings**

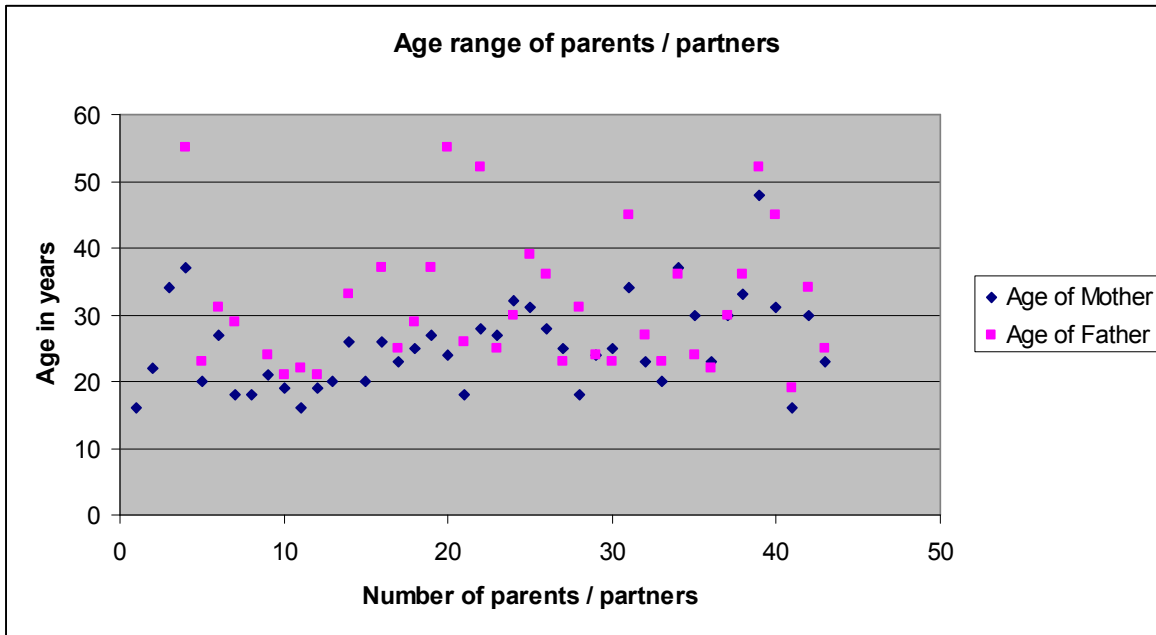
The initial findings have been collated into the following key themes to promote initial discussion:

- Age
- Parental factors
- Child protection concerns
- Previous children
- Referral
- Support and extended family

### **Age**

The data shows a distinct difference in age bands between mothers and fathers although the average age of mothers and fathers is similar.

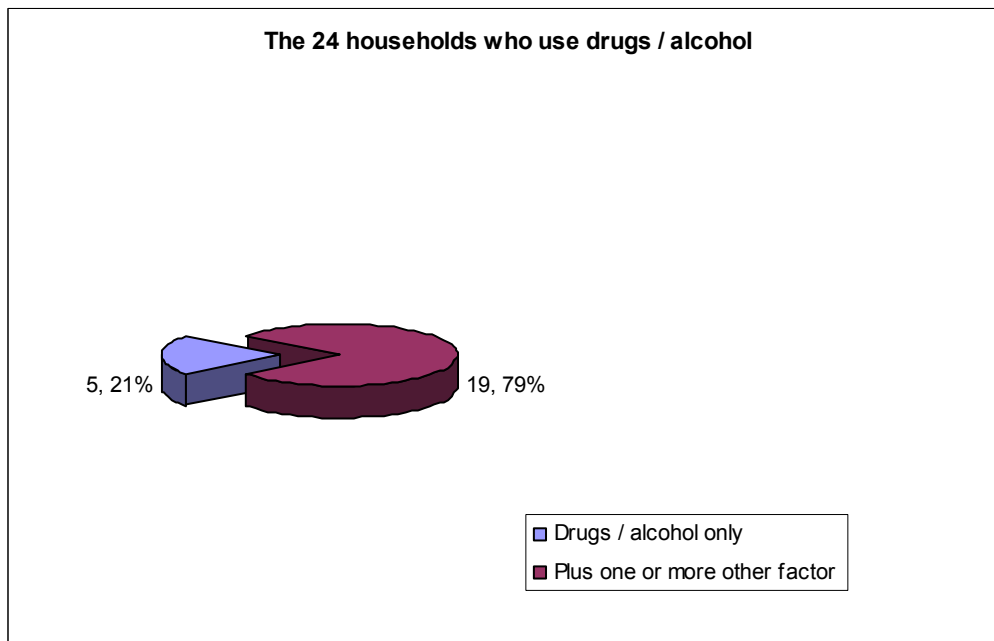
Average age of mothers is 26	Average age of fathers is 28
Youngest mum is 16 (pregnant at 15)	Youngest father at 19
Oldest mother at 48	Oldest father at 55



**Parental factors**

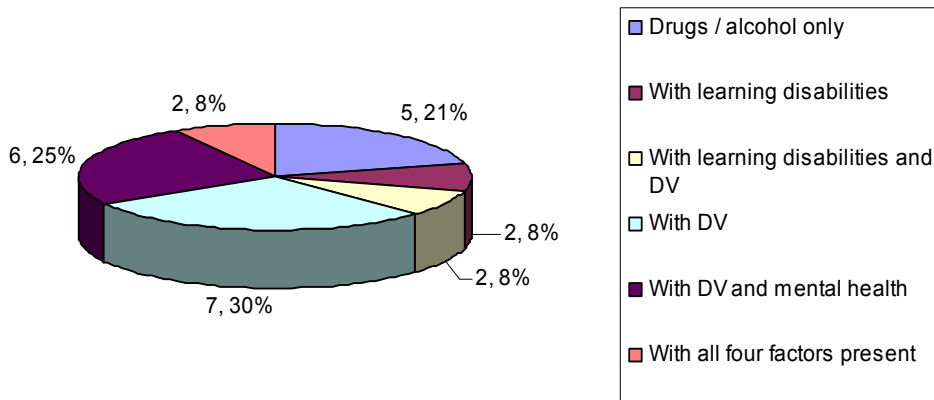
**Drug and alcohol use**

24 (56%) out of the 43 households use drugs / alcohol. Both parents use drugs in 50% of the 24 households identified as using. Of the 24 households where parents use drugs / alcohol, 19 (79%) experience one or more other factors.



The other factors include mental health, domestic violence and learning disability.

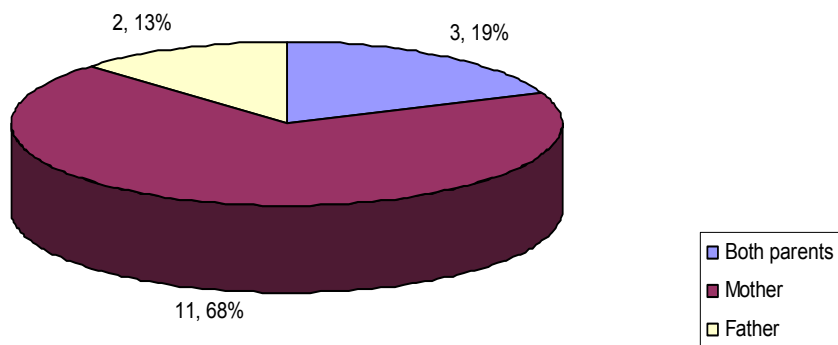
**Use of drugs / alcohol and other factors (24 households)**



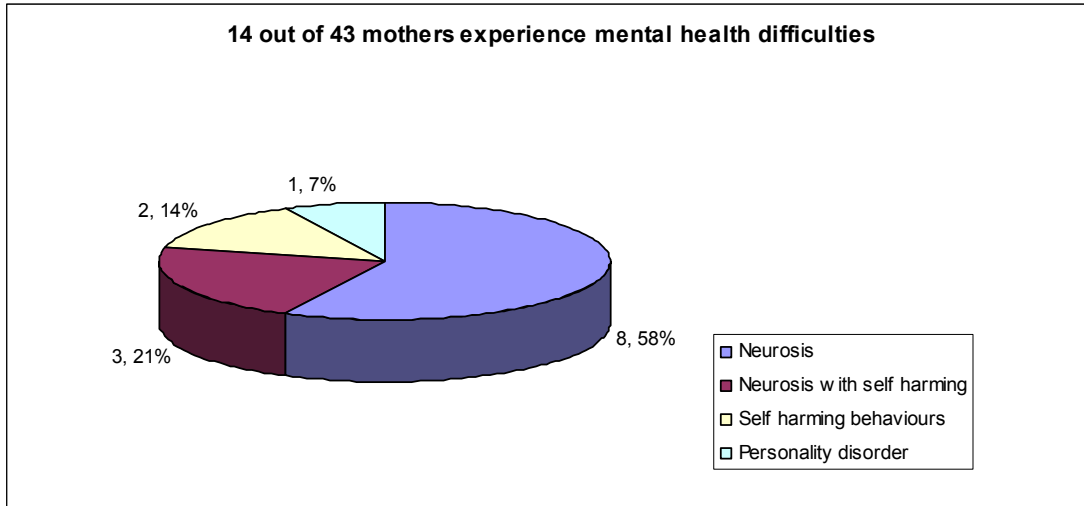
**Mental health**

16 out of 43 (37%) households experience mental health issues (this excludes drugs / alcohol use). Nearly three times as many women experience a mental health issue in comparison with fathers / partners.

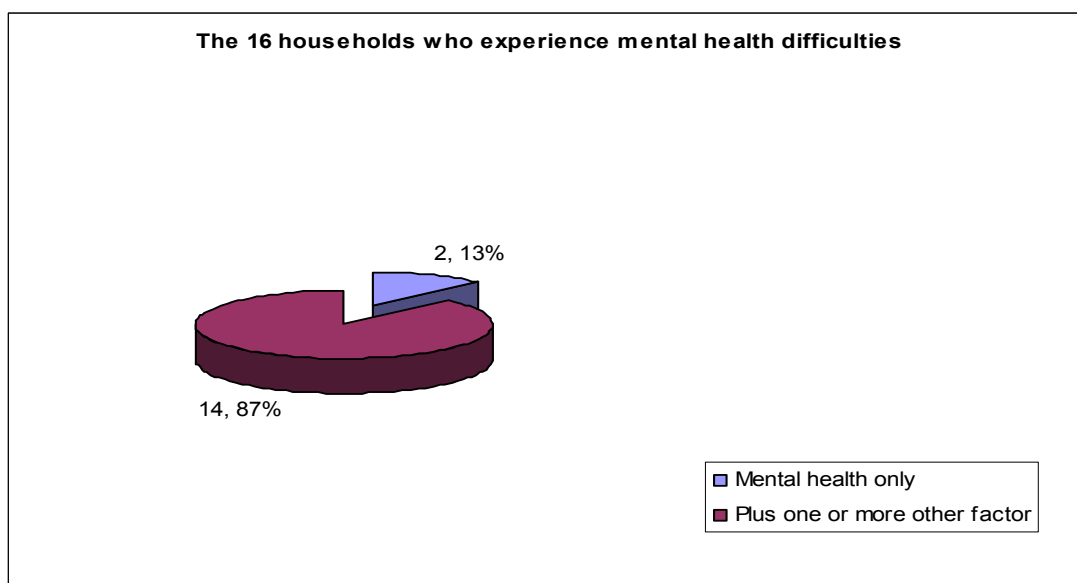
**Who is experiencing mental health difficulties out of the 16 households identified?**



Women are more likely to experience neurosis ie depression, anxiety and cutting behaviours and men are more likely to experience both neurosis and psychosis ie schizophrenia.

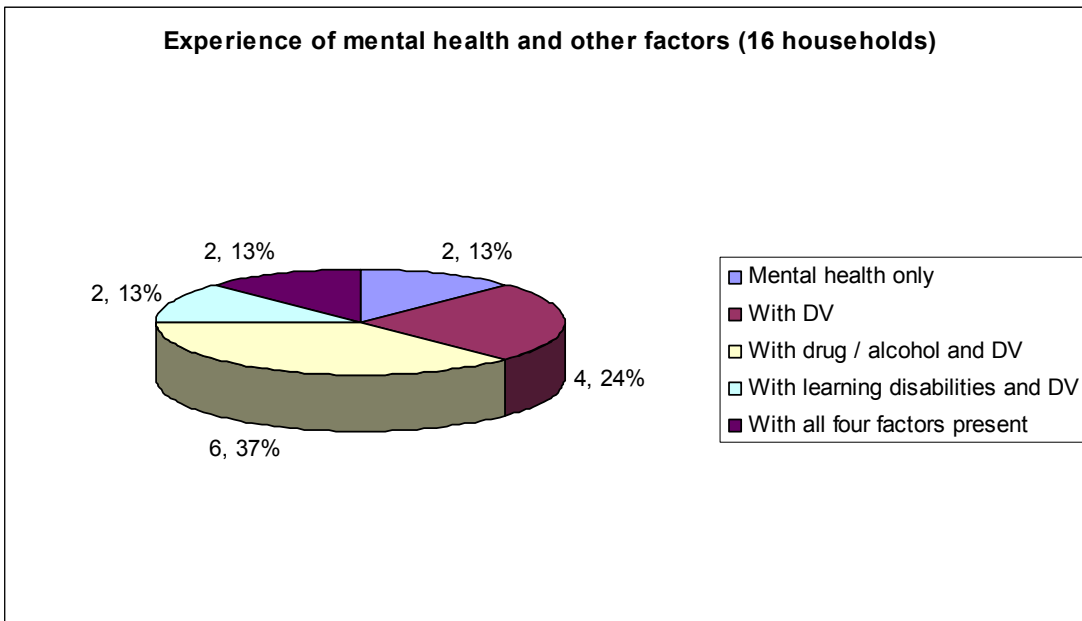


14 (87%) of these 16 households also experience one or more of other factors as shown below.



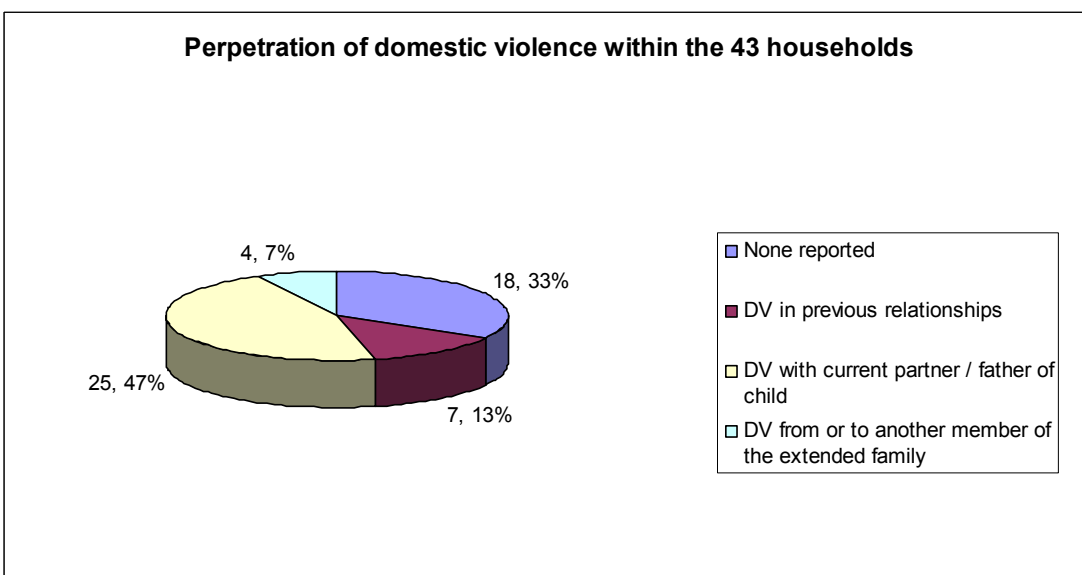


The other factors include domestic violence, drug / alcohol and learning disability.

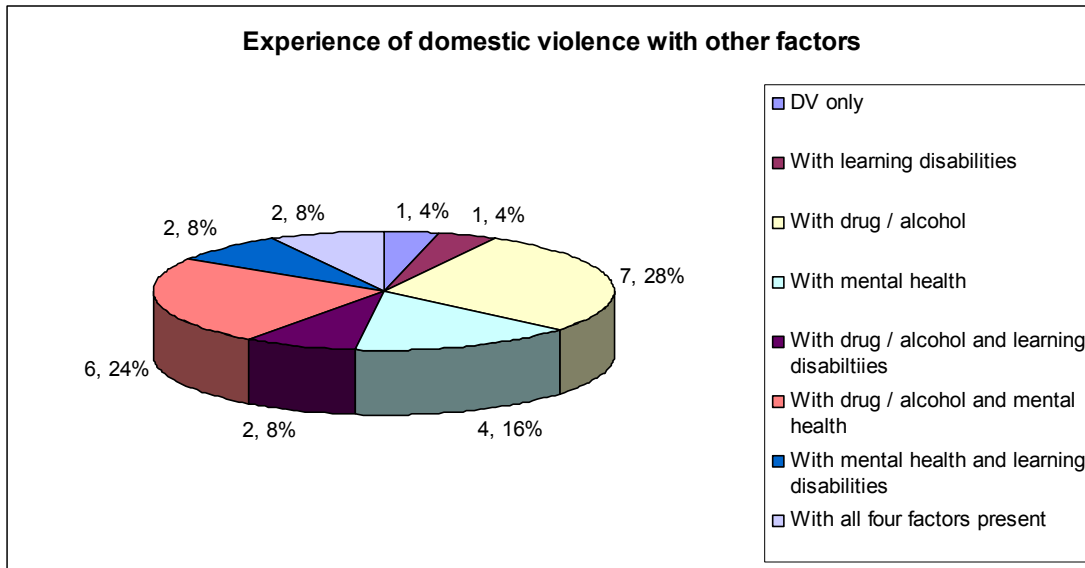


### Domestic violence

Domestic violence has or continues to feature in 25 (58%) of the 43 households. The perpetration of domestic violence can be broken down further by source which includes members of the extended family ie grandmothers to daughters and mothers to their children, brothers to sisters as well as fathers / partners to mothers.



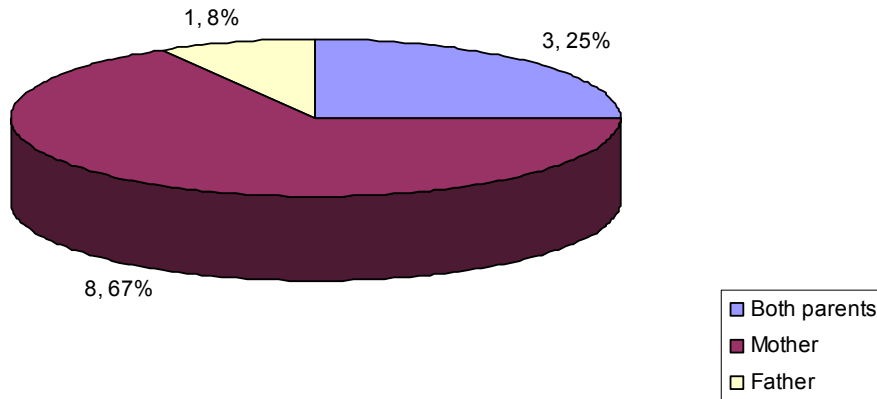
24 (96)% of these 25 households who experience domestic violence also had one or more other factors presenting such as drug / alcohol, mental health issues and learning disability.



### Learning disability

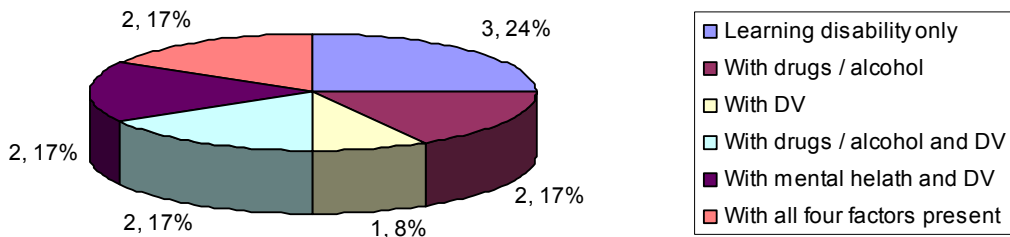
11 (26%) mothers and 4 (9%) fathers / partners from the 43 households have a mild learning disability.

**Who is experiencing a learning disability within the 12 households identified?**



12 (28%) of households in the cohort experience learning disabilities and of those 12 households, 75% experience one or more other factors such as drug / alcohol, mental health issues and domestic violence.

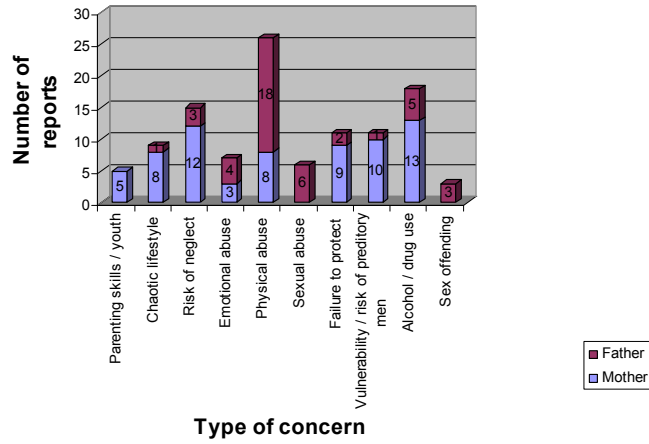
**Experience of learning disability with other factors ( 12 households)**



**Child protection concerns**

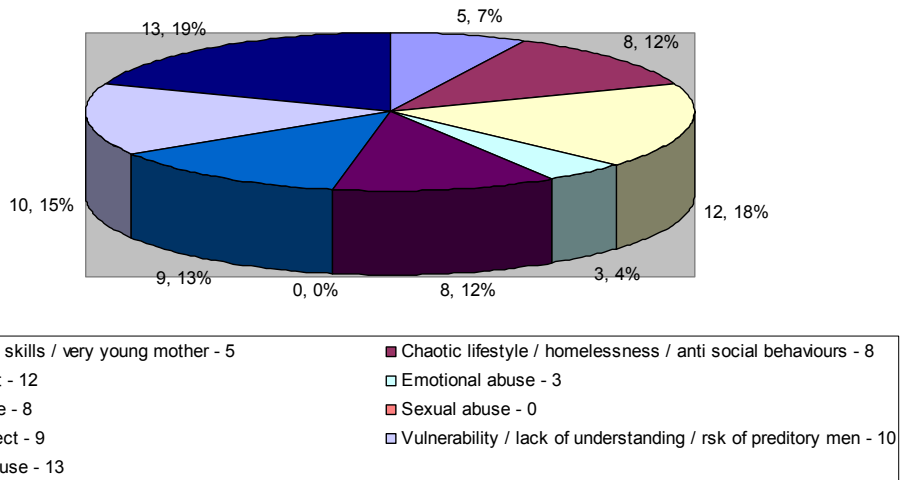
When looking at child protection concerns there are variations between the genders. These are regarding physical abuse, sexual offences, drug / alcohol use and failure to protect.

### Child protection concerns for both parents



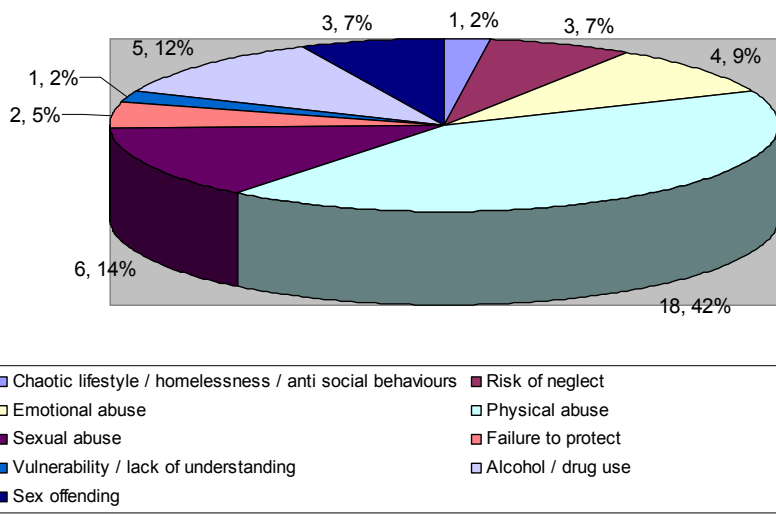
### Children protection concerns regarding mothers

#### Child protection concerns regarding mother (one or many concerns can apply to each of the 43 cases)



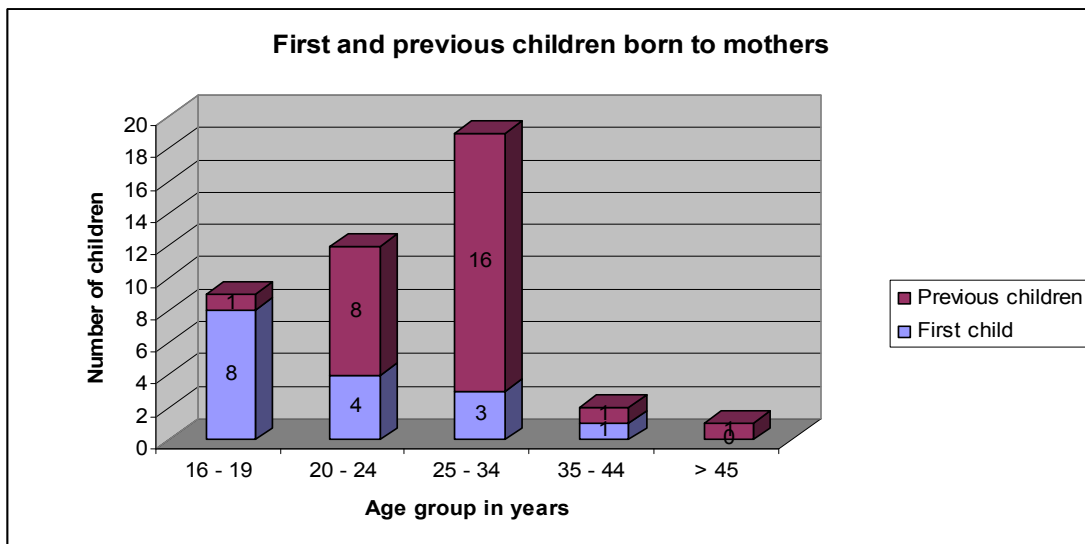
### Children protection concerns regarding fathers / current partners

**Child protection concerns regarding father (one or many concerns can apply to each of the 43 cases)**



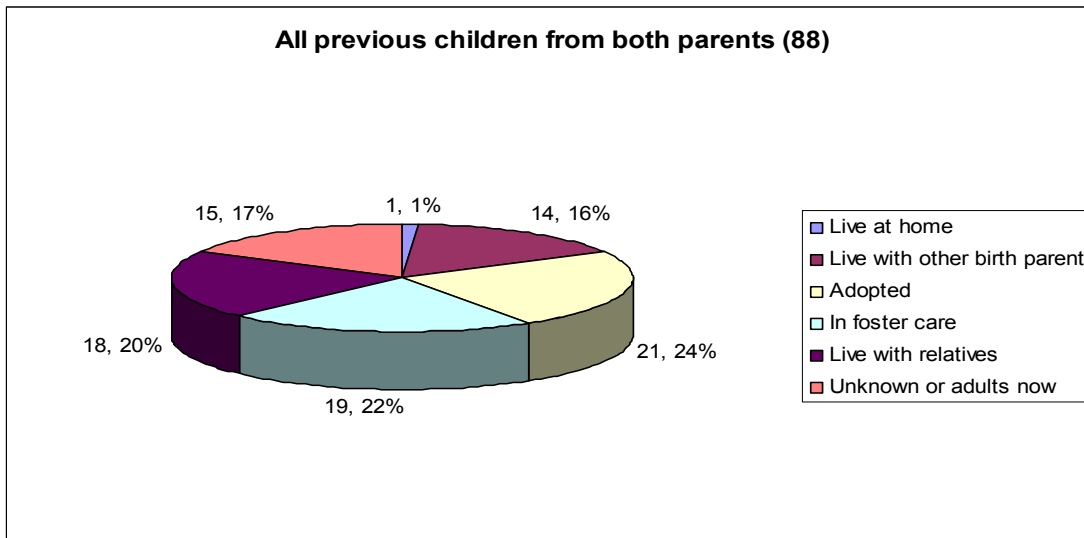
**Previous children**

The table below shows the number and age range of mothers where this is their first child or an additional child. For 16 (37%) out of 43 mothers this is their first child. There are 27 (63%) out of 43 mothers who have had 64 previous children between them.

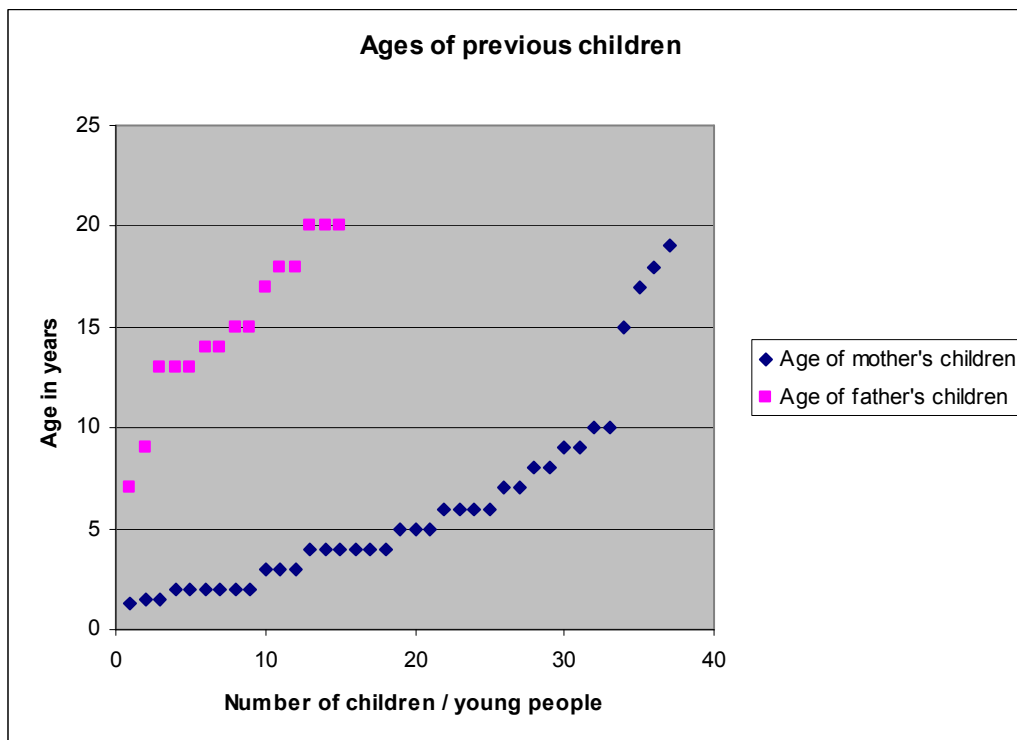


The situation is less clear for fathers / partners as there is less known information about these men than with mothers. There are 24 previous children paternally. This provides a total number of 88 children (born from the current or from past relationships that can be

considered as previous children). Out of the 43 households studied, 27 (63%) of those households have had previously born children removed.

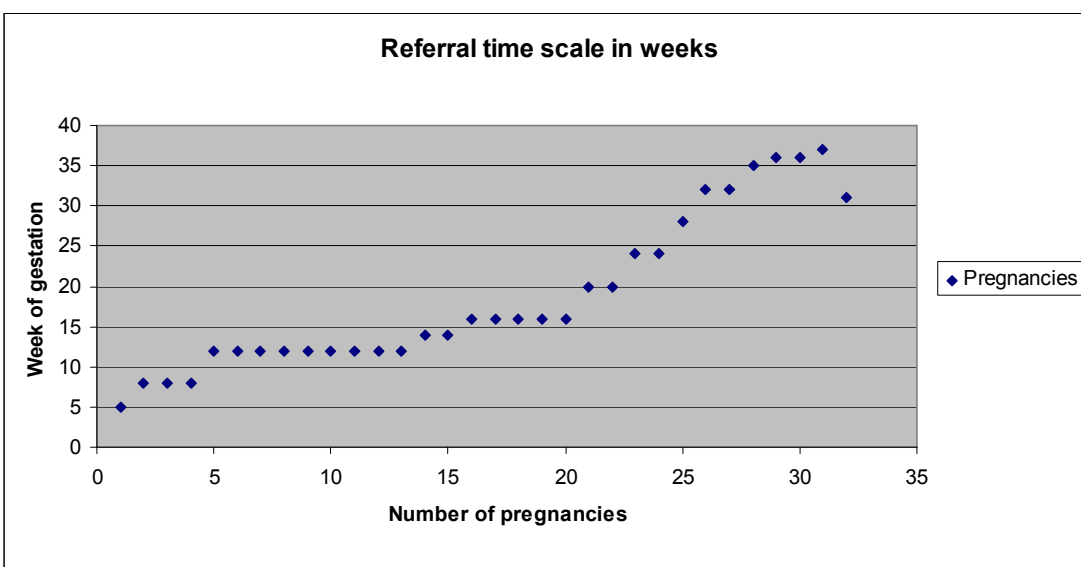
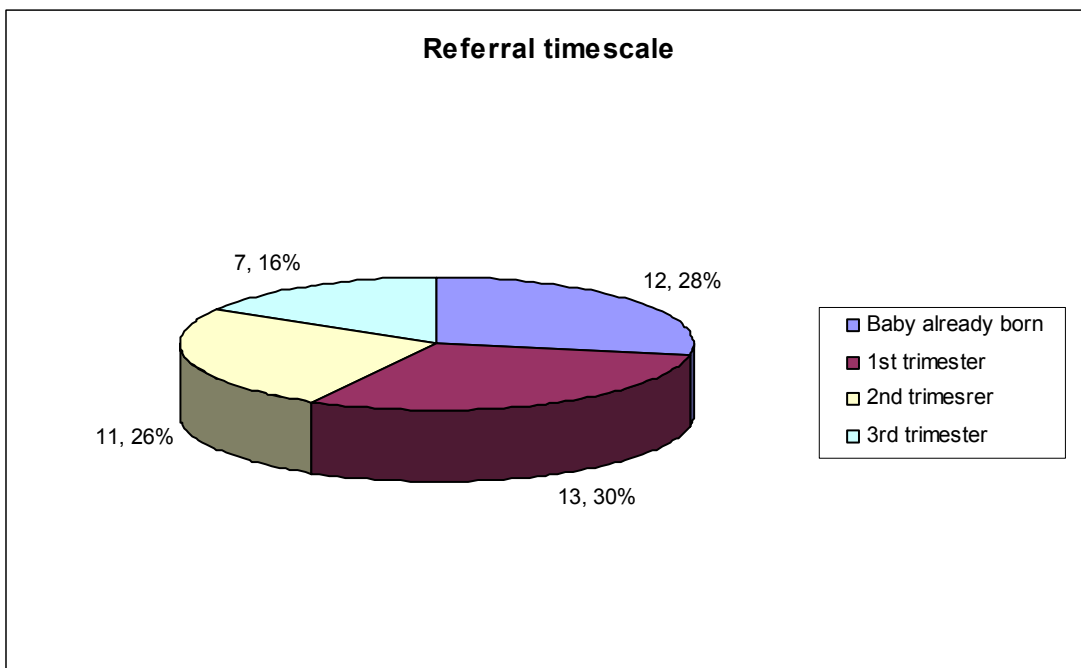


As with the age differences shown earlier between mothers and fathers, there are age differences between the sets of previous children born to parents. The average age of previous maternal children is 6yrs old with an age range between 15mths and 19 years. The average age of previous paternal children is 15 years with an age range of seven years to 20+

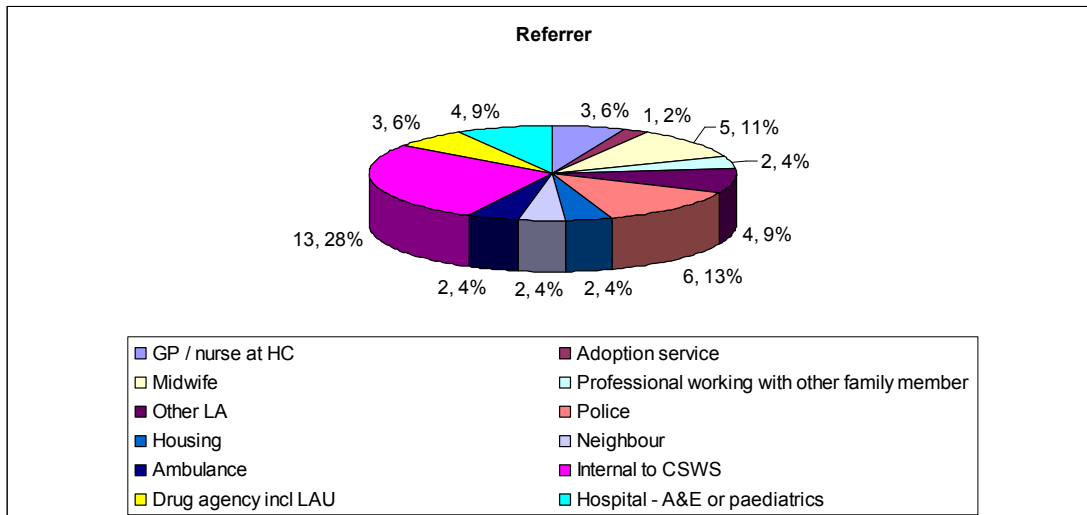


## Referral

31 (72%) children from the 43 households were referred to CSWS as unborn children. 12 (28%) children from the 43 households were under the age of one year between 1<sup>st</sup> January and the 27<sup>th</sup> March 2012 when they came into care. Below is a breakdown of when the unborn child was referred to CSWS – in which trimester and also weeks into pregnancy.

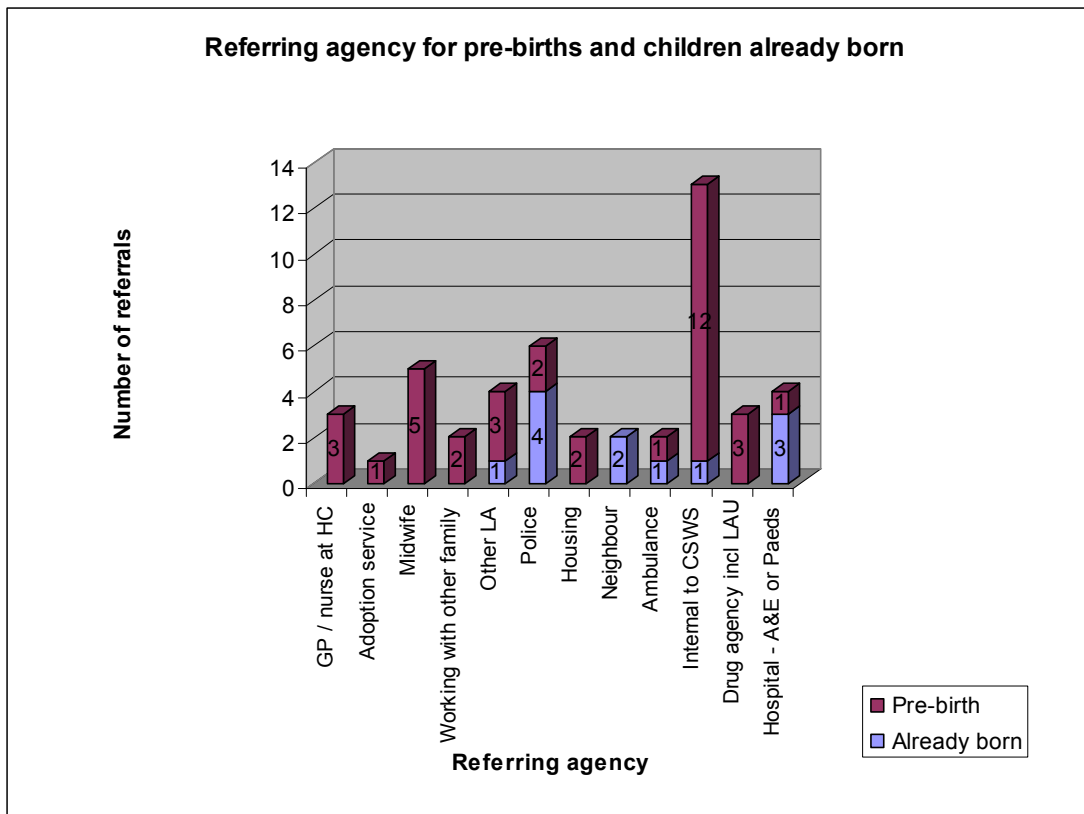


Referrals were received from a variety of sources and in some instances more than one referral was made on the same day for a specific child by different referrers eg. Ambulance service and a neighbour.



Where a child had already been born the referring agent was more likely to be the police, hospital or a neighbour.





### Support and extended family

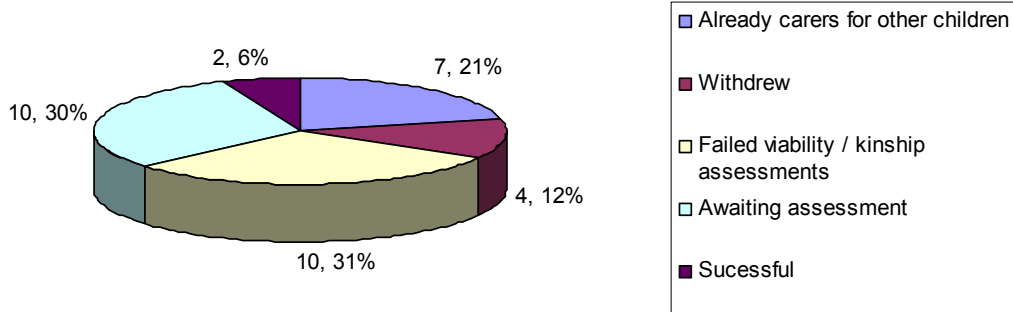
20 (46%) out of 43 mothers were referred to a children’s centre, one mother self referred. Where a baby was subsequently removed from the parent and placed in care the support from the children’s centre stopped. Social work practitioners raised this as an issue in that pro-active parenting work could be done for children rather than waiting for the next pregnancy before resuming support.

Nine (21%) out of the 43 families were referred to or had involvement with family group conferencing.

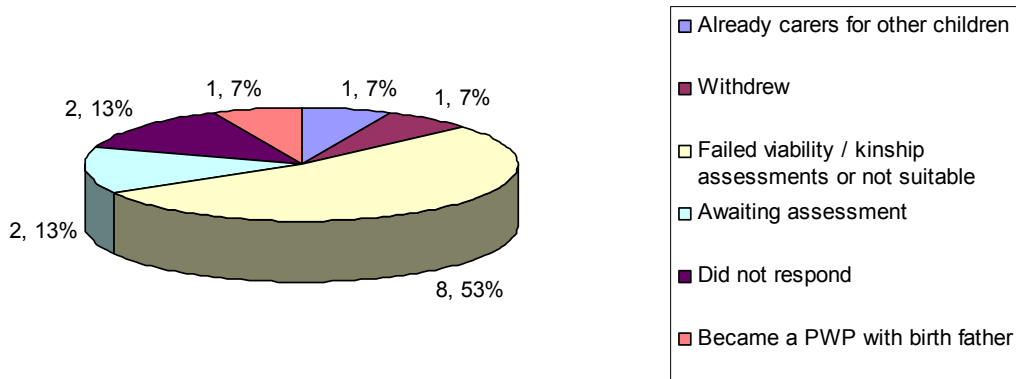
The extended family was approached in 35 (81%) of the 43 families.

33 approaches to maternal relatives were made for 29 of the 35 families and 15 approaches to paternal relatives were made for 13 of the 35 families. On the paternal side there were less relatives being approached or coming forward. This may be due to CSWS and other agencies having less involvement / contact / knowledge about fathers. The outcomes from maternally generated approaches were more positive than paternally generated approaches as shown below.

**Outcomes from maternal family coming forward**



**Outcomes from paternal family coming forward**



## Summary and initial conclusions

### Age

Although the average ages of mothers and fathers / current partners was similar 26 and 28, the spread of ages between genders showed older men and younger women. For example, there are 18 men and only 11 women aged 30 years and plus. There is one man age 20 years or under compared with 13 women in this age group.

## **Parental factors**

Of the 24 households that use drugs / alcohol 19 households (79%) experience one or more other factors. The main 'other' presenting factor is domestic violence in 17 (71%) of these 19 households. Ten parents in six households are receiving support from addiction services to reduce / withdraw from Class A drug use ie Heroin and or Cocaine.

Of the 16 households that experience mental health issues 14 households (87%) experience one or more other factors. The main 'other' factor is domestic violence which features in all of these 14 households. Nearly one third (14) of the women from the original cohort of 43 households experiences a mental health issue, with this taking the form of depression and self harming behaviours. Support mainly comes from the GP or not at all.

Of the 25 households that have or continue to experience domestic violence 24 households (96%) experience one or more factors. The main 'other' presenting factor is drugs / alcohol use in 17 of these 24 households. In all 25 of these households the father of the baby or the current partner is a perpetrator of domestic violence and in seven of these households' police or court / prison has been involved.

Of the 12 households that experience learning disabilities nine households (75%) experience one or more other factors. The main 'other' presenting factor is domestic violence within seven of these 12 households. More than twice as many women (9) experience a mild learning disability compared to fathers / partners (4) and nearly one fifth of the women from the original cohort of 43 households experiences a learning disability. Further investigation is required to establish what specific if any support is available to this group of mothers to care for and protect babies considering their own vulnerability to sex offenders and drugs / alcohol culture.

Two (5%) out of the 43 households experience all four factors of drugs / alcohol, mental health issues, learning disabilities and domestic violence.

## **Child protection concerns**

The most prevalent child protection concerns are split by gender. When looking at mothers the main concerns that social work practitioners have focus on:

- The impact of drugs / alcohol
- Vulnerability, poor relationship choices and a failure to protect the child
- Neglect

For fathers and/or current partners the main areas for concern are physical abuse and previous sex offending history.

### **Previous children**

For mothers under 20 years old this is likely to be their first child. Older mothers between 25 and 34 years are very likely to have had one or two previous children. Of all the 27 mothers who have had previous children only one child still lives at home. All other previous children are either placed in foster care, have been adopted or are with the other birth parent / extended family.

One mother has had her eleventh child as part of this cohort and all 11 children have been individually removed from her care over previous years. Based on the outcomes for the older group of mothers it is entirely feasible that the youngest group of mothers will repeat these outcomes unless change can be made.

Fathers and current partners have also had a number of previous children removed from their care. This group of children tend to be older than for the cohort of mothers and are now adults. The data concerning fathers / partners is less robust due to the lack of engagement that these men have with families and services.

### **Referrals**

31 (72%) children from the 43 households were referred to CSWS as unborn children. Seven (23%) were referred during the third trimester, 11 (35%) were referred during the second trimester and 13 (42%) were referred in the first trimester. The earliest referral was five weeks into pregnancy and the latest four referrals were made after 35 weeks. Several of the later referrals to CSWS were made following concealed pregnancies or failed appointments with the Leeds Addiction Unit midwife. The most extreme scenario was that of a referral made at 28 weeks following 18 missed appointments.

Referrals were received from a variety of sources. Those made by the police (following incidents of domestic violence), ambulance service, neighbours, A&E and paediatric services related to children already born. Only 5 (11%) of referrals came from midwifery services and only 3 (6%) came from drug / alcohol agencies. The majority of referrals at 13 (28%) were made by internal CSWS staff.

These findings highlight that referrals are not made early enough for effective pre-birth assessment and planning to take place. Further investigation of the data is required to assess how early pro-active support is being put into place for these families. For example access to children's centres and intensive family support. There are indications from the initial data that parenting foster care placements are having good outcomes.

### **Support and extended family**

20 (46%) of the 43 mothers were referred to a children's centre. Where a baby was subsequently removed from the parent and placed in care the support from the children's centre stopped. Where this support has included parenting skills work the implication is that the mother will not be prepared or more adequately equipped to parent for likely future children.

Only 9 (21%) out the 43 families were referred to family group conferencing services. However, contact with extended family members is taking place outside this arena by social work practitioners. When looking at where a child can be placed whilst parenting assessments are undertaken or as a permanency option / alternative to adoption.

Most of the contacts made with extended family are with maternal family members rather than paternal family. Again this could be due to the lack of long term involvement from fathers / partners and lack of data.

Most placements made with the extended family are with maternal grandparents then maternal aunts. In some families, grandparents are already caring for other children in their family. This raises an issue that the burden of care is being taken up by an older and potentially less economically well off section of society that will require more ongoing support and access to funding as these children grow older.

From the data gathered so far, it shows that many viability and kinship care assessments are being undertaken. However, the conversion rate is low and is more likely to be positive on the maternal side of the extended family.

# Reducing inequalities in infant mortality in Leeds

Dr Sharon Yellin  
Consultant in Public Health  
Medicine  
NHS Leeds  
September 2012

# Why infant mortality?

## INFANT MORTALITY:

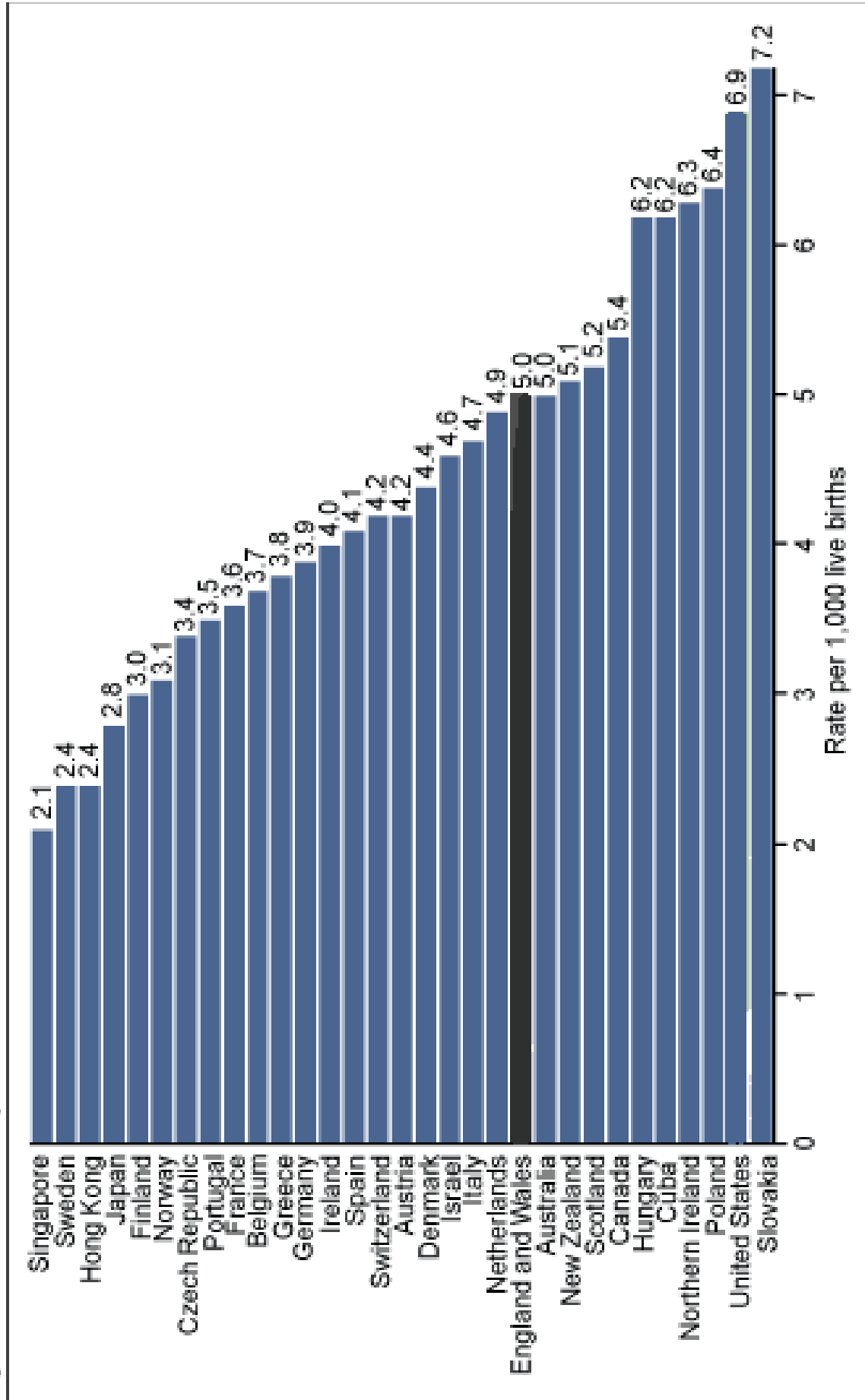
The numbers of deaths of children aged under one year per 1000 live births

- Sensitive indicator of a broad range of factors affecting children's health
- “Tip of the iceberg” of child health problems
- Important health problem



<b>INTERNATIONAL IM RATES: COMPARISON BETWEEN SELECTED COUNTRIES 2005-10</b>		
<b>RANK</b>	<b>COUNTRY</b>	<b>IM RATE /1000 LIVE BIRTHS</b>
<b>1</b>	<b>Iceland</b>	<b>2.9</b>
<b>3</b>	<b>Japan</b>	<b>3.2</b>
<b>5</b>	<b>Norway</b>	<b>3.3</b>
<b>12</b>	<b>France</b>	<b>4.2</b>
<b>14</b>	<b>Germany</b>	<b>4.3</b>
<b>22</b>	<b>England</b>	<b>4.8</b>
<b>23</b>	<b>Canada</b>	<b>4.8</b>
<b>33</b>	<b>USA</b>	<b>6.3</b>
<b>48</b>	<b>United Arab Emirates</b>	<b>8.2</b>
<b>58</b>	<b>Thailand</b>	<b>10.6</b>
<b>71</b>	<b>Argentina</b>	<b>13.4</b>
<b>81</b>	<b>Russia</b>	<b>16.1</b>
<b>103</b>	<b>China</b>	<b>23.0</b>
<b>115</b>	<b>Egypt</b>	<b>29.3</b>
<b>130</b>	<b>South Africa</b>	<b>44.8</b>
<b>194</b>	<b>Afghanistan</b>	<b>157.0</b>
<b>195</b>	<b>Sierra Leone</b>	<b>160.3</b>

Figure 1. Infant mortality rates, selected countries, 2005



SOURCE: Health, United States, 2008.

# INFANT MORTALITY RATES 2008-2010 FOR LEEDS, YORKSHIRE & HUMBER, AND ENGLAND & WALES

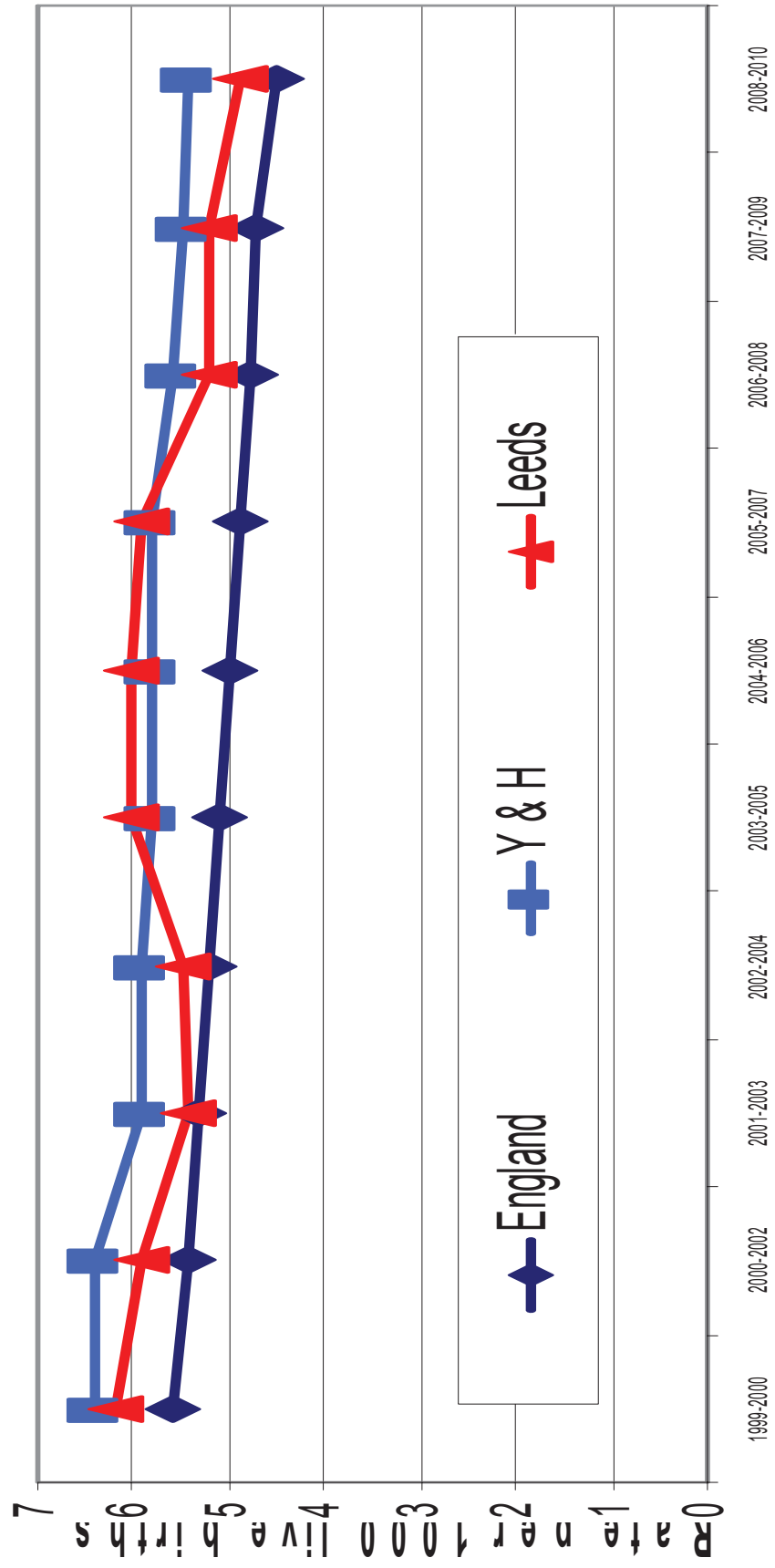
Source: NCHOD

	Rate per 1000 live births	LCI	UCI
<b>ENGLAND &amp; WALES</b>	<b>4.5</b>	4.5	4.6
<b>YORKSHIRE AND THE HUMBER</b>	<b>5.4</b>	5.0	5.7
<b>LEEDS PCT</b>	<b>4.9</b>	4.2	5.7

46 Leeds babies aged under 1 year died in 2010

**Leeds rate is not statistically significantly higher than  
England & Wales**

# INFANT MORTALITY TRENDS FOR LEEDS, YORKSHIRE & HUMBER, ENGLAND 1999-2010



# National statistics and ethnicity

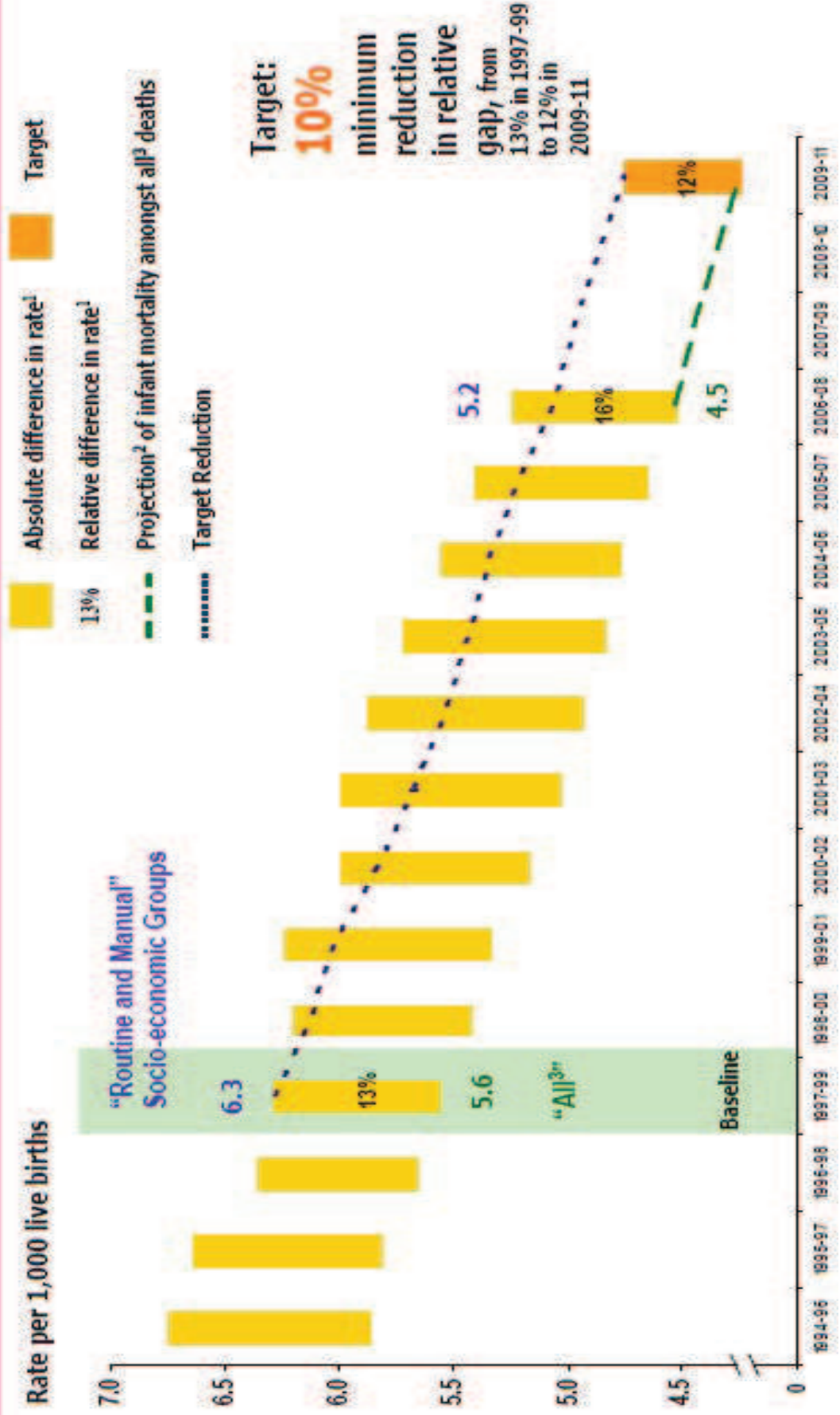
- Caribbean and Pakistani babies are more than twice as likely to die before age one than White British or Bangladeshi babies
- For Caribbean babies, in part due to higher prevalence of pre-term delivery
- For Pakistani babies, in part due to higher prevalence of congenital anomalies

# The national inequalities target

- Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the routine and manual group and the population as a whole. The baseline is 1997-9.
- Routine and manual group includes lower supervisory and technical, semi-routine and routine occupations eg porters, cleaners, bar staff, waiters, sales assistants, catering assistants, train drivers, call centre workers, electricians and sewing machinists

# Infant mortality by Socio-economic Group

England and Wales 1994 – 2008 and target and projection<sup>1</sup> for the year '2010'

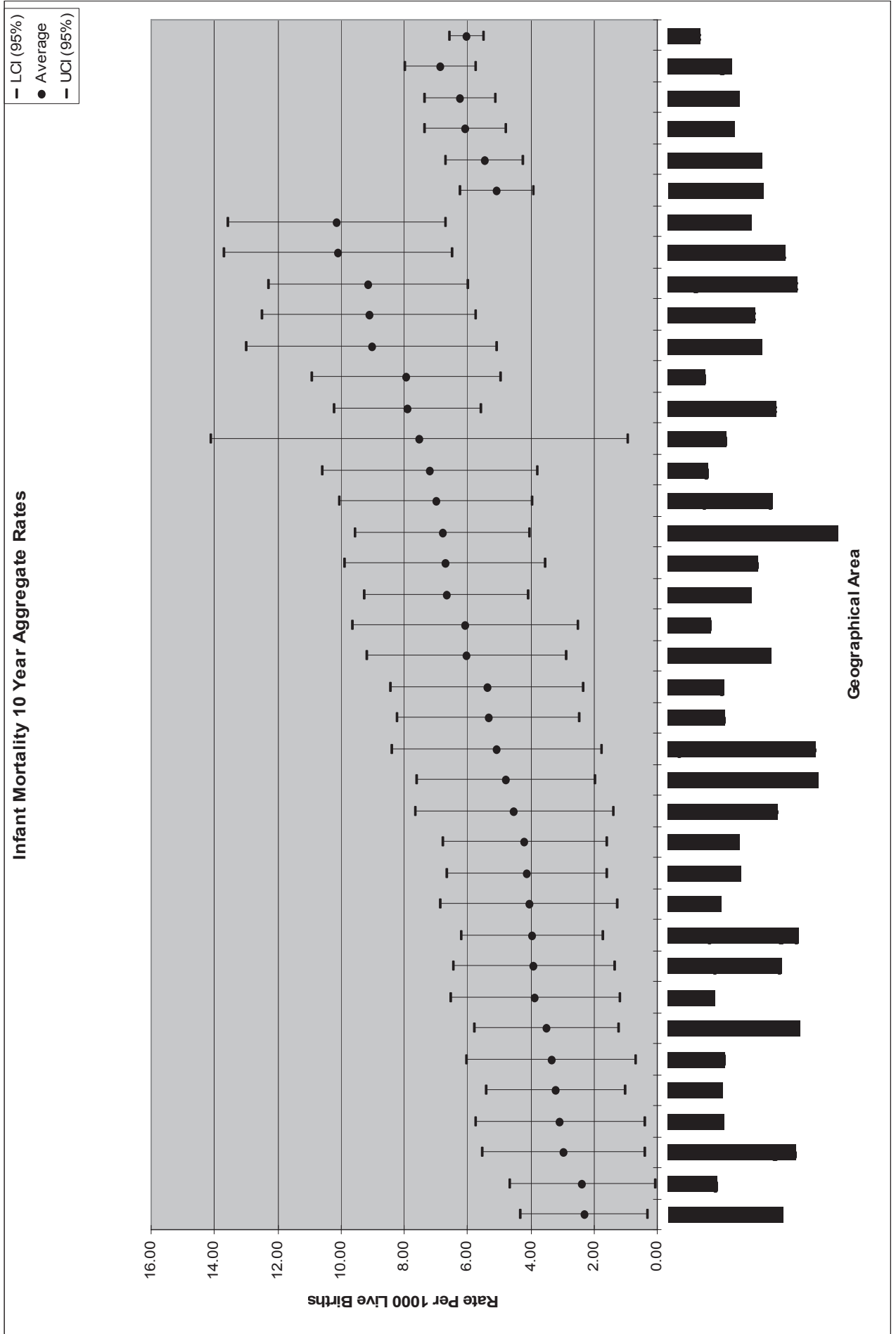


## **What can we say about inequalities between different parts of Leeds?**

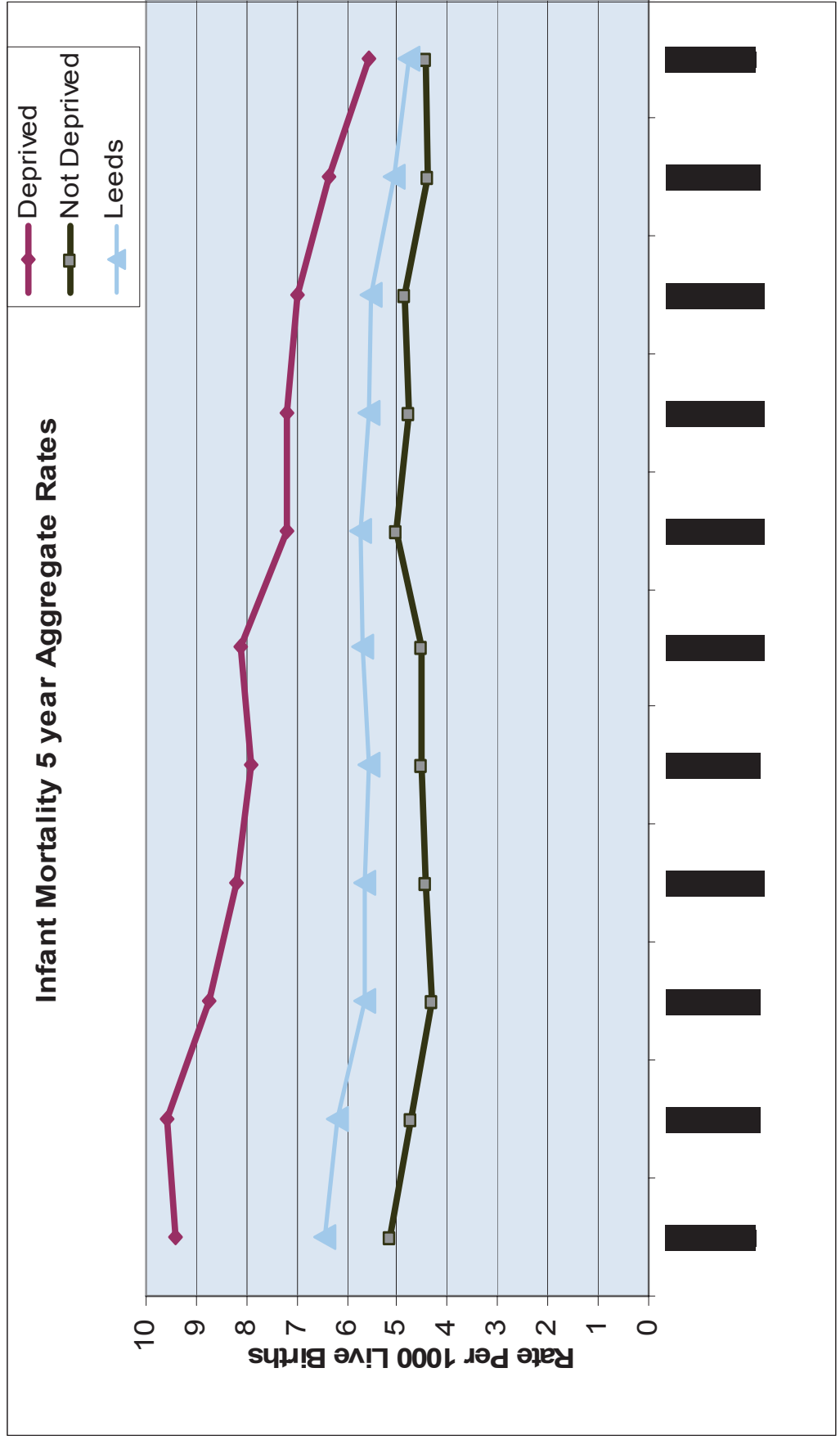
- Statistical problems
- Small numbers
- Difficult to compare different areas within Leeds – confidence intervals are wide



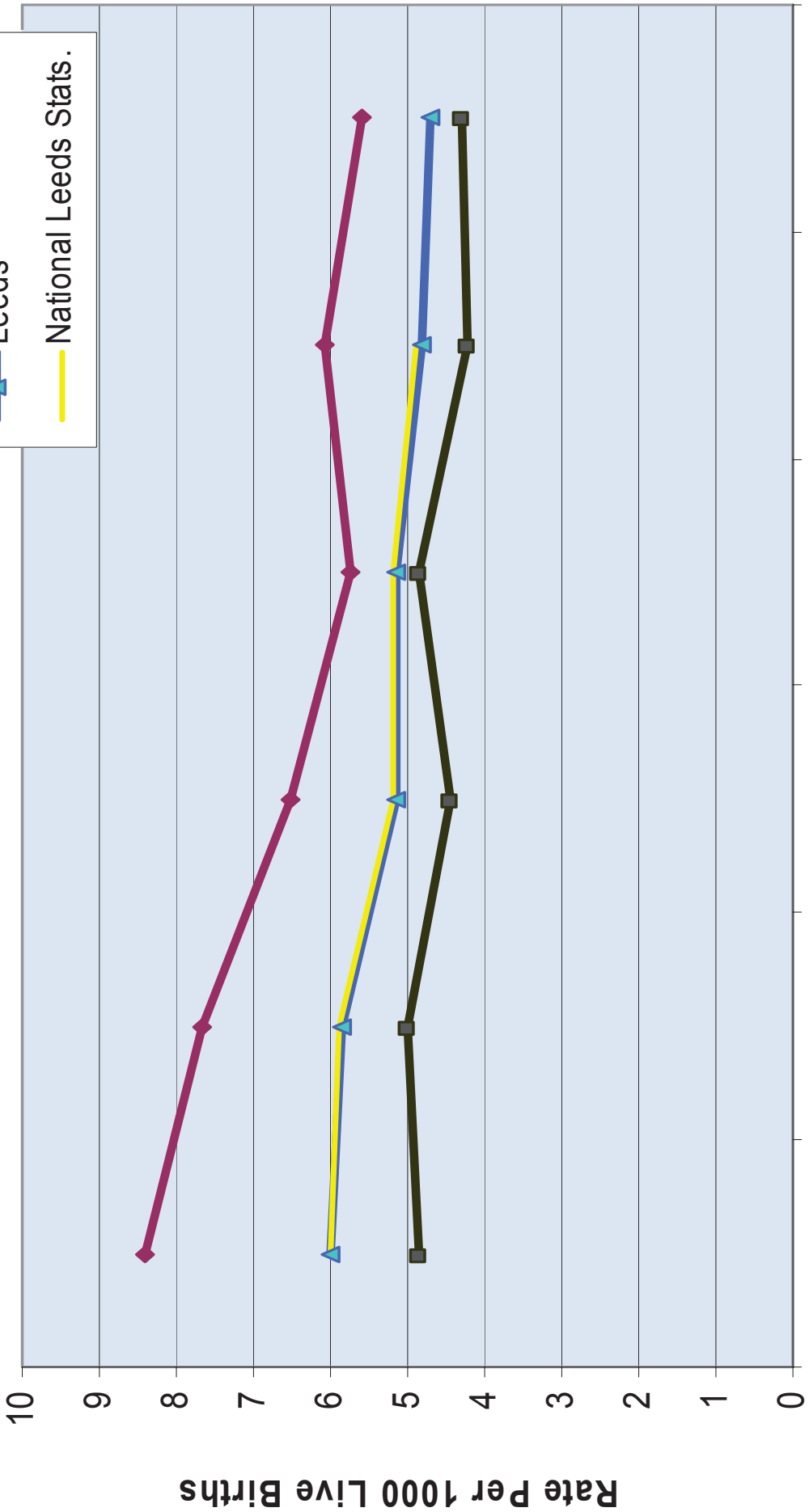
# INFANT MORTALITY BY WARD: 10 YEAR AGGREGATED DATA



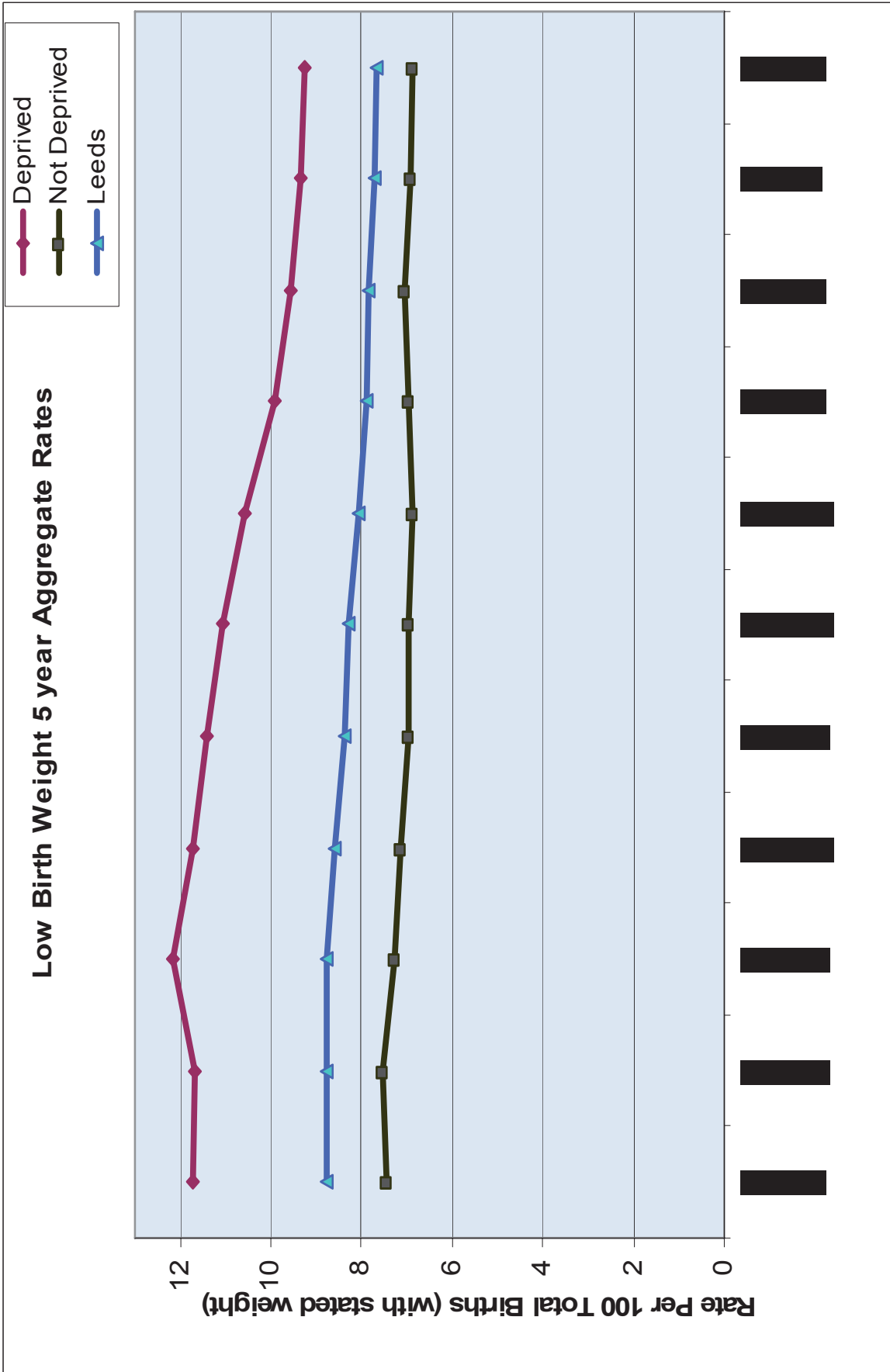
**A local target: To reduce IM rate in “deprived Leeds” to 5.5 per 1000 live births by 2013 (baseline 2008-10)**



# Infant Mortality 3 year Aggregate Rates



# Low birthweight rate: number of babies weighing under 2500g as a percentage of total births



# Low Birthweight

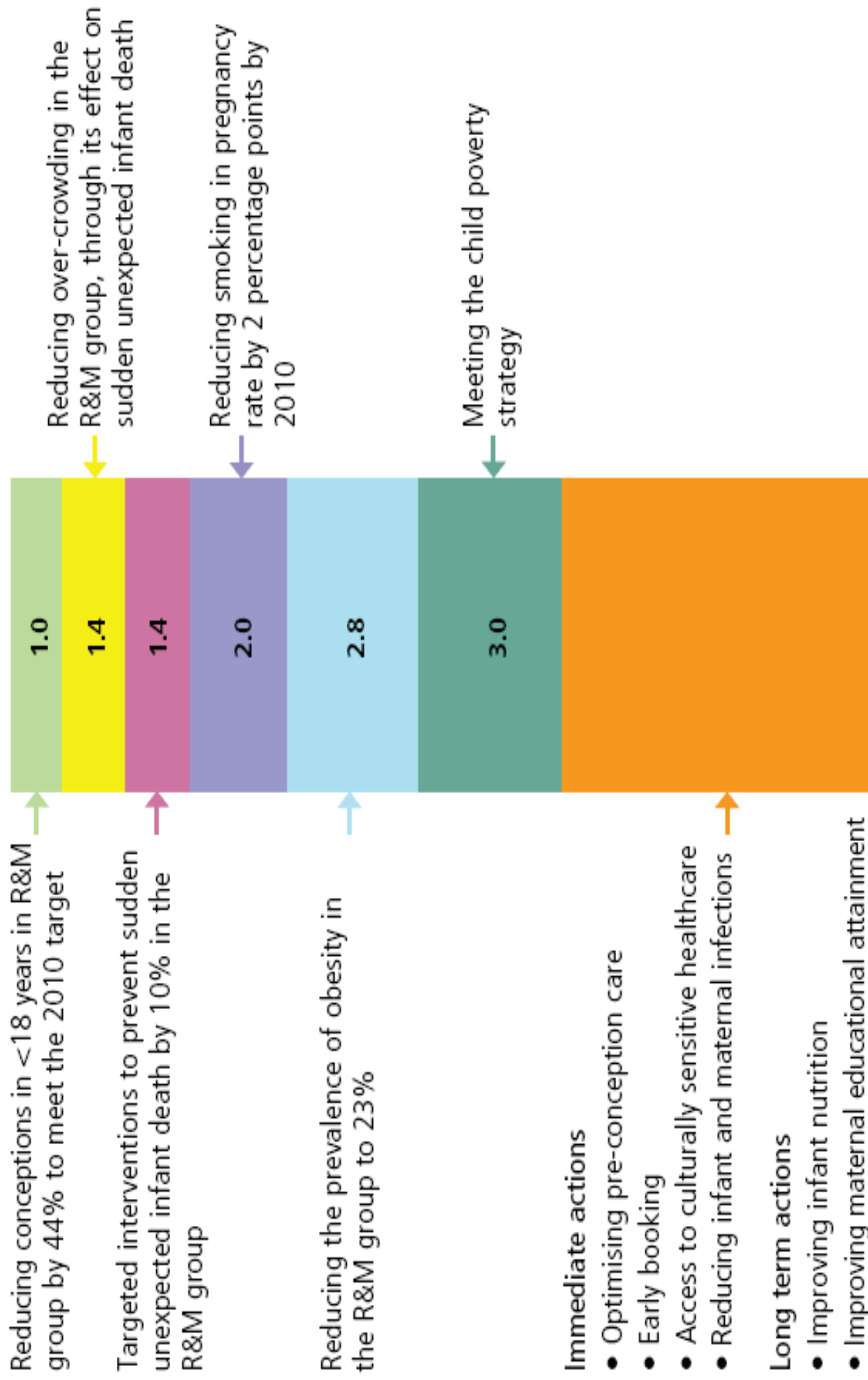
- Closely linked with infant mortality
- Two thirds of infant deaths are among LBW babies
- Similar risk factors to infant mortality: congenital anomaly, multiple pregnancy, socio-economic deprivation, teenage pregnancy, older motherhood, poor nutrition, alcohol & drug use during pregnancy, smoking during pregnancy

## The Leeds Infant Mortality Programme

- Based on the “Scarf” diagram – evidence based interventions published in national implementation plan.
- Assisted by NST visit January 2009
- Targeted into areas of greatest need
- “Demonstration sites” in Chapeltown and Beeston Hill

## Identifiable actions to reduce the gap in infant mortality

Adapted from: Implementation Plan for Reducing Health Inequalities in Infant Mortality:  
A Good Practice Guide (DH 2007)



# Aspects of the Leeds IM Action Plan (1)

- **Breastfeeding**
  - 67% initiation      47% maintenance
  - Food4Life Action Plan
  - Baby Friendly Initiative – community & hospital
  - Social marketing work in South Leeds
  - Peer support programmes
- **Maternity Services**
  - 97% assessment by 12 weeks
  - Health equity audit of early booking
  - BME midwife
  - Asylum seeker pathway, G&T pathway
  - Caseload midwifery



## Aspects of the Leeds IM Action Plan (2)

- **Screening**
  - 99% uptake of Hepatitis B screening
  - Combined Down's Syndrome screen Dec 2010
  - Review of antenatal haemoglobinopathy screen
  - Review of bloodspot pathways
- **Child Poverty**
  - Leeds Strategic Outcomes Group established
  - Child poverty needs assessment complete
  - Strategy and implementation plan being developed

## Aspects of the Leeds IM Action Plan (3)

- **Reducing obesity in women of child bearing age**
  - BMI data collection improved. 19% with BMI >30
  - Ministry of Food established
  - Dietetic post concerned with maternal obesity
  - Care pathway for overweight pregnant women developed and being implemented
- **Reducing smoking in pregnancy**
  - 11-12% current smoking at delivery
  - Mandatory training for midwives, CO monitoring
  - Smoke Free Homes, SOS scheme, MLASS
  - Fresh Air Babies

## Aspects of the Leeds IM Action Plan (4)

- **Sudden unexpected death in infancy**
  - Local health visiting policy reviewed
  - Social marketing work in target areas
  - Early Start Pathway to be developed
- **Reducing over-crowding**
  - Work in Demonstration Sites
  - Training for health staff, and for housing staff
  - Pathway for referral of teenage parents

## Aspects of the Leeds IM Action Plan (5)

- **Reducing teenage conceptions and supporting teenage parents**

Rate 44.5 conceptions per 1000 women aged 15-17.  
This is 12% reduction from baseline in 1998

- Wide ranging programme under TPP Board
- Teenage pregnancy maternity pathway
- Family Nurse Partnership expansion

- **Cousin marriage**

- Links with Bradford & Kirklees, event held May '12
- Influenced commissioning of Genetics services
- Training for frontline staff
- Social marketing project with Sheffield University

# Demonstration Sites

- Small areas with high levels of need
- Chapeltown and Beeston Hill
- “Flood” the areas initiatives drawing on the evidence base of the Scarf diagram
- Positive evaluation
- Local work on all aspects: housing, poverty, DV, co-sleeping, maternity access, Smoke Free Homes, baby cafes, Healthy Start
- Currently exploring longer term sustainability of the sites

# “Programme of Programmes”

Large programme areas

- Safeguarding
- Immunisation
- Teenage pregnancy and parenting
- Early Start Service and FNP

The IM Action Plan aims to add value over and above other ongoing programmes



# Preparation for Birth and Beyond

# Preparation for Birth and Beyond

- Pregnancy, Birth & Beyond is a new antenatal education programme targeted at first time parents starting to be delivered in Leeds Children's Centres
- Based on a new framework developed by an expert panel set up by the Department of Health
- Developed in response to national and local research highlighting that current antenatal education is highly variable (McMillan et al 2009):
  - it tends to be highly medicalised & focussed on the birth.
  - it often fails to engage men.
  - some at risk families find classes hard to access.



# A critical window of opportunity(1)

- Recent insights from neuroscience and developmental psychology highlight the critical importance of pregnancy.
- Growing evidence base that shows intervening early is the most effective way to promote good developmental outcomes for children and prevent maltreatment and neglect
  - Almost half (45%) of serious case reviews involve a child under one.

# A critical window of opportunity (2)

- Pregnancy is a time most parents are highly receptive to changing their behaviour.
- Intervening during pregnancy can set the template for positive parenting.
- Antenatal classes can address critical risks factors for poor parenting and maltreatment:
  - lack of knowledge of child development
  - unrealistic expectations of babies/parenthood
  - parental conflict

# What parents want

- Recent research has revealed key characteristics that parents value from antenatal education:
  - help through the transition to parenthood.
  - participative learning.
  - opportunities to talk to other parents.
  - local provision

# Leeds Preparation for birth and Beyond Programme

- Focus on:
  - the transition to parenthood.
  - the relationship between parents.
  - the development of a positive parent-infant relationship.

## **Themes for the sessions:**

- Our baby's development.
  - Changes for me and us.
  - Giving birth and meeting our baby.
  - Caring for our baby.
  - Our health and well-being.
  - People who are there for us.
- Highly interactive, not didactic approach.
  - Delivered by Early Start Teams in Children's Centres.

# Action to date

- Established a working group to drive the implementation of PBB in Leeds ,reporting to Early Start Implementation Board
- Developed and delivered pilot PBB courses in 3 areas Bramley, Beeston, City and Holbeck.
- Involved Infant Mental Health (IMH)Service including delivery of ‘Understanding your Baby’ training to all staff
- Using the findings from pilot to inform the wider roll out plan.
- Identified 3 further teams to work with the IMH Service and pilot sites to establish the programme in their areas.

# Some initial evaluation comments

- Bonding may not happen straight away – sense of relief
- As first time mums the info was helpful as we didn't know it
- I thought it would be useless but it has been useful
- I felt relaxed meeting new people , I am not normally confident
- Dad's got very involved
- Feel my husband understands me better
- My husband brought home a wish box he had made (for the baby)
- To know there are people and things out there to access for support

Date of Meeting:	Category of Paper Tick( )	
Executive Director Lead: Phil Corrigan	Decision & Approval	√
Paper Author: Jane Mischenko Head of Commissioning Children & Families	Position Statement	
Paper Title: Family Nurse Partnership – small scale permanence	Information	
	Confidential Discussion	
<p><b>SUMMARY</b></p> <p>The Family Nurse Partnership (FNP) is an intensive preventive programme through pregnancy until the child is aged 2 years and is offered specifically to vulnerable first time teenage mothers. Teenage mothers are a vulnerable group needing additional support to improve outcomes for both mother and child. This programme is only one of two identified in a recent Lancet review as able to prevent child abuse and maltreatment.<sup>1</sup></p> <p>Leeds was successful in developing a FNP team as part of the national randomised control trial (RCT), which commenced in 2009. The Department of Health fully funds the team for the duration of the RCT; this completes in January 2013.</p> <p>The 2011-15 Comprehensive Spending Review and subsequent Operating Framework (2011/12) committed to doubling the capacity of FNP in the UK by 2015; this includes the securing of existing provision and the expansion of existing sites. In Leeds this has resulted in a trajectory of 4.5wte additional family nurses by 2015. In 2011/12 NHS Leeds funded an additional 2 family nurses, the plan is for an additional one in 2012/13 and a further one in 2013/14 and 0.5wte in 2014/15.</p> <p>The vision is for Leeds to offer the FNP model to all first time mothers aged 17 and under, plus all Looked After Children (LAC) who are first time mothers aged 19 and under. All mothers will have to be 20 weeks gestation or less to be eligible for the programme, as this maximises the ability for the full programme to be delivered. It is recommended that the eligibility criteria are reviewed periodically against recruitment performance.</p> <p>Following consultation with the FNP National Team, the Leeds FNP service and key strategic and operational stakeholders, the above criteria were agreed as offering maximum benefit for vulnerable women in Leeds in use of the anticipated available resource. These criteria reflect the intention to expand the team to 9.5wte family nurses by 2015 in line with the Operating Framework. The current team has 5 family nurses and a supervisor (from the original team), plus 2 family nurses recruited in 2011/12. Data analysis has indicated that 286 women currently meet the above criteria to be offered the service in Leeds.</p> <p>Members of the CME are requested to;</p> <ul style="list-style-type: none"> <li>§ Note the strength of the evidence base underpinning this model</li> <li>§ Note the alignment to strategic priorities for children and families in Leeds</li> <li>§ Note the cost effectiveness of this model</li> </ul>		
<p><b>ACTION REQUIRED</b></p> <ol style="list-style-type: none"> <li>1. Approve the proposed FNP model for Leeds and gradual expansion of the team</li> <li>2. Approve the required additional investment required in 2012/13 (£50k additional FN plus £90k tapered contribution from DH)</li> </ol>		

<sup>1</sup> MacMillan, H.L., Wathen, C.N., Barlow, J., Fergusson, D., Leventhal, J.M. and Taussig, N (2009) Interventions to prevent child maltreatment and associated impairment. Lancet 373: pp250-266

## 1. Purpose

This paper provides background information on the value and impact of investing into the Family Nurse Partnership model; it proposed how the Leeds service can be extended, in line with DH expectations, to meet the needs of the most vulnerable young mothers in Leeds and to fit with strategic service developments across Children's Services in Leeds.

## 2. Background

*'Current knowledge about brain and child development, as well as empirical data from cost-benefit studies, presents a compelling case for early, public investments targeted preferentially toward those children who are at greatest risk of failure in school, in the workplace and in society at large.'*

A Science-Based Framework for Early Childhood Policy

The Family Nurse Partnership (FNP) works with first time teenage mothers. Poor outcomes related to teenage mothers include:

- Infant mortality rates are 60% higher for children of teenage mothers than for those with mothers aged 20-39
- Teenage mothers are 3 times more likely to smoke through out their pregnancy than older mothers
- Children of teenage mothers have a 63% increased risk of being born into poverty
- Children of teenage mothers have lower educational attainment
- Teenage mothers have 3 times the rate of postnatal depression
- Teenage mothers are 50% less likely to breastfeed
- Daughters of teenage mothers are more likely to become teenage mothers themselves

The FNP is an intensive preventive programme through pregnancy until the child is aged 2 years and is offered specifically to vulnerable first time teenage mothers. It is an intensive, in depth programme that works with families to achieve change and is delivered by specially trained Family Nurses. The FNP is the 'intensive care' end of the Healthy Child Programme and meets the evidenced based requirements for a progressive universal service. It is part of the preventive pathway for the most disadvantaged and vulnerable infants.

The FNP is a licensed programme with quality and programme measures to ensure the fidelity of the model provided, which is built on 30 years of evidence in the United States. This US research evidences that FNP improves parenting and reduces child abuse, improves maternal health in pregnancy and birth outcomes, reduces attendance to A&E and hospitalisation for injuries and ingestions, improves the child's emotional and behavioural development, children's cognitive development and school readiness. In addition it improves mother's life course and economic self-sufficiency and reduces child's involvement in crime and anti-social behaviour, all of which result in significant cost savings. This programme is only one of two identified in a Lancet review as able to prevent child abuse and maltreatment.<sup>2</sup>

Leeds was successful in developing a FNP team as part of the national randomised control trial (RCT), of which there are 18 sites that commenced in 2009. The Department of Health fully funds the team for the duration of the RCT; this completes in January 2013, which is when the last Leeds infant recruited to the trial reaches 2 years. The central funding is £360k and resources 5 family nurses, a supervisor and an administrator.

The (2011-15) Comprehensive Spending Review committed to doubling the capacity of FNP in the UK by 2015; this includes securing of existing provision and the expansion of existing sites. In Leeds this has resulted in a trajectory of 4.5wte additional family nurses by 2015. In 2011/12 NHS Leeds funded an additional 2 family nurses, the plan is for an additional one in 2012/13 and a further one in 2013/14 and 0.5wte in 2014/15.

The Operating Framework 2012/13 will reiterate the DH commitment to sustain and expand FNP. Delivery against this is the responsibility of PCT Clusters and the SHA within 2012/13; in 2013/14 and 2014/15 commissioning will be transferred to the NHS Commissioning Board. From 2015 responsibility will be with Public Health England via health and wellbeing boards locally.

### Vision:

The vision is for Leeds to offer the FNP model to all first time mothers aged 17 and under, plus all Looked After Children (LAC) who are first time mothers aged 19 and under. All mothers will have to be at 20 weeks gestation or less to be eligible for the programme, as this maximises the ability for the full programme to be delivered.

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<sup>2</sup> MacMillan, H.L., Wathen, C.N., Barlow, J., Fergusson, D., Leventhal, J.M. and Taussig, N (2009) Interventions to prevent child maltreatment and associated impairment. Lancet 373: pp250-266



Following consultation with the FNP National Team, the Leeds FNP service and key strategic and operational stakeholders, the above criteria were agreed as offering maximum benefit for vulnerable women in Leeds by use of the available anticipated resource. These criteria reflect the intention to expand the team to 9.5wte family nurses by 2015 in line with the Operating Framework. The current team has 5 family nurses and a supervisor (from the original team), plus 2 family nurses recruited in 2011/12. Data analysis has indicated that 286 women currently meet the criteria to be offered the service in Leeds.

#### Outcomes:

Advances in research in neuroscience and infant development have identified the criticalness of neurological developments during pregnancy and early childhood for future development and outcomes.

An economic evaluation in the US showed that for low-income and unmarried mothers the cost of the programme was recovered by the child's fourth birthday<sup>3</sup>

UK formative evaluation is positive in the areas that are measured in the early years of the programme e.g.,

- Reduced smoking in pregnancy (20% relative reduction),
- Maternal health and improved birth outcomes,
- Increased breastfeeding (63% vs. national rate for same age group of 53%),
- Children's development (FNP children appear to be developing in line with the population in general – this group usually fare much worse),
- Participation in employment and education

All of which indicates that the model is replicable in the UK and is currently producing outcomes in line with US evidence. In addition young parents like and value the programme and report greater confidence in their parenting skills.

### 3. Cost of the Service

	Core team - DH funded	Core team	Additional posts as per SHA trajectory	Family nurses <sup>4</sup>
2010/11	£360k	N/A		5
2011/12	£360k		£100k recurrent	7
2012/13	£270k	£90k recurrent	£50k recurrent	8
2013/14	N/A	£270k recurrent	£50k recurrent	9
2014/15	N/A		£25k recurrent	9.5
Total cost of service by 2015:				£585k

### 4. Summary Proposal

To commission and extend the capacity of the existing FNP team to deliver to the new specification and eligibility criteria, whilst maintaining all quality standards and fidelity measures of the national licensed programme, therefore maximising impact and outcomes for vulnerable children and families in Leeds.

### 5. Engagement

Young parents are involved in the service delivery and planning of the FNP. All recruitment to the team involves young parents and the provider regularly holds service user events. Plans are in place to establish service user representation on the FNP Advisory Board.

Key stakeholders from partners across the city are represented on the FNP Advisory Board.

### 6. NHS Leeds strategic Objectives

The Family Nurse Partnership model contributes to 3 of NHS Leeds strategic objectives;

Objective 1: We will improve your health and wellbeing and protect the health of the population

Objective 2: We will work with others to reduce inequalities in health

<sup>3</sup> <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>

<sup>4</sup> Costs also cover supervisor, administrator, training, and oncosts

Objective 5: We will help you make choices and feel in control of your healthcare

#### **7. Outcomes related to Leeds Children and Young People Plan**

A key outcome that FNP contributes to in the Leeds Children and Young People Plan is for children and young people to be safe from harm; within this outcome is the priority is to help children to live in safe and supportive families.

A second key outcome FNP contributes to is for children and young people to do well at all levels of learning and have the skills for life: priorities within this outcome are an increase in numbers in employment, education and training (EET) and to support children to be ready for learning.

This programme is therefore part of the Leeds response to 2 of the 3 Obsessions, to reduce the number of LAC and to reduce the number of NEET.

#### **8. Contracting**

The service specification for delivery of the Leeds FNP model is complete and the proposal would be for this to be contracted and performance managed through existing NHS Leeds - NHS LCHT contract governance structures

#### **9. Key Risk Assessment**

Delivery is high on the national agenda; future commissioning plans place it to be funded through public health monies and commissioned via the Local Authority.

#### **10. Recommendations**

- § Approve the proposed FNP model for Leeds and gradual expansion of the team
- § Approve the additional investment required in 2012/13 (£50k additional FN plus £90k tapered contribution from DH)

## **INFANT MENTAL HEALTH SERVICE – DRAFT SERVICE MODEL - VERSION 4**

### **1.0 Purpose**

The overall aim in commissioning the infant mental health service is to increase the universal, targeted and specialist support for 0-2 year olds and their parents and carers. A key route for delivering this will be by increasing existing staffing capability.

This service supports the Leeds Children and Young People's Plan key priorities of

- Helping children live in safe and supportive families
- Ensure that the most vulnerable are protected

And will support the citywide obsession to reduce the number of Looked After Children

### **2.0 Planned outcomes**

- § Increased numbers of parents who have been identified as vulnerable in the antenatal period feel that they are emotionally supported and develop confidence in their parenting abilities
- § Increased numbers of parents/carers of pre-school children (0-2yrs in the first instance) are capable of providing a secure, containing and reciprocal environment
- § More infants and children are able to remain at home with their parents in safe and nurturing circumstances
- § Increased numbers of children entering school with secure attachment, and relationships which support healthy development and readiness to learn

### **3.0 Aim, Rationale and Evidence<sup>1</sup> Base**

The aim of the Infant Mental Health Service is to promote awareness of the importance of infant mental health in Leeds, to advise and support with regard to the development of coherent strategies to meet the needs of infants and pre-school children and to directly support practitioners and parents to best meet the emotional needs of this population.

*'The essence of infant mental health lies within the parent-child relationship'*  
[Solchany & Barnard, 2001)

Babies are born pre-programmed to seek out and adapt to the relationship that they have with their parents. The child's first relationship with the primary care giver, acts as a template for all subsequent relationships. The quality and content of this primary relationship has a physical effect on the

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<sup>1</sup> The evidence of a case to invest in the service and the model of delivery is summarised within *An Infant Mental Health Service: The importance of the early years and evidence-based practice* (The Child Psychotherapy Trust, 2002)

neurobiological structure of the child's brain that will be enduring. The brain is at its most adaptable, or plastic, for the first two years after birth. Secure attachment is a protective factor conferring confidence and adaptability, although not a total guarantee of future mental health, and without this resource neither child nor adult will be free to make the most of life's possibilities.

Children with problems related to insecure attachment begin to soak up statutory resources from early on when 'externalising' behaviour (aggression, non-compliance, negative and immature behaviours, etc) demands a response. The most sensible and economic time to put in therapeutic resources is into promoting and supporting the primary relationship.

Evidence supports the principle that proactive, strength based programmes beginning either pre-natally or at birth, have the greatest and most sustained effect.

It has been noted that there has been an inverse relationship between investment into resources for mental health interventions and age (*Getting It Right for Children and Young People, Kennedy Review 2010*). Hence whilst infants and young children have the most potential to benefit from appropriate interventions, they receive the least resources. This anomaly has informed the conclusions of the Graham Allen's recent independent report which charges Government to establish an Early Intervention Foundation (*Early Intervention: The Next Steps 2011*).

The IMH service would play a central part in the local delivery of services that the Early Intervention Foundation is seeking to promote.

The IMH service can be seen as one key part of the specialist end of the continuum, which will support and promote good practice in universal and targeted service delivery through the provision of training and consultation (i.e., the Early Start Service) and undertake some direct (specialist) clinical delivery.

#### **4.0 The service will provide:**

The Infant Mental Health Service will ensure support is provided for all 0-2 year olds and their parent/ carers by both supporting universal and targeted services to develop their knowledge and skills (capability) in infant mental health and through holding a small specialist caseload (as per referral criteria and infant mental health pathway – see appendix 1).

The service will:

- § Provide a training programme to community midwives and the Early Start Service workforce on promoting infant mental health/ attachment, and on early identification of attachment problems and support
- § Provide consultation/supervision to Early Start Teams and joint visits as appropriate

- § Provide specialist clinical assessment and intervention; Psy

### **5.0 Target Population:**

In the first instance the target population is 0-2 year old infants and their parents/carers

### **6.0 Activity:**

For 2012/13 the team will consist of:

- § Consultant Clinical Psychologist 0.4wte; Specialist Health Visitor 1wte, Infant Mental Health Practitioners 1.6wte, Child & Adolescent Psychotherapist 0.2wte.
- § p

For 2012/13 the activity will be:

1. 30 training days will be delivered in the 6 months (20 working weeks). This equates to 1.5 training days per week. (3 days per week if training delivered by 2 trainers).

(It is anticipated that 12-15 training days will be delivered in the year 2013-2014.)

2. Leeds IMH service will offer approximately (52) team consultations in 2012/13
3. Leeds IMH team will offer individual case consultation to approximately (104) phone consultations in 2012/13 and approximately (52) one to one case consultations in 2012/13
4. Leeds IMHT will offer approximately 20% of resources to direct work with families. This will amount to approximately (208) sessions in 2012/13 Interventions will range from brief (1-2 contacts) to long term (20 plus contacts, to be reviewed every 6 contacts)
5. "Sessions" will include patient contact and time spent writing up reports and other substantial pieces of case work
- 6.

The resource will be used flexibly in response to need; for example in the first year it is anticipated that more training will be delivered to Early Start teams; consultation will be available to teams once they have received the initial training programme.

Activity levels will be re-profiled with commissioners for 2013/14

## **7.0 Pathways:**

The infant mental health service supports pathways from prevention, assessment, identification, intervention and on-going care/ discharge. The service offered at each stage will be tiered as

- Universal – training and consultancy to the Early Start service
- Targeted – joint working as appropriate with the Early Start service
- Specialist – direct clinical assessment and intervention

It may be that any individual may move from universal to specialist and back to universal. Initial contact with the team will be practitioner (Health Visitor) to practitioner, via a phone consultation and no direct work to families will take place unless a face-to-face professional consultation has taken place.

## **8.0 Eligibility criteria for targeted or specialist tiers:**

Pregnant women and infants (24 months and under) where there are serious concerns about the attachment relationship between infant and primary carer.

In essence the attachment relationship is the 'client' for the IMH service and will be the main focus of the therapeutic intervention(s). When individual work is undertaken with one or both parents it will be in order to address barriers or impediments to the healthy emotional development of the infant and of the attachment relationship. Thus issues such as domestic abuse, past history of abuse and neglect, low mood etc may be appropriate to refer to the IMH service in some cases and not in others. In practice teenage parents and their infants are likely to be considered as suitable for referral to the service, but not inevitably.

## **8.1 Referral pathway:**

Referrals are accepted from health visitors (Early Start Teams), midwives (including specialist midwives), family nurses from the FNP team, school nurses, and CAMHS practitioners.

All referrals are to be initiated by the referrer contacting the IMH service (the manager, specialist HV for IMH, or one of the IMH practitioners) for discussion (face to face or telephone) of potential referral and suitability of referral. The IMH service manager will have the final decision on acceptance or not of referrals. Where the referral is not deemed suitable support and advice will be provided to the referrer to assist in case-management.

If the referral is accepted as suitable, a formal referral will be made in writing on IMH referral form (paper or electronic version). Incomplete referrals will be returned to referrer for full completion.

## **9.0 IMH Intervention:**

The team may contribute to assessments of infant-parent relationships alongside other professionals where appropriate. The team do not have the

resources to undertake numerous stand alone parenting capacity assessments within a child protection plan.

Key interventions are one or a combination of:

#### Universal

- § Early attachment psycho/education training ('Understanding Your Baby,' etc) and consultation (see detail below)

#### Targeted/Specialist

- § Specialist assessment and formulation
- § Parent/carer video feedback
- § Parent infant psychotherapy (e.g., Watch, Wait, Wonder)
- § Psychometric assessment of parent or infant functioning/ development

### **9.1 Consultation/ supervision**

Consultation and supervision will be provided to Early Start teams and other groups of prioritised practitioners e.g., the Family Nurse Partnership teams. Regular meetings (4-6 weekly) will take place for case discussion and topic based discussion as appropriate. Each IMH practitioner will be aligned to specific teams and will meet regularly with each team/group. Evaluation of effectiveness will be monitored through the use of CHI, in addition to tools to capture helpfulness and increased knowledge and confidence.

### **9.2 Training Programme:**

The training programme delivered will consist of:

1. 'Supporting Parents to Understand their Baby: Applying Attachment Theory' (full day – accessed via the CAMHS Training Offer)
2. Introduction to Attachment Theory (half day– accessed via the CAMHS Training Offer)
3. 'Understanding Babies and Promotion Secure Attachment Relationships' (full day for Early Start Teams):
  - Early Brain development
  - Attachment Theory
  - Understanding Babies (Infant State/ Infant Behaviour/ Infant Cues)

### **10 Potential Evaluation Tools/ Measures:**

#### Training

1. Training evaluation feedback form (CAMHS standard form)

#### Consultation

2. Feedback from practitioners on consultation using tailor made measure

#### Clinical Intervention

3. Feedback from practitioners using CHI (CORC measure)
4. Quality of Interaction using NCAST (with or without video record)
5. Goals based outcomes
6. Session by session monitoring

7. Infant measure (e.g., Ages and Stages questionnaire)
8. Parental measure (e.g., parenting stress or mood/ anxiety measure)

#### **11 Service current resource**

For 2012/13 the team will consist of:

- § Consultant Clinical Psychologist 0.4wte; Specialist Health Visitor 1wte, Infant Mental Health Practitioners 1.6wte, Child & Adolescent Psychotherapist 0.2wte.

Grow service by 1wte HV (band 6) in 2013/14 and a further 1wte (band 6) in 2014/15 (part of planned investment into HV workforce)



## Report of the Head of Scrutiny and Member Development

### Report to Scrutiny Board (Children and Families)

Date: 11 October 2012

Subject: Leeds Safeguarding Childrens Board 2012

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## 1.0 Purpose of this report

1.1 Leeds Safeguarding Children Board (LSCB) is a statutory body established under the Children Act 2004 and 'Working Together to Safeguard Children (2010)'. It is independently chaired and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in the City.

Its statutory objectives are to:

- Co-ordinate local work to safeguard and promote the welfare of children
- To ensure the effectiveness of that work

1.2 Attached is the annual report of Leeds Safeguarding Children Board 2012 for consideration by the Scrutiny Board (Children and Families). It describes covering a year that has been characterised by the consolidation of significant changes and development in the governance, structure, membership, and operation of the Board that took place during the previous year. At the same time the national Safeguarding agenda, through a series of proposed reforms and developments, is driving significant change and this is reflected in the further changes that have been initiated during this year in how local child protection services are organised and provided.

## 2.0 Recommendations

2.1 The Scrutiny Board (Children and Families) is recommended to:

- Consider and note the information contained within the LCSB Annual Report report and make recommendations as deemed appropriate.

### **3.0 Background documents<sup>1</sup>**

None

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.



## LSCB ANNUAL REPORT 2011/12

20 July 2012

David Radford - Independent Advisor to the Board

### Highlights from this Report:

In October 2011 Ofsted published their report of the outcome of their announced re-inspection of Safeguarding in Leeds. The Report recognised significant improvements made across the City. Taken together with their unannounced inspection of contact, referral and assessment arrangements in January 2011 - when Ofsted noted 'remarkable and impressive improvements' - this report is a strong endorsement of the progress being made in Leeds.

Within the key statutory agencies services are being re-organised in line with strategic plans. During 2011/12 a new Directorate within Leeds City Council was created for services to children and young people. Teams that previously worked within Education Leeds, Early Years and the Integrated Youth Support Service, Children and Young People's Social Care, and the Director of Children's Services Unit, became an integrated service that is better placed to respond to the needs of children and young people growing up in Leeds.

The LSCB and Children's Services jointly commissioned an updated review of processes and decisions made in response to requests for service and referrals made to the 'front door' duty system for children and young people and their families by Professor David Thorpe. As a result restructuring the Children's Services duty system is viewed as a key task in contributing to the 'rebalancing' of the safeguarding system in Leeds and a new dedicated multi-agency Duty and Advice Team is being established in the Contact Centre from May 2012.

Changes taking place in 'Early Start' Health Service provision to families in Leeds are also aligned to the priorities of the Children and Young People's Plan. The development of an Early Start service bringing together Health Visitors and Children's Centre staff working together in localities and teams linked to the local 'Clusters' of other professionals is part of the further development of preventative early help.

In order to ensure that the significance of the pattern of usage of the Common Assessment Framework (CAF) was fully understood and that the CAF process was being effectively used as part of the 'rebalancing' of services towards increased use of prevention, the Children's Trust Board supported a

major review of the Common Assessment in Leeds and Mark Peel from Leicester University was commissioned to support this work. The work highlighted that in fact in 2010/11 the number of CAFs being instigated had compared well with other similar local authority areas.

In July 2011 the LSCB commissioned an independent assessment of the extent to which it was effectively carrying out the functions ascribed to it under statutory guidance. Overall, there was evidence at that time that almost all of the functions were being addressed to a satisfactory level or better and that clear plans were in place for further development where needed. This assessment was endorsed by an Ofsted inspection report published in October 2011

Overall good progress has been made against the objectives set for the year in an ambitious LSCB Business Plan.

The LSCB has inputted into the Children and Young People Plan (CYPP) 2011-15 and set challenges to the CTB for 2011/12 to further improve safeguarding arrangements and outcomes for children and young people. The LSCB Chair is co-sponsor of one of the 5 key CYPP outcomes: that children and young people are safe from harm.

The new LSCB Performance Management System (PMS), based on an Outcomes Based Accountability approach, was developed in 2010/11 for gradual implementation in 2011/12.

There is evidence of improvements in both the effectiveness and efficiency of child protection (CP) processes and in outcomes for Children and Young People at risk of or suffering significant harm:

- A new approach to child protection conferences has received overwhelming positive feedback from parents and professionals as a much more effective way of exploring risk, developing plans and engaging families.
- The number of Initial Child Protection Conferences held over the year has fallen steadily from a peak in July 2011.
- The number of Children and Young People subject to a Child Protection Plan has decreased from 1019 in April 2011 to 924 in March 2012. The further reduction in April 2012 to 893 suggests that this downward trend is continuing.

1.0 Introduction:

***The LSCB has a key role in achieving high standards in safeguarding and promoting welfare, not just through co-ordinating but by evaluation and continuous improvement. Working Together to Safeguard Children, 2010, page 93.***

- 1.1 Leeds Safeguarding Children Board (LSCB) is a statutory body established under the Children Act 2004 and 'Working Together to Safeguard Children (2010)'. It is independently chaired and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in the City.
- 1.2 Its statutory objectives are to:
  - Co-ordinate local work to safeguard and promote the welfare of children
  - To ensure the effectiveness of that work
- 1.3 The full Board currently meets bi-monthly and an Executive Group meets on the alternate months in order to maintain the momentum that the completion the Board's significant workload requires. The Board has a series of sub-groups, each with its own business plan, focused on key elements of the Board's work. The Board Manager is supported by a Business Unit which, complemented by recent additions to the establishment, is able to effectively support the varied elements of the Board's work. (See Appendix 1, Structure of the LSCB)
- 1.4 This report of the work of Leeds Safeguarding Children Board covers a year that has been characterised by the consolidation of significant changes and development in the governance, structure, membership, and operation of the Board that took place during the previous year. At the same time the national Safeguarding agenda, through a series of proposed reforms and developments, is driving significant change and this is reflected in the further changes that have been initiated during this year in how local child protection services are organised and provided.
- 1.5 The LSCB works closely with the Leeds Children's Trust Board (CTB). The CTB is specifically accountable for overseeing the development and delivery of the Children & Young people's Plan (CYPP).
- 1.6 This Report identifies challenges for both the LSCB and for the Children's Trust Board. The CTB must consider the report in preparing and refreshing the Children & Young People's Plan. The Munro Review, a review of the national Child Protection system, recommended that once published the Annual Report should also be submitted to the Chief Executive and Leader of the Council, the local Police and Crime Commissioner (when in place) and the Chair of the Health and Wellbeing Board. It is envisaged that the update of Working Together guidance, the publication of which is expected in the latter part of 2012, will support this recommendation. There is also a local agreement to submit it to the governance bodies of all partner organisations to support their governance of safeguarding practice in Leeds.
- 1.7 In order to achieve a level of consistency the format adopted for this report is similar to the one used last year. This is a structure that is recommended in current national guidance.

## 2.0 **LSCB Vision, Values and Principles**

2.1 Children, their welfare, protection and the promotion of their best interests are at the heart of everything the LSCB does. The existence and continued prominence of what the Board stands for and the commitment to how it carries out its work remains crucial.

2.2 The following was agreed through the LSCB members working together at Development sessions as part of the creation of the LSCB Strategic Plan 2011-15.

### 2.3 **Our Vision**

*Is for Leeds to be a child friendly city in which children and young people are safe from harm in their families, their communities and their neighbourhoods.*

### 2.4 **Our Values**

*We will promote these values in order to influence our behaviours jointly with the Children's Trust Board*

- Celebrating diversity
- Engaging citizens locally
- Being open and honest
- Working as a team for Leeds
- Spending money wisely

### 2.5 **Our principles**

*We are as a Board:*

- **Committed** to putting the child / young person at the centre of all that we do
- **Focused** on getting safeguarding right for children, young people and their families
- **Clear** about what we expect of safeguarding services
- **Informed** about how well protected children and young people are in Leeds
- **Open** about what we do and why
- **Co-operative and collaborative** with each other
- **Challenging** of each other and of the safeguarding services each partner provides
- **Effective** and providing value for money
- **Accountable** to the people of Leeds for how we invest our resources
- **Accessible** to and informed by children, young people and their families, the communities they live in, the staff in our organisations that serve them, and the priorities of the Children's Trust
- **Learning** from everything we do and changing as a result
- **Improving** practice and outcomes for children and young people

2.51 All our work is underpinned by an agreed set of approaches, shared with the Children's Trust Board, so that we all work together to deliver improved outcomes for children and young people –

- The child IS the client
- Talking a common language
- Using 'outcomes based accountability' to improve outcomes in each locality across Leeds
- Doing things WITH children and families, not TO or FOR them
- Doing the simple things better – never doing nothing
- Supporting strong schools, settings, families and communities
- Involving everyone who has a part to play – a whole city approach
- Improving assessment and intervention
- Targeting resources to make the biggest impact on our priorities

### 3.0 The Safeguarding Context

3.1 Leeds is the second largest city council in England. The population of the city has increased rapidly in recent years. The latest population estimate is 798,800 representing a 12% increase over the last 10 years, which is higher than the average regionally and nationally. The population of children and young people aged 0-19 is almost 180,000. Within this, the number of very young children (0-4 year olds) has increased faster with over 10,000 children born in Leeds in 2009/10. Leeds has a significantly higher proportion of 15–25 year olds compared to both the regional and national averages, with a total population of 289,000 0-25 year olds living in the city.

3.2 Leeds is a very diverse city, with over 130 nationalities included in a minority ethnic population of just less than 17.4%. The proportion of pupils in Leeds schools that are of minority ethnic heritage has increased by more than six percentage points since 2005 to 22.5% of pupils in 2011. A higher proportion of primary than secondary pupils are of minority ethnic heritage. Some 14% of pupils have English as an additional language and over 170 languages are recorded as spoken in Leeds schools. The largest minority ethnic groups in the city are the Indian and Pakistani communities but more recently there has also been a significant increase in economic migration, mainly from Eastern Europe.

3.3 The local authority area includes some rural communities, as well as densely populated inner city areas where people can face multiple challenges.

3.4 The Indices of Multiple Deprivation indicate that 19%, or over 150,000 people in Leeds, live in areas that are ranked amongst the most deprived 10% nationally. Around 30,000 children and young people, 23% of all those aged 0-16, live in poverty.

### 4.0 Effectiveness of Safeguarding Arrangements in Leeds.

4.01 This section of the Report draws together evidence from a range of sources to provide an overall picture of effectiveness. However, at the present time there is insufficient consistency in the methodology used to collect and interpret the data. This is a common picture around the Country. As a

result of recent national developments in how services are inspected there will, in the immediate future, need to be a significant move towards greater separation of the quantity of activity (how much are we doing?) the quality of the work (how well are we doing it?) and the outcomes for children and young people (what difference are we making?). This will rightly give an emphasis and greater focus on improving outcomes for children and young people – and on being able to evidence this. Both the CTB and the LSCB have during 2011/12 made significant moves in this direction with the adoption of the Outcomes Based Accountability (OBA) Quality Assurance Framework.

4.02

The Leeds Children's Trust Board is responsible, through the implementation of the CYPP, for the strategic development of effective Safeguarding services in the City. The Leeds Children and Young People's Plan 2011-15, which was agreed by the Children's Trust Board in April 2011, has been refreshed following a review of the first year of implementation. The CTB has agreed the following four guiding principles to inform all work with children, young people and their families. These are predicated on a 'restorative approach' built on the basic premise that people are happier, more co-operative, productive and more likely to make positive changes when those in positions of authority do things *with* them rather than for them. This represents a commitment to a fundamental renegotiation of the relationship between Children's Trust and Local Government Partners and local citizens.

- 1) The default behavior of Children's Trust and Local Government Partners in all dealings with local citizens / partners / organisations should be a restorative one, combining high support with high challenge.
- 2) Children's Trust and Local Government Partners should ensure that families, whose children might otherwise be removed from their homes, are supported to meet and develop a safe alternative plan before such action is taken.
- 3) For all other families where a plan or decision needs to be made to help safeguard and promote the welfare of a child, or children, the family should be supported to help decide what needs to happen. Conditions must be created to enable families to safely help themselves.
- 4) Children's Trust and Local Government Partners must see all local schools as community assets and have a clear role in holding those institutions to account for the contribution they make to the wellbeing of the local population, regardless of the governance arrangements in place.

The use of the CAF and Family Group Conferences are seen as key approaches in underpinning these guiding principles.

4.03

Safeguarding children in Leeds is a significant component of the plan: *'that children and young people are safe from harm'* is one of 5 outcomes sought; and of 11 priorities *'help children to live in safe and supportive families'* is one of 3 that is seen as a key starting point. Of 16 key indicators of progress *'the number of looked after children'* is one of 3 "obsessions" that are seen as key to the successful implementation of the plan.

4.04

Leeds Safeguarding Children Board has an important but distinctive role with the Children's Trust Board in keeping children safe. Whilst the CTB is specifically accountable for overseeing the development and delivery of the Children & Young People's Plan. The LSCB is responsible in turn for challenging the CTB on their success in keeping children and young people safe. The two Boards have established an ongoing and direct relationship, with regular communications, seeking to ensure there is no duplication of activity and no unhelpful gaps in strategic or operational policies, protocols, services or practice. The LSCB has a separate identity and independent voice from the Children's Trust; it is not subordinate to or subsumed within the CTB.



- 4.05 The membership of each Board includes the Chair of the other Board to support close communication and a good working relationship. Agendas for each meeting routinely provide an opportunity for updates on key matters discussed at the other Board meeting.
- 4.06 The Chairs of the two Boards meet periodically to discuss the issues arising from meetings and to support close working between the two Boards. The Director of Children's Services facilitates these meetings. The LSCB Strategic Plan and Business Plan were presented to the CTB in June 2011. The LSCB Annual Report 2010/11 was accepted by the CTB in July 2011. LSCB Policy and Procedures and Learning and Development sub groups are contributing to the CTB workforce reform sub work on developing common values, attitudes and behaviours to underpin improved multi-agency working.
- 4.07 The LSCB has inputted into the Children and Young People Plan 2011-15 and set challenges to the CTB for 2011/12 to improve safeguarding arrangements and outcomes for children and young people. The LSCB Chair is co-sponsor of one of the 5 key CYP outcomes: that children and young people are safe from harm.
- 4.08 Within the key statutory agencies services are being re-organised in line with strategic plans. During 2011/12 a new Directorate within Leeds City Council was created for services to children and young people. This brought together teams and services that previously worked within: Education Leeds; Early Years and the Integrated Youth Support Service; Children and Young People's Social Care; and the Director of Children's Services Unit, to create a new integrated services that is better placed to respond to the needs of children and young people growing up in Leeds.
- 4.09 A significant restructure has taken place within the directorate relating to:
- social work services delivered to children in need
  - children subject to child protection plans
  - children subject to care proceedings and children looked after by Leeds City Council.
- 4.010 These services will be delivered under the title of Children's Social Work Services (CSWS). Under the new structure children's social work teams are locally based in the same localities as other Council Services, using the cluster model already in place for groups of schools so they can work more closely with schools, health visiting teams and other professionals
- 4.011 The new teams include:
- Looked after children teams - all three areas of the city have dedicated provision for two different age groups, age 12 and under and 13 plus. These teams focus on the specific needs of looked after children implementing plans to ensure that more children experience permanence through adoption, special guardianship, return to their family or independence.
  - Social work teams - social work teams work with children who have high levels of need, children subject to child protection plans and those children subject to care proceedings. Locality-based social work teams now work very closely with local targeted and universal services to help reduce the number of schools, health visiting teams and other professionals that social workers and their managers work with. The aim is to ensure more in-depth professional liaison and sharing of information, for the benefit of children and young people.

- 4.012 There are a number of strands to this strategy:
- Improving prevention and early identification services to vulnerable and potentially vulnerable children to reduce family breakdown, in particular the redesign of the Common Assessment for Leeds and developing multi-agency 'front door' arrangements (referrals to and assessments by CSWS);
  - Increasing evidence based services that prevent family breakdown and support children to remain within their family underpinned by Restorative Practice, Family Group Conferencing and Multi Systemic Therapy;
  - Strengthening care planning for looked after children through the creation of specialist looked after children's teams.
- 4.013 The LSCB and Children's Services jointly commissioned an updated review of processes and decisions made in response to requests for service and referrals made to the 'front door' duty system for children and young people and their families by Professor David Thorpe. Professor Thorpe's research identified a significant increase in investigative and assessment work undertaken by, the then, Children and Young People's Social Care in response to 'requests for service' and referrals from across the partnership. However, this increase in workload was not matched by a proportionate increase in the level of support services provided to children and young people and their families. Moreover, the research identified a number of procedural and professional issues in the operation of the Council's Contact Centre and Children's Services Duty Room.
- 4.014 As a result restructuring the Children's Services duty system is viewed as a key task in contributing to the 'rebalancing' of the safeguarding system in Leeds and a new dedicated multi-agency Duty and Advice Team is being established in the Contact Centre from May 2012. The team will include education, police and health staff.
- 4.015 Changes taking place in 'Early Start' Health Service provision to families in Leeds are also aligned to the priorities of the CYPP. The development of an Early Start service bringing together Health Visitors and Children's Centre staff working together in localities and teams linked to the local 'Clusters' of other professionals is part of the further development of preventative early intervention.
- 4.1 **External Inspection**
- 4.11 In October 2011 Ofsted published their report of the outcome of their announced re-inspection of Safeguarding in Leeds. The Report recognised significant improvements made across the city. Overall, five of the nine categories that Ofsted assessed were rated as 'good' and four were rated as 'adequate' - there were no categories rated as inadequate. The key judgments of 'overall effectiveness' of Safeguarding in the City were rated as 'adequate' and the 'capacity to improve' was rated as 'good'.
- 4.12 Taken together with their unannounced inspection of contact, referral and assessment arrangements in January 2011 - when Ofsted noted 'remarkable and impressive improvements' - this latest inspection report is another strong endorsement of the progress being made in Leeds.
- 4.13 The report endorsed the view that developments in Safeguarding are making a significant difference to the well being and safety of children in Leeds. The inspection found that 'arrangements to ensure children are safeguarded are now secure'. It highlighted 'significant progress in improving

- outcomes'. The inspectors did not identify any children left at potential risk of harm, and none of the cases reviewed were deemed to be inadequate.
- 4.14 Amongst the other areas that the inspectors highlighted were:
- The development of more child centred approaches, for example through the way that children are increasingly involved in child protection conferences so that their wishes and views are fully taken into account.
  - Improvements in the way partnership between different services to safeguard children works, especially in terms of shared responsibility, vision and priorities, and the overall understanding that in Leeds, 'safeguarding is everyone's business'.
  - That the Leeds Safeguarding Children Board is much improved.
- 4.15 The Report noted areas in which further development needs to take place:
- The need to improve the electronic social care record system (ESCR) – used by the Children's Social Work Service.
  - Continuing to improve the timescales for initial children protection conferences.
  - Improving the quality of assessments to help achieve a consistent standard across the service.
  - Information sharing between partner agencies in relation to domestic violence.
- 4.16 As a result of the significant amount of progress made and the finding of this inspection that supported this view, the Government removed the Improvement Notice that had been placed on the City Council in 2009 in relation to its Safeguarding Services.
- 4.17 In order to maintain progress the CTB have agreed to continue with the model of external challenge provided by the Improvement Board that was established following the Inspection of 2009 and has agreed to set up a Bi-Annual Challenge Board of external experts. The Chair of the LSCB will sit on that Board.
- 4.2 **Performance Management and Quality Assurance of Safeguarding Services**
- 4.21 As described above, in order to progress the first desired Outcome of the CYPP; that 'Children and Young People are Safe from Harm', there are two key priorities against which progress is captured, tracked and regularly reported to the CTB. For the key priority, 'help children to live in safe and supportive families' the measure is the number of children who are Looked After by the Local Authority. For the second priority 'ensure that the most vulnerable are protected' the measure is 'the number of children subject to a child protection plan.
- 4.22 The new LSCB Performance Management System (PMS), based on an Outcomes Based Accountability approach, was developed in 2010/11 for gradual implementation in 2011/12. Key to judging safeguarding performance in Leeds is comparison with data from other Local Authority areas. The LSCB uses as comparators average data from 'Core Cities' (CC) and 'Statistical Neighbours.'(SN). It is noteworthy that the CTB, as part of its commitment to supporting Leeds becoming a 'Child Friendly City' has chosen a higher standard; that of comparing Leeds' performance against the average in other Local Authority areas, aiming to perform in the top 50%.

- 4.23 Key data relating to these two priorities was presented in detail to the LSCB through the Annual Performance Report. In the current climate of improvement and with the need to address some key pressure points within the safeguarding system, a small number of further scorecards have been maintained to report on key operational processes. These concentrate on three areas:
1. Entry to the Child Protection system (Numbers of referrals and CPPs, CAFs, Number of S47s, speed of assessment and conferences)
  2. Participation and engagement (Numbers of children/parents participating in conferences and reviews)
  3. Referrals and request for service to the Children's Social Work Service
- 4.24 It is planned that these measures will only be required for a transitional period. Once reporting against strategic priorities and vulnerable groups are well established there should be no requirement for additional process measures.
- 4.25 Analysis of the measures for priority areas in the CYPP that contribute to an understanding of the current effectiveness of safeguarding is as follows:
- 4.26 Children and Young People with a Child Protection Plan (CPP):
- The number of Initial Child Protection Conferences (ICPCs) initiated over the year has fallen steadily from a peak in July and 1241 children ended a CPP which is a 14.7% increase from 2010/11 when 1082 children ended a CPP.
  - The number of C&YP subject to a CPP has decreased from 1019 (67.1/10,000) in April 2011 to 924 (58.0/10,000) by year end in March 2012 which is a decrease of 95 (9.3%). This is also less than the 2010/11 out turn number of 984 (64.8/10,000) C&YP subject to a CPP, marking a decrease of 60 or 6.0% over the year. Comparison with CCs (58.5 / 10,000) and SNs (39.0 / 10,000) suggests that this downward trend is appropriate.
  - Provisional data for the number of CP Plans in April 2012 suggests that this downward trend is continuing (893, 56.0/10,000).
  - These performance trends are a vindication of the introduction in August 2011 of the 'Strengthening Families' approach to CP Conferences and a more rigorous process for reviewing CP Plans.
  - The previous steady increase in CP Plan numbers through 2009/10 and the beginning of 2011/12 can be viewed as the result of an adjustment and more consistent application of thresholds for statutory intervention in response to the finding of the Ofsted unannounced inspection in 2009.
- 4.27 A breakdown of the reasons children were on CPP between June 2011 and March 2012 shows that on average 67.9% were due to multiple reasons, 2.8% sexual abuse, 11.6% neglect, 1.6% emotional abuse and 5.8% physical abuse. The prevalence of 'multiple categorisation' has a limiting impact on the analysis of why C&YP become subject to CP plans. Single, primary categorisation will be introduced for 2012/13.
- 4.28 The number of C&YP subject to CP plans from black minority ethnic (BME) backgrounds fluctuated throughout the year from 16 – 20% -, averaging

- 19%. This remains broadly in line with the proportion of the BME population on the rolls of Leeds schools (21.4%) and BME representation in the all age population (16%).
- 4.29 There is evidence of improvements in both the effectiveness and efficiency of CP processes and in outcomes for C&YP at risk of or suffering significant harm from:
- The continuing increase in the timeliness of ICPCs completed from 31.9% in 2010/11 to 54.0 in 2011/12; however this figure is still below the statistical neighbour (SN) comparator at 70%.
  - The reduction in the overall CPP rate by 6.8/10,000 over the year from 64.8/10,000 in (year end) 2010/11 to 58.0/10,000 in (year end) 2011/12. This is in line with the Core Cities (CC) comparator 2010/11 figure of 58.5/10,000 and significantly higher than SN 2010/11 figure of 39.0/10,000.
- 4.210 The introduction in August 2011 of the 'Strengthening Families' model for child protection conferences focuses on risk analysis, shared responsibility for the child protection planning process and timely improvements for children. Better engagement with C&YP and their families through a 'restorative approach' and improved multi-agency planning will ensure that intervention is more effective and where plans are not working this is identified and corrected at an early point. The new approach to child protection conferences has received overwhelming positive feedback from parents and professionals as a much more effective way of exploring risk, developing plans and engaging families.
- 4.211 In 2012/13 the LSCB Audit programme will provide more qualitative information about the effectiveness of Child Protection Plans through two strands:
- (S1) To quality assure and audit the impact and outcomes for C&YP subject to CP Plans
  - (S2) To audit compliance with timescales for calling CP Conferences, reviews and core groups and identifying reasons for delays.
- 4.212 Children and Young People who are Looked After (LAC):  
Over 2011/12 there has been a small increase in the number of LAC (by 1.8% to 1474 on the 31 March). The rate of looked after children, 96.9/10,000, is above that of statistical neighbours of 74/10,000 but it is in line with the figure for Core Cities 95/10,000, which have similar demographics to Leeds. It should also be noted that these comparator figures are for 2010/11. However regional data indicates that the rate of increase across the region for 2011/12 was 4.4%. Had Leeds had a similar rate of increase there would have been 1550 looked after children. Indications from the first 2 months 2012/13, although outside of the timescale for this report, are that the number of looked after children has since reduced to that in April 2011.
- 4.213 The increase in the number of LAC occurred between January – March 2012 during a major restructure of the CSWS. During this period 103 children became looked after. Of these 47 children were aged under one and 70 were 5 or under. This may indicate a shift in the make up of the looked after children population in Leeds and highlights the importance of early intervention initiatives for families with young children, such as Early Start and the Family Nurse Partnership.
- 4.214 Children and young people from a mixed heritage background are over-represented in care making up 12% of the cohort, whereas those from an Asian background are under-represented comprising 4% of the cohort. Those from a Black background also make up 4% of the Looked after children population.

- 4.215 Leeds has maintained a high level of allocation of social workers to LAC (99 – 100%) over the year. Almost 14% of looked after children are being supported to remain within their extended families through placement with a family network carer. This is consistent with the principles of the Children Act 1989 and research findings that demonstrate that children that are appropriately supported within their family achieve better outcomes. 9% are 'placed with parents' and work is on going with CAF/CASS to promote, where appropriate, the revocation of care orders.
- 4.216 2011/12 has seen a 31% increase in the use of independent fostering agency (IFA) placements from 206 to 270 and of external residential placements from 76 to 89; a 17% increase. Indications are that this is consistent with an increase in the use of agency foster care across the region. The budgetary implications of this trend will be a matter of interest to the LSCB as it seeks to monitor the 'value for money' of safeguarding services from 2012/13.
- 4.217 There has been a downward trend in the percentage of LAC reviews within statutory timescales, 95.1% of reviews in April 2011 were within timescales, reducing to 81.1% in March 2012 although this is still higher than the 2010/11 result of 75.7%. The percentage of LAC who participate in their reviews has decreased over a rolling 12 month period from 92.0% in April to 81.0% in March which is lower than 2010/11 result of 82.2%.
- 4.218 The introduction within the CYPP of an 'obsession' focussed on reducing the number of C&YP who need to be accommodated by the Local Authority has underpinned the analysis of the effectiveness of the safeguarding system in Leeds and laid the groundwork for its 'rebalancing' to increase preventative services and reduce the need for statutory intervention.
- 4.219 There is evidence that 'turning the curve' has started with much work being undertaken to maintain the relative stability of overall LAC numbers during 2011/12. The indication of a trend of increasing numbers of LAC Jan – Mar 2012 will be monitored in 2012/13. Provisional figures for April 2012 of 1463 LAC would suggest that this is being stabilised.
- 4.220 The performance of key LAC processes remains a concern. LAC reviews and Health Assessments will have a significant impact on outcomes for looked after children and may be identified as a particular challenge for 2012/13 given the capacity pressures of servicing such a high level of looked after children and in the context of an appropriate focus on reducing the number of children and young people who need to be looked after. Implementation of LSCB Audit strand 3 (to quality assure and audit the impact and outcomes of child care plans for looked after children, including the quality of C&YP's participation in their statutory reviews) will provide a fuller picture of progress in these areas in the coming period.
- 4.221 Children Missing and Child Sexual Exploitation:
- 4.222 This is the third category of vulnerable children and young people that the LSCB is currently focusing attention on. Data has been collated on this combined grouping of vulnerable C&YP since September 2011 and reflects an increasing focus on this vulnerable group across the partnership.
- 4.223 Between 14/09/2011 and May 2012 there have been 643 recorded incidents of children and young people under 18 going missing, from these 285 went missing from residential units, 53 from foster care, 315 missing from home (in care of parents) and 2 were missing from other residences.
- 4.224 Return interviews for children and young people missing from both home and care are a crucial element of exploring the reasons they ran away and in responding appropriately through CAFs, referrals to CSWS, or linking into care planning as appropriate. Every child and young person who is

- reported missing to the police has a return home interview by the police and those details are forwarded to the CS Independent Safeguarding Unit (ISU). If a case is open and has an allocated social worker then they are responsible for undertaking the return home interview. Information sharing following return interviews will be monitored in 2012/13.
- 4.225 The collection of information has enabled greater transparency of the frequency with which children in residential units have or are going missing and for how long. This monitoring allows the Integrated Safeguarding Unit to ensure that strategy meetings are arranged if a young person meets the criteria of four times in a month or six times in a two month period. A number of these meetings have already taken place and pro active plans put in the system both with social care and the safeguarding police.
- 4.226 Links have been set up between the city centre youth teams who assist in monitoring those at high risk and they have also been involved in undertaking return home interviews. This ensures that links are made within the community area that the child or young person lives and follow up work can be done with that child or young person.
- 4.227 At the end of March 2012 West Yorkshire Police had flagged 98 C&YP as being potentially at risk from sexual exploitation. The Children's Services Integrated Safeguarding Unit identified 31 C&YP believed to be at risk and 21 believed to have been exploited. Concerns about 4 C&YP previously identified as at risk were no longer held. Work is being undertaken at the beginning of 2012/13 to share relevant data about child sexual exploitation between West Yorkshire Police, Children's Services Integrated Safeguarding Unit, Genesis and Blast.
- 4.228 The data collected in Q3 & Q4 of 2011/12 represents the establishment of a baseline against which progress to address the issues posed by these vulnerable groups of C&YP can be gauged in 2012/13.
- 4.229 Operational Performance: Referrals and requests for service:
- 4.230 A total of 13,754 referrals were made to CSWS in 2011/12 compared to 13,643 in 2010/11 an increase of 111 (0.8%). The first three quarters of 2011/12 saw a decrease in the number of referrals from 3691 in Q1 to 3229 in quarter 3. Quarter 4 saw a slight increase in referrals to 3359 although this was still a 9.8% decrease from Q1.
- 4.231 Referrals made between December 2011 and March 2012 show that on average 33% of referrals came from Police, 17% health, 17% education and 33% other referral sources. Over that time period some of the referrals made have resulted in no further action (5.0% December, 2.6% January, 6.1% February and 7.7% in March)
- 4.232 Given the concerns in 2010/11 about the steadily rising number of referrals being accepted by Social Care it is reassuring that this trend was stabilised in 2011/12. The impact of the implementation of the new Duty and Advice 'front door' team will be monitored in 2012/13.
- 4.233 During 2011/12 there have been 864 CAFs instigated compared with 1098 in 2010/11. The fact that the number of CAFs initiated in 2011/12 was lower than in 2010/11 is, on the face of it, a cause for concern. Increasing the use of CAFs was included in the challenges to the CTB in the LSCB Annual Report July 2011. However, between August 2011 and March 2012 there were 621 CAFs instigated, which is an encouraging indicator that the trend is now showing the sought after increase in CAF usage.

- 4.234 In order to ensure that the significance of the pattern of usage of the CAF was fully understood and that the CAF process was being effectively used as part of the 'rebalancing' of services towards increased use of prevention, the Children's Trust Board supported a major review of the Common Assessment in Leeds and Mark Peel from Leicester University was commissioned to support this work.
- 4.235 The work highlighted that in fact in 2010/11 the number of CAFs being instigated had compared well with other similar local authority areas. What appeared to be continuing poor performance in the first part of the year reflected some local uncertainty about the future of the Common Assessment Framework following the decision nationally not to proceed with the e CAF and concerns across the partnership about the over complicated and time consuming nature of the existing process.
- 4.236 The common assessment record used in Leeds has been considerably simplified in response to feedback and the process has been revised. The CAF process is being re-launched in Leeds in the Summer of 2012 and will be integrated into the replacement for the current LCC ESCR system (due in 2013/14). This is designed to embed the centrality of CAF processes in the safeguarding system in Leeds and help to ensure that C&YP receive 'the right help at the right time.'
- 4.237 The number of Initial Child Protection Conferences held in 2011/12 was 1191 which is a reduction of 492 (29%) from 2010/11 when 1683 ICPCs were held. ICPCs held each quarter have reduced from 356 in Quarter 1 to 238 in quarter 4 (327 in Quarter 2 and 270 in quarter 4). This reduction would suggest that the 'curve is being turned' in the identification of whether C&YP are likely to be suffering or at risk of suffering significant harm.
- 4.3 **'Section 11 Duty to Safeguard' Compliance**
- 4.31 The Children Act 2004 is the legislative framework for safeguarding and promoting the welfare of children and s.11 places a duty on a range of organisations to make arrangements for ensuring that their functions, and services provided on their behalf, are discharged having regard to the need to safeguard and promote the welfare of children. Services they contract out to others should be provided having regard to that need and the application of this duty will vary according to the nature of each agency and its functions.
- 4.32 Following the completion and analysis of the 2010/11 s.11 Self Assessment Tool (SAT), distributed to partner agencies by the LSCB, a sample audit of recruitment, selection and supervision of staff was undertaken with four partner agencies. As a result recommendations were made as follows to improve practice in a number of areas and agencies asked to submit action plans. Examples of areas for improvement identified were:
- Ensure that websites are regularly reviewed from a user's perspective and that their commitment to safeguarding is more transparent.
  - Ensure that safeguarding responsibilities are explicit on all job descriptions and/or contracts within a service working with children and young people.
  - Consider frequency of training for recruitment panel members and how the panel's performance can be reviewed as part of the recruitment culture rather than if there are identified problems.
  - Review their new employee induction process in terms of the quality of the mentoring and ensure that it meets new employee's needs.
- 4.33 For 2011/12 the LSCB used the West Yorkshire Safeguarding Children Consortium s.11 self- assessment tool. This has had an impact on the extent to which comparisons can be made between 2010 and 2011 data due to differences in the wording of the documents. In addition the scoring system adopts a different format so it has only been possible to make general rather than specific comparisons.



- 4.34 Twenty partner agencies were asked to submit their s.11 documents. Nineteen were returned on time.
- 4.35 The results of self-assessment were reported to the LSCB. Overall the picture emerging through this self-assessment process was very positive. No safeguarding concerns were identified in key areas of practice and the following strengths were identified:
- 'Senior management commitment to the importance of safeguarding and promoting children's welfare':
  - 'There is a clear statement of the agencies responsibilities towards children available to all staff':
  - 'A clear line of accountability exists within the organisation for work on safeguarding and promoting the welfare of children':
  - 'Service development takes account of the need to safeguard and promote the welfare of children and is informed where appropriate, by the views of children and families':
  - 'Staff training and development is available on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families':
- 4.36 Where issues were identified these have been discussed with the agencies involved with a view to implementing changes and improving practice.
- 4.37 Areas for improvement were identified in the following areas:
- Potential safeguarding concerns were identified within Education as a result of a discrepancy between guidance issued to schools ('Safeguarding Children and Safer Recruitment in Education Jan 2007) and s(11) of the Children Act 2004 with respect to CRB checks being undertaken on staff. This is being considered by the Children's Services Leadership Team in order to harmonise expectations across children's services.
  - Following the audit, clarification was sought and received from a small number of partners about the identity of their senior officer who is responsible for ensuring that allegations received against staff are passed to the Local Authority Designated Officer (LADO)
- 4.38 Overall it is felt that the S11 audit process is very helpful to individual agencies, but also the sharing of the outcomes across the partnership makes an important contribution to partnership working.
- 4.4 **Serious Case Reviews and Learning Lessons Reviews**
- 4.41 The LSCB is responsible for initiating a Serious Case Review (SCR) in circumstances where there has been a death of a child and abuse or neglect is suspected, or where there has been a serious injury and there are concerns about interagency working. The purpose of such a review is to:
- Establish whether there are any lessons to be learnt from the case and from the way in which local professionals and organisations worked together to safeguard and promote the welfare of children.
  - Identify clearly what those lessons are, how they will be acted on, what is expected to change as a result and within what timescale *and*
  - as a consequence, improve inter-agency working to better safeguard and promote the welfare of children

- 4.42 Three SCR were completed during the year. There were recurring issues regarding training, communication, multi agency working and LAC policies in all three SCRs. In two of the cases there were specific issues related to LAC reviews, training and practice and SCR guidance. The identification of these lessons will inform the refreshing of the Business Plan for 2012/13. The Board is incorporating the auditing of the action plans from these SCRs into the newly established audit programme.
- 4.43 Of the three completed SCRs, Ofsted judged one to be 'adequate', one to be 'satisfactory' (following remedial work) and one received positive feedback (following a change in the way Ofsted undertakes evaluations of SCRs)
- 4.5 **Managing Allegations Against Professionals**
- 4.51 Dealing with allegations made against professionals is the role of an employing agency. However, the Local Authority is required to provide a coordinating role through the provision of a Local Authority Designated Officer, or 'LADO'. Individual agencies are required to notify the LADO of any allegations made.
- 4.52 The role of the LADO is to provide advice and guidance to employers and voluntary organisations, to liaise with the police and other agencies and to monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.
- 4.53 An annual report has been provided to the LSCB on activity by the LADO during 2011/12. This report provides statistical information for the period, development work this year and plans for future development for the year 2012-2013.
- 4.54 There has been agreement for funding for a second LADO post within the structure of the Children's Services Integrated Safeguarding Unit, but at the time of writing the recruitment process has still to be completed. In the structure, those LADO posts will also have line management responsibility for some existing and new posts within the ISU.
- 4.55 The existence of the post of LADO has continued to improve the timeliness of responses to referrals, but comes under some strain when the LADO is on leave. That should improve when the recruitment process for the additional post is complete and has been greatly assisted by the provision of administrative support.
- 4.56 Since 2006-2007 the number of referrals to the LADO service has been growing with a significant increase, particularly in the last two years:
- 2006-2007 - 63  
2007-2008 - 80  
2008-2009 - 119  
2009-2010 - 126  
2010-2011 249  
2011-2012 405

- 4.57 304 of the referrals were about specific children possibly being harmed by professionals, of which just under a third (94) were Looked After Children. Not all of them are Leeds children; several are placed by other Local Authorities in Independent Fostering Agency (IFA) or Private Residential units within the city area.
- 4.58 Only about a third of referrals led to the convening of an inter agency allegations management strategy meeting, which is similar to the proportion in the previous year. Again, the vast majority of all referrals involved employers taking action using their own codes of conduct for employees, following consultation with the LADO. Criteria for convening a strategy meeting are when there is a judgment either that a child may be at risk of significant harm or the behaviour of a professional may pose a risk of significant harm to children.
- 4.59 46 referrals to the LADO in the year led to Police investigations. These figures are low but similar to previous years and reflect the evidential difficulties in allegations made by children that are denied by those who may be responsible without corroborating information.
- 4.510 There has been a significant (over threefold) increase in referrals from Wetherby YO1. This is in part related to good practice and liaison developed between the YO1 safeguarding committees and the LADO. The LADO is now contacted routinely by the Safeguarding Team at Wetherby whenever a trainee makes an allegation of ill treatment, whenever an officer uses restraint that is unwarranted and when a trainee sustains an injury in restraint. There is a similar positive relationship with Eastmoor Secure Children's Centre.
- 4.511 The number of referrals from the police and from health remains low. Of the 11 referrals, none were about a health care professional harming a child whilst at work, but were about the implications for their work given safeguarding concerns in their family life (own children subject to child protection plans and domestic violence being examples). This feature of the health referrals is also seen in the 101 referrals to the LADO which were not about specific children. Working Together (2010) is very clear that there should always be consideration of a person's suitability to work with children if there are safeguarding concerns outside of that person's workplace or contact with children.
- 4.512 An important part of the LADO role, which will be extended further with the introduction of the second post, is development work. The LADO is currently engaged in discussions with the LSCB on work around safer recruitment of staff, selection of carers and maintaining a culture of vigilance. Briefings for agencies on the LADO role and the management of allegations against staff are provided to many agencies including: Social Care Management, Child Protection Conference Chairs, Independent Reviewing Officers, Fostering Officers, the Early Years Partnership Service and a monthly programme of meetings with foster care support groups.
- 4.513 The LADO activity is part of the overall commitment to making Leeds a safer city for children, and future work will focus on how best to enable the child's voice to be heard in the work of the LADO, particularly around how children are supported and communicated with when they make referrals.
- 4.6 **Single and Multi-agency Auditing Activity.**
- 4.61 A LSCB multi-agency audit programme has been initiated during 2011/12 designed to check the embedding of changes resulting from lessons identified in SCRs and LLLRs. Six strands were agreed as subjects for quality assurance audits which will provide the LSCB Partnership with evidence of the effectiveness of aspects of safeguarding and the promotion of children and young people's welfare in Leeds:

- (S1) To quality assure and audit the impact and outcomes for children and young people subject to child protection plans.
  - (S2) To audit compliance with timescales for calling child protection conferences, reviews and core groups and identifying any reasons for delay.
  - (S3) To quality assure and audit the impact and outcomes of Child Care Plans for Looked After Children, including the quality of participation in LAC Reviews.
  - (S4) To audit the effectiveness of the practice against policy on safeguarding outcomes for the children of teenage parents who have been referred to the Leeds Teenage and Pregnancy Pathway.
  - (S5) To audit (a) the effectiveness of revised care and control policies in Special Inclusion Learning Centres (SILCs) and (b) when brought to the local authority's attention, the outcomes for children where independent advocates are provided when complaints are made by parents and children.
  - (S6) To audit the extent to which the views of children and families inform agencies' service development regarding the safeguarding and promotion of children and young people's welfare.
- 4.62 Strand (1): to quality assure and audit the impact and outcomes for children and young people subject to child protection plans has been set up and initiated and will be ongoing through 2012/13. Emerging issues will be reported in September 2012.
- 4.63 Developmental work has been completed for strands (4) & (5) and the audits will commence in the first 6 months of 2012/13.
- 4.64 Audit tools have been developed for strands (2) & (3). These audits will commence in 2012/13.
- 4.65 Progressing strand (6): to audit the extent to which the views of children and families inform agencies' service development regarding the safeguarding and promotion of children and young people's welfare. is awaiting the development of the LSCB C&YP's Voice and Engagement Strategy.

4.7 Evidence from Safeguarding in Schools

4.7.1 Ofsted's inspections of schools include a specific focus on how the school addresses safeguarding issues, proactively and, when necessary, in a responsive way.

4.7.2 The following information demonstrates a very positive picture amongst those schools in the City that received an inspection during the year.

	Inspections under new Ofsted Framework	Inspections under old Ofsted Framework	Total number of Inspections
Primary	18	33	51
Secondary	3	4	7
PRU	1	1	2
Total	22	38	60

**Safeguarding/Behaviour Judgements - Primary Schools**

	Number	Percent
Outstanding	5	10%
Good	35	69%
Satisfactory	11	22%
Unsatisfactory	0	0%

**Safeguarding/Behaviour Judgements - Secondary Schools**

	Number	Percent
Outstanding	1	14%
Good	3	43%
Satisfactory	3	43%
Unsatisfactory	0	0%

**Safeguarding/Behaviour Judgements - PRUs**

	Number	Percent
Outstanding	0	0%
Good	2	100%
Satisfactory	0	0%
Unsatisfactory	0	0%

(The above figures use "The Effectiveness of Safeguarding Procedures" judgement from inspections under the old framework, and the "Behaviour and Safety" judgement from inspections under the new framework.)

4.8 **Learning from Complaints**

4.81 Complaints received about services for C&YP can also contribute to our understanding of the effectiveness of safeguarding arrangements and activity in Leeds. There is a well established complaints and representations process as part of the Council's services for children and young people.

4.82 The following information about complaints is drawn from all complaints dealt with by Children's Services. This service is in the process of developing relevant performance information.

4.83 Number of complaints during year 2011/2012 – 13

4.84 **Who made the complaint**

<b>How Involved</b>	<b>Number</b>
Adoptive Parent	1
Other Agency / Professional	3
Parent	6
Relative	1
Solicitor	2
<b>Total</b>	<b>13</b>

4.85 Number of children/young people requiring and provided with advocacy support - 0

4.86 **Type of complaint**

<b>Type of Complaint</b>	<b>Number</b>
Challenge Assessment Outcome	2
Staff Attitude / Conduct	2
Breach of Confidentiality	1
Alleged Child Abuse	1
Neglect	1
Process	3
Quality of Service	3
<b>Total</b>	<b>13</b>

4.87 **Outcome of complaint**

<b>Outcome</b>	<b>Number</b>
Locally Resolved	1
<b>Stage 1</b>	
Inconclusive	2
Not Upheld	5
Ongoing	1
Partially Upheld	4

- 4.88 Number of complaints progressed to stage two – 1  
The complaint is against the area office and the child protection team
- 4.89 Number of complaints progressed to stage three – 1  
The complaint is about the way the safeguarding concerns were dealt with.
- 4.810 Number of complaints progressed to the ombudsman - 0
- 4.811 Customer satisfaction surveys are conducted with parents and carers whose children receive a social work service. Responses are analysed and presented to the management team along with outcomes from formal complaints in order to identify strengths in practice as well as any shortfalls. Following three separate complaints and findings by the Local Authority Ombudsman, the local authority has taken appropriate and robust action to drive service improvement, including an inquiry by the council's scrutiny board into services for children with disabilities and special educational needs and additional health needs.
- 4.9 **Private Fostering**
- 4.91 Working Together to Safeguard Children 2010 sets out a policy and procedural function for the LSCB in relation to private fostering. The LSCB role includes monitoring and quality assurance, and to ensure that public awareness is raised about private fostering.
- 4.92 It is the duty of local authorities to promote public awareness of the requirement for those considering undertaking private fostering arrangements to notify the local authority. The local authority has a duty to satisfy themselves that the welfare of children or young people who may be privately fostered within their area will be satisfactorily safeguarded and promoted. It is a requirement of the Private Fostering Regulations, 2005 that an annual report is presented to the LSCB.
- 4.93 There has been an increase in overall numbers with 15 children being identified as privately fostered during this financial year compared to 10 children in the previous 2 years and 7 in 2008. Six of the children are aged 15 or over, 5 are between 10 and 14 years old, 3 are aged 5 to 9 and one child is aged 2 years. Comparator statistics are only available for year ending 2010. In 2010 comparison with Core Cities (the nearest neighbours in terms of size) indicates that Sheffield and Birmingham had identified 20 private fostering arrangements and Manchester 15. In the same year Leeds had identified 10. This compares to the 15 identified cases in Leeds at the year end March 2012.

- 4.94 Private fostering arrangements in Leeds were inspected in September 2008 and were judged to be inadequate. In January 2011, the service was independently reviewed and a further action plan developed. Some progress was made in all aspects of the plan. However, further internal auditing of the service indicated a significant lack of compliance with requirements. There is also a continuation of a low rate of reporting of private fostering arrangements albeit with year on year increase.
- 4.95 As a result management of the private fostering service has been transferred to the Council's head of service for looked after children and immediate and robust actions have been taken to address the issues identified. Additional specialist resources have been created and a restructuring of responsibilities has taken place so that those with expert knowledge of private fostering are directly involved in assessments. A updated action plan has been created which will address the issues and will be monitored by the new management accountability. One of the challenges to the LSCB, arising from this Annual Report is to monitor the progress required and privately fostered children and young people have been identified as an LSCB priority vulnerable group for 2012/13. Monitoring will be undertaken through a follow up report to the Board in November 2012 which will include the findings of a scrutiny enquiry.
- 5.0 **Assessment of the Extent to which LSCB Functions are being Effectively Discharged**
- 5.01 This section of the Report reviews on the way in which the LSCB has carried out its defined functions, intended to ensure that partner agencies work effectively together, and that the LSCB makes a significant contribution to progress on improving outcomes for children and young people.
- 5.02 In July 2011 the LSCB commissioned an independent assessment of the extent to which it was effectively carrying out the functions ascribed to it under statutory guidance. Overall, there was evidence at that time that almost all of the functions were being addressed to a satisfactory level or better and that clear plans were in place for further development where needed.
- 5.03 Two areas were lacking adequate plans which would address a shortfall:
  - *'LSCBs should ensure appropriate links with any secure setting in its area and be able to scrutinise restraint techniques, the policies and protocols which surround the use of restraint, and incidences and injuries'*
  - *'The LSCB as the 'responsible authority' for 'matters relating to the protection of children from harm' under the Licensing Act 2003'*
- 5.04 As a result action has since taken place in both of these areas and the LSCB's contribution is proving beneficial. Further details are provided in the relevant section elsewhere in this report.
- 5.05 This work formed part of a broader Review of the LSCB activity, which was considered as part of a development session by the full Board in September 2011. The session involved Board members giving active consideration in a small group format to specific themes that emerged from each of the tools used as part of the Review work. The tools were:
  - Conclusions from the LSCB Annual Report to the CTB 2010-11 on how effective the Board has been in undertaking core responsibilities.
  - Conclusions of the LSCB Governance Review.
  - The completion of a self - assessment 'Challenge and Improvement' tool by Board members.



- LSCB Sub-group Chairs' Reports evaluating performance during the year
- Independent Chair 360 degree evaluation.
- A feedback questionnaire with a range of LSCB stakeholders.

5.06

The overall conclusions from the information from each of these components confirmed the progress that the Board has made and which was independently confirmed in the Ofsted inspection, undertaken at that time and published in October 2011 which stated:

"The LSCB is adequate and meets its statutory responsibilities. It has an independent chair who provides effective leadership. She has worked hard to secure the effective engagement of all members and is beginning to challenge agencies on their contribution to safeguarding. The LSCB has appropriate senior manager representation. Partners have valued direct contact with the chair in their service locations. Attendance by some agencies is poor but this is being monitored and addressed and will be reported annually. A more focused Business Plan Oct 2010 - March 2011 with clear strategic objectives has been agreed. The LSCB annual report 2010/2011 is good; it takes a self-critical review of the board's performance both in terms of its achievements and challenges. The LSCB has reviewed and improved its multi-agency training programme and access to this high quality training is good. It has secured resources to establish new posts to support the business of the board in 2011-2012 and will use these to improve communication, consultation, quality assurance, performance monitoring and the participation of children and young people". Ofsted Oct 2011

5.07

The themes chosen for the workshop were those that focused attention on the 'process' of how the Board undertakes it's work, rather than on what the Board does, which is primarily dealt with in the 'business' part of meetings, because evidence suggests that successful LSCBs pay attention to how members of the Board work together. This creates more engagement for all members and models co-operative working.

5.08

The themes worked on were:

- 'How can the LSCB enable children and young people to participate in the work of the Board so that their contribution assists the Board in carrying out its responsibilities?'
- 'What steps can the LSCB take to ensure active participation and involvement of all members of the Board and to promote inclusivity?'
- 'What further steps can the LSCB take to ensure that communication and co-ordination between the LSCB and the Executive Group is most effective.'
- 'If it is true that how LSCB members work together is crucial, because it is potentially mirrored at all levels of inter-agency working and will influence how practitioners work with the public, what steps can the LSCB take to take control of this process? How can the LSCB ensure that Board members work effectively together and take control of what is mirrored?'
- 'How can the LSCB ensure that it remains child focused in all the work that it does?'

5.09 Work undertaken on these themes has contributed to progress made by the LSCB during the year.

- 5.1 **Work of the LSCB – Realising the Strategic Plan 2011-15 through implementing the Annual Business Plans.**
- 5.11 **Strategic Plan 2011-15**  
Initial feedback from the Annual Review process is that the existing strategic priorities and priority areas remain fit for purpose and that no significant changes should be made. On 20.04.12, the LSCB decided to change the status of 'Effective Governance' from a 'strategic priority' to a 'business priority.' This was in recognition of the progress that the Board has made in the past two years on its governance arrangements. Performance will continue to be monitored through the existing scorecard.
- 5.12 **The Annual Business Plan 2011/12**  
Overall good progress has been made against the objectives set for the year in an ambitious business plan. 98% of tasks have been progressed, although slippage against timescales is evident in 37%. A more detailed summary of progress against business plan objectives is attached as Appendix 3 and updated Strategic and Business Plans are attached as Appendix 3.
- 5.13 A Report on the LSCB's income and expenditure for the year is available. (attached as Appendix 4). This shows a budgetted shortfall in income, which has been addressed by further use of the LSCB strategic reserve. A 'standstill' base budget has been set for 2012/13, again with a projected income deficit of £21,560.
- 5.14 In order to address this situation the Board have agreed to undertake a review of funding and value for money which will inform budget setting for 2013/14.
- 5.2 **Development of Effective Inter-Agency Procedures**
- 5.21 Leeds is part of a consortium of five West Yorkshire local authorities that contracts with a specialist company to produce the agreed Inter-Agency Safeguarding Procedures. During the course of the year Leeds has supported this arrangement and contributed to updates, which are undertaken on a six monthly basis.
- 5.22 The procedures are available on the LSCB website and updates are flagged to partner agencies so that practitioners are kept up to date.
- 5.3 **Assessment of Single and Multi-Agency Training**
- 5.31 Detailed information about the LSCB training programme 2011/12 has been included for the first time in the revised Performance Management and Quality Assurance System using the Outcomes Based Accountability (OBA) framework. Significant activity has been undertaken through the LSCB Learning & Development sub group to disseminate learning to support the effectiveness of multi-agency safeguarding practices and hence improve outcomes for Children and Young People.

- 5.32 A total of 117 training sessions were run in 2011-12, with a total of 2501 places booked. Of those sessions 38 were level 1 courses (for Third Sector agencies), providing 832 places and 34 sessions were Level 2 courses which provided 769 places. The remaining 45 sessions were "Additional and Specialist" courses, and provided 900 places. Of those places booked 2133 (85%) participants attended, 212 (8%) sent apologies, 143 (6%) did not attend and 13 (1%) attended but were either sent away for arriving late or left early. This exceeds the expected overall attendance rate of 75%,
- 5.33 In addition to the standing training programme of the LSCB a series of city-wide events were held for practitioners, which included:
- 10 briefings on the introduction of the Strengthening Families Framework approach to Child Protection Conferences.
  - A West Yorkshire Masterclass
  - Four SCR briefings
  - A conference to launch the updated CSE and Missing Children procedures
- 5.34 Reactive evaluation sheets are issued at the end of every training session through which participants are asked to evaluate the following aspects of the course:
- Have the learning outcomes been met
  - Whether the participants have increased knowledge, understanding and skills
  - If issues of equality and anti-discriminatory practice have been appropriately addressed
  - The methods used and the approach of the trainers
  - If the course met the participants expectations
  - The venue and its facilities
- 5.35 For the core courses Level 1 and Level 2 there was a response rate of 97%. For all questions the target of 90% or higher of the responses indicating that the training had been a positive and useful experience was achieved.
- 5.36 In addition qualitative data was collected in relation to what participants found the most useful, how the course could be improved, and how it would impact on their work practice.
- 5.37 The responses indicate that a high proportion of participants felt that the courses met their needs, that they found all of it useful and that they did not identify anything which required improving or changing. Although relatively small in numbers, suggestions were made as to how courses could be improved.
- 5.38 When considering potential impact on practice, participants predominantly identified that attending the course provided them with better awareness and increased knowledge. They also identified that it would improve their practice, and that they would share their learning with colleagues.
- 5.39 For the additional and specialist courses there was an 88% response rate, and it again hit the same identified target, with 95% of responses indicating that the training had been a positive and useful experience. The qualitative feedback again showed a similar pattern, with the same trends being identified.

- 5.310 Identifying how improvements in practice, multi-agency working and outcomes for children and young people had resulted from attending the training is captured through three monthly follow up questionnaires to participants and first line managers. Common reoccurring themes included; a better understanding, updated knowledge, increased awareness, improved knowledge of policies and procedures and more confidence. These outputs will have a significant impact on outcomes for children and young people in relation to appropriate and timely responses to concerns or identified need.
- 5.4 **Lessons about Preventing Child Deaths (CDOP)**
- 5.41 Under statutory national guidance contained in Chapter 7 of Working Together to Safeguarding Children, Leeds has both a Sudden Unexpected Death in Childhood (SUDIC) process, and a Child Death Overview Panel (CDOP) process. The two are separate processes, but are closely linked.
- 5.42 The Leeds Child Death Overview Panel (CDOP) was established from 1<sup>st</sup> April 2008 under guidance issued in Chapter 7 of Working Together to Safeguard Children 2006. The aim of the CDOP, (as required by the Local Safeguarding Children Boards Regulations 2006) is to undertake a comprehensive and multidisciplinary review of all deaths of children normally resident in Leeds aged under 18 years, in order to understand better how and why they die, and to use the findings to take action to prevent other deaths and improve the health, wellbeing and safety of children and young people.
- 5.43 The SUDIC process involves early notification of the unexpected death of a child, and a prompt process of investigation, led by the SUDIC Paediatrician. This may involve discussion with clinicians at the hospital, Police, Social Care and others. Sometimes a visit to the place of death is undertaken. A meeting is held with professionals involved with the child, to learn lessons. A report into the circumstances of the child's death is produced, which is shared with the Coroner, and with the CDOP.
- 5.44 The CDOP considers the death of each child, and is required to complete a national proforma regarding its findings for each child. The proforma include factors relating to the child and family, and service provision; categorization of the cause of death; a judgment regarding preventability of the death; learning points and recommendations; immediate follow up actions for the family; and whether the case should be referred to the LSCB Chair for consideration of a Serious Case Review. In addition, during the past year, the Leeds CDOP has piloted a West Yorkshire form to collect specific information about preventable factors from a public health perspective. In Leeds, a decision was taken to hold two separate Panels – one to review the deaths of younger babies who were never discharged from hospital (“Neonatal Panel”), and a second panel to consider the deaths of older babies and children (“Older Children Panel”). This approach has enabled the right sort of experts to attend each Panel, and to use their expertise most efficiently to consider those cases where they have an effective contribution to make.
- 5.45 The Chair of the Child Death Overview Panel prepared an Annual Report for the LSCB on activity during the calendar year, in this instance 2011, and provides a review of progress on previous recommendations, data on cases referred over the financial year, learning from examination of those cases, and recommendations for improving practice in the future.
- 5.46 The CDOP panel is concerned with prevention. It aims to identify those factors in the course of a child's life, and leading to the child's death, which might have been amenable to modification, and to make recommendations which will help to prevent similar deaths occurring in the future. With this in mind, the Leeds CDOP has made a small number of key strategic recommendations to the Leeds Safeguarding Children Board, building upon the cumulative understanding of child deaths acquired over this and preceding years. Both these new recommendations, and an update on progress towards previous recommendations, are included in the latest report.

5.47 As in previous years, there remain some persistent challenges in running the CDOP, and there is a continuing backlog of cases. At the end of March 2012, there were 94 outstanding cases awaiting review. The reasons for the backlog include continuing delays in receiving completed Agency Report Forms from various agencies and administrative issues in the Business Unit. Most recently, an agreement has been reached with Leeds Teaching Hospitals NHS Trust, on which the heaviest demand falls, to utilize discharge letters as a primary source of information for the CDOP. It is anticipated that this will alleviate considerably the delays in compiling the panel information.

5.48 The Chair undertook a further review early in 2012, making further recommendations to improve the efficiency of the Leeds CDOP, drawing on different approaches used in Birmingham and other local areas. However, it was agreed to delay implementation of these proposals until after the publication of the updated version of Working Together, due in Spring/Summer 2012, in order to ensure that changes take account of new guidance.

5.49 **Notifications and CDOP Activity (April 2008 to 30 March 2012)**

Year	Notifications to CDOP Administrator			Number of Cases Reviewed by CDOP			Number of Cases Outstanding for CDOP Review		
	Neonatal	Older child	Total	Neonatal	Older child	Total	Neonatal	Older child	Total
2008-9	34	32	66	34	30	64	0	2	2
2009-10	30	41	71	28	29	57	2	12	14
2010-11	26	33	59	17	13	30	9	20	29
2011-12	25	29	54	2	3	5	23	26	49

5.410 As in previous years, the Panel has highlighted several issues arising from individual cases, which were recorded to be considered in the overall context of the Panel's findings. Some of the same issues arose in more than one case, and some have been highlighted in previous reports but are again prominent among cases considered this year. The following issues were highlighted during the period covered by this report:

- The risks of sudden unexpected, unexplained death among babies associated with co-sleeping, sleeping on sofas, inappropriate bedding, and parental smoking, alcohol and substance use.
- Consanguinity (cousin marriage) as a risk factor for serious genetic conditions.
- The importance of protective equipment and clothing in road traffic accidents.
- The role of chicken pox (Varicella zoster) in 2 deaths, in light of a national policy not to provide routine childhood immunization for chicken pox.
- The processes in Leeds for obtaining timely support from Social Care for families with children with very complex disabilities.
- The high standard of care available to Leeds children with complex needs and at the end of life, from a range of agencies.
- The importance of ensuring that routine childhood immunizations are made available to children who move to the UK from other countries.

5.411 Detailed recommendations are made to the LSCB which when implemented will potentially contribute to children and young people being safer in the future. (The full CDOP Annual Report 2011 is attached as Appendix 5)

## 5.5 Progress on Priority Issues/Groups of Children and Young People.

- 5.51 During the course of the year the LSCB has continued its role in monitoring and coordinating activity and supporting continuous improvement in work with those groups of children and young people that are seen as particularly vulnerable, and in need of the highest priority, those involved in 'front door processes' (requests for service, referrals responses and actions); those subject to a Child Protection Plan; and those who are 'Looked After'.
- 5.52 This year this has been extended to include children missing and those at risk or subject to child sexual exploitation. The LSCB & The Children's Society held a multi-agency city-wide conference in February 2012 to raise awareness of C&YP who go missing and are at risk of sexual exploitation and to launch revised procedures. Following the conference briefing sessions have been held to ensure that staff from across the partnership are clear about their responsibilities in this area.
- 5.53 Work is on going to develop good sound practice in this area. Work is also underway around domestic violence, drugs and alcohol, and mental health and their impact on parenting capacity. The LSCB is mindful of the need to broaden this approach to other vulnerable groups as progress is made with the current target groups.
- 5.6 Undertaking Serious Case Reviews
- 5.61 There are six SCRs and three LLLR sets of action plans currently in the process of implementation. A composite database held by the LSCB Business Support Team contains details of evidenced SCR/LLLR action plan progress in the last three years.
- . Good progress is being made on implementation of all six SCR action plans. One is in the early stages of implementation. There are currently 10 actions being progressed, 4 of which relate to SCRs completed prior to 2011. These are due to be completed by September 2012.
  - . All outstanding 'historical' out of area SCRs involving Leeds SCB or partner agencies have been implemented.
  - . Monitoring is ongoing on implementing SCR action plans from 3 SCR undertaken in other area that Leeds contributed to.
  - . 15 Actions from the three LLLRs are being progressed and monitored.
- 5.62 The LSCB Quality Assurance & Audit Programme includes 4 strands which test out the implementation and impact on outcomes for C&YP of actions from completed SCRs and LLLRs:
- S1) To quality assure and audit the impact and outcomes for children and young people subject to child protection plans.
  - S2) To audit compliance with timescales for calling child protection conferences, reviews and core groups and identifying reasons for delay.
  - (S4) To audit the effectiveness of the practice against policy on safeguarding outcomes for the children of teenage parents who have been referred to the Leeds Teenage and Pregnancy Pathway.
  - (S5) To audit (a) the effectiveness of revised care and control policies in Special Inclusion Learning Centres (SILCs) and (b) when brought to the local authority's attention, the outcomes for children where independent advocates are provided when complaints are made by parents and children.

- 5.63 The LSCB Performance Management Sub Group, as part of its annual review process, in July 2012, reviewed and refreshed the audit programme in the light of emerging lessons from SCRs and LLLRs. Information from the monitoring of compliance with policy and procedural changes will also be considered.
- 5.7 **Engagement with the Community, Communicating and Raising Awareness**
- 5.71 The LSCB has approved the establishment of a Communications Task and Finish group that will lead on developing proactive and reactive communication systems, participation by families, children and young people, and community engagement. The LSCB agreed a Communication Strategy on 22.06.12 which will steer how effective communication can be integrated into all aspects of the Board's work.
- 5.72 Increased capacity in the LSCB Business Unit will support communication of key safeguarding messages across both the professional and wider communities and the engagement of children and young people in the work of the Board.
- 5.73 Redesign of the LSCB branding is now completed and work to redesign the website is being undertaken. This will strengthen the LSCB's ability to deliver effective professional and community leadership.
- 5.74 The recruitment of lay members has not been progressed during the year as planned. Although the reasons for this are complex there is a determination to start a recruitment process early in 2012/13 so that by the end of year lay members are properly inducted into the work of the Board and can make the valuable contribution envisaged for community representatives.
- 5.75 There has also been insufficient progress in establishing consistent ways of obtaining the views of children and young people to assist the Board in its work. Although there is a firm commitment from all agencies to this work, the delay has centred on identifying a dedicated resource with specialist skills to support this initiative at a time of reorganisation. A high priority is being given by the Board to resolving these issues in the early part of 2012/13.
- 5.8 **Children and Young People in Secure Settings**
- 5.81 An independent review was undertaken in 2011/12 on the use of restraint in the secure estate for children and young people. Leeds City Council has two juvenile secure establishments within its jurisdiction – HMYOI Wetherby and East Moor Secure Children's Home (SCH).
- 5.82 The first Annual Review of the use of Restraint in secure Settings identified overall good practice across both East Moor Secure Children's Centre and HM YOI Wetherby. Nevertheless a number of areas for improvement were identified.
1. The differences between the two establishments in recording and reporting restraint incidents and in the data provided to the LSCB makes it difficult to make any overall comments – we would like to see a more standardised form of reporting to the LSCB.
  2. The LSCB would welcome more commentary from the establishments on the month by month restraint numbers and whether there are particular explanations for this – for example specific children being accommodated, issues around gangs etc. – and what measures the establishments take to counter the effects of these.

3. While both establishments provide data on injuries to children, we are concerned that the classification is different in each setting.
4. There is insufficient data provided for the LSCB to comment on incidents of inappropriate use of restraint, or use of unauthorised (and untrained) methods.
5. Details of the different techniques and positions used during restraint incidents are insufficient to allow the LSCB to make any judgements in relation to risk and safety'

5.83 The following actions are being progressed as a result of an audit of restraint practices.

1. Leeds LSCB will work with East Moor and HM YO1 Wetherby to achieve more consistency and common ground in their reporting to the LSCB. It should be noted that both Wetherby and East Moor have expressed their willingness to cooperate in this and have already put forward suggestions as to the data that would meet the LSCB needs.
2. Leeds LSCB will work with both establishments to find ways of sharing information on month by month restraint numbers and whether there are particular explanations for this and what measures the establishments take to counter the effects of these
3. Taking into account any changes to recording in YOIs as a result of the new restraint system, work will be undertaken with both establishments to ensure more consistency in relation to classification of injuries sustained as a result of restraint.
4. Leeds LSCB will work with both establishments to ensure that data is shared on inappropriate use of restraint, or use of unauthorised (and untrained) methods.
5. Leeds LSCB will work with both establishments to establish a mechanism for sharing this information.

5.9 [The Licensing Act 2003](#)

5.91 As a result of the introduction of the Licensing Act 2003 all licensing functions are carried out by the local authority. The LSCB is specified as a "Responsible Authority" in matters relating to the protection of children from harm.

5.92 Following liaison with the Leeds Licensing Authority and Safer Leeds, the LSCB contributes to the evaluation of applications by focusing on how the applicant demonstrates in their operating schedule how they intend to protect children from harm. As a responsible authority the Safeguarding Children Board can make representation to the Licensing Committee in relation to an application that raises concern in relation to the safeguarding of children. The LSCB Business Unit receives, on average, 20 applications per month.

6.0 [Summary of Achievements in 2011/12](#)

6.01 Building on the good working relationship being established between the LSCB & CTB the second LSCB Annual Report on the effectiveness of safeguarding arrangements in Leeds will hold the CTB to account for progress made in 2011/12 and identify new challenges for 2012/13.

6.02 The CTB has responded to the key challenge posed by the LSCB Annual report (July 2011) to 'rebalance the safeguarding system' to ensure that C&YP receive the right service at the right time through the CYPP 2011-15; confirming an outcome priority of 'keeping C&YP safe from harm' and initiating an 'obsession' on reducing the number of C&YP who require to be 'looked after.' This has generated a series of reviews of central components of the 'safeguarding system' (e.g. Front Door processes and decision making in response to referrals to CSWS; CAF processes; the operation of the CP Conference system) which have resulted in significant planned change in safeguarding arrangements for 2012/13.



- 6.03 LSCB learning and improvement activity has been maintained and expanded during 2011/12 to include regular partnership briefings and conferences addressing emerging safeguarding themes. Completion and implementation of the LSCB Professional Development Strategy will help to ensure an overview of safeguarding learning across the partnership can be established and its impact on practice and outcomes for C&YP evaluated. Links established with the LSCB Communication & Engagement task group will enable learning to be more widely disseminated.
  - 6.04 The gradual implementation of the LSCB Performance Management System throughout 2011/12 provides the basis for a more sophisticated understanding of performance issues in 2012/13 and agreement reached in 2011/12 about how information is collected, collated and analysed will facilitate more effective and robust challenge to partners.
  - 6.05 The involvement of the two secure children's establishments in Leeds in the annual review of the use of restraint has resulted in a small working group to pool safeguarding experience and approaches to this particularly vulnerable group of C&YP.
  - 6.06 Progress against the LSCB Strategic Priority (4) 'Effective Governance' has been sufficient for this to be re designated as a 'Business Priority' for 2012/13; to be reported on through the Annual Review process. The LSCB BU will be fully staffed for the first time from July 2012, which will enable more consistent support to be provided to sub, task and reference groups.
- 7.0 **Review of Challenges to the Children's Trust Board made in last year's Annual Report**
- 7.1 The CTB accepted the LSCB Annual Review and the challenges made to the CTB on 7<sup>th</sup> July 2011 and asked for updates on progress re the challenges throughout the year. At the Sept CTB meeting it was agreed that the cluster Performance Framework needed to reflect the CTB and the LSCB reporting to one another on key indicators. It was agreed the performance management sub groups of both bodies should link up to ensure this takes place.
- 7.11 Significant work has been progressed, consistent with the challenges made to the CTB and also with the CTB Obsession (one of three) to 'Reduce the need for children to be Looked After (help children to live in safe and supportive families).

Challenge	Performance	Story behind the Data
1) Rebalance safeguarding interventions across the continuum of need to ensure preventative work is undertaken appropriately and in a timely manner. To involve: <ul style="list-style-type: none"> <li>• Improved multi agency working at locality levels to ensure that children and young people receive the right service at the right time and that the Common Assessment Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Consistency in the CTB overseeing the LAC 'obsession'</li> <li>• Reduction in number of CAF 2011/12</li> <li>• Plateau then reduction in no. of CP Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of a 'restorative approach'</li> <li>• Implementation of cluster working</li> <li>• Restructure CSWS</li> <li>• Development of CS targeted services</li> </ul>

(CAF) is used appropriately to facilitate a “*team around the child*” approach.

- (eg FGCs) to underpin all processes Development of multi-agency operational handbook
- Review of Early Start teams implemented in one cluster.
- Review and re-launch of CAF
- Intro ‘strengthening families’ approach to CP Conferences
- D Thorpe updated review of patterns of referrals and subsequent decision making
- Re-design of CSWS duty and advice team implemented from March 2012.

- Static no. of referrals to CSWS 2010/11 – 2011/12

- A change in the pattern of referrals and other processes used to communicate concerns between agencies that children and young people are at risk of harm.

- Reducing the number of children and young people who need to be “*looked after*”.
- No. of LAC stabilised over 2011/12 (1.8% increase at year end, subsequently reduced in 1<sup>st</sup> 2 months 12/13)

- CYP LAC obsession 2011-15
- Integrated Social work and LAC services introduced March 2012.
- Legal ring fence of time to support revocation of care orders re placement with parents.

2) Ensure all partners are able to attend and/or provide input in a timely manner to Initial Child Protection Conferences enabling them to be held within timescales laid down in statutory guidance.

- Increasing timeliness ICPCs
- Reduction in timeliness RCPCs

- LSCB Audit (S2) will examine this in 2012/13

3) Consider how the performance improvements made to date are sustained and built upon within the context of increasing demand for child protection services.

Evidence of ‘turning the curve’ in a number of key components of safeguarding system:

- No. CP Plans
- Timeliness ICPCs
- Stabilisation LAC numbers

- LSCB Annual performance Report Analysis:
- 2010/11 identification of key Areas For improvement
  - 2011/12 planning changes and implementing changes
  - 2012/13 impact of changes to be reflected in improved outcomes for C&YP

4) Ensure that partners are able to demonstrate how they meet their safeguarding

- Initiation LSCB QA & Audit Programme
- S(11) audit

- Increase pace of audit programme for 2012/13

responsibilities, through internal audit processes and by contributing to the LSCB multi agency auditing programme.

- Increase net for S(11) audit for 2012/13
- To request more meta analyses from partners internal reviews and audits 2012/13

5) Prepare to respond to the local implementation of recommendations provided by the 'Munro Review of Child Protection'

- Ongoing developments planned within the 'context of 'Munro.
- Allocation of CWDC funding to CSWS/LSCB to prepare for Munro implementation.
- Issuing of revised Working Together for consultation July 2012
- Pilot authorities trialling proposed changes.
- Work detailed in section 1-4 consistent with Munro implementation.
- LSCB Practitioner conference held May 2012

## 8.0 Challenges to the CTB for 2012/13

8.01 Arising from this evaluation of 2011/12 there are a number of new challenges for the CTB (accepted on 9 July 2012)

- To embed changes being implemented to the safeguarding system and be able to evidence the development of a more 'balanced' system (towards earlier intervention,) with improving outcomes for vulnerable children and young people.
- To ensure that high quality services are provided to C&YP within the statutory system (C&YP subject to CP Plans and LAC)
- To ensure that risk is appropriately considered as services delivery is developed in response to the Munro Review of Child Protection, so that children's safety is not jeopardised as a result.
- To lead the development within partner agencies of complementary quality assurance frameworks consistent with the 'The Children's Safeguarding Performance Information Framework' published by the Government in June 2012.
- To ensure that the potential risks to safe practice, as changes to how Health Services are provided are implemented, are kept under consideration.
- To provide the LSCB with a year end report for 2012/13 directly addressing progress made against challenges set.

## 9.0 Review of Challenges to the LSCB made in last year's Annual Report

Challenge	Performance	Story behind the Data
1) To consolidate and develop further the progress that has been made in providing effective leadership and challenge to the safeguarding system in Leeds, engaging with both the professional partnership and the wider community of children, young people and their families.	<ul style="list-style-type: none"> <li>• Annual report to CTB July 2011 (incl. challenges)</li> <li>• Updates on safeguarding issues to CTB provided by LSCB Chair</li> <li>• Presentation of Annual Report to strategic bodies across the partnership</li> <li>• Quarterly performance reports received by LSCB with a particular focus on 2 vulnerable groups (CP Plans, LAC)</li> <li>• Slow progress in developing C&amp;YP voice and influence strategy</li> <li>• Delay in appointing lay members</li> </ul>	<p>Increasing LSCB profile.</p> <p>CTB response through refreshing CYP (more specific response to challenges requested for 2012/13.)</p> <p>Increasing comprehensiveness of data collection and sophistication of analyses.</p> <p>Care has been taken to ensure sufficient resources are available to support the agreed strategy.</p>
2) To implement the work plans generated within the Business Plan 2011/12 to meet the objectives and outcomes set.	<ul style="list-style-type: none"> <li>• Progress made on 98% of tasks</li> <li>• Slippage against timescales in 37%</li> </ul>	<p>Strategic &amp; Business plans being refreshed in the light of the Annual Review process, the consultation on the re write of Working Together in 2012 and the proposed local framework for learning and improvement.</p>
3) To develop and implement a communications strategy that undertakes campaigning and raising awareness activity of safeguarding issues	<ul style="list-style-type: none"> <li>• Communication task group established.</li> <li>• Communications strategy accepted by LSCB 22.06.12.</li> </ul>	<p>Campaigns planned for 2012/13 incl. raising awareness about CSE and general safeguarding issues.</p>

- 4) To implement the new Performance Management System (PMS) in 2011/12 in order to receive improved information and more rounded intelligence about the effectiveness of safeguarding services, the impact of lessons learnt from reviews and audits and outcomes for C&YP.
- New PMS implemented
  - 2 score cards reported on quarterly (CP Plans, LAC)
  - 4 Strategic priority score cards completed at year end
  - Score card on operational performance completed at year end
  - Score card re C&YP who are missing / at risk CSE introduced for last 6m of the year
- Gradual increase in data collection for PM framework
- Quarterly reports to LSCB based on analysis of information by Performance Management sub group (PMSG).
- To increase data collection from across the partnership in 2012/13.
- To refresh PMF & Audit programme in light of Annual Review and the Children's Safeguarding Performance Information Framework.
- 5) To set up and implement the LSCB multi-agency quality assurance and audit programme, particularly in relation to child protection, children in need, and early intervention processes and practice. This will include the impact of SCR action plans, and compliance with s(11) requirements.
- Audit programme set up with 6 strands (drawn from SCRs, LLLRs, s11 audit).
  - Strand (1) initiated – impact and outcomes for C&YP subject to CP Plans.
  - Audit tools developed for 4 other strands
- Pace of audit programme to be increased during 2012/13
- Early learning from strand (1) to be reported in September 2012
- S(11) audit 2012/13 to include 3 Sector agencies
- To be progressed in 2012/13
- 6) Audit of the arrangements for paediatric medicals is also included in this plan following some issues raised with the LSCB about current practice.
- Cohort for auditing agreed
- 7) To undertake the annual s.(11) self assessment audit with partner agencies seeking improvements in the following areas:
- S(11) audit completed for Board members
  - CAF process revised in 2011/12
  - Additional area for focus in 2012/13 S11 Audits
- Understanding when and how to initiate a CAF
- Ensuring C&YP are made aware of their right to be safe from abuse

- More consistent engagement with the self-audit process.
  - Refined audit tool to be used 2012/13
- Areas for Improvement identified:
- More consistent application of CRB checks across the partnership
  - Ensuring more consistent engagement with CAF processes
  - Information sharing
- 8) To develop a consistent approach to s.(11) audit and commissioning standards requirements that takes account of the challenges faced by small Third sector organisations.
- Common, user friendly s(11) audit tool developed.
  - LCC CS Commissioners to use tool as part of tendering and contract compliance processes.
  - New tool to be used in 2012/13 – to include third sector agencies and a wider spread of statutory agencies.
- 9) To effectively engage C&YP in the work of the LSCB
- Slow progress in developing C&YP voice and influence strategy
  - C&YP were engaged in rebranding of LSCB
  - CS restructuring delayed the identification of a dedicated resource to support the work
  - A Board workshop is planned for Autumn 2012 to build on contact made with Redcar and Cleveland Junior LSCB
- 10) To continue to develop QA processes to ensure safeguarding training undertaken by partner agencies and through the LSCB are of a consistently high standard.
- Partner agency Level 1 training materials QA'd and amended as appropriate.
  - To be developed as part of the Professional Development strategy 2012/13.
- 11) To undertake more effective evaluation of the impact on practice of training and development opportunities provided by the LSCB and partner agencies.
- Impact on practice questionnaires (3m after training event) disseminated to all attendees throughout year.
  - Increased response rate to be targeted in 2012/13

- 12) To improve the process for responding to, collecting, collating and analysing information about child deaths in order to identify in a timely manner lessons that may contribute to the prevention of deaths in the future.
- Reviews of process undertaken at 6m and 12m.
  - Revisions made to process to simplify data collection and analysis and to improve timescales.
  - Gradual improvement of timeliness over the year.
- 13) To prepare to respond to the local implementation of recommendations provided by the 'Munro Review of Child Protection'
- All sub groups have considered the implication of the Govt's response to Munro.
  - LSCB PMS was designed to incorporate Munro recommendations
  - P&P sub to lead on responding to the WT consultation
  - LSCB Strategic Plan & Business being refreshed in the light of WT Consultation.
- CDOP process to be reviewed and revised in the light of re write WT 2012.

- 10.0 Challenges to the LSCB for 2012/13 – structured under the LSCB Strategic Plan priorities.
- 10.01 Arising from this evaluation of 2011/12 there are a number of new challenges for the LSCB (accepted on 20 July 2012).

10.02 **Strategic Priority 1: Lead, Listen, Advise**

**Exercise strategic leadership across all stakeholders: to support a child friendly city**

Through the Annual Report to the CTB, to promote consolidation of improvements in service provision across the partnership and maintain the pace of change in the coming period.

To develop productive relationships with the Health & Wellbeing Board, and other appropriate strategic bodies

To support the transition in the NHS to a new framework of commissioning and delivering health services and ensure all the new organisations have strong safeguarding governance arrangements

**Support the professional community to keep children and young people safe**

Contribute to continuing development of safeguarding arrangements in schools.

Implement the policy and procedural changes resulting from the re-write of Working Together.

To develop the working relationship with Leeds Safeguarding Adult Board.

**Influence the wider community to keep children and young people safe**

Progress work to agree and establish a LSCB Voice & Engagement strategy for C&YP.

Increase engagement with faith groups

To undertake a community campaign to raise awareness of Child Sexual Exploitation (CSE) and ‘what to do if you are worried.’



10.03 **Strategic Priority 2: Learn and Improve**

**Promote child-centred practice**

To engage more effectively with operational managers and practitioners to ensure the direct impact of learning and development opportunities on multi-agency practice and improving outcomes for vulnerable C&YP.

**Promote Professional Judgement**

Complete work to produce and agree a Professional Development Strategy for safeguarding

**Promote an “adaptive” safeguarding system**

To review and revise the current SUDIC arrangements

To review and revise CDOP processes

To contribute to the local implementation of the Munro Review of Child Protection, including responding to the associated rewrite of ‘Working Together’ guidance.

10.04 **Strategic Priority 3: Know the Story, Challenge the Practice**

**Agree what we need to know**

Review and refresh the Performance Management Framework to ensure that appropriate multi-agency data is collected which is consistent with the development of a local framework for learning and improvement.

To monitor the progress in making the improvements required to the City’s private fostering service through a further progress report to be presented to the Board in November 2012.

**Understand the responsiveness of the local safeguarding system**

**Understand the quality of the local safeguarding system**

To increase the scope and pace of delivery of the LSCB QA & Audit Programme

To complete the process of establishing a truly multi-agency basis for the Performance Management System (PMS); by including more information and data from across the wider partnership.

To obtain a greater understanding of the quality of services provided to children and young people through the LSCB Audit Programme.

To develop a comprehensive understanding of S(11) compliance across the whole partnership.

To promote the adoption of the OBA approach to quality assurance across all partner agencies in relation to safeguarding services, so as to create greater consistency in data so that interpretation is more effective in its contribution to understanding effectiveness.

To require partner agencies to provide an annual report to the LSCB on how governance and accountability for safeguarding services have been undertaken.

**Use the knowledge gained about the safeguarding system to make a difference**

To increase the timeliness of PMS reporting to the LSCB to ensure the understanding of safeguarding issues / concerns is up to date and that action is taken appropriately to improve services and outcomes for C&YP.

**Business Priorities**

10.05

**Demonstrate accountability**

To ensure that sufficient progress is made in implementing plans for greater Community and Children and Young People engagement and awareness raising

### Develop the capacity of the LSCB and its infrastructure to deliver core functions

Progress process to appoint lay members to the Board

### Identify and manage risks to the delivery of the core functions

Undertake a funding and value for money review to inform budget setting for 2013/14.

#### 11.00 Conclusion

11.01 This is a report of a year in which significant progress has been made, both in how child protection services in Leeds have been improved and in how the LSCB has progressed in undertaking its responsibilities. The LSCB's achievement has been to consolidate significant changes and development in the governance, structure, membership, and operation of the Board that took place during the previous year. For those agencies providing child protection services, the changes introduced in 2010/11 to how services are organised and provided have been built upon. The 'rebalancing' of services towards increasing the availability and the effective use of Early Help services to reduce the need for statutory intervention has been further progressed.

11.02 The positive endorsement from the unannounced Ofsted inspection in January 2011, which stated that areas of priority action had been addressed and that contact, referral and assessment processes, a significant part of effective Safeguarding, now met statutory guidance was encouraging.

11.03 There is, however, no room for complacency. The challenges to the Children's Trust Board for the coming year, detailed in section 9 of this report, make it clear that there is still much to do to ensure that these significant changes provide improvements to the lives of children and young people. The challenges for the LSCB, detailed in section 10 of this report, particularly highlight the need for the Board in the coming year to be able to gather and make use of detailed evidence of whether improvements in children's lives are being made.

#### 12.0 Next Steps

12.01 This Annual Report will be presented to the CTB in September 2012. The Children's Trust Board in turn will want to give consideration to this report, how they respond to the findings, particularly to the challenges the LSCB is bringing to the CTB's attention, and will want to take them into consideration when reviewing the Children and Young People's Plan.

12.02 The Annual Report will also be submitted to the Chief Executive and Leader of the Council, the Council Executive, the Police Authority (in lieu of the local Police and Crime Commissioner) and the Chair of the Health and Wellbeing Board (HWB). It will be presented to the Safer Leeds Partnership, as well as the HWB. It will also be sent to the Chief Executives of all partner organisations with a request that it is reported to their governance body.

13.0

Appendices:

1. LSCB Structure Chart
2. Summary of progress against LSCB business plan objectives (2011/12)
3. Strategic and Business Plans 2012/13
4. LSCB end of year Financial Report
5. CDOP Annual Report date 2011

## Report of the Head of Scrutiny and Member Development

### Report to Scrutiny Board (Children and Families)

**Date: 11<sup>th</sup> October 2012**

**Subject: Work Schedule**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

#### 1 Purpose of this report

- 1.1 The purpose of this report is to consider the Scrutiny Board's work schedule for the forthcoming municipal year.

#### 2 Main Issues

- 2.1 A draft work schedule is attached as appendix 1. The work programme has been provisionally completed pending on going discussions with the Board. The work schedule will be subject to change throughout the municipal year.
- 2.2 Also attached as appendix 2 is the Council's current Forward Plan.

#### 3. Recommendations

- 3.1 Members are asked to:
- Consider the draft work schedule and make amendments as appropriate.
  - Note the Forward Plan

#### 4. Background papers

None used

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## Draft Scrutiny Board (Children and Families) Work Schedule for 2012/2013 Municipal Year

Area of review	Schedule of meetings/visits during 2012/13		
	June	July	August
<b>Inquiries</b>		<u>Agree scope of review for **</u> 1) Private/Independent Care Homes 2) Private Fostering	<u>Evidence Gathering</u> Private/Independent Care Homes Private Fostering <u>Agree scope of review for **</u> 4) The best start – providing good foundations in early life for children to succeed
<b>Annual work programme setting - Board initiated pieces of Scrutiny work (if applicable)</b>	Consider potential areas of review		
<b>Budget Update</b>		Budget 2012/13	
<b>Care Home Review</b>		Deferred report from April plus update	
<b>Scrutiny Inquiry – Directors Response</b>		<ul style="list-style-type: none"> <li>• Attendance, Child Poverty, Service Redesign</li> <li>• Young People engagement in Culture (SEC Board – for info only)*</li> </ul>	
<b>Recommendation Tracking</b>		External Placements Inquiry	
<b>Performance Monitoring</b>	Quarter 4 Performance Report		
<b>Working Groups</b> 1) Child Poverty 2) Youth Services 3) Social Services Care System 4) Education Challenge		Youth Services- 26 <sup>th</sup> of July @2pm – Ken Morton Lead	Call In – Young Carers Working Group – 5 <sup>th</sup> September 10am – Civic Hall

Page 129

\* Prepared by S Newbould

## Draft Scrutiny Board (Children and Families) Work Schedule for 2012/2013 Municipal Year

Schedule of meetings/visits during 2012/13			
Area of review	September	October	November
<b>Inquiries</b>	<u>Evidence Gathering</u> The best start – providing good foundations in early life for children to succeed  <u>Agree scope of review for **</u> 3) Education Challenge – supporting children to achieve in Maths and English	<u>Evidence Gathering</u> The best start – providing good foundations in early life for children to succeed	<u>Evidence Gathering</u> The best start – providing good foundations in early life for children to succeed  <u>Board Agree Reports*</u> <ul style="list-style-type: none"> <li>• Private/Independent Care Homes</li> <li>• Private Fostering</li> </ul> <u>Board Agree Report *</u> Increasing the number of young people who are in EET
<b>Exec Board Request for Scrutiny</b>	Basic Need 2012: Carr Manor and Roundhay: All Through Schools Revised Costs		
<b>Recommendation Tracking</b>			<ul style="list-style-type: none"> <li>• Attendance Inquiry</li> <li>• Service Redesign Inquiry</li> <li>• External Placement Inquiry</li> <li>• Pre 2012 outstanding recommendations</li> </ul>
<b>Performance Monitoring</b>	Quarter 1 performance report	Leeds Safeguarding Children – Annual Report	
<b>Working Groups</b> 1) Child Poverty 2) Youth Services 3) Social Services Care System 4) Education Challenge		<ul style="list-style-type: none"> <li>• Child Poverty Update and Recommendation Tracking – date tbc</li> <li>• Youth Services – 2<sup>nd</sup> October @2pm – Ken Morton Lead</li> </ul>	Inquiry - Education Challenge – supporting children to achieve in Maths and English  Social Services Care System

Page 124

\* Prepared by S Newbould



**Draft Scrutiny Board (Children and Families) Work Schedule for 2012/2013 Municipal Year**

Area of review	Schedule of meetings/visits during 2012/13		
	December	January	February
<b>Inquiries</b>		<u>Directors Response</u> Private/Independent Care Homes Private Fostering NEET Report <u>Report to be Agreed*</u> The best start – providing good foundations in early life for children to succeed	
<b>Budget</b>		Budget Update, Including School Budget Reform.	
<b>Academies</b>	The Board to consider the implications of Academies for the Local Authority and Education in general.		
<b>Safeguarding Update</b>	Subject to date of Ofsted inspection – Lead Steve Walker		
<b>Performance Monitoring</b>	Quarter 2 performance report	Common Assessment Framework- To consider if improvement have been established with a view to increasing the number of CAF's undertaken. – Lead Steve Walker	
<b>Working Groups</b> 1) <b>Child Poverty</b> 2) <b>Youth Services</b> 3) <b>Social Services Care System</b> 4) <b>Education Challenge inquiry</b>	Inquiry Education Challenge – supporting children to achieve in Maths and English  Youth Services?	Child Poverty Update and Recommendation Tracking  Inquiry - Education Challenge – supporting children to achieve in Maths and English.	

Page 125

\* Prepared by S Newbould

## Draft Scrutiny Board (Children and Families) Work Schedule for 2012/2013 Municipal Year

Area of review	Schedule of meetings/visits during 2012/13		
	March	April	May
<b>Inquiries</b>	<u>Report to be Agreed*</u> Education Challenge – supporting children to achieve in Maths and English	<u>Directors Response</u> The best start – providing good foundations in early life for children to succeed and Education Challenge – supporting children to achieve in Maths and English	
<b>Partnership Review - Children's Trust Board</b>	To review the performance of the Children's Trust Board.		
<b>Budget and Policy Framework</b>		Children and Young Peoples Plan – to be agreed by Council July 2013	
<b>Recommendation Tracking</b>	<ul style="list-style-type: none"> <li>• Attendance Inquiry</li> <li>• Service Redesign Inquiry</li> <li>• External Placement Inquiry</li> <li>• Pre 2012 outstanding recommendations</li> </ul>		
<b>Performance Monitoring</b>	Quarter 3 performance report		
<b>Working Groups</b> 1) Child Poverty 2) Youth Services 3) Social Services Care System 4) Education Challenge Inquiry	Youth Services	Child Poverty Update and Recommendation Tracking	

Page 126

Need to schedule Ofsted report

Updated 3<sup>rd</sup> October 2012

Key: SB – Scrutiny Board (Children and Families) Meeting

WG – Working Group Meeting



**FORWARD PLAN OF KEY DECISIONS**  
**Scrutiny Board – Children and Families**

1 October 2012 – 31 January 2013

## **What is the Forward Plan?**

The Forward Plan is a list of the key decisions the Authority intends to take during the period 1 October 2012 – 31 January 2013. A new Plan is issued on a monthly basis, but the Plan is updated as often as required during that month. Details of each key decision will be available to the public 28 clear days before the decision is due to be taken.

## **What is a Key Decision?**

A Key decision, as defined in the Council's Constitution is an executive decision which is likely to:

- result in the Authority incurring expenditure or making savings over £250,000 per annum, or
- have a significant effect on communities living or working in an area comprising one or more wards.

Article 13 of the Council's Constitution provides more details about which decisions will be treated as key decisions.

## **What does the Forward Plan tell me?**

The Plan gives information about:

what key decisions are due to be taken in the next four months

when those key decisions are likely to be made

who will make those decisions

what consultation will be undertaken

the documents that will be considered by the decision maker and where these can be accessed, and how other documents which may become available to the decision maker at a later date can be requested

## Who takes key decisions?

Under the Authority's Constitution, key decisions are taken by the Executive Board or Officers acting under delegated powers.

## Who can I contact?

The contact details of a lead officer are provided for each key decision listed in the Plan. In addition, the last page of the Forward Plan gives a complete list of all Executive Board members. If you are unsure how to make contact, please ring Leeds City Council on 0113 222 4444 and staff there will be able to assist you.

## How do I get copies of the documents being considered by the decision maker?

The Plan lists the documents (meaning any report or background papers, other than those only in draft form) which will be taken into consideration by the decision maker in relation to any key decision.

The agenda papers for Executive Board meetings<sup>1</sup>, and the documents being considered by officers taking key decisions<sup>2</sup>, are available five working days beforehand on the Council's website (using the links below) and from the following address:

Governance Services, 4<sup>th</sup> Floor West, Civic Hall, Portland Crescent, Leeds, LS1 1UR

Telephone: 0113 39 52194 / Fax: 0113 3951599

Email: [cxd.councilandexec@leeds.gov.uk](mailto:cxd.councilandexec@leeds.gov.uk)

If you wish to obtain copies or extracts of any other listed documents you should contact the lead officer for the particular key decision named on the Plan. Other documents relevant to the key decision may be submitted to the

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<sup>1</sup> <http://democracy.leeds.gov.uk/ieListMeetings.aspx?CId=102&Year=2012>

<sup>2</sup> <http://democracy.leeds.gov.uk/mgDelegatedDecisions.aspx?bcr=1&DM=4>

decision maker at any time before the decision is made. If you wish to receive details of those documents as they become available, please contact the lead officer for the particular key decision named on the Plan.

Sometimes the papers you request may contain exempt or confidential information. If this is the case, it will be explained why it will not be possible to make copies available.

### **Where can I see a copy of the Forward Plan?**

The Plan can be found on the Leeds City Council website. The Plan will be issued once a month on or before the following dates, and will be updated as often as required between these dates:

<b>Publication date</b>	<b>Period covered by the Plan</b>
Friday 31 <sup>st</sup> August	1 <sup>st</sup> October 2012 – 31 <sup>st</sup> January 2013
Wednesday 3 <sup>rd</sup> October	1 <sup>st</sup> November 2012 – 28 <sup>th</sup> February 2013
Friday 2 <sup>nd</sup> November	1 <sup>st</sup> December 2012 – 31 <sup>st</sup> March 2013
Monday 3 <sup>rd</sup> December	1 <sup>st</sup> January 2013 – 30 <sup>th</sup> April 2013
Thursday 3 <sup>rd</sup> January	1 <sup>st</sup> February 2013 – 31 <sup>st</sup> May 2013
Thursday 31 <sup>st</sup> January	1 <sup>st</sup> March 2013 – 30 <sup>th</sup> June 2013
Friday 1 <sup>st</sup> March	1 <sup>st</sup> April 2013 – 31 <sup>st</sup> July 2013
Tuesday 2 <sup>nd</sup> April	1 <sup>st</sup> May 2013 – 31 <sup>st</sup> August 2013

### **About this publication**

For enquiries about the Forward Plan of Key Decisions please e-mail: [cxd.corporategovern@leeds.gov.uk](mailto:cxd.corporategovern@leeds.gov.uk) or telephone: 0113 39 51712.

Visit our website [www.leeds.gov.uk](http://www.leeds.gov.uk) for more information on council services, departments, plans and reports.

This publication can also be made available in Braille or audio cassette. Please call: 0113 22 4444.

If you do not speak English and need help in understanding this document, please phone: 0113 22 4444 and state the name of your language. We will then make arrangements for an interpreter to contact you. We can assist with any language and there is no charge for interpretation.

(Bengali):-

যদি আপনি ইংরেজিতে কথা বলতে না পারেন এবং এই দলিলটি বুঝতে পারার জন্য সাহায্যের দরকার হয়, তাহলে দয়া করে 0113 2243462 এই নম্বরে ফোন করে আপনার ভাষাটির নাম বলুন। আমরা তখন আপনাকে লাইনে থাকতে বলে কোন দোভাষীর (ইন্টারপ্রিটার) সাথে যোগাযোগ করব।

(Chinese):-

凡不懂英語又須協助解釋這份資料者，請致電 0113 22 43462 並說明本身所需語言的名稱。當我們聯絡傳譯員時，請勿掛斷電話。

(Hindi):-

यदि आप इंग्लिश नहीं बोलते हैं और इस दस्तावेज़ को समझने में आपको मदद की जरूरत है, तो कृपया 0113 224 3462 पर फ़ोन करें और अपनी भाषा का नाम बताएँ। तब हम आपको होल्ड पर रखेंगे (आपको फ़ोन पर कुछ देर के लिए इंतज़ार करना होगा) और उस दौरान हम किसी इंटरप्रिटर (दुभाषिण) से संपर्क करेंगे।

(Punjabi):-

ਅਗਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲਦੇ ਅਤੇ ਇਹ ਲੇਖ ਪੱਤਰ ਸਮਝਣ ਲਈ ਤੁਹਾਨੂੰ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰ ਕੇ 0113 22 43462 'ਤੇ ਟੈਲੀਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਪਣੀ ਭਾਸ਼ਾ ਦਾ ਨਾਮ ਦੱਸੋ. ਅਸੀਂ ਤੁਹਾਨੂੰ ਟੈਲੀਫ਼ੋਨ 'ਤੇ ਹੀ ਰਹਿਣ ਲਈ ਕਹਾਂਗੇ, ਜਦ ਤਕ ਅਸੀਂ ਦੁਭਾਸ਼ੀਏ (Interpreter) ਨਾਲ ਸੰਪਰਕ ਬਣਾਵਾਂਗੇ.

(Urdu):-

اگر آپ انگریزی نہیں بولتے ہیں اور آپ کو یہ دستاویز سمجھنے کیلئے مدد کی ضرورت ہے تو براہ مہربانی اس نمبر 0113 22 43462 پر فون کریں اور ہمیں اپنی زبان کا نام بتائیں۔ اس کے بعد ہم آپ کو لائن پر ہی انتظار کرنے کیلئے کہیں گے اور خود ترجمان (انٹرپرائز) سے رابطہ کریں گے۔



## FORWARD PLAN OF KEY DECISIONS

For the period 1 October 2012 to 31 January 2013

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
<p>Contract with Leeds Community Healthcare Request to waive Contracts Procedure Rule 13 and enter into a new contract with Leeds Community Healthcare.</p>	<p>Director of Children's Services</p>	<p>1/10/12</p>	<p>n/a</p>	<p>Waiver Report</p>	<p>Paul Bollom, Interim Lead Commissioner for Children's Services  paul.bollom@leeds.gov.uk</p>
<p>Disabled Facilities Grant 2012/13 To grant authority to spend approx £6,670,000 for a category B capital scheme – Capital Scheme 98040, Category B DOD. Assistance for private residents city wide, towards the provision of adaptations to the home.</p>	<p>Director of Environment and Neighbourhoods</p>	<p>1/10/12</p>	<p>Consultations are ongoing with Executive Member for Environment and Neighbourhoods and regular Scrutiny Board reports.</p>	<p>Design and Cost Report and delegated decision report</p>	<p>Colin Moss, Adaptations Agency Manager  colin.moss@leeds.gov.uk</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
<p>Framework Agreement for the Procuring of fixed play ground equipment including MUGAs, teen shelters and skateboard BMX equipment</p> <p>Awarding of the Framework Contract for the supply and installation of playground equipment for a period of 3 years from the 1<sup>st</sup> March 2012 with the option to extend for a further 2 years if so required.</p>	<p>Director of Environment and Neighbourhoods</p>	<p>1/10/12</p>	<p>Parks and Countryside, Procurement Unit.</p>	<p>Tender Returns</p>	<p>Neil Evans, Director of Environment and Neighbourhoods</p> <p>neil.evans@leeds.gov.uk</p>
<p>Implementing a new children's services structure through the restructure of existing provision</p> <p>To take one or more decisions in connection with the proposals for the new structure including the restructure of existing provision.</p>	<p>Director of Children's Services</p>	<p>1/10/12</p>	<p>Staff, Trade Unions</p>	<p>Delegated Decision Report and relevant structure charts</p>	<p>Nigel Richardson, Director of Children's Services</p> <p>nigel.richardson@leeds.gov.uk</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
<p>Schools devolved formula capital budgets 2012/13 Approval to carry out capital works and incur expenditure at Leeds schools, to be funded by Devolved Formula Capital Grant.</p>	<p>Director of Children's Services</p>	<p>1/10/12</p>	<p>Schools (excluding VA schools and Academies)</p>	<p>Design and cost report</p>	<p>Charlotte Foley, Lead Officer for the Built Environment  charlotte.foley@leeds.gov.uk</p>
<p>Troubled Families Programme Approval of initial spending profile for Troubled Families programme. Approximately £2.3 million will be made available to Leeds from the DCLG in 2012/13 to work with families to positively impact on a range of issues including worklessness, crime, anti-social behaviour and school attendance.</p>	<p>Director of Children's Services</p>	<p>1/10/12</p>	<p>Consultation on the direction of travel of the troubled families programme, including an outline of an options appraisal for spending have been presented to Corporate Leadership Team, Children's Service Leadership Team, Children's Trust Board, Safer Leeds Executive and the Troubled Families Programme Board.</p>	<p>Programme Board Mandate, Troubled Families Financial framework, Options Appraisal (to follow)</p>	<p>Jim Hopkinson, Head of Service - Targeted Services  jim.hopkinson@leeds.gov.uk</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
<p>Youth Contract: Support for 16-17 year olds who are not in education, Employment or Training To approve £815k of fully funded expenditure into the Children's Services 12-13 budget.</p>	<p>Director of Children's Services</p>	<p>1/10/12</p>	<p>Elected Members</p>	<p>Funding Letter</p>	<p>Ken Morton, Head of Service - Young People &amp; Skills  ken.morton@leeds.gov.uk</p>
<p>Youth Inclusion Projects, Inclusion Service, Substance Misuse Treatment To agree the waiver of Contract Procedure Rule 13 to enter into contracts for the provision of: Youth Inclusion Projects; Inclusion Services; and Substance Misuse Treatment.</p>	<p>Director of Children's Services</p>	<p>1/10/12</p>	<p>Children's Services Directorate, Procurement Unit, Chief Officer Concerned</p>	<p>Proposals from the existing contracted providers</p>	<p>Iain Dunn, Strategic Category Manager  iain.dunn@leeds.gov.uk</p>
<p>Yewtree and Rosewood Extra Care Provision To award a contract to Methodist Homes Association to provide 65 housing tenancies for older people residing in the Moor Allerton extra care housing provision.</p>	<p>Director of Adult Social Services</p>	<p>11/10/12</p>	<p>Project Board and the Health and Social Care Executive Board Member</p>	<p>Report to the Director of Adult Social Services</p>	<p>Susan Gamblen, Commissioning Manager for Older People's Services  susan.gamblen@leeds.gov.uk</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
<p>Outcome of competitions for two new primary schools To determine the outcome of the competitions held to open two new primary schools.</p>	<p>Executive Board Portfolio: Children's Services</p>	<p>17/10/12</p>	<p>The competitions were approved following formal statutory consultation held 12 Sep – 11 Oct 2011. This included consultation with and members directly and through area committees, and with all other stakeholders. Following the competition, a statutory notice was published describing the bids received, and advertised to ward members and all other stakeholders. A public meeting was held during the notice period, to allow members of the public and other stakeholders to find out more about the bids. Information on the views expressed during that notice period form the basis of the report.</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Stuart Gosney, Capacity Planning and Sufficiency Lead  stuart.gosney@leeds, gov.uk</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
<p>Tour de France: Le Grand Depart To approve the contract with Welcome to Yorkshire to attract the Tour de France to Leeds.</p>	<p>Executive Board Portfolio: Leisure and Skills</p>	<p>17/10/12</p>	<p>Executive Member for Leisure, Welcome to Yorkshire, Yorkshire and Humber Chief Executive's Group.</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Catherine Blanshard, Chief Libraries, Arts and Heritage Officer, Learning and Leisure</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
<p>Award of contract for Targeted Information, Advice and Guidance (IAG) Service for young people The award of a contract to the successful applicant in the procurement of a Targeted IAG Service for young people. Contract for 1<sup>st</sup> April 2013- 31<sup>st</sup> March 2015, with 3 extension periods of 1 year.</p>	<p>Director of Children's Services</p>	<p>1/11/12</p>	<p>Children's Services Leadership Team – w/c 26/11/12. Consultation that has already taken place:</p> <ul style="list-style-type: none"> <li>• An event for stakeholders, including elected members, to be involved in planning to shape the new service took place in January 2012.</li> <li>• A soft market testing exercise has been conducted with the market place to seek their views on contracting models.</li> <li>• Consultation took place with young people Feb – April 2012.</li> <li>• Consultation with voluntary sector representatives from Young Lives Leeds on 25<sup>th</sup> July 2012.</li> </ul>	<p>Contract award report</p>	<p>Mary Brittle, Commissioning Programme Manager (Learning &amp; Skills)</p> <p>mary.brittle@leeds.gov.uk</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
<p>Inclusion Support for Disabled children, young people and parent carers Request to award a 3(+1+1) year contract from 1<sup>st</sup> April 2013 for the provision of the Leeds Inclusion Support Service to the successful bidder following competitive tendering exercise</p>	<p>Director of Children's Services</p>	<p>1/11/12</p>	<p>Extensive consultation with stakeholders, including disabled children and their families has been undertaken. Further consultation will take place with providers as part of the procurement exercise. Regular briefings will take place for the Executive and Lead Member for Children's Services.</p>	<p>Delegated Decision Report</p>	<p>Paul Bollom, Interim Lead Commissioner for Children's Services</p>
<p>Transfer of Gypsy and Traveller site into the Housing Revenue Account The report sets out the proposals to transfer the income and expenditure of the Gypsy and Traveller site into the Housing Revenue Account</p>	<p>Director of Environment and Neighbourhoods</p>	<p>Between 1/11/12 and 30/11/12</p>	<p>Ward Members</p>	<p>EIA Screening</p>	<p>Megan Godsell, Housing Policy Manager  megan.godsell@leeds.gov.uk</p>



Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
<p>A strategic review of the Leeds " Youth Offer"</p> <p>To delegate a budget from April 2013 to Area Committees so that they can commission activities (places to go, things to do for young people) which engage young people.</p> <p>To restructure the Youth Service and end their 'generalist' role within the overall Youth Offer, to have a clearly defined delivery role, which better meets more targeted need, whilst enshrining the significance of professional youth work.</p> <p>To determine if resource available for youth work which meets more targeted need should be subject to competition</p>	<p>Executive Board Portfolio:Children's Services</p>	<p>7/11/12</p>	<p>A consultant has conducted an elected member led review engaging with over 40 stakeholders sessions with elected members, young people, staff and voluntary and community faith partners.</p> <p>The principles and propositions from the review will be widely circulated with responses fed into the review.</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Ken Morton, Head of Service - Young People &amp; Skills</p> <p>ken.morton@leeds.gov.uk</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
Tropical World Refurbishment To approve the design and cost report for the proposed Tropical World refurbishment.	Executive Board Portfolio: The Environment	7/11/12	Consultation will commence once Executive Board have agreed in principle to inject funds into a capital scheme	The report to be issued to the decision maker with the agenda for the meeting	Sean Flesher, Head of Parks and Countryside  sean.flesher@leeds.gov.uk
Outcome of consultation on expansion of school places for 2014 Permission to publish statutory notices for the proposals	Executive Board Portfolio: Children's Services	12/12/12	The report will summarise the formal statutory 6 week consultation period held 11 June to 27 July 2012 with prescribed consultees and other local stakeholders. This includes area committees and all ward members city wide.	The report to be issued to the decision maker with the agenda for the meeting	Stuart Gosney, Capacity Planning and Sufficiency Lead  stuart.gosney@leeds.gov.uk

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer
<p>Outcome of consultation on expansion of school places for 2014 Permission to publish statutory notices for the proposals</p>	<p>Executive Board Portfolio: Children's Services</p>	<p>12/12/12</p>	<p>The report will summarise the formal statutory 6 week consultation period held 11 June to 27 July 2012 with prescribed consultees and other local stakeholders. This includes area committees and all ward members city wide.</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Stuart Gosney, Capacity Planning and Sufficiency Lead  stuart.gosney@leeds.gov.uk</p>
<p>Schools Funding - Changes to the way schools are funded To agree the new factors to approve school funding formula's</p>	<p>Executive Board Portfolio: Children's Services</p>	<p>12/12/12</p>	<p>Schools Forum, Governing Bodies</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Simon Darby, School Funding and Initiatives Team Leader  simon.darby@leeds.gov.uk</p>

## **MEMBERSHIP OF THE EXECUTIVE BOARD**

### **Executive Board Portfolios**

Leader of Council

Deputy Leader and Executive Member for Children's Services

Deputy Leader and Executive Member for Neighbourhoods, Planning and Support Services

Executive Member for Leisure and Skills

Executive Member for Development and the Economy

Executive Member for the Environment

Executive Member Adult Social Care

Executive Member for Health and Well Being

### **Executive Member**

Councillor Keith Wakefield

Councillor Judith Blake

Councillor Peter Gruen

Councillor Adam Ogilvie

Councillor Richard Lewis

Councillor Mark Dobson

Councillor Lucinda Yeadon

Councillor Lisa Mulherin

In cases where Key Decisions to be taken by the Executive Board are not included in the Plan, 5 days notice of the intention to take such decisions will be given by way of the agenda for the Executive Board meeting.