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Leeds CITY COUNCIL

SCRUTINY BOARD (CHILDREN'S SERVICES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Thursday, 10th November, 2016 at 9.45 am

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

MEMBERSHIP

Councillors

J Akhtar	-	Hyde Park and Woodhouse;
S Bentley (Chair)	-	Weetwood;
N Dawson	-	Morley South;
C Dobson	-	Killingbeck and Seacroft;
J Elliott	-	Morley South;
S Field	-	Garforth and Swillington;
C Gruen	-	Bramley and Stanningley;
M Iqbal	-	City and Hunslet;
A Lamb	-	Wetherby;
P Latty	-	Guiseley and Rawdon;
K Renshaw	-	Ardsley and Robin Hood;

Co-opted Members (Voting)

Mr E A Britten	-	Church Representative (Catholic)
Mr A Graham	-	Church Representative (Church of England)
Ms L Nichols	-	Parent Governor Representative (Primary)
Ms J Ward	-	Parent Governor Representative (Secondary)
Ms J Hazelgrave	-	Parent Governor Representative (Special)

Co-opted Members (Non-Voting)

Ms C Foote	-	Teacher Representative
Ms K Jan	-	Teacher Representative
Mrs S Hutchinson	-	Early Years Representative
Ms C Hopkins	-	Young Lives Leeds
Ms C Bewsher	-	Looked After Children and Care Leavers

Agenda compiled by:
Guy Close
Scrutiny Support Unit
Tel: 39 50878

Principal Scrutiny Advisor:
Sandra Pentelow
Tel: 24 74792

Produced on Recycled Paper

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** 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). (* 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).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 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. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** 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: **No exempt items have been identified.**	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
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 INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 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 - 13 OCTOBER 2016** To confirm as a correct record, the minutes of the meeting held on 13 October 2016.	1 - 6
7			**SCRUTINY INQUIRY - CHILDREN'S CENTRES - SESSION 2** To receive a report from the Director of Children's Services presenting information as part of Session 2 of the Board's inquiry into Children's Centres.	7 - 130
8			**LEEDS SAFEGUARDING CHILDREN BOARD - ANNUAL REPORT 2015/16** To receive a report from Leeds Safeguarding Children Board presenting the Leeds Safeguarding Children Board - Annual Report 2015/16.	131 - 174
9			**WORK SCHEDULE** To agree the Board's work schedule for the 2016/17 municipal year.	175 - 194

Item No	Ward/Equal Opportunities	Item Not Open		Page No
10			**DATE AND TIME OF NEXT MEETING** Thursday, 15 December 2016 at 9.45am (pre-meeting for all Board Members at 9.15am) **THIRD PARTY RECORDING** Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

SCRUTINY BOARD (CHILDREN'S SERVICES)

THURSDAY, 13TH OCTOBER, 2016

PRESENT: Councillor S Bentley in the Chair

Councillors J Akhtar, N Dawson, J Elliott, S Field, C Gruen, M Iqbal, P Latty, J Pryor and K Renshaw

CO-OPTED MEMBERS (VOTING)
Mr E A Britten – Church Representative (Catholic)
Mr A Graham – Church Representative (Church of England)
Ms L Nichols – Parent Governor Representative (Primary)
Mrs J Ward – Parent Governor Representative (Secondary)

CO-OPTED MEMBERS (NON-VOTING)
Ms C Foote – Teacher Representative
Mrs S Hutchinson – Early Years Representative
Ms C Hopkins – Young Lives Leeds
Ms C Bewsher – Looked After Children and Care Leavers

32 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting, however the following matter was brought to the attention of the Scrutiny Board for information:

- Councillor S Bentley advised that she was a member of the Ireland Wood Children's Centre Advisory Board.

Councillor S Bentley remained present for the duration of the meeting.

33 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillors C Dobson and A Lamb and Co-opted Members, Ms J Hazelgrave and Ms K Jan.

Notification had been received that Councillor J Pryor was to substitute for Councillor C Dobson.

34 Minutes - 15 September 2016

RESOLVED – That the minutes of the meeting held on 15 September 2016 be approved as a correct record.

35 Scrutiny Inquiry into Children's Centres - Session 1

The Director of Children's Services submitted a report which presented information as part of Session 1 of the Board's inquiry into Children's Centres.

The following information was appended to the report:

- Early Start Service – One Minute Guide (February 2016) Improvement Cycle
- Details of Children's Centres by cluster, ward, phase and governance lead
- City Wide Early Start Dashboard
- Inspection example – outstanding, good, requires improvement
- Leeds Best Start Plan 2015-2019: A Preventative Programme from Conception to Age 2
- A Life Ready for Learning 2015-2069: A Preventative Programme from 2 to Age 5
- All Parliamentary Group on Children's Centres: Family Hubs – The Future of Children's Centres (July 2016)
- Economic Modelling in support of Children's Centre Business Case for Leeds.

The following were in attendance:

- Councillor Lisa Mulherin, Executive Board Member (Children and Families)
- Councillor Jane Dowson, Deputy Executive Board Member (Children and Families)
- Sue Rumbold, Chief Officer (Partnership Development and Business Support)
- Andrea Richardson, Head of Services (Learning for Life)
- Amanda Ashe, Children's Centres and Early Help Lead
- Sharon Yellin, Consultant in Public Health
- Janice Burberry, Health Improvement Manager, Public Health
- Debra Gill, Service Manager for Health Visiting, Leeds Community Healthcare NHS Trust.

The Board received a presentation 'Best Start in Life for all Children: Leeds Children Centres'.

The key areas of discussion were:

- An update on commissioning arrangements, particularly the importance of an integrated approach, the role of the CCG and work with GP partners.
- Clarification sought about co-ordination of services, particularly in ensuring that there were no gaps in provision or overlap. The Board was advised that co-ordination of services was one of the key principles of the 'Best Start' Strategy.
- Confirmation that core services were being delivered across all children centres in Leeds (56 in total, 25 provided by schools), although there had been some changes to management and governance arrangements. The Board was advised about investment in children centres through the Schools' Forum for 2017.

- An acknowledgement of gaps in provision regarding speech and language therapy. The Board supported the potential development of a new pathway in relation to this area of work.
- Development of the Family Learning Programme with Leeds City College.
- The importance of sharing good practice across children centres. The Board was advised about performance management and monitoring processes in place.
- The powers of intervention regarding children centres that underperformed.
- An update on maternal mental health. The Board was advised that maternal mental health was one of the key priorities of the NHS maternity strategy.
- Concern about the increase of foetal alcoholism and an increased awareness of this issue in training of practitioners.
- Clarification regarding recruitment, development and support programmes to minimise staff sickness and long term absenteeism.
- The role of school clusters and the school nursing team in relation to family support and transition from early years.
- The needs of schools and the perceived differences in quality regarding services accessed by schools across Leeds.

RESOLVED –

(a) That the issues raised as part of the Board's inquiry into Children's Centres, be noted.
(b) That the Board writes a letter to frontline staff across Leeds' children centres acknowledging their hard work and valuable contribution.

(Mrs S Hutchinson left the meeting at 11.30am at the conclusion of this item.)

36 Home Education

The Director of Children's Services submitted a report which outlined the current law in relation to home education and the processes undertaken by Children's Services to support the local authority's duties.

The following information was appended to the report:

- Policy on Elective Home Education 2016 (Children being educated at home by parental choice)
- Elective Home Education: One Minute Guide (October 2016)
- Elective Home Education: Guidelines for Local Authorities.

The following were in attendance:

- Councillor Lisa Mulherin, Executive Board Member (Children and Families)
- Councillor Jane Dowson, Deputy Executive Board Member (Children and Families)

- Sue Rumbold, Chief Officer (Partnership Development and Business Support)
- Andrea Richardson, Head of Services (Learning for Life)
- Barbara Temple, Lead Officer for Home Education, Children's Services
- Elaine McShane, Head of Children's Social Work, Children's Services.

The key areas of discussion were:

- Clarification sought regarding the destinations of young people that had been home educated. The Board was advised that legislation prevented the local authority maintaining a record of this information.
- Clarification sought whether there was any data about particular cohorts of children that benefitted from home education. The Board was advised that this was difficult to determine.
- Following a case described by Councillor Mulherin, the Board sought clarification about ensuring the voice of the child was heard and that they were given a choice. The Board was advised that children became home educated at different times for different reasons and that each case was unique. It was the parent's choice to home educate.
- The importance of ensuring a good standard of education for all young people. The Board was advised that it was the local authority's responsibility to ensure that children received the education that they were entitled to. It was the parent's choice about what they considered to be a suitable education. The local authority had no right of access to monitor the quality of education.
- The trend in the increase in home education. Clarification was sought about the reasons for the increase and why parents chose to home educate. The Board was advised that parents were not obliged to disclose reasons for home education, however information was sought to try and provide the necessary support.
- The aim to develop relationships with parents rather than a regime of inspection.
- Social learning, isolation, the refusal of visits / access and safeguarding. The Board was advised that there were a number of agencies, particularly GP's that engaged with children not in the school system. The nature of the law did not provide a right of access, a refusal of a visit was passed onto Social Care. However, without consent and evidence of risk of significant harm there were no grounds for going out to the family.
- The work of the Virtual Youth Council and the Voice and Influence Team in providing information and support to families.
- Access to extended and targeted services and access to CAMHS.

RESOLVED –

(a) That the contents of the report and appendices, be noted
(b) That the concerns raised by the Board be forwarded to Leeds Safeguarding Children Board

(c) That the Board writes a letter to the Secretary of State for Education, outlining the Board's concerns in relation to the legislation and the quality of education and intervention relating to home education.

(Mr A Graham left the meeting at 11.50am, Councillor K Renshaw at 12 noon, Ms C Foote at 12.25pm, Councillor C Gruen at 12.30pm, Ms L Nichols at 12.35pm and Councillor J Akhtar 12.40pm, during the consideration of this item.)

37 Work Schedule

The Head of Scrutiny submitted a report which invited Members to consider the Board's work schedule for the 2016/17 municipal year.

The Board was advised that an update on the issue of youth activity funding was to be considered at a future Board meeting.

RESOLVED – That subject to any on-going discussions and scheduling decisions, the Board's outline work schedule be approved.

38 Date and Time of Next Meeting

Thursday, 10 November 2016 at 9.45am (pre-meeting for all Board Members at 9.15am)

(The meeting concluded at 12.45pm)

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Report author: Andrea Richardson
Tel: 0113 3783634

Leeds CITY COUNCIL

Report to Scrutiny Board (Children's Services)

Subject: Report of: Director of Children's Services

Date: 10th November 2016

Subject: Childrens Centre Inquiry- Session 2

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

Summary of main issues

This report has been written jointly between Children's Services and Public Health Directorates, reflecting the integrated approach to early prevention and intervention in the Leeds Early Start-Children's Centre service model.

The report provides the information for Session 2 of the Scrutiny Board's Inquiry into Childrens Centres to consider the value of the Leeds Early Start Children's Centre delivery model. The report offers detail around:

- What services Early Start- Children's Centres provide within the integrated offer. Whilst the report is specifically to consider the Children's Centre offer, because it is fully integrated with other services this interface regularly becomes part of the narrative;
- A consideration of the funding model and associated benefits, challenges and risk, with particular emphasis on wider risks across partner agencies;
- Children's Centres V's Other Provision, what's makes the Leeds Early Start Children's Centre model different/unique. A deeper description of some of the work developing through a deeper systemic change;
- What have Children's Centres achieved over the last five years and can we assess their value both in financial terms and social impact;

- The national picture and known impact of service changes elsewhere (positive and negative).

Recommendations

The Scrutiny Board (Children and Families) is requested to note the information presented as part of session 2 of the Children's centre Inquiry.

Purpose of this report

1.1 This report has been written jointly between Children's Services and Public Health Directorates, reflecting the integrated approach to early prevention and intervention in the Leeds Early Start-Children's Centre service model.

1.2 The purpose of this report is to provide the information for Session 2 of the scrutiny Board's Inquiry into Childrens Centres. The session will consider the value of the Leeds Early Start Children's Centre delivery model though looking at:

- An overview of the offer – what do Children's Centres provide;
- The funding model and associated benefits, challenges and risk;
- Children's Centres V's Other Provision, what's makes the Leeds Early Start Children's Centre model different/unique;
- What have Children's Centres achieved, what is their value
- The national picture and known impact of service changes elsewhere (positive and negative)

2 Background information

2.1 The Board is seeking to understand the impact that Early Start- Children's Centres are having in Leeds, identify how they can remain effective and sustainable and ensure the service continues to deliver on the long term strategic aim to improve the lives of young children. If during the course of the inquiry it is evident that improvements are required the Scrutiny Board will seek to clarify what is being done to change things to ensure better outcomes.

2.2 It is important to consider how the Scrutiny Board will deem if their inquiry has been successful in making a difference to local people. Some measures of success may be obvious at the initial stages of the inquiry and will be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.

2.3 Following the inquiry the Scrutiny Board will publish its report which will identify clear desired outcomes. These will be reflected in the recommendations made. The director or organisation to whom the recommendations have been made will be responsible for monitoring the impact of each recommendation and for advising the Scrutiny Board accordingly as the board reviews progress.

3 Main issues

3.1 <u>An overview of the offer- what do Leeds Early Start Childrens Centres provide.</u>

3.1.1 To clarify, for the board, this session is inquiring into the Children's Centre- family support offer, it is not describing the Children's Centre early learning area of work. This separation of business is important in terms of future sustainability as it is intended that the early learning business runs as a financially sustainable service.

As one of the largest 'nursery' businesses in the country, Leeds offers early learning and child care to families in more deprived areas of the city. These are the areas where private providers may struggle to operate. Serving over 2,500 children under 5 every day the business operates flexibly to respond to demand as required, for example expansion of two year old places and extension of the free offer for three and four year olds from 15 hours to 30 hours in September 2017.

3.1.2 The Early Start Children's Centre service offer is best described in the Early Start staff handbook, **Appendix 1**. This provides an effective overview of the integrated service offer across Childrens Centres and Health Visiting Teams. The handbook describes how:

- Practitioners deliver the support offer for families;
- Staff work together as part of the integrated local authority and health offer, and the governance underpinning this;
- And how staff work with other agencies and services.

3.1.3 The vision for the Early Start offer is to be an integrated family based support for children 0-5 year old, supporting all children and their families to have the best possible start in life. Working in partnership with GPs, midwives and other health and early years services, the Early Start Service helps families play a positive role in their children's development through reducing social isolation, promoting well-being, increasing parenting capacity and supporting access to training and employment.

3.1.4 The service offer, described in the handbook aims to:

- Ensure that families from pregnancy to five years are offered the Healthy Child Programme;
- Ensure that families from pregnancy to five years are offered the Children's Centre Core Offer, including Early Years Foundation Stage Curriculum;
- Identify children and families where additional preventative programmes and interventions will reduce their risks and improve future health and well-being;
- Promote and protect health, well-being, learning and school readiness;
- Provide a gateway into specialist services.

3.2 The funding model and associated benefits, challenges and risks

3.2.1 Changes in Children's Centre funding

This Inquiry has expressed an interest in the impact of changes in the service offer by Children's Centres. As presented previously to this Board the Children's Centre budget in Leeds has reduced over the last 5 years, see **Table 1.**

Table 1

Children's Centre Family Services Analysis

		Budget 13/14	Budget 14/15	Budget 15/16	Budget 16/17
		(£000's)	(£000's)	(£000's)	(£000's)
EXPENDITURE					
	CC Family Services	6,681.8	7,173.8	5,602.9	6,211.5
	Commissioned Services	783.2	722.6	616.3	616.0
		7,465.0	7,896.4	6,219.2	6,827.5
INCOME	Less,				
	Public health funding	-211.0	-1,028.6	-1,488.0	-1,020.0
	Public Health - from reserves				-378.7
	Dedicated Schools Grant (DSG)	-1,780.0	-1,780.0		
	DSG - Reserves			-1,070.0	-1,100.0
	Clinical Commissioning Group (CCG)				-1,600.0
		-1,991.0	-2,808.6	-2,558.0	-4,098.7
	Net budget	5,474.0	5,087.8	3,661.2	2,728.8
	Note: £1.6m was actually received in 15/16 from the CCGs				

The commitment from Leeds partner agencies is well demonstrated through the mixed funding model developed over the last few years. Although all agencies budgets have been under pressure the schools, CCG, Public Health and local authority have been determined to maintain the principle of local preventative services in every community.

In 2017-18 the budget for Early Start- Children's Centres will be under pressure again, with reductions from schools DSG funding, as the school funding system changes nationally, further reductions in the ring fenced Public Health budget and changing priorities for CCG

The Joint Commissioning Partnership requested that partners work together to identify the Early Start- Children's Centres 'principles' that maintain the Children and Young People and Best Start Strategies. A cross service Children's Centre working group (LCC, CCG, voluntary sector and public health) were tasked in February 2016, by the Joint Health and Wellbeing Commissioning Board, to ensure a partnership approach to commissioning Children's Centre- Family Services in the future. To ensure the outcomes of the Best Start Strategy and Children's and Young People's Strategy the group established a set of practice principles around Early Start Children's Centre work. These were;

1. That all communities would receive a Children's Centre offer of support from a local venue, usually but not exclusively from a designated 'Children's Centre' building;
2. A universal service offer, alongside that of the health visitors and early education entitlement, will be provided across the city;
3. The level of service will be graduated according to the level of child and family need;
4. A higher level of investment will be maintained in the 6 clusters with highest levels of need.

Children's Centres have historically been funded according to a formula based on the number of children in the reach area with additional services according to levels of deprivation. This formula enables us to alter weightings of the budget according to the agreed priorities and principles.

As a result of Central Government reduced funding to the ringfenced public health grant, and funding pressures on partners, we are modelling the implications of these reductions on services, which will exceed £1million

3.2.2 Related Service Changes

The Scrutiny Inquiry has expressed an interest in the impact of changes in related services on the delivery of the family support offer by Children's Centres. Of particular relevance is the Health Visiting service which, together with the Children's Centres, comprises the integrated Leeds Early Start Service.

Health Visiting:

In 2015, Public Health took over the commissioning responsibility from NHS England for the Healthy Child Programme (HCP) for 0-5 year olds, incorporating Health Visiting (HV) and the Family Nurse Partnership (FNP) programme. As part of this transfer to the Council, a new Leeds Early Start Service contract (which includes Health Visiting and FNP services) was jointly reviewed, developed and awarded to Leeds Community Healthcare based on Department of Health terms and conditions. This contract began on 1st October 2015 and currently expires on 31st March 2017 with provision to extend for further 2 x 12 months. Management of this contract is undertaken by a joint Commissioning Group, led by Public Health, and including partners from Children's Services commissioning, CCGs, LCH and Children's Centres provision. The group meets quarterly and monitors performance through a joint Performance Dashboard, client feedback, relevant reports and quality conversations.

As a direct result of both the Public Health Grant cuts announced by the Government, and in light of the findings of a recent national randomised controlled study (Building Blocks trial[1]) indicating that the FNP is not the most cost effective

[1] [1] Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial

Robling M et al. The Lancet (January 2016) Vol. 387, No. 10014, p146–155

way to commission 0-5 services, it is intended not to extend the contract for FNP beyond March 2017. The FNP service reaches only 20% of eligible young families.

The building blocks trial concluded that FNP 'is no more effective than the routine available health care alone in relation to reducing smoking in pregnancy, improving birth weight, reducing rates of second pregnancies by two years post-partum or reducing rates of emergency attendances or hospital admissions for any child for any treatment by the child's second birthday.' One of the main reasons why the UK may not have seen the additional benefits of FNP is likely to be due to the high quality of the mandated universal health visiting offer which provides core contacts and more intensive support according to need.

Therefore, in recognition of the key role of HV services in achieving the Best Start for every child, it is considered to be preferable and more efficient to protect the funding of universal Health Visiting services. It is also desirable to mitigate the impact of closure of the FNP service which provides core contacts to approximately 180 teenage parents and their babies. It is thus proposed to restrict the reduction in funding for the HV service compared to other Public Health services. The proposed reduction will be 2% in 2016/17 and a further 3% in 2017/18. The final decision making process in LCC will be completed by the end of October 2016.

However, it is important to be aware that the provider, Leeds Community Healthcare NHS Trust, also proposes to make significant efficiency savings across the HV service over the same period. The combined impact of these savings alongside the PH funding reduction will require careful consideration of the model of HV service delivery, including aspects such a skill mixing. These discussions are at an early stage, but the process is joined-up under the umbrella of the joint Early Start Commissioning Group, and under the Children's Centre Review Group (which reports through the Joint Commissioning Sub-Group of the Children & Families Trust Board). These arrangements will ensure that discussions involve all relevant partners, and that the impact of changes in both Health Visiting and Children's Centres are considered together, and any new models of working are taken forward in an integrated way.

Leeds South & East CCG Enhanced Best Start offer:

Leeds South & East CCG has made additional new investment into Best Start services in its area. This equates to around £1m of funding over 3 years, which has been transferred to LCC Public Health and is being jointly invested into the local area. The enhanced services will include enhanced perinatal education, more parenting programmes and peer support. These developments are being taken forward jointly between the CCG, Public Health, Children's Services and 3rd sector providers as appropriate.

For the purposes of supporting this inquiry the CCG's have provided a written briefing note which is attached as **Appendix 4**.

3.3 Children's Centres V's other provision, what makes the Early Start Children's Centres unique/different in Leeds

3.3.1 Whilst many authorities have closed or redefined the work of Childrens Centres, Leeds has analyzed and embedded the good practice that has emerged from the earliest Sure Start and Children's Centre programme, from high quality health visiting and Healthy Child Pathway evidence and from national evidence, into the heart of the strategy for Children and Young People in Leeds. The Early Start model integrates the Children Centre service offer and the Health Visiting offer into a fully integrated support service, modelled around the needs of children and families. By integrating services we have been able to prevent any duplication of support, but also identify gaps in support and staff skill and add additional services. The city's relentless focus on better outcomes for children instigated the review of health visiting and Children's Centre services leading to a systemic change in services for under 5's in the city through the Best Start and A Life: Ready for Learning Strategies.

The uniqueness in the Leeds Early Start- Children's Centre model is in the co-ordination of complex services around communities and families. Through this collaboration between health, local authority, school and voluntary sector partners in Leeds a systemic change has developed leading to improving outcomes for children.

Working with children and families, rather than doing things to them or for them staff become facilitators of change for families, working restoratively by providing high support and challenge to enable families to identify sustainable solutions to the challenges they face, and to equip them with the resilience to move forward successfully.

The Early Start- Children's Centre offer builds on excellent practice over many years in early education, family support, health services and employment support to constantly review and improve the offer. The city wide reach of the service to all families ensures a vehicle for identifying and meeting the developing needs and families right across the city.

In addition to the core Healthy Child and Children's Centre core offer Leeds has developed a range of new innovative services which reach into families lives to offer support. The next section describes some of the new ways of working developed over the last 3 years.

The core offer for Early Start services are to ensure the critical service support for ensuring children are safe from harm, through high quality, professional confidence in safeguarding practices and procedure. Support then to work with families to identify need early in the life of a problem, this is key to ensure the right Early Help offer is available for our most vulnerable children, including 'children in need'. A range of universal and targeted services have been developed around this model.

3.3.2 Preparation for Birth and Beyond

As part of the universal Offer Family Outreach Workers work alongside Health Visitors and Midwives to deliver the Leeds Preparation for Birth and Beyond

Perinatal education programme. This 7 session programme delivered within local children centres in all clusters across the city has increased the availability, accessibility, and quality of antenatal classes. The programme includes the traditional sessions on preparing to give birth and practical support around caring for the baby. In addition it also enables parents to think together about how having a baby will impact on their lives and consider the importance of, and how to develop positive parent infant relationships. The programme aims to increase the numbers of these parents who report improved parental self-esteem and reduced anxiety, improved couple relationships, improved confidence in their parenting abilities and feeling well prepared for birth. Research shows that participation in antenatal education improves outcomes for families. These include: greater satisfaction with the birth experience; adoption of healthy behaviours (including reduced alcohol consumption and smoking during pregnancy and increased breastfeeding rates), reduced maternal anxiety and depression, and improved couple relationships .A key aim of the programme is to reduce health inequalities and improve parent confidence and skills.

Family Outreach workers make home visits and provide practical support to families where this is considered beneficial in encouraging them to come along. Dad, or a significant other identified by Mum, receives a separate invite encouraging them to be part of the programme. The programme is co delivered by Family Outreach Workers, Health Visitors and Midwives. In 2015 a total of 675 women (463) and partners (212) had attended the Preparation for Birth and Beyond classes through the 78 courses delivered across the City. Data highlights New Bewerley and the Airborough & Otley areas to have particularly good recruitment and retention rates.

We are currently in the process of evaluating the impact of the Leeds programme. An evaluation methodology has been developed and piloted. Some data is available from a small scale pilot study which considered parental confidence at certain parenting skills, such as bonding with their baby, bathing their baby, getting their baby to sleep, ensuring baby is safe when they are sleeping, and understanding and responding to baby crying. Parents were also asked how confident they felt about the birth. Parents reported higher levels of confidence in relation to the parenting skills covered in the questionnaire when completing the questionnaire at week 6 than they were when completing the questionnaire before they started the course at week 1. The only question which did not see a statistical significant improvement was around ‘working with your partner as a team’ this question scored highly at both entry and exit, showing participants felt confident in this prior to starting the course. Parents did report they felt more confident talking to each other about becoming parents and that they would be able to overcome challenges. The survey is now being made available for use city wide.

3.3.3 Baby Steps

Baby steps is a group based perinatal programme, based on PBB and sharing the same outcomes, that has been designed by NSPCC to meet the needs of parents who are at higher risk of poor emotional wellbeing during the transition to parenthood, and who are more likely to struggle to provide sensitive and appropriate care for their baby. The Public Health Directorate, working closely with LTHT, LCH and Children Centre Services, commission this 9 session long programme, for 200 targeted families per annum across the city .The team offer

wrap around support to enable families to successfully engage and also transition into mainstream services at the end of the programme. The programme is provided by LCC Early Help Services and a dedicated Leeds Baby Steps team has been established to develop and deliver the programme city wide in accordance with the NSPCC Baby Steps manual under license. The delivery team include a Children Centre Manager and Family Outreach Worker and the overall management of the service is overseen by a senior Early Start Manager from Children Centre services .

In the first year of the programme, May 2015-May 2016; Baby Steps received 322 referrals, with the majority of those coming from Midwives. 158 mums and partners engaged in the group, with the Inner East and Seacroft/Manson areas receiving the highest levels of referrals. Of those engaged 91 had pre-birth assessments, 59 returned into mainstream services, 6 had baby removed, 4 were subject to a child protection plan, 2 a child in need plans, 6 families went to mother and baby foster placements and a further 13 assessment are yet to be completed.

In the last quarter (June-September 2016), the team received 123 referrals, of which the majority (73) were from Midwives. The highest levels of referrals were within the Inner East and JESS cluster areas. Of the referrals received 72% of people commenced the programme with 41% of dads/partners attending. Of these 48% completed 6 or more sessions, of which 10% were dads.

Currently groups are being delivered across 12 areas of the City, which received 112 referrals, of which 90 participants are engaged in the sessions, 27 of which are partners.

We are currently in the process of evaluating the impact of the Leeds Baby steps programme, and given the programme has the same aims as the PBB programme we are using a very similar methodology .The results from the pilot work undertaken to date are positive with parents reporting a statistically significant positive increase in level of confidence across all the parenting skills areas . Results from questions about how participants felt they worked as a team with their partner to support each other in becoming parents show improvements in the mean scores, for example, I think we will work together as a team when baby is born increased from a mean score of 4.8 on entry to 5.4 on exit, but these results were not statistically significantly different. Parents were asked how important they felt the development of baby's early years from conception to age 2 in comparison to other stages in a child's development. The scores for this were high on the entry questionnaire with a mean of 5.5 out of 6 and this increased to 5.8 on exit at week 6. This result has increased slightly but is not significantly different.

3.3.4 HENRY (Health Exercise and Nutrition for the Really Young)

HENRY (Health Exercise and Nutrition for the Really Young) is a unique intervention to tackle child obesity which we started in Leeds in 2008. The HENRY approach focusses on 0 – 5 year olds, empowering parents and carers to provide a healthy start for their babies and young children.

There are two programmes available for families which each consist of 8 sessions. These are delivered within a group or on individual basis.

The programmes have the following objectives within 5 different domains:

Parenting
- Increase in confidence to make changes to family lifestyle
- Development of an authoritative style of parenting
- Modelling of a healthy lifestyle

Eating patterns
- Establishment of regular family mealtimes
- Reduction in grazing behaviour

Healthy eating
- Providing appropriate child-sized portions
- Reduction in energy dense foods and sugar-sweetened beverages; increase in fruit & vegetable consumption

Physical activity
- Increase in active play
- Reduction in sedentary behaviour, especially television viewing

Emotional wellbeing
- Increase the emotional wellbeing of the child and all family members

Family Outreach Workers deliver the majority of group programmes for families in Leeds. Over the last year the number of programmes being delivered has increased.

Data from the last year show that data on 15 courses could be analysed and the results were:
- There were 119 attendees across these programmes, with retention at 75%.
- The programmes were well received, with 95% of reporting participants rating them Good or Great.
- Participants felt they adopted a healthier lifestyle by the end of the programme, with 90% of participants improving the overall healthiness of their family lifestyle.
- The average healthy lifestyle score increased from 4.75 to 8.30 out of 10.
- The average consumption of fruit and vegetables among participant parents and children increased, while consumption of high fat and high sugar foods decreased.
- Activity levels among parents and children were seen to have increased.

Parents attending have said:
"The ideas and activities where great throughout the course which helped me; The HENRY toolkit was useful and I was able to make friends and also be more confident to speak."
"I have replaced pop with water. I am making small steps at a time so they are more likely to stay in place"
Over the last 6 years, obesity rates for Reception children have generally decreased in Leeds. Apart from an increase last year (2013/14) to 9.5% the obesity rate

decreased to 8.8% bringing it once again below the national average and mirroring the regional rate. Early indications of the 2015/16 obesity data for Reception school children show a further slight decrease. The HENRY group programme has contributed to this success.

3.3.5 Incredible Babies/ Toddlers Webster Stratton Programmes

Incredible Babies and Incredible Toddlers are based on well -established behavioural /social learning and child development principles that describe how behaviours are learnt and how behaviours can be changed. At the core of the approach is the simple idea that people can change as a result of interactions they have with one another. One of the implications of this focus on interpersonal skills is that, when children misbehave and families become disruptive, it is necessary to change the parent's behaviour as well as the child's. The programme, puts the emphasis on helping parents interact with their children helping parents to be more positive with their children and have a greater understanding of child's development cues and needs.

The Leeds programmes build on other universal and targeted services on offer within the city, namely PBB and Baby Steps. A recent trial has developed a pathway for those families who have successfully engaged with Baby Steps where 15 families went on to attend Incredible Baby programmes. The anecdotal evidence so far suggests that this has proven to be successful in keeping the family engaged with services and feedback from other professionals would suggest that this is contributing to the prevention of children needing to become looked after.

In 2016-19 Childrens centres have been commissioned by South east CCG to deliver:

- 12 Incredible Baby course programmes, the majority of these courses to be delivered to individuals living in the 10 % most deprived areas of the LSE CCG area.. A minimum of 10 parents / carers on average to attend each course, a minimum of 120 parents / carers to benefit in total from attending these courses per annum.

- Delivery of 12 Incredible Years Toddler course programmes in the LSE CCG area, the majority of these courses to be delivered to individuals living in the 10 % most deprived areas of the LSE CCG area. Engagement of 12 families in each course. 14 parents/ carers on average to attend each course, 168 parents / carers to benefit in total from attending these courses per annum.

3.3.5 Early Attachment Observation and Assessment

The health visitor infant observation is a new part of the universal offer at the routine 6-8 week contact. This is a short observation of infant and primary caregiver to screen for emerging attachment difficulties in line with the WAVE Report Conception to Age 2: The Age of Opportunity 2013.

The 6-8 week contact now incorporates the health visitors asking the primary caregiver three questions around their emerging relationship with their infant

alongside a two minute observation of an interaction between them. This enables the health visitor to ascertain the primary caregiver's views on this developing relationship and consider the similarity between these expressed views and what they are observing.

The three questions are intended to highlight the primary caregivers perception of both the positive and negative aspects of the emerging relationship with their infant and they are worded specifically to provoke a response that is genuine and immediate; giving an insight into the subconscious or conscious thoughts the primary caregiver may have which may impact on them forming a secure attachment to their infant.

Health visitors are encouraged to start to build a relationship with expectant mothers at the antenatal contact, modelling attunement, listening to concerns and responding sensitively. Using this approach they can create an atmosphere where the professional and parent wonder together about the infant's experience of their relationship and the environment. The health visitor will then introduce the concept of spending some time looking together and thinking about how their infant responds to their environment. This will help health visitors to acknowledge the positive responses a caregiver is providing the infant as the training explores how they feel about observing others and how they would use what they are observing to encourage a positive attachment relationship.

The observation and the three questions can also be used to assess the relationship as part of the Early Start Maternal Mood Pathway, before and after the delivery of listening support visits.

3.3.6 First Aid for Families

The community reach of Children's Centres has enabled centres to deliver First Aid for Families directly and easily to in communities. The first aid courses have been funded through the South East CCG. So far 205 course have been delivered and reached approximately 2050 families in this area of the city. The course delivers training on emergency first aid, early childhood illnesses and appropriate use of medical services. Courses have been delivered throughout the South East CCG area, with targeted delivery in the areas were attendance at A & E is high. Funding is confirmed for an additional 50 courses up until the end March 2017. More than 75% of families attend and complete the full course. Post course evaluations show that parents/carers are more skilled and confident in dealing with emergencies and illness as a result of the training.

Some of the feedback from families.

A parent attended a party were another child was choking, as a result of attending the training she was able to stop the child choking.

Another parent reported she had no idea that you call 999, in a medical emergency.

One parent shared how she had phoned for an ambulance when her child had fallen. As a result of attending the course, she was able to recognise this was not an

emergency and although she would have still taken him to hospital , she won't in future call an ambulance that could be sent to a real emergency.

Another family who had moved from Poland, shared she was unaware how to use the GP service. She shared that in Poland if you wanted to see a doctor, you went to the hospital. She encouraged more of her friends to come attend the next course.

3.4 What have Children's Centres achieved, what is their value

3.4.1 What have Children's Centres achieved?

Currently 96% of families in Leeds with children under 5 are registered with Children's Centres (100% through Early Start) that is around 25,304 families.

Of these families, 13,581 are in target groups (from Children's Centre inspection framework), which are considered to be 'hard to reach'. 7,443 families in target groups (70%) regularly engage with children centres.

Family outreach workers deliver a number of universal services to non-working mothers and some more targeted groups. These include Henry (healthy eating and nutrition for the really young). Stay and play for mums and toddlers, First aid courses, Parenting courses, adult education courses and breast feeding support. 8,096 people attended these groups in the last three months.

Family outreach workers also work intensively with 'targeted families' these are families who have been referred or refer themselves for short, but intensive pieces of support work with family outreach workers. 4,495 families with 6,543 children under 5 are currently being supported through family difficulties by our family outreach workers in centres across Leeds.

334 children supported by children's centres across Leeds on the edge of care last year. 23 children of those supported by children centres were taken into care.

In 2013, Leeds was the lowest performing LA against the low achievers indicator (i.e. Leeds had the largest gap). Significant priority has been given to addressing this issue since then. The gap has reduced in every year since then and in 2015/16 the gap has reduced again to 34.8%. There has also been a reduction in the national gap over this period, from 36.6 percent in 2013 to 31.4 per cent in 2016, so Leeds improvement has been faster than national. Leeds has improved its ranking to 112th of 151 LAs, and is therefore in the third quartile on this measure.

3.4.2 Supporting parents of 0-5's into work

Centres take a holistic approach to supporting parents back into work, understanding that there are varying starting points and that there are a number of steps that need to be taken before people who are long term unemployed or who have lost confidence can actually maintain employment.

Identifying trends and tracking

There are a number of workless tracking tools used by centres. These tools help to define the stages that individuals are at in their journey towards work and indicate useful interventions to move them through the stages. By using these tools we are more able to define appropriate interventions and show the progress of individuals. We can also identify which circumstances allow intervention by the Job Centre Plus Social Justice Team and when to refer.

Job Centre Plus

The Job centre Plus Social Justice Team replaced the service Level Agreement we had with Job Centre Plus since 2006. In 2006 each childrens centre had a linked Job Centre Plus worker who held meetings and training in each childrens centre to support parents back to work. With the reorganisation a number of years ago, this service level agreement came to an end and resulted in referrals only being taken where the parents qualified with one or more social justice criteria. These are such things as sickness, debt and substance misuse. The theory is that all other individuals who should be in work have an existing Job Centre Plus worker.

Supporting the long term unemployed and under employed, and those who need additional support

There can be some preparatory work needed for the long term unemployed and the shorter term unemployed who have lost confidence in their abilities before they can move into work and maintain employment. This work can include a great deal of confidence building and informal learning before formal learning takes place. Childrens centres offer this support through one to one work, supporting their childrens socialisation and learning and events and activities including informal learning opportunities and volunteering which supports confidence building. Building routines is also very important if parents are to maintain their participation in work opportunities and this is done by ensuring children attend regularly at nursery and are on time. Centres also offer commissioned counselling services which support confidence and mental health issues which can be a barrier to employment

Outcomes

Of the 25,304 families registered with our Childrens Centres, 13,581 are in target groups, including lone parents, teenage parents, families with low income and non-working parents. The work to support parent's long term employability includes courses around health lifestyles, child development, first aid courses, parenting courses and a range of adult education courses. 8,096 people attended these groups in the last three months.

The Council's Adult Learning Programme delivered 58 targeted family courses in the 2015/16 academic year. Courses delivered in primary schools and children's centres engaged 343 parents or carers of children to improve their skills including English, Maths and ESOL for those where English is not their primary language. Activities also enable parents / carers to be more active in the support of their children's learning and development.

Breaking the cycle

In areas of high deprivation where there is intergenerational worklessness, the centres are working to break the cycle of unemployment and poverty. This is a long term intervention which includes early intervention with childrens learning, the two year old free entitlement and ensuring take up of free entitlement for 3 to 4 year olds. All of this contributes to closing the gap in attainment for children from areas of high deprivation and moves children away from the cycle of poverty whose cause and effect can be exacerbated by non-participation in formal learning and low achievement resulting in unemployment and underemployment across the generations.

3.4.3 What is their value?

2010	**2016 (quarter 1)**
9.6% children were identified as obese in reception	9.5% identified as obese in reception, *Leeds now has one of the lowest childhood obesity rates, significantly lower than five of the seven core cities*.
600 'vulnerable' 2 year olds were accessing early education places	2976 vulnerable 2 year olds were taking up early education places - 2376 more children
The percentage of children achieving a good level of development at EYFS in **2013** Leeds 51 National 52	The percentage of children achieving a good level of development at EYFS in 2016 Leeds 63 National 69
The percentage of 'low achievers' (inequality) gap at EYFS in 2013 Leeds 44.6 National 36.6	The percentage of "low achievers' (inequality) gap at EYFS in 2016 Leeds 34.8 National 32.4
450 children under 5 years were taken into the care of the local authority (in quarter 4)	237 children under 5 were taken into the care of the local authority- 213 less in a growing population (in quarter 1)
125 went onto a CP plan (in quarter 4)	83 children under 5 going onto a CP plan (in quarter 1) 42 less children in a growing population

See Appendix 2 Early Start Dashboard

3.5 The National Picture

It was predicted in 2013 that around 60 centres nationally could close over the following 12 months due to 'acute financial pressures' on local authorities. Later reports suggest that, between 2010 and 2015, 763 Children's Centres were closed in England. This amounts to 21% of the original provision. There is no national dataset around the reduction of children's Centres nationally, but the table below gives figures reported in the media.

Table 2

Year of reduction	Local authority	No. of Children's Centre 2012	No. of Children's Centre 2016
2014	Rochdale	14	8
2014	Doncaster	20	8
2015	Kirklees	36	19
2015	Sheffield	36	17
2015	Calderdale	21	21
2015	Trafford	16	6
2015	Rotherham	22	12
2015	Leeds	56	56
2016	Derbyshire	32	19
2016	Bolton	18	7

It is difficult to establish any causal link between reduced funding in Childrens Centres and local authority Children's Services inspection judgement This is largely because of timings of inspections, the implementation of Children's Centre reductions and the subsequent changes in the early intervention offer available . Table 3 below identifies comments about Children's Centre provision from inspection reports. Whilst some of the Requires Improvement judgements cite Children's Centres, all of the Good inspection results have evidence of a good early preventative offer, including Children's Centres as a part of the systemic offer of support.

Table 3

Local authority	**Children's Services Ofsted judgement**	**Year of inspection and comments**
Rotherham	Inadequate	Family support is delivered through 22 children's centres, the very large majority of which were judged to be good or better in their most recent Ofsted inspections. In the past year, 717 families (with 1,402 children) received early help, which prevented the need for more intensive support.
Doncaster	Inadequate	Partners are insufficiently engaged in the provision of early help
Bolton	Requires Improvement	There are 18 children's centres and these have recently been reorganised to focus on targeted intervention. Only two of the ten children's centres inspected to date by Ofsted are rated good, compared with 68% nationally, resulting in a lack of consistency in the quality of the support being offered to families across the borough

Rochdale	RI	Children's centres provide a wide range of services, including parenting programmes and family support. Feedback from parents and carers using these services has been positive
Kirklees	No Ofsted	
Sheffield	RI	An increasing proportion of the outreach work provided by children's centres is targeted at vulnerable children and families
Calderdale	RI	The wide range of agencies providing early help, including children's services staff, children's centres, schools and the voluntary sector, means that services can be provided to different family members according to age and need.
Trafford	Good	A very large proportion (82%) of Trafford's under-fives are registered with children's centres. There has been a significant increase in health visitor capacity, supporting the delivery of intensive support to 98% of Trafford's children in their first year of life through the Trafford pathway.
Leeds	Good	Leeds' have successfully integrated local authority, health and third sector services which have evolved into a new early help service, underpinned by the 'Best Start' strategy. Multi-agency, locality 'cluster' arrangements ensure that good and effective use is made of local partnerships – particularly children's centres and learning settings. (p5) In March 2013 a city-wide Family Group Conferencing (FGC) service was launched. In February 2014, the local authority budget confirmed continuing investment in early intervention through an ongoing commitment to keep all children's centres open and to invest in FGC. The Duty and Advice Team has been further enhanced to bring a new approach to contact and referral, encouraging 'conversations' between qualified and experienced practitioners and callers who have concerns about a child. This approach focuses on discussions to determine the best course of action, and explores appropriate prevention and support if a social work service is not required. (p8) There is clear evidence of continuous strengthening of partnerships between schools, police, health and the voluntary sector, supported by the children's social work service. The targeted services are aligned, along with locality social work teams and early help 'clusters' (25) and children's centres (56), with considerable individual and shared commitment to providing help and support. Variation in the performance of localities and clusters, inevitable in areas with different rates of

		social mobility, is understood and closely monitored by senior managers. (p14)
Derbyshire	Good	There is an effective and comprehensive early help offer delivered by the Multi-Agency Teams (MAT) and children's centres, which is having a significant and positive impact on outcomes for children and young people.

Examining information from other local authorities suggests that there are two key opportunities for future innovation in Childrens Centres; through Public Health and Early Help. Both offer the chance to save significant amounts of money by reducing duplication of services and by reducing the need for children to become looked after.

Examples of Councils reducing costs by integrating and co-locating health teams in Children's Centres include Plymouth, who have co-located staff from Health Visiting and Plymouth Hospital Trust into Children's Centres. Though this change they have been able to deliver an integrated support programme to tackle postnatal depression.

Nottinghamshire have used health funding for interventions to promote breastfeeding and good oral health. Merton and Waltham Forest have taken a similar approach and drawn Public Health funds to deliver services in Children's Centres.

Wolverhampton have co-located social workers within Children's Centres and in Barking & Dagenham Children's Centre staff deliver the majority of the Troubled Families programme, enabling their salaries to be paid through this budget.

4.0 Corporate Considerations

4.1 Consultation and Engagement

A working group has met on a monthly basis for the last four months with CCG, Public Health, LCC, Leeds Community Health and Voluntary Action Leeds to consider a joint commissioning plan for the future.

Parental views around service delivery are sought on a regular basis.

4.2 Equality and Diversity / Cohesion and Integration

Children's Centres presently offer a progressive universal service. An offer for all families with children under 5 years and an enhanced level of support for families with additional needs.

4.3 Council policies and City Priorities

4.3.1 Under Leeds Children's and Young People's Plan, the three priority areas for improvement in Leeds are:

- to support children to live in safe and supportive families so that the need for children and young people to become looked after is reduced
- to improve school and college attendance and behaviour in school so that more children can benefit from the opportunities provided, and
- to enable more young people to be able to take up opportunities for education, training and employment by the age of 19

4.3.2 The Early Start Children's Centres are an essential component of the Best Start priority within the Leeds Health and Wellbeing Strategy, and of A Life Ready for Learning Strategy and provide a key support for employability and skills, particularly for lower paid families in the city.

4.4 Resource and value for money

4.4.1 A significant amount of work has been undertaken to ensure the Leeds model for Early Start Children's Centres delivers the best value for money. The Best Start and A Life Ready for Leaning Strategy are based in a number of key national documents that demonstrate social and fiscal return on well designed early intervention (WAVE report "Conception to 2 years, Marmot report, Effective Provision of Pre-school Education –EPPE).

Recent cost benefit analysis was undertaken around the Leeds model suggests investment in the earliest years is already adding value to the Leeds £.

Appendix 3 Economic Modelling in support of Children's Centre Business Case for Leeds

4.5 Legal Implications, Access to Information and Call In

Not applicable.

4.6 Risk Management

4.6.1 Early Start Teams- Children's Centres have offered added value to the city strategy towards reducing health and learning inequalities for the city. Working with around 25,000 families per annum through a range of evidence based programmes Leeds has increased face to face contact and support for every family in the city, reduced the number of under 5s going into care, reduced levels of obesity, there are steady gains in breastfeeding and narrowing of the attainment gap at the end of Early Years Foundation Stage. These outcomes have not been replicated in any other city in the UK.

5.0 Conclusions

5.1 The Board is asked to consider the detail of the offer in its review of Children's Centre. This report has been presented describing the joint service offer from Children's Services and Public Health Directorates, reflecting the integrated approach to early prevention and intervention in the Leeds Early Start-Children's Centre service model.

The report has provided information to support discussion around Session 2 of the Scrutiny Board's Inquiry into Childrens Centres considering the value of the Leeds Early Start Children's Centre delivery model. Information has been presented around the service offer; the funding model; the uniqueness of the Leeds approach; the added value for Leeds and some description of national practice and changes.

6.0 Recommendations

6.1 The Scrutiny Board (Children and Families) is requested to note the information presented as part of session 2 of the Children's Centre Inquiry.

7.0 Background documents[2]

None

8.0 Appendices

Appendix 1 Early Start staff handbook

Appendix 2 Early Start Dashboard

Appendix 3 Economic Modelling in support of Children's Centre Business Case for Leeds

Appendix 4 Leeds CCG's Briefing

[2] 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

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Leeds CITY COUNCIL

Leeds Community Healthcare NHS
NHS Trust

We are child friendly Leeds

early start service handbook

Supporting Practitioners delivering the Leeds Early Start Service

Edition 2

Contents

Authors: Early Start Service

Date: October 2014
Review: October 2015

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Introduction

The Early Start Handbook [Ed. 2] has been developed to support all Early Start practitioners and managers delivering services to children and their families as part of the Leeds Early Start Service. It should be seen alongside:

- **Leeds City Council** and **Leeds Community Healthcare** induction information.
- **Leeds City Council** and **Leeds Community Healthcare** organisational policies and guidance.

The handbook aims to:

- describe how practitioners will deliver the family offer;
- describe underpinning governance support for practitioners; and
- direct practitioners to further information and support.

It is recognised that the development of Early Start and delivery of the family offer is still in its formative stages thus the handbook will be reviewed within six months of publication. The review process will involve practitioners identifying the usefulness of the handbook and what can be improved in subsequent editions. Following this review, while the main handbook will still be available electronically, there will be a written summary for every practitioner.

Acknowledgements:

Thanks are given to all Early Start practitioners and other colleagues who have contributed to the 2nd edition of the Early Start Service Handbook. If you have any comments on the handbook or information you like to include in future editions please contact: **Carolyn Wellings** or **Fiona Butler**, Early Start Managers.

For more information on the Early Start Service, contact:

Andrea Richardson
Head of Service Early Help
Children's Services
Leeds City Council
Merrion House
110 Merrion Way
Leeds LS2 8DT

Tel: 0113 224 3092
Email: **andrea.richardson@leeds.gov.uk**

Samantha Middleton
Head of Service Healthy Child Pathway
Children and Family Services
Leeds Community Healthcare NHS Trust
Middleton Clinic
Acre Close
Leeds LS10 4HT

Tel: 0113 207 7053
Email: **samantha.middleton@nhs.net**

Vision

Early Start is an integrated family based offer for children 0-5 year old, supporting all children and their families to have the best possible start in life.

Working in partnership with GPs, midwives and other health and early years services, the Early Start Service will help families play a positive role in their children's development through reducing social isolation, promoting well-being, increasing parenting capacity and supporting access to training and employment.

Early Start will aim to ensure children achieve the best start in life in order to achieve health, wellbeing, learning and school readiness outcomes.

The service will:

- ensure that families from pregnancy to five years are offered the Healthy Child Programme;
- ensure that families from pregnancy to five years are offered the Children's Centre Core Purpose, including Early Years Foundation Stage Curriculum;
- identify children and families where additional preventative programmes and interventions will reduce their risks and improve future health and well-being;
- promote and protect health, well-being, learning and school readiness;
- provide a gateway into specialist services.

The **Early Years Foundation Stage (EYFS)** framework sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children's 'school readiness' and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school.

Children and Young People Plan

The Children and Young People's Plan [2011-2015] describes the experiences children and young people have growing up in Leeds, and identifies the priorities for improvement. The five outcomes, 11 priorities and 15 key indicators provide a shared framework and starting point for practical action. Alongside all Children Leeds partners, the Early Start service is committed to making rapid progress on these priorities, and particularly these three "obsessions":

- reducing the number of looked after children;
- decreasing the number of young people not in education, employment or training;
- improving school attendance.

The **Healthy Child Programme** (HCP) offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and well-being.

Collaborative approaches

Collaborative working is the umbrella term for a range of approaches recognised as effective in achieving positive benefits for children and families. Key to the collaborative approach is the belief that the families have the skills and strengths to identify their own solutions to the issues in their lives. The approach, also known as **strengths and solution focused working,** builds on what the family are already doing well.

Skilled practitioners are essential:

- in being confident to build empowering relationships with families;
- asking effective questions to help families come up with **their** own goals and solutions;
- maintaining a future focus to encourage the development of an optimistic view of a families potential to change.

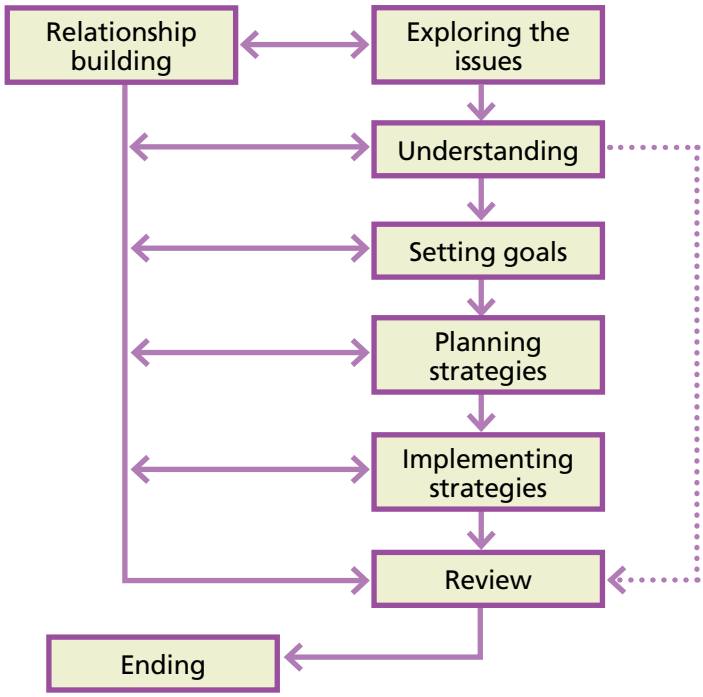
It is the underpinning approach that is used by all Early Start practitioners in their day to day interactions with families.

Family Partnership Model

At the heart of Early Start is the evidence based **Family Partnership Model**. The model describes the Helping Process [Figure 1] as the key structure to embed a collaborative approach which forms the basis of all interactions between families and their Early Start teams. The effectiveness of The Family Partnership Model has been demonstrated through a number of **research trials** which indicate positive benefits to the developmental progress of children, parent-child interaction and the psychological functioning of parents[1], families and children.

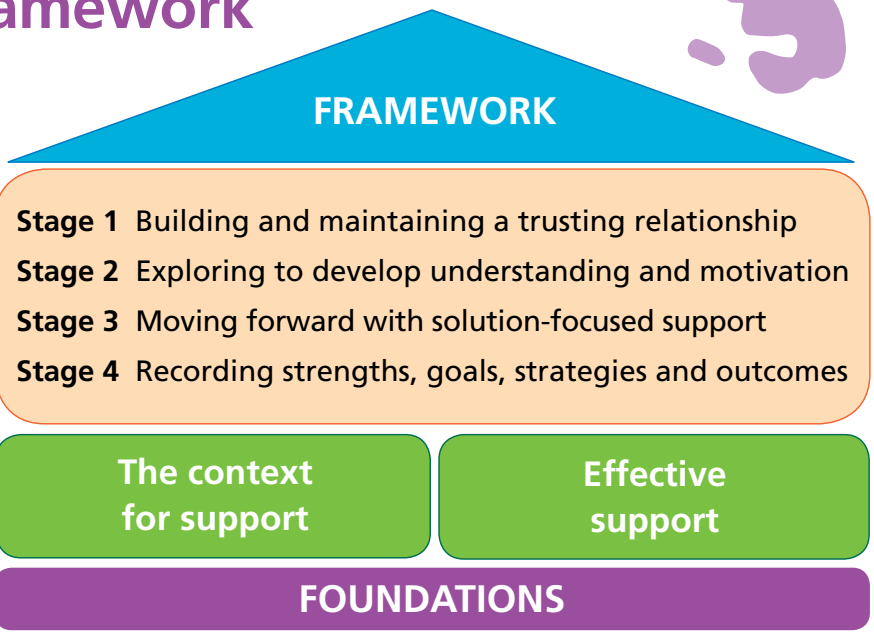
[1] Within the handbook 'parents' refers to parents and / or carers

Figure 1: The Helping Process



Helping Hand Framework

Early Start practitioners will work with the family using the Helping Hand Framework. This structured process enables the parent and practitioner to jointly explore and identify their priority issues, and using a strengths and solution focused approach effectively make a behaviour change.



The Helping Hand Framework is built on two foundations:

- an awareness of the wider context in which support is being provided (for instance what else is going on in the client's life);
- the knowledge, skills and understanding that enable practitioners to provide effective support for behaviour change.

The Framework can be considered in four distinct stages, which are repeated as new issues are raised, goals and strategies are identified and implemented, and progress is reviewed. The approach is in practice more fluid than a stage-by-stage illustration can easily represent. It includes working in a genuine partnership, being responsive, spontaneous and flexible, and enabling the supporter to follow rather than lead through strengths-based and solution-focused support.

The Framework is designed as a multi-session intervention. It provides a structure for each session that includes:

- a forum for exploratory discussion to develop understanding and motivation;
- an opportunity for client self-assessment;
- a way of identifying strengths and needs;
- a solution-focused approach to setting goals and working towards them;
- an inbuilt record of progress that provides evidence of outcomes.

The Framework is accompanied by a set of practical resources to support the practitioner in their work with families:

- **Prompt sheet 1:** Key issues - a simple, informal guide to support the initial exploration of each issue using a structure that helps to develop understanding and motivation.
- **Prompt sheet 2:** Solution-focused support - the sequence of questions needed to provide effective solution-focused support.
- **Helping Hand record sheet:** Reaching my goals - a record of each session, compiled jointly by the parent and the practitioner, that provides evidence of progress and outcomes. It helps practitioners remember that the paperwork supports the contact with a client, and is not the focus of it.

Restorative practice

Another related collaborative approach is **Restorative Practice** [RP] which supports Early Start practitioners working with children, families and the community. It provides a common approach and language across agencies, creating consistency across services. Restorative Practice is underpinned by values of empathy, respect, honesty, acceptance, responsibility, and mutual accountability and its main goals are:

- building and repairing relationships to work in ways that are respectful and engaging, enabling participants to develop understanding and empathy and the impact of their behaviour both positive and negative;
- empowerment of individuals, groups and communities;
- mutual accountability;
- cultural sensitivity;
- shared responsibility;
- outcome and solution focused.

Voice and influence

The vision for Leeds is that children, young people and their families are driving the agenda, setting city priorities and helping determine citywide and local action plans, whilst monitoring and reviewing what is working and what difference is being achieved in their daily lives. A diverse range of creative approaches and strategies will be used to effectively communicate to a range of different audiences ensuring that children, young people, parents and carers play an integral role.

Outcomes based accountability

Outcomes Based Accountability [OBA] develops practical action plans through "turning the curve" exercises. The method takes the current baseline performance trend, and asks partners to agree a trajectory for improved performance and to describe the actions that will "turn the curve" towards the desired improvement. The approach and reporting based on OBA principles takes partners through the following stages:

- What are our key outcomes for children and young people?
- What are our key indicators for measuring progress against our outcomes?

Information sharing

An Information Sharing Agreement for practitioners delivering Early Start Services has been developed and formally ratified by Leeds City Council and Leeds Community Healthcare. Alongside the agreement a working group provides managers and practitioners guidance in information sharing issues with other services and agencies and record keeping governance.

For more information:

- **Vanessa Broadbent-Lucas** – Early Start Manager
- **Helen Rowland** – Patient Experience Lead, Leeds Community Healthcare

Cluster based working

Delivery of Early Start Services is cluster based, with 23 clusters in Leeds. Each Early Start team consists of practitioners based in Children's Centres and health centres / clinics, providing services in localities defined by a Children's Centre reach area. Figure 2 identifies the Early Team for each cluster, alongside the Children Centres and Health Visiting team that make up the new Early Start team.

A live online postcode locator tool has been developed that identifies the correct Children's Centre and health visiting base for every postcode that the Early Start team serves. The tool can be found on the **Leeds Family Information Service** or as a link on SystmOne. It will be updated each quarter to ensure it is current.

Figure 2: Early Start team by cluster

Early Start Team	Health Visiting Team	Children Centre
ACES Farnley Early Start	Thornton	Armley Moor / Castleton / Farnley
Aireborough Early Start	Yeadon / Otley	Yeadon and Rawdon / Guiseley / Otley
Bramley Early Start	Bramley	Bramley / Hollybush
Burmantofts Inner East	East Leeds / Halton	Shakespeare / Richmond Hill
CHESS Early Start	Chapeltown	Chapeltown / Harehills / Shepherds Lane
EPOSS Early Start	Wetherby	Boston Spa / Wetherby
ESNW Early Start	Holt Park	Ireland Wood
Garforth Brigshaw Early Start	Kippax	Kippax / Villages East / Garforth
Horsforth Early Start	Holt Park	Horsforth
Inner East Leeds Early Start	East Leeds	Osmondthorpe Gipton
Inner NW Hub Early Start	Kirkstall	Kirkstall Hawksworth Wood Headingley
JESS Early Start	Parkside	City and Holbeck New Bewerley Hunslet
Middleton Early Start	Middleton	Middleton
Morley Ardsley and Tingley Early Start	Morley	Ardsley and Tingley Gildersome and Drighlington Morley North and South
NEtWORKS Early Start	Meanwood	Carr Manor / Meanwood / Chapel Allerton
NEXT Alwoodley Early Start	Leafield	Alwoodley / Moortown / Roundhay
Open XS Early Start	Woodsley	Little London / Quarry Mount / Burley Park
Otley Pool and Bramhope Early Start	Yeadon	Otley
Pudsey Early Start	Pudsey	Swinnow / Upper Pudsey / Farsley and Calverley
Rothwell Early Start	Rothwell	Lofthouse / Rothwell
Seacroft Manston North	Park Edge	Kentmere / Parklands
Seacroft Manston South Early Start	Seacroft	Crossgates and Manston / Swarcliffe / Seacroft
Temple Newsam Halton Early Start	Halton	Meadowfield Temple Newsam / Colton
Upper Beeston and Cottingley Early Start	Middleton	Cottingley Two Willows

Workforce development

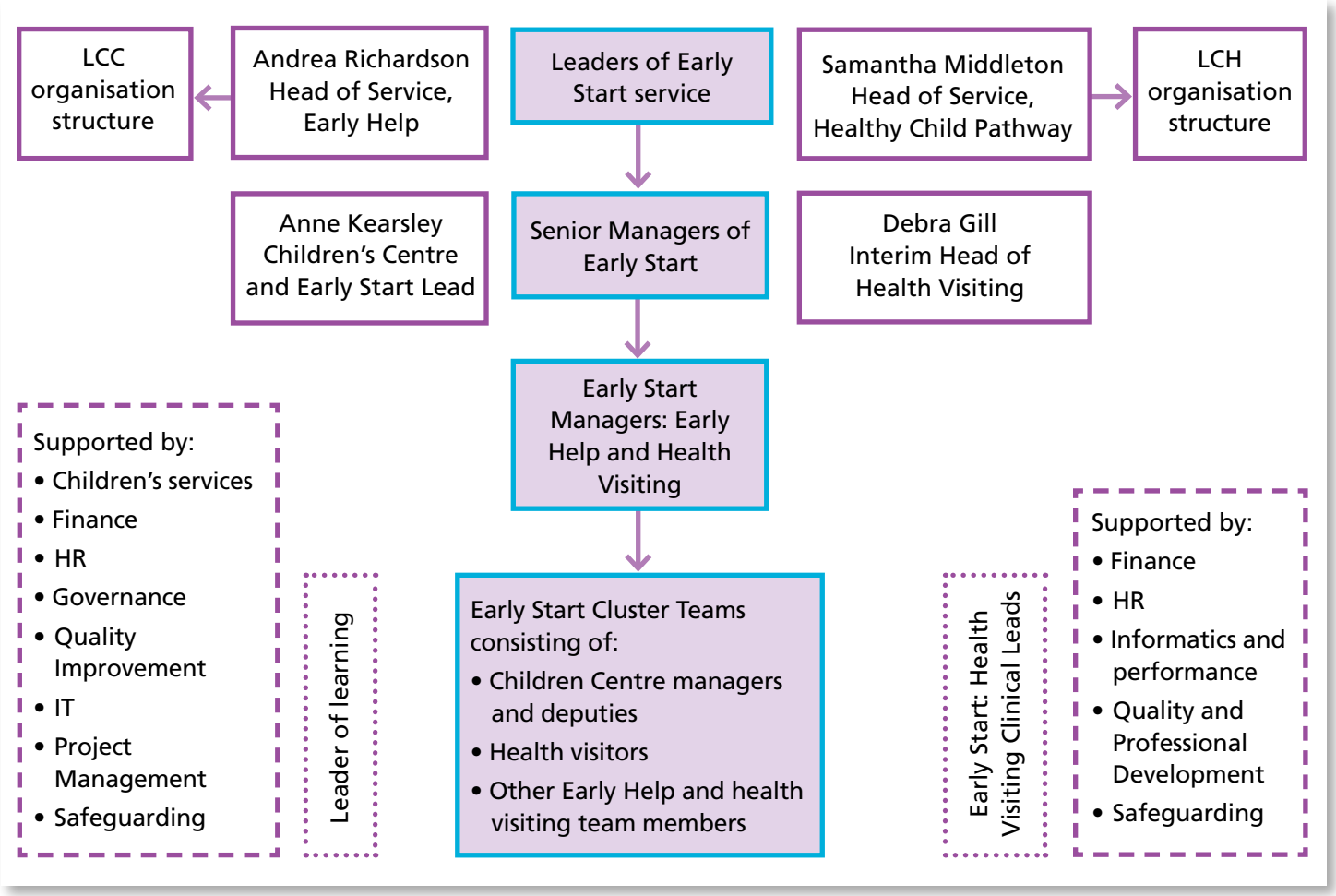
Leadership

The creation of Early Start teams requires practitioners and managers to work differently. To support the development process the Early Start leadership structure [Figure 3] has been established.

Priorities are:

- Developing leadership and management skills across the Early Start workforce.
- Reviewing current roles to support Early Start teams to deliver the Family Offer.
- Developing new ways to ensure involvement of all Early Start practitioners.

Figure 3: Early Start leadership structure



For more information:

- **Anne Kearsley** – Lead for Early Start Children's Centres, Leeds City Council
- **Debra Gill** – Interim Head of Health Visiting, Leeds Community Healthcare

Workforce training and development

A Workforce Training and Development Plan has been developed, which includes details of development activities available to practitioners and managers, to support safe delivery of the Early Start service and in line with the competency and skills triangle [Figure 4]. The Competency and Skills Triangle uses information from the Early Start Career framework developed as part of the universal service review process. The workforce development and training plan is based on the following assumptions:

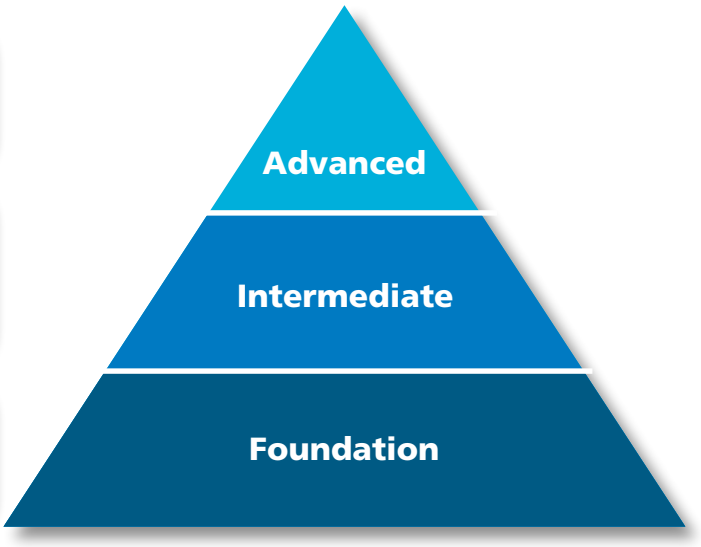
- that all practitioners will continue to access their organisations statutory and mandatory training
- that all practitioners will have a annual appraisal and role review where training and development needs are identified
- that all teams will complete a training needs analysis based on the learning needs identified for delivering the Family Offer

Figure 4: Competency and skills triangle

Advanced: Typically roles require a practitioner with following level of qualification: Masters, postgraduate qualification, NPQICL

Intermediate: Typically roles require a practitioner with following level of qualification: NVQ4 / Foundation Degree, Degree, Registered Qualification [Nurse, Health Visitor]

Foundation: Typically roles require a practitioner with or working towards the following level of qualification: NVQ 3 / A Levels / BTEC Nationals



For more information on the Workforce and Development Plan please contact Early Start managers.

Safeguarding supervision

The Early Start Safeguarding Supervision Standards support, but do not replace LCH and LCC child protection supervision policies, helping Early Start practitioners to safely deliver the Family Offer. The standards will be audited annually which will inform any required revision.

The Early Start service expects that:

- All caseload holders[2] will have **Safeguarding Supervision**
- All other practitioners who have delegated responsibilities when working with a family i.e. family outreach workers, community nursery nurses, daycare staff have **Practice Supervision** which will include safeguarding elements

Safeguarding Supervision Standards [add link]	
Standard 1	Clear lines of practitioner accountability will be evident within Early Start
Standard 2	All Early Start practitioners will have an annual appraisal as per organisational guidance, which will consider the practitioner's current practice and future needs regarding child protection / safeguarding training and supervision
Standard 3	All Early Start practitioners will have safeguarding supervision and hold a personal supervision contract / agreement
Standard 4	All caseload holders leading on the delivery of the Universal Partnership Plus Family Offer and / or where there are identified child protection/safeguarding concerns will ensure that these cases are discussed in supervision at least once a year, as a minimum
Standard 5	All forms of safeguarding supervision (individual or group) relating to a specific child and family must be recorded in case notes
Standard 6	All supervisors will receive supervision, will have received safeguarding supervision training and been deemed as competent in providing supervision
Standard 7	Practitioner's will use the Early Start Dispute Resolution Process if they believe the supervision process is ineffective

For more information on these standards and the development process:

- **Amanda Ashe** – Early Start Manager
- **Paula Groves** – Early Start Manager

[2] Caseload holder is defined as a Named Health Visitor and Children's Centre Manager

Performance

Performance will be monitored using a dash board of indicators based on the expected outcomes. Any other reporting requirements will either be kept centrally or within Early Start teams to inform planning, delivery and to provide evidence for Care Quality Commission and OFSTED inspections.

Expected outcomes

- Raising attainment at the end of the Early Years Foundation Stage Profile for all children and narrowing the gap of the bottom 20%
- Improving attendance at school, year 1
- Reducing numbers of Looked After Children, age 0-5 years
- Improved health outcomes of Looked After Children, age 0-5 years
- Reduced numbers (0-5yrs) on child protection plans
- Reduced Infant mortality rates
- Improved breastfeeding prevalence
- Reduction in numbers of obese children
- Reduction in numbers attending A&E (0-5 years - for G.I.T disorders, respiratory)
- Reduction in numbers attending A&E (0-5 years for accidents)
- Improved pre-school immunisation rates
- Increased take up of child care by disadvantaged and vulnerable groups
- Increased take up of 3 and 4 year old early learning places

The Family Offer

The Family Offer provides all families with a programme of support tailored to meet their needs. The four tiers of service provision are based on the **Health Visitor Implementation Plan 2011-2015: a call for action** and support the wide range of family need from pregnancy to five years.

Community

Developing an understanding of the needs of families with children under five in a defined area, building capacity and using that capacity to improve health and education outcomes in local area.

Universal

The provision of a planned programme of contacts and services for all families to ensure their wellbeing, optimum development and safety. Initially working with midwives to build strong relationships in pregnancy and early weeks.

Universal Plus

Additional services from the Early Start team that a family might need for a specific length of time; intervening early to prevent problems developing or worsening, for example care packages for maternal mood, parenting support, breast feeding, behaviour or disability.

Universal Partnership Plus Services

Additional services for vulnerable families requiring ongoing additional support for a range of special needs, for example families at social disadvantage, adults with mental health or substance use issues, families where there are safeguarding and child protection concerns or children with a disability and / or complex health need.

Assessment

What is assessment?

Assessment is fundamental to delivery of the Early Start Family Offer, enabling an understanding of the family, identifying strengths and needs [risk and resilience] and supports the **collaborative approach** ethos of the service.

Types of assessment

Formative Assessment: a process to understand an individual's strengths and needs through ongoing observations. Its purpose is for parents and practitioners to review progress give feedback and help determine next steps.

Summative Assessment: identifies strength and needs but at a particular point in time e.g. age specific developmental assessment or transition from pre-school experience.

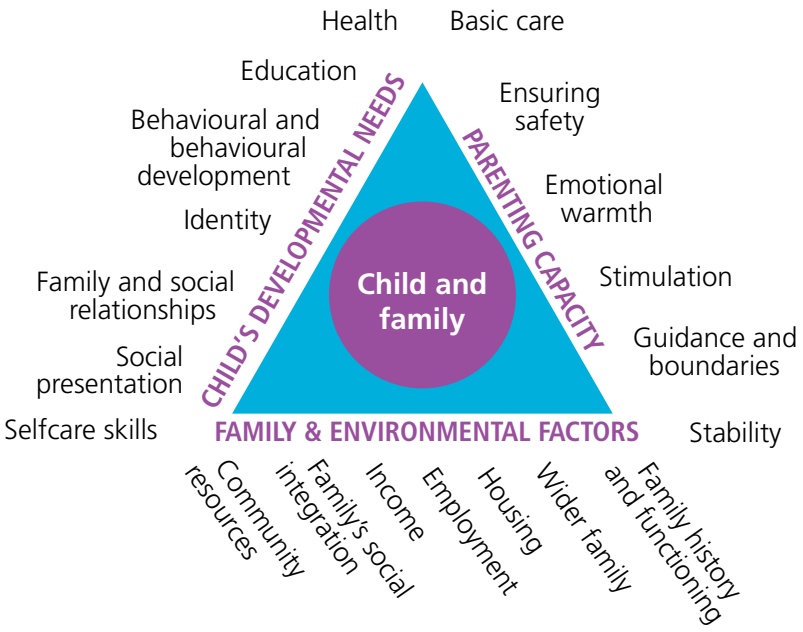
Early Start assessment

Every time a practitioner has contact with a child and family they must be alert to risk factors, signs and symptoms of child abuse and will follow **Leeds Safeguarding Children Policies and Guidelines**. If a practitioner has concerns about a child or young person in Leeds the **Request for Service** or **Referrals Pathways Flowchart** illustrates what steps need to be taken.

The **Framework of Assessment of Children in Need** [Figure 5] will be used by all Early Start practitioners to assess a range of strengths and needs. By using The Framework of Assessment practitioners will be supported to:

- promote consistency within the service
- develop a common language within the service and with our partners
- develop a structure for the assessment, including clarity on outcomes
- identify responsibility and accountability of those involved in the assessment process.

Figure 5: Framework of assessment



This approach to assessment supports the development of Children Leeds Continuum of Need and levels of need as described in the **Handbook to Support Joint Working**.

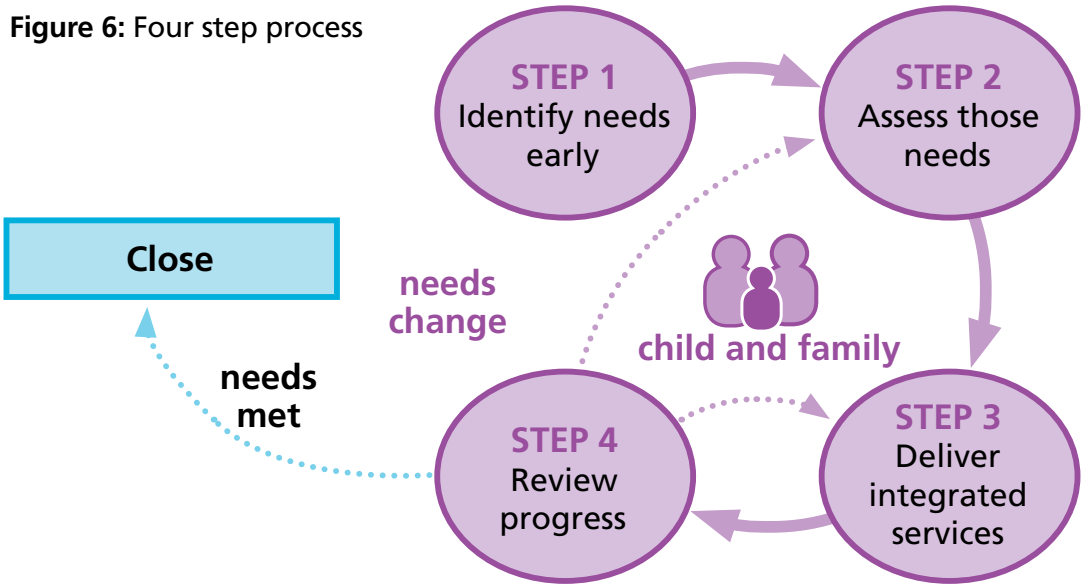
Assessment for its own sake will not achieve effective change and support for children and their families.

The **Four step process** [Figure 6] supports the effective use of The Framework of Assessment. It allows the practitioner to assess a range of strengths and needs, to create a plan for change where the parents/family engagement is central, set possible outcomes, deliver agreed action or interventions and review effectiveness. Agreed interventions must be appropriate to the family and be underpinned by the pathways and structured frameworks that have been developed to ensure equity of outcome.

Review of progress with the family is an important part of the four step process, demonstrating success or improvements and possible next steps. The review must include, listening and responding to parents, along with:

- a review of strengths and possible needs initially identified
- the goals set with the family and any changes that have occurred
- challenges to the plan
- outcomes and next steps
- parental / carer feedback on the Early Start service.

Figure 6: Four step process



A range of assessment tools and documentation frameworks for the Universal Pathway Core Contacts are available to support the practitioner using **The Framework for Assessment**. Early Start Practitioners will record assessments using current documentation for children centre and health visiting practitioners, including includes the "red book" or Parent Held Child Health Record and if appropriate the Early Support Family File. When working with a family the last assessment will be reviewed and updated at all subsequent contacts and form the basis of transition information as families move through the Early Start Family Offer.

The Early Support Assessment

The Early Support Assessment is based on the **Framework for Assessment of Children in Need** and allows assessments undertaken by an agency to be shared with others, avoiding the need for families to repeat their information and for agencies to undertake separate assessments. The initial assessment leads to multi-agency action which can be recorded on a **Summary Assessment and Delivery Plan**, this provides a place to summarise key information and record the agreed plan meeting identified need. The plan will be reviewed and recorded on a **Delivery Plan Review** form.

Assessment for Learning

Assessment for Learning helps parents, carers and practitioners to recognise children's progress, understand their learning needs, and to plan activities and support. Ongoing assessment or formative assessment is an integral part of the learning and development process. It involves practitioners observing children to understand their level of achievement, interests and learning styles, and to then shape learning experiences for each child reflecting those observations. In their interactions with children, practitioners should respond to their own day-to-day observations about children's progress and observations that parents and carers share. Parents and / or carers should be kept up-to-date with their child's progress and development. Practitioners should address any learning and development needs in partnership with parents and/or carers, and any relevant professionals.

Progress check at age two

When a child who attends any form of child care is aged between two and three, practitioners must review their progress, and provide parents and/or carers with a short written summary of their child's development in the **Early Years Foundation Stage** prime areas. This **progress check** must identify the child's strengths, and any areas where the child's progress is less than expected. If there are significant emerging concerns, or an identified special educational need or disability, practitioners should develop a targeted plan to support the child's future learning and development involving other professionals as appropriate.

The summary must highlight:

- areas in which a child is progressing well
- areas in which some additional support might be needed
- areas where there is a concern that a child may have a developmental delay (which may indicate a special educational need or disability).
- and describe the activities and strategies the provider intends to adopt to address any issues or concerns.

Assessment at the end of the EYFS – the Early Years Foundation Stage Profile (EYFSP)

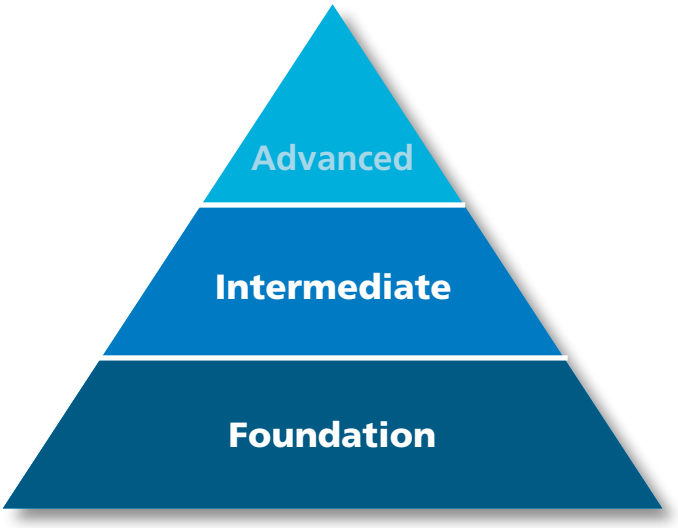
In the final term of the year in which a child reaches age five, their level of development must be assessed against the early learning goals and the **EYFS Profile** completed. The Profile provides parents and carers, practitioners and teachers with a well-rounded picture of a child's knowledge, understanding and abilities, their progress against expected levels, and their readiness for Year 1.

Assessment tools

Assessment tools are available for use by Early Start Practitioners to support the delivery of Early Start Assessment Model as part of the 4 tier Family Offer.

Connection to Family Offer	Tool	Brief Summary
Universal core contacts	Antenatal / Birth Early Start Assessment Framework	To be offered between 28-32 week of pregnancy and after the birth between 10 - 14 days after delivery
	6-8 week Family Assessment Framework	To be offered between 6 -8 weeks
	NICE Maternal Mood questions	To be offered as part of the 6-8 week
	3-4 month Family Assessment Framework	To be offered between 3-4 months
	Breastfeeding Assessment Tool	Tool to be used as part of universal core contacts and the Breastfeeding Care Pathway to support and assess breastfeeding
	Ages and Stages Questionnaire	To assess child's development at 8-12 months and 24 months and if there is a need to explore child's development at any age following expressed or identified concerns
	Development Matters	Supports parents to understand and support each individual child's development pathway and helps practitioners implementing the statutory requirements of the EYFS
Care Pathways		
Alcohol Use	Audit C	To be undertaken as part of the universal contact assessments to determine whether there are likely health risks associated with respondent's alcohol use
	Full Audit	To be undertaken where respondents score 6 or more on Audit C to indicate the level of risk of the respondent's alcohol use.
Child Looked After	Looked after Child Health Needs Assessment (HNA)	Statutory requirement for Health Visitors to undertake a 6 monthly follow-up Health Needs Assessments for every child who is looked after
Domestic Violence	Risk Assessment	To use with victims of Domestic Violence to determine level of risk present for child, victim and practitioner
Economic Wellbeing	Welfare Benefits Form	To use with families to determine respondent entitlement to benefits

Skills required for undertaking assessment



Intermediate: Practitioners will be able to:

- undertake holistic and comprehensive assessments as part of their core skills set and will undertake development programmes to use specific tools as identified within care pathways to support the assessment process.
- delegate action required to other practitioners based on assessment
- support practitioners delegated to undertake work following assessment processes

Training and development opportunities will be identified through the appraisal process to support the delivery of the above competencies and skills.

Foundation: All Early Start practitioners will demonstrate the ability to:

- understand the important of the assessment as part of delivering the Early Start Family Offer
- use specific assessment tools following initial assessment of unmet need
- initiate an Early Support Assessment demonstrated by attendance at the **Children Leeds Workforce Development Training**
- take the Lead Professional Role within the CAF process

Training and development opportunities will be identified through the appraisal process to support the delivery of the above competencies and skills.

Father inclusive practice

Why should Early Start include fathers?

Evidence shows that the strongest influence on a mother's adjustment to motherhood is her partner's adjustment to fatherhood. Supportive by fathers is linked to lower parenting stress and depression in mothers, a better birth and higher breast feeding rates.

Research findings show that:

- Children with highly motivated fathers tend to have better freindships with better adjusted children, show fewer behaviour problems and do better at school. Later they are less likely to get into trouble or abuse drugs / alcohol.This effect is particularly strong in disadvantaged families. A good dad can 'buffer' children from disadvantages including poverty and mothers depression.
- Children tend to do badly when their fathers parenting is poor. When a father shows little or no interest in their childs education it has a stronger negative impact on their achievement than it does contact with the police, family type, social class, housing tenure and child personality
- **When children rarely or never see their fathers** they tend to blame themselves for their absence which in turn can see them suffer substaantial distress, anger and self doubt (this is still found in young adults who lost their fathers years before).

The **evidence** that fathers are absence early on in pregnancy and at the birth is questionable, with a majority of new dads being an active part of a child's life. 86% of fathers are married to or living with their baby's mother and only 2% don't know they're becoming a father, and 93% of these fathers attend their child's birth.

How can we involve fathers?

All Early Start Teams are working towards achieving 'The father Inclusive Charter Mark'. The charter mark, developed by Early Start managers, Children Centre managers, health visting practitioners and the Leeds Domestic Violence Team helps to providence evidence of changes in practice which support delivering father inclusive practice.

Family Offer: Community

The Community element of the Family Offer describes the work undertaken by Early Start Teams to develop an understanding of the needs of families with children under 5 in a defined area, build capacity and use that capacity to improve health and education outcomes. The Building Community Capacity Professional Development Programme supports practitioners to further develop their skills to ensure the effective delivery of the Early Start Community Offer.

Key elements of the community offer includes:

- Developing a local health profile to ensure the needs of the community are understood. The profile is be based on the Joint Strategic Needs Assessment and reflects local families' perspectives along with statutory and voluntary sector workers. Information in the profile is used to identify local health inequalities and ensure services are accessible to those whose needs are greatest. The Early Start team works with the local community to develop and provide services which improve the wellbeing of families and promote community cohesion.
- Building relationships with families, ensuring their views and needs are taken into account when planning and delivering services. This includes having parent representatives on Advisory Boards, the development of parent forums, focus groups and volunteer programmes, and carrying out parent satisfactions surveys and ensuring there is feedback from parents receiving Early Start services.
- Developing and maintaining an up to date directory of community services. Early Start use a variety of methods to inform families about the range of family support services and activities in their area and how to access them. Outreach work has an important role in increasing access to Early Start Services and wider services.
- Delivering health promotion campaigns to raise local awareness of the importance of healthy lifestyles, including promoting breast feeding, responsive parenting, active play, oral and dental hygiene, reduction of accidents and injuries
- Contributing to the local school cluster partnership, local Clinical Commissioning Group and Health and Wellbeing Groups to plan and deliver and address gaps in local services in an integrated manner.
- Working with other sectors, statutory, private and voluntary to address the wider threats to health and wellbeing e.g. poor housing, unemployment and social exclusion.
- Contributing to city wide topic specific strategy groups, to ensure the needs and views of families with under 5s are taken into account, prioritised and appropriate provision developed.

Family Offer: Universal Pathway

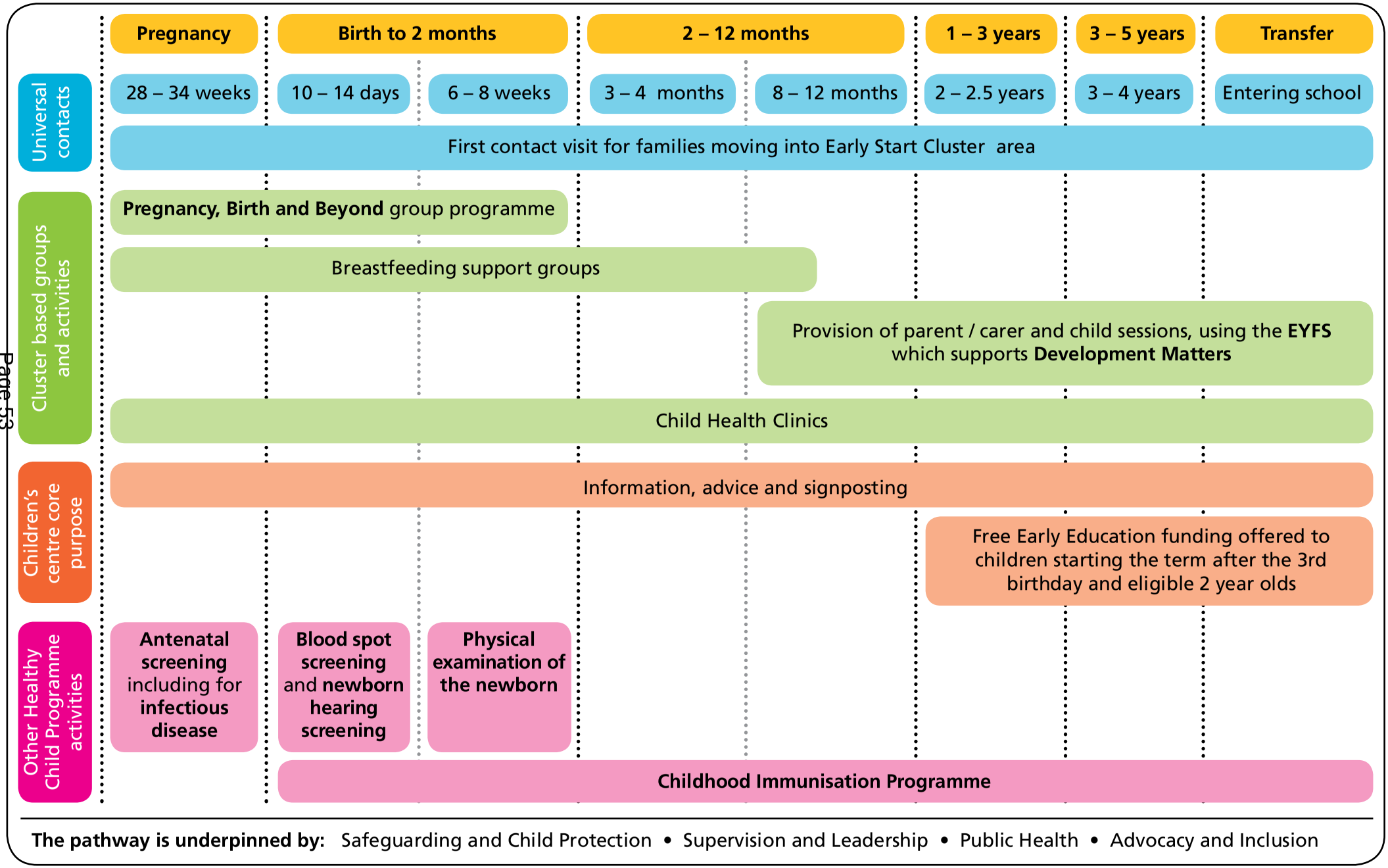
The Family Offer Universal Pathway [Figure 9] describes the provision of a planned programme of contacts and services for all families by Early Start practitioners with the aim of ensuring their wellbeing, optimum development and safety. It is designed to ensure there are opportunities for all families to access the service whenever they need guidance and support throughout their child's early life whilst also providing early interventions. The pathway should be seen alongside other universal services available to families e.g. GPs, midwives, private child care providers and childminders.

The Universal Pathway reflects the findings of the Pre-School Universal Services Review and the Service Level Agreement for Early Start Services. It includes described contacts and activities with supporting standards covering expected content and identified outcomes.

It is recognised that aspects of the pathway are aspirational, dependant on testing by Early Start practitioners and families and service capacity.

Figure 9: Universal Family Offer Pathway

Every child has a named Health Visitor and every child receiving early learning within a Children's Centre has a named Key Person. Every GP practice has a named Link Health Visitor



Making every contact count:
Guidance for delivering Pathway Core Contacts

Contact description (All supporting documents for core contacts available on organisation's intranet sites. For more information contact Local Early Start Manager)		
Standard	**Delivered by**	**Notification / delegation process**
Pregnancy		
All parents, where the Early Start team have been notified of their pregnancy, will be offered a 1:1 contact between 28 and 34 completed weeks of pregnancy.	Named Health Visitor for the family at home. The mother's partner should be involved if possible.	The Early Start team will be notified by 26 weeks of pregnancy by the LTHT Midwifery Services using the Notification of Pregnancy Form. The Early Start team must confirm pregnancy with either midwife or GP before offering the contact.
New Birth at 10 – 14 days		
All parents will be offered a 1:1 home visit between 10 – 14 days of delivery.	Named Health Visitor for the family at home. The mother's partner should be involved if possible.	The Early Start team will be notified of birth by the LCH Child Health Records Department using the birth notification system. Information on births will be sent to the LCC every month by the LCH Child Health Records Department as part of the Information Sharing Agreement.
6 – 8 week contact		
All parents will be offered a 1:1 contact between 6 – 8 weeks following a child's birth.	Named Health Visitor for the family at home. The mother's partner should be involved if possible.	N/A
3 – 4 month contact		
All parents will be offered a contact at 3-4 months.	Named Health Visitor for the family at home. The mother's partner should be involved if possible.	Early Start developing systems and processes to support the delegation of contact to another member of the Early Start team.

Contact description (All supporting documents for core contacts available on organisation's intranet sites. For more information contact Local Early Start Manager)		
Standard	**Delivered by**	**Notification / delegation process**
8 – 12 month contact including a developmental review		
All children and their carers will be offered a face to face contact between 8 – 9 months.	A member of the Early Start team.	Assessment of records by Named Health Visitor and if no identified needs e.g. maternal mood or other concerns, contact delegated to another member of the Early Start team through allocation process.
2 – 2 ½ year contact including a developmental review and 2 year progress check Contact still in development as part of the DE and DH Integrated 2 – 2.5 years Review National Pilot.		
All children and their carers will be offered a contact at 27 months of age which will include the HCP Review and if identified 2 year progress check.	A member of the Early Start team.	Early Start developing systems and processes to support delivery of contact as part of national pilot.
3 – 5 years contact		
All children and their carers will be offered a contact at 3 – 5 years.	A member of the Early Start team.	Contact still being developed and not currently in place.
By School Entry – transition to school based services e.g. school nursing service and named primary school		
Transfer of information from Early Start service to School Nursing and Primary Schools. This includes transferring concerns and requests for ongoing Universal Plus and Universal Partnership Plus services.		
First contact visit for families moving into Early Start Cluster		
Standard: 100% of children who are moving into a new Early Start cluster will be offered a first contact visit.	A member of the Early Start team.	Assessment of records by named Health Visitor and if no other concerns delegated to another member of the Early Start team through allocation process.

Guidance for delivering Cluster Based Groups / Peer Support

There is established evidence showing peer support as an effective means of enabling and sustaining positive behaviour change. It is essential that local peer support groups for parents are supported by Early Start teams to help assure quality and the sustainability of these valuable groups.

Group description and performance measure	Expected outcomes	Examples of current groups that meet this group description
Pregnancy, birth and beyond		
Description of group: Groups for expectant and new parents run over 6 sessions. **Facilitated by:** Early Start practitioners in partnership with Midwifery. **Resources:** Supported by **'Preparation for Birth and Beyond: a resource pack'** which covers the physiological aspects of pregnancy and birth, and addresses the emotional transition to parenthood in greater depth, recognising the need to include fathers and other partners.	• Mothers and fathers feel more positive about the birth experience, pre and post birth. • Mothers and fathers adopt healthier behaviours that affect pregnancy, birth and early parenthood, including their own health. • Improved maternal well-being and family / parent and infant relationships. • Mothers and fathers develop supportive social networks.	
Breastfeeding support		
Description: All pregnant and breastfeeding women will have access to breastfeeding support within the cluster. This may be delivered within a group setting and/or through peer support programmes. **Resources:** • La Leche League Breastfeeding Answer Book [3rd edition: 2003] • Breastfeeding resource bag including: knitted breast, doll, breastfeeding quick reference card, 'bump to breastfeeding' DVD, '**Mothers Guide**' • Leaflets: - **Off to the Best Start** - **Expressing and storing breastmilk** - **Thrush** - **Mastitis**	That families are: • aware of the benefits of breastfeeding • able to make an informed choice in regard to feeding their baby • supported in the infant feeding choice • able to breastfeed for longer Within local communities: • more families choose to breastfeed • there is increased support for women choosing to breastfeed	**Local Baby Cafés and Breastfeeding Support Groups** and **Local peer support programmes**

Group description and performance measure	Expected outcomes	Examples of current groups that meet this group description
Parent and Child Groups provided / supported by the Early Start Service Dependent on local need and current provision within the cluster. Parent and Child groups may not be run by Early Start practitioners		
Description of group: These sessions are structured and have: • clear learning objectives for the parent and / or child • defined expected outcomes for the parent and / or child **Facilitated by:** a member of the Children's Centre team	• Increased parental understanding of: - play and development milestones [using Development Matter Framework] - childhood behaviour patterns and coping strategies - healthy styles • Peer support through development of group relationships • Identification of further support required • Signposting to other services	Stay and Play Bumps and Babes HENRY
Child Health Clinics for all families held in a variety of settings		
Description of group: Child Health Clinics are held in a variety of venues. They are designed to support the Healthy Child Programme whilst also providing an opportunity to engage families with local Children's Centres. **Facilitated by:** One or two Early Start practitioners. One practitioner must have skills and competency in: • Recording growth on centile charts • Child Development Foundation Level knowledge • Breastfeeding • Healthy eating	• Recording of a child's growth on centile charts • Early identification of faltering weight, obesity or developmental delay and referral to appropriate practitioner for early intervention • Opportunistic health promotion including breastfeeding support, healthy lifestyles and child safety • Identification of further support available and signposting to local services, including Children Centres	

Skills required for delivery of Family Offer universal pathway

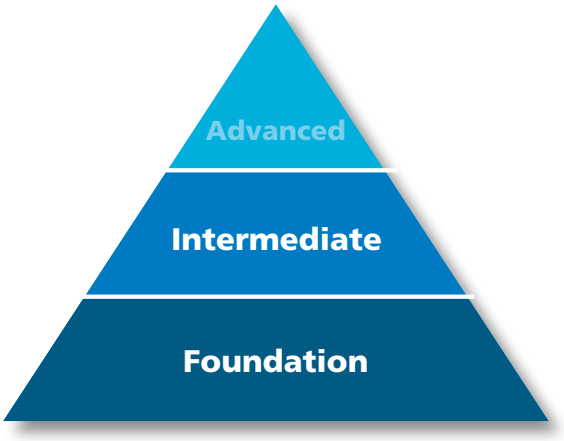
Deliver of Early Start services is underpinned by strength based and solution focussed working with parents. It relies on a team approach, with all practitioners having up-to-date knowledge and skills and supported by defined competences to work in partnership with children and families. A practitioners skills and competencies will be reviewed as part of annual appraisal with their line manager.

Intermediate: Practitioners will demonstrate the skills and competencies appropriate for Foundation level practitioners and be able to demonstrate competency in the following areas:

- Comprehensive Family Assessment
- Maternal Mood Assessment, including clinical interview
- Identification of Faltering Growth
- **Understanding Your Baby**
- Provision of supervision as per organisational policy and Early Start standards

Some practitioners will also demonstrate skills and competencies in the following areas depending on team need:

- Undertaking immunisations
- Prescribing medications



Foundation: All team members will access statutory and mandatory training/development for their role, including safeguarding children/ child protection training and Domestic Violence training. All team members will access supervision [Clinical and Child Protection] as per organisation policy and Early Start Standards. Family Outreach Workers and Community Nursery Nurses will work towards Working with Parents 3 accreditation and based on individual appraisal may access Level 4.

In addition, all Early Start practitioners will be able to demonstrate competency in the following areas:

- Describing the family offer in terms of what the Early Start Service can offer, including links to the Healthy Child Programme [**elearning modules**] and Early Years Foundation Stage Framework including **Development Matters**
- Talking with and listening to families
- Initial identification of need when working with a family
- Using Motivational Interviewing and Solution Focused Approaches, demonstrated by attending **Helping Hands**, HENRY [core], Restorative Practice Awareness
- Infant Mental Health, demonstrated by attending Babies, Brains and Bonding
- **Never Shake a Baby**
- Recording growth on centile charts
- Supporting breastfeeding and safe weaning, by being able to offer support and information to encourage mothers to make an informed feeding choice, to initiate and continue breastfeeding as long as they wish. Evidence will include attending UNICEF Baby Friendly Breastfeeding Management Training
- Understanding normal growth

Some practitioners will also demonstrate skills and competencies in the following areas depending on team need:

- Recording growth on centile charts
- Ages and Stages questionnaire
- Infant massage
- Financial literacy
- Group facilitation
- HENRY [Advance Practitioner]
- HENRY [group facilitation]
- Safety assessment
- Speech and Language development

Family Offer: Universal Plus and Universal Partnership Plus

Universal Plus refers to additional services from the Early Start team that a family might need for a specific length of time; intervening early to prevent problems developing or worsening, for example care packages for maternal mood, parenting support, breast feeding, behaviour or disability.

Universal Partnership Plus refers to services delivered to families with more complex and enduring issues, for whom regular contact over a period of time with the Early Start team will be beneficial alongside support from other agencies. These families may include those at social disadvantage, adults with mental health and substance misuse issues, domestic violence and/or where there are safeguarding and child protection concerns and significant risk of poor outcomes for children or children with a disability and / or complex health need.

Joint Allocation Meetings

Clear communication systems and processes are required to deliver the Family Offer. The Joint Allocation Meeting allows Universal Plus and Universal Partnership Plus activity to be allocated to the most appropriate practitioner and ensures that information is shared appropriately across the team. These meetings are supported by:

- Joint Allocation Meeting principles and standards
- Request for Early Start Services

Following allocation individual actions may be delegated to a practitioner by the caseload holder as required in accordance with Nursing and Midwifery Council guidance.

Activities that support the Universal Plus and Universal Partnership Plus Offer

Cluster based groups and activities

Cluster based support groups and/or peer support for families developed as part of a response to community need or families with additional needs e.g. Infant massage, Lets Get Healthy with HENRY and Financial Literacy.

Groups may be available to families as part of the universal family offer but those with additional needs will be prioritised and given additional encouragement and support to attend.

Pathways

Pathways in the progress of development [2012]

- Alcohol Misuse
- Breastfeeding
- Domestic Violence
- Economic Wellbeing
- Healthy Weight
- Child Looked After

Pathways to be developed [2014-2015]

- Maternal Mood
- Responsive Parenting
- Substance Misuse
- Accident Prevention
- Complex Care
- Co sleeping
- Housing
- Infant Mental Health
- Tobacco

All universal plus and universal partnership activities underpinned by:

Safeguarding and Child Protection • Supervision and Leadership
Public Health • Advocacy and Inclusion

Guidance for delivering Cluster Based Groups / Peer Support

The provision of peer support groups supported by Early Start will be extended as the service develops the care pathway framework as a means of expressing the family offer.

Group description and performance measure	Expected outcomes	Examples of current groups that meet this group description
Infant Massage		
Description of group: Groups for parents with identified need run over 4 sessions. **Facilitated by:** An Early Start practitioner with skills and competencies in facilitating infant massage groups. **Resources:** • Demonstration doll • Organic cold pressed oil [sunflower or vegetable based] in clear labelled bottles • Cushions • Wipeable baby mats • CD player and ambient music • Handouts demonstrating massage strokes • Infant massage – A handbook for loving parents • Understanding Your Baby booklet	• To promote greater awareness amongst parents of the importance of touch, baby's cues and early communication. • To help promote improved infant sleep patterns • To help manage infant colic • To promote an opportunity for parents to meet other new parents. • To provide an opportunity to seek support and advice around parenting	Groups running across the city within Children Centres
Let's Get Healthy with HENRY		
Description: 8 week programme designed to give parents the tools and skills they need to provide a healthy family lifestyle. **Facilitated by:** Two Early Start practitioners **Resources:** • HENRY toolkits for parents • trainers toolkit • flipcharts • access to crèche • healthy snacks	Parents enabled and supported to reach personal healthy lifestyle goals.	Groups running across the city within Children Centres

Pathways

Pathways describe the role of the Early Start team when working with families with identified need.

A pathway consists of:

- A brief introduction on the pathway subject area including associated Early Start documents.
- A diagrammatic representation of the pathway, followed by more detail explanation of activities based on the 4 tier family offer. The activities must not seen as exhaustive and will continue to be developed as a result of best practice reviews.
- A brief list of resources e.g. policies, websites, leaflets and forms.
- The competencies specific to delivering the described activities. Identified competencies build the skills, experience and competencies required to deliver the Universal Pathway. There is no expectation that all Foundation, Intermediate of Advanced practitioners will meet every pathway competencies.

Pathways are developed by practitioners supported by those with specialist expertise and are informed by best practice evidence. They have been agreed by Early Start Managers and the Early Start Board. The development process includes the creating of an implementation plan for each pathway. The implementation plan details:

- how the pathway will be communicated to Early Start practitioners and others
- timescales for specific actions to be implemented
- any extra training/development requirements for practitioners
- monitoring arrangements for the pathway

It is expected that practitioners begin working to agreed pathways on their publication. This expectation acknowledges that many Early Start practitioners having a range of pre-existing skills and experience enabling them to deliver the pathways without additional training and development. Early Start managers will identify with practitioners, through appraisal, any additional development needed to deliver the specific care pathway.

Alcohol Use Pathway

Definition:

The pathway describes the services that Early Start practitioners will provide parents / carers with children, under 5 years of age, living within the geographical area to support lower-risk drinking homes. Any caregiver in the household whose alcohol use may impact on the wellbeing of the child may be supported.

This pathway does not address the needs of babies with Foetal Alcohol Spectrum Disorder. These babies and families are seen in the Neonatal Abstinence Syndrome Clinic. Any liaison following this visit will be with the named Health Visitor.

Research demonstrates a strong correlation between alcohol and substance use and domestic violence, with problem drinking predicting intimate partner violence[1]. Evidence suggests alcohol facilitates escalation of conflict into violence and perpetrators may continue to victimise their partners even after alcohol / substance use has ceased. A higher proportion of victims of domestic violence attend medical services where substance use is an issue[2]. In addition, victims may develop problematic drinking following domestic violence.

Foetal alcohol spectrum disorder (FASD)

This pathway does not address the needs of babies with Foetal Alcohol Spectrum Disorder. These babies and families are seen in the Neonatal Abstinence Syndrome Clinic. Any liaison following this visit will be with the named Health Visitor. However awareness of the risks of drinking alcohol during pregnancy may be useful to all EST members. There is no way to know for sure the impact that drinking alcohol might have on an unborn baby. It could have different effects at different times during pregnancy, and it might affect one baby but not another. What we do know is that heavy drinking and binge drinking during pregnancy could increase the risk of foetal* alcohol spectrum disorder (FASD). FASD is an umbrella term that covers foetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorders (ARND), alcohol-related birth defects (ARBD), foetal alcohol effects (FAE) and partial foetal alcohol syndrome. The effects can be mild or severe, ranging from reduced intellectual ability and attention deficit disorder to heart problems and even death. Many children experience serious behavioural and social difficulties that last a lifetime. For further information for pregnant women, young people or families **click here**

Supporting pathways / standards:

- Fathers inclusive
- Standards for delivering the Universal Pathway Core Contacts

For more information, including the implementation plan, contact:

- **Vanessa Broadbent-Lucas** – Early Start Manager
- **Lisa Baxby** – Early Start Manager

[1] Alcohol and Intimate Partner Violence (Home Office Research, Development and Statistics Directorate, 2004)

[2] Domestic violence and substance use: overlapping issues in separate services? Mayor of London Briefing Report September 2005

Early Start Pathway: Alcohol Use

Community

The Early Start Team (EST) will work towards developing a lower-risk drinking environment for families by:

- Building links with local services which make a contribution to lower-risk drinking
- Ensuring know how to access further information and support
- Raising awareness of the risks of drinking

Universal

An **enquiry** about alcohol use alongside a discussion of lifestyle and drinking should be made; at each HV core contact; whenever a practitioner undertakes an Early Help Assessment or whenever observations indicate that drinking might be an issue. Use **audit tool C** to facilitate further discussion and assessment of drinking. If the score is below 5, give positive feedback about lower-risk drinking and continue with Universal Family Offer Pathway. If the score is greater than 5, further assessment is required using the **full alcohol use audit assessment tool**. Tools to be used alongside professional judgement to determine next step.

Universal Plus

Full Audit assessment must be completed.

Scoring: 0-7 lower risk; 8-15 increasing risk; 16-19 higher risk; 20+ possible dependency

1:1 Personalised support

Full Audit score is for guidance and should not replace professional judgment

Score 0-7: Offer positive feedback about lower-risk drinking

Score 8 - 15: Use Helping Hand approach to support lifestyle change

Full Audit Score 16-19

In addition to 1:1 support consider signposting / referral to specialist services

Review

Family's goals achieved

Ensure family knows how to access the EST and the Universal Family Offer

Family's goals NOT fully met

- Review action plan and goals with client – consider starting a Early Help Assessment
- Seek supervision to plan next steps
- Contact LAU for advice

Universal Partnership Plus

Full Audit score: 20+

Contact Leeds Addiction Unit (LAU) for advice and possible referral

Seek supervision and consider referral to Social Services.

If referral not advised offer 1:1 Personalised support as part of Universal Plus element of pathway

Refer to specialist services

Including:

- LAU
- Addiction Dependency Solutions (ADS)

AND / OR

Initiate an Early Help Assessment and develop TAC (Team around Child) action plan with other agencies

Family's issues resolved

Ensure family knows how to access the EST and the Universal Family Offer

Activities

Community

The EST will establish what services are available in the area and which families can access which supports a healthy lifestyle and prevents alcohol misuse. Links should be made with these services and also to local campaigns. In addition the EST can look at ways at how to raise awareness in the local community on the risks of drinking.

leeds lets change.co.uk
One website for a healthier you

This website is aimed particularly at helping adults to improve their health. See **Information on Alcohol** section for information to support parents / carers

National Campaign: Change4Life

Universal

Initial enquiry

The enquiry question(s) ***'Do you drink alcohol?'*** *and* ***'Have your drinking habits changed in the last 3 months?'*** is made at; each HV core contact; whenever a practitioner undertakes an Early Help Assessment or whenever observations indicate that drinking might be an issue. You can explain that ***'we ask these things because it's a common issue***… These questions are asked to enable the practitioner to make an initial assessment and / or to identify if drinking consumption has changed since the last enquiry. If the family does not drink currently and has never drunk no further discussion is required. Further assessment is required for families who indicate they do drink or drank prior to pregnancy. If you have already discussed alcohol in a previous contact an enquiry prompt such as ***'I know I asked about Alcohol and Drugs before but has anything changed since I last saw you.'***

Audit assessment (Alcohol Use Disorders Identification Test):

Assessing alcohol consumption in primary care offers potential benefits[1], including providing public health education and the opportunity for practitioners to take preventative measures that have proven effective in reducing alcohol-related risks. Use of the Audit tool is generally well-received and answered honestly, even by those drinking excessively. See p.5 and 6 for tools.

Audit C is a brief initial assessment (it is not a diagnostic tool and the practitioner should use their judgement to determine whether additional support is required).

- Where the **score is less than 5** positive feedback about current health behaviours is recommended
- Where the **score is greater than 5** the full audit assessment should be undertaken

Universal Plus

Full Audit Assessment:

- To score the assessment, add the score for Audit C to the total score for the remaining audit questions
- For full audit assessment **score of 7 or less** positive feedback about the benefits of lower-risk drinking should be offered

For score of 8-19 offer the Helping Hand approach to plan goals and activities with client to enable lower risk drinking behaviours.

For guidance for EST team on offering support and information around alcohol see **Leeds Lets Change** including: A Health Professionals Guide to…Reducing Alcohol Consumption

For score of 20+ seek advice from **Leeds Addiction Unit**:

Note: Full Audit Assessment is used to diagnose harmful and hazardous drinking. However the practitioner should also use their judgement to determine whether additional support is required.

Practitioners should consult relevant specialists when it is not appropriate to use an English language-based screening questionnaire. For example, when dealing with people whose first language is not English or who have a learning disability[1].

Universal Partnership Plus

EST practitioners will be aware of the services available and how to refer families requiring this level of support. They will be able to explain to families what to expect when they are referred.

For score of 20+ or where there are concerns about the level of alcohol use and/or parenting capacity: Seek advice from **Leeds Addiction Unit**: Practitioners will contact LAU by phone for advice on how to proceed and whether a referral to specialist services is required. A score of 20+ is likely to indicate alcohol dependency and this will require a specialist referral

Referral to specialist services

Leeds Addiction Unit (LAU) provides services for patients presenting with drug and alcohol issues alongside significant complex issues such as:

- Severe and enduring mental illness
- Complex poly drug-use / alcohol use
- Pregnant patients

ADS (Addiction Dependency Solutions) is a community alcohol service open to referrals from adults experiencing problems with alcohol and/or drugs. ADS offers advice, information and support for those affected by alcohol - services range from 1:1 interventions to group work. Consider for scores 8-16 where client requests specialist support and for scores in the 16-19 range.

Resources

1] Policies, guidance, standards:

- Alcohol-use disorders: preventing the development of hazardous and harmful drinking NICE PH24
- Leeds Domestic Violence pathway
- Audit C assessment form and Full Audit tool Results

2] Key websites

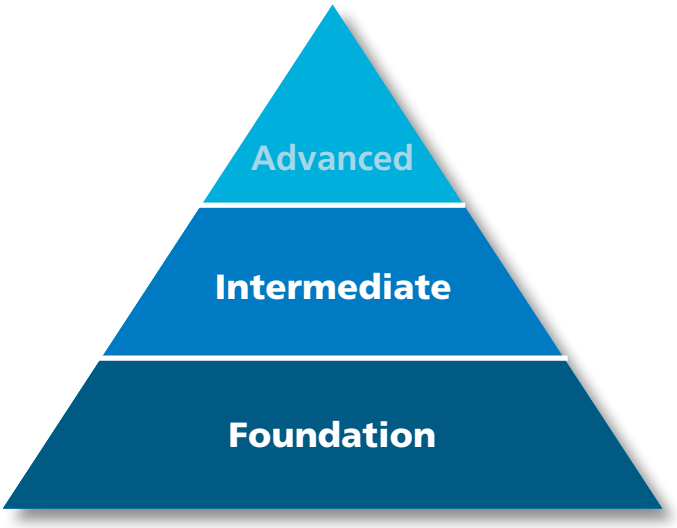
- Leeds Let's Change
- **Change4Life:** includes a Drinks Tracker app for mobile phone
- **Change Drinking:** this website is a joint venture between the LAU and Leeds University, it is for the general public. It offers personalised feedback based on their alcohol consumption. It's designed to help users to think about their drinking.
- NHS choices
- Drinkaware
- **Alcohol concern** - information on parenting and alcohol
- Young People's Drugs and Alcohol Service

3] Leaflets

- **How Much Is Too Much?** Patient Information Leaflet (DH, 2006)
- Alcohol Unit Wheels: available from **Leeds Public Health Resource Centre**

4] Skills required for delivery of care pathway [additional to training described as part of the universal pathway]

Training and development opportunities will be identified through the appraisal process to support the delivery of the identified competencies and skills.



Intermediate: Practitioners able to demonstrate foundation level skills and competencies, and be able to:

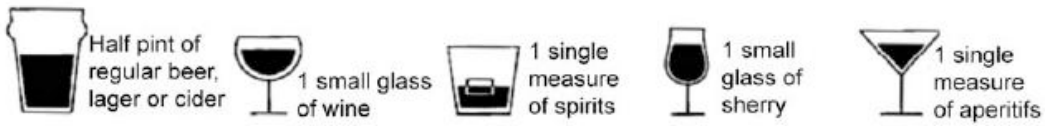
- Undertake Full Audit Assessment
- Signpost and liaise with specialist services

Foundation: All Early Start practitioners will demonstrate the following skills and competencies and the ability to:

- Undertake Audit C Assessment
- Offer simple brief intervention around alcohol
- Knowledge and skills to support parents / carers through brief intervention around alcohol use gained through attendance at training session
- Practitioners training needs identified through appraisal

Early Start alcohol use AUDIT C assessment[3]

This is one unit of alcohol…



…and each of these is more than one unit

AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:
A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.

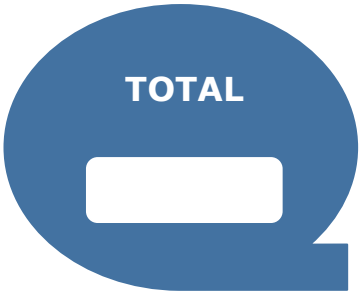
[3] Source: Alcohol Learning Centre

Score from AUDIT- C (other side)

Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence



TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions

Breastfeeding Pathway

Introduction:

The Breastfeeding Pathway describes how Early Start will support families from the antenatal stage through to when the baby is no longer receiving breastmilk.

Trigger factors that suggest additional support may be required:

- Multiple births
- Diabetes
- Breast surgery / injury
- Caesarean section [elective or emergency]
- Social-economic factors
- Teenage pregnancy
- Healthy Start recipients

The pathway supports Early Start implementing the **Leeds Community Breastfeeding Policy**

Supporting pathways / standards:

- Standards for delivering Universal Pathway Core Contacts
- **Healthy Weight Early Start Care Pathway**
- LCH Practice guidance when considering possible faltering weight in the breastfed infant
- LCH Weaning infants on to solid food
- **Department of Health Breastfeeding Care Pathway**
- **Food for Life – Leeds Breastfeeding Strategy 2010-2015**
- Tongue Tie Pathway
- **Baby Friendly Initiative Standards**

For more information, including the implementation plan, contact:

- **Sally Goodwin-Mills** – Baby Friendly Initiative Coordinator / Lactation Consultant

Early Start Pathway: Breastfeeding

Community

The Early Start Team (EST) will develop an understanding of the breastfeeding needs of families with children under 5 in their locality by:

- building links with and shaping local services which make a contribution to families choosing and being supported to breastfeed
- providing and promoting access to information around breastfeeding
- informing families of local provision including peer support, Baby Cafés and Breastfeeding Friendly Leeds
- promoting and working to the **Baby Friendly Initiative Standards**

Universal

At every contact as part of the universal pathway an appropriately trained practitioner from the EST will discuss the benefits and management of breastfeeding, assess breastfeeding using the **Breastfeeding Assessment Tool**, and establish if there are potential issues requiring further support.

Universal Plus

Additional services that any family might need if there is a risk to the establishment and continuation of breastfeeding to prevent problems developing or worsening.

EST practitioner works with family using the Helping Hand approach and provides either 1:1 or group based interventions

1:1 either EST practitioner or Local Peer Supporter

Baby Café Breastfeeding Support Group Peer Support

Review

Family's goals achieved

Ensure family know how to access the ES Family Offer

Family's goals NOT fully met

- Review action plan and goals with family
- Seek supervision to plan next steps

Family signposted to other services

1:1 or group based support

- GP
- Breastfeeding Counsellor
- Peer Support
- Baby Café
- Breastfeeding Support Group
- Peer Support Group
- Pregnancy birth and Beyond / Baby Steps
- Teenage Pregnancy Midwifery Team

Universal Partnership Plus

Additional services for families where a breastfeeding issue has been identified and not resolved or requires specialist input.

Member of EST refers family to specialist service

EST will continue to provide Universal and Universal Plus offer and any action / support as agreed with other services, including if indicated undertaking a CAF and discussing at appropriate cluster level meetings. The child's GP will be informed any referral to other services.

Other services may include:

- BFI Coordinator / Lactation Consultation
- Specialist breastfeeding clinics
- Midwife led breastfeeding clinic [up to 28 days post delivery]
- GP for medical issues and prescription medication
- ENT clinic for tongue tie referrals

Actions may include provision of activities identified in other Early Start Pathways e.g. Healthy Weight

Family's goals achieved

Ensure family know how to access the ES Family Offer

Family's goals NOT fully met

- Review action plan and goals with family
- Seek supervision to plan next steps
- Seek advice from BFI Coordinator / Lactation Consultation

Activities

Community

The EST will:

- Establish what services are available in the area which support families to initiate and continue to breastfeed
- Make links with services to build partnerships and help shape future local services e.g. local parenting courses (including Preparation for Birth and Beyond) and Baby Cafés
- Ensure information on breastfeeding is available for families and reviewed annually to ensure it is accurate
- Ensure all bases have positive breastfeeding images displayed and will promote the BFI standards
- Support Public Health campaigns that target specific geographical areas and communities
- Promote **Healthy Start** to families and publicise the campaign with local retailers and fruit and vegetable co-ops to enable the food vouchers to be exchanged in local businesses
- Ensure there is a named Breastfeeding Lead who is able to offer support with general breastfeeding enquiries and sign post for further support if necessary

Universal

Breastfeeding information and support is a fundamental part of the Universal Pathway, with **mothers asked how breastfeeding is going at every opportunity / contact.** Key messages and discussion topics ensuring consistency across the service are part of the core contacts standards and **must** be read in conjunction with this pathway.

Universal Plus

The EST will undertake the following if there is a risk to the establishment and continuation of breastfeeding to prevent problems developing or worsening:

- Provide individual support, based on the breastfeeding assessment tool outcomes and the Helping Hand approach enabling establishment of goals, implementation of actions and review of progress
- Obtain guidance and support from Breastfeeding Lead within the EST
- Signpost and/or refer to other services e.g:
  - Peer Support Service - For more information or how to contact a local peer supporter contact **Cath Stone Breastfeeding Peer Support Coordinator**
  - **Breastfeeding Support Group / Baby Café Leeds Breastfeeding support groups** vary in provision. Some offer professional help and support others are peer support groups. Baby Cafés always have a professional present to offer specialist support
  - Breastfeeding Counsellor - A **trained practitioner** who works with parents, face to face and over the telephone, and may provide support in groups including Baby Cafés. Contact details for individual counsellors and local and national groups:
    - **Haamla**: a service that provides essential support for pregnant women, and their families, from minority ethnic communities, including asylum seekers and refugees, throughout their pregnancy and postnatal period.
    - **Shantona Women's Centre Maternity Outreach Volunteers**

Universal Partnership Plus

EST practitioners will be aware of the services available and how to refer families requiring this level of support. They will be able to explain to families what to expect when they are referred.

Examples of such issues that may require the support of other services include:

- Suspected tongue tie
- Faltering growth
- Thrush
- Mastitis
- Breast lumps / pain

Services available include:

- BFI Coordinator / Lactation Consultant
- Specialist breastfeeding clinics. There are 3 clinics facilitated by Advanced Level practitioners; contact local EST Breastfeeding Lead for details
- Midwife led breastfeeding clinic for mothers and babies up to 28 days post delivery held at St James Hospital

Resources

1] Policies, guidance, standards:

- The Leeds Breastfeeding Policy
- **Baby Friendly Initiative Standards**

2] Resources

- Breastfeeding toolkit: Bag, doll, knitted breast, NHS resources e.g. leaflets, Bump to Breastfeeding DVD [where available], Mothers Guide to Breastfeeding
- **Breastfeeding support in Leeds**
- **The Breastfeeding Network leaflets:** Thrush, Mastitis, Expressing and Storing Breastmilk.
- **Returning to Work leaflet**
- **Breastfeeding: Feeling Comfortable Feeding In Public**

3] Weblinks

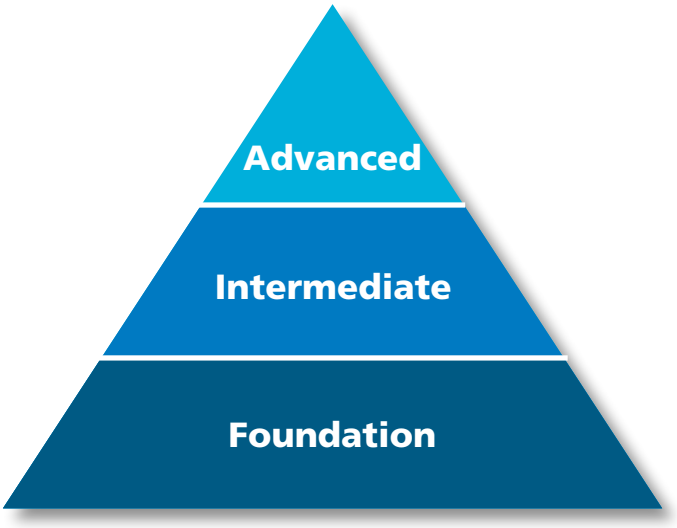
- **www.nhs.uk/parenting-pamphlets**
- **www.nhs.uk/breastfeeding**
- **www.babyfriendly.org.uk**
- **www.nhs.uk/start4life**

4] National support numbers:

- **NCT** Breastfeeding Helpline 0300 330 0771
- La Leche League 0845 120 2981 **www.laleche.org.uk**
- **Association of Breastfeeding Mothers** 0844 412 2949
- **Breastfeeding Network** 0300 100 0210
- National Breastfeeding Helpline 0300 100 0212

5] Skills required for delivery of pathway elements

Training and development opportunities will be identified through the appraisal process to support the delivery of the identified competencies and skills.



Advanced: Practitioners will evidence Foundation and Intermediate skills and competencies and be able to demonstrate:

- Lactation Consultant qualification
- How they are acting as an expert resource for the EST
- Outcomes from facilitating a specialist breastfeeding clinic
- Delivering training as appropriate
- Influencing city wide strategies supporting pregnant and breastfeeding families

Intermediate: Practitioners will evidence Foundation skills and competencies and be able to demonstrate:

- Completion of an annual Practical Skills Review
- Completion of a breastfeeding assessment. This will include evidence of:
  - use of breastfeeding assessment tool
  - observation of breastfeed
  - ability to take a breastfeeding history
- How to recognise signs of emerging problems / issues
- Offering skilled help and support where a problem has been identified
- The evidence base and rationale behind decision making and planned helping strategies
- Awareness of appropriate specialist services

Foundation: All team members working directly with the family will be able to demonstrate the skills and competencies from BFI Breastfeeding Management Programme Training, as required for their role.

Domestic Violence Pathway

Introduction:

The pathway describes how Early Start practitioners will support families around Domestic Violence[1] as part of the "4 tier Family Offer", including working with **perpetrators**[2] if they remain within the family home.

The care pathway supports delivery of the multi-agency Leeds Domestic Violence Action Plan and organisational defined responsibilities if a client discloses domestic violence to a practitioner.

Related Early Start documents:

- Father Inclusive Practice
- Universal Pathway Contacts Standards – Antenatal, New Birth, 6-8 week and 3-4 month [still being tested]
- Early Start Safeguarding Supervision Standards
- Early Start Alcohol Care Pathway
- Early Start Substance Misuse Care Pathway
- Organisational Polices: Lone working policies; Domestic Violence

Domestic violence is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Figure 1: Assessing the Needs of Children and Young People Living with Domestic Violence to assist practitioner to identify risk to the child/young person

When assessing harm and the needs of children or young people living with domestic violence, the following questions should be considered:

- Frequency and severity of the abuse, how recent and where it took place;
- Whether the child was present or has ever been present when abuse has occurred;
- The age and vulnerability of the child;
- What does the child do when the abuse is happening?
- Has the child ever intervened, or are they likely to in future?
- Has the child been physically threatened or sustained any injury?
- The child's description of the effects upon them, their siblings, and upon their parent/carer;
- Is the child being made to participate in or witness acts of abuse against their parent?
- Is the child used physically or emotionally to exert control over their parent?
- Is the non-abusing parent able to meet the child/ren's immediate and longer term needs?
- Has the adult victim and/or child/ren been locked in the house or prevented from leaving it?
- Is the abuse connected with any other factors that undermine parenting capacity (such as alcohol or substance misuse or mental health)?
- Have any weapons been used or has there ever been a threat to use a weapon?
- Is actual or threatened ill treatment of animals used to control the child/ren and or other parent / carer?
- Has physical abuse or threats been directed towards a pregnant woman and her unborn child?

[1] Early Start, following discussion with the LCC Domestic Violence team, is using the term Domestic Violence within the pathway. Domestic Violence is the term commonly recognised by members of the public. There is recognition that the term Domestic Abuse is also used by staff and the advice is to use the two terms interchangeably to highlight the full range of physical, sexual and psychological abuse.

[2] The definition of working with a perpetrator, for an Early Start practitioner, is centred on offering support to access Early Start services i.e. Parenting Courses, groups and signposting to relevant agencies for more specialist support, when the perpetrator remains in the family / child's home. Early Start practitioners do not provide specialist Perpetrator support.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." This definition includes so called **'honour' based violence**, **female genital mutilation** (FGM) and **forced marriage**.

Figure 2: Leeds Domestic Violence Service

Telephone Support

Those experiencing domestic violence can access emotional support and information via the 24 hour helpline number: 0113 246 0401.

Support in the Community

To make a referral for outreach, floating support, IDVA and resettlement **email** or call 0113 246 0401 between the hours of 9–5.

Emergency Accommodation

Stonham provide the majority of refuge accommodation in Leeds, including 24 hour staffing. To make a referral please call 0113 386 3520 or email **LeedsRefuge@homegroup.org.uk**

Domestic violence often starts or escalates during **pregnancy**. While it is not well understood why this is a trigger point, it is well documented. Domestic violence has an impact on children in a family where it is occurring. Children are aware that it is happening and that something is wrong. The impact on children is often denied by victims and by perpetrators, but where a parent is experiencing abuse the children will be experiencing harm and witnessing the ill treatment of another. **Witnessing domestic violence** is a cause of significant harm. The effect may be developmental impairment and behavioural issues depending on the frequency and severity of the abuse. Children are more likely to experience direct abuse, authoritarian parenting (potentially from both parents), inconsistent parenting and neglect in households where there is domestic violence.

Quantifying risk

Risk assessment in cases of domestic violence is important, as one possible outcome is death. Where there is a probability of the victim being seriously harmed or killed the case is considered high risk. High risk cases should be managed by the formal, multi-agency process: MARAC (Multi-Agency Risk Assessment Conference). Medium and lower risk cases are those cases where the danger of death is lower. It is important to note that risk usually increases. To assess risk you will need to understand the national risk assessment measures. These are based on the 40 common characteristics of domestic homicides. The most important measures of risk are the victim's fear and your professional judgement. Figure 1 outlines the needs of children and young people living with domestic violence to help practitioner's identify risk to the child / young person.

For more information, including the implementation plan, contact:

- **Amanda Ashe** – Early Start Manager Tel: 0113 247 6818

Early Start 4 Tier Family Offer: Domestic Violence

Community

The Early Start Team (EST) will develop an understanding of the impact of domestic violence on victims and the wider family including children and will:

- Build links with and shape local services
- Promote access to information and Leeds and community based services e.g. **Family Information Service**, **Leeds Domestic Violence Services**
- Ensure that the voices of victims of domestic violence are heard
- Promote a culture of gender equality and non-violence

Universal

Families and children will be able to access the Early Start Universal Offer from their local EST, including routine enquiry as part of the Early Start Assessment process at core contacts

Universal Plus

Families where there is known domestic violence will be offered additional short term interventions/ activities, based on assessment, including the needs of the child, to prevent issues developing or worsening and to address concerns relating to the child's wellbeing. These interventions will include provision of activities identified in other Early Start Care Pathways.

Meeting the needs of the child

- Play and Stay Groups
- Explore the need for childcare provision
- Prioritise childcare hours [dependant on children centre capacity]
- 2, 3, 4 year funded educational entitlement (F.E.E.E) or discretionary place

Meeting the needs of the victim

1:1 Personalised Support including:

- Triggered enquiry
- Domestic violence support visits
- Safety planning
- Safe recording and storage of information
- Signposting to other services

Meeting the needs of the perpetrator

1:1 Personalised Support including:

- signposting to other services

*Early Start practitioners will only work with perpetrators following a risk assessment and it is deemed safe to do so, the perpetrator is requesting support and the practitioner is skilled and confident to do so

Review including agreed child's goals as part of delivery of associated Early Start Pathways

Victim's / perpetrators goals achieved

Ensure family knows how to access the EST and about Universal offers

Victim's/perpetrators goals NOT fully met

- Review action plan and goals with family
- Seek supervision to plan next steps

Universal Partnership Plus

Families [victims and perpetrators] who have been identified as needing additional targeted support along with the Universal and Universal Plus offer, based on assessment, including the needs of the child. This will includes working in partnership with other agencies/services.

The EST may:

- Undertake a CAF
- Refers to specialist services for further assessment and/or services e.g. MARAC, counselling, GP, Leeds Domestic Violence Services
- Refer to Children's Social Work Services
- Responds to request for support from Children's Social Work Service or local Support and Guidance Panel using the Joint Allocation Meeting process

Review including agreed child's goals as part of delivery of associated Early Start Pathways

Victim's / perpetrators goals achieved

Ensure family knows how to access the EST and about Universal offers

Victim's/perpetrators goals NOT fully met

- Review action plan and goals with family
- Seek supervision to plan next steps

Activities

Community

All Early Start Cluster Teams will:

1. Embed Leeds Domestic Violence Quality Mark Level 1 into team functioning by 1st January 2014
2. Work towards achieving Level 2 by 1st May 2014
3. Ensure there is a Named Early Start Practitioner working with a refuge. The role includes:
   - To liaise with identified refuge every 2 weeks.
   - Named Health Visitor to offer all new families a transfer in contact according to Early Start policy and guidance
4. Establish what services are available in the area that support victims/perpetrators
5. Make links with these services to build partnerships and help shape future local services
6. Support Public Health campaigns around Domestic Violence that target specific geographical areas and communities e.g. **White Ribbon Campaign**
7. Ensure information available for families is reviewed annually to ensure accuracy.
8. Promote a culture of gender equality and non-violence e.g. displaying **zero tolerance** publicity

Quality Markers

Level 1 – Safety and Good Practice

- There will be a named lead identified for domestic violence
- Information will be displayed in all team bases and disseminated to team members and families
- All practitioners will complete required Domestic Violence training
- All practitioners will ensure that relevant safety information and advice is given to women who disclose domestic violence
- All practitioners will make referrals and signposting to relevant agencies as appropriate
- All practitioners will be aware of Multi-Agency Risk Assessment Conferences (MARACs) process and
  - participate as per guidance.
  - be aware of Leeds MARAC Operating Protocol and Information Sharing Agreement
- The Early Start team develop awareness of the additional needs of vulnerable families within their area and respond by offering the 4 tier family offer
- Practitioners receive guidance on responding to perpetrators
- Practitioners receive guidance on responding to male victims

Universal

In response to **Responding to domestic abuse: a handbook for health professionals** Early Start has incorporated "routine enquiry" as part of Universal Pathway Core Contacts Standards. Routine enquiry and providing information means asking all women if they are experiencing domestic abuse, whether or not they show signs of it. An appropriate time to do so would occur as you take a social history, when you are asking about other factors that have a negative impact on a woman's health. Asking all women helps avoid stigma and inappropriate judgements. Documentation of Routine Enquiry by the named Health Visitor at the Antenatal, New birth and 6-8 week contact will be quality assured as part of the annual documentation audit.

Level 1 – Guidelines, Policies and Protocols

- Guidelines on responding to domestic violence available for all practitioners including Early Start Care Pathway: Domestic Violence
- Domestic Violence Policy in place in relation to employees as victims and as perpetrators
- Routine enquiry and triggered enquiry questioning and related training has been introduced as part of the Early Start Care Pathway
- Appropriate documentation and recording systems in place
- Information sharing protocols established and agreed with partner agencies

Universal Plus

Early Start practitioners will undertake the following activities where families require additional support based on an assessment of need, including consideration of the child's needs:

- Triggered Enquiry [Figure 3]
- Undertake a risk assessment, and up date assessment using the Framework for Assessment [Appendix 1]
- 1:1 support using the Helping Hand approach, this may include undertaking a Domestic Violence Support Visit [Appendix 2] and initiating activities as part of other Early Start pathways
- Complete a safety plan with the client [Appendix 3]
- Signpost to other services
- Refer to and share information with appropriate agencies/services
- Co-facilitate Support Group
- Consider the need for a childcare place where appropriate
- Seek supervision

NB: If an Early Start practitioner is working with one parent [victim] providing personalised support and the other parent [Perpetrator] requires personalised support this must be undertaken by another member of the team

Universal Partnership Plus / Targeted

Early Start practitioners will undertake the following activities where families require additional support, including involvement of other agencies / services, based on an assessment of need, including consideration of the child's needs.

- Share information with other agencies / services
- Respond to a Request for Service from other agencies
- Undertake the activities of Named Early Start Practitioner linked to a refuge in geographical area
- Initiate a CAF
- Refer to Cluster Family Support Services e.g. Support and Guidance Panel
- Refer to MARAC and subsequent identified action [Figure 4]
- Seek supervision

If there is any indication of significant risk to the child [Figure 1] a referral must be made to Children's Social Work Service

Figure 3: Triggered Enquiry

Early Start practitioners when working with families need have an awareness of the possibility of domestic violence and of the signs which might suggest this is taking place. In these situations triggered enquiry, asking about the possibility of domestic violence, should be undertaken by the practitioner at a low threshold of suspicion. Do not wait until you are sure that something is wrong before you ask a question. Asking about domestic abuse must always be done when you are alone with the victim.

Signs which might suggest domestic violence is taking place:

- Does the victim make frequent appointments for vague complaints or symptoms?
- Is the victim always accompanied by a partner or other family member when they attend a consultation?
- Are appointments often missed?
- Are there injuries which seem inconsistent with the explanations of accidental causation such as falls, or walking into doors etc, and are these injuries to the face, head and neck, chest, breast and abdomen?
- Is there evidence of multiple injuries e.g. burns, bruises, areas of redness consistent with slap injuries at different stages of healing?
- Does the victim try to minimise the extent of injuries, or try to keep them concealed by clothing?
- Does the victim appear frightened, excessively anxious and depressed or distressed?
- Does the partner appear aggressive and overly-dominant and reluctant to allow the victim to speak for herself? If so, does the victim seem to be passive or afraid of their partner?
- Is there a history of psychiatric illness and alcohol or drug dependency?

Figure 4: The Early Start MARAC Offer

Prior to MARAC, Early Start practitioners if approached by their organisations Designated Officer, will share information according to guidance and ensure that the wider team is aware of the referral through discussion at the Early Start Allocation Meeting.

Following a MARAC, the Early Start Team will discuss information obtained and agreed action at an Allocation Meeting. The Allocation Meeting will identify what action will be undertaken and agree how actions etc will be fed back to the MARAC.

Possible Early Start activities in response to a MARAC referral:

- Offering the following contacts:
  - initial contact
  - fortnightly outreach information in regard to local service provision
  - fortnightly Domestic Violence Support Visits, including Helping Hand approach to personalised support, safety planning and signposting to other services/agencies
- Signposting and referral to counselling or other mental health support services e.g. counselling if available at Children's Centre, Primary Care Mental Health Team
- Consideration of housing needs and provision of appropriate support e.g. help with housing application, help to bid, signpost to other services e.g. Carr Gomm, GIPSIL
- Consideration of suitability of current child care arrangements and the needs for changes and extra temporary child care e.g. to attend court, solicitors
- If the family are moving or fleeing:
  - support to get in touch with the new Early Start team or if moving out of Leeds local Children's Centre and Health Visiting Team
  - support to obtain emergency grants etc to replace possessions

Resources

1] Policies, guidance, standards:

- LCC Domestic Violence Policy and Guidance 2007 [under review]
- Children's Centre Domestic Violence Policy 2011 [under review]
- MARAC Operating Protocol and Information Sharing Agreement
- **No.5: Domestic Violence and Abuse – Professional Guidance** [Health Visiting and School Nursing Programmes: supporting implementation of the new service model]

2] Referral forms to other services are available:

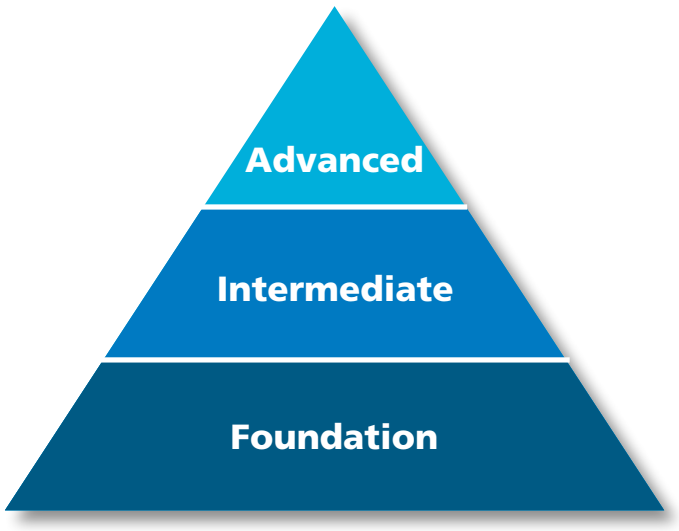
- MARAC Referral Form, CAADA Risk Assessment

3] Websites / information resources

- **Care or Control campaign**
- Perpetrator support; **email** or tel: 0845 1228 609
- **Men's advice line**
- **Women's Aid**, including information on safety strategies
- **Leaflets** for young people/teenagers
- **Support for 13-25 yr olds**
- **STAR – Surviving Trauma After Rape**
- Carr-Gomm: Support for children who are homeless, in refuges, runaways, asylum seekers, refugees, travellers or gypsies – **email** or tel: 225 8915
- Victim Support Leeds – **email** or tel: 395 1260
- **Forced Marriages**

Further information available in Early Start Domestic Violence Resource Files

4] Skills required for delivery of pathway [additional to training described as part of the universal family offer pathway]



Intermediate: Practitioners able to demonstrate foundation level skills and competencies, and be able:

- to undertake triggered enquiry
- to make referrals to local MARACs

Further skills and competencies to be developed in relation to skills when working with families where the perpetrator remains in the home.

Foundation: All Early Start practitioners working with children and parents/carers will be able to demonstrate the following skills and competencies as required for their role and responsibilities:

- To describe the effects of domestic abuse on a child's health, wellbeing and safety
- To safely undertake Routine Enquiry at core contacts and when clients use services
- To help a victim develop a safety plan

Training: All Early Start practitioners will attend:

- Leeds City Council Domestic Violence Team 1 day Domestic Violence training as part of induction process and ½ day refresher every 3 years
- MARAC Briefing or Children Centre Domestic Violence workshops
- 1 day Domestic Violence and Men workshop – to be developed to commence September 2013

Other training and development opportunities will be identified through the appraisal process to support the delivery of the above competencies and skills.

Appendix 1: Risk Assessment Form

Early Start Team:			Base			
Client Name / NHS Number:						
Assessment by:		Signature:		Date:	Review date:	
What are the hazards?	Who might be harmed and how	Evaluate the risks. What are you already doing?	What further action is necessary?	Action by whom?	Action by when?	Complete Y/N (date)

To be stored in clients records

Appendix 2: Early Start Domestic Violence Support Visit

Initially up to 3 visits to be offered and then progress reviewed and further contacts agreed if required.

1. When planning to visit a client at home consider the potential risk associated with this visit both for you and the client.

   Note: The most dangerous time for a victim is when they are planning to leave or immediately after leaving

   Your assessment before you go for a support visit should include:

   - Is it safe to visit the home?
   - Where is the partner likely to be at the time of the visit?
   - Would they let you know if it became unsafe to visit and how would they do this?
   - If it is not felt safe to visit at home is there a suitable alternative venue?
   - Consider joint visit with another member of the Early Start team, Social Worker or Police Domestic Violence Coordinator if involved.

   DO NOT carry out a home visit if you feel your own safety is at risk OR the client's safety would be put at risk.

2. Inform colleagues of the visit as per your Lone Worker Policy.

3. Reassess own safety once at the client's door.

4. Once with the client:
   - Ensure that it is safe to speak about the issue with the client
     - Are they alone?
     - Is their partner in another room?
   - If this is your first visit to the client explain your role and the Early Start Service.
   - Explain that information she shares is confidential within the normal limits of confidentiality you may need to share information with other professionals e.g. GP, midwife or other relevant professionals for **her safety or for the welfare of the children.**
   - Emphasise we do not automatically refer to Children's Social Work Services.
   - Explain that we have to **record the visit** and how this may be helpful to them.
   - Undertake a risk assessment with them making sure to ask what certain times or occasions that make them **feel more vulnerable** perhaps when partner has been drinking.
   - Help **identify what support** could be put in place e.g. is there anyone they can stay with when feeling they may be vulnerable or have they developed a coded message with a neighbour or friend?
   - Encourage them to **develop a safety plan** in case they need to leave in a hurry.
   - Give details of relevant support agencies and domestic violence contact card.
   - Ask if they have **someone to talk to** and explain that we can provide a listening visit as part of the Early Start Service.
   - Encourage them to go to their GP or A&E when they have **injuries** so that they **can be recorded in their medical notes.** Explain how this can help in the future even though they may not want to leave partner or take legal action right away.
   - **Ask if we can discuss** what has been said with midwife, GP or any other relevant professionals.
   - **Ask what they think the children have witnessed** and their level of awareness.
   - Ask where the children are when violent or abusive incidents happen. Make it clear that **children can be affected by hearing violence** even though they may not see what is happening.
   - Explain how and in what way **domestic violence can impact on the children** and offer some advice on talking to the children and playing with the children to encourage their resilience.
   - **Ask what support the children are getting** from them, the family and any outside agencies.
   - Encourage her to **inform nursery or school** of the situation.
   - Leave a **contact number.**
   - Offer a **further visit.**
   - Offer **contact at an alternative venue** if they would prefer.

Appendix 3: Early Start - Safety Planning

In an emergency, dial 999

You have the right to be safe. You can make some changes in your situation to increase your safety. Answer the questions below and think about what you can do.

1. Where will you keep this plan so your abuser will not find it?
2. What do you need to prepare ahead of time so you can leave in an emergency? (You may choose to just leave, and women's support agencies understand if you do not have everything, but it can make things easier for you if you prepare ahead of time)
   a. Important documents (birth certificates, passports, driving licence, car insurance, car registration…)
   b. Financial information (bank account information, savings, investments, mortgage documents, tenancy agreement, benefits books and benefits numbers…)
   c. Personal products (medication, shampoo, deodorant…)
   d. Clothes
   e. Special belongings (photographs, special toys…)
   f. Money and access to money (bank books, cards, bank phone number, pin numbers…)
   g. Children's things (toys, nappies, feeds, snacks…)
   h. Pets
   i. Charged mobile phone in credit (some phones may be tracked, even if you change the sim. Do not take a smart phone with you if you think your abuser may have had the opportunity to track you.)
   j. Photograph of your abuser

   Where can you store these things so your abuser will not find them or know?
3. What can you do to make your home safer?
   a. Keep your mobile phone charged, close and in credit if possible
   b. Can you remove potential weapons, or put them out of sight?
   c. Can you move to a room with an exit when things start to go wrong? Do you have a door key, window key etc.? What doors, windows, lifts, stairwells or fire escapes would you use to get out?
   d. Can you access the "Sanctuary" scheme (through the police Domestic Violence co-ordinator)
   e. Other
4. Who can you trust to listen, support you, and help in an emergency? Be clear and tell them what you need from them in an emergency.
   a. Family
   b. Friends
   c. Neighbours
   d. Domestic violence support worker (or Police DV Co-ordinator)

Violence is never acceptable. No adult has the right to control another adult.

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies[3] for MARAC case identification when domestic abuse, 'honour'- based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column.	Yes (tick)	No (tick)	Don't know (tick)	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	☐	☐	☐	
2. Are you very frightened? Comment:	☐	☐	☐	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)……) might do and to whom, including children). Comment:	☐	☐	☐	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s) ……) try to stop you from seeing friends / family / doctor or others? Comment:	☐	☐	☐	
5. Are you feeling depressed or having suicidal thoughts?	☐	☐	☐	
6. Have you separated or tried to separate from (name of abuser(s)……) within the past year?	☐	☐	☐	
7. Is there conflict over child contact?	☐	☐	☐	
8. Does (……) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	☐	☐	☐	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	☐	☐	☐	
10. Is the abuse happening more often?	☐	☐	☐	
11. Is the abuse getting worse?	☐	☐	☐	
12. Does (……) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour)	☐	☐	☐	
13. Has (……) ever used weapons or objects to hurt you?	☐	☐	☐	

[3] This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

14. Has (…….) ever threatened to kill you or someone else and you believed them? (If yes, tick who) You ☐ Children ☐ Other (please specify) ☐ …….	☐	☐	☐	
15. Has (…….) ever attempted to strangle / choke / suffocate / drown you?	☐	☐	☐	
16. Does (…….) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who) …….	☐	☐	☐	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV)	☐	☐	☐	
18. Do you know if (…….) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV) Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐ …….	☐	☐	☐	
19. Has (…….) ever mistreated an animal or the family pet?	☐	☐	☐	
20. Are there any financial issues? For example, are you dependent on (…….) for money / have they recently lost their job / other financial issues?	☐	☐	☐	
21. Has (…….) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs ☐ Alcohol ☐ Mental health ☐	☐	☐	☐	
22. Has (…….) ever threatened or attempted suicide?	☐	☐	☐	
23. Has (……) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant) Bail conditions ☐ Non Molestation / Occupation Order ☐ Child contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐	☐	☐	☐	
24. Do you know if (…….) has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV ☐ Sexual violence ☐ Other violence ☐ Other ☐	☐	☐	☐	
Total 'yes' responses				

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems and minimisation. Are they willing to engage with your service?
Describe:

Consider abuser's occupation / interests - could this give them unique access to weapons?
Describe:

What are the victim's greatest priorities to address their safety?

Do you believe that there are reasonable grounds for referring this case to MARAC? Yes ☐ No ☐
If yes, have you made a referral? Yes ☐ No ☐

Signed: Date:

Do you believe that there are risks facing the children in the family? Yes ☐ No ☐
If yes, please confirm if you have made a referral to safeguard the children: Yes ☐ No ☐
Date referral made:

Signed: Name:	Date:

Practitioner's notes

Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) Referral Form: Please complete this form as fully as possible.

√ CAADA DASH Risk Assessment completed			
√ Case is High Risk according to the MARAC Referral Criteria			
√ Referral Form completed (this form)			
√ Referral Form and Risk Assessment sent to **leedsmarac@westyorkshire.pnn.police.uk** and **ldvs.marac@halt.cjsm.net** from a secure email address			
√ Please use the format DD/MM/YYYY throughout copy and paste this "√ " in the relevant ☐			
ACPO CAADA DASH Risk Score (before MARAC) Initial:		**LDVS IDVA Section** ACPO CAADA DASH Risk Score (after MARAC actions complete) Final: Date:	
Date form and risk assessment sent:		Agency completing referral:	
MARAC meeting details DIVISION: ☐ NE ☐ NW ☐ C&H		**DATE OF MARAC:** ☐ SCHEDULED ☐ EMERGENCY	
Consent			Informed
Service user's consent obtained? ☐ Yes ☐ No	**If not**, can you satisfy the requirement to share information without consent? Yes ☐ No		Date service user made aware of referral:
Victim risk assessment on referral to MARAC:			
☐ High Risk		Medium or Standard risk cases are inappropriate for referral to MARAC *for clarification: MARAC Referral Criteria*	
Reason for referral: *Please tick all that apply, for clarification: MARAC Referral Criteria*			
☐ Professional judgment	☐ Visibly High Risk (Risk Score of 14 or more)	☐ Potential Escalation	☐ MARAC Repeat
Victim		**Suspect**	
Surname:		Surname:	
Forename(s):		Forename(s):	
Alias:		Alias:	
DOB:		DOB:	
Address: Postcode:		Address: Postcode:	
Relationship to suspect:		Relationship to victim:	
Details for monitoring and providing a better response			
Victim		**Suspect**	
Gender: ☐ Female ☐ Male		Gender: ☐ Female ☐ Male	
Contact telephone number: Any safety information about contact:			
*Please note **disabled** includes mental health and learning disability as well as physical*			
Disabled: ☐ Yes ☐ No		Disabled: ☐ Yes ☐ No	
LGBT: ☐ Yes ☐ No		LGBT: ☐ Yes ☐ No	
Ethnicity:		Ethnicity:	
Religion:		Religion:	

GP details:	
If the victim is not a UK Citizen: County of origin: Type of visa:	

Children in the household (include children in any household where the suspect or the victim lives even if you are unaware of violent or abusive incidents in that household)			
Full name*	DOB	School or nursery**	In the victim's household?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

* Please check surnames of child if different to parents.
**This is very important so the children's needs can be addressed as soon as possible.

Reason for referral:
Please detail key risks and relevant history.
What does the victim want MARAC to do?
Think about and consider what the victim wants for: themselves, for the children or any other dependants, for the suspect, and for the family as a whole.

This form will be circulated to the MARAC Designated Officers before the MARAC Meeting. Please give enough detail so that those attending will be able to understand the situation and the key points for risk reduction.

This form must not be circulated to any person other than the Designated Officer. The designated officer is responsible for sharing the information that is relevant and proportional in line with the MARAC Operating Protocol and Information Sharing Agreement.

If you need support or training to complete this form, contact the **Domestic Violence Team on 0113 395 2140 or dvteam@leeds.gov.uk**

Healthy Weight Pathway

Introduction:

The Healthy Weight Pathway describes how Early Start practitioners, using the HENRY strengths-based solution focussed approach, support families to achieve a healthy weight. It encompasses children who may be underweight or overweight.

Weight faltering: The term "weight faltering" is used when a baby or child fails to gain weight as expected; it is often used for children under the age of two years but also applies to older children. Previously the term "growth faltering" was commonly used to describe children whose weight is faltering. The change in terms used in this guideline reflects the terminology used in guidance accompanying the new UK-WHO growth charts, the rationale being to avoid confusion between height and weight.

Failure to Thrive: The term "failure to thrive" is used when the pattern of severe weight faltering becomes established and co-exists together with concerns about the child's overall growth, health, development and emotional well-being. It is not considered to be synonymous with child abuse or neglect but of course may be an indicator of neglect or emotional maltreatment.

Source: Guidelines for the Identification and Management of Weight Faltering and Failure to Thrive for All Children (PL177)

Obesity: The term obesity is used to describe the level of adiposity associated with an increased risk of development of co morbidities. Male and female children grow at different rates and thus there are no simple cut offs for overweight and obese as there are for adults (i.e. BMI ≥ 25 and BMI ≥ 30). BMIs need to plotted on growth charts that allow for gender and maturation and overweight is described as BMI greater than 91st centile and obesity is described as BMI greater than the 98th centile. Childhood obesity significantly increases the risk of a range of diseases and ill health including:

- Cardiovascular disease
- Respiratory disease
- Joint disorders
- Type 2 diabetes
- Liver dysfunction and disease
- Psychosocial ill-effects such as low mood

Triggers for further assessment and possible Universal Plus Activity:

- Weight loss of more than 10% in the first few weeks
- Sustained weight loss following an acute illness
- Plateauing of weight
- Weight below the 0.4th centile, at first growth measurement
- Fluctuating weights or a dipping or "saw-tooth" pattern when the child's weight repeatedly fluctuates up and down
- Discrepancy with length, weight lies more than 2 centiles below height
- Weight between the 98th and 99.6th percentile (under 2s) OR BMI above 91st percentile (over 2 years)

Supporting pathways / standards:

- Fathers inclusive
- Standards for delivering the Universal Pathway Core Contacts
- **Breastfeeding Early Start Care Pathway**

For more information, including the implementation plan, contact:

- **Jackie Moores** – Public Health

Early Start Pathway: Healthy Weight

Community

The Early Start Team (EST) will develop an understanding of the needs of families with children under 5 regarding healthy weight in their locality, by:

- Building links with, and shaping, local services which make a contribution to families achieving healthy lifestyles
- Promoting access to information and community-based services supporting healthy lifestyles

Universal

At every contact the EST will assess the weight status of the baby / child, establishing if they are at risk of becoming or are already an unhealthy weight, using agreed assessment methods

Universal Plus

Families with babies / children at risk of becoming or are already an unhealthy weight and wish to adopt a healthier lifestyle and enable their baby / child maintain or achieve a healthy weight. See Triggers for Further Assessment and Possible Universal Plus Activity

EST practitioner works with family using the HENRY approach

Family signposted to other services

Review

Family's goals achieved
Ensure family know how to access the ES Family Offer

Family's goals NOT fully met
Options for further support discussed

HENRY 1 to 1 Programme

HENRY Group Programme

Review

Family's goals achieved
Ensure family know how to access the ES Family Offer

Family's goals NOT fully met

- Review action plan and goals with family
- Seek supervision to plan next steps

Universal Partnership Plus

Services, in addition to the Universal and Universal Plus offer, for families with a baby / child who is a very unhealthy weight and therefore requires specialist services outside the EST.

Member of EST refers family to specialist service
EST will continue to provide Universal and Universal Plus offer, including HENRY programmes and any action / support as agreed with other services, including undertaking a Early Help Assessment and discussing at appropriate cluster level meetings. The child's GP will be informed of any referral to other services.

Underweight
Weight around or below 0.4th percentile **OR** pattern of weight faltering below 50th percentile **OR** weight crossing 2 centiles

Refer to Growth and Nutrition Service

When referring consider:

- Safeguarding issues
- Ongoing feeding difficulties
- Continued limited diet
- Increased parental anxiety
- Maternal mental health

Overweight
Weight above the 99.6th (under 2s) OR BMI above 98th percentile (over 2s)

Refer to Community Paediatric Services for assessment and paediatric opinion regarding cause of being very overweight and its effect

Medical concerns identified

Refer to Specialist Weight Clinic for management and support for babies and children with complex needs

Family's issues resolved
Ensure family know how to access the ES Family Offer

Activities

Community

The EST will:

- Establish what services are available in the area which supports a healthy lifestyle and how families can access these services
- Make links with services to build partnerships and help shape future local services e.g. cooking groups, fruit and vegetable co-ops, grow your own schemes
- Ensure information is available for families and reviewed annually to ensure it is accurate
- Ensure all bases have HENRY information displayed and will promote the HENRY philosophy by promoting and encouraging activity and healthy eating
- Will be familiar with **Change for Life** campaign supporting healthy lifestyles and have information available in all bases on campaign
- Will be familiar with **Leeds Let's Change**, supporting healthy lifestyles and have information available in all bases on the services provided
- Promote **Healthy Start** to families and publicise the campaign with local retailers and fruit and vegetable co-ops to enable the food vouchers can be exchanged in local businesses

Universal

Identified members of the EST:

- Will weigh and interpret growth measurements of babies and young children as part of delivering well child clinics as part of the Early Start Universal Pathway
- At every contact will discuss healthy weight and healthy lifestyles based on the HENRY framework
- Promote the **Healthy Start** scheme to families and encourage those who are eligible to apply

Universal Plus

The HENRY approach underpins all universal plus activities with identified members of the EST:

- Will provide individual support using resources from HENRY core training to enable families to explore issues, establish goals, plan and implement strategies, and review progress
- Will provide structured 1:1 support, known as HENRY 1 to 1 Programme, using resources from HENRY core training and Advanced Practitioner training
- Will provide group support over 8 weeks, know as The HENRY Group Programme, using resources from HENRY core training and Group Facilitation training

Universal Partnership Plus

EST practitioners will be aware of the services available and how to refer families requiring this level of support. They will be able to explain to families what to expect when they are referred.

Services available include:

- **Growth and Nutrition Service** for babies and preschool children who are very underweight
- Secondary Care Weight Clinic a secondary care city-wide weight management clinic
- Specialist Weight Clinic Service
- **Watch It** community based weight management programme for children from 5 to 18 years of age and offers two separate programmes, Watch It Classic and Healthy Families

For information on accessing Leeds Community Healthcare services **click here**
For Leeds Teaching Hospitals Trust Specialist Weight Clinic **click here**

1] Policies, guidance, standards:

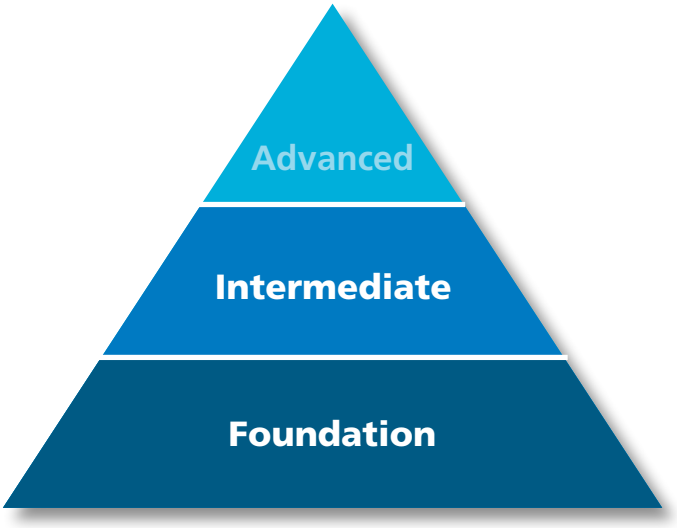
- NICE CG43
- Faltering Growth Guidelines

2] Resources

- HENRY toolkits
- **Change 4 Life** resources
- Growth charts, BMI charts

3] Skills required for delivery of care pathway elements

Training and development opportunities will be identified through the appraisal process to support the delivery of the identified competencies and skills.



Intermediate: Practitioners will demonstrate Foundation skills and competencies and and be able to demonstrate:

- Ability to interpret weight / BMI

Foundation: All team members working directly with the family will be able to demonstrate the skills and competencies from HENRY Core Training and Helping Hand Training, in addition identified practitioners will be able to:

- Weigh and measure 0-5 year olds and record results on centile charts
- Evidence of passing the HENRY 1 to 1 Programme training
- Evidence of passing the HENRY Group Programme training

Child Looked After Pathway

Definition:
The pathway describes the services that Early Start practitioners will provide for children, under 5 years of age, living within the geographical area that are looked after by a local authority.

All children who are looked after must receive the targeted element of the pathway.

What is a Child Looked After?

1. A Child Looked After is a child who is accommodated under section 20 of the Children Act 1989 or
2. A child who is subject to a care order.
3. Children whose permanency plan is adoption, remain looked after until an adoption order is made.

In developing this pathway it is recognised that a Child Looked After may become a parent themselves. In these situations Early Start practitioners would provide the parent and child / family identified elements of the Family Offer based on assessment.This may include:

- Referral to the Family Nurse Partnership Programme
- Invitation to a local Early Start Pregnancy, Birth and Beyond programme
- Referral to NSPCC Pregnancy, Birth and Beyond Programme. This is an antenatal education programme provided by NSPCC staff and health professionals aiming to support families who might not otherwise access antenatal support. Groups are currently being run in a number of locations across Leeds, for more information contact: NSPCC on 0113 217 2200.

For more information, including the implementation plan, contact:

- **Amanda Ashe** – Early Start Manager
- **Sally Kennedy** – Early Start Manager

Early Start Pathway: Child Looked After

Community

The Early Start Team (EST) will develop an understanding of the needs of children who are looked after under five and their carers in their locality. ESTs will:

- Build links with and shape local services, which make a contribution to improving outcomes for children who are looked after by contributing to Cluster Leadership Groups and Advisory Boards
- Promote access to information and community-based services e.g. Family Hub **www.thefamilyhubleeds.org**
- Ensure that the voices of children who are looked after and their carers are heard

Universal

Children who are looked after and their carers will be able to access the Early Start Universal Offer from their local EST

Universal Plus

Children who are looked after and their carers will be offered additional short term interventions / activities, based on assessment to prevent problems developing or worsening and to address concerns relating to the child's wellbeing. These interventions will include provision of activities identified in other Early Start Care Pathways.

Meeting the needs of the child

1:1 Personalised Support

including statutory Health Needs Assessments and support to access other relevant services / care pathways

Early Education / Childcare

- Prioritise childcare hours [dependant on children centre capacity]
- 2,3,4 year funded educational entitlement (F.E.E.E) or discretionary place

Review

Child's goals achieved

Ensure Carer knows how to access the EST and about Universal offers

Child's goals NOT fully met

- Review action plan and goals with carer
- Seek supervision to plan next steps

Meeting the Needs of the Carer

With the provision of:

- 1:1 personalised support using Helping Hand approach
- signposting to relevant services e.g. Kinship Groups, Foster Carer Support Groups, CAB, counselling

Universal Partnership Plus (targeted)

As well as the Universal offer and Universal Plus services, based on assessment, children who are looked after and their carers have been identified as needing targeted support as described below, which includes working in partnership with other agencies.

EST refers child to specialist services e.g. Community Dental Services

OR

Responds to request for support from Children's Social Work Service

Response to Children's Social Work Service may include contributing to:

- Family Assessment
- Personal Education Plan (PEP)
- Life story Book preparation
- Child Care Review meetings
- Family Group Conference (may be considered where a child is rehabilitated back home from kinship care)

Transition from being looked after in to permanent care arrangement

Contribute to the transition process and provide support

Specific activities:

1] Child Looked After Health Needs Assessment [HNA]:

Child Looked After Health Needs Assessments are statutory and identify unmet health needs[1] to ensure that children who are looked after can access appropriate health services to identify and meet their health needs. Within Leeds:

a. Initial Health Assessments are undertaken by the designated LAC doctor and community paediatricians using **BAAF** [British Association of Adoption and Fostering] documentation.

b. Follow up HNA [every 6 months for children under 5 years of age] are undertaken by Health Visitors, within the Early Start Team. The **HNA** consists of an initial face to face contact with the child and their carer, completing the assessment documentation and identification of an action plan meeting the health needs described. The Health Visitor is responsible for ensuring that all action identified with the assessment is undertaken e.g. referral to dental services and monitoring of attendance at dentist

c. Unmet health needs will be reviewed by the Independent Reviewing Officer [IRO] at Child Care Reviews. Practitioners will be held to account if action plans are not meet and outcomes not achieved. Early Start Practitioners can contact the IRO for support if they feel that another practitioner has not actioned the plan as agreed at the review.

Children placed outside of Leeds will be overseen by LCH Children Looked After's Health Team.

2] Supporting access to other relevant services

The Early team will ensure that all children who are looked after are registered with a General Practitioner and Dentist, immunisations are up to date and that hearing and vision are assessed.

3] Child Care Reviews

It is expected that the Named Health Visitor and Key Person will attend Child Care Reviews when invited and provide a written report as requested. Early Start practitioners will undertake all agreed activities identified in the Child Care Review Plan.

4] Contribute to Personal Education Plans (PEP)

A PEP is statutory for all under 5s in an early education / childcare setting – responsibility for initiating and reviewing the PEP lies with the child's Social Worker but there is an expectation that the Early Education / Childcare Setting would significantly contribute to this.

5] Prioritisation of childcare place where appropriate as per FFE Vulnerable 2s policy

6] Contribute to life story work as part of preparation for adoption

e.g. contribute photographic evidence/observations to tell the story of the time the child has spent in childcare setting.

[1] Statutory guidance on promoting the health and well-being of Children Looked After

Resources

1] Policies, guidance, standards:

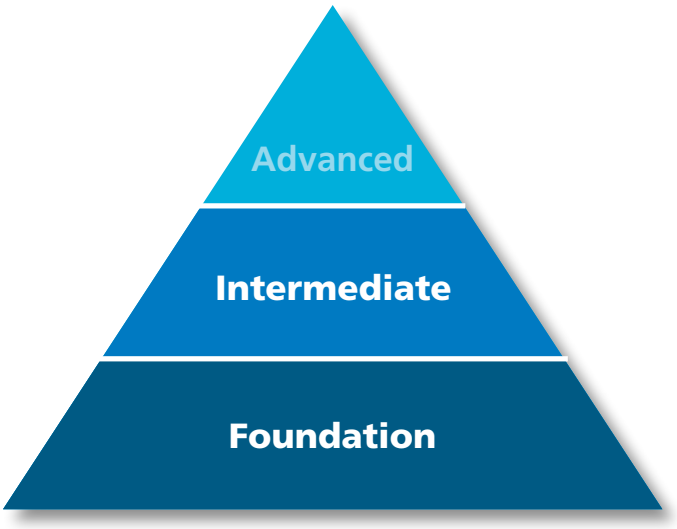
- Promoting the health and well-being of Children Looked After
- Promoting the quality of life of Children Looked After
- Care planning for Children Looked After and care leavers
- NICE Guidance – Social and emotional well-being - early years
- NICE Pathway – Social and emotional well-being for children and young people

2] Referral forms:

Referral forms to other services are available.

3] Skills required for delivery of care pathway elements

[additional to training described as part of the universal pathway]



Intermediate: Practitioners able to demonstrate foundation level skills and competencies, and be able:

- to undertake HNAs [Health Visitors only] evidenced by attendance at Looked After Health Needs Assessment training every 2 years
- to contribute to the PEP [Children's Centre Teacher only]
- to provide safeguarding supervision in line Early Start Standards
- to write reports that meet agreed LSCB standards

Foundation: All Early Start practitioners working with children who are looked after will be able to demonstrate the following skills and competencies:

- to contribute to life story work [childcare staff only]
- to access safeguarding supervision in line with Early Start standards

Economic Well-being Pathway

Introduction:

The pathway describes how Early Start practitioners will achieve economic wellbeing. This includes support to families to:

- Maximise income
- Manage debt
- Access CAB and other support services
- Reduce fuel bills
- Develop financial literacy
- Access education and work

Research has identified children that remain at particularly high risk of poverty where additional support may be required

- In workless families
- From a minority ethnic background
- With one or more disabled adults in their family
- Who have three or more siblings
- From lone-parent families
- Living in poor-quality, overcrowded or social housing or being in rent arrears or debt
- Having no parents with any qualifications
- Where a parent has mental health problems
- Where the mother is aged 16–24
- Where the parent(s) main language is not English
- Where a parent(s) abuses drugs or alcohol

Supporting Pathways / Standards:

- Standards for delivering Universal Pathway Core Contacts
- Healthy Weight Early Start Care Pathway

For more information contact:

- **Sharon House** – Early Start Manager

Figure 1:

Named Financial Literacy Champion will:

- Support Early Start practitioners delivering the Economic Wellbeing Pathway activities
- Pan, deliver and evaluate Financial Literacy Course to families and Early Start colleagues
- Maintain a current database of local employment and training opportunities available to families and Early Start colleagues

The champion role will be recognised as part of the appraisal process

Financial literacy courses will include:

- Exploring what clients' attitudes to money are
- Wants or Needs
- Budgeting skills
- Advantages of saving
- Priority payments and spending
- Ways to make money go further

Supporting resources:

- Financial Literacy Resource developed by Leeds Public Health available from the Public Health Resource Centre
- Barclays Financial Capability Handbook: Horizons

Early Start Pathway: Economic Well-being

Community

The Early Start Team (EST) will develop an understanding of the economic wellbeing needs of the local population of families with children under 5, by:

- Building links with, and shaping, local services which make a contribution to families achieving economic well being
- Promoting access to economic well being information and inform families of how they can access support

Universal

At every contact the Early Start practitioner will explore and establish joint understanding of the families' financial position.

Universal Plus

Additional services that any family might need some of the time; this will include families at risk and those who are already living in poverty, who wish to prevent poverty and/or achieve economic well being, families reporting not content with income, concerned about debt.

EST practitioner works with family

using the Helping Hand approach and provides either 1:1 or group based interventions

- 1:1 Support to families helping to access
  - relevant entitlement
  - local provision to increase learning and employment needs
- Asking if family can keep their home affordably warm?
- Provision of basic budgeting information
- In partnership with others deliver financial literacy courses

Family signposted to other services

For 1:1 support or group based support

- Welfare rights unit
- One stop shop
- CAB and Advice Leeds
- Affordable Warmth
- Entering employment
- Credit Union
- Local employment/further education provision
- Financial Literacy Courses
- Healthy eating on a budget

Review

Family's goals achieved

Ensure family know how to access the ES Family Offer

Family's goals NOT fully met

- Review action plan and goals with family
- Seek supervision to plan next steps

Universal Partnership Plus

Additional services for vulnerable families requiring ongoing additional support, where children are living in a family with insufficient money to meet basic needs.

Member of EST refers family to specialist service

Early Start team will provide Universal and Universal Plus family Offer and action / support as agreed with other services / organisations. This may involve sharing information with the family GP.

Possible activities:

- Undertaking a CAF and being identified Lead Professional
- Discussing at appropriate cluster level multi-agency meetings
- Request for **Children Social Work Support** to access social fund (section 17 Child in Need)
- Signposting and referral to 3rd sector organisations e.g. food parcels, emergency accommodation, financial advice, domestic violence
- **Warm Homes Service** if a child / parent / carer has long-term medical condition or disability
- Police regarding safety / protection and advice around loan sharks
- Services for failed asylum seekers

Family's goals achieved

Ensure family know how to access the ES Family Offer

Activities

Community

All Early Start Cluster teams will:

1. Have a Named Financial Literacy Champion
2. Establish what services are available in the area that support families achieving economic well being e.g. Credit unions, cook and eat groups, fruit and veg co-ops, food banks
3. Make links with these services to build partnerships and help shape future local services
4. Support Public Health campaigns around economic well being that target specific geographical areas and communities
5. Ensure information available for families is reviewed annually to ensure accuracy.

Universal

Early Start practitioners at every contact as part of the Early Start assessment will:

- Explore and establish joint understanding of the families' financial position
- Discuss options available
- If appropriate check the family are in receipt of the main entitlements and have completed welfare benefits form
- Promote the **Healthy Start** scheme to families and encourage those who are eligible to apply

Universal Plus

Early Start practitioners will undertake the following activities where families require additional support based on an assessment of need:

- Reactive queries to explore and establish joint understanding of the families' financial position using the following questions:
  - What do you feel about your families' current income?
  - Have you experienced a recent substantial reduction in income?
  - Are you worried about debt?
- 1:1 work with the family to identify goals, plan and implement strategies to improve their economic wellbeing, including provision of basic budgeting information, helping to access benefit entitlements / education and employment, raising awareness of potential inflated costs of doorstep, pay day loans, catalogue purchasing etc
- Sign posting to other agencies and services
- Facilitate Financial Literacy programmes / sessions to groups of parents

- Assessment of parents' learning experience and qualifications and readiness for employment or further study [Level 1, 2 or 3]

  Level 1: Develop confidence

  - Parent not working but interested to know how they can get into paid work or
  - Actively planning to get into paid work

  Early Start practitioner to support the person to gain skills which are needed for work e.g. encouraging participation in groups which increase confidence in ability to keep to time; work cooperatively with others; ability to organise; learn new skills.

  Level 2: Develop learning and skills

  - Does the parent have basic numeracy, English language skills? Do they need to develop formal qualifications?

  Early Start practitioner to signpost to local courses; encourage volunteering.

  Level 3: Gain employment / become more aspirational / more qualified

  - Is the parent ready to apply for jobs or work towards a qualification

  Early Start practitioner to signpost to Jobcentre plus; advice on childcare options, developing aspirational thinking e.g. encouraging participation on parent's forums

Universal Partnership Plus / Targeted

Early Start practitioners will undertake the following activities where families require additional support, including involvement of other agencies / services, based on an assessment of need:

- Share information with other agencies / services
- Initiate a CAF
- Seek supervision

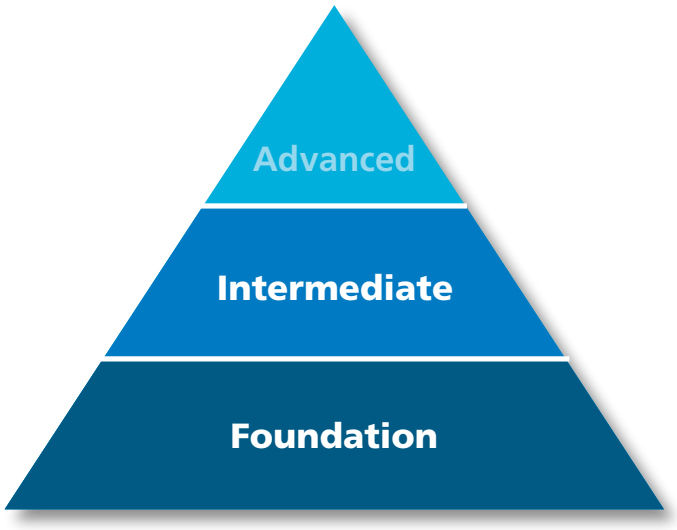
Resources

Policies, guidance, standards:

- Child Poverty Strategy 2011-2015
- A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives

Websites / Information Resources: Appendix 1 for more information and details

Skills required for delivery of care pathway
[additional to training described as part of the universal family offer pathway]



Advanced: Across the Early Start Service there will be 1 or 2 practitioners / managers able to demonstrate the skills and competencies as required for their role to:

- identify relevant national and local strategy and possible implications for Early Start Services
- review current Early Start services to ensure provision is evidence based
- contribute to city wide strategy and services to ensure the needs of families and children under 5 years are recognised

Intermediate: Practitioners able to demonstrate foundation level skills and competencies as required for their role and responsibilities and:

- The ability to undertake the responsibilities of the Named Financial Literacy Champion role on behalf of the Early Start Team

Knowledge and skills will be obtained through attendance at the Children's Workforce Development Councils Child Poverty Module **"Understand, recognise and respond to child poverty"**

Foundation: All Early Start practitioners working with children and parents / carers will be able to demonstrate the following skills and competencies as required for their role and responsibilities:

- Basic knowledge and understanding of Child Poverty and how it effects children's outcomes,
- How to:
  - identify families who need support in meeting financial needs
  - provide basic budgeting information and support in organising bills etc.
  - provide support to enable family to access benefit entitlements
  - provide information about priority bills to be paid
  - raise awareness of potential inflated costs of doorstep, pay day loans, catalogue purchasing
  - promote reputable saving and credit services e.g. Credit Union
  - assess adult employment and training levels and support parents to plan their development
  - signpost to employment and training advice locally and citywide

Appendix 1:

This additional information is intended as a resource to enable timely and up to date support to be provided to individuals and families. Please check details before giving to families

Maximise Income

- **Welfare Rights Unit:** The Welfare Rights Unit is part of Leeds City Council's Customer Services and offer free, confidential and impartial advice and support on a whole range of welfare benefits. For a copy of their leaflet **click here**

  Families can book an appointment with a local adviser: Tel: 0113 222 4404 or **email**

- **Child benefit:** For information on benefit eligibility, making an application and child benefit number

Affordable Warmth

Affordable Warmth is the ability to achieve sufficient warmth within the home. The most widely accepted definition of a family who cannot afford warmth (living in fuel poverty) is "a household that needs to spend more than 10% of income to heat the home to an adequate standard" i.e. to a level of warmth consistent with maintaining health and well being: 21 degrees centigrade in main living areas and 18 degrees centigrade in other areas of the home. The **Leeds Affordable Warmth Strategy 2007 – 2016** provides further information.

- The **Leeds Energy Saving Advice Team** (Fuelsavers) is a service families can use for free independent and impartial advice about how to save energy and money. Tel: 0113 224 3462

Healthy Start

Healthy Start aims to improve health and reduce health inequalities in qualifying expectant mothers and young children. The wider agenda of the scheme includes reducing poverty, preventing obesity and giving women and families involved in the scheme lifestyle information, including healthy eating and breastfeeding. Early Start practitioners should check if a family are entitled to register for the Healthy Start scheme as part of the Universal Antenatal Contact. Women **qualify for Healthy Start** if they are at least 10 weeks pregnant or have a child under four years old and they or their family are in receipt of certain benefits. They also qualify if they are under 18 and pregnant, even if they don't get any benefits or tax credits.

The **Healthy Start website** provides up to date information on:

- How does the scheme work?
- How many vouchers do families get?
- **How do families apply and register for the scheme?**

  Please note the application leaflet *'Free milk, fruit, veg and vitamins for you and your family'* needs to be completed with pregnant women or families filling in most of the form. Part B of the form confirming the expected estimated day of delivery and/or the date/s of birth of any children under four years old needs to be fully completed and signed by a registered health professional (midwife, health visitor, doctor or nurse).

Free Healthy Start vitamins: Healthy Start vitamins contain the appropriate amounts of the recommended vitamins for pregnant and breastfeeding women and children aged from six months to five years (unless they are drinking 500ml or more of infant formula milk per day). Coupons can be exchanged for women's and children's vitamins across Leeds at:

- NHS health centres
- Children's Centres

Food banks [also furniture banks] – A variety of organisations may be able to help

- **St Vincent's**
- **St Georges Crypt**
- **Salvation Army**

Free school meals / school clothing

- **School meals:** School meals have changed in the past few years. The introduction of government standards means more food is cooked from fresh ingredients and more fruit, vegetables and bread are served. School catering providers have carefully thought out to provide for all needs, including medical reasons, religious and cultural reasons, such as halal meat, and ethical reasons, such as vegetarians. Families are encouraged by the school to contact them before their child starts school

with any questions and are welcome to go into school and try the school food for themselves. If families are entitles to **Free School Meals (FSM)** and do not take them up they are losing £330 a year from their family budget. Practitioners should promote school meals as above and support parents to claim for them, FSM eligibility can be confirmed by contacting the Leeds Revenue and Benefit Service Tel: 0113 222 4404

- **School Clothing:** Individual schools should be able to advise parents about how to best apply for monies for school clothing. Central clothing grants from the council are no longer available.

Social Housing providers

Many social housing providers have a commitment to supporting their clients in meeting their housing payments and will provide budgeting and debt advice. Sometimes this is provided in the clients' home or at a community venue and can involve an ongoing supportive relationship. This provision is likely to vary between providers and different areas.

- **Shelter** help to understand housing rights and options.

Signposting and referring to specialist services for debt and financial issues

- **Credit Unions: Leeds City Credit Union (LCCU)** is one of the largest and most successful in the UK. Members are encouraged to save for their future, and in return they receive access to a range of financial services including affordable credit, current account facility and a return on their money. LCCU provides straightforward, affordable financial services to anyone who lives or works in the Leeds Metropolitan area. Members of LCCU make regular payments into a range of savings accounts - this fund then provides the basis for preferential rate loans. The income generated by lending helps meet operating expenses build reserves and pay savers a dividend (subject to surplus and at the discretion of the Board of Directors).
- **Community Development Finance Institution (CDFI):** The name of the CDFI in Leeds is 'Headrow Money Line'. It has no public office space, currently. People will be signposted to the CDFI through their local credit union. A company registered as a CDFI is an ethical company which can offer loans to people who may find it difficult to borrow from high street banks or building societies. A loan from a CDFI is much, much cheaper than borrowing money from a doorstep lender, pawn broker or pay-weekly store. However a loan from a CDFI is usually more expensive than borrowing from a credit union. CDFIs work closely with their local Credit Union and will encourage their customers to become a member of their local credit union and where possible, to start to save regularly, in addition to paying off their loan.
- **Citizens Advice** providing people with round-the-clock access to CAB information on their rights - including benefits, debt, housing, employment, **consumer** and legal issues.
- **Stepchange Debt** (formerly Consumer Credit Counselling Service) assists people in financial difficulty by providing free, impartial and realistic advice.
- **National Debtline** provides advice on how to deal with debt problems.
- **Business Debtline** provides free, confidential and independent advice on how to deal with debt problems for small businesses
- **Community Legal Advice** government website with information on where to get legal advice to help with legal problems.
- **Turn2us** helps people in financial need gain access to welfare benefits, charitable grants and other financial help

Loan sharks

A loan shark is a person or organisation that offer loans at extremely high interest rates. Paying money back at very high interest rates reinforces a downward cycle of poverty in families and whole communities. Often the loan shark has a friendly disposition and behaves as if they are doing families a favour, indeed the loan shark may be a member of the community. However they are operating illegally and may enforce repayment by blackmail. They are often involved in other illegal activities and can be very frightening for people to deal with. Practitioners should ask if people are borrowing from illegal money lender and actively discourage this. If someone wants to **report loan shark activity** they should be encouraged to contact 0300 555 2222 (Monday to Friday 9am to 5pm) or Text LOAN SHARK and the lender's details to 60003.

Access education - Free Educational Entitlement for children

2 year olds: On their second birthday a child could be eligible for 2 Year Old Free Early Education. The offer is a free childcare place and early learning experiences for up to 15 hours per week in a registered setting, family and parenting support; and support to access training and employment.

If a child is born between:	Based on a three-term school year they are eligible for a free place from:
1 April and 31 August	1 September following their third birthday or the beginning of the autumn school term
1 September and 31 December	1 January following their third birthday or the beginning of the spring school term
1 January and 31 March	1 April following their third birthday or the beginning of the summer school term

3 and 4 year olds: All three and four year olds are entitled to 15 hours of free nursery education for 38 weeks of the year. This applies until they reach compulsory school age (the term following their fifth birthday). Free early education can take place in full day care nurseries, including Children's Centres, playgroups, preschools or at accredited childminders. The free entitlement is paid directly to the provider. To claim the entitlement, if families are not currently using childcare, the parent will need to put the child's name down for a place as early as possible as some providers may have waiting lists. To find the nearest provider **click here**. If the child is currently in childcare the parent will need to make sure that their provider is aware that their child is approaching 3 years old and that they wish to claim the entitlement. Parents will be asked to fill out a parent provider contract for the nursery to claim payments. If their child is attending more than 15 hours per week, the provider will deduct fees for the15 hours free entitlement. The remainder of the time will be charged at the providers' normal rate. For school nurseries, the payment process is automatic between the school and local authority; therefore there is no need to fill out any forms. Although there will be nothing to pay for the early education entitlement , families will be expected to pay for lunch or bring a packed lunch if their child is attending for 6 hours or more during 1 day.

Access employment and training opportunities

Local employment opportunities: Job Centre Plus Outreach Workers are available in Children's Centres by appointment, or for group workshops, to give support for accessing training and work opportunities. Every Children's Centre has a named contact.

Volunteering opportunities: **Voluntary Action Leeds (VAL)** has information about volunteering throughout Leeds.

Training and education opportunities: EST will signpost and refer people to relevant training and education opportunities in the city and local area.

Appendix 2: My Budget Sheet

In order to be able to properly manage money, planning is necessary. An example of short-term management is day to day management: paying household bills, etc. Medium and long term planning is about saving and borrowing for an item; planning for retirement etc. For both short term and longer term planning, budgeting is essential.

What is a budget?

A budget is an estimate of income and expenditure over a given time period. It indicates whether income and expenditure balance or not. When income is less than expenditure, and no action is taken, then a debt will arise. Should income be greater than expenditure then the excess can be spent or saved.

Practitioners can explain and support individuals to start to budget. They will need to promote the advantages of managing money so as not to get into debt and to be able to afford or save for essential household items. The practitioners' role is to improve the clients' skills and confidence to organise their household budget and to be more capable in managing their own money. The practitioner can support the client to decide if they need further support and signpost them accordingly. It is not the practitioner's role to give financial advice to clients or to advice about choices of financial institutions or products.

Promoting budgeting involves:

- Providing a budgeting tool
- Supporting the person to collect the relevant information. For example utility bills; mortgage/ rent; council tax; telephone contracts and bills; travel costs; benefits and wages.
- Providing advice to understand bills etc.
- Advising regarding organising bills/ statements etc.
- Supporting calculations
- Advising re. priority payments and priority debts if applicable
- Signposting to an external agency for further advice

My Budget Sheet

Use this sheet to help you budget. You can do a budget for a week or a month. If you are doing it for a week, you will need to work out the weekly cost of things like bills which come in every month or every three months.

Budget from..... until.....

Money coming in		
Income	Wages	
	Training allowance	
	JSA (job seekers allowance)	
	Income support	
	Housing benefit	
	Part-time job	
	Money from family or carers	
	Other	
Money going out		
Regular commitments	Rent / housekeeping money	
	Council tax	
	Gas bill	
	Electricity bill	
	Water bill	
	Insurance	
	Phone bill	
	Savings	
	Loans	
	Other	
Everyday spending	Food shopping	
	Going out	
	Other entertainment (e.g. videos)	
	Toiletries	
	Books, magazines and newspapers	
	Sport (e.g. swimming / exercise class)	
	Cigarettes	
	Car maintenance and petrol	
	Other	
	Travel	
Occasional spending e.g. clothes		
	Total spending	

Total income ..... Total spending ..... = Money left .....

Substance Use Pathway

Definition:

The pathway describes the services that Early Start practitioners will provide families with children, under 5 years of age, living within the geographical area where substance use had been disclosed/ identified. Any household caregiver whose substance use may impact on the wellbeing of the child may be supported.

Supporting pathways / standards:

- Fathers inclusive
- Standards for delivering the Universal Pathway Core Contacts

For more information, including the implementation plan, contact:

- **Vanessa Broadbent-Lucas** – Early Start Manager
- **Lisa Baxby** – Early Start Manager

Early Start Pathway: Alcohol Use

Community

The Early Start team (EST) will develop an understanding of the needs of families with children under 5 in their locality where risks associated with substance use have been identified by:

- Building links with local services which make a contribution to harm reduction
- Raising awareness of the risks of taking drugs or substances within locality
- Ensuring families are aware of and know how to access further information and support including

Universal

An **enquiry** about drug and substance use should be made; at each HV core contact, whenever a practitioner undertakes an Early Help Assessment or whenever observations indicate that substance use may be an issue. To establish whether use is problematic use the drug and substance use prompts. If drug use identified within pregnancy then follow the midwifery pathway link (all pregnant mothers are to be referred to the Leeds Addiction Unit)

Universal Plus

Assessment indicates use of substance(s) and after consideration of the effects including health and social issues, and harm to child(ren), practitioner considers support is required

Universal Partnership Plus

Assessment indicates problematic use and possible dependency. Referral to specialist services outside the EST is required

Seek advice from Leeds Addiction Unit before continuing. Inform family that you will seek advice from a specialist service.

Individual

Personalised 1:1 support Offered using Helping Hand tool

Groups

Groups to reduce social isolation and improve parenting capacity may be considered

Family signposted to other service

Signpost to Leeds Addiction Unit for most appropriate Community Drug Treatment Service

Refer family to specialist community drug treatment service

Advise family that you are making a referral to Community Drug Treatment Services and ensure you have gathered all relevant referral information

AND

Seek supervision and consider referral to social services or Initiate Early Help Assessment and develop TAC action plan with other agencies

Review

Family's goals achieved

Ensure family know how to access relevant Community and Universal offers

Family's goals NOT fully met

Increasing concerns about issue - options for further support discussed

Signposting to Universal Partnership Plus

Community Drug Treatment Services

Including:

- Leeds addiction Unit
- Neonatal abstinence syndrome service

Family's issues resolved

Ensure family knows how to access the EST and about Universal offer

Activities

Community

The EST will establish what services are available in the area which helps prevent substance misuse and supports families in a healthy lifestyle. Links should be made with these services to build partnerships and help shape future local services. Social marketing information should be made available in settings for families and reviewed annually to ensure it is accurate. In addition the EST can look at ways at how to raise awareness in the local community on the risks of using substances.

Talk to Frank: Wide range of flyers and posters with drugs information and advice can be downloaded and displayed or circulated etc.

Leeds Public Resource Centre: Leaflets and posters with drug advice available on request.

Evidence shows that healthy lifestyles improve emotional wellbeing and are protective against substance misuse. This website is aimed particularly at helping adults to improve their health. The headings at the top of the webpage can be used to find top tips for improving health, information about services in an area and downloadable leaflets, guides and links.

leeds lets change.co.uk
One website for a healthier you

Information and support on **mental health and emotional well-being.**

Universal

Initial enquiry

The following enquiry question ***'Have you ever used any drugs or substances?'*** should be asked at each HV core contact, whenever a practitioner undertakes an Early Help Assessment or whenever observations indicate that substance use may be an issue. If the family is identified as using drugs, further assessment is required. If you have already discussed this before an enquiry prompt such as ***'I know I asked you about whether you used drugs before. Has anything changed since I last saw you?'***

Fuller assessment

Use the drug and substance use prompts [Appendix 1] to identify if use is considered to be affecting the health, social and parenting abilities of the parent. Refer parent to **Frank** for confidential advice. Seek advice from **Leeds Addiction Unit [LAU]** if wanting support in deciding the next course of action.

Universal Plus

Seeking support from Leeds Addiction Unit (LAU): Where there are concerns about substance use and/or impact on parenting capacity, Early Start practitioners will contact **LAU** for advice on how to proceed and whether a referral to specialist services is required. Practitioners will need to be able to describe which substances are used, frequency of use and route of administration when seeking support from LAU colleagues. Screening prompts have been agreed with LAU to be used to enhance core contact frameworks.

Personalised 1:1 support: Using the Helping Hand framework enable families to reduce, stop or minimise the effects of their substance use. This may include the misuse of prescription medication.

Groups: Families may benefit from attendance at groups e.g. behaviour management. Signpost families to groups where appropriate. Refer to universal and other pathways for more information about the range of groups available.

Universal Partnership Plus

EST practitioners will be aware of the services available and how to refer families requiring this level of support. They will be able to explain to families what to expect when they are referred.

Referral to Specialist service: Where having contacted **LAU** for advice, substance use is agreed to be problematic refer family member to the agreed specialist service for support.

Resources

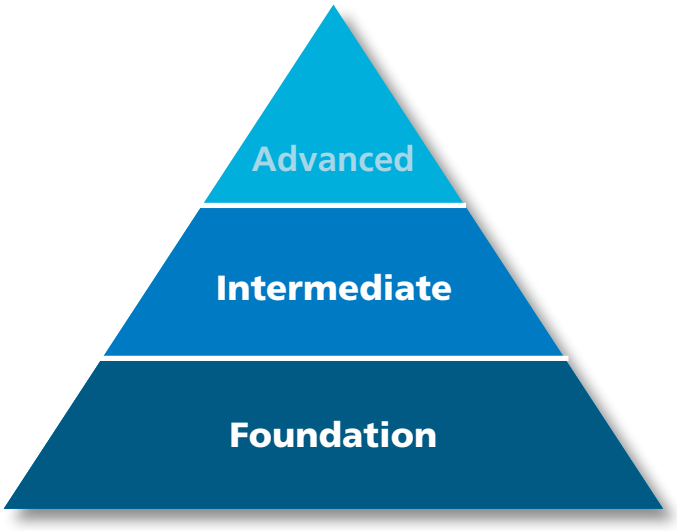
1] Policies, guidance, standards:

- NICE CG51: Drug misuse: psychosocial interventions
- Drug misuse and dependence UK guidelines on clinical management
- National Treatment Agency for Substance Misuse (NTA)

2] Key websites

- **FRANK:** Support for parents or EST with information on drugs including their different names, the effects, the risks and the legal status. Plus wide range of other resources including harm reduction, emergency help and information for parents concerned about child/friend
- **Information for frontline professionals** to support drug treatment and referral
- **Home Office - Alcohol and Drugs** web pages
- **NHS Choices**
- **Drinkanddrugs.net**
- **Drugscope**
- **Local mental health services**
- **Mental health**

3] Skills required for delivery of care pathway [additional to training described as part of the universal pathway]



Intermediate: Practitioners able to demonstrate foundation level skills and competencies, and be able to:

- Signpost and liaise with specialist services

Foundation: All Early Start practitioners working with children who are looked after will be able to demonstrate the following skills and competencies:

- Attend alcohol and substance misuse training as identified through appraisal
- Seek support from LAU having worked with parent to gain information on drug use
- Offer personalised 1:1 support using the Helping Hand framework

Appendix 1: Early Start Substance Use Prompts

As you explore general health and wellbeing:

Identify whether client has used any prescribed/ non-prescribed drugs in the past three months?

These include:

- Cannabis (marijuana, pot, grass, hash etc)
- Cocaine (coke, crack, etc)
- Ketamine
- GHB
- MCAT
- Legal highs
- Amphetamine type stimulants (speed, diet pills, ecstasy, etc)
- Sedatives or sleeping pills (valium, zopiclone, etc)
- Hallucinogens (LSD, acid, mushrooms, etc)
- Opioids (heroin, morphine, methadone, codeine, etc)
- Other

To discuss concerns with Leeds Addiction Unit you will need the following information:

- Name of drug(s)
- How often used
- Route of use (smoking, injecting, snorting, etc)
- How often has drug use led to health, social, legal or financial problems
- Previous attempts to control, cut down or stop drug use

Here are some questions that may help you:

Tell me more about…

How does this make you feel? How do you feel about…?

How does taking / using X affect you? What effect does this have on you?

How might this affect… your family / friends / those around you?

How have you managed to…?

What helps you cope? How else have you coped?

What will be different for you when you… (cut down / stop / etc)

What else?

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EST Dashboard **Final: 1/8/2016**

2016-17

Quarter 1

Ref	Measure	ACES Farnley	Aireborough	Bramley	Burmantofts Inner East	C.H.E.S.S.	EPOSS	Garforth Brigshaw	Horsforth ESNW	Inner East	Inner NW hub	J.E.S.S.	Middleton	Morley, Ardsley & Tingley	N.E.X.T. Alwoodley	NEtWORKS	OPEN XS	Otley, Pool & Bramhope	Pudsey	Rothwell	Seacroft / Manston North	Seacroft / Manston South	Templenewsam Halton	Upper Beeston & Cottingley	Total F
	HV Team Area NB:Some HV Areas overlap with EST Areas and vice versa	Thornton	Yeadon	Bramley	East Leeds	Chapeltown/ Meanwood/Harehills/Leafield	Wetherby	Rothwell	Holt Park	East Leeds /Halton	Kirkstall	Parkside	Middleton	Morley	Harehills /Leafield	Chapeltown/ Meanwood	Kirkstall	Yeadon	Bramley	Rothwell	Seacroft	Seacroft	Halton	Middleton	
	0-5 years Universal Service																								
20	Total number of women receiving antenatal face-to-face contacts (from Q3 2015/16)	116	92	84	60	116	57	76	130	77	77	147	36	145	168	79	66	44	121	71	47	82	42	40	1997
24	% of women receiving a NBV who are recorded as having had an antenatal visit																								
30	Infants turning 30 days in the quarter	140	84	101	100	142	96	90	143	100	87	184	55	163	203	89	91	52	150	77	44	88	48	74	2436
31	% infants who had a face-to-face NBV undertaken by a health visitor	99.3%	98.8%	99.0%	98.0%	99.3%	99.0%	100.0%	98.6%	98.0%	97.7%	97.8%	98.2%	97.5%	99.0%	98.9%	100.0%	100.0%	99.3%	100.0%	95.5%	97.7%	100.0%	100.0%	98.4%
32	% of infants who had a face-to-face NBV undertaken by a health visitor within 14 days of birth	85.7%	79.8%	95.0%	78.0%	85.9%	74.0%	88.9%	88.1%	81.0%	87.4%	82.6%	74.5%	78.5%	89.7%	86.5%	91.2%	92.3%	86.7%	76.6%	81.8%	87.5%	81.3%	85.1%	84.3%
40	Total number of infants due a 6-8 week review by the end of the quarter	152	95	105	95	149	89	88	130	100	75	184	57	166	197	88	97	47	159	79	46	89	48	68	2438
41	% of 6-8 week reviews completed by HVs	92.1%	97.9%	97.1%	94.7%	96.0%	97.8%	97.7%	97.7%	98.0%	94.7%	94.6%	98.2%	91.6%	96.4%	97.7%	94.8%	100.0%	95.0%	96.2%	95.7%	94.4%	97.9%	92.6%	95.4%
42	% of 6-8 week reviews completed within 8 weeks of birth	77.0%	86.3%	91.4%	74.7%	85.2%	89.9%	86.4%	90.0%	75.0%	88.0%	76.6%	77.2%	84.3%	83.2%	85.2%	89.7%	91.5%	88.7%	84.8%	82.6%	88.8%	79.2%	86.8%	84.0%
50	Number of Children turning 12 months during the quarter	160	101	114	106	146	85	94	136	90	91	188	67	147	188	96	92	41	156	99	50	95	52	74	2532
52	% of 12 month reviews completed within 12 months	81.9%	77.2%	86.8%	69.8%	20.5%	87.1%	88.3%	90.4%	83.3%	81.3%	66.5%	74.6%	77.6%	10.1%	33.3%	65.2%	75.6%	59.6%	74.7%	80.0%	76.8%	76.9%	75.7%	66.7%
53	Number of Children turning 15 months during the quarter	143	79	107	100	133	98	116	105	82	78	164	60	149	187	86	90	57	148	92	54	86	45	70	2392
54	% 12 month reviews completed within 15 months	87.4%	93.7%	81.3%	66.0%	65.4%	92.9%	90.5%	92.4%	76.8%	87.2%	67.7%	78.3%	84.6%	78.6%	81.4%	60.0%	87.7%	83.1%	83.7%	83.3%	95.3%	88.9%	85.7%	81.3%
60	Number of Children turning 2.5 years in the quarter	148	91	126	103	128	101	106	158	87	84	164	81	148	198	86	100	48	150	101	71	85	47	80	2560
64	% of Children who received a 2-2.5 Year Review within 2.5 Years	75.7%	87.9%	77.8%	60.2%	30.5%	80.2%	85.8%	88.6%	64.4%	85.7%	59.1%	81.5%	77.7%	17.7%	40.7%	59.0%	85.4%	81.3%	84.2%	73.2%	70.6%	78.7%	82.5%	68.0%
65	Number of 2.5 year reviews completed within 2.5 Years	112	80	98	62	39	81	91	140	56	72	97	66	115	35	35	59	41	122	85	52	60	37	66	1742
66	Number of 2.5 years Integrated Reviews completed within 2.5 years	12	12	23	3	1	20	7	37	2	19	5	4	8	2	3	13	5	33	6	1	5	1	5	230
	Service tier model delivery																								
70	Number of children turning 5 years old in the quarter	144	119	122	98	115	96	110	134	119	73	190	71	152	216	83	69	47	152	84	45	80	68	71	2526
71	Percentage of children turning 5 years old within the quarter who received a Universal contact from the HV service at any time	100.0%	100.0%	99.2%	100.0%	99.1%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	97.8%	98.8%	100.0%	100.0%	99.7%
72	Percentage of children turning 5 years old within the quarter who received a Universal Plus contact from the HV service at any time	55.6%	39.5%	52.5%	49.0%	54.8%	47.9%	43.6%	68.7%	60.5%	56.2%	58.9%	47.9%	52.0%	42.6%	63.9%	53.6%	48.9%	46.7%	67.9%	60.0%	65.0%	58.8%	56.3%	53.4%
73	Percentage of children turning 5 years old within the quarter who received a Targeted contact from the HV service at any time	16.7%	8.4%	12.3%	13.3%	11.3%	3.1%	5.5%	6.0%	16.8%	17.8%	16.3%	8.5%	11.8%	3.7%	15.7%	14.5%	4.3%	8.6%	8.3%	20.0%	8.8%	14.7%	9.9%	11.1%
74	Number of Universal Contacts made by the HV Service in the quarter	1685	1061	1401	1128	1313	821	972	1618	1104	1032	1746	764	1934	2032	886	902	604	1676	1026	609	1032	585	681	27117
75	Number of Universal Plus Contacts made by the HV Service in the quarter	22	2	11	21	10	4	6	17	13	12	43	31	31	11	11	14	11	11	9	6	24	21	30	384
76	Number of Targeted Contacts made by the HV Service in the quarter	118	60	71	94	149	25	28	61	80	70	234	64	148	41	23	51	20	70	53	37	72	25	81	1713
79	Number of children under 5 years old	3007	2005	2404	1993	2765	1910	2244	2729	2076	1786	3768	1365	3378	4034	1850	1806	997	3252	1884	1257	1876	1092	1397	50875
83A	Adults receiving universal core offer via Children's Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1945
83C	Children receiving universal core offer via Children's Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2089
84A	Adults receiving universal plus via Children's Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1629
84C	Children receiving universal plus via Children's Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1647
85A	Adults receiving universal partnership plus (targeted) via Children's Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1086
85C	Children receiving universal partnership plus (targeted) via Children's Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1098

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2016-17

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	Safeguarding																								
99	Number of Early Help Contacts made by Early Start Teams	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
100	Number of Early Help Assessments initiated by EST	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
112	Number of 0-5 year olds requests for service made by Early Start Teams (from Q4 2015/16)	5	0	3	9	2	1	0	3	2	5	7	6	1	1	2	2	3	2	1	0	5	3	0	69
113	Number of 0-5 year olds referred to Social Services from Early Start Teams (from Q4 2015/16)	3	0	2	5	1	0	0	3	1	3	5	6	0	0	0	2	3	2	0	0	3	1	0	44
120	Numbers of Children Looked After resident in the EST area when taken into care	26	4	9	26	22	2	0	7	14	3	36	13	8	3	3	12	0	4	4	11	2	5	12	237
121	Numbers of Children Looked After in care placed within the EST area	6	7	6	5	3	5	15	10	3	7	19	3	13	11	12	2	2	10	14	2	15	4	2	176
125	Total number of Children Looked After Health Needs Assessments for under 5's undertaken by HVs	6	2	3	2	1	1	3	1	2	3	10	2	5	2	3	1	0	2	2	2	5	1	1	64
130	Number of children under 5 going into a Child Protection Plan by EST	9	0	6	2	5	0	6	3	5	1	8	4	9	2	0	5	0	1	1	1	3	3	9	83
131	Number of children under 5 on a Child Protection Plan by EST	17	3	12	8	18	1	6	14	10	7	19	13	24	4	1	13	1	9	4	8	4	4	10	218
	Public Health & Outcomes																								
140	Number of 8 week babies due a breastfeeding check	142	95	105	90	148	90	90	129	103	74	184	58	161	193	87	94	46	157	79	47	86	48	65	2392
141	Breast Feeding Initiation (Captured at 8 weeks)	63.4%	85.3%	66.7%	78.9%	77.0%	86.7%	68.9%	80.6%	58.3%	89.2%	68.5%	56.9%	65.2%	90.7%	95.4%	87.2%	89.1%	82.2%	75.9%	40.4%	67.4%	52.1%	67.7%	74.9%
142	Exclusively breast feeding 8 weeks	23.2%	40.0%	23.8%	35.6%	38.5%	40.0%	30.0%	41.1%	24.3%	48.6%	26.6%	31.0%	29.8%	47.2%	54.0%	45.7%	41.3%	31.2%	38.0%	6.4%	20.9%	14.6%	35.4%	34.2%
143	Mixed feeding 8 weeks	10.6%	12.6%	13.3%	18.9%	20.3%	17.8%	14.4%	17.1%	5.8%	18.9%	17.4%	8.6%	7.5%	21.2%	19.5%	26.6%	15.2%	10.2%	8.9%	2.1%	10.5%	12.5%	12.3%	14.5%
144	Exclusively breast feeding at 10-14 days	39.4%	51.6%	35.2%	43.3%	46.6%	54.4%	41.1%	50.4%	30.1%	54.1%	35.3%	43.1%	38.5%	63.7%	67.8%	57.4%	63.0%	48.4%	51.9%	17.0%	36.0%	20.8%	43.1%	45.8%
145	Mixed feeding at 10-14 days	9.9%	16.8%	19.0%	25.6%	22.3%	21.1%	15.6%	20.2%	16.5%	28.4%	24.5%	5.2%	13.7%	19.2%	20.7%	20.2%	17.4%	14.6%	8.9%	6.4%	9.3%	14.6%	12.3%	17.3%
149	Immunisation cohort	152	89	122	88	124	99	95	128	101	84	161	68	163	212	83	74	53	153	102	50	85	62	54	2474
150	Immunisation coverage - 3rd DTP	98.0%	97.8%	97.5%	98.9%	96.8%	99.0%	95.8%	96.9%	97.0%	96.4%	97.5%	98.5%	95.7%	98.6%	97.6%	95.9%	100.0%	99.3%	100.0%	94.0%	97.6%	98.4%	98.1%	97.5%
151	Immunisation coverage - 1st MMR	92.8%	94.4%	95.1%	94.3%	87.9%	92.9%	95.8%	95.3%	97.0%	91.7%	90.7%	95.6%	96.3%	96.2%	92.8%	94.6%	94.3%	96.7%	99.0%	96.0%	91.8%	95.2%	92.6%	94.3%
162	Number of children turning 30 months within the quarter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
163	Number of children with height & weight recorded	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
164	% of children underweight	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
165	% of children healthy weight	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
166	% of children overweight	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
167	% of children obese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
170	Number of children under 5 years old	3007	2005	2404	1993	2765	1910	2244	2729	2076	1786	3768	1365	3378	4034	1850	1806	997	3252	1884	1257	1876	1092	1397	50875
171	Number of children whose families enrolled on a HENRY Programme	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
172	Number of children whose families completed a HENRY programme	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
173a	Number of mothers enrolling in Baby Steps	10	2	2	9	5	1	2	1	7	3	14	3	4	8	1	4	0	1	2	6	5	1	3	94
173b	Number of fathers/significant others enrolling in Baby Steps	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
174a	Number of mothers completing the Baby Steps programme	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
174b	Number of fathers/significant others completing the Baby Steps programme	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
180	Reception Children with Height and Weight Recorded (annual)	395	388	468	210	410	374	532	420	398	211	543	115	598	685	307	142	189	578	317	242	386	222	249	9183
181	% of Reception Children Overweight	12.2%	17.3%	16.7%	11.4%	12.9%	17.1%	14.1%	13.1%	14.8%	15.6%	13.8%	19.1%	12.5%	13.0%	12.4%	11.3%	11.1%	12.5%	11.7%	12.0%	12.4%	10.8%	12.9%	13.5%
182	% of Reception Children Obese (annual)	9.4%	8.8%	11.3%	10.5%	10.5%	8.6%	10.2%	9.0%	10.3%	5.7%	7.6%	8.7%	10.2%	11.1%	9.1%	12.0%	6.9%	9.3%	11.0%	10.7%	9.8%	8.1%	10.4%	9.5%
	School readiness - Foundation Stage and narrowing the gap of bottom 20%																								
189	Number of two year olds claiming early learning places	236	78	177	198	211	37	85	110	160	92	299	115	146	145	91	148	26	106	70	108	120	65	115	2976
190	Number of Children (end of reception) (annual)	522	429	468	325	510	358	504	536	457	305	679	251	704	754	321	292	206	601	400	270	415	214	289	9848
191	% of children (end of reception) reaching good level of development	49.4%	80.0%	52.8%	45.5%	46.9%	78.8%	69.0%	71.5%	56.0%	73.4%	49.5%	51.0%	64.6%	71.2%	63.2%	51.7%	73.8%	67.7%	68.8%	51.1%	67.2%	61.7%	51.6%	61.9%
192	% of children (end of reception) who are in the lowest 20% achievement band for the LA	29.5%	7.9%	20.9%	36.3%	30.6%	8.4%	13.3%	10.6%	23.4%	11.1%	33.1%	28.7%	19.3%	13.0%	14.3%	27.1%	15.0%	13.0%	16.0%	35.9%	18.3%	17.3%	31.5%	20.2%

Appendix 3

Economic Modelling[1] in support of Children's Centre Business Case for Leeds

Cost Benefit Analysis

Using the Unit Cost Database (v.1.4) which was updated March 2015 cost benefit analysis has been carried out. The initial version of this cost database was developed as part of work under the Investment Agreement and Partnerships Exemplar project to produce a framework to assist local partners in reforming the way they deliver public services. The project was funded by the Department for Communities and Local Government's (DCLG) Troubled Families Unit, and delivered by Greater Manchester and Birmingham City Council, although it is relevant nationally. Work to develop and update the database is being undertaken by New Economy, with further support from DCLG and other government departments.

The costs can be broken down into three types of values. These are:

- Fiscal value: costs or savings to the public sector that are due to a specific project (e.g. delivery of additional services or reduced health service, police or education costs)
- Economic value: net increase in earnings or growth in the local economy
- Social value: wider gains to society such as improvements to health; educational attainment; access to transport or public services; safety; or reduced crime

When looking at the financial case for a project, only the fiscal values should be considered, and an assessment of 'cashability' of any savings also considered (based on New Economy Model). When looking at the economic or public value case for a project, all three benefits should be considered. For the purposes of this business case we have concentrated on the fiscal values particularly as we have current fiscal costs to compare.

Parental, infant and child mental health and wellbeing

Poor maternal mental health is linked with poor early attachment, relationships and inequality. According to a recent national report maternal perinatal depression, anxiety and psychosis carry a long term cost to society of about £8.1 billion each year with 72% of the costs relating to adverse impacts on the child (CentreForum's Mental Health Commission, 2015)

The Leeds Mental Health Needs Assessment (NHS 2011) suggests that public mental health, prevention and early intervention should be prioritised. It is suggested that 30-40% of mothers and babies will suffer from insecure attachment between mother and child with the potential for mental health issues for both. Over the last three years Leeds has sought to address this issue.

Following the integration of Heath Visiting Service and Children's Centres into 25 locally based Early Start Teams, we have jointly (LCH, Public Health Children's Services) developed the Maternal Mood pathway). As a response to this a number of perinatal and adult-parent mental health services have been commissioned and are in development. These include:

- Early screening for maternal mood both during pregnancy and in the early years;
- Access to 'Preparation, Birth and Beyond', a programme of perinatal education and support.

[1] Including high level assumptions and levels of confidence - for each section

- Baby-Steps: This is a 'programme of perinatal education and support targeted at families with complex needs
- Infant Mental Health Service: Developing staff skills and awareness around early attachment, bonding and attunement; consultancy support for staff working with families and direct CAMHS support for mothers with the most complex difficulties.
- Swift and easy access to parent counselling services and developing centres as the 'hub' for providing support to bereaved families with young children, thereby supporting both parents and young children with their loss.

The international evidence base around the first 2 years of parenting suggests that enriching the early environments of children in low income families produces significant financial returns .

The Incredible Babies/Years programmes demonstrate a good cost-benefit ratio. Long-term studies show that model programs for three- and four-year-olds living in poverty can produce significant benefit-cost ratios and annualised internal rates of return of 18% over 35 years, with most of the benefits from these investments accruing to the general public.

Topic Area/Program	Monetary Benefits	Cost	Benefit to Cost ratio	Return on Investment
Incredible Years: Parent Training and Child Training	$15,571	$2,085	7.5	12%

(Wave 2013)

A small team of Children's Centres staff have been trained in the Incredible Babies/Years programmes and have piloted the 'Incredible Babies' parent-child group training. Early Indications from four pilot courses completed by around 50 families in Leeds demonstrated similar gains to the national and international evidence base.

The 'Tool to Measure Parenting Efficacy' (TOPSE: used to evaluate parenting programmes nationally and internationally) identified the around 12% gains for parents completing the training in the areas of emotion and affection, play and enjoyment, empathy and understanding, with a 12% reduction in perceived pressure in family life.

We have a high level of confidence in the return of investment.

Analysis

Average cost of service provision for adults suffering from depression and/or anxiety disorders, per person per year - fiscal (£977) and economic (£4522) costs [measured as per person per year – HE11.0] Reference - Paying the Price: the cost of mental health care in England to 2026 (King's Fund, 2008), p.118

This is the average annual fiscal cost of service provision per adult suffering from depression and anxiety disorders. In addition, the economic value quoted is related to lost earnings; other social costs (e.g. from reduced well-being) are not monetised in the King's Fund report. The fiscal cost

includes the following service areas: prescribed drugs; inpatient care; GP costs; other NHS services; supported accommodation; and social services costs. As shown in the constituent measures below, ***the cost falls predominantly to the NHS (92%)***, followed by the local authority (8%).

Note that the source quotes research that found that around one third of working age adults with depression and half of those with an anxiety disorder are not in contact with services (i.e. not accessing provision or diagnosed by a GP with a mental health condition) - this cost is an average across all adults suffering from depression and/or anxiety disorders, regardless of whether they are in contact with services or not.

The source also provides costs for a range of other adult mental health conditions, including dementia, and for child and adolescent disorders - these are outlined in the subsidiary and constituent costs detailed below. Research from elsewhere (Mental Health Promotion and Mental Illness Prevention: the economic case, Knapp et al, 2011) suggests that the cost (to employers) of work-based screening for depression and anxiety disorders is £31 per employee (2009-10 prices), comprising completion of a screening questionnaire, follow-up assessment to confirm depression, and care management costs; subsequent delivery of six sessions of face-to-face CBT can cost some £240 per course. The relatively low cost of such interventions, compared to the potential savings demonstrated in the data quoted here, demonstrate their cost-effectiveness.

From our data the following calculations have been made:

- The number of children aged 0-5 in total in Leeds = 37,605[2]
- From our data the percentage of targeted families engaged in the centres is 80%
- The Leeds Mental Health Needs Assessment (NHS 2011) suggests that public mental health, prevention and early intervention should be prioritised. It is suggested that 30-40% of mothers and babies will suffer from insecure attachment between mother and child with the potential for mental health issues for both.
- Assuming that 30% of mothers (on a per child basis) benefit from the mental health support afforded by Children's Centres this could equate to an individual saving of £977 per annum, which would mean a **£8.82M return on investment (ROI)**

Accident prevention and first aid training

RoSPA recently commissioned research from the Transport Research Laboratory (TRL)5 to look into the cost of home accidents. Its findings were shocking: the total annual cost of home accident casualties who are treated for their injuries at hospital – around 2.7million people each year – is estimated to be £45.63billion (£45,630million), based on an average cost of £16,900 per victim (all ages). The children most at risk from a home accident are the 0–4 years age group. Falls account for the majority of non-fatal accidents while the highest number of deaths are due to fire. Most of these accidents are preventable through increased awareness, improvements in the home environment and greater product safety.

[2] Figures taken from the NHS Leeds and Leeds LA Early Start Dashboard dated 14 May 2015

Children's Centres have been trained and undertaking ROSPA home safety assessments for 5 years. However funding for equipment fitting has reduced from £120k per year to around £30k per year reducing the impact of the programme.

A pilot has been undertaken, funded by Children's Services, clusters and CCG's for paediatric first aid training for parents. 12 courses have been run with 87 parents completing the course. The course has sustained a 95% completion rate with 15% of attended going on to take additional sessions and gain accreditation. The parent evaluation (TOPSE) demonstrates similar impact measure demonstrated in national evaluation (Incredible Years 2012)

Analysis

The benefits of first aid training in terms of number of accidents prevented and cost of those accidents could be measured by reduction in A&E attendances and Ambulance call outs:

A&E attendance (all scenarios) per incident HE4.0 [fiscal = £117]

Ambulance services - average cost of call out, per incident HE3.0 [fiscal =£223]

Reference -National Schedule of Reference Costs 2011-12 for NHS trusts and NHS foundation trusts (weighted average of values against HRG codes VB01Z to VB11Z)

This cost is sourced from NHS Reference Costs 2011-12 (an updated cost is not available from the 2013 Reference Costs publication), and is a weighted average cost for A&E attendance (using values from HRG codes VB01Z-VB11Z), covering all attendances including scenarios both where investigation and treatment are received, and where they are not received (see related headline measures below for unit costs for each of these scenarios). The unit cost varies by type of A&E setting as follows: A&E attendance at an NHS foundation trust or NHS trust hospital: admission £157, non-admission £108; A&E minor injury units: admission £74; non-admission £60; A&E walk-in centres: admission and non-admission, both £42; non-24 hour A&E/Casualty departments, admission £100, non-admission £53). Subsidiary costs (see below) have been calculated across all settings for A&E attendance that (a) leads to hospital admission, and (b) does not lead to admission (see below) [all costs in this cell are quoted at 2011-12 prices].

From our data the following calculations have been made:

- 12 courses have been run with 87 parents completing the course. The course has sustained a 95% completion rate with 15% of attended going on to take additional sessions and gain accreditation.
- If all of those parents who completed the course avoid at least one A&E attendance as a result of this training (87 x 95%) **this equates to £9,711 ROI per annum**
- If all of those parents who completed the course avoid at least one Ambulance call out as a result of this training (87 x 95%) **this equates to £18,509 ROI per annum**

This would be a total of £28,220 per annum recurrent saving

There is a medium level of confidence in this return of investment as we would require further analysis to confirm whether there is any evidence of use of first aid training and loan of safety

equipment to impact on A&E attendance/admission. This is one of the high level assumptions that needs testing out.

Healthy eating and obesity reduction

Leeds Children's Centres are working to implement two key evidence based strands of work around health eating and obesity reduction; namely the UNICEF Baby Friendly accreditation and city wide roll out of the Healthy Eating and Nutrition for the Really Young (HENRY).

Breastfeeding

The evidence around breastfeeding suggests (UNICEF 2012) that if 45% of women exclusively breastfed for four months and if 75% of babies in neonatal units were breastfed at discharge, every year there could be an estimated:

- 3285 fewer gastrointestinal infection-related hospital admissions and 10,637 fewer GP consultations with over £3.6m saved in treatment costs annually;
- 5,916 fewer lower respiratory tract infection related hospital admissions and 22,248 fewer GP consultations with around £6.7m saved in treatment costs annually;
- 21,045 fewer acute otitis media related GP consultations, with over £750,000 saved in treatment costs annually;
- 361 fewer cases of NEC with over £6m saved in treatment costs annually

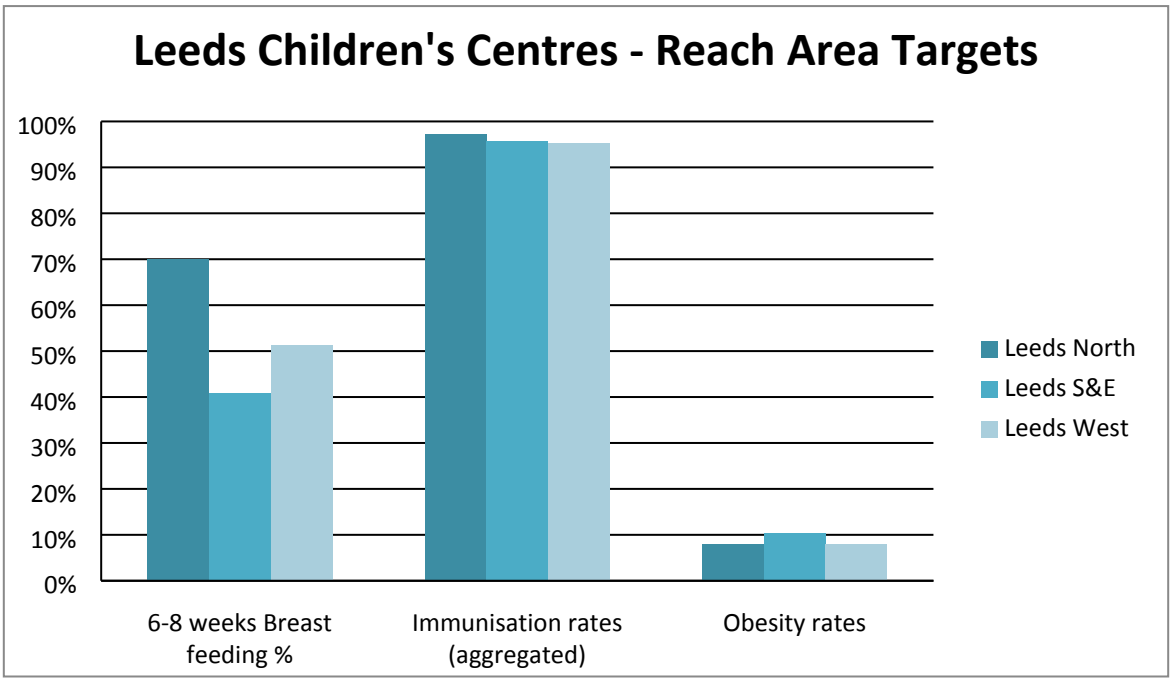
Also the constituents of breast milk support brain growth and development by improving white matter structure and better visual, motor, language and cognitive performance. Oxytocin levels are high when breastfeeding which support the responsive mothering behaviours leading to better cognitive and psychosocial development. Breastfed babies were 1 to 6 months ahead of never breast fed babies (Millennium Cohort Study).

The Leeds rates for breastfeeding suggest that initiation rates in Leeds are at around 70%, and by 4-6 weeks have fallen to around 50%. This compares poorly with parts of Europe such as Norway where 99% of mothers breastfeed and 70% are exclusively breastfeeding at 3 months. The evidence suggests that implementing the UNICEF Baby Friendly Initiative, particularly for young white women can have an impact on improving rates. Leeds Children's Centres have been working towards the BFI since 2012 and expect to achieve it in 2016. Maternity and Health Visiting Services in Leeds achieved the UNICEF BFI in 2014.

Analysis

Modelling for health – impact of increase in breastfeeding in Leeds for health

Achievement of recognised health and wellbeing 'early years' improvements in breast feeding and immunisation rates, and reduction in obesity rates for pre-school children. This is shown below using data recorded across the three CCG reach areas for 2014-15.



The current registration rates for families in the Leeds area are very high; in some cases 100% of families are registered. In addition, the target groups are all over 80% with very similar levels of engagement. The percentage of all families engaged with the Children's Centres remains over 70%.

Healthy Eating in the Really Young (HENRY)

Developed in Leeds the HENRY programme has one of the strongest evidence bases of any early years obesity prevention programme (Willis et Al. 2013). The HENRY programme has been developing in Leeds since November 2008 and the HENRY approach is an integral part of the Care Pathway for the Management of overweight and very overweight babies and preschool children (0 - 4), see Appendix 5.

The incidence of obesity in children has reached epidemic levels. Despite the need to combat this, health professionals report a lack of confidence in working with parents around lifestyle change. HENRY- Health Exercise Nutrition for the Really Young - aims to tackle childhood obesity through training health professionals to work more effectively with parents of preschool children around obesity and lifestyle issues. The 2-day Core Training was developed and piloted in 2007 and has since been adopted nationwide. Over 800 members of the Early Years and Health Visiting service teams have participated in the HENRY core 2 day training and over 40 completing the 2 day Group Facilitation Training. As a result parents throughout the city are able to access support individually or in a group setting. Impact of HENRY is noted in Willis et al. 2013 where significant changes were observed, with most sustained at follow-up. These included increased self-efficacy and ability to encourage good behaviour. Increased consumption of fruits and vegetables was reported in both children and adults, together with reduced consumption of sweets, cakes and fizzy drinks in adults.

There were also positive changes in eating behaviours (e.g. frequency of family mealtimes and eating while watching television or in response to negative emotion and reduced screen time in adults.

Analysis

The National Child Measurement Programme (NCMP) is a national initiative designed to gather valuable data. From April 2013 local authorities in England took over this duty and the NCMP delivery infrastructure which was already in place within local public health teams has continued to effectively deliver the programme. The key findings for Leeds from analysis of the data for the academic year 2012-2013 are now published and summary of findings are as follows:

- 13,836 children were weighed and measured and their BMI calculated. 3,727 of these children were overweight and obese. This suggests approximately 27% of children surveyed are overweight or obese.
- Coverage was 93.4% in reception and 74% in Year 6.
- Just less than one in eleven children in Reception is obese (8.7%, 755 children). ***Obesity rates in reception show a slight downward trend year on year since 2008/9***.
- Just less than one in five children in Year 6 is obese (19.7%, 1022 children), which is double the proportion for reception and this level has remained static over the last two years.
- Underweight prevalence remains low with the rate for reception being 1% and for Year 6 being1.6%.
- As in previous years ***more children from 'Deprived Leeds' are obese (12.1%) than from 'Non-deprived Leeds' (8.4%)***. From 2009/10 to 2012/13 there is a consistent downward trend in the gap between deprived and non-deprived Leeds in obesity rates at reception however this trend is not evident at Year 6.
- In comparison with other core cities ***Leeds now has one of the lowest childhood obesity rates, significantly lower than five of the seven core cities[3]***.
- Differences between rates of obesity in girls and boys in both years were not shown to be statistically significant.
- The Leeds NCMP data on ethnicity shows similar trends to national data with higher levels of obesity amongst most ethnic populations, as compared to the White British population.
- Some localities are showing consistently high rates of childhood obesity year on year and this primarily reflects the higher levels of deprivation in some localities.
- ***The data provides supporting evidence for focusing interventions at young children, both at pre-school e.g. Children's Centres and in primary schools; and for prioritising prevention***.

If these facilities were removed and or reduced it would have a significant and detrimental impact on these children.

The challenge for partners in Leeds is to work together to prevent and tackle childhood obesity; providing specialist services where appropriate and establishing broad community focused preventative interventions. A range of effective prevention programmes are underway including Food For Life, Leeds Infant Feeding Plan, and HENRY(Health Exercise and Nutrition for the Really

[3] The Core Cities Group is a self-selected and self-financed collaborative advocacy group of large regional cities in England and outside Greater London. The group was formed in 1995 as a partnership of eight city councils: Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, and Sheffield.

Young ,offering 1 to 1 and group support to families in the early years . More recently the PE and School Sport Premium have been used to fund the Active Schools programme, and Universal Free School Meals have been introduced at Key Stage 1. The Active4Life programme continues to provide physical activity opportunities for families living in many of our most deprived areas.

In summary, the analysis indicates that all of these benefits outweigh the cost of retaining and further developing the Leeds City Children's Centres.

Looked After Children

Other potential areas for consideration:

It could be possible to investigate the avoidance of certain costs as a benefit such as those for '**Child taken into care - average fiscal cost across different types of care setting, England, per year**'

This headline cost for looked after children (LAC) should only be used in the absence of more specific data on the type of placement provided to individual children. If such data are available, it is advised using the more specific costs provided for foster care and residential care homes (see entries SS2.0, SS3.0, or variants provided in the underlying cost lines SS2.0.1 - SS2.9 and SS3.1).

The cost is derived from Department for Education (DfE) Section 251 outturn data on net current expenditure on LAC in England in 2013/14, and DfE 903 return data on the number of LAC in England in March 2014; the Section 251 data were divided by the 903 return number to calculate a national average unit cost per LAC. The Section 251 data encompasses the following areas of LAC expenditure: residential care; fostering services; adoption services; special guardianship support; other children looked after services; short breaks (respite) for looked after disabled children; children placed with family and friends; education of LAC; leaving care support services; and asylum seeker services - children. The method was chosen over other types of calculation and sources of potential headline data, as it considers expenditure across a range of placement types, and provides an average across all English local authorities.

In practice, as demonstrated by some of the subsidiary costs below (many of which are based on particular scenarios that outline LAC with varying degrees of need), expenditure on LAC varies widely depending on the needs of the child and the local context (for example, areas with high numbers of LAC but fewer available foster care places may have a higher proportion of LAC provision in residential homes, which are considerably more expensive than fostering provision). This variance is demonstrated when using the same methodology to derive data for individual localities/areas. Although there may be a longer-term economic impact associated with a child being taken into care e.g. in terms of future earning potential, in the shorter-term this does not apply.

A calculation could also be made if we knew how many children who would otherwise have been taken into care if families had not benefited from the support and services provided by the Children's Centres. This equates to an annual cost of £52,676 per child saved as a direct fiscal benefit.

There is a medium level of confidence in this measure due to further analysis being required to define assumptions.

Education - Benefits

One of the key benefits from the introduction of the Children's Centres is **School Readiness**. This is described as fiscal savings associated with improved school readiness on entry to reception year (age 4-5)

The Agency bearing the cost / making the fiscal saving is schools and the latest updated **cost/saving for 2012/13 is £1053 per child per year**. This has been derived from Department of Education (2013): Illustrative Examples: Constructing the Notional SEN Budget for a Mainstream School or Academy.

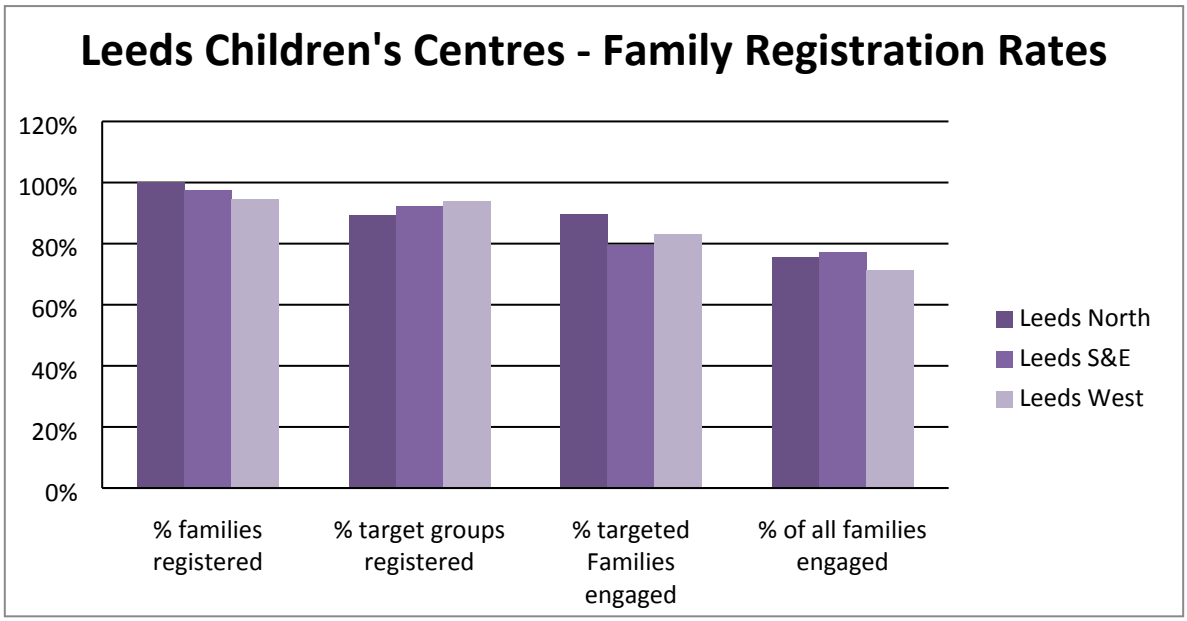
This is an estimated value for the annual fiscal savings derived by schools as a result of entrants to reception year (at age 4-5) achieving a 'good' level of development at the Early Years Foundation Stage. The cost is based on Department for Education illustrative examples for calculating school budgets, and is premised on the link between increased school readiness and a reduction in the cost of special education needs provision. However, as funding mechanisms for schools are based on local funding arrangements and the way that Local Authorities allocate Dedicated Schools Grant (DSG) funding, the actual fiscal benefit will depend upon local arrangements. There will also be longer-term economic impacts for individual children who have an improved education.

From our data the following calculations have been made:

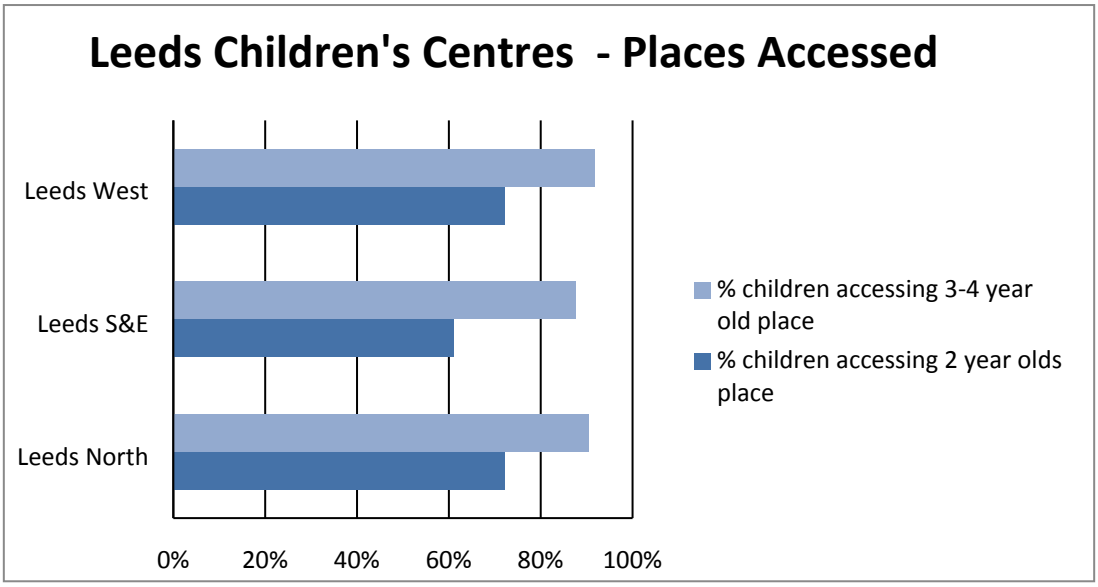
- The number of children aged 0-5 in total in Leeds = 37,605[4] this equates on a flat line scale to 7,521 of reception age children
- Assuming the benefit is a saving for each child of £1053 per annum (if £100% achieve school readiness) this would mean a **£7.9M return on investment (ROI)**
- Currently our success rate is running at 58.2% of children achieving this target [as defined by 'GOOD' status in Early Year Stage Assessment]. This has been measured for the past seven years
- Adjusting the ROI to this percentage still gives £4.5M per annum cost saving benefit.
- If there is a **predicted increase from 58.2% to 70% target this would result in £5.5M return**, 80% target would equate to £6.2M and 90% would realise £7.1M per annum

We have a high level of confidence in this return on investment

[4] Figures taken from the NHS Leeds and Leeds LA Early Start Dashboard dated 14 May 2015



All Children's Centres have high rates of places being accessed. In relation to the school readiness benefit both the 2 year old places and 3-4 year places are important. All are recorded as over 60% for two year olds and as high as 90% for the three and four year olds. This supports the return on investment (ROI) calculations and potential for improving this further. **The current target for improvement of take up of 2 year old places is to increase from 62% to 80%**

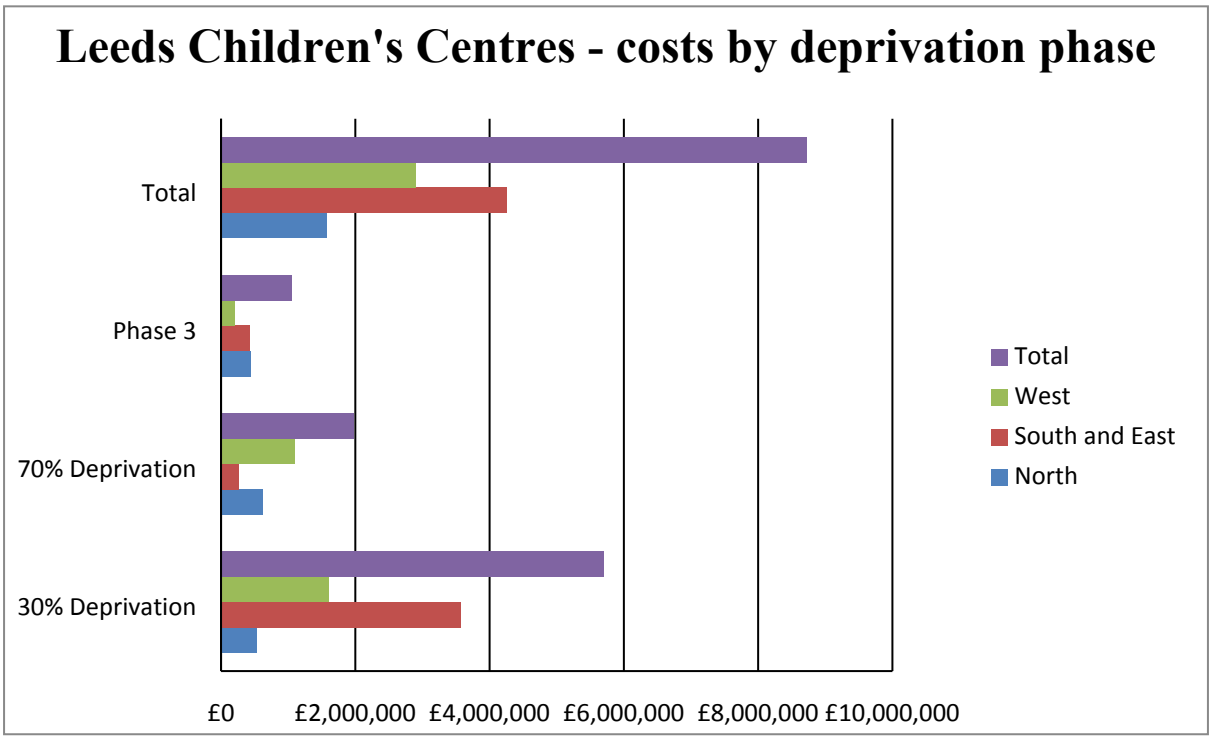


Costs

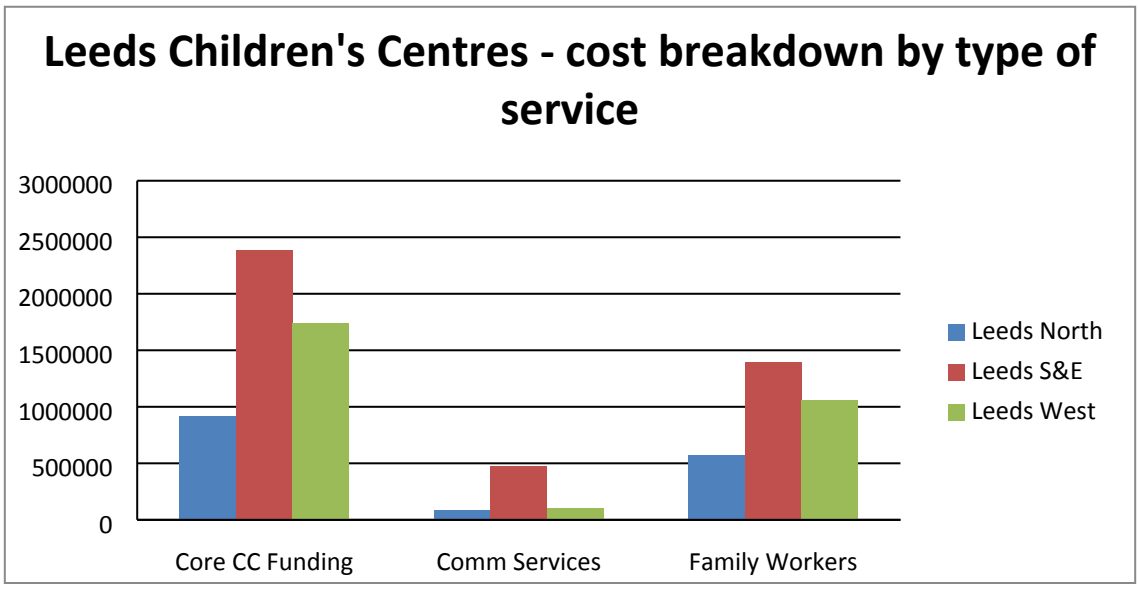
The current cost per annum for the whole of Leeds are described below for Children's Centres Spend 2015-16 - analysed by CCG Region. They are broken down by Clinical Commissioning Group (CCG) region as well as by 'Area of Deprivation'. This is particularly relevant if using a targeted model for tackling the most deprived areas (30%) first, followed by 70% and then the Phase 3.

CCG Region	30% Deprivation	70% Deprivation	Phase 3	Total
North	£526,530	£610,730	£436,810	£1,574,070

South and East	£3,571,020	£261,350	£419,680	£4,252,050
West	£1,606,670	£1,095,450	£199,500	£2,901,620
Total	£5,704,220	£1,967,530	£1,055,990	£8,727,740



This can further broken down by type of service; core City Council Funding, Community Services and Family Workers:



Points to note that in addition, Leeds City Council spend over £300k directly managing the above services, and the Family Support and Parenting Team is budgeted to cost £386k in 2015-16, so the overall programme cost is circa £9.42M

Some centres have merged their funding to ensure their current sustainability. The City Council Community Service costs are allocated on the number of children weighted for level of deprivation. Public Health have agreed to fund £1.5m and Early Help are utilising £1m of 2 yr old FEEE 14-15 under spend to fund the above costs. In addition, schools forum are being requested to use £1.1m of DSG 14-15 under spend to fund the above costs.

Scrutiny Board (Children's Services) Leeds CCGs' Briefing

10th November 2016

Authors:
Dr Jane Mischenko (Lead commissioner children and maternity services – across the Leeds CCGs)
Jayne Bathgate Roche (Children's commissioning manager – Leeds West CCG)
Martin Earnshaw (Acting Head of Strategy & Performance – Leeds South & East CCG)

Purpose

The purpose of this briefing is to provide a brief summary of how CCGs in Leeds work with partners in LCC (public health and Children's services) to commission effective and integrated service delivery for families in Leeds. The focus here is particularly in relation to pregnancy and the early years, and how we work closely to ensure best use of our collective resources and to deliver improved outcomes.

The paper sets out where children's centres and the Early Start teams are an integral and valuable component of the Leeds CCGs' key core citywide commissioning programmes. In addition it identifies specific targeted approaches, working with specific children's centres, taken by individual CCGs.

Citywide Commissioning

Key citywide shared strategies and plans are developed in partnership to inform commissioning priorities with a focus on improved outcomes and integrated delivery. Examples of these are the Best Start Plan and the Maternity Strategy. The maternity strategy has 9 key priorities and several of these are being progressed in partnership with colleagues in children's centres and the Early Start service (both commissioners and providers). For example the commitment to personalise and integrate maternity care is leading to community midwives being more closely aligned to Early Start teams and closer relationships with children's centres. There is a commitment to improve perinatal mental health and work is well underway connecting maternity, early start and mental health services into a coherent pathway of identification and support for women in the city. In a recently commissioned report which involved consulting women of their experience of the emotional and mental health support received, a number identified children's centres as a source of support. This support was both from staff and peer group support and a reference to the value of the opportunity to meet other mothers.

A fantastic offer in the city is the current integrated delivery of preparation for parenthood and beyond classes across the city, where midwives contribute to the local programmes of delivery alongside health visitors and children's centre staff.

Local CCG Commissioning - additionality

Leeds South and East CCG has a commitment to commission appropriate services aimed at improving the health and reducing health inequalities of its population. They have invested heavily in prevention strategies including providing paediatric first aid training for families and carers as well as enhancing services to ensure every child has the best start in life as described within the cities Best Start Strategy. This could have only been achieved by working in partnership and building multi-agency working across children's centres in the South and East of Leeds.

By working alongside children's centres, services and parent programmes have become more accessible to families and increased the reach within communities deemed as hard to engage.

Children's centres have provided valuable insight into the needs and requirements of young children and families particularly within Beeston Hill & Holbeck and Belle Isle & Hunslet where a CCG funded worker has specifically worked with the local children's centres to identify gaps in 0-5 services and work with them to help achieve the 'school readiness' of children in that area. This project aims to support the goal that every child receives the best start in life and it's hoped that this is used as a springboard to help embed a more integrated approach to support young people from birth to 18.

Additionally, children's centres have been key to the success of the LSE CCG funded first aid for families scheme due to their position within the heart of the target areas and the strong reputation they have amongst communities. Furthermore, this partnership work has allowed the scheme to target families directly and specifically focus delivery to help achieve the programmes aims within a setting that is dedicated to improve outcomes for young children and their families and reduce inequalities.

As part of our Best Start development work in Bramley West CCG have been working very closely with the Bramley children's centre in order to align services to be delivered from the Centre and to help us collate valuable local intelligence. They are a lead partner in this work particularly looking at why our most vulnerable parents are not engaging in local services and how we can encourage these parents to participate. As part of the Best Start Bramley work, the children's centre has (for example):

Provided vital and unique input and provision and has been instrumental in advising and facilitating local initiatives. An example of this being that they were able to provide a rapid response for stakeholders in order to address a significant problem e.g. providing a time slot and space for the NSPCC Pregnancy in Mind course for young parents experiencing anxiety and low mood. The children's centre was able to react quickly, which meant that parents would not have to travel across the city to seek alternative provision, which for many young parents would have meant that they would not have engaged. By providing the space for this course to occur it meant that when the

courses had been completed the parents would remain at the children's centre surrounded by services available to support them.

Due to the mandatory data collection requirements of children's centres they have provided valuable local intelligence on local families. This data has helped the Best Start Bramley steering group make informed decisions for local initiatives in line with the Best Start objectives. An example of this was a joint initiative with local Library services where resources were shared and available not only at local libraries (where some young parents who had experienced toxic experiences at school were reluctant to go) but at a place (the children's centre) where they felt comfortable in. This helped to improve 'school-readiness' for the children attending.

Through the availability of clinical and commissioning expertise from the CCG on the Best Start steering group, the children's centre has been able to build partnerships and work with the Teenage Midwives' and Health Visiting team to successfully articulate Public Health campaigns and vital information to parents e.g. Child Safety Awareness Week' where health promotion tools such as 'scold babies' where demonstrated, information packs distributed and partner's briefed. Clinical advice relating to what local GP Practices can offer parents in terms of sexual health, emergency contraception and perinatal services has been rapidly articulated by the children's centre to their clients. Overall this has been a robust demonstration of the children's centre's ability to form partnerships and professional relationships quickly and use them as a conduit for essential information.

Children's Centres open the door to our target audience within schools and provided a vital communication route for initiatives, programmes, intelligence and joint working. In addition they bring years of experience and live data to the steering group through their 'Think Family-Work Family' holistic approach. An example of this is their rapid response to issues of domestic violence and abuse on the Fairfield and Broad Leas estates by linking to local charities, the city wide domestic violence team and the Police (Neighbourhood Safety).

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Report author: Phil Coneron
Tel: 0113 3957297

Report of Mark Peel, Independent Chair Leeds Safeguarding Children Board

Report to Scrutiny Board (Children's Services)

Date: 10th November 2016

Subject: Leeds Safeguarding Children Board – Annual Report 2015/16

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ 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 full Leeds Safeguarding Children Annual Report 2015/2016 for consideration by the Scrutiny Board (Children's Services). The report, published on the 1 November 2016, highlights the degree of progress made over 2015/16 and the challenges arising for 2016/17.

2.0 Recommendations

2.1 The Scrutiny Board (Children's Services) is recommended to:

- Consider and note the information contained within the LSCB Annual Report and make recommendations to support and challenge the children's safeguarding partnership in Leeds and LSCB as deemed appropriate.

3.0 Background documents[1]

[1] 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

None

published works.

Leeds Safeguarding Children Board

LSCB ANNUAL REPORT 2015/16

Contents

Foreword

This is my first Annual Report as Independent Chair of the Leeds Safeguarding Children Board, and it's fair to say that the previous Chair Jane Held, Deputy Chair Diane Hampshire along with our recently retired LSCB Business Unit Manager Bryan Gocke, jointly did outstanding work over the past few years to establish the safeguarding partnership in Leeds as one of the very best in the Country. This of course also reflects the commitment, enthusiasm and enormous hard work of every individual and agency with responsibilities for children and young people, but I would like to start here by formally thanking Jane, Diane and Bryan for the inspirational leadership and direction they provided, and wish them well for the future.

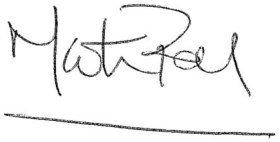
Over the past year the first order of business for me has been to ensure that a change of Chair and of structure, with respect to the management of the LSCB Business Unit, ensures that the positive momentum continues. The appointment of Superintendent Sam Millar as Deputy Chair of the LSCB and confirmation of Phil Coneron and Karen Shinn as joint managers of the LSCB Business Unit, has been of tremendous help here, bringing substantial energy, experience and continuity to the work, such that it has been possible to remain, forward looking and positive.

This report clearly evidences the considerable progress that has been made to ensure the safeguarding of children and young people remains a high priority for partner agencies and across the city. In addition it outlines how the LSCB has positively responded to the challenges the Board set itself in 2015/16.

Overall what has struck me most over the course of the last year has been the strongly positive attitude and culture I have directly observed around safeguarding our children and young people. I have seen that what is aspired to for example at Agency and Board level, with respect to approaches such as 'Think Family Work Family' or around working *with* children and young people, is deeply inculcated in the values and day to day practice of professionals, is understood and championed by elected members at all levels and is reflected more widely, in the development of Leeds as a Child Friendly City.

I am delighted to recommend the report to the Partnership, Executive, Chief Executive, Elected Members, and so on through ultimately to the parents, children and young people of Leeds.

I'll go on to discuss the challenges and opportunities that lie ahead for safeguarding and the LSCB in my conclusion to this report. But will end here by saying that the single most powerful and valuable asset I have 'inherited' in my role of Independent Chair, is the culture I have described and goodwill I have seen, reflective of a strong and shared commitment to safeguarding through work in partnership.



Mark Peel
Independent Chair
LSCB

The role of the LSCB

Leeds Safeguarding Children Board (LSCB) is a statutory body established under the Children Act 2004. It is independently chaired (as required by statute) 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 and young people
- To ensure the effectiveness of that work.

The remit of this Annual Report

This Annual Report sets out the progress made by Leeds LSCB in 2015/16 with its partners, and analyses the effectiveness of:

- Safeguarding arrangements in the city
- The LSCB itself in supporting and coordinating safeguarding arrangements and in monitoring and challenging those who provide them.

Demographic Data relating to the City of Leeds can be accessed on the LSCB website.

The LSCB Board structure and can be found in appendix 1.

Each year's Business Plan sets out objectives and tasks within the three strategic priorities, identifying which sub groups will take the lead and timescales for completion.

The Board engages with other strategic bodies in Leeds and collaborates with and promotes key strategic plans in the city including:

- The Children and Young People's Plan
- Best Council Plan
- The Joint Strategic Needs Assessment
- Best Start Plan
- Safer Leeds Plan
- Leeds Adult Safeguarding Plan.

LSCB partners

The Partners that make up the LSCB have continued to demonstrate their commitment to safeguarding by providing the very resources that are needed to ensure an effective LSCB. Resourcing this programme of work relies to a significant extent on input of staff time from partners who supplement a core base budget.

A Budget of £522,000 was provided for 2014/15 and agreed for 2015/16 through the following partner contributions:

Leeds City Council	£327,900
Health	£162,600
West Yorkshire Police	£ 25,000
Probation Services	£ 6,000
CAFCASS	£ 500
	£522,000

A further breakdown of the LSCB budget and expenditure can be found in *appendix 2*

Leeds as a city has ambitious plans and continues to invest in children and young people to ensure that they are a priority despite the tough challenges of financial restriction and increasing demand for services that were identified and considered in the 2014/15 Annual Report. The potential threat of continued austerity to such commitment and practice has thus been included within the LSCB Risk Register.

In their Annual Safeguarding Reports to the LSCB in 2015/16, partner agencies identified the key challenges that they are facing and the steps that they are taking to respond to them. Common challenges are:

- The management of increasing demand with limited resources
- Financial restrictions on the Public Sector
- The use of IT systems that are not always designed for collecting safeguarding data or have the ability to integrate with each other
- Responding to the widening field of safeguarding eg: human trafficking, forced marriage, female genital mutilation, CSE and missing
- The impact of the national review of LSCB's.

All partners stress the importance of good multi-agency working in responding effectively to the needs of vulnerable children and young people and in improving outcomes for them. Common areas of development include:

- Further embedding and promotion of a restorative culture
- Engaging and supporting the Early Help Approach
- Ensuring the voice of the child influences service development
- Developing more comprehensive and robust quality assurance and audit processes
- Establishing a more qualitative approach to auditing, focusing on outcomes for children and young people as well as compliance with procedures and timescales
- Reviewing the effectiveness of commissioned services
- Learning from complaints and compliments

How the Board undertakes its work

During 2015/16 the Board has continued to meet bi-monthly, with the Executive meeting on the intervening months. Board meetings are well attended and employ a mixture of approaches to ensure the active engagement of participants and the efficient consideration of business.

The work of the LSCB is largely undertaken through the sub / reference / task group structure (appendix to be added), supported by the Business Unit and is heavily reliant on the input of staff from all partner agencies. The commitment shown by agencies and their staff is testament to the seriousness with which the LSCB is viewed and the shared intent across the partnership to improve multi-agency working, services and outcomes for children and young people.

Significant developments in 2015/16 included:

- Reviewing and refreshing the CSE sub group to ensure it captures the wider vulnerabilities that young people face such as Human Trafficking, Female Genital Mutilation (FGM) and Harmful Sexual Behaviour (HSB)
- Developing an Family Group Conference / ICPC reference group to explore a radical change in processes following a S47 enquiry
- Supporting the development of campaigns targeting young people through social media
- Successful LSCB Conference in 2015 on Suicide and Self Harm
- The continued commitment from the partnership to safeguard and promote the welfare of children
- Assurance, through auditing, that children experiencing CSE are being appropriately protected and supported (appendix to be added)
- Assurance, through auditing, that children on Child Protection Plans (CPP's) are receiving good support with positive outcomes
- Considerable review of how the LSCB captures data and the development of a new dashboard leading to improvements on monitoring safeguarding data
- Improvements seen in appropriate partner agency attendance at Child Protection Conference and the quality of reports submitted
- Increase in the numbers of non-statutory services engaging with the LSCB
- Continued implantation of a successful learning and development programme
- Supporting over 400 organisations in undertaking a Section 11 self -assessment to ensure they have the right safeguarding governance within their organisation.

Promoting effective partnership working

The Early Help Approach continues to be embedded in multi-agency working and practice, whilst the implementation of Think Family Work Family (TFWF) protocol has continued to be a priority for 2015/16. The LSCB established a short term TFWF Multi-Agency Strategic Steering Group, supported by a full time worker jointly seconded to the Business Unit and Families First.

Since 2012/13 the LSCB has been promoting the need for practitioners to appropriately challenge each other within the context of decision making in order to facilitate more effective multi-agency working and better planning and reviewing of progress made with children and young people. In 2015 the LSCB Concerns Resolution Process was updated and re-launched, providing a framework for practitioners to air and resolve any concerns about how individual cases are being collectively managed.

A restorative approach to multi-agency working is being promoted across the partnership, with the underpinning framework of policies, procedures and processes being regularly reviewed and updated to reflect this.

Widening partnerships at regional level (across West Yorkshire) also ensures there is a consistent cross-border approach to safeguarding especially as our knowledge of CSE, Human Trafficking, Modern Day Slavery and Missing Children has wider geographical areas to consider.

Communicating and raising awareness

A central part of the leadership role of the LSCB is to ensure that key safeguarding messages and emerging lessons from its activity are disseminated quickly and effectively across the partnership so that professionals can act on them, developing their practice and multi-agency working accordingly in order to improve outcomes for children and young people.

Learning and Development Subgroup

In 2015 / 16 the LSCB provided a multi-agency safeguarding learning and development programme which included a training programme of both core safeguarding courses (Introduction to Working Together to Safeguard Children and Young People and Working Together to Safeguard Children and Young People) on a bi-monthly basis (term time), and a series of 12 'Additional and Specialist' courses on a termly or bi-termly basis (term time). This included of a new full-day Child Sexual Exploitation course, which began delivery in December 2015. The Workshop to Raise Awareness of Prevent (WRAP) was also incorporated into the training package from October 2015.

A total of 104 training sessions were planned for 2015-16, with 101 (97%) running. This is an 11% improvement on last year. Those which were cancelled were either due to low numbers or a lack of trainers. Of those sessions which ran, 22 were Introduction to Working Together to Safeguard Children and Young People (IWT) courses (primarily for Third Sector agencies) and a further 26 sessions were Working Together to Safeguard Children and Young People (WT) courses. The remaining 53 sessions were "Additional and Specialist" (AS) courses.

Of the 2564 training places available to book, a total of 2459 training places were booked. Of those 1876 (76%) participants attended, 406 (16%) withdrew in advance or sent apologies and 182 (7%) did not attend. This shows a slight rise in our attendance rates (72% in 2014/15) but is still significantly below the 90% target. Non-attendance has increased on last year (5% in 2014/15); however the apology rate has been reduced from 23% in 2014/15 to 16% this year.

The "Light Bite" sessions continued to run alongside, and complimented the Training Programme. The aims of these sessions are to provide an introduction to a safeguarding service or topic in an accessible way. Light Bites are no more than an hour in length, with up to five or six running on any given day. These remain popular with professionals both attending and delivering, with organisations approaching the LSCB to put on sessions.

In 2015-16 Light Bite took place on seven separate occasions. 15 topics were covered, including CSE, Prevent, Allegations Management, Forced Marriage, Missing, Young People & the Criminal Justice System. A total of 29 sessions were provided, offering 1102 place available for booking. 756 of these places were booked and 581 participants attended (77%) which is similar to attendance on other courses. 90 (12%) people did not attend which is higher than the rate for other courses by 5%. This may be due to the short length of time the courses last meaning people give them less significance in their diaries.

In addition to the ongoing training programme two conferences were provided for Leeds practitioners, the LSCB city-wide conference “Suicide and Self-Harm” and the Yorkshire and Humber regional conference “That Difficult Age – The Journey Through Adolescence”

A regional Masterclass was also held in Calderdale on Disguised Compliance. This was organised in collaboration with the four other Local Safeguarding Children Boards of West Yorkshire.

The training programme for 2015-16 continued to run through the existing multi-agency training pool. Levels of engagement by trainers have continued to fluctuate with economic pressures on services and workload pressures on individuals having an impact on ability to deliver. This has resulted in the continued use of independent trainers and LSCB Business Unit staff which is not a good use of resources, or the cancellation of sessions. Resolution of this is a priority to ensure a true multi-agency approach to the delivery of multi-agency training.

Communications Task Group

The Communications task group leads and shapes the dissemination of the work of the Board across the partnership. The website continues to receive an increase in traffic with an average of 22,000 hits per month. Social media traffic has also increased with 100 Facebook likes and over 900 followers on Twitter. Over 1300 practitioners have now registered for the LSCB safeguarding e-bulletin. The West Yorkshire Communications group launched the following 2 campaigns:

1 "Think before you send" campaign to raise awareness of risks and consequences of sexting amongst young people. Launched during the school summer holidays materials and website text were produced in consultation with the Leeds Student LSCB. This included:

- Facebook advertising to directly target young people and resulted in a reach of over 25,000 profile pages during August to September 2015
- Provision of campaign materials to school in time for the autumn term, with 3000 posters and over 10,500 postcards distributed to schools across West Yorkshire

2. "Party Animals" campaign (which was subsequently shortlisted for a national award) to raise awareness of the 'Party Model' of CSE. Approximately 40 young people between the ages of 14 and 18, both male and female, took part in four focus groups. Their feedback ensured that the campaign was understood by the target audience and would attract young people's interest due to it being a difficult message to get across. The website text was edited by the Leeds Student LSCB to ensure that it was relevant, appropriate and written in the right tone for teenagers. The main channel of communication was social media advertising with the target audience of young people aged 15+, both male and female. Facebook advertising targeted all teenagers across West Yorkshire and appeared on 125,146 Facebook profile pages.
Within the Leeds area the advert was seen on the profile pages of 17, 292 females (348 clicks to the website) and 12, 011 males (276 clicks to the website), a total of 29,303 views.

"Leeds continues to be a city that is ambitious for its children and young people, and has invested in children because they see children as being the economic future of the City."

OfSTED 2015

Holding partners to account for safeguarding practice

The LSCB's overview of safeguarding practice is predominantly undertaken by two main processes:

1. **A robust auditing** programme which has been central in providing assurance to the Board of safeguarding practice and outcomes. Using a range of methodologies the LSCB audits and reviews focus on multi-agency response to safeguarding through monitoring:

    - Multi-agency response to Child Protection
    - Multi-agency response to Child Sexual Abuse
    - Cluster Response to Domestic Violence
    - The quality of partner agency attendance and reports at Child Protection Conferences
    - The voice of practitioners within front line practice
    - The voice of the child
    - Practice Reviews
    - The City's response to child deaths
    - Serious Child Care Incidents

2. **The monitoring and regular reporting to the LSCB of data** to:

    - Understand the timeliness and effectiveness of child protection systems
    - Assess partner agency attendance and contribution at multi-agency safeguarding meetings
    - Understand attendance at Accident and Emergency
    - Assess Police response to crimes against children and their perpetrators

In addition the LSCB also requires partners to provide evidence and outcomes of their own internal audits. Areas identified for action in 2015/16 included:

- For all partners to improve how they capture safeguarding data within their own organisation
- To monitor the effectiveness of the Think Family, Work Family protocol
- To continue to support the cluster model and Early Help Approach
- Developing more innovative ways of using the voice of young people from all backgrounds / communities / abilities, to influence and shape a better service for them

The effectiveness of safeguarding arrangements in Leeds

To evaluate the effectiveness of the safeguarding arrangements of the Leeds partnership, evidence is drawn down from a range of sources which is then analysed to assess the whole system. This includes:

- Learning from both internal and external reviews and inspections
- Section 11 of the Children Act audits
- Section 175 of the Educational Act audits
- Learning from Child Deaths
- Performance management and quality assurance
- Engagement with young people
- Audit Activity

External Inspections and Reviews

OfSTED Inspection of Schools

The LSCB monitors the judgements given to schools by OfSTED inspections as these are key areas where children and young people receive support.

In 2015/16, OfSTED inspected 33 schools within Leeds, 23 (70%) received a 'Good' judgement, 8 (24%) received a judgement of 'Requires Improvement' and 2 (6%) received an 'Inadequate' judgement. Those schools judged as 'Requires Improvement' or 'Inadequate' are fully supported to address any findings from the inspection by the LCC Education and Early Years Team.

OfSTED Inspections of Early Years Provision

During 2015/16 there were 340 OfSTED inspections of early year's providers within Leeds. Of those 13% were judged as 'Outstanding' and 68% were judged as 'Good', 6% were judged as 'Requires Improvement' and 2.3% 'Inadequate' with notice to improve. Of the aforementioned OFSTED inspections 9% were undertaken in settings where no children were registered.

Her Majesties Inspection Constabulary Report (HMIC)

Following on from the HMIC report in 2014 which found there were areas of concern where children were not receiving the service they deserve, HMIC carried out a post-inspection review in August 2015 which identified:

- A continued commitment to improving outcomes for children who are at risk from harm, with evidence of some positive developments
- A significant increase in the number of officers and staff in the Public Protection Units
- Established Multi-agency Safeguarding Hubs with partner agencies
- The force had established Child Sexual Exploitation Teams to investigate allegations of historical sexual abuse

However, inspectors also identified that:

- Recording standards remained very poor
- Children continued to be detained unnecessarily in police custody
- There were delays in the provision of specialist medical examinations of children
- Important information about children was not always available to frontline officers
- The force was not recording the views of children in child protection matters

It must be noted that the HMIC inspection covers West Yorkshire. The findings from this report were not entirely recognised by the LSCB in Leeds as Police contribution to safeguarding is very positive where significant work at the 'Front Door', partnership working and attendance at Child Protection Conferences has greatly improved.

Police Effectiveness Efficiency Legitimacy (PEEL) Report

The Peel Report is HMIC's (Her Majesties Inspection Constabulary) second assessment of the effectiveness, efficiency and legitimacy with which West Yorkshire Police keeps people safe and reduces crime. PEEL gives information about how the local police force is performing in several important areas. It does this in a way that is comparable both across England and Wales, and year-on-year. In West Yorkshire the judgements were:

- The extent to which West Yorkshire Police is **effective** at keeping people safe and reducing crime was judged as good
- The extent to which West Yorkshire Police is **efficient** at keeping people safe and reducing crime was judged as good
- The extent to which West Yorkshire Police is **legitimate** at keeping people safe and reducing crime was judged as good

Care Quality Commission

Leeds Teaching Hospital Trust was inspected during 2015/16, however a report at the time of writing was not available.

National Offender Management Services (NOMS)

NOMS are responsible for ensuring that people serve the sentences and orders handed out by courts, both in prisons and in the community. West Yorkshire Community Rehabilitation Company (CRC) was subject to a NOMS Management of Risk Audit in 2015 (findings published in February 2016).

The findings concluded that cases were being managed well but the following themes were highlighted as needing improvement:

- Poor risk assessment and planning for Unpaid Work offenders due to a failure to undertake the correct Domestic Violence or

Safeguarding checks and poor recording of actions taken to manage risk

- Offenders are increasingly being seen by third parties for the delivery of their sentence and arrangements to monitor risk via partners are underdeveloped

- There are too many cases without risk flags and risk factors such as Domestic Violence and Safeguarding are not always accurately recorded.

The LSCB have been assured through CRC's Annual Safeguarding Report that the findings are now subject to an Improvement Plan which is regularly being monitored to ensure they are taking corrective steps. Risk flags are now subject to regular checks and reviews to ensure that risk is correctly identified.

Community Payback staff have recently been trained in Safeguarding Children which includes the process to follow when making routine checks with Children's Social Work Services. This has been enhanced by the fact that the National Probation Service are now making these checks at the point of sentence and CRC staff are following up on any missing information. They will also be included in the current Risk of Harm training and will part of the new Quality Assurance arrangements.

CRC's Quality Assurance Framework was acknowledged to be good but CRC are currently in the process of developing a Pan West Yorkshire CRC Safeguarding Audit Framework which will increase the number of cases audited and Safeguarding Children will remain at the heart of these audits.

Learning from Serious Incidents involving Children and Young People

A Serious Child Care Incident Notification Process was developed to ensure that serious incidents are appropriately notified to the LSCB. Five Serious Child Care Incidents were considered by the SCR panel. One which involved two children was deemed as meeting the criteria for a SCR and the review was started in January 2016 with a view for completion in Spring 2017 due to criminal processes. Three of the cases were deemed not to have met the criteria for a SCR. A further one was not deemed to have met the criteria but this was challenged by the National Panel. New information brought before the SCR Sub-Committee led to a recommendation that this matter be addressed as an SCR.

Critical Incident Review

A seminar was held on the downloading of Indecent Images of Children (IIOC) by trusted adults who work with children to support partners strengthen their Safer Recruitment processes . It was convened on behalf of the LSCB Serious Case Review sub-committee consequent to its consideration of two separate cases in 2015 of trusted adults (Foster Carer and Teaching Assistant) working with children who had been convicted of downloading IIOC.

It aimed to:

- Explore whether improvements could be made in safeguarding children where trusted adults who work with them have been convicted of downloading indecent images of children (IIOC).

- Identify whether there are any potential lessons to be learnt in preventing such incidents.

Its findings and conclusions were identified that in Leeds, and elsewhere, the main 'defence 'against potential IIOC offenders and other sexual perpetrators has been, and is, through the use of a variety of pre-employment screening processes. Generically known as 'Safer Recruitment' such processes have been developed by organisations such as the 'Lucy Faithful Foundation', the NSPCC (through its 'Value Based Approach') and DfE with the publication of the 'Keeping Children Safe in Education (December 2015) statutory guidance. Typically, such methods use a multi-pronged approach of defences aimed at deterring a potential offender's entry into a setting where they have easy access to children and young people.

Key Lessons identified included:

- For agencies to ‘ Think the unthinkable’, implement a rigorous and timely set of safer recruitment and reviewing procedures and maintain an agency culture of vigilance
- Safer recruitment and reviewing will decrease the risk of IIOC by individuals with access to children and young people but will never result in zero risk.

Learning Lesson Review / Specialist Child Protection Medical Service (SCPMS)

A Learning Lessons Review completed in 2014 focused on the issue of repeat child protection medicals in relation to sexual abuse and was complemented by the completion of a Royal College of Paediatricians and Child Health Practitioners Review of the work of the SCPMS. The findings, recommendations and learning from the two reviews were incorporated into a composite action plan which has been implemented, in part, by a Multi-Agency Safeguarding Operational Group (MASOG) led by the LSCB and included Paediatricians, Children’s Nurses, Police Officers and Social Workers.

The MASOG began its work In November 2015 and following a process mapping exercise, has been working:

- To improve the effectiveness and efficiency of its service to children and young people regarding child protection medicals
- For the service to become more integrated into the wider Leeds safeguarding children system

Reviewing child deaths

The Leeds Child Death Overview Panel (CDOP) has been undertaking its role to review the death of every child aged under 18 who is resident in the city, since April 2008., with data analysed cumulatively since reviewing began.

The CDOP works to a national methodology which enables it to clarify the cause and circumstances of a child death, identify whether there were modifiable factors contributory to the death and what, if any, actions could be taken to prevent future deaths.

An Annual Report is published every year and presented to the LSCB. The overall number of child deaths in the city has remained largely unchanged since the Panel began its work: 66 deaths in 2008; as compared with 67 deaths in 2015-16. However, the number of deaths fell between 2008 and 2013 to its lowest level in 2013-14 (41 deaths), but has subsequently risen again over the past 3 years. The numbers are small, and fluctuate year on year. Child death rates for Leeds, both infant mortality (under 1s) and older children (1-17 years), are very similar to national rates, but lower than regional rates. However, the UK continues to have child death rates which are higher than much of Europe.

During 2008-15, the greatest number of deaths occurred to very young babies aged under a month old (neonates) largely as a result of events during pregnancy, birth and early life and also as a result of congenital and genetic conditions. Recommendations have been made and progressed in support of public health campaigns to draw attention within the wider community to these risks.

During 2008-15, the predominant categories of deaths in older children (aged between 1 month) were Chromosomal, genetic and congenital anomalies (25%); Trauma (13%) and Sudden Unexpected, Unexplained Death (15%).

Since 2008, 38 Leeds babies have died suddenly and unexpectedly in their sleep, without an established underlying medical cause. This represents 15% of all non-neonatal deaths. Almost all of these babies (37) had one or more modifiable risk factors present. The most prominent risk factor was household smoking (32). Others were bottle feeding (19), co-sleeping (19), loose bedding (14) and sleeping on a sofa (7). It is not possible to ascertain any trend in this type of death because the numbers are small, but national data suggests that Leeds has an average number of such deaths compared to other areas.

Public Health England Child Health Profile March 2015. www.chimat.org.uk

Royal College of Paediatric and Child Health May 2015. www.rcpch.ac.uk

Managing allegations against professionals

The investment by Children's Services in allegation management by providing two Designated Officers (DO) three years ago has continued to give both the capacity to deal with a large number of notifications and enabled a continuation of successful developmental work. Allegation management processes remain significantly embedded with a good level of awareness by professionals. This year had the highest level of recorded notifications, 536, a 2% increase on the previous year. However the rate of increase year on year has slowed down significantly.

Over a third of all notifications come from Education, 39 %, the same proportion as in 2014-2015. This includes notifications from academies, independent schools and maintained schools within the Local Authority, supply teachers, further education and the education provision within the secure estate.

Approximately 10% of all notifications were about Leeds Foster Carers, which was 12% in 2014-2015, which in turn was a 2% decrease on 2013-2014, whereas 4% are from Independent Fostering Agencies; 3% in 2014-2015. In addition 14% of notifications come from early years settings; 13% in 2014-2015. Notification from residential settings, including the Secure Estate (Regional Secure Children's Centre and HM YOI Wetherby) and children's residential services account for 8% of all notifications. These are predominantly, but not exclusively, around physical intervention (a decrease from 10% in 2014-2015). It can therefore be identified that 75% of all the notifications come from the work settings that have the most opportunity for significant contact with children (early years, education, residential provision and foster care), which would be expected. This compares to 77%, in 2014-2015.

Notably, there have been no notifications or consultations involving allegations made against Police Officers by young people who have either been in police custody or through encounters with Police Officers in the community. The notifications relating to Police Officers are limited to either concerns regarding safeguarding issues within a Police Officer's own family or concerns raised about the behaviour of Safer Schools Officers in school settings. This has been raised in the LSCB Secure Settings Sub Group.

Partner compliance with statutory safeguarding requirements

Section 175/157 of the Education Act outlines the safeguarding governance that must be in place within all schools. The Local Authority Education and Early Years Support Team (EEYST) is responsible for auditing that compliance. There were 281, S175/157 monitoring forms sent out with a 100% return rate. All returns were counter-signed by the Chair of the requisite schools Governing Body. The quality of the information supplied is cross referenced against the Local Authority Child Protection database that holds records of all Child Protection training accessed by education staff against individual schools. Where gaps in safeguarding arrangements /compliance are identified, formal notification is sent by the EEYST to the respective head teacher / principal. Schools are expected to develop their own action plans in relation to any areas for development highlighted.

Analysis for the academic period 2015/16 suggests that the education sector in Leeds continues to have a sound understanding of its statutory safeguarding responsibilities and individual settings can clearly identify both strengths and areas for development. The EEYST continue to monitor Section 175/157 returns with a view to developing strategies that support and develop practice improvement and strengthen school support in areas that need support.

Section 11 of the Children Act 2004 sets out the requirements for agencies with respect to safeguarding and forms the basis for regular self-auditing of compliance. The LSCB partners undertake a Section 11 audit every 2 years and update their action plan in-between. Leeds will commence its next Section 11 process for statutory organisations in August 2016, with analysis and comment of these being provided within the 2016/17 LSCB Annual Report.

Commissioned and non-statutory organisations that work with children and young people are a growing area nationally and one that is being replicated in Leeds. The number of completed Section 11 audits undertaken with non-statutory organisation continues to increase with 453 submitted over the last year. An analysis of this data illustrated that organisations needed further guidance in order to be able to fully respond to four of the Section 11 questions.

The key themes identified as requiring review or improvement by organisations included:

- Seeking the views of children and families when the organisation is developing a new service or piece of work
- The need to ensure that staff are required, and encouraged, to attend appropriate child protection and safeguarding training, and to measure the impact training is having on improving practice
- To ensure that children are being made aware of their right to be safe from abuse
- Understanding when and how to make referrals to the DO

Guidance Notes have latterly been developed and issued to all users. The Information Button within the Online Section 11 Audit was also updated for these specific questions, to assist new users with their responses.

Evaluating the child's journey through the safeguarding system

Early Help

The 'Early Help Approach' which was launched by the LSCB in May 2014 is there to ensure that children, young people and their families get the support that they need before problems become entrenched or lead onto more complex issues. The Early Help Approach incorporates a diverse set of responses to, and activity for children, young people and families by all practitioners. The local authority promotes shared ways of recording Early Help to enable a measure of consistency across all areas.

All Early Help activity cannot be accurately captured, as much is undertaken within single agency settings or captured on partner agency's separate systems. The emphasis in Leeds has been in ensuring the right conversations with the right people, and that these result in the right actions to support families.

The cluster model is an acknowledged strength in supporting this. Clusters review activity every six months within their locality; this is presented to their local governance arrangements and copied into LCC Children's Services Targeted Services for oversight. Clusters are also accountable for the use of funding that fits a broad definition of Early Help, Targeted Mental Health Service (TaHMS) funding would be an example of this with appropriate data returned to the commissioner.

The sensible aggregation of activity at a city level is a recognised challenge. Work has been undertaken to enable the capture of key activity on Frameworki (LCC Database). Identification of different levels of Early Help activity on an "Early Help Contact" in Frameworki will enable the monitoring of both the identification and response undertaken by professionals. Work is underway to identify what key activity should be tracked in more detail. The development of shared outcome measures will help evaluate whether resources are targeted effectively where there is the greatest need. Further work on the Early Help potential of Frameworki will be progressed post the transition to Mosaic (LCC's new database) as both a tool for monitoring Early Help activity and as a potential case management resource for Early Help practitioners. In addition, aggregated aspects of the six monthly cluster reviews at city level will be shared with LSCB.

Currently, data on Frameworki captures the range of activity through from simply requesting information and advice, to identifying that an agency is coordinating a multi-agency plan. On average approximately 800 contacts of differing levels of activity are recorded monthly, with some clusters suggesting this represents around 50% of their overall Early Help activity. This demonstrates that many conversations with families and young people are taking place. The level of detail, which is now possible within Framework-i, will allow Leeds to focus on the journey and outcomes for our most vulnerable families.

In the same time period an average of 100 Early Help Plans per month were registered although this is a subset of total activity. For example programmes like Families First also add coordination to work with children and families there are currently 2450 Families First cases. After a period of time Payment by Results (PBR) can be claimed on those achieving successful outcomes. 605 successful PBR cases have already been submitted and a further claim will be made in September 2016.

The implementation of the 'Think Family, Work Family' approach in Leeds supports practitioners to ensure that both children and adult services consider 'family' circumstances. This enables all professionals to understand their responsibilities to deliver an appropriate package of support around the family.

Previous LSCB audits identified a high level of support given to clusters by dedicated and committed staff. The LSCB review of cluster working identified a children's workforce *'clearly committed to improve the lives of children, young people and families.'* Recent LSCB audit activity on families experiencing low level Domestic Violence identified excellent support through multi-agency practice within clusters. However, there is a need to be able to identify 'hard to reach' communities that reflects the diverse make-up of the Leeds population.

Cluster Managers are very supportive of their staff and operate a 'high support, high challenge' management style. Nevertheless, there is still some work to be undertaken to ensure that there is a consistency in the quality services across the city. The LSCB also considers the continuing pressure by professionals to prioritise statutory cases which limits their ability to respond on an Early Help basis. In addition the Third Sector Reference Group noted inconsistencies within clusters on how well they are engaging with the Third Sector. This is important as it is critical that the clusters have an up to date and accurate understanding of community profile in relation to services, including those from the Third Sector, such that the best packages of care can be devised and delivered for children and young people

The Best Start programme is a broad preventative programme from conception to two years of age which aims to ensure a good start for every baby, with early identification and targeted support for vulnerable families early in the life of the child. The programme promotes social and emotional capacity and cognitive growth, and aims to break inter-generational cycles of neglect, abuse and violence. The city's Best Start Plan 2015-2019 was endorsed by the Health and Wellbeing Board, and is underpinned by a detailed Implementation Plan which is being delivered across a range of partner agencies.

Particular successes led by Public Health during the last year have included the establishment and commencement of Leeds Baby Steps , an evidence-based perinatal education programme for families with additional needs and at risk of poorer outcomes which was originally developed by NSPCC. Public Health has commissioned a new and dedicated team within Children's Services to deliver Leeds Baby Steps in accordance with the NSPCC Baby Steps manual.

Alcohol and substance use services have been subject to a major re-procurement exercise, resulting in a new all-age service, Forward Leeds, which went live on 1 July 2015. The service delivers a dedicated young people's element which now allows for a managed, smooth transition to adult provision. In addition, Forward Leeds offer a whole family approach via the specialist Family Plus team, working intensively with families affected by substance misuse within the principles outlined in the Leeds 'Think Family Work Family' Protocol.

From 1st October 2015, responsibility for commissioning 0-5 Public Health Services passed to LCC Public Health from NHS England. This transition was successfully achieved under a new integrated Early Start Service Specification, which specifies the model of close working with Children's Centres, as well as the mandated functions (5 core contacts by Health Visitors) and the more intensive health visiting service provided for families with additional needs. A joint Early Start Commissioning Group involving Council and NHS partners has been established. Performance is monitored via a Performance Dashboard which is currently under review, with additional safeguarding measures due to be added. Since transfer, there has been significant improvement in performance for mandated core Health Visitor contacts.

Overall it has been difficult to understand the number of children and young people that have been supported through Early Help activity. The LSCB noted that there were 1462 Early Help Assessments referred into the clusters during the year however, caution needs to be applied to this figure. The local authority is investing in an electronic system that captures all Early Help work on Framework-i. It must also be acknowledged that partner agencies do not have systems for collecting this information. This can impact on how appropriate resources can be provided to the right parts of the system or geographical area.

Commissioning of the Specialist Community Public Health Nursing Service 5-19 (School Nursing) has continued, led by Public Health through a joint commissioning group with partners. Outstanding levels of performance in relation to child protection processes and needs assessments for children looked after have been maintained this year. The service has also established a new single point of access, and committed to regular input to Guidance and Support Panels in the six priority clusters.

The cluster model is welcomed and offers good support for communities, however there is some mounting concern over the funding model and whether some schools are going to financially support the cluster model. The value of localised targeted preventative support cannot be underestimated in preventing problems escalating, resulting in poorer outcomes and further costs to the city.

The Early Help Approach received a considerable boost in 2015/16 with the implementation of an expanded Family Group Conference service facilitated by Children's Services successful Innovations Fund bid.

In summary the key challenges for Early Help are:

- Impact of budgets and austerity measures
- Lack of consistent data collection systems
- Inconsistency of quality across Leeds Clusters
- Achieving and developing a sustainable model for clusters
- All partners taking responsibility for identifying and leading on Early Help plans.

Early Help and the emotional health and wellbeing

The Ofsted Inspection in January 2015 and the Review of the Emotional and Mental Support and Services for Children and Young People in Leeds highlighted the issue of waiting times for the Child and Adolescent Mental Health Service (CAMHS). The CCG's Safeguarding Annual Report for 2014/15 noted action has commenced to address this, and further work was undertaken to enhance the support that children and young people in the city receive in relation to their emotional and mental health:

- Commissioning of additional capacity at a cost of £350k to address the waiting list for autism assessments to within NICE guidance (12 weeks) by the end of 2015/16
- The co-commissioning between CCGs and clusters of the TaMHS service to enhance and increase the early intervention offer (all 3 CCGs and all 25 clusters involved) and increased capacity in September 2015
- The creation of a single point of access (referrals for GPs to the whole system of support – TaMHS, 3rd sector and CAMHS) which was launched in September 2015
- A city wide emotional and mental health website 'Mindmate' was launched with a clear local offer in September 2015

Front Door Arrangements

The Duty and Advice team supports front line practice to ensure that children and family's needs are met with an appropriate and proportional response. With the implementation of the 'Conversations' model of assessments rather than the rigid predetermined 'thresholds', practitioners are empowered to discuss safeguarding concerns based on risks and needs and in turn consider the most appropriate package of support for a child or family. The Performance Management sub-group (PMSG) monitors how many 'Conversations' (known as contacts) become referrals to Social Care. Of all contacts to Duty and Advice, 51% (10,353) become referrals to CSWS, with 49% (10137) having other outcomes (EHA, signposting, information and advice etc).*Appendix 1*

Weekly review meetings consider decision making at the Front Door ensuring a consistent approach and response to contacts. The development of a daily Multi Agency Risk Assessment Conference for all cases of domestic violence incidents notified to the police means an immediate response to risk is carried out. Schools are also notified of all domestic violence incidents where children are either witness to, or in the house at the time of the incident to ensure they can be appropriately supported the next day. A Partnership Intelligence Management Meeting (PIMMs) is undertaken to ensure intelligence is shared regarding those at risk of CSE and missing. This meeting allows partners to review risk assessments and plans to ensure that children and young people are kept safe.

Child in Need (CIN)

Partner agencies do not keep a comprehensive electronic system which makes clear the number of children that are receiving support through a CIN Plan. Although the Local Authority can provide general data there is limited data given to the LSCB as to whether the statutory functions of the plan have been supported by all LSCB partners. Statutory visits undertaken, review of plans and data analysis are not routinely provided to the LSCB. The LSCB is working towards an improved reporting structure for children on CIIN Plans. However, it must be recognised that previous LSCB audits on CIN cases have identified outstanding work within CIN Plans.

Older Young People

Housing Leeds is responsible for providing suitable housing for 16/17 year olds. Sitting under the Environments and Housing directorate within Leeds City Council, they are responsible for the management of council homes, adaptations and various other property and contract managements. Although it is acknowledged that there is a national shortage of housing, Housing Leeds has no families using Bed and Breakfast accommodation. Leeds recognises that, like many other local authorities in England, that youth homelessness is too high. There is often very little appropriate housing for 16/17 year olds that can address some of the challenges that being young and estranged from family can bring. Young people are often placed in concentrated areas which can expose them to other risks. Housing Leeds and LSCB partners continue to develop partnership working as set out in the Children and Young Peoples Housing Plan and supported by the Children and Young People's Housing Operations Group.

Vulnerable Groups

While there is good evidence of effective systems to protect vulnerable children and young people the LSCB have identified that the risks teenagers face go beyond traditional intra-familial safeguarding concerns.

The LSCB CSE audit noted *'One of the most outstanding features of the audit was the fact that those working with the young people were having to address CSE not as a stand-alone issue, but were required to consider it within wider complex circumstances that had affected young people's vulnerability to child sexual exploitation'.*

The partnership is considering how work with teenagers in Leeds is undertaken. Research by Professor Mike Stein has suggested that current child protection systems are more appropriate for younger children where many of the risks / threats are from parenting capacity. The risks adolescents face can be more complex requiring a different approach to

ensure that it is inclusive, engaging and set up to meet the, sometimes, very complex needs of teenagers. The LSCB Conference 2016 highlighted the, often complex issues that adolescents can face with a view to concentrate our efforts to ensure that appropriate systems are in place to protect and improve outcomes for young people.

Secure Settings within Leeds

Leeds is host to two secure settings for young people.

Adel Beck Secure Children's Home provides secure accommodation for up to 24 young people aged between 10 and 17 years old who are either placed there because they have been remanded or sentenced to custody, or for concerns about their welfare. Adel Beck (formally known as East Moor) was rated as outstanding following a recent inspection by Ofsted. Inspectors judged that young people who reside at the home feel safe and are protected, that there are good arrangements in place to safeguard young people and that they are '*very well supported to develop positive social skills and behaviour*'.

Adel Beck undertakes an annual audit with analysis of the use of physical restraint within the home which is presented to the LSCB. This year's report highlights again the reduction in the number of both physical restraints (25%) and the use of prone (face-down) restraints (45%). However there has been an increase in the number of assaults on staff which requires further investigating although this is likely to reflect the complex needs and challenging behaviours of the young people.

Further independent scrutiny is undertaken through Regulation 44 visits by Barnardos which culminates in a report that provided to Adel Beck, the Head of Looked After Children and the LSCB for monitoring. This ensures that good practice is recognised and any areas for improvement are addressed.

Wetherby Young Offenders Institute (YOI) is one of four establishments the Youth Justice Board (YJB) commission from the National Offender Management Service (NOMS) to provide specialist custodial places for young people aged 15 - 18. All living accommodation is in single occupancy cells. The living accommodation is split into 5 living units housing 60 trainees on each.

Keppel unit is an enhanced needs unit holding up to 48 young people. This is a national resource and looks after young people who find it difficult to manage in normal accommodation due to issues ranging from learning, physical, mental health issues.

During 2015/16 Wetherby YOI has undergone a period of substantial change with the decommissioning of Hindley YOI, resulting in a very significant increase in the number of residents. One impact of this was a spike of violence seen within the setting, reflected in the HMIP 2016 inspection report which notes that *'outcomes for young people are not sufficiently good against the health prison test'.* In addition, 2015/16 also saw some challenges around staffing through high levels of sickness and a number of staff in temporary roles.

There are nonetheless encouraging signs that this 'transitional' period for Wetherby is being addressed with a new Governor in place along with a new Safeguarding managerial team from April 2016. These encouraging improvements are a clear sign that Wetherby are addressing the difficulties they have experienced, and adjusting to the greater size and complexity of the new establishment, with the LSCB Secure Settings subgroup closely monitoring and supporting improvements.

Children and Young People subject to a Child Protection Plan

The overall number of children and young people subject to a Child Protection Plan (because they are at risk of or are suffering significant harm) at the end of March 2016 was 583 (Table 1) giving a Rate Per Ten Thousand (RPTT) of 38.1 which is lower than both Core Cities and Statistical Neighbours. The embedding of the Strengthening Families approach, greater use of Family Group Conferences and the Early Help Approach, along with a much more robust process of oversight by Child Protection Chairs has contributed to the reduction of the numbers of children on plans.

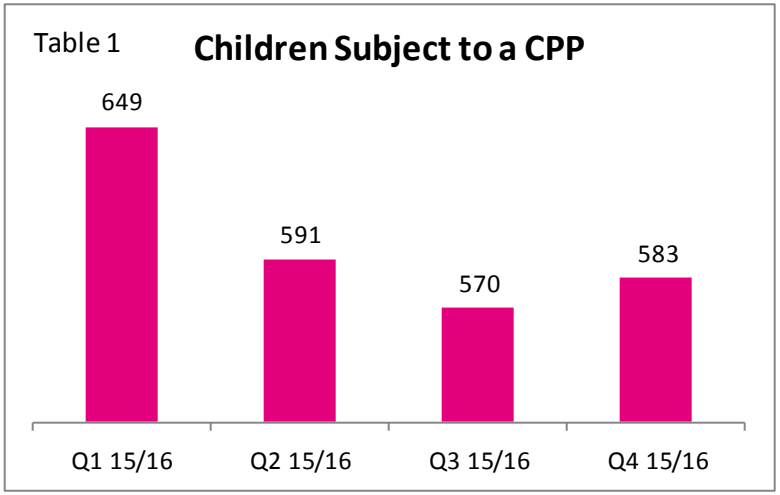
The LSCB has been keen to satisfy itself that this reduction is happening in a safe and appropriate manner. A series of multi-agency audits 2012–15 indicate that the quality of services and outcomes for this group are steadily improving. A further audit during November 2015 identified a much stronger child protection system for children at risk. Much SMARTer plans were evident in the cases audited and risk was better managed. There has been considerable work between the ISU and the LSCB to ensure that the quality of reports sent to conference has improved and the invite process for conferences has been refined.

There is an increased focus on including the views of children and young people to ensure that risk and how to manage it is more clearly identified and to receive feedback from them and their families about the effectiveness of child protection conferences.

The number of children on a Child Protection Plan for more than two years as of 31 March 2016 is 7 children. Those children who have been on a plan for over 12 months are subject to robust scrutiny to ensure that there is no drift and that the core group are working towards being in a position to de-escalate them off a plan appropriately.

For those children coming back on a Child Protection Plan within a year, monthly analysis shows that families are likely to have been on a child in need plan in the interim period and that domestic violence is the primary issue in over 70% of these families. Police data shows that 40% of domestic violence incidents that they attend are repeat attendances, and that 40% of police call outs to domestic violence incidents result in an arrest.

The number of repeat referrals to CSWS has slightly increased in the last 12 months but this is in line with patterns seen across England. There has been a further reduction of children coming back onto a Child Protection Plan within 2 years meaning outcomes have been sustained over this period.



Child Protection Audit

The LSCB has undertaken audits of cases of children subject to Child Protection Plans since 2013. A further audit of 12 cases was undertaken in the autumn of 2015. These included auditors speaking to families whose children were on plans and an audit of health files to satisfy the LSCB that information was shared appropriately and appropriate action taken. The purpose of the audit was to:

- Examine whether the improvement activity that had taken place had resulted in improved outcomes for children made subject to child protection plans
- Identify what are the key issues that impacted on outcomes.

It is clear that recent activity of the LSCB and the Independent Safeguarding Unit (ISU) to improve processes around invitations, SMART planning, agency reports and prompting early engagement with parents and young people has helped to improve the quality of practice at Initial Child Protection Conferences (ICPCs). There is also strong evidence to suggest that there has been an improvement in the quality of Outline Child Protection Plans developed at ICPCs. However, there were a number of areas identified as requiring further work, including:

- Reviewing and implementing changes within the Head of Service Decision and Review Panel (HOSDAR)
- Capturing attendance at ICPC, Core Groups & Reviews
- Refining the invite process for ICPCs
- Monitoring to ensure resolution of issues relating incorrect pre populating of core group forms
- Improving the quality of reports by partners to ICPCs
- Improving the timeliness of reports sent by partners to ICPCs

Since that audit the LSCB PMSG developed a Task and Finish group specifically to understand the barriers of attendance at Child Protection Conferences as well as reviewing the quality of reports submitted. This group has made excellent progress on:

- A more refined process for partner agency invitation to ICPCs
- Timeliness of ICPC Report submission (with an increase from 41% to 75% of reports submitted two working days or more before the ICPC)
- Quality assurance of reports that have been sent to ICPC and that they identify clear areas for improvement, underpinned by a newly designed pro-forma
- A new process for improving GPs contribution to ICPCs

Children's Services developed and implemented significant improvements to the Head of Service Decision and Review (HOSDAR) process in March 2016. HOSDAR was seen by Children's Social Work Service as being a process where two separate but potentially related issues (a high level review of complex cases & the decision to accommodate) were dealt within in the same meeting. It was decided to create two separate processes to deal with these two issues providing a clearer focus for developing plans and supporting decision making.

Changes have been made to the process concerning the decision to look after a child with new arrangements being introduced in early 2016:

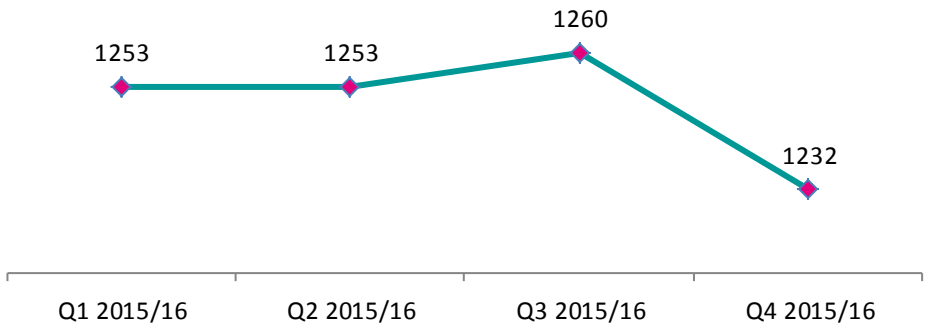
- Case Planning and Review Discussion- this is a regular meeting chaired by a senior manager. The purpose of the meeting is to look at difficult or challenging cases. The meeting can make recommendations.
- Decision and Review Panel (DARP)- this makes the decision whether to initiate the Public Law Outline

Looked After Children

One of the Key Obsessions in Leeds is to reduce the number of children and young people needing to be looked after. The number of children 'looked after' has stabilised with 1232 children looked after in Q4 2015/16 (Table 2) .

This is slightly higher than the same time last year (1194). The number of children requiring three or more moves (within 12 months) has remained

Table 2 **Number of Children Looked After**



stable throughout the year.

Completion of Health Needs Assessments on time have continued to improve since 2014/15 but have stabilised throughout 2015/16 (Q1, 96.1%, Q2, 95.8%, Q3, 96.3% and Q4, 96%) and dental checks undertaken on time continue to positively increase (91%).

Performance reports to the LSCB have noted:

- Improved placement stability, with children and young people subject to less moves while in care
- Better use of Kinship Care and Foster Carers
- Fewer children and young people placed out of local authority area
- All children and young people who are looked after have an allocated social worker
- Independent Reviewing Officers provide robust oversight of care plans
- More work is needed to ensure that Personal Education Plans (PEPs) are completed on time and are of good quality
- The number of adolescents coming into care is increasing

The Independent Reviewing Service (IRS) continues to promote the inclusion of children and young people's views in reviewing and planning processes through direct contact. It was clear in 97% of reviews that the views of children and young people had made a direct difference to a plan and 72% of children and young people mostly or fully understood their care plan.

There still needs to be some progression on PEPS and to ensure that one is in place. 2015/16 has seen a 4% reduction (from 81% to 77%) of children having an up-to-date PEP. This was highlighted in the 2014 LSCB Children Looked After (CLA) report and while improvements have been seen it is important that focus remains on improving the educational attainment of CLA.

It is welcome news that the IRS continues to have oversight of pathway planning for post 18 care leavers, as this was seen as a model of good practice within the LSCB Care Leavers audit in 2014, with experienced oversight of the transition phase of a care leaver ensures much better outcomes. This process was independently reviewed by Dr Emily Munroe who identified a number of benefits of extended support.

Children and Young People suffering or at risk of Sexual Exploitation

In 2015/16 there has been an rise in the number of referrals relating to children and young people assessed as being at risk of child sexual exploitation . However as acknowledged previously by the Ofsted inspection in early 2015, this is more likely to represent an increased awareness of the nature and scale of the abuse rather than an increase in victimisation. This underlines the partnership's maintained focus on child sexual exploitation, building upon previous effective responses and strengthening procedures, data collection, multi-agency understanding and practice.

To evidence partnership responses and identify future areas for development, the LSCB undertook a multi-agency round table 'deep dive' CSE audit in the summer of 2015. The audit findings indicated that policies, procedures and workflow pathways introduced in 2013/14 were impacting positively on practitioner understanding and responses, particularly in relation to the links between CSE and children reported as missing from home or care. The audit also identified that partnership work between children or young people and their families, cluster agencies, children's social work services and the police were strengthening responses to CSE. However the most outstanding finding highlighted that practitioners working with young people identified at risk of or experiencing sexual exploitation had to address CSE not as a stand-alone issue, but within a set of wider complex circumstances that affected the vulnerability of young people to the risk of sexual exploitation.

The areas of challenge for the partnership highlighted by the audit and the priority strands of the CSE strategy, essentially overlap. This suggests there is a comprehensive alignment between what we know makes a difference and what we are seeking to do. In response to the findings of the audit, the CSE subgroup has widened its remit to address interrelated risk and vulnerabilities associated with CSE and /or older children, restructuring as the Risk and Vulnerabilities sub group. This has resulted in a wider reaching action plan being progressed. Alongside this, over the past year, the partnership has achieved significant progress in tackling CSE and other emerging vulnerabilities, this includes:

- An increased capacity in the Integrated Safeguarding Unit (ISU) Risk and Vulnerabilities team, enhancing the practice improvement and quality assurance offer in relation to CSE and children missing from home or care; harmful sexual behaviours; trafficking and female genital mutilation
- The on-going development of the Safe Project team which provides a flexible and timely multi-agency response to children with an identified risk of sexual exploitation, their families and communities
- Successful public media campaigns which have received national recognition
- Improved data collection, dissemination and analysis supported by the Partnership Intelligence Hub, enabling development of practice responses
- Implementation of daily Partnership Intelligence Management Meetings (PIMM's); these enable the Risk and Vulnerabilities team and the Leeds CSE Police team to share information / intelligence relating to children identified as at risk of or experiencing sexual exploitation and / or those who are reported missing or absent in a timely manner
- Revised CSE and Missing Multi-agency Tasking Meetings and the development of a Leeds Multi-agency Trafficking Forum
- On-going safeguarding training for taxi licence holders, with a focus on CSE
- Implementation and progression of the Youth Offer Return Interview Service

- Development of a LSCB CSE training programme
- Multi-agency response to CSE legacy cases
- The developing strength of the Third Sector and cluster organisations in responding to CSE

There are however, a number of recognised priority areas which require further consideration and attention, these include.

- **Collection of data from the wider partnership organisations**
  Data is routinely captured and shared between West Yorkshire Police, the Risk and Vulnerabilities team, the Safe Project, CSWS, the Return Interview Service and Safer Leeds. However, there needs to be a better understanding of problem profile(s), particularly in relation to children assessed as at low risk of CSE.

- **Problem Profiling**
  A problem profile on CSE should seek to draw together all the known intelligence/relevant data held across different agencies to inform strategic decision making and local practice development. Although there has been Improved data and understanding of the problem profile; provided by the Partnership Safeguarding Intelligence hub, there sill remains a lack of clarity of the problem profile within the wider partnership regarding concerning the perpetrators (and suspected perpetrators), Arrest and conviction rates, hotspots, disruption activity along with the links between CSE, missing, trafficked children and other emerging safeguarding concerns. This can potentially impede effective multi-agency working.

- **Children Looked After**
  Further developments are required to effectively respond to those children looked after at risk of CSE and /or who go missing. This includes progression of the transitions pathway for young people who live independently, the mapping of problem profiles in residential settings; and information shared for Leeds children looked after who are placed with a host authority.

- **Children with disabilities**
  There is a recognised national and local requirement to consider and improve responses to children with learning disabilities and difficulties who are at risk of CSE.

- **Peer on Peer sexual exploitation and harmful sexual behaviour**
  There is an increased recognition regarding the level of sexual exploitation associated with peer abuse, sexting, gangs, groups, youth sexual bulling and violence and pornography. This was highlighted by the NSPCC and Research in Practice, in the recently published Harmful Sexual Behaviour (HSB) framework (2016). As such this is an area that requires partnership development to provide a coordinated, evidence based approach in Leeds.

Hackett, S, Holmes, D and Branigan, P (2016) Operational framework for children and young people displaying harmful sexual behaviours, London, NSPCC

The effectiveness of the LSCB

Summary and whole system analysis

Leeds LSCB has evidence to suggest that the systems that are in place to protect children and young people from harm are effective and efficient. This commitment is clearly seen through the cities commitment at both Political and professional level to become a Child Friendly City. Leeds is a city that has ambitious plans for its children and young people despite the challenges that austerity brings. In addition it has:

- Sustained stable leadership with a shared vision across the safeguarding system
- A Local Authority and an LSCB which are both judged as 'Good' by OfSTED in 2015
- A culture of continued commitment by partners both at operational and strategic level
- The use of a restorative approach to working with families
- A multi-agency commitment to shared principles, behaviours and ways of working
- Improved the way in which it responds to and meets the needs of children, young people and their families within communities
- The development of innovative safeguarding process and practice funded through the Innovations Fund

The impact of these can be evidenced through:

- A reduction of children and young people needing statutory intervention
- The use of research and evidence based practice
- The quality of services rather than just the timeliness of processes
- The LSCB operating more like an 'Improvement Board' providing high support and high challenge
- Front-line and community engagement
- The voice of children and young people evident in all processes

The review of the Children & Young People's Plan 2011-15 identified a positive impact on outcomes for children and young people, and the framework of obsessions, outcomes and priorities has been retained for the 2015-19 Plan.

Is Leeds making sufficient progress?

There is clear evidence that good progress continues to be made to rebalance the safeguarding system as can be seen through:

- The implementation of the Best Start strategy
- Continued investment by partners in the Leeds Cluster model
- The quality of support offered through Leeds Cluster model

In addition the need for statutory intervention is reducing, as evidenced by:

- The number of children and young people subject to Child Protection Plans continues to safely reduce
- The number of repeat referrals has reduced slightly meaning outcomes are more sustained
- The numbers of children and young people who need to be looked after are stable
- Improved relationships between Leeds clusters and Social Work Services
- Availability of community based support structures for families

Despite the continuing reduction in the number of children and young people requiring statutory intervention, more work is being undertaken to assess and respond where there are concerns about a child:

- More child abuse investigations are being carried out
- The continued multi-agency developments of the Front Door
- The continued promotion and widening use of Family Group Conferences
- A successful 'Conversations' model rather than a rigid 'Thresholds' model

Particular focus in 2015/16 has been to better understand and improve the partnership response to child sexual exploitation. Reviews undertaken indicate that whilst good progress is being made, there remains much more to do and momentum needs to be maintained in 2016/17. Further information can be found in the CSE/Missing Report 2016

The LSCB has considered the following factors in assuring itself that practice and multi-agency working is appropriate and safe:

- All the data we have indicates good attention is paid to managing risk appropriately and safely within the frameworks in place.
- Audits have consistently identified improvements across the system

Is the LSCB making sufficient progress?

The Board monitors progress against its objectives, self-challenges and responsibilities through a variety methods:

- The Business Plan which indicates that 89% of tasks were completed or proceeding on time
- The Performance Management System, which indicates improving partner compliance with safeguarding requirements, the continued re-balancing of the children's safeguarding system and assurance that the quality of multi-agency interventions with children and young people is steadily improving
- The review of work to address self-challenges, which indicates that progress had been made on all but 1 of the 9 set for 2014/15
- The Annual Review process, which included Board members' assessments with overall 89% of tasks and responsibilities are being progressed

What Impact is the Board having?

The LSCB Learning and Improvement Framework (LIF) brings together a structure of continuous learning which improves practitioner responses to children and young people at risk. This is undertaken thorough:

- **Findings and lessons** from the broad range of work undertaken by the LSCB and partners are effectively disseminated across the partnership using a range of methods such as:
    - Training and development programmes of work for staff across Leeds
    - Learning from LLR's SCR's, audit activity shared across the partnership.
    - Bulletins and website-this is tracked intelligently with statistics on whether bulletins are opened and read, hits on the LSCB website including which pages are accessed the most.
- **Monitoring actions** that are being undertaken to improve services such as:
    - Section 11, 175/157
    - External Inspections
    - The monitoring of action plans
    - The impact on practice, multi-agency working and outcomes for children and young people.
- **Multi-agency policies and procedures** which continue to underpin practice and multi-agency working. This significantly helps to consolidate and improve the functioning of the children's safeguarding system in order to better support vulnerable children and young people.

To support the implication of the LIF, the Board has undertaken a leadership role in prompting and supporting innovative working practices. This in turn supports partners to engage in changes to the way in which professionals work together, and with children, young people and their families in order to improve outcomes through earlier and more effective intervention. One such example is the multi-agency 'Guidance for Working with Families who are Relocating Due to Risk' which was developed in conjunction with the UK Public Protection Service in response to learning from an LLR. The document will inform national and international approaches following presentation at an international Psychological and Social Support event in Autumn 2016.

Progress Against the Challenges the LSCB Set Itself for 2015/16

The LSCB Annual Review

Each year the LSCB sets its self challenges to support and improve multi-agency working which will in turn improve outcomes for children and young people. These are reviewed within the LSCB annual review. Through this process the Board acknowledged significant progress against last year's challenges as outlined below.

In 2015/16 the LSCB adopted an overall challenge:

To be ambitious for the children and young people in Leeds and moving what we do with, and for them, from 'good' to 'great'.

Supporting this were nine specific challenges, to which good progress has been made and can be evidenced as set out below:

1. **To focus on our ability to 'Know the Story – Challenge the Practice' and better hold partners to account for improving safeguarding practice**
   The PMSG is currently reviewing its structure and membership to improve how performance data and quality assurance processes are undertaken by:

   - Improving the challenge and consequent analysis in PMSG deliberations through assessing membership is appropriate and relevant
   - A more 'task and finish' orientated way of working to ensure impact is more clearly measured and assessed

While it was recognised that monitoring child protection data gave the partnership good intelligence on the effectiveness of statutory safeguarding and the contribution of partners, it was acknowledged that wider intelligence was needed to consider data at a more granular lever in order to understand the effectiveness and make up of clusters and the impact this was having. This has been done through the development of a new PMSG data base which has considerably improved the data it collects and analyses, resulting in:

- CSE and Missing Data has considerably improved with developments in capturing both police data and social care data at local level with intelligence on both perpetrators and victims
- Improved intelligence and analysis of child sexual exploitation hotspots to inform disruption efforts
- Collated and aggregated intelligence from Return Interviews of missing children to inform child sexual exploitation intelligence and analysis
- Accelerated efforts to both understand and evaluate the effectiveness of safeguarding in some harder to reach religious settings and black and minority ethnic, third and community sector groups engaging with children, with particular awareness of the possibility of radicalisation in some religious and cultural settings
- Scrutiny of the absence of Serious Child Care Incident notifications from partner agencies to ensure that the criteria is well understood and effectively implemented

- Improved Police data of crimes against children
- Citywide data to inform local challenges
- Improved front door data on domestic violence
- Young people's drug and alcohol data

2. **To further promote the 'voice of the child' in the work of the Board and Partners.**
   This has been achieved through:

- The use of its Student LSCB to inform and advise its work
- The contribution of the Student LSCB to the LSCB annual conference through delivering a workshop
- The views of young people have been embedded within its audit methodology
- The promotion of the child's voice within policies and procedures
- More involvement of children within the child protection processes through better engagement and relationships
- Involvement of partners on the National Young people take over day
- The promotion of FGC's

3. **To maintain an overview of work undertaken by the partnership to safely re-balance the children's safeguarding system as outlined in Working Together 2015.**
   Within 2015/16 this has included a focus on:

- **The use of Child In Need Plans.** Whilst LSCB Audit activity highlighted good practice within Child In Need plans, there is little in the way of robust performance data. This is currently being addressed through LCC leadership teams however; it must be recognised that partners should develop their own systems to monitor children on 'Child In Need' plans.

- The continued and safe reduction of children on plans
- The continued and effective contribution from partners within the child protection system.
- Sustained outcomes meaning less children needing to come back on a Child Protection Plan
- The stabilisation of children needing to be looked after

- **The quality of Early Help interventions.**
  Early Help continues to be a priority in Leeds and can be evidenced through:

- The LSCB Domestic Violence audit has identified high quality support at a local level, including the development and implementation of the Domestic Violence School Notification process
- A focus on the embedding of the 'Think Family, Work Family' approach across the partnership, including the secondment of a Think Family Officer
- Concerns Resolution Process reviewed and updated to support practitioners challenge at all levels
- All training courses have been updated in line with Working Together 2015, along with the planned amalgamation of the Early Help and Working Together training in order to increase practitioners understanding of the role of Early Help interventions and their responsibilities within these

- A Serious Child Care Incident notification process was developed to support the identification of appropriate cases and does not 'caste the net' to widely

4. **To develop a focus on safeguarding and promoting the well-being of children and young people undergoing key transitions**
   Areas of work undertaken include:

   - Improved pathways for young people experiencing emotional and mental health issues
   - Oversight of children leaving care continues to strengthen with support given past 18 years of age
   - Better transitional care and support for those experiencing CSE through the developments of pathways between children and adult services
   - The regional Yorkshire and Humber Multi Agency Safeguarding Trainers (YHMAST) conference in November 2015 had a strong focus on the differing needs of young people as they transition into adulthood

5. **To further develop and embed the partnership response to children and young people who are suffering / at risk of sexual exploitation and / or 'go missing.'**
   Significant work has been undertaken which includes:

   - The CSE / Missing strategy is underpinned by a robust action plan, and LSCB audit activity identified considerable progression in this area.
   - The restructuring and renaming of the LSCB CSE strategic group to reflect the complex vulnerabilities and risks of young people at risk of CSE

6. **To develop the partnership response to radicalisation.**

   Leeds continues to support those at risk of radicalisation and extremism through the 'Prevent' strategy. Leeds is a Prevent priority area, receiving funding from the Home Office to employ dedicated staff to deliver a programme of targeted activity to address the threat of violent extremism and radicalisation. Under the new statutory Prevent Duty, education providers such as schools, colleges and universities must now have a "due regard to prevent people being drawn in to Terrorism in course of their functions".

   LSCB activity to support this agenda and ensure the safeguarding of children and young people includes:

   - Prevent training (WRAP) is offered through the LSCB learning and development programme, and all training, including the Refresher Briefing has been updated to reflect the Prevent agenda as appropriate.
   - Development of the Safeguarding Children and Young People from the Threat of Violent Extremism policy to ensure that children and young people are explicitly considered within the PREVENT agenda and that safeguarding concerns are responded to appropriately

7. **To further promote the emotional health and wellbeing of children and young people and ensure that all who self-harm have access to mental health services**
   The LSCB has supported a review of mental health support through Leeds which resulted in:

   - Successful implementation of the 'Mind Mate' website with contributions from the Student LSCB

- 2015 LSCB Annual Conference on emotional and mental health of young people with 4 Key note speakers and 10 workshops which was attended by 152 practitioners.
- The re-launch of the 'Self Harm and Suicidal Behaviour' booklet for staff working with children and young people and the LSCB Annual Conference
- Creation of a single point of access allowing access to the whole system of support for GPs.
- Co-commissioning between CCGs and Clusters of the Targeted Mental Health Service (TaMHS) with increased capacity in September 2015

8. **To further promote and embed the restorative approach in the work of the partnership**
   There have been two key developments supported by the LSCB:

   - **Further embedding of the 'Think Family, Work Family' approach** has been a priority action across the partnership which has been evidenced by a seconded Think Family Officer. Successes have included:
     - The Think Family Officer has attended 6 promotional events to publicise TFWF. These include; Troubled Families sharing practice day, Learning Disabilities Network event, and presenting at the DVCN conference
     - Full day training session has been updated, and was launched in October 2015, with a total of 92 practitioners having been trained by March 2015
     - 'Bite size' training was launched in September 2015, and has been delivered 20 times to various organisations including; BARCA, Safer Schools Police, NPT's, One Stop Centres, Clusters, Sure Start, CAMHS, residential units, youth work students and Touchstone
     - A dedicated TFWF web page launched in August 2015 with a direct link to the LSCB TFWF contents. The website has received 1821 hits, 862 of which were direct hits from social media. In addition social media has been used to further promote the agenda with the top tweet being "Always listen to and respect the opinions of all family members #thinkfamilyworkfamily #tipoftheweek," receiving 391 impressions and 15 engagements
     - Bookmarks and posters were produced, and bespoke postcards made for the health service
     - Pop up banners have been produced in conjunction with 2 looked after children who took part in 'takeover day'. These will be displayed in the SHINE training room to keep delegates focused on TFWF as well as used at multi-agency events
     - The development of a short video available on the website and for use in LSCB and single agency training or briefings
   - **The expansion of Family Group Conferences (FGCs).** The numbers of FGCs continue to have a positive impact on families across Leeds, with numbers increasing annually. Further developments have been seen through the use of FGC's as an alternative to having an ICPC. The work is overseen through the LSCB ICPC / FGC reference group which is monitoring the innovative work to ensure it is safe and provides positive and sustained outcomes for families.

9. **To undertake Board meetings in a SMARTer way.**
   Progress has slowly been made to create a SMARTer approach to Board meetings, including less papers, targeted presentations and

focused agendas. The recent key changes the LSCB has undergone, including a new Chair, a new Vice Chair and a new business management structure will allow further implementation of more SMARTer meetings and ways of working.

Conclusion

The data presented above clearly evidences the considerable progress that has been made with the challenges set in 2015/16 for the LSCB by my predecessor, Jane Held, in her final annual report and, as part of my 'independent' role as Chair of the LSCB, I am delighted to confirm this and recommend the report to the Partnership, Executive, Chief Executive, Elected Members, and so on through ultimately to the parents, children and young people of Leeds.

The Board continues to be ambitious and sets high expectations of its partners. This has been met with good support and contribution.
Overall, looking back over 2015-16 the Board through all its partners delivered a strong, effective and challenging programme of work designed to consistently and continuously improve what it is like to be a child growing up in Leeds.

Whilst there is, as always, a lot to still to do, 2015/16 was a year which culminated in a strong Ofsted report, much improved internal and external challenge between partners on the Board, a strong degree of shared ownership and excellent co-operation. The journey over the last 5 years has been one of steady forward progress, coupled with growing mutuality of purpose, and respect. As a consequence the Board is able to maintain it priorities for 2016-18 with confidence.

The challenges the Board have agreed to pose across the system are based on sound evidence and good data, and are designed to keep partners focused on the complex issues that need to be resolved. Challenges of this sort and at this level however, are perhaps by their very nature, prone to be rather broad and lacking in specificity and this is something I would like to avoid if possible over the next year.

The greatest challenge of all is maintaining the significant progress of the last 5 years, in a challenging public sector environment, through a time of policy changes and new national priorities without losing sight of what matters – the children of the City.

The progress made is reflective of enormous work across the Partnership as a whole. The fact that the LSCB is healthy and working well is itself a reflection of the overall strength of the Leeds Partnership, the quality of leadership in partner agencies and of a day to day high standard of professional practice. Alongside the 'good will' and trust that I alluded to in my introduction above. So, whilst I know this sort of thing can come across as a bit 'cheesy' it is important for me to sincerely thank everyone of you for your unstinting work and commitment over the past year. From the Chief Exec to our Student LSCB, from the Police to the Third Sector, from social work to probation, from the classroom to the consulting room.

Following the Wood Review of LSCB's in March 2016, we know that it was a general view of the reviewer, latterly accepted by Government, that the role and remit of LSCB's in now seen to have grown to such an extent as to now be too wide. But, in a way that only Governments can 'have their cake and eat it too', whilst Authorities are likely to be urged to re-focus on the child protection 'core' of safeguarding, they will left to make their own priorities with respect to what else, presently charged to LSCB's, should be retained or put down in order to do that. This certainly will make future external inspection and scrutiny of safeguarding more difficult, with greater diversity of LSCB remit, and less clarity with respect to expectation. In balance, Wood calls for a new 'light touch' around inspection, but this is something that has been aspired to many times before, so we'll have to wait and see.

It is likely that forthcoming legislation will remove the statutory requirement for LSCB's, extend legal responsibility for safeguarding across Children's Services, The Police and Health whilst also urging Authorities to retain LSCB's where these are seen to be effective.

Certainly the Leeds Safeguarding Children's Board is seen as effective both on the basis of external inspection and, as I outline above, in terms of the data we can show. And, on that basis it certainly would be my recommendation that the LSCB be retained. Moreover the changes around responsibility for safeguarding we are likely to see in the next eighteen months to two years will need, in my opinion, the consistent and competent stewardship of the LSCB to ensure that what has been so hard won, is not thrown away.

In this context we need to take care with the challenges we set ourselves for 2016/17. We need to select 'illustrative' issues, which are specific, yet can be clearly seen to be indicative of wider processes. We need to listen carefully to what children and young people themselves tell us are their priorities, we need to be realistic as to what can actually be achieved in the context of continued austerity, so as not to 'overload' services and individual practitioners unreasonably. Realistic also in terms of the degree to which the Third Sector can continue to innovate and 'take up the slack'.

Challenges the LSCB is setting itself for 2016/18

The Board has identified the following challenges for the forthcoming year (2016/18):

1. Bringing the Safeguarding Boards together, and securing a new (post Wood Review) Partnership.

2. Monitoring of, and appropriately responding to, the impact of continued austerity on safeguarding, looking especially at impact on:

    - Provision operated/funded by LCC
    - The range of Universal services offered to children and families including Health Visiting
    - Youth Justice post Taylor report
    - Third sector opportunities and pressures
    - The safeguarding 'estate' for Leeds. Perhaps looking at issues around recruitment and retention

3. Monitoring of, and appropriately responding to, concerns regarding the transition and support of Adolescents, focussing specifically on:

    - Those on plans aged 13+ years
    - Those in and leaving care
    - Educational outcomes for specific groups
    - Young people exhibiting harmful sexual behaviour

4. Monitoring of, and appropriately responding to the emotional and mental health of children and young people, looking especially at:

    - Making Leeds the first child friendly Custody City
    - Data around levels of anxiety, especially amongst girls and young women
    - Formal mental health interventions with children and young people

5. Monitoring of, and appropriately responding to the wide range of vulnerabilities that Adolescents are exposed to as highlighted within the Leeds CSE Strategy.

Implicit in all of the above are the values and ethics of the Leeds approach, such as 'listening to the voice of the child', child centred approaches and restorative approaches.

Appendix 1- Operational performance: The child's journey through the safeguarding

Request for service to childrens duty and advice team

Police		Health Services		Education		Other Sources	
5531		3549		3715		7695	
Q1	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**	**Q1**	**Q2**
1371	1416	907	955	958	614	2098	2131
Q3	**Q4**	**Q3**	**Q4**	**Q3**	**Q4**	**Q3**	**Q4**
1365	1379	895	792	1050	1093	1707	1759

Total number of contacts

20490

Q1 5334 **Q2** 5116 **Q3** 5017 **Q4** 5023

Outcome of request for service

Referral to CSWS (N.B. % given as a proportion of contacts for each agency)					
Q1	**Q2**	**Q3**	**Q4**	**Total**	
780	767	679	603	2829	**51%**
381	473	382	303	1539	**43%**
686	389	698	628	2401	**65%**
986	985	757	856	3584	**47%**
2833	**2614**	**2516**	**2390**	**10353**	**51%**

Requests that do not result in referral to CSWS (N.B. % given as a proportion of contacts for each agency)					
Q1	**Q2**	**Q3**	**Q4**	**Total**	
591	649	686	776	**2702**	**49%**
526	482	513	489	2010	**57%**
272	225	352	465	1314	**35%**
1112	1146	950	903	4111	**53%**
2501	**2502**	**2501**	**2633**	**10137**	**49%**

Figures taken from data supplied by Leeds City Council Childrens Services Performance Team

	Q1	Q2	Q3	Q4	Total	
EHA to be arranged	540	348	384	190	1462	14%
Information and advice	1175	1249	1153	1379	4956	49%
Signposted to other agency	264	418	468	588	1738	17%
Other outcomes	522	487	496	476	1981	20%
TOTAL	**2501**	**2502**	**2501**	**2633**	**10137**	

Appendix 2 - LSCB Budget

EXPENDITURE	Budget	Outturn
Staffing	411,000	418,082
BU staff Training	3,000	106
Independent chair	30,000	29,238
Travel Costs	1,000	3,323
Serious Case Reviews	30,000	9,533
Room Hire	2,800	7,478
Co-ordination/ delivery of training	23,000	16,745
Printing (Incl Marketing Materials)	2,000	610
Office Supplies	2,000	920
Equipment	2,000	0
Communication (incl participation and website)	7,250	8,449
Tri-x (WY Procedures)	4,000	2,060
Miscellaneous	4,000	4,838
Total expenditure	522,050	501,381
INCOME		
Leeds City Council	327,900	327,900
Health	162,600	162,600
WY Police	-25,000	-25,000
WY Probation	-6,000	-6,000
Cafcass	-550	-550
Other Income	0	-3,500
	-	-
Total Income	522,050	525,550
Net Income	0	-24,169

COMMISSIONING BUDGET		
Balances Brought Forward from 2014/15		50,000
Strategic Reserve		79,619
Commissioning		129,619
Commissioning Budget spend in 15/16	**Budget**	**Outturn**
BU Audit Capacity	22,000	27,500
CSE Development Worker	50,000	0
CSE Data Analyst	15,000	0
CSE Awareness Raising	7,000	1,800
Think Family	7,000	7,391
Annual Conference	6,000	6,310
Contributions to Annual Conference	0	-6,293
	107,000	36,708
Balance brought forward to 15/16		92,911
Add underspend in 15/16		24,169
Less committed Spend for 16/17		
Think Family		7,500
BU Audit Capacity		10,000
CSE Development Worker		25,000
Annual Conference		6,000
Remaining Reserve Balance in 16/17		**68,580**

DRAFT

Leeds Safeguarding Children Board (LSCB)
Independent Chair – Mark Peel

LSCB is a statutory board with the core duty to ensure there are adequate arrangements in place across local agencies to protect children from harm

LSCB Executive Group
Mark Peel

The Executive Group drives the work of the LSCB, ensuring that its statutory functions are met and priorities are progressed.

Serious Case Review (SCR) Sub-Committee
Sam Miller

The sub-committee considers cases for review and makes recommendations to the Chair as to whether criteria are met for undertaking a review, makes decisions about the process for reviews and oversees each one.

Child Death Overview Panel Chair – Dr Sharon Yellin	Learning and Development Sub Group Chair – Maureen Kelly	Safeguarding in Secure Settings Subgroup Chair – Rebecca Gilmour	Performance Management Sub Group Chair – Marcia Perry	Policy and Procedure Sub Group Chair – Steve Walker	Student LSCB (Young Person's Voice & Influence Sub Group)	Risk and Vulnerabilities Sub Group- Chair-Steve Walker
The Panel aims to understand better how and why children in Leeds die and use the findings to take action to prevent other deaths and improve the health, wellbeing and safety of children and young people.	The group is responsible for ensuring that high-quality, up to date, effective and child-focused multi-agency training is provided alongside single-agency safeguarding training.	This group considers safeguarding issues for children and young people within secure settings. This includes the two secure settings within Leeds, Wetherby YOI and Eastmoor Secure Childrens Home, as well as other secure setting such as police custody.	The group receives and analyses performance data from agencies in relation to the safeguarding agenda. It monitors progress on LSCB priorities and ensures a programme is in place to audit and evaluate multi-agency safeguarding	The group develops policies and procedures for safeguarding and promoting the welfare of children and young people, taking into account national and sub-regional work. It aims to ensure there is agreement and understanding across agencies	This group provides a child and young person's perspective on the work of the LSCB.	This group is responsible for developing and considering issues for children and young people at risk of CSE, Missing,FGM, Trafficking, HSB, HBV

Task groups

- Communications, Chair – Dee Reid

Reference Groups (RG)

- Third Sector RG, Chair – Mariya Naylor
- Education RG, Chair – Peter Harris

Leeds CITY COUNCIL

Report author: S Pentelow
Tel: 24 74792

Report of the Head of Governance Services and Scrutiny Support

Report to Scrutiny Board (Children's Services)

Date: 10 November 2016

Subject: Work Schedule

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ 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.

2.2 When considering the draft work programme effort should be undertaken to:

- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue
- Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
- Avoid pure "information items" except where that information is being received as part of a policy/scrutiny review
- Seek advice about available resources and relevant timings taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place
- Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year

2.3 Also attached as appendix 2 is the minutes of Executive Board for 19 October 2016

3. Recommendations

3.1 Members are asked to:

a) Consider the draft work schedule and make amendments as appropriate.
b) Note the Executive Board minutes

4. **Background papers**[1] - None used

[1] 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.

Draft Scrutiny Board (Children's Services) Work Schedule for 2016/2017 Municipal Year

	Schedule of meetings/visits during 2016/17		
Area of review	**June**	**July**	**August**
Inquiries		Children's Centres - Scoping	
Annual work programme setting - Board initiated pieces of Scrutiny work (if applicable)	Consider potential areas of review		
Budget	Budget Update 2015/16 outturn and 2016/17 update		
Policy Review		Academies – impact and governance	
Recommendation Tracking			
Performance Monitoring	Performance Report	Ofsted improvement areas– progress update	
Working Groups			

*Prepared by S Pentelow

Key: SB – Scrutiny Board (Children's Services) Meeting WG – Working Group Meeting

Draft Scrutiny Board (Children's Services) Work Schedule for 2016/2017 Municipal Year

	Schedule of meetings/visits during 2016/17		
Area of review	**September**	**October**	**November**
Inquiries	Agree scope of review for [*]* Children's Centre inquiry	**Evidence Gathering** Children's Centre Inquiry	**Evidence Gathering** Children's Centre Inquiry
Recommendation Tracking	NEET (To include IAG and preparing for post year 11)		
Policy Review	Children's Services Budget	Home Education	
Performance Monitoring			Leeds Safeguarding Children – Annual Report (with Private Fostering Recommendation Tracking)
Working Groups		Post 16 SEN Transport – Nov Exec Board	

[*] Prepared by S Pentelow

Key: SB – Scrutiny Board (Children's Services) Meeting WG – Working Group Meeting

Draft Scrutiny Board (Children's Services) Work Schedule for 2016/2017 Municipal Year

	Schedule of meetings/visits during 2016/17		
Area of review	**December**	**January**	**February**
Inquiries		**Evidence Gathering** Children's Centre Inquiry – Visits?	**Evidence Gathering** Children's Centre Inquiry
Budget	Initial Budget Proposals 2017/18 and Budget Update (including Cluster Funding Arrangements)		
Policy Review	Corporate Parenting		Best City for Learning – Education Strategy (Exec Board ?) Annual Standards Report (Exec Board ?)
Recommendation Tracking	Clusters tracking		Maths and English
Performance Monitoring	Performance Report - Including Voice and Influence	Universal Activity Funding – performance, consistency and delivery since the delegation of responsibility and budgets to Community Committees - review	
Working Groups			

Key: SB – Scrutiny Board (Children's Services) Meeting WG – Working Group Meeting

Draft Scrutiny Board (Children's Services) Work Schedule for 2016/2017 Municipal Year

	Schedule of meetings/visits during 2016/17		
Area of review	**March**	**April**	**May**
Inquiries	Draft recommendations to pre-meeting	Agree report	
Budget and Policy Framework			
Recommendation Tracking			
Performance Monitoring	Learning for Leeds - Basic Need Update and School Allocation		
Working Groups			

Unscheduled - required :

- Gledhow School - date to be confirmed
- Ongoing Post16 SEND working group - Transport Statement for final policy– Exec Board Feb 2017?
- Transition to Adult Services – Young People outside social care
- Targeted Youth Services (March/April ?)
- Behaviour management (Feb/March/April?)
- Data - schools/area performance challenge working group??

Work being undertaken by other boards

- Autism, TaMHS and CAMHS tracking (Adult Social Services, Public Health, NHS and Scrutiny Board)

Updated - November 2016

*Prepared by S Pentelow

Key: SB – Scrutiny Board (Children's Services) Meeting WG – Working Group Meeting

EXECUTIVE BOARD

WEDNESDAY, 19TH OCTOBER, 2016

PRESENT: Councillor J Blake in the Chair

Councillors A Carter, R Charlwood, D Coupar, S Golton, J Lewis, R Lewis, L Mulherin, M Rafique and L Yeadon

79 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of the following parts of the agenda designated as exempt 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 public were present there would be disclosure to them of exempt information so designated as follows:-

(a) Appendix 1 to the report entitled, 'Vine: Proposal to Transfer to Leeds City College', referred to in Minute No. 94 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that it relates to the financial or business affairs of particular persons, or organisations, and of the Council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information is to be used as part of one to one negotiations in respect of the leases of these properties in this report, it is not in the public interest to disclose this information at this point in time. Also it is considered that the release of such information would, or would be likely to prejudice Leeds City Council's commercial interests in relation to other similar transactions of other similar properties.

80 Late Items

With the agreement of the Chair, a late item of business was admitted to the agenda entitled, 'Outcome of the Call In of the Decision taken at Executive Board on 21st September 2016 in relation to the 'Better Lives Programme: Phase Three: Next Steps and Progress Report'. This report had been submitted as a late item of business, as this matter, originally considered by Executive Board on 21st September 2016, had been the subject of the Call In procedure, and as such was considered by the Scrutiny Board (Adult Social Services, Public Health & NHS) on 11th October 2016, which resolved to refer the matter back to Executive Board for reconsideration. The Scrutiny report detailing the outcomes of that Call In meeting was circulated on the 14th October 2016, as required. Given the statutory requirement to publish the Executive Board agenda by the 11th October 2016, there was not the opportunity to include such matters in the published agenda. However, the

Council's Executive & Decision Making Procedure Rules require that where a Scrutiny Board resolves that a decision is to be referred back to the decision taker for reconsideration, where this is the Executive Board, the report is to be submitted to the next meeting of the Executive Board. As such, with the agreement of the Chair, the matter was submitted for consideration as a late item of business (Minute No. 83 refers).

In addition, and also with the agreement of the Chair, prior to the meeting, Board Members were provided with an updated version of paragraph 4.5.4 to agenda item 16 (Vine – Proposal to Transfer to Leeds City College) for their consideration (Minute No. 94 refers).

81 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting, however, in relation to the agenda item entitled, 'Sustainability and Development of Cultural Organisations in New Briggate', Councillor Yeadon drew the Board's attention to her position as a member of the Leeds Grand Theatre Board and Opera House Board of Management (Minute No. 85 refers).

82 Minutes

RESOLVED – That the minutes of the previous meeting held on 21st September 2016 be approved as a correct record.

HEALTH, WELLBEING AND ADULTS

83 Outcome of the Call In of the Decision taken at Executive Board on 21st September 2016 in relation to the 'Better Lives Programme: Phase Three: Next Steps and Progress Report

Further to Minute No. 60, 21st September 2016, the Director of Adult Social Services submitted a report which presented the outcome of the Scrutiny Board (Adult Social Services, Public Health & NHS) Call In meeting held on 11th October 2016, and which addressed the recommendations made by the Scrutiny Board in its statement when referring the matter back to Executive Board for reconsideration. Finally, Executive Board was invited to further consider those decisions taken on 21st September 2016, in light of the recommendations made by the Scrutiny Board.

For those reasons set out within the submitted report, and as detailed at Minute No. 80, the Chair agreed for this matter to be considered as a late item of business.

The Board paid tribute to the extensive and detailed consideration that the matter had been given by the Scrutiny Board on 11th October 2016.

In presenting the report, the Executive Member undertook to work with any individuals and families who were affected by any actions taken as a result of the decisions made by the Board on this matter.

Responding to a specific enquiry, the Board received an update with regard to the current position in respect of the Manorfield House site. With regard to the current 9 residents at Manorfield House, the Board was assured that they would be guaranteed to receive a level of provision which was at least equal in quality, if not better, to the standard of their current provision, with the caveat that should an individual or the family of that individual choose provision that was rated less than their current standard, then where appropriate, checks may be duly undertaken in order to ensure that that choice was in the individual's best interest. In addition, the Board also received assurances regarding the due regard which had been given to the equality impact procedures in respect of Manorfield House.

Also responding to an enquiry, Members received clarification regarding the occupancy numbers in respect of the Radcliffe Lane Day Centre, and that, as appropriate, further information would be provided to the Member in question in response to the enquiry raised.

With regard to The Green, responding to a Member's enquiries, the Board noted that the intention was to utilise the facility for immediate care / recovery beds, subject to further discussion and agreement with NHS commissioners. However, if such agreement was not reached and the new facility was not progressed, then the current facility would need to be closed. Also, it was confirmed that should this circumstance arise, a further report would be submitted to the Board on this matter, and that in any event, the Board would be kept up to date on the progress of these issues.

It was confirmed that with the agreement of Group Whips, the ordering of the business at the 9th November 2016 Council meeting would be amended in order to facilitate Member comment upon this matter.

In discussing the provision of adult social care in the city, together with the role of the Council and other providers, emphasis was placed upon the importance of ensuring that older people in the city had access to good quality adult social care provision, with the role and involvement of Elected Members being highlighted. Emphasis was also placed upon the importance of the relationship between Elected Members and the Adult Safeguarding Board in terms of safeguarding the welfare of older vulnerable citizens.

In conclusion, the Chair reiterated the importance of continuing to highlight the level of resource that the Local Authority needed in order to ensure that there were the necessary levels of social care provision for older people in the city.

RESOLVED –

(a) That the Scrutiny Board's recommendations, as detailed at 3.2.1 to 3.2.6 of the submitted report, be accepted, subject to the additional comments in relation to The Green, as per resolution (b) below;

(b) That the original decisions taken by the Executive Board on 21st September 2016, be re-affirmed, subject to The Green being retained until there can be a seamless transition to the new facility, with it being

noted that the establishment of that new facility is subject to agreement with NHS commissioners, and it also be noted that if such agreement was not reached and the new facility was not progressed, then the current facility would need to be closed;

(c) That it be noted that a further report will be submitted to Executive Board in order to update the Board on the transition of The Green to the new facility;

(d) That it be noted and highlighted that the input of the Scrutiny Board is appreciated, and that it also be noted that the Scrutiny Board will be kept informed in order to enable it to monitor the progress made against any decisions taken.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he abstained from voting on the decision to re-affirm the resolutions made on 21st September 2016 as referred to within this minute, whilst under the same provisions, Councillor Golton required it to be recorded that he voted against the decision to re-affirm the resolutions made on 21st September 2016 as referred to within this minute)

(In accordance with the Council's Executive and Decision Making Procedure Rules, the matters referred to within this minute were not eligible for Call In, as the power to Call In decisions does not extend to those decisions which have been the subject of a previous Call In. The Executive's decisions in respect of such matters were originally taken by the Board on 21st September 2016 (Minute No. 60 refers) and subsequently Called In. The Scrutiny Board (Adult Social Services, Public Health & NHS) considered the Call In on 11th October 2016 and referred the matter back to the decision taker for reconsideration, with those decisions being further considered by Executive Board at today's meeting (19th October 2016)

ENVIRONMENT AND SUSTAINABILITY

84 Parks and Countryside Attractions Development Plan

The Director of Environment and Housing submitted a report which sought support to the principle of continuing the process of improving attractions at Tropical World, Home Farm and Lotherton Hall Bird Garden. In addition, the report also highlighted the discussions which had taken place regarding the potential to develop an aerial adventure course within Roundhay Park.

Members highlighted the improved offer that the proposals would deliver, and noted how investment in such visitor attractions was able to act as a catalyst for growth in income, and as such making the facilities more sustainable.

In considering the proposals, Members discussed matters including associated consultation exercises, accessibility to the facilities, whilst in response to an enquiry, it was noted that the provision of parking facilities at the three sites would be taken into consideration when progressing the proposals.

RESOLVED –

(a) That the principle of incurring expenditure to an estimated value of £3.1m in order to deliver the improvements to attractions which are outlined in the submitted report be approved, and that each phase of development at each site be subject to separate approvals, once detailed design and cost estimates are in place;

(b) That the Chief Officer Parks and Countryside be requested:
   (i) To implement proposals outlined in the submitted report that will continue the themed development of the visitor attraction elements of the Arnold and Marjorie Ziff Tropical World;
   (ii) To enter into an agreement with 'Go Ape' regarding the establishment of an aerial adventure concession within Roundhay Park and to support the development of a detailed design from which planning consent is to be sought;
   (iii) To develop plans and gain any necessary consent that may be required in order to implement the proposals outlined in the submitted report relating to the development of Lotherton Hall Bird Garden; and
   (iv) To develop plans and gain any necessary consent that may be required in order to implement the proposals outlined in the submitted report relating to the development of Home Farm Temple Newsam.

ECONOMY AND CULTURE

85 Sustainability and Development of Cultural Organisations on New Briggate

Further to Minute No. 25, 22nd June 2016, the Director of City Development submitted a report which provided an update on the issues and opportunities regarding the regeneration of the area around New Briggate. In addition, the report also identified current proposals, and detailed the actions being taken by the Council and other stakeholders to re-energise the area.

Responding to an enquiry, Members were assured that the proposal to lease 34-40 New Briggate would be subject to support for the scheme being obtained from The Grand Theatre and Opera House Board, and also subject to a successful application for Arts Council funding being received, and if such funding was not obtained, then the matter would be resubmitted to the Executive Board for further consideration.

Members also highlighted the importance of ensuring that any wider proposals for regeneration in this area were of benefit to the whole of the city and were complimentary to those buildings which were key to Leeds' cultural offer, such as the Grand Theatre.

RESOLVED –

(a) That the leasing of 34-40 New Briggate to Opera North Ltd. at market rent be approved, subject to support for the scheme from The Grand

Theatre and Opera House Board, a successful application for Arts Council funding and also the required planning approval;

(b) That the agreement of the detailed terms for the disposal be delegated to the Director of City Development under delegated powers, with the matter being reported back to Executive Board;

(c) That it be noted that the £750,000 currently in the capital programme to finance a reverse premium will no longer be required to fund landlord improvements at 34-40 New Briggate, and instead it is proposed that this funding contributes towards complementary public realm improvements as part of the wider regeneration of the New Briggate area, as outlined within Section 3.2 of the submitted report;

(d) That officers reporting to the Director City Development be requested to continue partnership working in order to develop more detailed design of the public realm and the funding options to implement public realm improvements.

86 Storm Eva: Recovery Update

Further to Minute No. 21, 22nd June 2016, the Assistant Chief Executive (Citizens and Communities) submitted a report providing an update on the impact of Storm Eva in Leeds, specifically with respect to the recovery plan, lessons learned, flood alleviation proposals for the city and the support provided to those businesses and residents affected.

The Chair highlighted a cross-party delegation which had met with Therese Coffey MP, and also reiterated the importance of continuing to highlight to Government the need to ensure that Leeds received the required support in order to establish appropriate flood alleviation and defence mechanisms.

Responding to an enquiry, the Board received further information and clarification on the levels of take up in respect of the Community Support Scheme and also the Property Level Resilience Scheme.

Members also received an update regarding the actions being taken, in partnership with the Environment Agency, to clean up the River Aire.

Responding to an enquiry, officers undertook to provide Board Members with an update in respect of the work being undertaken around the compilation of riparian land ownership details in respect of the River Aire.

In conclusion, Members welcomed the regular updates that the Board had received on such matters since the events of Storm Eva in December 2015, and welcomed the submission of any further updates in the future, as and when appropriate.

RESOLVED –

(a) That the updates detailed within the submitted report, including the details regarding the progress of the Strategic Recovery Plan, be noted;

(b) That the progress regarding the recommendations from the lessons learned review, be noted;

(c) That support be provided for the decision to formally close the Council's recovery phase of work and for remaining issues to now be allocated to 'business as usual' projects and programmes, or service delivery;

(d) That approval be given for the additional Communities and Business Recovery Scheme initiative of £100,000 for phase two of the River Aire clean-up activity, subject to the Director of City Development consulting with the Local Enterprise Partnership;

(e) That approval be given for the additional Communities and Business Recovery Scheme initiative of £150,000 to introduce a business growth scheme specifically to support Business Growth projects in affected areas, subject to the Director of City Development consulting with the Local Enterprise Partnership.

EMPLOYMENT, SKILLS AND OPPORTUNITY

87 The Leeds Adult Learning Programme

The Director of Children's Services submitted a report which outlined the delivery plans for the Council's Adult Learning programme for the 2016/17 academic year and which also summarised the achievements to date. The report presented the potential future changes as part of the proposals to devolve the Adult Education Budget to local areas and detailed the planned work to respond to this which would look to ensure that all citizens could continue to access provision and achieve positive outcomes.

Responding to a Member's enquiry, the Board received an update on the current position regarding the Government's proposed transfer of control of the Adult Education Budget to the West Yorkshire Combined Authority.

RESOLVED –

(a) That the current programme offer and its contribution towards the achievement of Council objectives, be noted;

(b) That the planned approach towards developing a place based approach to adult skills with local stakeholders under the proposed devolved funding arrangements, be supported;

(c) That it be noted that the responsible officer for the implementation of such matters is the Head of Project and Programmes, Employment and Skills.

RESOURCES AND STRATEGY

88 Financial Health Monitoring 2016/17 - Month 5

The Deputy Chief Executive submitted a report which presented the Council's projected financial health position for 2016/17, as at month 5. The report reviewed the position of the budget and highlighted any potential key risks and variations at this stage of the financial year.

RESOLVED – That the projected financial position of the authority, as detailed within the submitted report, be noted.

89 Payment of a Minimum Hourly Rate of £8.25 to Leeds City Council Employees

Further to Minute No. 50, 23rd September 2015, the Deputy Chief Executive submitted a report which provided an update on the progress made in the past twelve months as the Council worked towards paying a recognised living wage rate. In addition, the report also set out the further work which was proposed in order to support this commitment.

Responding to a Member's enquiry, it was noted that £8.25/hour was the current minimum pay rate as recommended by the National Living Wage Foundation, which was reviewed on an annual basis.

RESOLVED –

(a) That the progress made in addressing low pay and in-work poverty issues amongst the workforce regionally, in response to signing the Low Pay Charter, be noted, and that it also be noted that whilst the Council is not an accredited Living Wage Employer, it is committed to the West Yorkshire Low Pay Charter and the Ethical Care Charter;

(b) That the work that the Council is undertaking, as detailed within the submitted report, be noted, and that the Board's agreement be given to increasing the minimum hourly rate to £8.25 from January 2017, which is the current Living Wage Foundation recommended rate. It also be noted that this minimum rate of pay is inclusive of any pay award which is applied in April 2017 and in the instance where the pay award exceeds the minimum proposed rate of £8.25, then the higher amount of the two will be paid. It also be noted that such matters will be implemented by the Deputy Chief Executive;

(c) That the Board's agreement be given to the Council continuing to engage suppliers, partners and the business community in Leeds in order to help tackle the wider issues of poverty in the city and develop projects to build a stronger local economy and compassionate city, which will reflect commitments made in the West Yorkshire Low Pay Charter and integrate with Breakthrough Projects.

90 Local Government Association Corporate Peer Challenge: Findings and Initial Response

The Deputy Chief Executive submitted a report which presented the findings from the Local Government Association (LGA) Peer Challenge of the Council that took place in July 2016. The report summarised the scope of the Peer Challenge and the approach taken by the review team, provided headline messages, detailed the key resulting recommendations and set out the Council's initial response, together with the further work planned.

Members welcomed the submitted report together with the findings and recommendations arising from the Corporate Peer Challenge. It was highlighted that the recommendations made were very much valued and were being taken into consideration as part of the approach to move the Council forward in line with the Best Council Plan priorities.

In conclusion, the Chief Executive paid tribute to all staff for their contribution towards what was a very positive outcome.

RESOLVED – That the following be noted:-

(i) The content of the Corporate Peer Challenge feedback report, as appended to the submitted report;

(ii) The initial assessment of actions and progress being made by the Council against the key recommendations;

(iii) That further improvement work to use the findings will be delivered through existing initiatives, such as the Best Council Plan 2017/18 refresh, the organisational service reviews including the Locality Review, the annual review of the Constitution and the People and Culture strategy;

(iv) That the Deputy Chief Executive will be responsible for taking forward the improvement work, and that an update will be submitted to Executive Board in October 2017.

REGENERATION, TRANSPORT AND PLANNING

91 Establishment of the Leeds Tech Hub Fund

Further to Minute No. 50, 27th July 2016, the Director of City Development submitted a report providing an update on the development of proposals for a Tech Hub, and which also proposed the establishment of a Leeds Tech Hub Fund, with the running of an open grant competition in Autumn 2016 in order to determine the most appropriate project(s) to support via the fund. In addition, the report also sought approval to delegate subsequent authority to the Director of City Development with regard to the selection of the winning project(s) and also to enter into any associated funding agreements.

Members welcomed the approach being taken in respect of the open grant competition and also welcomed the involvement of the tech sector in this initiative.

RESOLVED – That in recognising the opportunity that has been provided by the £3.7m Department of Culture, Media and Sport (DCMS) grant for a Tech Hub in Leeds:

(i) Approval be given to the establishment of a Leeds Tech Hub Fund;

(ii) The necessary authority be delegated to the Director of City Development in order to run an open competition for the allocation of the Leeds Tech Hub Fund, together with the selection of the successful project(s) to be supported via the Fund;

(iii) The decisions being made in line with the resolutions above be supported via input from the tech sector, through input from the Leeds Digital Board.

HEALTH, WELLBEING AND ADULTS

92 The Director of Public Health Annual Report 2016

The Director of Public Health submitted a report which presented a summary of the background to, and content of the Director of Public Health's 2016 Annual Report entitled, "1866-2016: 150 Years of Public Health in Leeds – A Story of Continuing Challenges".

Responding to a Member's enquiry, the Board received an update on the progress being made in respect of developers following the principles set out in the *Neighbourhood for Living* document and using the Director's 2015 Annual Report as a guide on the public health benefits of good design.

In addition, Members also discussed, and received an update on the actions being taken to address the issue of stress and anxiety being experienced by young people.

RESOLVED –

(a) That the availability of the following be noted:-

(i) This year's digital Annual Report at www.leeds.gov.uk/dphreport;

(ii) The digital materials on 150 years of Public Health in Leeds;

(iii) Indicators on the current health status for the Leeds population;

(b) That the inclusion of improving health status as a specific objective within the new Council approach to locality working, regeneration and the Breakthrough projects as a contribution towards the delivery of the Health & Wellbeing Strategy and the Best Council Plan, be supported;

(c) That it be recommended that the Health & Wellbeing Board ensures that improving health status is a specific objective within the development of New Models of Care being led by the NHS as a contribution towards the delivery of the Health & Wellbeing Strategy;

(d) That the progress made on the recommendations of the Director of Public Health Annual Report 2014/15 be noted.

CHILDREN AND FAMILIES

93 Outcome of School Admission Arrangements 2016

The Director of Children's Services submitted a report presenting statistical information on the annual school admissions round for entry into Reception and Year 7 for September 2016.

Officers responded to comments made regarding the provision of school places available in the North East of the city.

RESOLVED – That the following be noted, as detailed within the submitted report:-

(i) The number of applications for both phases of education; the percentage of successful first preferences for Secondary admissions being 82.4%; and for Reception admissions the figure being 87%;

(ii) The percentage of parents receiving one of their top three preferences being 95% for Secondary, and 96% for Primary; and

(iii) That the officer responsible for such matters is the Admissions and Family Information Service Lead.

94 Vine - Proposal to Transfer to Leeds City College

The Director of Children's Services submitted a report which provided information on the current governance situation regarding Vine, outlined the potential options for future governance arrangements and provided recommendations in respect of future arrangements for Members' consideration.

It was noted that prior to the meeting, an updated version of paragraph 4.5.4 of the submitted report had been circulated to Board Members for their consideration which superseded the version of that paragraph, as contained within the original agenda papers.

Following consideration of Appendix 1 to the submitted report, designated as exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the meeting, it was

RESOLVED –

(a) That the contents of the submitted report be noted, subject to paragraph 4.5.4 being superseded by the updated text as provided to the Board prior to the meeting;

(b) That the transfer of the Vine Service from Leeds City Council to Leeds City College, be approved;

(c) That, following the approval given in resolution (b) (above), it be noted that the transfer is scheduled for completion on 1st November 2016;

(d) That it be noted that the officer responsible for the implementation of such matters is the Complex Needs Area Lead West North West – Disability, Children's Services;

(e) That approval be given to the granting of a lease, with the approval of detailed terms being delegated to the Director of City Development, at a rental level, as set out within exempt Appendix 1 to the submitted report.

95 Outcome of consultation to increase learning places at Carr Manor Community School

Further to Minute No. 151, 9th March 2016, the Director of Children's Services submitted a report detailing proposals brought forward to meet the local authority's duty to ensure sufficiency of both school and Special Educational Needs (SEN) places. Specifically, this report described the outcome of the consultation regarding proposals to expand primary school provision and establish SEN provision at Carr Manor Community School, noted why the proposals had not been progressed previously and sought permission to publish a new statutory notice in respect of such proposals.

RESOLVED –

(a) That the publication of a Statutory Notice be approved to expand primary provision at Carr Manor Community School from a capacity of 210 pupils to 420 pupils with an increase in the admission number from 30 to 60, with effect from September 2018, and also to establish provision for pupils with Complex Communication Difficulties including children who may have a diagnosis of ASC (Autistic Spectrum Condition) for approximately 12 pupils (6 primary, 6 secondary), with effect from September 2018;

(b) That it be noted that the officers responsible for the implementation of such matters are the Head of Learning Systems and the Head of Complex Needs.

COMMUNITIES

96 High Rise Strategy

The Director of Environment and Housing submitted a report providing an update regarding the progress made in respect of developing a new approach towards the management of High Rise blocks, and which also set out a number of proposals regarding the future management of such accommodation.

Responding to a Member's comments, it was undertaken that car parking provision would be taken into consideration when developing the new approach.

Also, in response to a Member's request, officers undertook to provide the Member in question with details of all high rise blocks in the city, and the management model which was being foreseen for each one.

RESOLVED –

(a) That agreement be given for Housing Leeds to implement the housing management models and approaches, as detailed within section 3.1 of the submitted report – namely: 'Family Friendly'; 'Enhanced Support' and 'Retirement/Retirement plus';

(b) That the following proposed changes to the lettings framework for high rise be approved, namely:
   (i) Restrict lettings to applicants with children (and access rights) in high rise blocks which are deemed unsuitable for children;
   (ii) Restrict lettings to high rise flats for 16 and 17 year olds;
   (iii) Awarding those families with children who choose to move to family friendly blocks priority to move, flagging them for a direct offer of accommodation and backdating their priority and direct let status to the date of their original acceptance on the housing register should they wish to move, giving them additional preference on the housing register.

(c) That the Council's approach to developing a 10 year investment strategy for High Rise accommodation, be approved.

DATE OF PUBLICATION: FRIDAY, 21ST OCTOBER 2016

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M., FRIDAY, 28TH OCTOBER 2016

(Scrutiny Support will notify Directors of any items called in by 12.00 noon on Monday, 31st October 2016)

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