

Children and Young People's Plan 2011-15

Refresh 2013

**(Approved by Children's Trust Board May 2013, Last
updated June 2013)**





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Welcome- what is the Children and Young People's Plan (CYPP)?

Welcome to the April 2013 refresh of the Leeds Children and Young People's Plan (CYPP) 2011–15. The CYPP is our statement of intent and ambition for how we will make a positive and significant difference to the lives of over 180,000 children and young people.

We started with a simple question: What is it like to be a child, or young person growing up in Leeds? From there we thought about the things we can do to make the biggest positive difference to those who need our help the most. We have done this through a partnership approach because addressing these issues is the responsibility of everyone who works with and cares about the children and young people of Leeds. We want to be very clear about what outcomes we're aiming to achieve for them, the priorities we must address to do so and how we'll measure our success. This Plan can help all of us to do that.

We strongly believe that everyone in Leeds has a part to play, which is why the aspiration to become a child friendly city is at the heart of our Plan. If we all do what we can to ensure our children and young people are heard, involved and respected at home, at school, in their communities - wherever they are in Leeds and whenever decisions affect them – it sends the right message about how important their welfare is to us and how important they are to our future.

So, our challenge to everyone reading this plan is to look at the 5 outcomes and 11 priorities, look at our key indicators, look at our progress so far and what still needs to be done, look at how we propose to make further improvement and think about **your contribution** to making it happen. How will you play your part in changing a child or young person's life for the better and shaping the future of our city? How will you engage with children and young people and work with them in a restorative way, helping them to develop responses and solutions to the issues they face?

In 2015 it would be fantastic if, as a city, we could look back on the ambitions we've set out here and feel really proud and positive about how far we have come towards realising them. It is crucial that we do. With collective determination it can happen. We look forward to working with you to make Leeds a child friendly city and changing the lives of 180,000 children and young people.

So far we have made a lot of progress and laid some firm foundations for further improvement but there is a lot more to do and a lot further to go to realise our ambitions for the city and its children and young people.

Councillor Judith Blake
Executive member for
Children's services,
Chair of CTB

Nigel Richardson
Director of Children's
Services



Who are Children Leeds, the Children's Trust Board and the Leeds Safeguarding Children Board?

Children Leeds describes the overall partnership between all those agencies who play a part in improving outcomes for children and young people in our city.

The business of Children Leeds is managed by the **Children's Trust Board**. (CTB) The CTB is one of five city-wide strategic boards working towards the overall ambition of best city in the UK. The Board is chaired by Councillor Judith Blake, who as Executive Member is the senior Councillor responsible for Children's services, and also led by Nigel Richardson, the Director of Children's services.

The Board brings together NHS Leeds, Leeds Youth Offending Service, West Yorkshire Police, West Yorkshire Probation, Job Centre Plus, local schools, colleges and children's centres, the voluntary sector, and Leeds City Council services such as children and young people's social care, housing, early years, and education and learning. The partners share a commitment to the CYPP and working together to deliver the priorities for improvement.

The **Leeds Safeguarding Children Board** (LSCB) has a statutory responsibility for holding those agencies responsible for promoting children's welfare, and protecting them from abuse and neglect, to account. It monitors and influences how effectively they keep children and young people safe. The LSCB has representatives on the CTB and vice versa. The two Boards work together closely and their responsibilities are complementary.

The LSCB is responsible for coordinating our work to safeguard and promote the welfare of children and for ensuring the work is effective. It develops policies and procedures, contributes to service planning, takes a leadership role in sharing learning and understanding practice, and providing workforce development and training, and monitors and performance manages safeguarding practice.

Improving Outcomes through Working Restoratively

Central to what we need to do to improve outcomes for children, young people and their families, and through that to help Leeds become the best city in the UK, and a child friendly city, is changing the way we work with the citizens of Leeds. As part of this, we know we must try and prevent situations in families escalating to the point at which the council has to take serious action, which in the most extreme cases can mean removing a child from their family, because the social and financial costs of doing so, as well as the impact on the child themselves, can be significant.

We need to support families to become better equipped to solve their own problems and address the challenges they face. We need to develop our role as a facilitator, so that more of what we do enables families to make positive changes themselves that ultimately make them stronger together and more resilient. Working in this way, doing things *with* children, young people and families rather than to them or for them, is a technique known as restorative practice and over the last 18 months we've been



gradually introducing a revolution in this approach across children's services. There is a significant body of evidence that consistently shows the impact they can have. In Leeds we started our work by drawing on the best of this existing practice.

Ultimately restorative practice is about creating the conditions for people to have better quality conversations, ones that avoid blame and instead focus on understanding how people feel and finding meaningful solutions to their problems. This is done through things like asking the right type of questions, creating the right setting to make the conversation as equitable as possible and having the right facilitation skills present to keep the conversation flowing, focused and constructive. It may sound simple and in many ways it is, but embedding these ways of working genuinely into everything we do takes time and investment.

And we have been investing. Over the last 18 months more and more of our staff have been on restorative practice training. A number of our schools now use restorative practice techniques to structure their day and shape how pupils and staff communicate with each other.

Of particular importance is our roll-out, city-wide, of an approach called family group conferencing, which is a form of restorative practice that takes the techniques I've discussed, into the heart of families experiencing serious challenges. We have built a team of skilled facilitators who are leading this work and we're already seeing some fantastic results to help families take control of their problems and make positive changes.

Restorative practice has benefits not just in how we work with families, but also how we work with one another, reducing hierarchy, creating shared ownership of issues and finding solutions together.

The Health & Well Being Board & Joint Health & Well Being Strategy

The Health and Well Being Board (HWBB) was established in May 2013. It is a new national initiative which provides a framework for a range of services for children and adults. It sets out through the Joint Health and Well Being Strategy common outcomes, priorities and key ambitions for services and agencies working in the National Health Service, Public Health and Social Care services, and in a range of Council services for children and adults.

It complements the CYPP by helping all providers understand their areas of work, and focus on common priorities that help tackle the issues facing all the people of Leeds.

The framework of outcomes, priorities and indicators set out in the first Leeds Joint Health and Well Being Strategy for 2013-15 is set out on page 8 of this document. The 4 must do priorities for initial focus are highlighted in red. Seeing this alongside the CYPP outcomes, priorities and indicators- see page 7- immediately shows a number of concerns and interests common to the work of the CTB and the HWBB.



There is a shared recognition that the two Boards will need to work closely together. The Chair of the CTB and the Director of Children's Services sit on both Boards and Health organisations are well represented on the CTB. Joint working also takes place through well established forums such as the Infant Mortality Steering Group and the Child Poverty Outcomes Group.

As part of the CYPP refresh 2013 the CTB have added a new priority to the CYPP n – 'Minimise the misuse of drugs, alcohol & tobacco'. This along with the other priorities under the outcome 'Children and young people choose healthy lifestyles' link directly to the outcome in the Leeds Joint Health & Wellbeing Strategy 2013-2015 'People will live longer and healthier lives.

This is only one expression of our shared and mutually reinforcing agendas. Other key areas include a focus on making sure that:

- everyone has the best start in life
- people have a voice and are involved in and can influence decision making
- everyone achieves their full potential through education and learning
- people are supported into work and employment
- people are provided with advice and support on debt and income

There is also a shared concern to focus on narrowing the gap for those who continue to experience worse outcomes than the average or best outcomes for the city. Key shared areas for measuring progress include rates of infant mortality, levels of obesity and teenage pregnancy, educational achievement, levels of employment, and levels of the misuse of drugs, alcohol and tobacco.

A refreshed approach to tackling substance misuse in clusters across the city using the OBA methodology is one early new initiative. Work is underway to develop and test a model framework prior to a wider roll out across all clusters.



OUR VISION, OBSESSIONS, OUTCOMES, PRIORITIES & INDICATORS

Our vision is for Leeds to be a child friendly city. As part of this vision we will minimise the effects of child poverty.

Our vision contributes to the wider vision for Leeds- By 2030 Leeds will be locally and nationally recognised as the best city in the UK.

We will drive change by using restorative practice, cluster and locality working and by extending the voice and influence of children and young people. The child is at the centre of everything we do. We have a relentless focus on improved outcomes.

5 outcomes	12 priorities (3 starting points highlighted in italics)	17 Key indicators (3 "obsessions" highlighted in italics)
CYP Are safe from harm	<i>1. Help children to live in safe and supportive families</i> 2. Ensure that the most vulnerable are protected	<i>1. Number of Children Looked After</i>
		2. Number of children and young people with child protection plans
CYP Do well at all levels of learning and have the skills for life	<i>3. Improve behaviour, attendance and achievement)</i> <i>4. Increase numbers in employment, education or training</i> 5. Support children to be ready for learning 6. Improve support where there are additional health needs	<i>3. School attendance Primary; Secondary</i>
		<i>4 % of Young people NEET</i>
		5. % with good level of development in Early Years
		6. % with good achievement at the end of primary school
		7. % gaining 5 good GCSEs including English and maths
		8. Level 3 qualifications at 19.
		9. The number of CYP 16-18 who start an apprenticeship
CYP Choose healthy lifestyles	7. Encourage activity and healthy eating 8. Promote sexual health 9. Minimise the misuse of drugs, alcohol & tobacco	10. The number of disabled children accessing short breaks & levels of satisfaction
		11. Obesity levels at age 11
		12. Free school meal uptake- primary; secondary
		13. Teenage pregnancy
CYP Have fun growing up	10. Provide play, leisure, culture and sporting opportunities	14. Rates of under 18s alcohol related hospital admissions
		15. % of CYP who agree with the statement "I enjoy my life"
CYP Are active citizens who feel they have voice & influence	11. Reduce crime and anti-social behaviour 12. Increase participation, voice and influence	16. Proportion of 10-17 year olds offending
		17. C&YP who report influence in a) school b) the community



Leeds Joint Health and Wellbeing Strategy 2013-2015		
Vision for health & wellbeing: Leeds will be a healthy and caring city for all ages		
Principle in all outcomes: People who are the poorest, will improve their health the fastest		
Indicator: Reduce the differences in life expectancy between communities		
Outcomes	Priorities	Indicators
1. People will live longer and have healthier lives	1. Support more people to choose healthy lifestyles	1. Percentage of adults over 18 that smoke
		2. Rate of alcohol related admissions to hospital
	2. Ensure everyone will have the best start in life	3. Infant mortality rate
		4. Excess weight in 10-11 year olds
		5. Rate of early death (under 75s) from cancer.
		6. Rate of early death (under 75s) from cardiovascular disease
2. People will live full, active and independent lives	4. Increase the number of people supported to live safely in their own home	7. Rate of hospital admissions for care that could have been provided in the community
		8. Permanent admissions to residential and nursing care homes, per 1,000 population
	5. Ensure more people recover from ill health	9. Proportion of people (65 and over) still at home 91 days after discharge into rehabilitation
	6. Ensure more people cope better with their conditions	10. Proportion of people feeling supported to manage their condition
3. People's quality of life will be improved by access to quality services	7. Improve people's mental health & wellbeing	11. The number of people who recover following use of psychological therapy
	8. Ensure people have equitable access to services	12. Improvement in access to GP primary care services
	9. Ensure people have a positive experience of their care	13. People's level of satisfaction with quality of services
		14. Carer reported quality of life
4. People will be involved in decisions made about them	10. Ensure that people have a voice and influence in decision making	15. The proportion of people who report feeling involved in decisions about their care
	11. Increase the number of people that have more choice and control over their health and social care services	16. Proportion of people using NHS and social care who receive self-directed support
5. People will live in healthy and sustainable communities	12. Maximise health improvement through action on housing	17. The number of properties achieving the decency standard
	13. Increase advice and support to minimise debt and maximise people's income	18. Number of households in fuel poverty
		19. Amount of benefits gained for eligible families that would otherwise be unclaimed
	14. Increase the number of people achieving their potential through education and lifelong learning	20. The percentage of children gaining 5 good GCSEs including maths & English
	15. Support more people back into work and healthy employment	21. Proportion of adults with learning disabilities in employment
		22. Proportion of adults in contact with secondary mental health services in employment



Progress so far

The CYPP 2011-15 was agreed by the Children's Trust Board (CTB) in April 2011. The framework of outcomes, priorities, obsessions and indicators outlined above is now widely understood across the city. It helps everyone focus on the key areas. For 2013 onwards we have added minimising substance misuse as part of priority 7. This reflects the importance of the misuse of drugs, alcohol and tobacco by children and adults and its role as a primary factor in many poor outcomes.

We have the highest aspirations and are confident we can continue to make a real difference for children and young people in Leeds, especially the most vulnerable. Our relentless focus on the 3 obsessions remains. This has helped focus attention and resources on those with the greatest needs and multiple poor outcomes. Work on the obsessions impacts on the full range of outcomes and indicators.

Our starting point must always be identifying those most at risk of poor outcomes in each of the 25 clusters across the city, and building responses and services around their needs. We increasingly work "restoratively" with children, young people and their families. Restorative practice means doing things **with them** rather than to them or for them. We know that people are happier, more productive, and more likely to make positive changes when we work with them.

Our collective effort to develop restorative practice, put the child at the centre of everything we do, treating them as the client and safeguarding and promoting their interests is beginning to show results. Central to this is a focus on outcomes-improved outcomes- at locality level; making a real difference "on the ground" where our children and young people live and experience Leeds in 2013 through listening to their voice and engaging them in responses and decisions.

CTB have discussed progress in detail through a programme of regular reports. Dashboards showing the latest performance against key indicators in localities across the city are available at every meeting. Detailed reports on our 3 obsessions look at the context behind the figures. City wide impact is summarised in two page report cards.

Progress at the end of the second year of the CYPP 2011-15 remains mixed. There are clear signs of good progress in outcomes and underlying this clear evidence for the effectiveness of the strategies we have put in place to deliver improvement. However, even where there is improvement, it is often the case that gaps between average outcomes and those for the lowest achieving groups remain stubbornly significant. As do gaps between our performance and that of other authorities.

Improvement Planning and responses to Inspections

Our work on our improvement plan developed in the light of the challenges identified by Ofsted inspections is part of the progress story. Building on the work of the original Improvement Plan and Improvement Board, and following the restructure of social care and social work services across the city, including better integration with



other services at locality level, we have developed a new 9 point plan- “Supporting children and families, strengthening social work.” This consolidates progress and details plans for further progress under 9 headings.

- Strengthen the voice and influence of children and young people:
- Improve provision for looked after children and young people:
- Strengthen the role of families:
- Develop social work practice:
- Improve communication and engagement across social care
- Improve ICT Systems and the estate for social work and families:
- Develop peer support and challenge:
- Strengthen quality assurance and performance management:
- Strengthen Early Help / Early Intervention and Prevention:

Recent inspection activity

Inspectors are currently positive about progress in Leeds. Feedback from a January 2013 Ofsted thematic review of the Independent Reviewing Officer (IRO) service provided very positive feedback about the IRO service and social work practice. They were impressed with the enthusiasm and commitment of the IROs and Social Workers they met, and by the fact that both groups knew their children well and were clearly focused on delivering the best possible outcomes for them. They identified no cases where they were concerned about practice, and in their feedback felt that in all cases interventions were purposeful, and that the IROs provide effective support and challenge to social workers which is recognised and valued.

We have also had positive feedback from the pilot inspection of Services for Children Looked After and Care Leavers carried out in February 2013. Whilst it is important not to read too much into the individual feedback from this and from the thematic review of the Independent Reviewing Officer and Looked After Services as they not full inspections, taken together they provide a robust examination of how Children's Services and partners are working together to deliver good outcomes for looked after children.

LILAC (Leading Improvements for Looked After Children) is an organisation led by care experienced young people that assesses the effectiveness of Local Authorities involvement of children and young people in their care. LILAC visited Leeds in February to assess the progress of children's services in involving children and young people in improving their care.

LILAC have developed their own good practice standards for services and are trained to assess the performance of local providers against these LILAC standards. The seven LILAC standards are based on the well-known 'Hear By Right' approach to participation but they have been developed to closely reflect the nature of the Care system.

The assessment by LILAC is important because the judgement is made by young people who have been in care themselves, and because the findings are based on



interviews with children, young people, foster carers and staff. Future OfSTED inspections will similarly base their inspections on interviews with children and carers so success in this assessment gives some more confidence that improvements are making a difference and being recognised by children and carers. The final report is not yet complete but initial feedback from LILAC is that Leeds has fully met all seven standards.

No Leeds children's home is rated as inadequate by Ofsted. Five of the twelve (42 per cent) are rated good or better; seven (58 per cent) are rated as satisfactory/adequate. Based on the most recent interim inspection reports, eight homes (67 per cent) are currently making good or better progress.

A more challenging school inspection framework began in September 2012. The Primary School Improvement Service have supported schools before, during and after Ofsted inspections and have used the findings of all Leeds primary inspections during the autumn term to enable schools who are expecting an inspection this year to prepare based on Ofsted's current areas of focus. At the time of writing 80% of primary schools are judged to be good or outstanding, an increase of 12 percentage points compared to the same period last year. Six schools are currently inadequate.

Over the past 12 months, a number of high schools previously judged as satisfactory by Ofsted are now judged as 'good' schools. Challenges remain though, with four secondary schools judged inadequate.

Key challenges

Key challenges include further work in the following areas:

- "turning the curve" for our 3 obsession indicators and other key indicators, ensuring that effort and input translates into improved outcomes
- narrowing the gap for those who continue to experience worse outcomes than the average or best outcomes in the city
- narrowing persistent health inequalities against the background of complex changes to the organisation and funding of health services
- developing strong clusters of multi agency services across the city that effectively target and direct resources to those most in need
- continuing to build our capacity for improvement and implementing the improvement strategies
- streamlining and simplifying commissioning processes and focusing them on outcomes

Turning the curve on the obsessions

There is some good progress on each of our 3 obsessions. In summary:

- **The number of children in care at the end of March 2013 is 98 lower (6.6 per cent) than the same period 12 months ago**, and is also lower than at any point since November 2009. There are 12 per cent fewer starters in the 2012-13 financial year than in the 2011-12 financial year.



- **At the end of February 2013 there were 1437 NEET young people in Leeds (6.3%).** The projected out-turn for Leeds for 2012 is 6.6%, a reduction from 8.1% in 2011. In November 2012 the rate in Leeds was 5.9% and the national NEET rate was 5.8%. As at February 2013, Leeds is ranked 80th of 150 local authorities.
- The most recent national comparative data (2011/12 academic year) shows that **primary attendance for Leeds schools was in the top quartile of all local authorities. Secondary attendance remained in the bottom quartile, but was the highest ever recorded in the city.** In the autumn term of 2012 attendance rates are still higher than in 2010/11 but the increases observed in autumn 2011 have not been sustained. Illness accounts for much of this change. Although in secondary unauthorised absence accounts for the majority of the difference between Leeds attendance and national trends.

We know we have more to do and that improvement has to be sustained and has to cover a wide range of issues. Key challenges include:

- Reductions on the number of children looked after have been achieved by supporting children to achieve permanence more quickly. There has been little change in the numbers in particular age groups, eg. under 5's and under 1's. It will take time for preventative and early intervention strategies to have a full impact. However, it illustrates the scale of the challenge.
- Our biggest challenge around attendance is to tackle persistent absence and unauthorised absence in our secondary schools. This is fundamental to supporting our aims to improve educational attainment. The over-representation of specific cohorts of pupils in absence is also an issue e.g. Free school meal eligible pupils, some ethnic groups such as Gypsy/Roma/Traveller, and some Children Looked After cohorts.
- Further progress on NEET requires a focus on addressing the needs of young people with the most significant and complex barriers to progression. This requires intensive work with children looked after, care leavers and young people facing challenges around issues such as housing, finance, mental health, substance abuse, parenting and domestic violence.

Headline achievements and challenges for each of the five outcomes and 11 priorities are summarised below.



Children and young people are safe from harm- Priorities 1-2

1. Help children to live in safe & supportive families-
2. ensure that the most vulnerable are protected

Achievements

	<p>The number of children in care at the end of March 2013 is 98 lower (6.6 per cent) than the same period 12 months ago, and is also lower than at any point since November 2009. There are 12 per cent fewer starters in the 2012-13 financial year than in the 2011-12 financial year.</p>
	<p>More vulnerable children and families are having their needs met through joined up local services. Referrals to social care are reducing. Almost 20 per cent fewer in 2012/13 than in 2011/12 (11,357 compared to 14,122). This has supported the reduction in children looked after, and helped to ensure that the Social Work Service is focused on children with the greatest levels of need.</p>
	<p>High quality Children's Centres, now working together with NHS services, provide strong support for young children and their families. 82% of Leeds' Children's Centres are rated as good or outstanding. Children's Centres and health visiting services have merged to create the 'Early Start' service to create a more joined up support for families.</p>
	<p>Better referral processes and better referrals. External academic researchers and local partners have provided positive feedback on our new arrangements for managing referrals to social work services. Decision-making is improved, supported by clearer referrals, with more referrals progressing to assessments. All referrals are quality assured by senior officers.</p>
	<p>Improved support for children and families affected by domestic violence. Domestic violence leads to many of the contacts and referrals for extra help from social care. We have put in place stronger joint working supported by a dedicated social worker now located within the police headquarters to provide advice and support on all cases.</p>
	<p>Children in need of protection are supported more quickly. Partners are now very effective at responding quickly when a child is in need of protection. More Child Protection Conferences take place within timescales than in similar areas or the national average.</p>
	<p>Safeguarding capacity has been strengthened. The Council has invested in creating a much stronger, independent service to support safeguarding in Leeds. The Independent Safeguarding Unit has far greater capacity to support multi-agency work with children at risk.</p>
	<p>Restorative practice is making a difference for children needing protection. Partners have successfully implemented the 'Strengthening Families' approach to helping children in need of protection.</p>
	<p>The attendance and achievement of Children Looked After is improving. In primary schools attendance is better than the city average, and in secondary schools improvement has nearly closed the gap with the city average. In part due to improving attendance, interim data show that attainment has improved at all key stages.</p>
	<p>Children Looked After are supported by stronger services. Dedicated teams have been set up, with separate specialist teams for those aged 0-12 and those aged 13+. These teams are based across the areas of the city and have strengthening links with wider services through Clusters. The Council has invested in additional staffing, supported by new training programmes and extra mentoring to newly qualified staff. As a result of this investment caseloads have been reduced markedly from well over 25 to nearly 20.</p>
	<p>The latest figures suggests that the local target to reduce the infant mortality rate in 'Deprived Leeds' to 5.5 per 1000 live births by 2015 has been achieved.</p>



Children and young people are safe from harm- Priorities 1-2

1.Help children to live in safe & supportive families-

2.ensure that the most vulnerable are protected

Challenges

!	Continue to support the development of stronger local working in Clusters. Through effective early intervention by cluster working support more children to remain in their family network.
!	Invest in developing the range and quality of evidence based family support services for the most vulnerable families.
!	Expand the use of restorative approaches that work with children and families such as Family Group Conferencing. Increase (by March 2014) the family group conferencing offer across the city to enable all families where there are concerns that a child under 5 may become looked after to be offered a family group conference.
!	Increase the quantity and quality of uses of the Common Assessment Framework.
!	Invest in a programme of improvement for assessment skills in social work staff.
!	Work with children and young people to develop new and better ways for involving them in support.
!	Undertake a targeted programme of support and challenge for areas of the city where rates of referrals and re-referrals are higher.
!	Extend the use of restorative working to find ways to provide effective protection for children within their wider family and community.
!	The development of a quality assurance process for children subject to a child protection plan, similar to the existing one for children looked after, is a priority for 2013-14.
!	An examination of children becoming subject to a child protection plan for a second or subsequent time will look at whether alternative systems are used in a timely and appropriate way (family group conferencing, for example).
!	A joint review with the LSCB of the rising numbers of children subject to a child protection plan will look at the robustness of conference chairs' decision-making, and ensure that best practice is followed with regards registration and de-registration.
!	Implement a programme of improvements for care planning.
!	Invest in improvements to residential homes for Children Looked After.
!	Invest in developing more fostering and adoption placements in Leeds.
!	Implement a programme of improved support for Care Leavers to ensure all are in learning or work. Review, update and improve all Pathway Plans that support Care Leavers.
!	Increase the number of care leavers entering higher education.
!	Put in place Early Intervention and Prevention measures designed to impact on the numbers of younger Children Looked After, those under 5 and under 1.
!	Deliver the Families First programme.
!	Refresh the Child poverty strategy, including strategy and actions to tackle the impact of welfare reform changes.

**Children & young people do well at all levels of learning & have the skills for life- Priorities 3-6**

- 3. Improve behaviour, attendance & achievement**
- 4. Increase numbers in employment, education or training**
- 5. Support children to be ready for learning**
- 6. Improve support where there are additional health needs**

Achievements

	The percentage of children reaching a Good Level of Development in Early Years Foundation Stage is in line with national and improved at the same rate of increase as seen nationally but above the increase for statistical neighbours.
	At Key Stage 1, the percentage of children meeting the required standard of phonic decoding in Leeds was above both the national figure and the average for statistical neighbour LAs; it places Leeds in the top quartile of schools nationally.
	The percentage of children achieving a Level 2 or better at the end of Key Stage 1 in Leeds increased by one percentage point for reading, two percentage points for writing, but has stayed static in maths. Leeds outcomes are now between one and three percentage points below the national.
	At Key Stage 2 in 2012 there has been a three percentage point improvement in the proportion of children achieving a Level 4 or better in English, a four percentage point improvement in maths and a four percentage point improvement on the combined English and maths indicator. Progress is in the top quartile of authorities.
	At Key Stage 4 there have been a number of improvements in Leeds against most benchmarks in 2011-12 for example the number of students gaining 5+ A*- C grade GCSEs including English and maths rose by 1.1% to 55% which is greater than that seen nationally . Also, the proportion of students gaining five good passes in any GCSE or equivalent subject rose by 2.1% to 83.7% in 2012. Leeds therefore remains above the national figure and above the average for statistical neighbours.
	The most recent national comparative data (2011/12 academic year) shows that primary attendance for Leeds schools was in the top quartile of all local authorities. Secondary attendance remained in the bottom quartile, but was the highest ever recorded in the city.
	At the end of February 2013 there were 1437 NEET young people in Leeds (6.3%). The projected out-turn for Leeds for 2012 is 6.6%, a reduction from 8.1% in 2011.
	There were 2,214 apprenticeship starts by 16 to 18 year-olds in Leeds between August 2011 and July 2012. This represents a 16.3 per cent increase compared to 2010/11; nationally, over the same period, there has been 1.4 per cent decrease. Success rates are above national success rates; however, they have dropped slightly compared to Leeds' position 12 months ago (74.3 per cent in 11/12 compared to 76.9 per cent in 10/11)
	Projections for the number of short breaks in 2012/13 show an increase, from 1,261 children and 133,386 hours in 2011/12 to 1,345 children and 134,749 hours. (NB. These figures relate only to universal plus, targeted and specialist provision, which is delivered internally or has been commissioned. They do NOT include universal settings, which is where the majority of disabled children should be able to access short breaks.



Children & young people do well at all levels of learning & have the skills for life- Priorities 3-6

- 3. Improve behaviour, attendance & achievement**
- 4. Increase numbers in employment, education or training**
- 5. Support children to be ready for learning**
- 6. Improve support where there are additional health needs**

Challenges

	Reducing persistent absence and unauthorised absence in secondary schools. Just over 3,000 secondary pupils missed more than 15% of school time in 2011/12.
	Address the over-representation of specific cohorts of pupils in absence, Free school meal eligible pupils, ethnic groups such as Gypsy/Roma/Traveller, & some CLA cohorts.
	Work with secondary schools to understand the reasons behind high levels of unauthorised absence and to make recommendations on interventions and services that will address these.
	Improve understanding of daily engagement rates in all schools and settings across the city, and maximise levels of engagement through effective cluster working.
	Address the needs of young people not in education, employment or training with the most significant and complex barriers to progression.
	Implement the targeted information, advice and guidance programme.
	Deliver the Leeds Apprenticeship Hub.
	Through effective area and cluster working ensure the safe sharing of accurate and timely information about NEET young people, and through that effective case management.
	Secure suitable land and buildings to support the expansion of local school places. Ensure the expansion of local primary and secondary schools places as per the 10 year expansion plan. Work with clusters to identify local demand for places and solutions that meet demand.
	Improve further the percentage of good and outstanding schools in the context of a much tougher Ofsted inspection framework.
	Further improve attainment and progress outcomes for children and young people, especially in Maths and English leading to a reduction in the number of schools below floor standards.
	Provide high quality support and guidance to all under-performing schools and their governing bodies and cluster partnerships.
	Develop effective interventions for the use of funding targeted at disadvantaged children and young people. (eg. Pupil Premium & Year 7 catch up). With a focus on achievement and progression in English and maths. To be included in the 2013/14 offer to schools.
	Through effective cluster working identify and resource solutions which target children who are experiencing experience significant gaps, particularly in english and maths.
	Deploy school improvement and cluster resources to support schools to provide a creative, appropriate, broad and balanced curriculum for all children & young people.
	Continue to improve school to school support through the use of seconded headteachers and other systems leaders such as local and national leaders of education and teaching schools.
	Expand the number of early learning for disadvantaged 2 year olds. (1,000 additional places by March 2013; 2,500 in March 2014; projected 5,500 in January 2015).
	Leeds will be trialling the new review for two year olds. This brings together the existing Healthy Child Programme review and the new two year old Early Years Progress Check.
	Improve access to universal settings and ensure fair and equitable access, so that all disabled children, young people and their families who would benefit from short breaks can do so.



Children & young people choose healthy lifestyles- Priorities 7-8

7. Encourage activity and healthy eating

8. Promote sexual health

Achievements

	Teenage conception rates have reduced by 21% since Q4 2008. Rates in the majority of priority wards have either stabilised or reduced. The latest national data shows the rates in Leeds are 39.8 conceptions per 1000 15-17 year old females (June 2011), compared to 50.8 per 1000 in December 2008. This equates to 116 under 18 conceptions in the second quarter of 2011, compared to 148 under 18 conceptions in the same period of the previous year.
	Data from the National Child Measurement Programme (NCMP) shows that the rates of childhood obesity in the city continue to be high and fairly static for both Reception (9.3%) and Year 6 (19.7%) children.
	A new Healthy Weight pathway has been signed off by the Early Start Board which will support early identification and support of children with weight issues.
	SCORED/TACKLED sexual health programme delivered to 64 boys considered at risk of early unplanned parenthood and/or poor sexual health in areas of high teenage conception rates. Assertive Outreach Contraception Scheme (providing young people with 1-1 support) launched
	965 practitioners engaged in obesity work have attended HENRY training modules (HENRY = Health Exercise & Nutrition for the Really Young)
	All clusters covering priority Middle Layer Super Output Areas have been encouraged to include teenage pregnancy within their action plan and to identify a Teenage Pregnancy/Targeted Service Lead.
	Priority schools have either a Healthy Young People's Service (HYPS) or access to staff training to ensure children and young people have swift and easy access to local sexual health services.
	Range of activity has promoted active travel to school; car use is down from 26% in 2011 to 25.7% in 2012. 902 extra children walked /cycled or scooted part or all of the way to school every day as part of WHTTG programme.

Challenges

	Although plateauing, rates of childhood obesity are far too high. 1:3 children in Year 6 are at risk of developing obesity related health issues.
	Leeds FSM take-up is consistently below national levels, with around 5,000 children and young people not taking their entitlement. Data for 2011/12 shows take up in Primary at 76.7% (76.6%) in Leeds compared to 81.8% (79.8%) nationally, and take up in secondary at 68.9% (67.1%) in Leeds compared to 70.6% (69.3%) nationally. Brackets show 10/11 figures.
	Raise aspirations in young people and ensure that support to teenage parents continues to avoid second and subsequent pregnancies
	Existing Youth Work providers to target young people in priority areas around accessing services, including contraception & sexual health information and advice
	Continue to deliver the Free School Meals strategy focusing on catering services in new schools; meetings with catering contractors; head teacher control over catering contracts; inclusion of FSM issues in school improvement programmes; nomination of school governor FSM champions; identification of FSM champion schools who can share best practice; inclusion of FSM issues in cluster business planning; training and advice for family support workers; publicity campaigns.
	Deliver eight more SCORED/TACKLED sexual health programmes for boys considered at risk of early unplanned parenthood and/or poor sexual health in areas of high teenage conception rates.



Children & young people have fun growing up- Priority 9
9. Provide play, leisure, culture and sporting opportunities

Achievements

	A group of 17 14-23 year olds have created a major exhibition at Leeds City Museum as part of the London Olympiad.
	The recent Darren Henley review of Cultural Education in England recognises Breeze card as a model of good practice to be replicated across the country.
	Child Friendly City young advisors have been recruited. There are currently over 40 children and young people recruited to be involved in the development of services and activity across the city.
	Breeze Friday Night Projects across the city for children aged 8 – 18 (25 for young people with disabilities).
	150 young people performed the City of Leeds Youth Music Prom to 1000 children and young people from Leeds, as well as the Lord Mayor and invited guests.

Challenges

	A new budget (underpinned by a new resource allocation formula) should be delegated to Area Committees by April 2013 in their roles as community champions to stimulate the design and delivery of a local activity programme for young people under the Breeze brand.
	A new geographically targeted youth work service (underpinned by a new resource allocation formula) should be established with Area Committees acting as key clients in partnership with the Lead Member for Children's Services.
	By April 2014 a commissioning process should have been completed to enable geographically targeted youth work services to be contested and new contracts to be established where appropriate. The new service should be expected to work within the framework for targeted services.
	Review of the options for organising and managing Music & Arts provision for children and young people in order to sustain a significant cultural offer in the medium to longer term as well as securing a short term base.
	Develop better measures of work on play, leisure, culture and sporting opportunities and a better understanding of how to deliver and monitor priority 9, including an understanding of children and young people's perspective on having fun growing up.



Children & young people are active citizens who feel they have voice & influence- Priorities 10-11

- 10. Reduce crime and anti-social behaviour**
- 11. Increase participation, voice & influence**

Achievements

	Creation of a single child friendly custody suite for Leeds at Stainbeck Police station, to promote a joined up approach to dealing with young people as quickly as possible and to maximize opportunities for diversion away from the criminal justice system. The single custody pilot was extended to young people arrested from all three police divisions from March 2013.
	Reductions in the use of custody by 25% over the first twelve month period as part of the West Yorkshire pathfinder pilot (the only one of the 4 national pilots to achieve this success).
	The Safer Schools Police Officers, who cover 35 out of the 38 secondary schools in Leeds, are still having a positive impact on reducing the number of First Time Entrants to the youth justice system. They are mandated to intervene and resolve conflicts directly in schools which are preventing unnecessary criminalisation.
	The use of restorative alternatives as a way of preventing escalation of minor offences to more serious crimes.
	Youth Inclusion Projects (YIPs) provide a voluntary service to children, young people and their families at a pre-warning stage. This is a specialist & targeted service aimed at children identified as being 'at risk' of crime, anti-social behaviour, being NEET, and/or at risk of entry into care. YIP's work with an 8 to 16 age range.
	Established the annual Leeds Children's Mayor programme. Over 3,500 votes were cast for 2011/12 children's mayor. CYP (service users) with complex needs are engaged in the planning, development and assessment of services.
	CYP involved in recruitment and selection in children's services and in commissioning and contracting of services.

Challenges

	Responding to the transfer of costs to the Local Authority in respect of managing custodial remands and ensuring that the new duties around remanded young people becoming Children Looked After are embraced.
	In partnership with West Yorkshire Police, implementing from April 2013, the new legislation on out of court disposals and community resolutions.
	Work with young people who have offended at a less serious level. This is to prevent escalation to more serious offences that would lead to criminalisation of young people.
	Develop a tiered prevention service aimed at young people at risk of or involved in the early stage of offending
	Extend restorative justice into non statutory work, involving victims and giving young people the opportunity to make amends
	Increase membership of Leeds Youth Council especially from harder to reach groups including Children Looked After.
	Establish a Voice and Influence working group in specialist residential settings for disabled children and young people to support, monitor the involvement of young people in audit, staff training, recruitment and selection and developing and improving services.
	Increase CYP's participation in services that focus on the assessment, care planning, development and safeguarding of CYP with SEN, disabilities and complex needs.
	Run young people's workshops across Leeds to seek views of young people on future youth work delivery.



Key Improvement Strategies- Working Restoratively, Putting the Child at the Centre

Four underpinning principles for working with children and families have been agreed by the CTB as part of the 2012 CYPP refresh:

1 The default behaviour of Children's Trust and Local Government partners in all their dealings with local citizens/partners/organisations should be a restorative one - high support with high challenge. (A restorative approach is built on the basic premise that *"people are happier, more cooperative and productive, and more likely to make positive changes when those in positions of authority do things with them rather than to them or for them"*)

2 Children's Trust and Local Government partners should ensure that families, whose children might otherwise be removed from their homes are supported to meet and develop a safe alternative plan before such action is taken.

3 For all other families where a plan or decision needs to be made to help safeguard and promote the welfare of a child or children the family should be supported to help decide what needs to happen. Children's Trust and Local Government partners must create the conditions where families can be helped to help themselves - this would represent a fundamental renegotiation of the relationship between Local Government and local citizens - from doing things *to* and *for* families to doing things *with* them.

4 Children's Trust and Local government partners must see all local schools as community assets and have a clear role in holding those institutions - no matter what the governance arrangements - to account for the contribution they make to the well being of the local population.

An important part of what we need to do to become the best city in the UK, and as part of that a child friendly city, is changing the way we work with the citizens of Leeds. As part of this, we know we must try and prevent situations in families escalating to the point at which the council has to take serious action, which in the most extreme cases can mean removing a child from their family, because the social and financial costs of doing so, as well as the impact on the child themselves, can be significant.

We need to support families to become better equipped to solve their own problems and address the challenges they face. We need to develop our role as a facilitator, so that more of what we do enables families to make positive changes themselves that ultimately make them stronger together and more resilient. Working in this way, doing things *with* children, young people and families rather than *to* them or *for* them, is a technique known as restorative practice and over the last 18 months we've been gradually introducing a revolution in this approach across children's services.

Restorative ways of working are already widely established in many cities and organisations [across the world](#). There is a significant body of evidence that consistently shows the impact they can have. In Leeds we started our work by



drawing on the best of this existing practice. Ultimately restorative practice is about creating the conditions for people to have better quality conversations, ones that avoid blame and instead focus on understanding how people feel and finding meaningful solutions to their problems. This is done through things like asking the right type of questions, creating the right setting to make the conversation as equitable as possible and having the right facilitation skills present to keep the conversation flowing, focused and constructive. It may sound simple and in many ways it is, but embedding these ways of working genuinely into everything we do takes time and investment.

And we have been investing. Over the last 18 months more and more of our staff have been on restorative practice training. A number of our schools now use restorative practice techniques to structure their day and shape how pupils and staff communicate with each other.

Of particular importance is our roll-out, city-wide, of an approach called family group conferencing, which is a form of restorative practice that takes the techniques I've discussed, into the heart of families experiencing serious challenges. We've built a team of skilled facilitators who are leading this work and we're already seeing some fantastic results to help families take control of their problems and make positive changes.

Restorative Practice has benefits not just in how we work with families, but also how we work with one another, reducing hierarchy, creating shared ownership of issues and finding solutions together.

Key Improvement Strategies- Supporting children and families, strengthening social work

The 9 Point Plan sets out how the Council intends to work with partners to further improve support for families, strengthen social work and deliver improved outcomes for children. The plan sits with the overall context and framework of the Leeds Children and Young People's Plan and sets out how social care services will contribute to the shared vision of a Child Friendly Leeds.

The nine areas covered by the plan are:

- 1. Strengthening the voice and influence of children and young people**
- 2. Improve provision for children looked after and young people**
- 3. Strengthen the role of families**
- 4. Developing social work practice**
- 5. Improving communication and engagement across social care**
- 6. Improving ICT Systems and the estate for social work and families**
- 7. Developing peer support and challenge**
- 8. Strengthening quality assurance and performance management**
- 9. Strengthening Early Help / Early Intervention and Prevention**

Leeds' approach is mirrored in national policy, where significant changes in policy for social work and safeguarding have been informed by the Munro Review. The Review advocates reshaping safeguarding and social work around the 'journey of the child' through their lives and through support and care. To achieve this Review advocates:



better involvement of children; freeing social workers from bureaucracy; developing the skills and professional judgement of social workers and their lead role across children's services.

The government has been active in promoting wider change in policy – for example in promoting the importance of *permanence* – settled, stable family placements such as adoption. Above all, the government has rightly made clear its higher expectations for safeguarding and support for the vulnerable. The plan has been developed to respond to a changing context and raised expectations for social work and children's services.

OfSTED in turn has reacted to these policy changes and rising standards and adopted a new approach to inspection that changes the focus of inspection from process to outcomes, with a central role for the views of children and families.

The implementation of the 9 Point Plan will be monitored and scrutinised by The Child and Family Scrutiny Panel; The Children's Trust Board and Leeds Safeguarding Children Board; the external expert support and challenge board; Corporate Carers and the Children in Care Council.

Key Improvement Strategies- Enhancing Cluster and Locality working

Our clusters are local partnerships (25 in total) that include, amongst others, the Children's Social Work Service, schools, governors, Police, Leeds City Council youth service, Youth Offending Service, Children's Centres, Housing services, third sector, health, local elected members and a senior representative from children's services.

Local clusters are key to the partnership and delivery arrangements for children's services in Leeds. The purpose of each partnership is to:

- enable local settings and services to work together effectively to improve outcomes for children, young people and their families
- build capacity to improve the delivery of preventative and targeted services to meet local needs
- create the conditions for integrated partnership working at locality level,
- promote the ambition of a child friendly city across the locality

This builds on cluster partnerships and networks which have developed across the city in recent years and complements partnership arrangements at area and city level. Cluster partnerships operate through a range of governance arrangements; Families of Schools; Area Committees; and locally determined partnerships. This is supplemented by cluster Chairs' meetings which bring all clusters together and support the development of common ways of working, consistency and networking with clusters in other parts of the city.

Schools forum have agreed to contribute £5.2m per year for the next 3 years to help fund cluster work. Clusters play a major role in driving the delivery of the CYPP. This role is growing all the time. Currently, we are growing the capacity of clusters to provide **Early Intervention and Prevention support** to local children and families by developing the role of the Targeted Services Leader (TSL). TSLs work with



clusters using a 'TOP 100' methodology to identify children and families who need additional support. The "Top 100" methodology is a fluid record of the families who are identified as vulnerable with multiple additional needs in the locality. To be effective, input into the top 100 process should come from all cluster stakeholders across education settings, children's settings, health settings, community safety settings, housing settings and adult settings. This includes a coordinated support package and the identification of an appropriate lead agency.

Early start teams bringing together services for those aged 0-5 have been rolled out across the clusters. They work together with the new area based social care teams and TSLs to focus our resources on helping the most vulnerable, including specifically targeting those most likely to become children looked after.

All clusters have **multi agency groups** focusing on identifying the best response for all those requiring additional support, and appropriate decisions about which cases require specialist social work interventions. They aim to deliver the relevant service in a way which enables children to remain safely within their family and community.

Central to this work will be further progress on **information sharing and case management**. This is designed to ensure the effective and appropriate sharing of information, and is central to both the identification of the top 100 families, and subsequent targeting and direction of resources.

Through the **Families First Programme** just over 870 families requiring support around anti social behaviour, youth offending, school attendance, progress to work and continuous employment. Cluster partnerships are identifying lead practitioners and facilitating multi agency engagement. The focus on these families is part of a national initiative and alongside the top 100 methodology is helping clusters to effectively focus resources and effort. There is some overlap between the two cohorts of families but not as much as originally envisaged. A clear picture of needs and gaps in terms of service provision is emerging and being addressed through joint working between the Families First team and cluster partnerships.

Clusters early work and successes arose from the application of **Outcomes based accountability** (OBA) to the 3 obsessions. OBA continues to be a key method. OBA takes the current baseline performance trend, and asks partners to agree an action plan for improving performance, or "**turning the curve**" towards the desired outcome. It helps us focus on the key question- **is anyone better off?**

Key Improvement Strategies- Implementing Early Intervention & Prevention

The purpose of **early intervention and prevention** is to work with children, young people and their families as soon as possible to tackle emerging problems, to identify specific issues, or to target areas or populations who are known to be more vulnerable or at risk. Underpinning this is our belief that it is important for children and families to remain together wherever possible and appropriate.

We are developing our support for children and their families to work together in a restorative way, earlier in the lifecycle of problems and to develop positive



approaches that support and empower families. There is no single service responsible for early intervention and prevention in Leeds. It is the responsibility of all services working with children and families to identify where additional support is needed. There are, however, under our new model for children's services a number of services who have a core responsibility around delivering services and support.

Cluster Managers and Targeted Services Leaders in each cluster coordinate the over view of local early intervention services. The **Duty and Advice Team** is the 'Front Door' service to ensure that when another professional or practitioner or a member of the public has concerns that a child or young person may be at risk of harm or in need that an effective and purposeful response is provided. Team members decide on what response is required and direct the issue to the relevant specialist social work service or to another cluster based support service.

Early Start Teams have brought Health Visitors and Children's Centre staff together to provide a seamless early pathway for families from pre-birth to five years. The impact of these teams will be an increased take up of early learning places; improvement in the attainment at the end of Foundation Stage for all children and narrowing the attainment gap for the bottom 20%; a reduction in the number of looked after children (LAC) and children with a child protection, under five; improvement in a range of health outcomes, including infant mortality rates.

These teams are based in Children's Centres and health settings. Additional support is centred on the **Healthy Child Pathway**, where every child (including pre-birth) have a series of contacts to ensure developmental milestones are being met. It is through a universal offer for all families that additional needs will be identified.

For school age children, we are developing our **cluster local partnerships** which bring together a range of services involved in providing universal services for school aged children and families. This includes growing the capacity of clusters to provide Early Intervention and Prevention support to local children and families by developing the role of the Targeted Services Leader. TSLs work with clusters using a 'TOP 100' methodology to identify children and families who need additional support. TSLs are tasked to ensure that each family on the top 100 list benefits from a shared assessment; a team around the family; a Lead family practitioner; a shared intervention plan; and a communication strategy for the family.

TSLs are tasked to ensure that **robust "support and guidance" processes** are in place within the cluster to galvanise local cluster resources to provide appropriate early intervention. Where available, access to targeted mental health support (TAMHS) is secured through support and guidance. Where more specialist interventions are required such as Multi Systemic Therapy, family group conferencing, Signpost family intervention programme or support from the Leeds family intervention service, TSLs will broker these arrangements, ensuring that these resources are appropriately targeted.

Underpinning all early intervention and prevention activity in Leeds is the requirement to undertake **Common Assessments**, to develop shared plans to support vulnerable children and families, focussing on working with them to improve their outcomes.



We also know that there are times where help is provided at a stage beyond early intervention, and is built around preventing problems from re-occurring. Another element of the role of Targeted Services and Early Start Teams is supporting the **safe de-escalation of support** for children and families from specialist intervention to less intensive cluster based care and support.

Reducing dependency on specialist services is part of a process of building resilience and independence within families, to promote their ability to manage their own needs wherever possible. Universal and targeted services, working together with specialist services, can support a seamless escalation and de-escalation pathway.

Children with disabilities or SEN, together with their families, may require specific support at the initial point of diagnosis or identification, which may continue throughout their childhood, including through transition to adult services. Early support is promoted in Leeds as the government's key delivery mechanism for ensuring appropriate services are wrapped around the child and family.

Areas for further work include:

- Reduce the need for babies and children aged under 2 to be taken into care
- Narrow the attainment gap at Foundation Stage for the bottom 20%
- An agreed offer of parent and family support available through all 25 clusters
- Ensure each cluster has full multi-agency representation to deliver the CYPP locally
- Ensure each cluster has information sharing agreements which enable full implementation of Top 100 methodology
- Ensure robust Guidance and Support, and access to intensive family support to enable de-escalation from a social work intervention
- Increase quantity and improve quality of Common Assessments carried out prior to requests for social work services
- Promote the inclusion of disabled children to access short breaks within local universal provision

Specialists guidance to those working in the relevant service areas is available through our 'Early Intervention and Prevention Strategy' as well as the 'Handbook Supporting Joint Working' and the 'Early Start Professionals Handbook'.

Key Improvement Strategies- Building a Child Friendly City

Our outcome for all children and young people to be active citizens who feel they have voice and influence is reinforced by our vision for Leeds to be a truly child friendly city. This vision underpins all our outcomes and priorities. We are engaging the whole city in making positive changes for our children and young people. This is being done through 'Child Friendly Leeds Pledges'. Pledges take 2 forms:

- *Supporter*: for organisations and individuals that agree to publicly support the aims and vision of a Child Friendly Leeds



- *Partner:* for organisations and individuals commit to making a significant and concrete pledge to do something extra to support CFC.

The 12 CFC pledges emerged from extensive consultation with children and young people across the city. Over 80 child friendly Leeds young advisers have been recruited to help with the delivery of the programme.

- Children and young people can make safe journeys and easily travel around the city
- Children and young people find the city centre welcoming and safe, with friendly places to go, have fun and play
- There are places and spaces to play and things to do, in all areas and open to all
- Children and young people can easily find out what they want to know, when they want it and how they want it
- Children, young people and adults have a good understanding of children's rights, according to the United Nation Convention on the Rights of the Child
- Children and young people are treated fairly and feel respected
- Children and young people have the support and information they need to make healthy lifestyle choices
- All our learning places identify and address the barriers that prevent children and young people from engaging in and enjoying learning
- There are a greater number of better quality jobs, work experience opportunities and good quality careers advice for all
- All children and young people have their basic rights met
- Children and young people express their views, feel heard and are actively involved in decisions that affect their lives
- Places where children and young people spend time and play are free of litter and dog fouling

Current work focuses on consolidating capacity, enthusiasm and the reach of the initiative across the city. Specific actions plans are in place for work to support the 3 CYYP obsessions and the top 3 wishes or pledges.

- make safe journeys and easily travel round the city
- express their views, feel heard and ... actively involved in decisions that affect their lives
- (access a) greater number of better quality jobs, work experience opportunities and good quality careers advice for all'

Key Improvement Strategies- Tackling Inequality & Vulnerability

We need to understand and respond to the diverse needs, aspirations and experiences of all our children, young people, and their families and communities. We aim to remove barriers that affect what they can do and achieve, and work with them to build aspirations and help them achieve their full potential.



Responding to inequality, diversity and vulnerability are central to the day to day business of the Children Leeds partners. Rapid improvement in outcomes for some of the most vulnerable children, young people and families is the rationale for our focus on the three obsessions. It is at the core of our focus on cluster working and early intervention and prevention.

We know that children and young people can experience inequality and unfairness in the availability and access to services, in the outcomes and opportunities they experience and in the degree of independence they have to make decisions affecting their lives. In equality of opportunity, outcomes, aspiration, material and social circumstance can come about for a variety of reasons. Discrimination and disadvantage can be intentional or inadvertent. It can be relatively easy to deal with or it can be rooted in complex social structures.

As a result of this complexity equality and diversity is not a “specialist subject.” It is part and parcel of everything we do, every day and through all our engagement and planning and delivery of services for children and young people.

Equality of outcomes and respect for diversity are also at the heart of key programmes such as the Infant Mortality Strategy, Child Poverty Strategy, Substance misuse work, Families First, the Leeds Education Challenge, the Social Care improvement plan, Childhood Obesity Strategy and Free School Meals Strategy. Narrowing the gap agendas are a particular concerns of many of these programmes. A focus which arises because our key indicators often show stubborn and significant gaps between the outcomes enjoyed by the majority and those enjoyed by the lowest achieving groups.

As a result of this complexity inequality and vulnerability diversity is not a “specialist subject.” It is part and parcel of everything we do, every day and through all our engagement and planning and delivery of services for children and young people. However, having said that, there are a number of issues worthy of being highlighted.

The **Leeds Education Challenge** (LEC) sets out a vision for every child to be in learning, every school to be a great school and every young person to be succeeding. The five strands of the LEC are:

- leadership, management and governance
- teaching and learning
- schools facing challenging circumstances
- closing the gap for vulnerable learners
- family and community engagement “beyond the school gate”

The **impact of deprivation** and other forms of inequality and vulnerability on learning outcomes remains fundamental. For example, overall results have improved at the foundation stage. However, the gap between the bottom 20% and the average is 33.6%, above the national figure of 31.3%. The gap particularly affects boys, pupils eligible for free school meals (FSM), those with English as an additional language (EAL), those with special educational needs (SEN) and Children Looked After. (CLA) This then translates into performance gaps in the later phases of education. At the end of primary school the percentage achieving level 4 or above



is 21 % points lower for FSM pupils for the combined English and maths indicator. Significant gaps also remain for those with SEN and EAL alongside a dramatic improvement for CLA. Patterns of this kind repeat at Key Stage 4. And the picture is overlaid by persistent and significant gaps for some Black and Minority Ethnic groups.

It is these kinds of factors that make the “closing the gap” outcomes in the LEC a particular important measure of our progress. We also know that educational achievement is a crucial determinant of a child’s life chances and that deprivation is strongly correlated with poor educational outcomes and subsequent life chances.

In Leeds **relative poverty** defined as households earning less than 60% of median income impacts on the lives of 23% of children under 16 and 22% of all children. More than 33,000 children and young people in Leeds. The numerical equivalents of these figures are 30,955 and 35,100. There are significant variations in the figures by Ward. Five wards have over 40% of children in poverty- Burmantofts and Richmond Hill; City and Hunslet; Gipton & Harehills; Hyde Park and Woodhouse; and, Middleton Park. Five wards have less than 10% of children in poverty- Adel and Wharfedale; Guiseley and Rawdon; Harewood; Horsforth; and, Wetherby.

The work of the Child Poverty Group which like the LEC programme Boards reports directly to the CTB, develops a range of work in 4 key areas

- Financial support, including promoting Free school meal eligibility/take up
- Best start in life, including infant mortality in Leeds and deprived areas of the city
- Employment & Adult Skills
- Housing & Neighbourhoods

A particular new emphasis is working with partners across the city to identify and address the impact of welfare reforms and changes to national and local funding for public services on levels of poverty. For example, in Leeds 14,200 households with children will lose an average of £2.61 per week as a result of the replacement of Council Tax Benefit with localised Council Tax support schemes. (Overall a total of 27,000 people will pay more and an additional 7,000 will have to pay for the first time as the result of the changes). Reductions in housing benefit for ALMO and Housing Association tenants assessed as having too many bedrooms affect just over 6,700 and 1,500 people respectively. Of these 1,633 and 552 respectively are households with children.

Many of these changes will impact on children and families that already experience multiple poor outcomes. Particularly those identified through our Families First programme and top 100 methodology.

The development of the **Complex Needs** Service in Leeds City Council and changes in both health provider models and health commissioning, make this an appropriate time to re-convene a senior level strategic interagency meeting to ensure clear direction across agencies and promote integrated working practice to increase efficiency given the financial constraints of all public sector partners.



In addition the **SEN Green Paper: Support and Aspiration: A new approach to special educational needs and disability –Progress and next steps** (May 2012) proposes key actions to support more effective interagency working for young people with Special Educational Needs, disabilities and learning difficulties, including an Education, Health and Care plan, which is a multi- agency assessment and plan to replace the statementing process from birth to 25.

The CTB has therefore established a **Complex Needs Partnership Group** to oversee these developments. It is interagency across social care, health, education and includes representation from the voluntary sector, parents and adult services. Clear links to young people's groups will be established. It will also have representation from both providers and commissioners.

One immediate initiative in this area is the adoption by Leeds of the **Every Disabled Child Matters Charter**, see appendix one. This is a national initiative and Leeds is intending to sign upto the charter in Spring 2013. There is a commitment to meeting the standards set out in the charter within one year of signing.

Key Improvement Strategies- Investing in Children's Services

Leeds City Council budgets are a major source of funding for children's services across the city. As the available resources will reduce over the next few years, there are significant challenges ahead in terms of how we target resources so that we can continue to improve outcomes for all and in particular our most vulnerable children and young people.

Proposals for 2013/14 include further reductions in the demand-led pressures within the placement budgets leading to potential savings of £7m (with a further £4.2m in 2014/15) around reducing placement numbers and changing the funding mix across the externally provided residential and fostering placement budgets. These savings recognise the impact of the additional investment into work around prevention and intervention and the changing mix of placement provision through additional investment into in-house provision, special guardianship orders and adoption support. In addition, the proposals include £1.1m of procurement savings arising from the implementation of regionally negotiated framework contracts for residential and fostering placements.

From April 2013, Government have proposed to end the core Early Intervention Grant and to top-slice and ring-fence existing funding to support the expansion of early learning and childcare for disadvantaged 2-year olds. This is contrary to the previous announcements from Government and local authority expectations. The impact for Leeds will be a net budget pressure of £5.4m in 2013/14 which will rise by £1.3m in 2014/15, with a further pressure of £1.75m in 2015/16.

In 2012/13, the Early Intervention Grant (EIG) for Leeds in 2012/13 is £32.7m and is used to fund key priority services such as Sure Start Children's Centres, short-breaks and respite provision for disabled children, targeted/specialist information, advice and guidance as well as support for teenage parents and specialist family intervention services. Under Government proposals, the EIG will cease from April



2013 with £1.7bn of the £2.4bn national total (£23.9m for Leeds) being built into formula grant calculations from 2013/14 (£1.6bn in 2014/15, £22.5m for Leeds). Nationally, £525m (£760m in 2014/15) will be 'top-sliced' in 2013/14 and transferred into the ring-fenced Dedicated School Grant (DSG) in order to fund the expansion of early learning and childcare for disadvantaged 2-year olds. In addition, Government is intending to retain £300m nationally across both years to fund centrally run initiatives and schemes.

These changes will effectively reduce the funding available locally to fund the services that support our most vulnerable and challenging children and young people. As mentioned above, the estimated net impact for Leeds in 2013/14 is a pressure of £5.4m which recognises the transfer of the existing 2-year old costs to the DSG and some flexibility around grant funding infrastructure development costs, although this flexibility will only be available until 2014/15.

Maintaining and increasing investment across the range of preventative and early intervention services is a cornerstone of the budget strategy and the proposal is therefore to mitigate the immediate impact of the changes by one-off borrowing of up to £4m in 2013/14 from school balances. This would then be repaid by March 2017, through savings on the looked after children budgets.

In spite of the changes to the EIG funding, the budget strategy continues to support the strategic obsession around reducing the need for children to be looked after, by maintaining and prioritising resources into preventative and early intervention and to target resources to those vulnerable children and families who need support the most. To this end, an additional £2.5m (£1.7m funded through the Families First programme) has been provided to expand family group conferencing, family support, increase the multi-systemic therapy provision and to continue to invest in targeted locality services.

The current Children's Services Transport Policy was produced following the Education and Inspections Act 2006. The current policy includes discretionary provision represented in the availability of free home to school travel to faith schools; post 16 mainstream transport to schools/colleges and also home to school/college transport for young people with special educational needs (SEN) between the ages of 16 and 25. The budget strategies for 2013/14 and 2014/15 recognise the proposal to review, with effect from September 2013, the continuing discretionary provision around mainstream and SEN post-16 transport and also the free provision of transport to faith schools. These proposals would lead to cost reductions of £2.8m in 2013/14 with further cost reductions of £2m in 2014/15. Any proposals will be subject to consultation and equality impact assessments. As will the proposal to withdraw funding for home to school transport for gypsy roma traveller children.

Recognising the availability of targeted pupil premium funding to all schools across Leeds, the budget strategy also proposes to cease the provision of school clothing allowances from April 2013, with estimated savings of £0.6m.

Prioritising resources to support the most vulnerable and challenging children, young people and families across Leeds includes a recognition of the need to review and reduce discretionary services. As part of this strategy the budget seeks to increase



traded income in Learning Improvement and reduce the current net cost of Artforms (including the Music Service). In addition, as part of developing the budget, all budgeted vacant posts have been reviewed across the Directorate and an estimated £0.5m of cost reductions have been included in the budget in respect of take-up of the Early Leavers Initiative. As part of the medium-term strategy around prioritising resources to front-line provision, the budget strategy includes savings of £0.3m in 2013/14 and a further £0.2m savings in 2014/15 around the continuing review of back-office functions.

The proposals contained in the Youth Review seek to end generalist youth provision, restructure the targeted service by September 2013 and commission new targeted youth contracts by April 2014. In addition, a small grants framework will be setup, based around Area Committees, to stimulate the development of activities for young people. The estimated net savings from the Youth Review proposals in 2013/14 are £0.4m with a further £0.7m of savings in 2014/15.

The fundamental reforms to schools funding from April 2013 will potentially have a significant impact on individual school budgets and those services that are currently funded from the central schools budget. These changes include the transfer of the Local Authority Central Spend Equivalent Grant (LACSEG) from the Council's formula grant into a specific revenue grant which, from April 2013, will then be reduced in-year to reflect any maintained schools that become academies from April 2013.

Streamlining and simplifying commissioning processes and focusing them on outcomes has been identified as a challenge for Children's Services by the CTB. Their consensus is that this will particularly help smaller organisations and organisations in the third sector; releasing their full potential as contributors to improved outcomes for children, young people and their families.



Appendix one: Every Disabled Child Matters Charter

Local Authority Disabled Children's Charter By [insert date within one year of signing charter] we will ensure that in our authority...

We know how many disabled children live in our area and all agencies in our area are working together to plan services based on this knowledge.

We have an identified lead with specific responsibility for services for disabled children and families.

We are providing clear information to support choice and control for parents that explains how we provide specialist services and also make all universal services accessible.

Parents and carers in our area have access to transparent information on decisions made about their child, and have access to mechanisms for providing feedback

Disabled children and their families are involved in the planning, commissioning and monitoring of services in our area, including both specialist and universal services.

Our Parent Carer Forum is instrumental in developing and reviewing services in our area and promoting choice and control for parents.

We actively include disabled children and young people in any decisions made about them and the services that they access, that might affect them.

Parents in our area benefit from our Parent Partnership Service, which is able to provide impartial advice and support to parents of disabled children and young people

Our staff receive both disability equality training and training to ensure that they have core competencies to work with disabled children.

We have produced a short break services statement that has been drawn up in partnership with disabled children and their parents and have made it widely available.

We have regard to the provision of services suitable for disabled children, when assessing the sufficiency and supply of childcare in their area

We are working together with disabled young people and adult service providers in our area to ensure a smooth transition to adult services for disabled young people preparing for adulthood.

Signed

Lead Member for Children's Services (or equivalent) Name of Local Authority:



Appendix 2: Key Plans & Strategy documents supporting the CYPP

- Supporting Children and Families, Strengthening Social Care
- Child Poverty Strategy
- Free school meals Strategy
- Infant Mortality Strategy
- Early Intervention and Prevention Strategy
- Leeds Education Challenge
- School Improvement Strategy
- Child Friendly City programme and Child Friendly Leeds Action Plan
- Voice Influence & Change. The children and young people's participation strategy for Leeds 2013-15
- Workforce Development Strategy
- Substance Misuse Partnership Action Plan
- The Drugs Strategy & Action Plan 2013-15 (all age)
- Leeds Tobacco Action Plan (all age)
- Leeds Alcohol Harm Reduction Action Plan 2011-15 (all age)
- Leeds Childhood Obesity Strategy
- Families First Programme
- Leeds Safeguarding Children Board Annual Report and Business Plan
- City Priority Plan for Health & Well Being
- Joint Health and Well Being Strategy
- Children Leeds Commissioning Prospectus