# Leeds Children's Trust Board

| Date of meeting:             | 15 June 2011  |
|------------------------------|---|
| Author:<br>Tel No:<br>Email: | Jackie Wilson<br>0113 24 78597  |
| Report title:                | Update on Children's Services' Obsessions – Reducing the need for children to be looked after (Help children to live in safe and supportive families) |

## **Summary:**

It is intended to bring an update on one of the Children's Trust 3 obsessions / city priorities to each board meeting. This report is the first of these, looking at the obsession of reducing the need for children and young people to be in care. As an initial report attention is focused on the baseline position as at the end of the 2010-11 financial year and the actions we are putting in place to address this, especially at the locality level. The question being asked is will the activities outlined make a difference.

#### Recommendations:

The Children's Trust Board is recommended to:

- 1) Consider implications of the baseline position for 2010-11
- 2) Comment on the activity plan as a basis for going forward with this obsession
- 3) To share partners' perspectives on progress against this obsession.
- 4) Require individual agencies to share their experience of new approaches and to evaluate impact
- 5) Consider usefulness of report as a basis for CTB consideration of CYPP obsessions



### 1.0 Purpose of report

- 1.1 As part of the children's trust performance framework the Children's Trust Board (CTB) will receive a progress report at each meeting on one of the three children's obsessions for the city. This is to facilitate a thematic discussion covering an evaluation of impact, development of policy direction and improvements in our partnership approach. These reports will complement evaluative report cards for the 15 key children and young people's plan indicators and the development of dashboards for indicators at city and locality levels.
- 1.2 This report provides an update on our efforts to reduce the need for children and young people to be looked after. This reflects our wider commitments to help children to live in safe and supportive families and to ensure that the most vulnerable are protected. As the first of these reports following the recent publication of the new children and young people's plan the focus here is on the baseline position and our planned efforts.
- 1.3 Additionally the report invites feedback on what information the board needs to ensure effective partnership discussions and responses around not only this obsession but also in future consideration of improving school attendance and reducing the numbers of young people who are NEET.

### 2.0 Strategic Overview

- 2.1 As of the end of March 2011 1444 children and young people were in care in Leeds representing a rate of 95.1 per 10,000. This represented a 1.5% increase on the previous year's rate per 10,000 of 93.7, or 21 more children or young people in care. While continuing to increase the rate of increase has significantly slowed. The past year has also seen an increase in the numbers of children and young people subject to a Child Protection Plans from 541 to a 1,022 at the end of March. While reflecting improved practice the relationship and impact on looked after children numbers will need longer term consideration. This also reflects additional demand on services. While numbers of looked after children and child protection plans reflect the acute levels of need it is also important to note that there were over 13,000 referrals to social care in the past year all representing some level of need and/or concern.
- 2.2 This increase in workload has been so significant and sustained that individual caseload levels for social workers remain high despite additional investment in staff. The number of child protection teams needed to meet this level of demand is increasing; and this will continue until there are significant reductions in referrals and children in need cases currently managed in these teams, effectively served by targeted and universal services.
- 2.3 The past year has seen good improvement in the overall approach in Leeds with the challenge now to translate this into impact. To date efforts



- Item 2a Obsession Focus Number of Looked After Children have focused on addressing service improvements in line with the children's services improvement plan, strengthening the children's trust partnership arrangements at city and locality levels and the development of early intervention strategies. It is the development of this latter strand that is a priority, building on the foundations of improved service performance and partnership working. This is consistent with the findings of the Munro review and overall national direction in terms of effective early intervention.
- 2.4 The challenge is significant especially when placed in the context of the resources available. There is an implicit tension in the rising number of looked after children and increasing social care workload placed against the resources available for more effective early intervention. High social worker caseloads were at the core of the 'inadequate' judgement in the announced inspection of safeguarding and looked after children's services in November 2009. However there is also significant potential to translate our partnership efforts and local approaches into impact, this is being reflected in the increasing adoption of Outcomes Based Accountability approaches. This includes: improved targeting of need at the local level; more integration around the child and the family at the frontline; increasing the use of the Common Assessment (CAF) as a partnership tool to focus collective effort; and encouraging a shared culture of leadership, responsibility and support.
- 2.5 HOSDAR (Head of Service Decision and Review Panel) considers applications for admission to care or commencement of legal proceedings. During the period 01/12/10 to 31/05/11, 237 children were considered at this panel, a significant number of their case studies would indicate that early, skilled and joined up intervention could have prevented their entry into care and the related considerable personal costs to the child and family and financial costs to the council.

### 3.0 Story behind the baseline

- 3.1 This section presents a baseline position based on the 2010-11 financial year. Further detail is provided in the appendix 2.
- 3.2 As of the end of March 2011 1444 children and young people were in care in Leeds representing a rate of 95.1 per 10,000. This represented a 1.5% increase on the previous year's rate per 10,000 of 93.7 or 21 more children or young people in care. Table 1 shows that of the 1444 children and young people in care as at 31/03/11, over three quarters have been in care for a year or more.
- 3.3 Additionally there are significant differences within comparator groups and while the majority have increasing rates of looked after children some authorities are static or declining. Of the 1444 children and young people in care as 31/03/11 over three quarters have been in care for a year or more, as detailed in table 2.

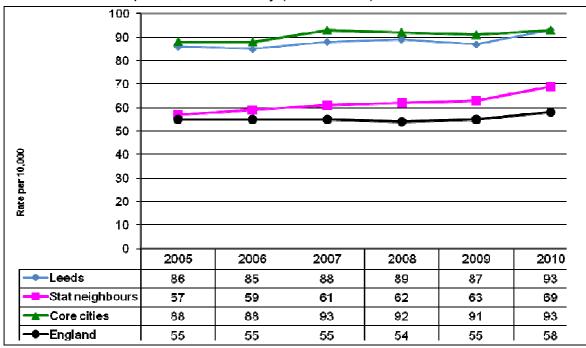


Table 1 Number of days in care at 31/03/11

| Days in Care | Numbers | Percentages |
|--------------|---------|-------------|
| 0-29         | 19      | 1.3%        |
| 30-183       | 71      | 4.9%        |
| 184-273      | 87      | 6.0%        |
| 274-364      | 155     | 10.7%       |
| 365+         | 1,112   | 77.0%       |
| Total        | 1,444   | 100%        |

3.6 The graph below shows comparative trends up to March 2010. While the Leeds increase is consistent with those seen nationally and in comparators the overall Leeds rate is significantly higher, a third greater than the statistical neighbour average. The Leeds rate is comparable to the Core Cities average but this may not be the most appropriate comparison given that overall Leeds is considered to be less deprived. Additionally there are significant differences within comparator groups and while the majority have increasing rates of looked after children a few authorities are static or declining. Confirmed comparative information for the year ending March 2011 is not yet available.

Table 2 LAC rates per 10,000 summary (2005 - 2010)



3.7 The number of children subject to a child protection plan significantly increased in 2010-11. This increase has brought the proportion of Leeds



- Item 2a Obsession Focus Number of Looked After Children children subject to a child protection plan into line with core cities and statistical neighbours, reflecting improved safeguarding arrangements as well as an increase in the underlying demand, with greater potential to reduce the need to enter care. While this reflects improved practice there are underlying demand issues and the upward trend is yet to stabilise.
- 3.8 There were 13643 referrals to social care in 2010-11. Domestic violence was the primary referral reason for 20% of referrals with the next largest categories being parenting support (17.5%) and suspected neglect (11.5%). In terms of the source of referrals in 2010-11, nearly 30% were from the police with 13% from schools or education focused organisations and 11% from hospitals, doctors or community based health organisations. 1128 or just over 8% of referrals were from neighbours, family friends or the household of the child or young person. There were 95 self-referrals.
- 3.9 There is a need for an increase in the quantity and quality of common assessments undertaken in order to identify and meet needs at an early stage. CAFs should be routinely undertaken with families where a single agency does not feel they can meet need and so consultation with other agencies is needed, with parental consent. The number of CAFs (children needing universal or targeted services) should exceed those needing a specialist assessment from social care. In the 2010/11 financial year, 1131 CAFs were initiated.
  - Of the CAF's instigated in 2010/11 42% were initiated by schools, 20% by early years services, 16% by health service with a further 6% by the third sector. In terms of the needs being addressed through the CAF process over half (58%) of CAFs have mental or emotional health needs identified and almost half (46%) identify the need to achieve personal, social development and enjoy recreation. A third of CAFs (33%) identify the need for security and stability at home with there being a further 3 reasons being provided in more than a quarter of CAFs: ability to deal with life changes and challenges (30%); physical health needs (28%); and needs to attend and enjoy school (27%).
- 3.9 Appendix 2 provides the numbers of looked after children, numbers subject to a child protection plan, numbers of CAFs initiated and numbers of referrals to social care by cluster. For each measure, comparison is made to the Leeds average. This highlights considerable difference which is in large part to be expected given the variations in levels of need between clusters. However it is important to be confident that we understand the differences and that as we go forward the impact of targeted interventions or improved partnership processes can be seen. Improvements in data quality are also recognised as important but this should not negate understanding the current position.

#### 4.0 Partnership Achievements

4.1 Actions to date include:



- Agreeing and starting to action the obsession action plan.
- Piloting the way in key localities around early intervention strategies, including the targeted service leader role and applying the top 100 methodology.
- Developing a consistent approach across localities including the use of outcomes based accountability.
- Learning from the best, including successful visits to learn more about how the team around the child approach is working.
  - Good progress with the children's service improvement plan and service improvement in respect to Looked After Children's services and safeguarding.

### 5.0 Areas for Partnership Development

- 5.1 Two key areas of focus are evident. First is on ensuring that the partnership processes that we have developed are working effectively to target our collective effort to need, especially in terms of timely intervention. Secondly we need to ensure that in our piloting of new approaches we are able to evidence impact and where impact is being made the resulting learning is being spread in a timely manner.
- 5.2 While there is clear commitment to partnership working there is also scope for improving the effectiveness of our collective approach. To achieve this we must ensure that our partnership processes are fit for purpose and have a shared commitment around them. In respect to this:
  - Undertaking an evidence-based approach to ensuring that innovation in service and system redesign is fully tested and evaluated so that changes can progress with confidence of success.
  - The low number of CAF cases being generated would suggest that there is further work to do to better embed the CAF and to generate confidence in the process. Agreeing common expectations around the number of CAFs that should be being generated would help shape work in this area; as would sharing how the CAF process has worked successfully in Leeds:
  - We need to ensure that families consistently report helpful and early approaches through joined up locality working to meet need;
  - Continuing to develop and reinforce confidence in the lead practitioner role;
  - Learning team around the child approaches which have proved successful in other authorities and adapting the approach in Leeds;
  - A review of the work of the Children Leeds and intervention panels is needed to ensure they are the most effective resource allocation model.



- 5.3 In terms of data development the next priorities are to:
  - to agree a limited number of key measures that are regularly available at city, area and cluster level. Currently these are suggested to include the numbers of children who are looked after, the number subject to a child protection plan, the number of referrals made and the number of CAFs initiated. This would enable us to evidence impact through changes in patterns and to signpost comparative differences that warrant further investigation, either in terms of good practice or emerging concerns.
  - to have more regular, robust and integrated information on placements and their cost and impact. This would be mainly for use within Leeds City Council children's services.

#### 6.0 Locality work

- 6.1 Locality working in the children's trust model is being delivered through clusters. The Leeds strategy is to frame the "core offer" of universal plus services within clusters, with schools at their core, and to use the cluster as a basis for both accessing targeted and specialist support and by which these services focus their work. In doing so we need both a consistent approach and to be supportive of local initiative that is responsive to local need. Clusters are agreeing approaches based on business plans to continue to meet their core offer (of swift and easy access to services, family support, the provision of out of school activities) and to address the CYPP obsessions.
- 6.2 All clusters are now developing a referral pathway for settings within their cluster based on a collective commitment to effective early intervention.
  - Clusters need to ensure that family support staff are appropriately trained and supported so that they work in a safe and effective way.
- 6.3 Related to the above is the development of the targeted services leader role, which is being piloted in 3 clusters, J.E.S.S. Inner East and Bramley. This role provides further capacity to effectively prioritise targeted support and to ensure support is then effectively coordinated and partners involved. Within the early adopter pilots, agencies are being challenged to share relevant information across agencies about the most vulnerable families more quickly to allow support to be put in place in a more effective away. The results from these pilot areas will enable a analysis of the benefit of such a role, and inform future investment and employment arrangements.
- 6.4 The development and piloting of early start teams focusing on integrated support for 0-5's is underway. This will assist with the better identification of need and service provision at an early stage. This is being initially piloted in the Seacroft/Manston clusters.



- Item 2a Obsession Focus Number of Looked After Children
  As the child protection teams (currently social care) will deliver services on
  a cluster basis this will assist with stronger, local professional relationships
  to enable a collective local response to children in need and their families.
- 6.5 Outcomes based accountability offers a common approach for responding to local needs. All cluster managers have now received training and all chairs have been offered this. All clusters will have had an OBA session by the end of the school year and a process for requesting additional support is in place. Whilst the clusters have initially focussed on attendance, all 3 obsessions are discussed because of the links between them and facilitators are available to focus on the reducing number children entering care obsession. These sessions encourage a common focus and a shared commitment reflected in resulting action plans. Evaluation of the success and impact of OBA is ongoing.
- The need for effective locality working is highlighted by Professor Munro in her recommendation 5.7 to government:

The Government should place a duty on local authorities and statutory partners to secure the sufficient provision of local early help services for children, young people and families. The arrangements setting out how they will do this should:

- specify the range of professional help available to local children, young people and families, through statutory, voluntary and community services, against the local profile of need set out in the local Joint Strategic Needs Analysis (JSNA);
- specify how they will identify children who are suffering or likely to suffer significant harm, including the availability of social work expertise to all professionals working with children, young people and families who are not being supported by children's social care services and specify the training available locally to support professionals working at the frontline of universal services;
- set out the local resourcing of the early help services for children, young people and families; and, most importantly;
- lead to the identification of the early help that is needed by a particular child and their family, and to the provision of an 'early help offer' where their needs do not meet the criteria for receiving children's social care.

### 7.0 Progress against Action Plans

7.1 The action plan to address this Children and Young People's obsession is attached for reference and comment (appendix 1). The plan has been circulated to action owners for an initial assessment and any amendments to actions. The overall feedback is that the actions are correct and that work to address them has begun. It will be important to have a more robust assessment of progress in the next report on this obsession in October, this will represent a 6 month update on progress. For now the



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  Board are asked to consider whether the action plan represents a

  comprehensive statement of our improvement activity. The action plan is
  focuses on:
  - Information on improvement to better identify and target need.
  - Early intervention and support for children and young people on the edge of care, and their families.
  - Capacity development, commissioning and governance arrangements
- 7.2 Improvements in the services for looked after children are a key theme in the Children's Services Improvement Plan. The Improvement Plan has provided the management framework in response to the inspection report and the DFE Improvement Notice; it has identified all the areas where improvement is required and provides the tracking and monitoring framework. This high level of management scrutiny and focus on improvement has provided a high level of assurance that children's best interests are being addressed. All this work has been underpinned by programmes of organisational development and improved practice standards, quality assurance, better systems, information, support and management.

As of June there are four key areas of focus:

| Area of focus  | Update   | Status and direction |
|--|--|----------------------|
| Improve the range of placement choice available, particularly those from minority ethnic communities or for those children and young people with complex needs | Recruitments to new service structures are ongoing. A review of the residential services will take place over the next three years, commencing with disability services, forming part of the overall review of the LAC service. Action plan currently being agreed.  | ΑÛ                   |
| Reduce the numbers in care and time spent in care  | As reflected in this report  | ΑÛ                   |
| Improve the quality of core assessments and case records.  | Rated green given the significant and sustained progress, even with increasing workloads. Audit processes embedded and continuing, ongoing improvements in quality noted.  | G û                  |
| Develop a clear and<br>understandable set of<br>measures and targets for<br>the achievement of the<br>Care Promise   | 'Have a Voice', the service commissioned from Barnardo's is continuing to consolidate its role and to work with Looked After Children, has completed the development of quantitative and qualitative measures for the achievement of the Care Promise. Service development work is taking into consideration how best to achieve the Care Promise. Targets and measures will be set for the new service. | A ⇔                  |



#### 8.0 Policy Context

8.1 Professor Eileen Munro's final report to the government sets out 15 recommendations to simplify and strengthen the procedures used to protect children from harm. It argues that a one-size-fits-all approach to safeguarding and a "tick-box culture" is preventing local areas from focusing on the needs of children. While it is important to be aware that the government is yet to formally respond to the review and its recommendations the review is in line with the direction being taken in Leeds and reflective of national increases in such as referral patterns. Early intervention and local intervention are strongly encouraged.

#### **MUNRO RECOMMENDATIONS**

- 1. Revise statutory guidance to remove requirement on local authorities to complete assessments within set timescales
- 2. Reform Ofsted inspections to examine how local services including education and the police contribute to child protection
- 3. Use inspections to follow the child's "journey" through services. Explore how the rights, wishes and feelings of children shape provision
- 4. Require local authorities to use national and local performance data to benchmark services and promote accountability
- Amend statutory guidance requiring local safeguarding children boards (LSCBs) to produce annual reports for children's trusts. Require such reports to go to the chief executive and leader of the council instead
- 6. Revise Working Together to Safeguard Children to require LSCBs to assess the effectiveness of help provided to local children and families
- 7. Require local authorities to protect the roles and responsibilities of directors of children's services and lead members
- 8. Initiate national research into the impact of the NHS reforms on safeguarding
- 9. Introduce the systems approach to conducting serious case reviews
- 10. Place duty on local services to co-ordinate an "early offer" of help to families below social care thresholds
- 11.Incorporate the capabilities necessary for child and family social work into the Social Work Reform Board's professionals capabilities framework
- 12. Require employers and higher education institutions to work together to prepare students for the challenges of child protection work
- 13. Allow local authorities to review and redesign the way child and family social work is delivered
- 14. Designate a principal child and family social worker in each local authority
- 15. Establish a chief social worker at national level

#### 9.0 Next steps and recommendations

- 9.1 The Children's Trust Board is recommended to:
  - 1) Consider implications of the baseline position for 2010-11
  - 2) Comment on the activity plan as a basis for going forward with this obsession



- Consider usefulness of report as a basis for CTB consideration of CYPP obsessions
- 4) Require individual agencies to share their experience of new approaches and to evaluate impact
- 5) To share partners' perspectives on progress against this obsession.

## **Background documents:**

- Action Plan
- Baseline data for 2010-2011



#### Draft action plans for the 3 obsessions- Reducing the number of looked after children

Strategic Outcome- All children and young people are safe from harm

**Accountable Director – Nigel Richardson** 

**Delivery Lead- Jackie Wilson** 

**CTB Sponsors- Jane Held and Bridget Emery** 

Priorities for this outcome are 1) help children to live in safe and supportive families. 2) Ensure that the most vulnerable are protected.

## Key indicator and initial focus for work on this priority

The number of looked after children - baseline at January 2011- 1,434

- The high costs of placements and requirement to target consequent budget pressure (£13.7M)
- Numbers of LAC admissions to care and their duration
- Appropriateness of all placements to meet priority outcomes through care planning & exit from care

### Priority partnership action plan 2011/12

| Action | Targeting | Action<br>Owner | Contributing Officers/Teams |   | Progress Update |
|--------|-----------|-----------------|-----------------------------|---|-----------------|
|        |           |                 |                             | <ul> <li>Generic milestones for all actions:</li> <li>Reduction in LAC admissions</li> <li>Reduction in number of referrals</li> <li>Number of families and children worked with.</li> <li>Number of children kept out of the care system.</li> </ul> |                 |



| Action  | Targeting   | Action<br>Owner   | Contributing Officers/Teams                           | Milestone or Target  | Progress Update  |
|---|---|-------------------|---|--|--|
| Information<br>Management   |   |                   |   | <ul> <li>Reduction in days children spend in short term admissions/respite.</li> <li>Reduction in the numbers of placement moves per child</li> </ul>  |  |
| 1. Improve information sharing practice and governance across all partners in the interests of the child. | City wide to inform<br>top 100 methodology<br>working and reduce<br>risk to children. | Mariana<br>Pexton | All service<br>performance and<br>IKM managers<br>ICT | <ul> <li>Safe information sharing practice and protocols in place and understood by workforce.</li> <li>Safe e-mail, data sharing, scanning and printing facilities available at locality levels.</li> </ul>                               | All information policy matters across childrens services now being managed and coordinated by 1 team.  Information sharing agreements with partner agencies set up /reviewed.  Secure encrypted data transfer protocols being implemented.(using GCSX)   |
| 2. Develop improved management information, ICT systems and performance management capability.            | City wide   | Saleem Tariq      | Steve Hayes<br>Peter Storrie                          | <ul> <li>Support needs analysis &amp; segmentation analysis.</li> <li>Information to allow targeted activities against priority areas/cohorts.</li> <li>Replacement core ICT systems specification which supports managing LAC.</li> </ul> | Procurement of new Information system for CS progressing. PQQ to go out imminently. Consultation sessions with practitioners completed. Requirements spec nearing completion. Integration of children's performance capacity is ongoing providing a more integrated view around the child family and locality. This will be evidence in the continuing development of performance processes around the new children and young people's |



| Action  | Targeting  | Action<br>Owner | Contributing Officers/Teams     | Milestone or Target  | Progress Update   |
|---|--|-----------------|---------------------------------|--|---|
| 3. Workload analysis to provide evidence based approach to all referral and subsequent activities, including quality assurance of referrals | Region, city, area and cluster; All referral agents. | Saleem Tariq    | Performance management IKM team | Improved appropriateness of referrals; better quality information on receipt; best practice applied uniformly across service, e.g. use of CAF, thresholds applied etc. | plan.  Service delivery managers audited every referral in the last 18 months (post-screening team) to ensure they were appropriately referred. Since April 2011, a sampling approach being used, with regular analysis and planning reports being submitted to the Assistant Chief Officer (CYPSC) to ensure quality/ appropriateness remains high.  Next year, the emphasis on referrals analysis will look at two new areas:  • volume of contacts which are requests for service that could have been managed by referring agent, with feedback to those referring agents, to reduce the overall volume of contacts received by Social Care; and  • quality of the information being received by the screening team at the contact centre; i.e. accuracy, completeness etc. |
| Early Intervention an  4.Co-ordinate and re –   | In-house provision                                   | Sarah Sinclair  | Jody Sheppard                   | Inventory of providers and   | A procurement options appraisal   |
| commission all family intervention projects and intensive family  | External Provision                                   |                 |                                 | <ul><li>assurance assessment.</li><li>Tight intensive family</li></ul>   | completed and a project board,<br>task group and 3 work streams in<br>place . Timescales for completion   |



| Action  | Targeting   | Action<br>Owner | Contributing Officers/Teams   | Milestone or Target  | Progress Update   |
|---|---|-----------------|---|--|---|
| support.  |   |                 |   | support specification focused on vulnerable families and those on the edge of care. Re commissioned services in place.             | tbc around April 2012 .   |
| 5.Audit effectiveness/<br>evidence for all Edge of<br>Care services                     | All intensive support services to children and families | Gail Faulkner   | Tom Bowerman Marie Jackson Richard Chillery Munaf Patel Maggie Smith Contracting team for commissioned services | All develop measures which evidence their contribution to keeping children out of care/ returning children from incare placements. |   |
| 6. Refocus targeted Youth Work support to provide priority access for vulnerable groups | City Wide   | Jean Davey      | Sally Coe<br>Sue May<br>Maggie Smith  | Increase in participation in positive activities for LAC and other vulnerable groups.  | Youth work managers attending residents meetings in Homes to encourage young people to be involved in local generic provision. OSA Manager attending fostering and adoption team meetings to ascertain how best young people can be signposted into regular activity via the Breeze website. Initial work on possible LAC activity co-ordinator post (funding implications). Ongoing activity days for foster parents and children at Herd Farm |
|   |   |                 |   |  | Increased activity with teenage   |



| Action  | Targeting | Action<br>Owner          | Contributing Officers/Teams  | Milestone or Target   | Progress Update  |
|---|-----------|--------------------------|--|---|--|
|   |           |                          |  |   | parents in city centre (preventative work)  Increased access to Youth Service provision of LAC attending Elmete BESD SILC through closer working with the school.  |
| 7. Develop assertive outreach and core support packages   | City Wide | Saleem Tariq/<br>Sue May | Jean Davey<br>Multi Agency   | <ul> <li>Portfolio of packages<br/>available and<br/>commissioning<br/>governance framework in<br/>place.</li> <li>Restructure 'School Away'</li> <li>Alternatives to admissions<br/>available through<br/>development of resource<br/>packages, short term<br/>support etc.</li> </ul> | Work is under way to redesign the offer from children's residential provision. This has included asset and conditions surveys, needs analysis of the LAC population and the need to reprovision some elements to provide a more flexible outreach and support offer. An outline business case for change has been developed and this will now go forward to options appraisal. |
| 8. Develop a 60 day plan for all children on cusp of entering care or who have just entered care to establish whether an intensive family support plan can remove risk or bring the child quickly out of care |           | Saleem Tariq             | Andrea Richardson Jim Hopkinson Ken Morton Cluster leaders Jody Sheppard (Intensive Family Support). | Reduction in the number of children in care     Increased numbers of children with safe exit pathway from care .  | See 7.   |



| Action  | Targeting  | Action<br>Owner      | Contributing Officers/Teams                                 | Milestone or Target   | Progress Update   |
|---|--|----------------------|---|---|---|
| 9. Develop Intensive Prevention Team to work with children 10+ who are on edge of care  | Children 10+ on edge of care   | Saleem Tariq         | Sue May<br>Jean Davey<br>Multi Agency                       | Reduction in 10+ children<br>admitted to care   |   |
| 10. Increase priority access to quality early years services for parents and young children   | <ul> <li>Top 100         methodology in localities</li> <li>0 to 5 review</li> <li>Target service         where known high risk attributes identified e.g.         - Domestic violence         - Substance abuse         - Mental health         - Offending         - Teenage parents/carers</li> </ul> | Andrea<br>Richardson | Jane Mischenko<br>Rob Kenyon<br>Helen Rowlands<br>Sal Tariq | <ul> <li>Clear service entitlement across health, early education and family support for families at risk</li> <li>Reduction in the numbers of LAC who are under 5</li> <li>Increase in CAFs undertaken that lead to effective child in need plan.</li> </ul> | <ul> <li>Launch of early support programme complete.</li> <li>Early support service design agreed.</li> </ul> |
| 11. Engage Children's Centres and Family Resource Centres to work intensively with identified families/ children at edge of care/high risk and those who could potentially escalate to edge of care/high risk | Top 100<br>methodology<br>Think Family- family<br>CAF<br>Identified priority<br>localities/families/chil<br>dren   | Andrea<br>Richardson | Gail Faulkner   | <ul> <li>Reduction in the numbers of LAC who are under 5.</li> <li>Increase in CAFs undertaken that lead to effective child in need plan.</li> </ul>  |   |



| Action  | Targeting   | Action<br>Owner                            | Contributing Officers/Teams   | Milestone or Target  | Progress Update   |
|---|---|--|---|--|---|
| 12. Develop capacity for targeted services in clusters to provide focused support for children on the edge of care and their families | Top 100 methodology in clusters – capacity to support multi agency teams and planning MST FGC 0_16 CAMHS Youth Offending Service Signpost Intensive family support FNP 2 year old pilot | Jim<br>Hopkinson                           | Andrea<br>Richardson<br>Sue May<br>Saleem Tariq<br>Ken Morton   | <ul> <li>All clusters using top 100 methodology</li> <li>Reduction in the number of children who are looked after</li> </ul>       | All cluster chairs have been engaged in discussions regarding now local delivery model. 3 early adopter clusters identified.  |
| 13. Audit<br>effectiveness/ evidence<br>for all Edge of Care<br>services  | All intensive support services to children and families   | Lead to be identified by CYPSC SLT (GF/ST) | Tom Bowerman Marie Jackson Richard Chillery Munaf Patel Maggie Smith Contracting team for commissioned services | All develop measures which evidence their contribution to keeping children out of care/ returning children from incare placements. | HOSDAR has identified a service where children have required admission to care but where there is an absence of multi-agency early help or preventative work. Further multi-agency work required to determine missed opportunities at early stages. |



| Action  | Targeting   | Action<br>Owner  | Contributing Officers/Teams                       | Milestone or Target   | Progress Update   |  |  |  |
|---|---|------------------|---|---|---|--|--|--|
| 14. Develop assertive outreach and core support packages  | City wide in clusters   | Saleem Tariq     | Sue May<br>Jean Davey<br>Multi Agency             | <ul> <li>Portfolio of packages<br/>available and<br/>commissioning<br/>governance framework in<br/>place.</li> <li>Restructure 'School Away'</li> <li>Alternatives to admissions<br/>available through<br/>development of resource<br/>packages, short term<br/>support etc.</li> </ul> | See 7.  |  |  |  |
| 15. Strengthen common assessment processes and other integrated processes to support multi agency teams around children at risk | City wide   | Simon<br>Flowers | Mary Armitage<br>Rob Kenyon                       | Business case to inform<br>case record keeping<br>system for families/<br>children with escalating<br>risk  | Reduction in CAF activity due to uncertainty of regional national developments addressed by communication sent re to ensure clarity that existing processes will be built on and adapted rather than replaced. National system with much additional functionality being trialled. |  |  |  |
| Capacity development  | Capacity development , commissioning, funding and governance arrangements |                  |   |   |   |  |  |  |
| 16. Initiate foster carer recruitment campaign to increase in-house capacity and choice.  | City wide and regional  | Sue May          | Placement<br>Service<br>Communications<br>Team(s) | Net increase of 20 in-<br>house carers per annum<br>(recruit 40).   | Net increase of 20 foster carers has been achieved and the target of 40 for next year remains. On target to have a new Recruitment and Assessment Team Manager in post by the end of June 2011.   |  |  |  |



| Action  | Targeting   | Action<br>Owner | Contributing Officers/Teams                                     | Milestone or Target   | Progress Update  |
|---|---|-----------------|---|---|--|
| 17. Design and implement in-house foster carer competency, terms and conditions review. | In-House foster<br>carers, Special<br>Guardians, Adopters | Sue May         | CYPSC HoS<br>Communications<br>Team<br>Commissioning<br>Finance | <ul> <li>Revised 4 levels of foster carers introduced.</li> <li>New payment regime designed and transitioned to.</li> <li>Reduced 'unit' costs for inhouse foster carers achieved.</li> <li>Agreed financial strategy for SGOs and Adopters.</li> </ul>                           | Review has been completed, the draft proposal has been to Foster Care Liaison Group. Implementation is on target for June 2011.                        |
| 18. Review adoption service recruitment and placement process.                          | Adoption Services   | Sue May         | Asst. HoS LAC<br>Placements<br>Service                          | <ul> <li>Revised strategy reflecting new guidelines, e.g. ethnicity</li> <li>Increased numbers of children placed for adoption</li> <li>Increased numbers of adopters recruited and approved.</li> <li>Reduced time-scale to recruit and place children once approved.</li> </ul> | Timescales for recruitment have not yet improved and the numbers have not increased. A review is now being conducted to identify the reasons for this. |



| Action   | Targeting  | Action<br>Owner                  | Contributing Officers/Teams   | Milestone or Target  | Progress Update  |
|--|--|----------------------------------|---|--|--|
| 19. Revise strategy for residential provision and refocus based on needs assessment      | All residential provision.   | Sue May                          | Residential<br>Service<br>Children's Rights<br>Ofsted<br>Commissioning.   | <ul> <li>OBA event for strategy development</li> <li>Immediate change in provision at Squirrel Way.</li> <li>Develop need based provision plans: i.e. emergency provision; special placements (e.g. for pregnant LAC)</li> <li>Develop commissioning plans.</li> </ul> | OBA event was undertaken.  Change in provision at Squirrel Way has started and we've commenced needs based provisions planning. An interim paper will go to CYPSC SLT in June on the early findings. |
| 20. Improve funding, commissioning & operational management and governance of placements | All placement providers. Admissions to care and major changes to care provision. | Jackie Wilson/<br>Sarah Sinclair | Sue May<br>JDAR, MALAP,<br>Educ & Soc.Care<br>joint body.<br>HoSDaR.<br>Placements<br>Service<br>Partner Agencies | Block purchase contracts available. Improved MI on placements, carers and external provision available. Number of jointly funded placements. Ensure fair and equitable funding from all partner agencies   | New dynamic commissioning arrangements in place for placements. Strengthened multiagency decision and review arrangements in place to agree costs sharing and create efficiencies in paramount.      |
| 21. Redesign of Social<br>Care LAC/Child<br>Protection service<br>provision              | City Wide  | Jackie Wilson                    | All integrated service providers  | <ul> <li>Approval and funding by<br/>May 2011</li> <li>CYPSC staff into new<br/>structure by Sept. 2011.</li> <li>Develop integrated teams<br/>by March 2012</li> </ul>  | Redesign on target for September 2011 implemention.  |



| Action   | Targeting   | Action<br>Owner | Contributing Officers/Teams                              | Milestone or Target   | Progress Update  |
|--|---|-----------------|--|---|--|
| 22. Creation of the Integrated Safeguarding Unit   | City Wide (3 area teams + corporate)  | Jackie Wilson   | LSCB<br>HoS ISU<br>Education                             | Phase 1 (CYPSC and<br>Education) in post by<br>Sept. 2011 (providing<br>capacity to improve<br>conferences & care<br>planning/reviews.  | Good progress. Phase 1 under way. New head of service appointed June 2011. Significantly enhanced capacity in place funded by additional £1.2million resource.   |
| 23. Explore options for quicker and more efficient exits from care.  | All LAC reviewing permanency planning, court discharge processes, prioritising return to home, looking at barriers to exit and return to home | Jackie Wilson   | All HoS<br>Legal<br>Partner agencies                     | <ul> <li>Targeted review schedule<br/>for all LAC by June 2011<br/>to give prioritised cohort(s)<br/>for exit strategies.</li> <li>Increased Sect20<br/>children returning home.</li> </ul> | All social care staff undertaken training in new care planning regulations.  |
| 24. Review of pathway planning service delivery  | All LAC and care leavers  | Sue May         | Adult Social<br>Care<br>Health & all<br>Partner Agencies | <ul> <li>Robust planning achieved.</li> <li>Reviews</li> <li>Cost/risk assessments</li> <li>Check against National<br/>Pls.</li> </ul>  | Review has been completed, the action plan's been developed and compliance with the statutory requirements should be achieved by the end of July 2011.   |
| 25. Early intervention where placement is at risk of breakdown to provide targeted support to child/carer/family | Refocus of<br>Therapeutic social<br>worker's priorities<br>and include 1.8FTE<br>clinical psychologists<br>(Health funded)                    | Sue May         | CAMHS<br>Therapeutic<br>Social Work<br>Team              | Completed carers<br>assessments (Strengths<br>and Difficulties<br>Questionnaires).  | Health funding has been identified for the 1.8 FTE posts and a small action planning group is meeting to ensure the work is focussed on those children and young people most at risk of placement breakdown. |



| Action   | Targeting   | Action<br>Owner | Contributing Officers/Teams | Milestone or Target  | Progress Update  |
|--|---|-----------------|-----------------------------|--|--|
| 26. Implement the e-<br>Caf process and set<br>targets for the<br>completion of CAFs by<br>various partner<br>agencies | Children's Centres<br>and family support<br>workers, schools,<br>youth workers,<br>health visitors etc. | Mary Armitage   |                             | Increase number of CAFs<br>that use the national e-<br>CAF system. | National system being allowed limited trial in West Leeds to identify fitness for purpose. Data monitoring of CAFs completed following recommendations compromised by staffing reductions. |



#### Appendix 2 – 2010-11 Baseline information

#### A. Looked After Children

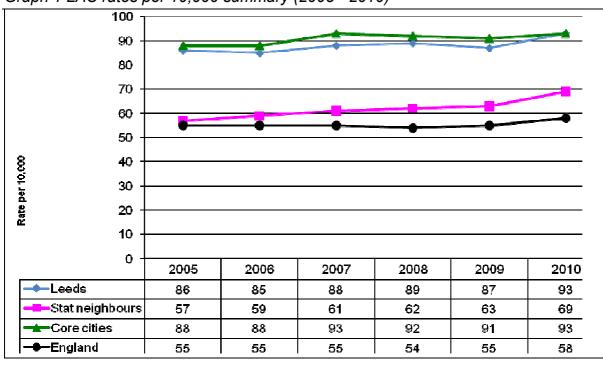
As of the end of March 2011 1444 children and young people were in care in Leeds representing a rate of 95.1 per 10,000. This represented a 1.5% increase on the previous year's rate per 10,000 of 93.7 or 21 more children or young people in care. Table 1 shows that of the 1444 children and young people in care as 31/03/11 over three quarters (77%) had been in care for a year or more.

Table 1 Number of days in care at 31/03/11

| Days in Care | Numbers | Percentages |
|--------------|---------|-------------|
| 0-29         | 19      | 1.3%        |
| 30-183       | 71      | 4.9%        |
| 184-273      | 87      | 6.0%        |
| 274-364      | 155     | 10.7%       |
| 365+         | 1,112   | 77.0%       |
| Total        | 1,444   | 100%        |

The graph below shows comparative trends up to March 2010. While the Leeds increase is consistent with those seen nationally and in comparators the overall Leeds rate is significantly higher, a third greater than the statistical neighbour average. The Leeds rate is comparable to the Core Cities average but this may not be the most appropriate comparison given that overall Leeds is considered to be less deprived. Additionally there are significant differences within comparator groups and while the majority have increasing rates of looked after children a few authorities are static or declining. Confirmed comparative information for the year ending March 2011 is not yet available.

Graph 1 LAC rates per 10,000 summary (2005 - 2010)





2010 Numbers of looked after children per 10,000 Leeds and comparator local authorities 160 140 120 Rate per 10,000 100 80 60 40 20 n Core Cities Leeds Statistical Neighbours local authorities

Graph 2 Leeds & comparator authorities' rates of Looked After Children March 2010

Note One core city's data is not available

The graph above highlights the considerable differences between authorities that exist and that can be obscured when considering averages. It should also be noted that while the overall trends are upwards this is not the case for all authorities.

#### B. Referrals to Social Care

In 2010-11 there where 13,643 referrals to social care. The table below details what was the primary referral reason. Domestic violence was the reason in 20% of referrals with next largest being patenting support and suspected neglect.

Table 2 Primary Reason for referral to social care in 2010-11 financial year.

| Primary Referral Reason        | Total | %     |
|--------------------------------|-------|-------|
| Child - Domestic Violence      | 2817  | 20.6% |
| Child - Parenting Support      | 2383  | 17.5% |
| Child - Susp Neglect           | 1564  | 11.5% |
| Child - Susp Physical Abuse    | 1353  | 9.9%  |
| Child - Susp Sexual Abuse      | 833   | 6.1%  |
| Child/Woman violence/known man | 715   | 5.2%  |
| Child - Child Behaviour        | 587   | 4.3%  |
| Genuine Request for Service    | 1864  | 13.7% |
| Other                          | 1527  | 11.2% |
| Grand Total                    | 13643 | 100%  |

<sup>\*</sup>Note categories have been amalgamated from the system.

The table below groups referrals to social care into broad categories. This shows that in 2010-11 nearly 30% of referrals were from the police with 13% from schools or education focused organisations and 11% from hospitals, doctors or community based health organisations. 1,128 or just over 8% of referrals were from neighbours,



family friends or the household of the child or young person. There were 95 self-referrals.

Table 3 Source of referrals to social care 2010/11 financial year

| Referring Agency / Sector               | Referrals | %      |
|---|-----------|--------|
| Police                                  | 4060      | 29.8%  |
| Education including School              | 1721      | 12.6%  |
| Health including Hospitals              | 1512      | 11.1%  |
| Household, Neighbour, Family Friend     | 1128      | 8.3%   |
| Legal Agency Excluding Police           | 562       | 4.1%   |
| Voluntary Sector                        | 432       | 3.2%   |
| Children and Young People's Social Care | 306       | 2.2%   |
| Children's Centre                       | 257       | 1.9%   |
| Housing                                 | 174       | 1.3%   |
| Self -referral                          | 95        | 0.7%   |
| Unspecified                             | 1880      | 13.8%  |
| Other                                   | 1516      | 11.1%  |
| Total                                   | 13643     | 100.0% |

<sup>\*</sup>Note categories have been amalgamated from the system.

#### C. Common Assessment Framework

In the 2010/11 financial year, 1,131 Common Assessments (CAFs) were initiated. Of these over 40% were initiated by schools, with Early Years initiating 20% and health organisations 16%. 34 of these CAFs became social care cases and the CAFs were abandoned.

Table 4 Source of agencies initiating CAFs in 2010/11 financial year

| Agency / Sector           | Number of CAFs | % of CAFs |
|---------------------------|----------------|-----------|
| Schools                   | 476            | 42.1      |
| Early Years               | 222            | 19.6      |
| Health                    | 184            | 16.3      |
| Third Sector              | 72             | 6.4       |
| Education Services        | 63             | 5.6       |
| Extended Services         | 40             | 3.5       |
| Other                     | 40             | 3.5       |
| Multi-agency support team | 34             | 3.0       |

The needs that have been identified in CAFs initiated in the 2010/11 financial year are shown in the table below. Each CAF can have up to four needs identified. Over half of CAFs have mental or emotional health needs identified and almost half identify the need to achieve personal, social development and enjoy recreation. A third of CAFs identify the need for security and stability at home. A further 3 reasons were evidence in more than a quarter of CAFs: ability to deal with life changes and challenges; physical health needs; and to attend and enjoy school.



Table 5: Needs identified in CAFs in the 2010/11 financial year

| Need   | % of CAFs |
|--|-----------|
| Mental or emotional health needs   | 58        |
| Needs to achieve personal and social development and enjoy recreation                          | 46        |
| Need for security and stability at home  | 33        |
| Needs to develop confidence and successfully deal with significant life changes and challenges | 30        |
| Physical health needs  | 28        |
| Needs to attend and enjoy school   | 27        |
| Needs to live in decent homes and sustainable communities                                      | 16        |
| Needs to be ready for school   | 12        |
| Healthy lifestyle needs ( e.g. smoking, diet etc.)   | 11        |
| Needs to be safe from accidental injury and death  | 10        |
| Needs to live in a household free from low income  | 8         |
| Needs to engage in law-abiding and positive behaviour in and out of school                     | 8         |
| Needs to be safe from crime or anti-social behaviour   | 6         |
| Needs to develop positive relationships and choose not to bully or discriminate                | 6         |
| Needs to be safe from bullying or discrimination   | 5         |
| Needs to achieve stretching national educational standards at secondary school                 | 4         |
| Needs to achieve stretching national educational standards at primary school                   | 4         |
| Needs to engage in further education employment or training on leaving school                  | 3         |
| Needs to be safe from abuse , neglect or exploitation  | 3         |
| Needs to have access to transport and material goods   | 2         |
| Sexual health needs  | 2         |
| Needs to develop enterprising behaviour  | 2         |
| Illegal drugs  | 2         |
| Needs to be ready for employment   | 1         |
| Needs to engage in decision making and support the community and environment                   | 0         |

### D. Activity at local level

Table 5 below outlines by cluster the number of children and young people with home addresses in that cluster who were subject to a child protection plan or in care as of 31/03/11. It also shows the number of social care referrals and the number of CAFs for children living in that cluster in 2010/11. In some cases home address is unknown and therefore there is potential for this information not to be complete, as such it should be regarded as a starting point and not definitive.

The table also compares the ratio of activity in each cluster to the city levels per 10,000 children and young people. This highlights where cluster activity levels are above (greater than 1) below (less than 1) or inline (1) with city levels. Given that need is recognised to vary between clusters different ratios are to be expected. However, other factors may also be influencing such as local practice or how embedded or functioning certain processes are. Again this information is not definitive but worthy of consideration.



## Table 6 – By Cluster the:

- number of Looked After Children (31/03/11)
- numbers of CAFs initiated in 2010-11
- numbers subject to a child protection plan (31/03/11) number of referrals to social care in 2010/11

|   |  | Number  | s in 2010/<br>year end                               |  | mbers at                                    |   | cluster rat<br>ation) to ov                          |  |   |
|---|--|---|--|--|---|---|--|--|---|
|   | 0-19 (not<br>inc 19)<br>population<br>2011 *++ | Number<br>of CAFs<br>initiated<br>in<br>2010/11 | Number<br>of Looked<br>After<br>Children<br>31/03/11 | Referrals<br>to social<br>care in<br>2010/11 | Child<br>Protection<br>Plans at<br>31/03/11 | Number<br>of CAFs<br>initiated<br>in<br>2010/11 | Number<br>of Looked<br>After<br>Children<br>31/03/11 | Referrals<br>to social<br>care in<br>2010/11 | Child<br>Protection<br>Plans at<br>31/03/11 |
| ACES                                    | 5051   | 43  | 61   | 487  | 45  | 1.3   | 1.4  | 1.2  | 1.5   |
| Aireborough                             | 7481   | 32  | 22   | 240  | 18  | 0.6   | 0.3  | 0.4  | 0.4   |
| Alwoodley                               | 4895   | 33  | 9  | 212  | 8   | 1.0   | 0.2  | 0.5  | 0.3   |
| Ardsley & Tingley                       | 3752   | 13  | 10   | 169  | 7   | 0.5   | 0.3  | 0.6  | 0.3   |
| Bramley                                 | 8047   | 58  | 115  | 882  | 113   | 1.1   | 1.7  | 1.4  | 2.4   |
| Brigshaw                                | 5358   | 40  | 16   | 296  | 9   | 1.1   | 0.3  | 0.7  | 0.3   |
| C.H.E.S.S.                              | 7750   | 46  | 122  | 764  | 49  | 0.9   | 1.8  | 1.2  | 1.1   |
| EPOS - Boston Spa<br>and Villages South | 3253   | 18  | 4  | 102  | 9   | 0.8   | 0.1  | 0.4  | 0.5   |
| EPOS - Villages<br>West and Wetherby    | 5337   | 15  | 4  | 95   | 1   | 0.4   | 0.1  | 0.2  | 0.0   |
| ESNW                                    | 5220   | 28  | 11   | 207  | 25  | 0.8   | 0.2  | 0.5  | 0.8   |
| Farnley                                 | 3922   | 23  | 24   | 309  | 51  | 0.9   | 0.7  | 1.0  | 2.2   |
| Garforth                                | 3903   | 20  | 9  | 157  | 12  | 0.8   | 0.3  | 0.5  | 0.5   |
| Horsforth                               | 3901   | 19  | 29   | 122  | 11  | 0.7   | 0.9  | 0.4  | 0.5   |
| Inner East                              | 11101  | 110   | 204  | 1592   | 105   | 1.5   | 2.1  | 1.7  | 1.6   |
| Inner NW Hub                            | 7631   | 44  | 57   | 552  | 68  | 0.9   | 1.0  | 1.0  | 1.7   |
| Inner Pudsey                            | 5453   | 34  | 22   | 257  | 28  | 0.9   | 0.5  | 0.6  | 0.9   |
| J.E.S.S.                                | 9545   | 104   | 206  | 1512   | 105   | 1.6   | 2.6  | 2.0  | 1.9   |
| Middleton                               | 3683   | 29  | 51   | 517  | 28  | 1.2   | 1.6  | 1.7  | 1.3   |
| Morley                                  | 8855   | 35  | 36   | 512  | 23  | 0.6   | 0.5  | 0.7  | 0.4   |
| N.E.X.T.                                | 8433   | 33  | 15   | 211  | 24  | 0.6   | 0.2  | 0.3  | 0.5   |
| NEtWORKS                                | 5771   | 38  | 37   | 384  | 24  | 1.0   | 0.7  | 0.8  | 0.7   |
| OPEN XS                                 | 4347   | 26  | 58   | 288  | 21  | 0.9   | 2.1  | 1.1  | 1.1   |
| Otley/Pool/<br>Bramhope                 | 4455   | 17  | 14   | 159  | 5   | 0.6   | 0.4  | 0.4  | 0.2   |
| Outer Pudsey                            | 4499   | 22  | 8  | 208  | 14  | 0.7   | 0.2  | 0.6  | 0.5   |
| Rothwell                                | 7760   | 38  | 27   | 443  | 37  | 0.7   | 0.4  | 0.7  | 0.8   |
| Seacroft Manston                        | 10391  | 89  | 91   | 1066   | 55  | 1.3   | 1.0  | 1.3  | 0.9   |
| Templenewsam<br>Halton                  | 5828   | 48  | 45   | 508  | 35  | 1.2   | 0.9  | 1.1  | 1.0   |
| Upper Beeston and<br>Cottingley         | 4280   | 45  | 41   | 499  | 26  | 1.6   | 1.1  | 1.4  | 1.0   |
| Out of area or unmatched                |  | 31  | 96   | 893  | 33  |   |  |  |   |
| Total                                   | 169902   | 1131  | 1444   | 13643  | 989   | 1.0   | 1.0  | 1.0  | 1.0   |

Source: \* NHS Leeds (GP registrations); \*\* CAF database\*\*\*Electronic Social Care Records
++ 0-19 population relates to CAF The 0-17 354 days population relates to Looked After Children, Referrals and Child Protection



