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## SCRUTINY BOARD (CHILDREN'S SERVICES)

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Meeting to be held in Civic Hall, Leeds on  
Thursday, 5th February, 2009 at 9.45 am

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

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### MEMBERSHIP

#### **Councillors**

B Cleasby	-	Horsforth
G Driver	-	Middleton Park
J Elliott	-	Morley South
R D Feldman	-	Alwoodley
W Hyde (Chair)	-	Temple Newsam
B Lancaster	-	Moortown
J McKenna	-	Armley
V Morgan	-	Killingbeck and Seacroft
K Renshaw	-	Ardsley and Robin Hood
E Taylor	-	Chapel Allerton
C Townsley	-	Horsforth

#### Co-opted Members (Voting)

Mr E A Britten	-	Church Representative (Catholic)
Prof P H J H Gosden	-	Church Representative (Church of England)
Vacancy	-	Parent Governor Representative (Secondary)
Mr I Falkingham	-	Parent Governor Representative (Special)
Mrs S Knights	-	Parent Governor Representative (Primary)

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

Ms C Johnson	-	Teacher Representative
Ms C Foote	-	Teacher Representative
Mrs S Hutchinson	-	Early Years Development and Childcare Partnership
Ms J Morris-Boam	-	Leeds VOICE Children and Young People Services Forum Representative
Ms T Kayani	-	Leeds Youth Work Partnership Representative

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# A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstance shall be specified in the minutes.)</p>	
4			<p><b>DECLARATION OF INTERESTS</b></p> <p>To declare any personal/prejudicial interests for the purpose of Section 81(3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members' Code of Conduct.</p>	
5			<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive any apologies for absence.</p>	
6			<p><b>MINUTES - 8TH JANUARY 2009</b></p> <p>To confirm as a correct record the minutes of the Board and Call-In meetings held on 8<sup>th</sup> January 2009.</p>	1 - 12
7			<p><b>DRAFT REPORT - MAST INQUIRY</b></p> <p>To receive and consider a report from the Head of Scrutiny and Member Development, which requests Members to consider the conclusions and recommendations of the Board's working group, which had been set-up to consider issues in relation to the Multi-Agency Support Team (MAST).</p>	13 - 26
8			<p><b>REQUEST FOR SCRUTINY – ANNUAL PERFORMANCE ASSESSMENT</b></p> <p>To receive and consider a report from the Head of Scrutiny and Member Development, which invites the Board to consider a request for scrutiny arising from the meeting of the Executive Board held on 14 January 2009.</p>	27 - 46

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p><b>RECOMMENDATION TRACKING - ADOPTION</b></p> <p>To receive and consider a report from the Head of Scrutiny and Member Development, which requests the Board to consider progress against the recommendation on adoption.</p>	47 - 54
10			<p><b>REQUEST FOR SCRUTINY - ADOPTION SERVICE</b></p> <p>To receive and consider a report from the Head of Scrutiny and Member Development, which invites the Board to consider a request for scrutiny arising from the meeting of the Executive Board held on 14 January 2009.</p>	55 - 90
11			<p><b>RECOMMENDATION TRACKING - INCLUSION CONSULTATION</b></p> <p>To receive and consider a report from the Head of Scrutiny and Member Development, which requests the Board to consider progress against the recommendation on inclusion consultation.</p>	91 - 96
12			<p><b>WORK PROGRAMME</b></p> <p>To receive a report from the Head of Scrutiny and Member Development, which outlines the Scrutiny Board's work programme for the remainder of the current municipal year.</p>	97 - 122
13			<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>To note that the next meeting of the Board will be held on Thursday 5<sup>th</sup> March 2009 at 9.45 am with a pre-meeting for Board Members at 9.15 am.</p>	



# Agenda Item 6

## SCRUTINY BOARD (CHILDREN'S SERVICES)

THURSDAY, 8TH JANUARY, 2009

**PRESENT:** Councillor W Hyde in the Chair

Councillors G Driver, J Elliott, R D Feldman,  
B Lancaster, J McKenna, V Morgan, K Renshaw and  
E Taylor

### CO-OPTED MEMBERS (VOTING):

Mr E A Britten	- Church Representative (Catholic)
Mr I Falkingham	- Parent Governor Representative (Special)
Prof P H J H Gosden	- Church Representative (Church of England)

### CO-OPTED MEMBERS (NON-VOTING):

Ms C Foote	- Teacher Representative
Mrs S Hutchinson	- Early Years Development & Childcare Partnership Representative
Ms C Johnson	- Teacher Representative
Ms J Morris-Boam	- Leeds Voice Children and Young People Services Forum Representative
Ms T Kayani	- Leeds Youth Work Partnership

## 62 Chair's Opening Remarks

The Chair welcomed all in attendance to the January meeting of the Scrutiny Board (Children's Services) and wished everyone a Happy New Year. In particular, the Chair welcomed Alison Ormston, KPMG, who was leading the external audit review of the Scrutiny function at Leeds City Council.

## 63 Declaration of Interests

There were no declarations made at this point, however declarations were made at later points in the meeting (Minute No. 68 refers).

## 64 Apologies for Absence

Apologies for absence were submitted by Councillor Cleasby and Mrs S Knights.

## 65 Minutes - 11th December 2008

**RESOLVED** – That the minutes of the meeting held on 11<sup>th</sup> December 2008 be confirmed as a correct record.

## **66 Request for Scrutiny**

The Head of Scrutiny and Member Development submitted a report which invited the Board to consider a request for scrutiny, received from Mr Shaw, Chair of Governors at Meadowfield Primary School.

The Chair welcomed Mr Shaw to the meeting to present the request to the Board.

In brief summary, the main highlighted points in submitting the request were:-

- In light of Meadowfield Primary School's experiences, the Board was asked to consider whether there was an effective mechanism for dealing with complaints by schools about the local authority.
- Members agreed to set up a working group to review the evidence submitted by Mr Shaw before deciding on whether to recommend that the Scrutiny Board conduct an inquiry. Councillors Elliott, Feldman, Lancaster, McKenna and Renshaw and Mr Britten and Mr Falkingham expressed an interest in serving on the working group.
- It was suggested that representatives of Education Leeds and the Executive Member (Learning) could be invited to provide comment.

**RESOLVED** – That the Board establish a working group to consider the possibility of an inquiry and report back to a future meeting of the Board.

## **67 Safeguarding Children In Leeds: An Overview of our Leeds Safeguarding Children Board and the wider current context**

The Director of Children's Services submitted a report which provided Members with an overview of safeguarding children in Leeds.

The following information was appended to the report:

- Leeds Safeguarding Children Board (LSCB) – Annual Review (July 2008); and
- Annual Review of Business Plan 2007-2008.

The following officers attended the meeting and responded to Members' questions and comments:

- Rosemary Archer, Director of Children's Services;
- Brian Gocke, Leeds Safeguarding Children Board Manager; and
- Judith Dodd, Chair – Leeds Safeguarding Children Board.

An overview of the key points detailed within the report was provided and the main areas of discussion were as follows:-

- Concern that the area of responsibility for safeguarding children had widened, and the consequent impact on the core duty of child protection.

- Concern regarding the recent Annual Performance Assessment (APA) statement on safeguarding.
- Recent national developments and the need for checks against current demands.
- The need to know more about what is being done in practice, pressures facing frontline staff, workloads and individual cases, etc.
- The role of the Leeds Safeguarding Children Board, particularly in terms of monitoring the effects of current practices, co-ordinating multi-agency work and holding agencies to account.
- The increase in Serious Case Reviews and the pressure on available resources.
- Developing the lessons of the Leadership Challenge in wedges in relation to safeguarding.
- Issues of accountability and preventative actions.

The Board agreed to consider any further work to be undertaken on this topic as part of the Work Programme item later in the agenda (Minute No. 71 refers).

**RESOLVED** – That the report and information appended to the report be noted.

## **68 Children's Services and the Children and Young People's Plan Priorities Update (Looked After Children Focus)**

Further to Minute No. 37 of the meeting held on 16<sup>th</sup> October, 2008, the Board received an update report on Children's Services and the Children and Young People's Plan, with a specific focus on Looked After Children.

The following officers attended the meeting and responded to Members' questions and comments:

- Rosemary Archer, Director of Children's Services; and
- Alun Rees, Head of the Leeds Extended School for looked after children.

The Board was provided with an overview of key developments across Children's Services, together with details of progress against specific priorities contained within the Children and Young People's Plan (CYPP), particularly in relation to looked after children in Leeds.

In brief summary, the main areas of discussion were:-

- The need to raise educational achievements for looked after children.
- The range of interventions being co-ordinated around young people.
- Clarification of the numbers of young people attending higher education including university, as well as the overall numbers engaged in some form of education, employment or training, especially in terms of performance against comparator authorities.

- Improvements in reducing fixed term exclusion among looked after children.
- Ongoing work within the Extended School to respond to children's individual needs.
- Development of apprenticeships and work placements.
- The effects of raising the school leaving age with regard to leaving care arrangements.

The Chair thanked the officers for their attendance at the meeting.

**RESOLVED** – That the report and information appended to the report be noted.

(Councillors Driver, Elliott and Lancaster declared a personal interest in this item due to being Corporate Carers).

(Councillor Lancaster declared a personal interest in this item due to being Vice Chair of Carr Manor High School).

(Councillor Renshaw left the meeting at 11.54 am, at the conclusion of this item).

## **69 Leeds Strategic Plan Performance Report for Quarter 2 2008/09**

Further to Minute No. 38 of the meeting held on 16<sup>th</sup> October 2008, the Assistant Chief Executive (Planning Policy and Improvement), submitted a report which updated the Board on the revised approach to performance reporting and accountability. The report also provided the quarter two performance results for Children's Services.

The following information was appended to the report:

- Children's Services Action Tracker Summary Quarter 2 2008-09;
- Action Tracker Guidance and Children's Services Action Trackers Quarter 2 2008-09; and
- Accountability Reporting Guidance and Children's Services Performance Report Quarter 2 2008-09.

The Chair welcomed the Executive Member (Children's Services) and the following officers to the meeting:-

- Rosemary Archer, Director of Children's Services;
- Steve Clough, Head of Policy, Performance and Improvement;
- John Maynard, Strategic Leader, Children's Services; and

The Head of Policy, Performance and Improvement, presented the report and appendices to the Board. Councillor Golton then highlighted some of the key performance issues.

In brief summary, the main highlighted points were:-

- Key performance issues highlighted were NEET figures, teenage pregnancy and the number of children in care. The Director of Children's Services had action plans in place to address each of these issues.
- In relation to teenage pregnancy, it was reported that joint working with Leeds PCT was being undertaken, and that ward councillors in target wards would be involved.
- Guidance had been issued to Executive Members on how to review teenage pregnancy. It was agreed to forward the guidance to the Board for information.
- In terms of the numbers of children in care in Leeds, it was advised that greater resources were needed, especially in terms of frontline services, but also that Leeds would not be pressured to reduce numbers inappropriately.
- There was also concern about the number of unfilled vacancies in social work. In response, the Executive Member (Children's Services) reported that the vacancy rate had improved significantly from 19% to 5%.
- It was noted that the Scrutiny Board was already undertaking work in relation to most of the key areas highlighted by the report, for example the Early Years Foundation Stage Profile.
- Members thanked officers for taking on board their previous requests for numbers to be included in the report alongside percentages.

The Chair then thanked the officers for their attendance.

**RESOLVED** – That the report and information appended to the report be noted.

## **70 Recommendation Tracking**

Further to Minute No. 40 of the meeting held on 16<sup>th</sup> October, 2008, the Head of Scrutiny and Member Development submitted a report, which requested Members to confirm the status of scrutiny recommendations (Children's Services).

Appended to the report was the recommendation tracking flowchart and draft status of recommendations. Also appended for Members' information, was a report on progress to date regarding the Leeds Inclusive Learning Strategy.

The Principal Scrutiny Adviser presented the report and invited the Board to consider the status of recommendations.

**RESOLVED** –

- (a) That the report and information appended to the report be noted; and
- (b) That the Board agrees the status of recommendations, subject to recommendations 1, 5, 9 and 10 on services for 8-13 year olds being given a status of 4 and continuing to be monitored, and recommendation 3 on adoption being given a status of 5 with the department being asked to bring a report to the next meeting explaining the reason for the delay in implementing the recommendation.

## 71 Work Programme

A report was submitted by the Head of Scrutiny and Member Development, which detailed the Scrutiny Board's work programme for the remainder of the current municipal year.

Appended to the report for Members' information was the current version of the Board's work programme, an extract from the Forward Plan of Key Decisions for the period 1<sup>st</sup> January 2009 to 30<sup>th</sup> April 2009, which related to the Board's remit, together with the minutes from the Executive Board meeting held on 3<sup>rd</sup> December 2008.

The Board considered that there was a need to undertake further work on safeguarding, particularly around preventative work and issues such as, staff resources, workload, etc. It was suggested that 2 working groups could be set-up, one to focus on prevention and the other on resources. The Principal Scrutiny Advisor agreed to e-mail the Board to establish if there was any further interest from Members wishing to serve on the group. Members also requested that details of the Annual Performance Assessment (APA) letter be forwarded to them for their information.

The Chair reported that it was necessary to defer the second session of the 14-19 review inquiry from the February Board meeting, as the visits would not be complete.

**RESOLVED** – That subject to the comments and amendments raised at the meeting, the work programme be approved.

## 72 Date and Time of Next Meeting

Thursday 5<sup>th</sup> February 2009 at 9.45 am with a pre-meeting for Board Members at 9.15 am.

(The meeting concluded at 12.28 pm).

## SCRUTINY BOARD (CHILDREN'S SERVICES)

THURSDAY, 8TH JANUARY, 2009

**PRESENT:** Councillor W Hyde in the Chair

Councillors G Driver, J Elliott, B Lancaster, J McKenna,  
V Morgan and G Wilkinson

### CO-OPTED MEMBERS (VOTING):

Mr E A Britten	- Church Representative (Catholic)
Mr I Falkingham	- Parent Governor Representative (Special)
Prof P H J H Gosden	- Church Representative (Church of England)

### CO-OPTED MEMBERS (NON-VOTING):

Ms C Foote	- Teacher Representative
Mrs S Hutchinson	- Early Years Development & Childcare Partnership Representative
Ms C Johnson	- Teacher Representative
Ms J Morris-Boam	- Leeds Voice Children and Young People Services Forum Representative
Ms T Kayani	- Leeds Youth Work Partnership

### 73 Chair's Opening Remarks

The Chair welcomed all in attendance to the Call-In meeting.

### 74 Exempt Information - Possible Exclusion of the Press and Public

**RESOLVED** – That the public be excluded from the meeting during consideration of the following parts of the agenda designated exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:

Appendix 2 to the report referred to in minute 78 under the terms of Access to Information Procedure Rule 10.4 (1, 2 and 3), and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

### 75 Declaration of Interests

Councillor Lancaster declared a personal interest in agenda item 7, Review of Decision – Award of Contract for the Delivery of Connexions Services in

Draft minutes to be approved at the meeting  
to be held on Thursday, 5th February, 2009

Leeds: Information Advice and Guidance, due to being a Member of the Pre School Learning Alliance (Minute No. 78 refers).

A further declaration of interest was made at a later point in the meeting (Minute No. 78 refers).

## **76 Apologies for Absence**

Apologies for absence were submitted by Councillors Cleasby, R D Feldman, Renshaw, E Taylor and Mrs S Knights. The Board was informed that Councillor Wilkinson was to substitute for Councillor R D Feldman.

## **77 Call-in of a Decision - Briefing Paper**

The Head of Scrutiny and Member Development submitted a report regarding the procedural aspects of the Call-In process.

Members were advised that the options available to the Board in respect of this particular called-in decision were:-

Option 1 – **Release the decision for implementation.** Having reviewed the decision, the Scrutiny Board (Children's Services) could decide to release it for implementation. If this option was chosen, the decision would be released for immediate implementation and the decision could not be called-in again.

Option 2 – **Recommend that the decision be reconsidered.** Having reviewed the decision, the Scrutiny Board (Children's Services) could recommend to the Acting Chief Officer for Early Years and Integrated Youth Support Services, that the decision be reconsidered. If the Scrutiny Board (Children's Services) chose this option, a report would be submitted to the Acting Chief Officer for Early Years and Integrated Youth Support Services within three working days of this meeting. The Officers would reconsider their decision and would publish the outcome of their deliberations on the delegated decision system. The decision could not be called-in again whether or not it was varied.

**RESOLVED** – That the report outlining the Call-in procedures be noted.

## **78 Review of Decision - Award of contract for the delivery of Connexions Services in Leeds: Information Advice and Guidance**

The Head of Scrutiny and Member Development submitted a report, together with relevant background papers, relating to an Officer Delegated Decision D34722 of the Acting Chief Officer for Early Years and Integrated Youth Support Services as follows:-

To award a contract for the delivery of Connexions Services in Leeds: Information Advice and Guidance



'The Acting Chief Officer for Early Years and Integrated Youth Support Services agreed the recommendation to award the contract to Prospects Ltd for the delivery of Connexions Services in Leeds: Information Advice and Guidance'.

The decision had been called-in for review by Councillors B Atha, J Dowson, P Gruen, J Lewis and L Mulherin on the following grounds:-

'We the undersigned would like an explanation of how the criteria for scoring potential bidders was developed. Furthermore, we would like an explanation of how the successful organisation scored against these criteria and how officers taking this decision were reassured that the bid was robust.

Furthermore, we would like more information on the make-up of the evaluation panel and how the winning bid was deemed to offer the best value for money'.

The Board considered the following written evidence:-

- Report of the Strategic Procurement Manager considered by the Joint Preventative Commissioning Panel (JPCL) meeting held on 5<sup>th</sup> December 2008;
- Notes of the Tender Evaluation meeting held on 22<sup>nd</sup>/23<sup>rd</sup> September 2008 – Exempt information; and
- Full Tender Scoring Matrix (November 2008) – Exempt information.

Councillor J Lewis attended the meeting to present evidence to the Board and respond to Members' questions and comments.

The following officers were also in attendance :-

- Sally Threlfall, Acting Chief Officer for Early Years and Integrated Youth Support Services;
- John Paxton, Head of Integrated Youth Support Services;
- Gerry Hudson, Integrated Youth Support Services Manager; and
- Iain Dunn, Principal Procurement Manager.

The Board then questioned Councillor J Lewis and officers at length on the evidence submitted.

Some of the main concerns highlighted by Councillor J Lewis were:-

- Concern that the decision had not been made in accordance with Article 13 of the Council's constitution (Decision Making).
- Concern that pre qualification questionnaire scores were not included as part of the final scoring process.
- Concern that final scores were allocated before presentations by the bidders.
- Concern that local employers and young people had not been involved.
- Concern that the successful bidder was not based in the local area.

- Concern about service disruption and the cost of establishing a new service.

In explaining the reasons for the decision, officers made the following comments:-

- The decision to undertake a full tender exercise was taken with the support of the Director of Children's Services and Procurement.
- There was a risk of legal challenge if the market had not been tested.
- The tender evaluation process resulted in a clear outcome.
- There was excitement about the exceptional quality of the preferred bidder.
- Further detailed information about the tender evaluation process and composition of the panel was provided.
- It was stated that the margin between the preferred bidder and the 2<sup>nd</sup> and 3<sup>rd</sup> place bidders was considerable.
- Some of the main highlights of the preferred bidder included, good evidence of maximising frontline services, efficient and imaginative approaches to ICT and good record for reducing NEET.
- The Principal Procurement Manager confirmed that the tender evaluation process had been undertaken in accordance with the Council's Contract Procedure Rules.

(On the basis of legal advice provided by Mary O'Shea, Section Head, Legal Services, it was agreed by the Board to exclude the press and public during the consideration of part of this item, due to the sensitivity of the issues to be discussed).

The Chair then invited questions and comments and the main areas of discussion were:-

- The skills agenda and the high quality universal service provided by the preferred bidder especially in relation to the deployment of personal advisors and targeted provision.
- The bidder had a regional office in Sheffield and was in the process of transferring this office to Leeds. A Project Team had been established to oversee the mobilisation process.
- Young people had established their own evaluation process, which was facilitated by the Children and Young People's Participation Unit. Comments were used to inform the final decision.
- Confirmation that the bidder had sought membership of the West Yorkshire Pension Fund.
- Involvement of the voluntary sector in the evaluation process. The Integrated Youth Support Manager reported that an invitation was made to nominate a representative through the Connexions Forum.

In summary, The Acting Chief Officer for Early Years and Integrated Youth Support Services made the following comments:-

- The tender evaluation panel was established in accordance with Council procedures.
- The panel's decision was unanimous.
- The Joint Preventative Commissioning Panel supported and endorsed the decision.
- The Children's Services Leadership Team was briefed about the process and supported the decision made.

In summary, Councillor J Lewis made the following comments:-

- Concern about the composition of the panel and the representatives involved.
- Partners were not all fully engaged, and some were excluded, especially employers.
- No evidence of Chief Officer involvement.
- Concern that a new provider would disrupt service provision.

The Chair thanked Councillor J Lewis and officers for their attendance.

**RESOLVED** – That the report and information provided be noted.

(Councillor Lancaster declared a personal interest in this item due to being Vice Chair of Carr Manor High School).

(Mr I Falkingham left the meeting at 2.43 pm during the consideration of this item).

## **79 Outcome of Call-in**

Following consideration of the evidence presented and the options available to them, as outlined in Minute No. 77, the Board unanimously resolved that Option 1 – Release the decision for implementation was the most appropriate action.

**RESOLVED** – That the Officer Delegated Decision D34722 be immediately released for implementation.

(The meeting concluded at 2.45 pm).

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Children's Services)

Date: 5 February 2009

Subject: Draft Report – MAST Inquiry

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 Introduction

- 1.1 At the Scrutiny Board meeting in November, members considered a request for scrutiny from Councillor Selby in relation to the Multi-Agency Support Team (MAST).
- 1.2 The board established a working group to consider the issues raised by the request. The working group met with Councillor Selby; representatives from the MAST team and local schools; and relevant officers in December.
- 1.3 The working group has now completed its work and the Board is now in a position to report on its conclusions and recommendations resulting from the evidence gathered. A draft report is attached.

## 2.0 Consultation

- 2.1 Scrutiny Board Procedure Rule 14.3 states that "where a Scrutiny Board is considering making specific recommendations it shall invite advice from the appropriate Director(s) prior to finalising its recommendations. The Director shall consult with the appropriate Executive Member before providing any such advice. The detail of that advice shall be attached to the report".
- 2.2 The Director of Children's Services has indicated that there is no specific advice that she wishes to provide at this stage, before the Board finalises its report.
- 2.3 Once the Board publishes its final report, the Director will be asked to formally respond to the Scrutiny Board's recommendations within three months.

### **3.0 Recommendations**

3.1 The Board is requested to:-

- (i) Agree the Board's final report and recommendations.
- (ii) Request that officers formally respond to the Scrutiny Board's recommendations in May 2009.

### **Background papers**

None

**DRAFT**  
**Multi-Agency Support  
Team (MAST)**

**Scrutiny Inquiry Report**

# Introduction and Scope



## Introduction

1. In November 2008, the Scrutiny Board accepted a request for scrutiny from Councillor Brian Selby, relating to the proposed withdrawal of funding from the Multi-Agency Support Team (MAST) project in east Leeds.
2. The Board established a small working group to meet as quickly as possible and report back to the full Scrutiny Board on the following issues:
  - the decision-making process with regard to the decision to withdraw funding from the MAST project
  - any consultation carried out with stakeholders
  - the current proposals for the future of MAST and for wider behaviour support at area level
3. The working group met with Councillor Selby; senior MAST team staff; a local primary school head; and officers from the Director of Children's Services Unit, Children and Young People's Social Care and Education Leeds in December.
4. As a result of the working group's deliberations, the Scrutiny Board has produced the following conclusions and recommendations.



# Conclusions and Recommendations



## Background

5. The Multi-Agency Support Team (MAST) was initially set up as a pilot project in 1996. The team works with children, their families and schools in the Seacroft Manston family of schools, covering 16 primary and 3 high schools. The team is involved in helping schools where there is concern about a child's emotional well-being or behaviour. Their work can take place in the child's home, at school or at the MAST base. The team provided us with detailed information on the wide range of their activities.

6. The MAST team currently provide help with:

- children who cannot concentrate or settle in school
- children/families reacting to negative/traumatic life events eg parental separation, divorce, bereavement
- children who are emotionally and socially withdrawn
- children/families experiencing bullying
- children engaged in bullying
- children/families who may have experienced some form of abuse
- advice on educational matters eg exclusion, truancy, school meals

7. The team deals with individual referrals and case loads, but also

provides a number of group activities. Team members work in a variety of ways. They

- undertake individual work with children eg art work, drama therapy, counselling and play therapy
- provide therapeutic family sessions
- undertake issue-focussed groups with children
- provide advice to schools, parents/carers and children on a wide range of issues

8. MAST receive complex referrals. Following an assessment, a range of planned interventions are used to support positive outcomes for children and their families. The work undertaken is not time limited but is determined by the needs of the children and through regular reviews of cases. We received some case study examples of the team's work.

9. Certain cases may be closed following initial assessment whereas others could be open for up to 18 months. The average time for a case to be open is 8-10 weeks. All work is evaluated through questionnaires.

10. It was also confirmed that the team continued to work with clients for as long as required even if they move out of the immediate area. This could

# Conclusions and Recommendations



happen especially for example as a result of domestic violence, or for looked after children moving placements and schools.

11. In 2006/07 MAST received 112 referrals from 16 schools. Of these 112, 75 individual cases were taken up. In other cases group work was recommended or children were referred elsewhere.
12. We heard that a key feature of the team's success is local people's willingness to engage with MAST staff, and the lack of stigma attached to attending their premises or accessing their services. This is in contrast to a common resistance to work with social services.
13. The MAST team were also highly valued as a source of advice for support staff in schools, and were a key resource for signposting to other services.
14. It was clear to us that the work of the MAST team, both individually and collectively, was generally very highly regarded and valued by children, families, schools and other professionals.
15. As at 1 April 2008 the MAST team staff were:
  - Manager
  - Deputy Manager - a full-time teacher/drama therapist
  - 2 half-time Social Workers
  - Youth worker (20 hours)
  - Education Leeds Project Worker
  - Education Leeds Play Therapist
  - Administrator
16. The youth worker moved to a different role in the summer of 2008 as part of a restructure of the Integrated Youth Support Service. She has not been replaced. The administrator left for another job due to the uncertainty over future funding of the project. One of the Social Workers is currently on maternity leave.
17. The team is currently based at the East Leeds Family Learning Centre in Seacroft, although the future of this accommodation has been uncertain for nearly a year.
18. The MAST Team Manager is also the Manager of the BEST team (Behaviour and Education Support Team) based at John Smeaton School, and the two teams merged in 2006.
19. There is a MAST Management Group, chaired by a local headteacher, which meets six times a year. A constitution and action plan for MAST was first produced in 2007/08, and closer monitoring and evaluation of the team's work by the Management Group is now taking place than was previously the case. The MAST Management Group reports to the Seacroft Manston Family of Schools.

# Conclusions and Recommendations



## Withdrawal of Funding

20. The team is currently funded through Children and Young People's Social Care. The Team Manager's post is 50% funded by Education Leeds, and the administrator is funded by the Seacroft Manston Family of Schools. The Children's Fund has provided funding of over £40,000 per year for at least the past two years, but this reduced to £7,000 in 2008/09. Taking account of this, the cost to the Children and Young People's Social Care budget in 2008/09 was projected to be £152k.
21. As part of budget discussions to arrive at a balanced budget for 2008/09 Children and Young People's Social Care proposed to cease funding to the MAST team, with a projected saving of £80k per year.
22. We were made aware that Children and Young People's Social Care had faced significant financial pressures in setting a budget for 2008/09 onwards. The service had been forced to evaluate all provision in order to identify savings from non-core services. The children and families accessing MAST exhibited needs which were generally well below a threshold which would normally trigger social care intervention, and it was for this reason, combined with the reduction in income from the Children's Fund, that it had been identified for funding to be withdrawn.
23. It was acknowledged by officers that the preventative role of MAST would in many instances actually prevent cases escalating to the level where social care intervention was required. However, in the existing financial circumstances, Children and Young People's Social Care felt they could no longer justify continuing funding this team at the expense of the local authority's core social work duties.
24. The first reference we were provided with in relation to the decision to withdraw MAST funding was from the Children and Young People's Social Care Finance Board meeting on 21 January 2008. This was subsequently confirmed in the February 2008 Budget Action Plan 2008/09 to 2010/11, with a projected saving of £80k per year for three years.
25. However subsequent Finance Board minutes indicate that the team's future was still under review in April 2008 after the start of the new financial year. By 25 April 2008 the Head of Children and Young People's Social Care was indicating that the funding would be withdrawn by March 2009 at the latest.

## Conclusions and Recommendations



26. It was acknowledged by officers that there was no evidence available to explain how the decision was taken to withdraw funding from MAST rather than other potential areas of saving. It was recognised by the new Children and Young People's Social Care leadership team that there needed to be a more robust and transparent process to support future decision-making, albeit that the decision may still have been the same at the end of such a process.
27. Officers who we spoke to stressed that the decision to withdraw funding in no way implied that the quality of the MAST team's work was in question.
28. The original Children and Young People's Social Care decision to cease funding MAST from April 2008 was subsequently delayed for one year, to come into effect from April 2009. It has now been further agreed to extend the deadline for resolving the future of the team to 1 September 2009, to coincide with the timing of the BEST review (see below) and the start of the new school year.
- MAST and BEST reviews**
29. The Children and Young People's Social Care decision to withdraw funding from MAST has coincided with a city-wide review of the BEST programme and
- realignment of BEST funding city-wide by Education Leeds, which is still ongoing. Because MAST and BEST are linked in the east of the city, this appears to have relieved MAST in the short term, but also potentially delayed a final resolution of the team's future.
30. A review of the MAST team was carried out at the request of the Director of Inclusion and Integrated Children's Services within Education Leeds, reporting in May 2008. The review followed on from a review of the BIP/BEST teams completed in January 2008. BIP is the national Behaviour Improvement Programme. BESTs are the Behaviour and Education Support Teams set up in schools using BIP funding.
31. The MAST review concluded among other things that there had been a lack of line management and monitoring via Social Care, but that this function had been undertaken more recently through the BEST arrangements and the MAST Management Group.
32. At least partly as a result of this weakness, to date there is a lack of significant amounts of hard data on the successes achieved by the MAST team to complement the anecdotal evidence, survey evidence and case studies which indicate that success has been achieved.

## Conclusions and Recommendations



33. In effect the existence of the MAST team has meant that the east area of the city has additional provision to other areas of the city. Whilst there is undoubtedly a high level of demand for the service locally, the current position does not take account of levels of need in other areas of the city and the city-wide review will seek to address this. At a meeting to consider the BEST review report in April 2008, headteachers and senior professionals concluded that equity of access across the city was a key principle for the review to address.

34. Everyone we spoke to acknowledged that it was appropriate to review the overall provision of these type of services at a local level to provide a more sustainable future service.

35. We noted that Family of Schools meeting minutes have referred to concerns over reduced funding for MAST since at least May 2007, but this appeared to be linked to the reduction in support from the Children's Fund initially.

36. We were told that the MAST team has been looking at extending services to other Families of Schools in order to secure additional funding. For example the Temple Moor Family of Schools were accessing the Bridge Centre, and domestic violence support work had also

been opened up across the whole of the east wedge.

### Consultation with stakeholders

37. Councillor Selby outlined his concerns that there appeared to have been little or no consultation with staff, service users or schools on the proposed withdrawal of funding. He was also concerned that there was little written evidence of the Director of Children's Services or Executive Member's involvement in the decision, although it was explained that this was in part because some briefing had only been verbal

38. There had also been no consultation with local ward councillors in either of the two wards affected.

39. He acknowledged that since he had made his request for scrutiny there had been regular meetings involving local councillors alongside the Locality Enabler, the Area Management Board and the Family of Schools. However the service itself was still reducing and new cases were not being dealt with.

40. Councillor Selby also acknowledged the need for a review of provision due to the ad hoc nature of the development of MAST and BEST over a 12 year period. His concern was about the



## Conclusions and Recommendations



risk of withdrawal of the existing highly valued service before any replacement provision – whatever shape that might take – is agreed.

41. MAST staff informed us that they initially heard about the planned funding cut from a third party, and were only formally notified by managers in May 2008.
42. The working group deplored the idea that staff in the MAST team heard about the risk to their jobs from a third party rather than directly from management. This is symptomatic of the lack of clear lines of management and accountability which need to be resolved for this and any other multi-agency projects.
43. It was acknowledged by officers that Children and Young People's Social Care had not consulted staff or schools about the proposed cuts. There had been no expectation on the part of Children and Young People's Social Care that other funding would be withdrawn, but neither had consideration been given to the likely impact of unilateral action. It was accepted that this did not match the expectations of integrated working embodied at a strategic level by Children's Services, but had been driven by hard financial expedients.
44. As a result of the uncertainty about the future, the service has

been reducing, with new referrals not being taken on and at least one member of staff leaving. The MAST Manager explained that the current case load was about 50 cases, plus group work activities. He estimated that when fully staffed the team could handle 15-20 additional individual cases.

45. The team and the local schools are concerned about the loss of local knowledge as well as the loss of service pending a resolution of the wider review of behaviour support services across the city.

### Future

46. By July 2008, the Locality Enabler (East), based in the Director of Children's Services Unit, had been tasked with developing a new model of multi-agency provision for the wedge, to be locally commissioned and funded, to operate from 1 April 2009. The timescale for this has subsequently been extended to 1 September 2009 to coincide with the start of the new school year.
47. The Locality Enabler outlined his current thinking on progressing a decision on the future of provision in the east wedge. He had convened a steering group of key stakeholders, including local councillors. The aim was to take a pragmatic approach and seek to more effectively match up the

## Conclusions and Recommendations



available resources with staff and functions that needed to be carried out.

48. At the same time effective management and administrative arrangements (for example banking and employer functions) also needed to be put in place for whatever services are to be provided. The Locality Enabler offered to provide minutes of the steering group to the Scrutiny Board to keep members updated with progress.
49. He also confirmed that he was now meeting regularly with the MAST team to keep them updated on the situation, and that he was committed to being open and honest with them in doing so.
50. The working group welcomed reassurance that local stakeholders, including ward councillors, are now involved in developing a proposed model of integrated children's services to replace MAST/BEST in the east. The momentum for this process needs to be maintained to successfully resolve the future for behaviour support in this area of the city, especially as we understand that funding continues to be tight for all parties. The lessons learned here also need to be applied to transition planning for future service changes.
51. The working group was also concerned that the proposals to redistribute the existing BEST funding 'equitably' across the whole city begged questions about the definition of 'equitably' and about the adequacy of overall resources. Members were informed that once a distribution of resources between wedges was decided, it would be up to the schools in each local area to determine how those resources would be deployed.

### **Recommendation 1**

**That the Director of Children's Services ensures that the staff of the MAST team are given clear information about the current plans for the future of the team as a matter of urgency, and that the staff are kept regularly updated on progress.**

### **Recommendation 2**

**That the present MAST team is retained until revised service proposals are in place.**

### **Recommendation 3**

**That the Director of Children's Services informs the Scrutiny Board of plans for future provision of the type of service offered by MAST, in the East area of the city and city-wide.**

# Conclusions and Recommendations



**Recommendation 4**  
**That the Director of Children's Services ensures that the local knowledge of staff is properly recognised and retained. Also that the MAST name is retained in some way if it works for local people.**

## Conclusion

52. The Scrutiny Board recognises the value of the work done by the MAST team.
53. As recently as a year ago the MAST team was held up as a model for multi-agency working and staff were advising colleagues elsewhere on their practices. It seems to us that the whole thrust of Every Child Matters and the establishment of Children's Trusts is designed explicitly to ensure that more multi-agency work of this type takes place, and that appropriate governance arrangements are in place to support this.
54. The Board is therefore disappointed and alarmed that the widely acknowledged benefits of this project are apparently being threatened by a return to 'silo mentality', whereby the service operates in isolation rather than taking account of the wider implications of its decision.

55. This inquiry has demonstrated how the funding difficulties of one partner can jeopardise the wider achievement of Every Child Matters objectives. The creation of children's trusts is designed to harness and multiply the benefits of joint working and therefore we must find a way of avoiding a repeat of this situation.

**Recommendation 5**  
**That the Director of Children's Services produces clear guidelines which support partners to manage existing and future jointly funded activities, projects or teams, with clear lines of accountability for key areas such as personnel and performance management.**

**Recommendation 6**  
**That the Director of Children's Services produces a protocol with partners which promotes proper consultation with all partners involved in jointly funded activities, projects or teams before the removal of funding. The protocol should allow for the consideration at a strategic level of the implications of the potential loss of any such service within the overall priorities for Children's Services.**



# Evidence



## Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

## Reports and Publications Submitted

- Review of the Multi-Agency Support Team (MAST) – May 2008
- Financial Analysis of the MAST Project
- MAST and decision making within Children and Young People's Social Care
- Summary Notes of Agreed Action from MAST meeting 18 July 2008
- MAST Update – extract from Executive Member meeting notes – 24 July 2008
- Letter to Chair of Seacroft/Manston Family of Schools – 23 July 2008
- Minutes of Seacroft/Manston Family of Schools meetings – 2007 and 2008
- MAST Enquiry – summary of dates
- Information on the work of MAST provided by MAST team (Appendix 1 includes confidential information in relation to staff members)
- MAST briefing from Director of Children's Services Unit
- Report to School Forum – Behaviour and Educational Support Teams (BEST) Review – 18 September 2008
- Leeds Inclusive Learning Strategy 2007-2010

# Evidence



## Witnesses Heard

Councillor Brian Selby	Ward Councillor (Killingbeck and Seacroft)
David Weetman	Manager, MAST team
Ann Dix	Deputy Manager, MAST team
Ros Hamer	Headteacher, Crossgates Primary School and Chair of MAST Management Group
Ken Morton	Locality Enabler, Director of Children's Services Unit
Tony Griffin	Children and Young People's Social Care
John Fryett	Project Director, Education Leeds

## Working Group Members

Councillor Ronnie Feldman  
Mr Tony Britten  
Mr Ian Falkingham

## Dates of Scrutiny

13 November 2008	Scrutiny Board meeting – request for scrutiny
15 December 2008	Working Group meeting
5 February 2009	Scrutiny Board meeting - Inquiry report agreed

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Children's Services)

Date: 5 February 2009

### Subject: Request for Scrutiny – Annual Performance Assessment

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 INTRODUCTION

1.1 A request for scrutiny has been received from the Executive Board.

1.2 At the Executive Board meeting on 14 January, Members considered the Children's Services Annual Performance Assessment 2008. As a result of the discussion, the Executive Board resolved

*"That the report be received, that the actions proposed in sections 4 to 9 thereof be approved, that, in addition the Scrutiny Board (Children's Services) be requested to monitor progress and that progress reports be brought to this Board on a quarterly basis."*

1.3 A copy of the report to the Executive Board is attached.

1.4 The Scrutiny Board Procedure Rules state that "where the Executive or Council resolves to recommend that an Inquiry should be undertaken into a particular matter, the Proper Officer shall add this recommendation to the agenda for the next Ordinary Meeting of the relevant Scrutiny Board. Where a Scrutiny Board decides not to undertake an Inquiry recommended by the Executive or Council, the reasons for the decision will be minuted by the Scrutiny Board."

## 2.0 OPTIONS FOR INVESTIGATIONS AND INQUIRIES

2.1 The Scrutiny Board is required to consider whether an Inquiry into this matter is appropriate and if so, what form that Inquiry shall take.

- 2.2 When deciding whether the Board will pursue a request for Scrutiny, it is important for Members to consider the request in the context of the Board's terms of reference, its existing Work Programme and commitments.
- 2.3 In particular, the Scrutiny Board has already agreed to undertake work on safeguarding, through two separate working groups. Broader monitoring of progress could perhaps be sensibly coordinated with the Board's existing quarterly cycle of performance monitoring and progress tracking items. The next reports in this cycle are due to come to the Board's meeting in April.

### **3.0 RECOMMENDATION**

- 3.1 The Board is asked to consider the request for Scrutiny and to consider whether further investigation is to be undertaken.

### **Background papers**

Scrutiny Board Procedure Rules  
Executive Board minutes – 14 January 2009



<b>Report of: Director of Children's Services</b>
<b>Meeting: Executive Board</b>
<b>Date of meeting: January 2009</b>
<b>SUBJECT: Children's Services Annual Performance Assessment 2008</b>

**Electoral Wards Affected:**  
No specific issues for wards

Ward Members consulted  
(referred to in report)

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In  
(Details contained in the report)

**EXECUTIVE SUMMARY**

1. This report considers the outcomes of this year's Annual Performance Assessment (APA) of council children's services. The report includes a summary of the key findings of the assessment and details actions that show how the council is responding.
2. The Children's Services Inspection Framework includes both an in-depth inspection, the Joint Area Review, and a lighter touch yearly desktop assessment, the Annual Performance Assessment. This Framework started in 2005 and concludes in March 2009 with a new approach based around the new Corporate Area Assessment. From 2005 to 2007 Leeds received high scores and an overall judgement of 'good' in the APA. This positive trend continued in the Leeds Joint Area Review that took place in late 2007 and reported in May 2008. The JAR report was generally positive, and rated both service management and capacity to improve as 'good'.
3. The outcome of the 2008 APA is shown below with previous relevant judgements.

	<b>OfSTED APA 2008</b>	<b>Self- evaluation 2008</b>	<b>JAR 2008</b>	<b>APA 2007</b>
Be Healthy	2	3		3
Stay Safe	2	2	2	2
Enjoy and Achieve	3	3		3
Positive Contribution	3	4		3
Economic Wellbeing	2	2	2	3
Capacity to Improve	2	3	3	3
Overall Effectiveness	2	3	3	3

### Notes

JAR scores are broadly comparable but differ due to wider partnership focus of inspection

- 4 This year Leeds has achieved an 'adequate' grade overall. Although the APA letter does not indicate a major *decline* in outcomes, it does highlight important challenges in a number of areas, indicating where improvement in outcomes need to be more significant, or take place more rapidly. Work is underway to address these areas and the APA has focused further attention on this work, including the council's key safeguarding responsibilities. The APA letter recognises the progress Leeds is making in a number of key areas. The changes set out in this report will build on this work bringing improvements in the areas highlighted and others over the next year.

### **RECOMMENDATIONS**

5. The Board is recommended to:
- a. Receive the report.
  - b. Approve the actions proposed in sections 4 to 9.

## **1.0 Purpose of report**

1.1 The purpose of this report is firstly to provide the Board with the 2008 OfSTED Annual Performance Assessment (APA) of the council's children's services (attached at Appendix 1 of this report) and some commentary. Secondly, to set out actions to bring about improvements in outcomes, including the key area of safeguarding.

## **2.0 Background**

- 2.1 As part of the development of children's services, OfSTED and its partner inspectorates agreed the Children's Services Inspection Framework. This framework includes both an in-depth inspection, the Joint Area Review, and a lighter touch yearly assessment, the Annual Performance Assessment. This Framework started in 2005 and concludes in March 2009 with a new approach based around the new Corporate Area Assessment.
- 2.2 Unlike the JAR, the APA is focused solely on *council* children's services. The APA is based on the council's own self-evaluation, briefings from central and regional government and an extensive dataset. The APA concludes with OfSTED giving scores from 1 (Inadequate) to 4 (Outstanding). The APA produces scores for each Every Child Matters (ECM) outcome such as 'Be Healthy', as well as producing a score for 'capacity to improve' and 'overall effectiveness'. This score for 'overall effectiveness' feeds into the Corporate Performance Assessment.
- 2.2 In the three years from 2005 to 2007 Leeds performed well in the APA. In each year all scores (except 'Stay Safe' from 2006 to 2007) were judged to be good, including the important 'capacity to improve' and 'overall effectiveness' judgements.
- 2.3 These positive findings were confirmed by the results of the intensive Joint Area Review (JAR) inspection. The Leeds JAR took place in December 2007, resulting in a draft report in March and a final published report in May 2008.
- 2.4 OfSTED changed the arrangements for the APA in 2008 to produce a tighter focus on safeguarding, outcomes for vulnerable groups and the core roles of councils. It is generally acknowledged that this year has been more challenging as a result (see para 5.1 below).
- 2.5 These changes to the inspection arrangements have led to changes in the APA judgements for many authorities. The proportion of councils judged to be 'good' in their overall effectiveness declined from 78% to 73% nationally. The number of councils judged to be 'inadequate' overall rose from none to four (Doncaster, Haringey, Milton Keynes and Surrey). In particular the grades for 'Staying Safe' changed significantly, with the number of authorities judged to be inadequate for this outcome doubling.
- 2.6 The 2008 self-evaluation by the council was informed by a local evaluation of performance and outcomes, but was also shaped by the recent JAR report and changes to the inspection framework. This resulted in the 'Economic Wellbeing' score in our self-evaluation being changed from 'good' to 'adequate'. This was because the new APA framework was only concerned with 14-19 education, whereas previously this had included many areas of strength for Leeds such as

childcare, regeneration and worklessness. As OfSTED had judged Leeds to be adequate in 14-19 education in the JAR, this was the final score the council submitted for the APA. However, because of the above changes in what is being assessed, the economic wellbeing scores are not like-for-like comparisons between 2007 and 2008.

2.7 The contents of this report need to be set in the wider context of the 10-year transformation plan for children’s services.

### 3.0 **The 2008 APA**

3.1 The full APA Letter is attached in Appendix 1. The summary scores are set out below:

	<b>OfSTED APA 2008</b>	<b>Self- evaluation 2008</b>	<b>JAR 2008</b>	<b>APA 2007</b>
Be Healthy	2	3		3
Stay Safe	2	2	2	2
Enjoy and Achieve	3	3		3
Positive Contribution	3	4		3
Economic Wellbeing	2	2	2	3
Capacity to Improve	2	3	3	3
Overall Effectiveness	2	3	3	3

#### Notes

JAR scores are broadly comparable but differ due to wider partnership focus of inspection

3.2 The next section provides some commentary and analysis on the 2008 APA, focusing on the changes in this year’s APA letter. For the key areas, additional information is provided on what improvements are already in place and the major next steps planned to drive further improvement.

### 4.0 ***Be Healthy***

4.1 The grade provided by OfSTED for Be Healthy in 2008 is 2, or ‘adequate’. In all previous years this outcome had been rated as ‘good’. The areas for development identified by OfSTED are teenage conceptions, health services for Looked After Children and infant mortality. This year’s APA is informed by a smaller set of data than in previous years and Leeds’ relatively weak performance on some indicators in these three areas is the main reason that the score is lower this year. A commentary as well as a summary of current and planned improvements in the three areas for development are set out below:

4.2 *Teenage conception:* Leeds has not reduced teenage conception rates, unlike the trend seen nationally or in similar areas. This issue is well known locally and the council, PCT and wider partnership have moved rapidly to address this. The 2008 APA does not reflect this progress because the data used in the assessment is for 2006. The main changes that have taken place are: new leadership and commissioning arrangements; agreement of a new strategy; and stronger



performance management. These management changes have informed the re-commissioning of improved services for young people and central government has praised Leeds' response as an example of best practice. This work, and an additional £100K investment, means that services are now more accessible for young people and work is being better targeted on the most vulnerable schools and neighbourhoods. The next step to drive further improvement will be based on joint local plans and commissioning in the six targeted wards with highest need and a citywide social marketing campaign. New data to assess this new strategy will become available in 2010.

- 4.3 *Health Services for Looked After Children:* The main indicators for this area are for the regularity of health and dental checks. Leeds performance has been relatively low but improving gradually overall in recent years. However recent investments from the council and PCT should lead to a marked improvement in performance in future. The main improvements put in place in this area include: commissioning from April 2008 of a dedicated LAC Dental Health Team to provide dental services to all young people in care and the funding of a specialist sexual health nurse for Looked After Children. To improve this further the partnership will invest further during 2009/10 and 2010/11 in the LAC Health Team and improve shared IT systems by March 2009 to improve recording and performance management. Performance data should show the impact of these improvements from 2009 onwards.
- 4.4 *Infant Mortality:* the most recent data show that the rate of infant mortality in Leeds is above the national average but, importantly, is in line with similar authorities. In response to this issue the council, PCT and wider partnership in Leeds have agreed an Infant Mortality Strategy and are developing targeted action plans for the areas with highest need. The next step to further improvement will be work with the Department of Health National Support Team in the new year.

## **5.0 Stay Safe**

- 5.1 OfSTED provided an overall grade of 'adequate' for Stay Safe, which is in line with the council's own self-assessment. This is an area where there has been considerable change in the focus, guidance and practice of OfSTED in the recent APA for every local authority. This is due to OfSTED's own development and also the recent events surrounding the 'Baby P' case. In light of these changes 26 authorities received a lower grade in 2008 and eight were judged to be inadequate. OfSTED identified three areas for development in Leeds: the fostering service; the quality of residential care and the timeliness of reviews for Looked After Children.
- 5.2 *Fostering service:* An action plan is in place to address all the issues raised at the inspection. This is being managed and overseen by the Local Safeguarding Children Board. This has already made an impact on the service, for example:
- In all cases where foster carers have more children placed with them than their approved number (known as 'exemptions') these have been reviewed, with new risk assessments completed and new procedures put in place;
  - New procedures are in place for placements into foster care made out-of-hours by the Emergency Duty Team.
  - A major piece of work with recruitment services to ensure robust, safe recruitment practice is fully in place
  - New guidance and training has been produced for carers and staff

- Improved processes are in place to strengthen the role of children's views in care reviews.

The action plan is on track for completion in January 2009 and the service will meet all standards required by February 2009.

5.3 *Residential Care:* The Council has made significant improvements to residential care since the Residential Review of 2007. This has led to the closure of one home and a wide range of improvements to the management, staffing and practice in residential provision. This has been reflected in the more recent OfSTED inspections of Leeds residential homes. Eleven of the council's twelve residential homes are now judged adequate or better by OfSTED, of these the majority of council homes have been judged good, and one home has been judged as 'outstanding'. The one remaining inadequate home is awaiting the OfSTED re-inspection for official reclassification, officers are confident that this home will achieve an 'adequate' rating. One other local residential home, commissioned from another provider, remains inadequate. The contract with this provider has been terminated and notice served, alternative provision has been, or is being identified for the young people affected.

5.4 *Timeliness of reviews for Looked After Children:* The rate of reviews in Leeds is still below national and similar area benchmarks. However, the rate has improved significantly from under 40% in March 2007 to 80% in September 2008. This improvement reflects prioritisation of this work within Children and Young People's Social Care, including initial investment in additional reviewing officers to increase capacity; improvements to ICT systems and individual and team level plans for improvement. Recruitment early in 2009 will bring 2 further Independent Reviewing Officers, with posts in place by April 2009.

5.5 Safeguarding is of crucial concern for children's services in the city. In light of recent events nationally and Leeds self-evaluation and APA remaining 'adequate' further improvements in this area are now very important. Therefore further work is being undertaken, which takes into account recent requirements set out by the Secretary of State in light of the Baby P case and includes:

- Strengthened arrangements for leadership and management, by reviewing the role of the Chief Officer for Children and Young People's Social Care in Leeds to ensure it meets national and local requirements and also concentrating more focus on strong operational management.
- Investment in additional capacity for quality assurance and performance management.
- An audit of child protection cases on all children aged 0-4 years is taking place. The results of this for cases involving children aged under 3 will be collated in early January. The results for cases involving children aged 3 and 4 will be collated in early February.
- Preparation for any unannounced inspection of children's social work services will be implemented from January 2009. It will use the joint area review methodology, be supported by an experienced JAR inspector and focus on the quality of service provided. This evaluation will provide the service with valuable information about necessary areas for improvement. Staff will be supported to feel confident about this process through updated training for fieldwork staff relating to assessment work and new training for relevant officers on supervising child protection work.

## 6.0 **Enjoy and Achieve**

6.1 OfSTED gave Leeds an grade of 3 for Enjoy and Achieve, which is in line with the Council's own self-assessment. The letter highlights the good overall quality of schools and early education in Leeds, rising standards at key stage 4 and particular strengths in provision for children with learning difficulties and disabilities. Two areas are identified for particular focus:

6.2 *Attendance Rates:* Leeds will continue to build on the progress being made by targeting particular schools where attendance is a significant issue. The 18 schools recently targeted for persistent absence have seen reduced levels during 2008. Wider ownership of attendance as a priority has also been ensured through the development of a new policy and strategy, which has involved young people and the Children Leeds Partnership. This is helping to embed a more 'intensive' approach within target schools and areas, with resources refocused towards activity to help families and pupils most at risk through for example: increased use of penalty notices; fast tracks; first day calling and support to families. The aim being both a short, and long term positive impact on attendance figures. Closer monitoring of these and other strategies will be carried out via the Attendance Officers and School Improvement Officers in conjunction with other services. A revised multi-agency programme board is going to oversee and ensure further improvements in overall attendance.

6.3 *Raising Achievement for children from some minority ethnic backgrounds:* As the number and proportion of BME children changes it is important to adjust focus to target those groups where there has been a particular increase in the size of the population or where there are particular issues. Targeted interventions with some groups have already seen positive improvements and work is now underway to extend that to the Kashmiri Pakistani community. The approaches being adopted will emphasise both pupil participation and parental involvement. In the later part of 2008 further improvements have already been identified across BME groups in terms of pupil achievement. In order to produce a step change in performance a secondary Leaders strategy group has been set up recently to focus particularly on strategy and policy to improve BME achievements for community groups where lack of progress has been highlighted in the APA, so that for example, performance significantly improves in Asian and Gypsy/Roma Traveller groups.

## 7.0 **Make a Positive Contribution**

7.1 OfSTED graded Leeds as 3 ('good') for make a positive contribution. This was not in-line with the council's self-assessment of 4 ('outstanding'). OfSTED recognised some significant strengths in work in Leeds, but also determined that the areas where improvement are still needed are important considerations requiring further attention. Leeds was recognised for the increases in young people accessing the youth service, reductions in the number entering the youth justices system for the first time and decision-making opportunities for young people with learning difficulties and disabilities. Key areas for development relate primarily to work with looked after children, specifically:

7.2 *Participation by looked after children in their reviews:* This figure has been improving and work is ongoing to maintain this trend. Training for the relevant

teams and specific training for key officers has helped increase skills and understanding around participation in the reviewing process. A sub-group within the team is developing innovative practice in this type of work. Different ways of enabling the sort of participation that young people want are being explored, for example through better use of I.T. A set of standards to support young people's participation has been agreed and a stronger role for the Independent Reviewing Officers in ensuring that participation is part of each review has been established. This will be further strengthened with the additional IRO posts discussed in 5.4 above.

- 7.3 *The number of looked after children receiving final warnings or convictions:* Leeds Youth Offending Service is implementing an Action Plan to address this, which is being monitored by a multi-agency group. Work being undertaken includes training and support for residential children's home staff to help them deal with 'low level' incidents and avoid significant police involvement; closer links between neighbourhood policing teams and children's homes so that more 'informal' and supportive relationships can help prevent minor incidents from escalating; and more information sharing between the foster carers and children's homes with the Youth Offending Service and 'Positive Activities for Young People (PAYP) teams, so that looked after children considered at risk of negative behaviour can be 'fast tracked' to diversionary alternative, positive activities. This work is being underpinned with a review of the protocol between the police, YOS and CYP Social Care for addressing incidents involving young people in looked after placements.

## **8.0 Economic Wellbeing**

- 8.1 Our self assessment for Economic Wellbeing is lower in 2008 than in previous years. OfSTED accepted this self-assessment. In part this reflects extensive changes to the content of this judgement within OfSTED's assessment. As such the changed grade is more a result of changes to inspection than a decline in performance. In the past a wide range of areas, including many where Leeds was recognised as a national leader, were included in this judgement. For example, in 2007 this included: childcare; reducing worklessness; family learning; regeneration; housing; homelessness; 14-19 education and NEET (Not in Education Employment or Training). In 2008 the judgement was based on 14-19 education and NEET. As such, and in light of the recent JAR inspection findings on 14-19 education our self-assessment grade was 'adequate'. The key areas for development identified by OfSTED were NEET and Level 3 (Broadly equivalent to two A levels) qualifications for 19 year olds.
- 8.2 *The proportion of young people Not in Education, Employment or Training:* The latest data indicate improvement in the local NEET and 'Unknown' rate for young people, although confirmation of this trend will not be available until the spring when the national measure is available. A NEET strategy has been agreed and Leeds has successfully gained £2.5 million of targeted LSC funding for the next two years. The partnership has agreed a new IAG (Information Advice and Guidance) framework and work is ongoing to re-tender local IAG services.
- 8.3 *The proportion of young people with Level 3 qualifications at aged 19:* The council, schools and colleges are making progress in 14-19 education but this indicator is still a concern. The slow improvement in part reflects more limited improvement in GCSE results three years ago when the current 19 year-old cohort were in Key

Stage 4. The authority has led strong work to improve capacity and citywide working on 14-19 education. A new 14-19 Education Plan has been agreed, the college merger approved and local commissioning partnerships developed. GCSE results are now improving rapidly which will improve this measure in future years and Leeds is well ahead of the national trend on the roll-out of Diplomas. The key next steps for further improvement are to further develop the take up of Apprenticeships and a support and challenge programme for school sixth forms.

## **9.0 Capacity to Improve**

9.1 This grade is mainly a result of the decline in 'Be Healthy' and OfSTED's interpretation of the new grade for 'Economic Wellbeing' as representing a 'step – down' in performance. It should be noted that the detailed findings of the Joint Area Review rated capacity to improve as 'good' and that for the first three years the APA did not identify a single area for development in Capacity to Improve. Finally, partnership working is seen as key to securing improvements and the Council was awarded Beacon status for partnership work founded strongly on core studies from children's services. The key areas for development identified in 2008 are set out below:

9.2 *Social care vacancies:* This issue was raised by OfSTED on the basis of a return dated 30 September 2007 covering all children's social care staff (ie fieldwork, residential, fostering and adoption workers etc). At that time the residential homes staffing review was still being implemented and a number of posts were filled by temporary and agency staff pending permanent recruitment. Similarly, a number of fieldwork posts were filled by agency staff pending permanent staff returning from courses as qualified social workers. During 2007/08 16 FTE substantive fieldwork appointments have been made.

9.3 *Value for money of preventative and family support services:* OfSTED have used a somewhat simplistic interpretation of various budget benchmarking indicators compared to the number of children in care as the basis for this comment. Whilst the reality is more complex, for example this includes the authority's investment in Sure Start and early years, this is an acknowledged local issue. There has been extensive work to consider the role and effectiveness of these services across the partnership over the past twelve months, including some good joint research by social care, the voluntary sector and a local university. In addition new approaches have been piloted through the SignPost project and some local projects. Next steps for further improvement include: implementing the findings of the recent reviews into family and preventative services (e.g. the positive impact of the Budget Holding Lead Professional pilot).

## **10.0 Overall Effectiveness**

10.1 The grade for the overall effectiveness of children's services in the 2008 APA is 2, or 'adequate'. This grade is produced by inspectors as a balanced overall assessment of all the other grades, with a particular emphasis on 'Stay Safe' and 'Enjoy and Achieve'. The grade for overall effectiveness has changed as a result of the changes to the grades for 'Be Healthy' and 'Economic Wellbeing' and the remaining 'adequate' grade for 'Stay Safe'.

## **11.0 Conclusion**

- 11.1 This years Annual Performance Assessment has seen significant changes to the inspection framework, placing more emphasis on a smaller number of key indicators of progress. The national picture has seen a reduction in the number of local authorities graded as good overall and an increase in the number of authorities Graded as inadequate overall and particularly for safeguarding. Against this context it is however still disappointing that Leeds APA score is lower than in previous years so although the letter does not indicate a major *decline* in outcomes, it does highlight important challenges in a number of areas.
- 11.2 The APA has provided indications of where improvement in outcomes need to be more significant, or take place more rapidly. Although services were aware of and working on these areas, the inspection has further focused attention on them. The 'tougher' focus within the inspection on safeguarding, coupled with the national context of public concern about assurances within safeguarding work is reflected in the work for continuous improvement that was already underway in Leeds to strengthen arrangements and processes in this area.
- 11.3 The APA itself acknowledges the progress that Leeds is already making in some of these key areas. Improvement work is already showing a strong progress and impact, as is seen in the recent inspections of residential homes, or the praise for Leeds new approach to reducing teenage conceptions. The changes set out above will build on this work bringing improvements in the areas highlighted and others over the next year.
- 11.4 The Budget Plan for 2009/10 will include resources for targeted work on the required development areas.

## **Recommendations**

The Board is recommended to:

- a. Receive the report
- b. Approve the actions proposed in sections 4 to 9

## **Background Papers**

Report to Executive Board: Children's Services Annual Performance Assessment and Half Year Update on Progress and Performance – 19<sup>th</sup> December 2007

Report to Executive Board: Leeds Joint Area Review – 11<sup>th</sup> June 2008

Ofsted's Annual Performance Assessment Handbook of Procedures 2008 (see the ofsted website [www.ofsted.gov.uk](http://www.ofsted.gov.uk))

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17 December 2008

Mrs Rosemary Archer  
Director of Children's Services  
Leeds City Council  
1<sup>st</sup> Floor West Merrion House  
110 Merrion Centre  
Leeds  
LS2 8DT

Dear Mrs Archer

## **Annual performance assessment of services for children and young people in Leeds City Council 2008**

This letter summarises the findings of the 2008 annual performance assessment (APA) for your council. The evaluations and judgements in the letter draw on a range of data and information which covers the period 1 April 2007 to 31 March 2008. As you know, the APA is not based on an inspection of your services and, therefore, can only provide a snapshot based on the evidence considered. As such, I am grateful to you for assuring the quality of the data provided.

Performance is judged on a four point scale as detailed in the handbook. I should emphasise that the grades awarded are based on an overall 'best fit' model. For instance, an outstanding judgement of Grade 4 reflects that overall most aspects, but not necessarily all, of the services in the area are working very well. We know that one of the features of outstanding provision is the drive for greater improvement and no council would suggest, and nor would Ofsted, that a judgement of outstanding indicates that everything is perfect. Similarly within a judgement of inadequate overall, Grade 1, there could be some aspects of the overall service that are adequate or even good. Judgements are made in a rounded way, balancing all of the evidence and giving due consideration to outcomes, local and national contexts, priorities and decision-making.



The following table sets out the grades awarded for performance in 2008.

<b>Assessment judgement area</b>	<b>APA grade</b>
Overall effectiveness of children's services	2
Being healthy	2
Staying safe	2
Enjoying and achieving	3
Making a positive contribution	3
Achieving economic well-being	2
Capacity to improve, including the management of services for children and young people	2

*Inspectors make judgements based on the following scale  
4: outstanding/excellent; 3: good; 2: adequate; 1: inadequate*



## Overall effectiveness of children’s services

**Grade 2**

Leeds City Council delivers services for children and young people that meet the minimum requirements for users overall. The council’s capacity to improve, including its management of services, is adequate. In recent years the council has a record of providing services that deliver above minimum requirements in most respects but during the last year some key weaknesses have emerged. Evidence from recent inspections has highlighted concerns in achieving economic well-being and staying safe and some health outcomes have shown little improvement during the last year. The council has been slow to respond to some areas for improvement highlighted in the 2007 APA. As a result, two outcome areas have fallen this year with being healthy and achieving economic well-being judged as adequate. Outcomes with regard to being healthy, which were good last year, are now only adequate, not least because of the council’s failure to address the year on year increase in the number of teenage conceptions. A high proportion of young people are not in education, employment or training and the figure is not falling quickly enough although there are early signs of a reduction in the most recent data. The council does, however, continue to ensure good outcomes for its children and young people with regard to enjoying and achieving and making a positive contribution.

### Being healthy

**Grade 2**

The contribution of services to improving outcomes for children and young people in this aspect is adequate. The council’s analysis of its strengths and areas for development in this outcome area underestimate a number of important weaknesses and overvalue the areas where progress has been made. The table below sets out the evidence for the grade awarded.

<p><b>Major strengths</b></p> <ul style="list-style-type: none"> <li>▪ The proportion of schools achieving Healthy School status is improving well compared to the England average. The council achieved Beacon Status in 2007 for this area of work.</li> <li>▪ A continuing high proportion of mothers’ breast-feed.</li> <li>▪ An effective multi-agency approach by child and adolescent mental health services ensure good access to services by vulnerable groups such as looked after children, adopted children and young people, and young offenders.</li> </ul>
<p><b>Important weaknesses and areas for development</b></p> <ul style="list-style-type: none"> <li>▪ The number of teenage conceptions remains high and the rate has not decreased since the baseline of 1998.</li> <li>▪ Whilst there has been some improvement in the rate of dental checks over the past year, there has been a reduction in the number of looked after children receiving annual health checks. Performance remains much lower than in similar councils.</li> </ul>

- Although the council and its partners have taken action and have agreed a new strategy, in 2004-06 the infant mortality rate is significantly higher than the national average.

## Staying safe

## Grade 2

The contribution of services to improving outcomes for children and young people in this aspect is adequate. The council's analysis of its strengths and areas for development in this outcome area are consistent with the evidence.

### Major strengths

- The council's adoption service is effective, with good decision-making leading to improvements in the time taken to place children and young people. Since the last APA the adoption service has been inspected and found to be good.
- The timeliness of initial assessments has improved and is now better than the average found nationally and in similar councils. The timeliness of core assessments has also improved and is now approaching the national levels and those in similar councils.

### Important weaknesses and areas for development

- The council's fostering service has recently been judged inadequate.
- Actions taken to improve the quality of children's homes have yet to have a significant impact across the provision as a whole.
- The timeliness of reviews for looked after children has improved but remains significantly below the national average and that found in similar councils.

## Enjoying and achieving

## Grade 3

The contribution of services to improving outcomes for children and young people in this aspect is good. The council's analysis of its strengths and areas for development for enjoying and achieving are consistent with evidence.

### Major strengths

- The quality of education in schools and early years settings is mostly good as shown by Ofsted inspections.
- Standards are rising in Key Stage 4 and closing the gap with the national averages.
- The provision for children and young people with learning difficulties and/or disabilities is generally good. The great majority of children with learning difficulties and/or disabilities are educated successfully in mainstream settings and they have good opportunities to access cultural and leisure activities.

<p><b>Important weaknesses and areas for development</b></p>
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- |   |
|---|
| <ul style="list-style-type: none"> <li>▪ Attendance rates are below those of similar councils despite a significant reduction in the number of persistent absentees.</li> <li>▪ Despite marked improvements in the achievement of children of Black Caribbean and Black African heritage, the achievement of children from some other minority ethnic backgrounds remains low, particularly children of Kashmiri Pakistani origin.</li> </ul> |
|---|

**Making a positive contribution**

**Grade 3**

The contribution of services to improving outcomes for children and young people in this aspect is good. The council’s analysis of its strengths and areas for development in this outcome area underestimate a number of important weaknesses and overvalue the areas where progress has been made. The table below sets out the evidence for the grade awarded.

<p><b>Major strengths</b></p>
-------------------------------

- |  |
|--|
| <ul style="list-style-type: none"> <li>▪ There has been a continued and significant increase in the numbers of children and young people accessing youth services over the past year, which is now at 44%. This is far in excess of the national target of 25%.</li> <li>▪ Preventative services and multi-agency partnerships have contributed to a marked drop in the number of children and young people entering the youth justice system for the first time, with the proportion significantly lower than found in similar councils or nationally. The re-offending rate has also reduced significantly and is now close to similar councils and nationally.</li> <li>▪ Children and young people with learning difficulties and/or disabilities have good opportunities to contribute to decision-making about their own lives, and influence the development of services that affect them.</li> </ul> |
|--|

<p><b>Important weaknesses and areas for development</b></p>
--

- |   |
|---|
| <ul style="list-style-type: none"> <li>▪ Despite continued improvement, the participation by looked after children in their reviews remains much lower than similar councils and nationally.</li> <li>▪ The number of looked after children receiving final warnings or convictions over the past year is much higher than similar councils or the national average.</li> </ul> |
|---|

**Achieving economic well-being**

**Grade 2**

The contribution of services to improving outcomes for children and young people in this aspect is adequate. The council’s analysis of its strengths and areas for development for this outcome area is consistent with the evidence.

<p><b>Major strengths</b></p> <ul style="list-style-type: none"> <li>▪ There is a good range of 14–19 collaborative provision involving schools, colleges and work-based providers. The wide range of post-16 provision includes vocational pathways covering every sector subject area and providing for a wide range of ability levels.</li> <li>▪ The proportion of young people who achieve a Level 2 qualification by the age of 19 is increasing and the gap between Leeds and similar councils is closing.</li> <li>▪ A high proportion of care leavers are still in education and/or training at the age of 19 and many are at university. There is good support for looked after children as they make the transition to adulthood and the proportion of care leavers aged 19 living in suitable accommodation is high.</li> </ul>
<p><b>Important weaknesses and areas for development</b></p> <ul style="list-style-type: none"> <li>▪ There remain a high proportion of young people who are not in employment, education or training, especially from minority ethnic groups. Progress to improve this has been slow.</li> <li>▪ The proportion of young people obtaining a Level 3 qualification by the age of 19 is lower than in similar councils and is not improving.</li> </ul>

**Capacity to improve, including the management of children’s services**

**Grade 2**

The council’s capacity to improve its services for children and young people is adequate and its management of these services is adequate. The council’s self assessment of services for children is detailed and correctly identifies the strengths and some weaknesses in the service but some evaluations give too little regard to some weaknesses in service delivery. The joint area review in early 2008 indicated only adequate outcomes for safeguarding and looked after children. It is apparent that more recent inspections have identified some concern in the levels of service and care for some of the most vulnerable children and young people. However the council has taken action to address these issues and is seeking rapid improvements in service delivery.

<p><b>Major strengths</b></p> <ul style="list-style-type: none"> <li>▪ The children and young people’s plan is based on an extensive needs analysis that complements the Vision for Leeds.</li> <li>▪ The joint commissioning strategy is promoting a more integrated approach, thus reducing duplication and leading to greater efficiency.</li> </ul>
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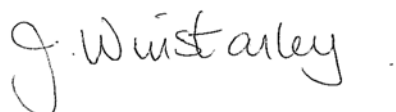
### **Important weaknesses and areas for development**

- The percentage of unfilled posts for social care staff directly employed for children and families is high and there is too much reliance on temporary staff, with social care vacancy rates nearly twice those found in similar councils.
- High levels of investment in family support and preventative services are not yet leading to improved outcomes for many young people.

The children's services grade is the performance rating for the purpose of section 138 of the Education and Inspections Act 2006. It will also provide the score for the children and young people service block in the comprehensive performance assessment to be published by the Audit Commission.

We are grateful for the information you provided to support this process and for the time given by you and your colleagues during the assessment.

Yours sincerely



Juliet Winstanley  
Divisional Manager, Local Services Inspection

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Children's Services)

Date: 5 February 2009

### Subject: Recommendation Tracking – Adoption

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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## 1.0 Introduction

- 1.1 At the Scrutiny Board meeting in January, members considered the normal quarterly recommendation tracking report. The board decided that progress was not satisfactory against the final outstanding recommendation from its adoption inquiry, originally published in March 2007.
- 1.2 The Board requested a report back to its next meeting from the Director of Children's Services, explaining why it had taken so long to implement the action arising from this recommendation.
- 1.3 An extract from the Board's recommendation tracking report relating to this recommendation is attached, alongside the Director of Children's Services' report.

## 2.0 Recommendation

- 2.1 The board is requested to consider the attached report and agree any further action required.

## Background papers

None

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**Report of the Director of Children's Service**

**Scrutiny Board (Children's Services)**

**Date: 5th February 2009**

**Subject: Recommendation Tracking Further Detail – Adoption In Leeds: Staff Recruitment**

<b>Electoral Wards Affected:</b> All	<b>Specific Implications For:</b>
	Equality and Diversity <input checked="" type="checkbox"/>
	Community Cohesion <input checked="" type="checkbox"/>
	Narrowing the Gap <input checked="" type="checkbox"/>

**1.0 Background**

- 1.1 Scrutiny Board's regularly carry out detailed reviews of particular areas of work in Leeds to establish a better understanding of them and make recommendations for improvement in the future.
- 1.2 In March 2007 the Children's Services Scrutiny Board published a report on Adoption in Leeds following a review of the service. This had included researching the adoptions work of other local authorities and as a result of this the Board made a recommendation that:
- 'the Director of Social Services considers whether a similar organisational approach to that taken in Liverpool would benefit adoption in Leeds, and reports back to us with a view within three months'.
- 1.3 In response to this recommendation the Board received a number of updates as part of their regular recommendation monitoring process. The full chronology of responses received is attached at appendix 'A'.
- 1.4 At its January 2009 meeting the Board raised concerns over the time taken for the recruitment of additional adoption officers, originally discussed in the July 2008 report to the Board. Members requested that details be provided to explain the time taken from the original proposal to make the additional appointments, up to advertising for the posts.

## **2.0 Main Issues**

- 2.1 In the July 2008 update to the Scrutiny Board, members were informed that to help to shorten the timescales for assessments, 3 additional adoptions officers were to be appointed.
- 2.2 Following the reporting to scrutiny of the intention to recruit the new posts, work commenced to draw up the necessary paperwork and proposals. The delegated officer decision, taken by the then Chief Officer for Children and Young People's Social Care, which endorsed the original proposal, was taken in August 2008.
- 2.3 After this however, further thought had to be given to the best way to carry forward the plans in view of emerging work necessary at the time to consider capacity and effectiveness within the fostering service (whose work links closely to that of the adoptions service) and particularly in light of financial pressures emerging during the year. This led to the update provided to scrutiny in October 2008 outlining the necessity to reduce the original proposal of three posts down to two and a half.
- 2.4 Once this refined proposal was in place and consideration had been given to the wider implications for the existing fostering and adoption team structures, work could then move ahead to complete the necessary paperwork to carry out the recruitment process. This did not take place as efficiently as should have been the case. The Chief Officer for Children and Young people's Social Care approved the revised proposals in October 2008 shortly before leaving the authority. The transition period between the former Chief Officer for Children and Young People's Social Care's departure, and the full implementation of the interim arrangements that replaced this, meant that the next stage of the process was not carried out as quickly as officers would have wished.
- 2.5 Once the interim arrangements had been fully established the necessary HR paperwork was completed and two of the posts have now been advertised.

## **3.0 Key Learning**

- 3.1 Officers recognise that this process could and should have been completed more efficiently. It was however necessary to review the original proposals (for 3 posts) in light of emerging issues within the fostering service and particularly the changing in-year financial situation.
- 3.2 In establishing the interim leadership arrangements for Children and Young People's Social Care and as part of the wider review of systems in place, the delegated decision-making process in this area has been considered and arrangements are now in place to ensure it operates more efficiently and consistently.

## **4.0 Conclusion**

- 4.1 The recruitment of additional officers will create valuable extra capacity within the Adoptions Service in Leeds. The process to ensure this recruitment takes place has not been as efficient as officers would want, there has been learning from this and arrangements are in place aiming to ensure similar decisions run more smoothly in future. Recruitment to these posts will now be finalised as soon as possible, with the closing date for applications being 5<sup>th</sup> February.

## **Background Papers**

Children's Services Scrutiny Board Report : Adoptions in Leeds - March 2007

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	Recommendation	Where we are up to	Stage	Complete
3	<p><b>We recommend that the Director of Social Services considers whether a similar organisational approach to that taken in Liverpool would benefit adoption in Leeds, and reports back to us with a view within three months</b></p>	<p><u>July 2007 position</u> This proposal will be considered as part of the full review of the service as it represents a significant change to current practice and has budgetary implications Timescale: October 2007</p> <p><u>October 2007 update</u> The timescale for the review to be completed is now January 2008.</p> <p><u>January 2008 update</u> The timescale for completion of the review is now March 2008.</p> <p><u>July 2008 Update</u> The Liverpool model has been considered and rejected on the basis that the benefits from that approach can be achieved by other means in Leeds. Specifically, Leeds has instead invested in 3 additional adoption officers to help shorten the timescale for assessments – a key priority for the service.</p> <p><u>October 2008 update</u> To create extra capacity within the adoptions service as soon as possible, 1.5 of the posts available will be used to take on fostering work that has been covered by those responsible for adoptions. This will free up those staff to work entirely on adoptions. Half a post will be used to increase contact work and the other half a post will add to existing capacity. The process for filling these posts is currently being carried through. To stay within budget it has been necessary to reduce the 3 additional posts to 2.5.</p> <p><u>January 2009 update</u> In October the Board asked the Chair to monitor progress, with a view to signing off the recommendation once recruitment took place. The Chair has received a delegated decision report which is due to be considered by the Chief Officer (Children and Young People's Social Care) in January 2009, following which the posts can be filled/advertised.</p>	<p>4 or 5 (not achieved)</p> <p>Board to determine whether progress is acceptable</p>	

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Originator: Kate Arscott

Tel: 247 4189

## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Children's Services)

Date: 5 February 2009

### Subject: Request for Scrutiny – Adoption Service

**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

## 1.0 INTRODUCTION

- 1.1 A request for scrutiny has been received from the Executive Board.
- 1.2 At the Executive Board meeting on 14 January, Members considered the Statements of Purpose for the Fostering and Adoption Services for Leeds City Council. As a result of the discussion, the Executive Board resolved

*“That the Scrutiny Board (Children’s Services) be requested to examine the criteria for the consideration of applications for adoption and the manner in which they are applied.”*

- 1.3 The Scrutiny Board Procedure Rules state that “where the Executive or Council resolves to recommend that an Inquiry should be undertaken into a particular matter, the Proper Officer shall add this recommendation to the agenda for the next Ordinary Meeting of the relevant Scrutiny Board. Where a Scrutiny Board decides not to undertake an Inquiry recommended by the Executive or Council, the reasons for the decision will be minuted by the Scrutiny Board.”

## 2.0 OPTIONS FOR INVESTIGATIONS AND INQUIRIES

- 2.1 The Scrutiny Board is required to consider whether an Inquiry into this matter is appropriate and if so, what form that Inquiry shall take.

- 2.2 When deciding whether the Board will pursue a request for Scrutiny, it is important for Members to consider the request in the context of the Board's terms of reference, its existing Work Programme and commitments.
- 2.3 In order to assist the Board in making such a decision, Children and Young People's Social Care has provided the attached information on the current criteria for considering adoption applications, and an officer from the service will attend the Board to answer Members' questions.

### **3.0 RECOMMENDATION**

- 3.1 The Board is asked to consider the request for Scrutiny and to consider whether further investigation is to be undertaken.

### **Background papers**

Scrutiny Board Procedure Rules  
Executive Board minutes – 14 January 2009





**Report of : Interim Head of Operations, Children & Young People's Social Care**

**Meeting: Scrutiny Board**

**Date of meeting: 5<sup>th</sup> February 2009**

**SUBJECT:** The criteria for the consideration of applications for adoption and the manner in which they are applied

<b>This Report is for;</b>			
Discussion Only <input checked="" type="checkbox"/>	Information Only <input type="checkbox"/>	Advice/consideration prior to taking a Key or Major decision or reporting to a Committee <input type="checkbox"/>	
<b>Decision to be taken by:</b>			
Full Council <input type="checkbox"/>		Corporate Governance and Audit Committee <input type="checkbox"/>	
Executive Board <input type="checkbox"/>		Standards Committee <input type="checkbox"/>	
An Area Committee <input type="checkbox"/>		Member Management Committee <input type="checkbox"/>	
A Regulatory Committee <input type="checkbox"/>		A Chief Officer using delegated authority <input type="checkbox"/>	

## Executive Summary

This report details the way in which the criteria used in assessing prospective adopters are applied in Leeds with particular reference to the health of the applicant and the lifestyle issues. It demonstrates that the agency's policy and practice is in line with legal requirements and best practice guidance.

## **1.0 Purpose Of This Report**

1.1 To inform Elected Members of the criteria used in assessing potential adopters.

## **2.0 Background Information**

2.1 On 14 January 2009 The Adoption Service's Statement of Purpose was presented for the approval of the Executive Board. The Board determined that, in light of recent publicity about a prospective adopter who was advised to lose weight before his application was considered, a referral to the Scrutiny Board should be made. The Scrutiny Board was asked to examine 'the criteria for the consideration of applications for adoption and the manner in which they are applied'. It is understood that Executive Board was particularly interested in the Adoption Agency's practice in respect of obesity and smoking.

## **3.0 Main Issues**

3.1 The Adoption Agency's Policy (appendix 1) outlines the criteria applied when assessing adopters and matching children. It provides clarity about eligibility to adopt in respect of the following matters, age of adopters, marital status, sexual orientation, other children in the family, infertility, religion, lifestyle (including alcohol consumption, smoking and drugs, dangerous pets, pornography) and criminal convictions. It also sets out the Agency's expectations of adopters on a range of issues including health. These are all addressed in the report on the adopter that is presented to the adoption panel.

3.2 In respect of health the policy states at 7.1 "It is an expectation that applicants should have sufficiently good physical and mental health to meet the needs of the child until they reach the age of independence".

3.3 In order to determine whether applicants meet this criteria the agency takes the advice of its medical adviser.

3.4 The Adoption Agency Regulations 2005 require that;

- The adoption agency must appoint at least one registered medical practitioner to be the agency's medical adviser.
- The medical adviser shall be consulted in relation to the arrangements for access to, and disclosure of, health information which is required or permitted by virtue of these Regulations. (Reg 9)

And

The adoption agency must obtain;

- A written report from a registered medical practitioner about the health of the prospective adopter following a full examination which must include matters specified in Part 2 of Schedule 4 unless the agency has received advice from its medical adviser that such an examination and report is unnecessary. (Reg 25)

Furthermore the Regulations detail the content of the report on the health of the prospective adopter

## REPORT ON THE HEALTH OF THE PROSPECTIVE ADOPTER

- Name, date of birth, sex, weight and height.
- A family health history of the parents, any brothers and sisters and the children of the prospective adopter, with details of any serious physical or mental illness and hereditary disease or disorder.
- Infertility or reasons for deciding not to have children (if applicable)
- Past health history, including details of any serious physical or mental illness, disability, accident, hospital admission or attendance at an out-patient department, and in each case any treatment given
- Obstetric history (if applicable)
- Details of any present illness, including treatment and prognosis.
- Details of any consumption of alcohol that may give cause for concern or whether the prospective adopter smokes or uses habit-forming drugs.
- Any other relevant information which the adoption agency considers may assist the adoption panel and the adoption agency. (Reg 25)

3.5 In determining what other relevant information may assist the adoption panel the agency takes the advice of its medical adviser.

3.6 The British Agency for Adoption and Fostering (BAAF) in Effective Panels: Guidance on Regulations, process and good practice in adoption and permanence panels (BAAF 2006) states the role of the medical adviser as follows; “The Medical adviser is a full panel member with a responsibility equal to that of the other members to take part in panel consideration of cases and to contribute to the reaching of a recommendation.

However, unlike other panel members, the medical adviser also contributes to the paperwork considered by panel. He or she is required to write a summary on the child’s health which forms part of the child’s permanence report (AA 17 (1) (b), and a summary on the prospective adopter’s health which forms part of their report for panel (AAR 25(5) (b)). The medical adviser must also be consulted when the agency prepares the adoption placement report about a match for panel (Guidance 1.43). The medical adviser will be able to add verbally to their written report and to answer questions on health issues at the request of other panel members.

It is recommended in Guidance 1.44 that the agency “make arrangements for the appointment of its medical adviser with a local Primary Care Trust’s designated doctor for Looked After Children”.

3.7 The Guidance goes on to state in relation to weight issues;

- Obesity can cause health problems as can anorexia or other eating disorders. Is there evidence of unhealthy eating patterns or limited mobility, either of which could affect their parenting capacity. The medical adviser will advise on this.

3.8 Leeds designated doctor for Looked After Children is Dr Alison Share who is also a medical adviser to one of the adoption panels. Dr Share advises the agency on a range of medical issues relating to foster carers and adopters. In respect of adopters weight Dr Share’s advice is in line with a BAAF medical note issued in 2003. This note, with Dr Share’s advice, was issued as guidance to staff in August 2005. (Appendix 2). Dr Share advises that Body Mass Index (BMI) levels between 20-25 are normal and of no concern. A BMI level of 30-35 is of significant concern,

a BMI of over 40 is likely to indicate very serious concern about a person's health making it unlikely that a person be suitable to adopt, from a medical point of view.

3.9 In respect of prospective adopters who smoke, agency practice is again in line with BAAF guidance. The fact that smoking is specifically mentioned in the Adoption Regulations indicates the importance attached to it by Parliament in passing the Adoption Act 2002. The agency's policy in respect of smoking is outlined at 3.7 (ii) of the Adoption Agency Policy. It states;

- "Smoking and Drugs – The Agency takes the view that smoking and drug-taking is harmful to the individual and to others in the household. It would, therefore, wish to promote a smoke and drug-free environment for adopted children. BAAF guidance states that babies, young children up to the age of five years and children of any age with respiratory problems or disabilities should not normally be placed in households with smokers. The Agency policy is to follow this guidance and where such children are placed in households with smokers there should be positive reasons for doing so and these should be clearly recorded in the matching report. People using illegal drugs will be considered unsuitable to adopt."

The BAAF Practice note Children and Smoking (BAAF 1995) is to be found in **appendix 3**.

3.10 The BMI of applicants would form part of the medical assessment and would be of particular concern if a high BMI was found in association with other co-morbidity factors such as smoking or high blood pressure. Prospective adopters with high BMI are advised to lose weight prior to an assessment commencing.

3.11 The agency always balances this advice against other factors in adopter's personal circumstances particularly if the prospective adopter is known to the child. However, in general obesity and smoking does represent a significant barrier to an applicant being approved as an adopter but these are not the only factors taken into account.

## **4.0 Conclusions**

4.1 It is the policy and the practice of the Adoption Agency to follow the advice of the agency's medical adviser who bases her judgement on her professional knowledge and experience, guidance provided by the Department of Health in respect of obesity and smoking and on practice guidance published by BAAF as a result of extensive discussion within its medical committee. It takes this advice very seriously but it always balances, against other factors. The interests of the child are paramount and the adopter's ability to meet the child's needs is the main consideration.

## **5.0 Recommendations**

5.1 The committee note the context of this report and agree the adoption agency's practice complies with Adoption Agency Regulations and is in line with health information on obesity and smoking issued by the Department of Health and with BAAF practice guidance in respect of the health of adopters.

## **6.0 Documents Referenced in this report :**

Leeds Adoption Agency Policy – 2007

The Adoption Agency Regulations – 2005

Effective Panels guidance and Regulations: process and good practice in adoption and permanence panels – BAAF 2006

Practice Note 51: Reducing the Risks of Environmental Tobacco Smoke for Looked After Children and their Carers - 2007

**ATTACHED APPENDICES :-**

**Appendix 1**

Leeds Adoption Agency Policy -  
2007

**Appendix 2**

Practice Guidance RE: Obesity

**Appendix 3**

Practice Note 51: Reducing the  
Risks of Environmental Tobacco  
Smoke for Looked After Children  
and their Carers - 2007

## LEEDS SOCIAL SERVICES

### ADOPTION AGENCY POLICY

#### 1. Introduction

- 1.1 Adoption must serve children with a wide range of different experiences, circumstances and needs. This includes children of different ethnic and cultural backgrounds, different religions, different ages, children with special needs and children needing to be placed with siblings. It is, therefore, important to note that this policy is not over-prescriptive and that the paramount consideration for choosing an adoptive family should be their ability to meet the needs of individual children.
- 1.2 Current guidance from the Department for Education and Skills states that Adoption Agencies should be more open about their policies and the criteria used in assessing adopters and matching children appropriately.
- 1.3 The Policy and Procedures of the Adoption Agency should be reviewed at least once every three years.
- 1.4 This policy aims to provide adoption services equally for all service users according to their individual needs.

#### 2. Race, Religion, Language and Culture

- 2.1 The Agency has a clear expectation that prospective adopters should demonstrate anti-discriminatory attitudes and a respect for others' race, religion, language and culture. Account of a child's ethnic and cultural origins should play an important part in selecting a suitable match.
- 2.2 However, the Government has made it clear that it is unacceptable for a child to be denied loving adoptive parents solely on the grounds that the child and adopters do not share the same racial or cultural background ("Adoption-Achieving the Right Balance 1998").

#### 3. Eligibility to Adopt

##### 3.1 Age of Adopters

The Agency takes the view that adopters should have the ability to cope as the adopted child grows into adulthood. Consequently it is normally the expectation that adopters will not have reached the age of 65 years by the time the child placed with them is 18 years of age. In exceptional cases an application by a couple, where one partner exceeds the age limit will be considered. However advice must be sought from the medical adviser regarding the applicant's health and reference must be made to Section 7 of this policy – Health Issues.



### 3.2 Marital Status

Applications will be accepted from single people (male and female), from married and unmarried couples and those in civil partnerships.

### 3.3 Sexual Orientation

A person's sexual orientation will not affect his or her eligibility to adopt.

### 3.4 Children in the Family

The Agency will normally only consider placing children where there is an age gap of 2 - 3 years below the youngest child in the family. However, due to the needs of the children we have to place, priority may be given to prospective adopters without children living in the family.

### 3.5 Infertility

If couples are in the process of fertility treatment, an assessment will not be undertaken until the treatment has ceased.

### 3.6 Religion

Applications to adopt will be accepted from people whatever their religious beliefs, unless these beliefs are likely to be detrimental to the welfare of any child placed with them.

### 3.7 Lifestyle

Prospective adopters should be prepared to modify their lifestyle to ensure the health and general wellbeing of the child. The agency follows the following guidelines:

#### (i) Alcohol Consumption

Applicants who drink alcohol will be expected to do so within the current safe limits guidance set by the Department of Health.

#### (ii) Smoking and Drugs

The Agency takes the view that smoking and drug-taking is harmful to the individual and to others in the household. It would, therefore, wish to promote a smoke and drug-free environment for adopted children. BAAF (British Association of Adoption and Fostering) guidance states that babies, young children up to the age of five years and children of any age with respiratory problems or disabilities should not normally be placed in households with smokers. The Agency policy is to follow this guidance and where such children are placed in households with smokers there should be positive reasons for doing so and these should be clearly recorded in the matching report.

People using illegal drugs will be considered unsuitable to adopt.



(iii) Dangerous Pets

The Agency is happy for prospective adopters to have household pets. However, some pets, particularly dogs, can pose dangers. It is policy not to accept anyone as an adopter who possesses a pet listed as dangerous in current legislation. Applicants who own pets are required to answer questions related to the control and management of their pets.

(iv) Pornography

The Department follows the City Council's policies of promoting equality and combating discrimination and is opposed to anything which will lead to people being viewed as objects which will degrade them. It is absolutely opposed to pornography which involves children or adults posing as children. (For more information – see guidelines on pornography for Foster Carers, Adopters and Panels).

### 3.8 Criminal Convictions

Enhanced Criminal Record checks will be taken up on all persons aged 18 years and over who are regular members of the household. Where any such member of the household has a criminal conviction within the last 2 years, a serious offence, or a long history of offending, an application will be unlikely to proceed. In some cases, matters will be brought to the attention of the Adoption Panel, who will make a recommendation whether to proceed with the application. Regulation 23.2 of the Adoption Agency Regulations (AAR) "stipulates that an agency may not consider a person suitable to adopt a child if he or any adult members of his household has been convicted of a specified offence committed at the age of 18 or over or has been cautioned by a constable in respect of a specified offence which, at the time the caution was given, he admitted." Specified offences are listed in AAR Part 1, and Part 2 of Schedule 3 (Regulations 23.3 & 23.4); they relate to sexual offences against children and adults.

## 4. **Contact**

4.1 There is a clear expectation that the possibility of contact should be considered between an adopted child and his or her birth family. This may range from infrequent, frequent, direct or indirect contact. In some cases it may be in the child's interests to have no contact. A clear plan for contact should be presented by the social worker to the Adoption Panel.

4.2 Where the plan is to refuse contact, or where contact is to be defined by the Court, there is **no** requirement for this to have been resolved before the child's application is presented to the Adoption Panel. However, it is expected that the issue of contact be resolved prior to matching the child with prospective adopters.



4.3 The Agency operates an Adoption Contact Register which is located in the adoption archive section. The register provides a confidential post box service for the exchange of information between a birth family and the adoptive family. It also records any contact arrangements either direct or indirect agreed between the respective parties.

4.4 The Department has an Adoption Support Team which can be accessed for advice and consultation on matters relating to contact.

## **5. Placement with Siblings**

5.1 Whenever possible siblings should be placed together. However, the overriding concern should be the needs of the individual children and in some cases this may lead to the use of different placements. In such circumstances contact needs must be given close attention.

## **6. Legal Issues**

6.1 The Adoption Panel will give advice on whether a placement order application or a section 19 consent order should be sought.

6.2 The department will meet the costs of an application to adopt a child from care. Where the adoption is contested applicants should apply for legal aid. In the event of this being turned down or not covering the full costs, the Local Authority will normally cover legal fees.

## **7. Health Issues**

7.1 The Adoption Panel receives up to date health reports on applicants and children. For agency adoptions, the health report is valid for two years after the applicants are presented to panel for acceptance as prospective adopters. It is an expectation that applicants should have sufficiently good physical and mental health to meet the needs of the child until they reach the age of independence.

When a child is matched with an adoptive family, the child's health report should be updated within six months prior to the matching panel. Best practice recommends that for a child aged under 5 years, a medical should be updated every 6 months and for a child over 5 years, it should be updated once a year.

## **8. Confidentiality/Access to Records**

8.1 Adoption records must, by law, be kept in a secure place for 100 years. Closed records are maintained in the adoption archive. Both adopters and adopted children (on reaching 18 years) have a right to access to their own records. Counselling will be offered prior to release of records. It is a legal requirement that those adopted before 1975 receive such counselling.



## **9. Inter-Country Adoption**

- 9.1 The Agency undertakes work associated with inter-country adoption and follows DFES guidance. The Agency is required by law to provide a service for inter-country adoption. Such work is subject to a fee, usually one third of the BAAF Inter-agency fee.

## **10. Non-Agency Adoption**

- 10.1 The Agency has a duty to provide information and to offer counselling to people applying to adopt a child not in the care of the Local Authority. Such applications are likely to include step parent adoptions, family adoptions, and private foster carer adoptions. In relation to non agency adoptions health reports must be within 6 months of the application to adopt for adults and within 3 months for children. The paramount consideration must be given to the welfare of the child and the child's views must be sought. Alternatives to adoption need to be explored with the applicants including consideration of any other more appropriate orders.
- 10.2 These applications do not come to the Adoption Panel and the counselling and preparation of the court reports are completed by area based social workers.

## **11. Children Awaiting Placement**

- 11.1 Following the recommendation of the Adoption Panel and decision by the Agency that a child should be placed for adoption, it is important that a suitable placement is found as quickly as possible. If a placement has not been found from the agency's own adopters within three months then consideration will be given first to the regional consortium and then to the National Adoption Register for an inter-agency placement.

## **12. Adopters Awaiting Placement**

- 12.1 Adopters who have been waiting for a placement for 1 year should be reviewed and their applications re-submitted to the Adoption Panel indicating any change to the registration. Statutory checks, including CRB, health (including medicals) and child protection must be updated every 2 years.

## **13. Adoption Panel**

- 13.1 The Adoption Panel complies with regulations and contains members with a wide range of experience.
- 13.2 Nominations are sought for membership and each Panel has ten places as follows:
- Independent Adoption Panel Chair
  - Vice Chair
  - Two Elected Members

- One Social Worker
- A Medical Advisor
- A representative from Education
- Three independent members, to include an adopted adult, an adoptive parent or a community representative.

13.3 All members of the Adoption Panel receive confirmation of their representation on the panel and are required to agree to the adoption panel protocol, which includes signing of a confidentiality statement.

13.4 Induction training is provided for Panel members and there is annual training to keep members abreast of relevant changes.

13.5 Work of the Adoption Panel

The organisation and conduct of panel meetings enable proper consideration to be given to items brought before it, satisfying itself that the subject of the reports are, as far as possible, aware of these and have had a clear opportunity to express their views.

The Adoption Panel makes recommendations to the agency decision-maker (the Chief Officer, Children) in respect of:-

- (i) applications from prospective adopters
- (ii) applications on behalf of children who should be placed for adoption
- (iii) proposed matches between children and adoptive parents
- (iv) need for a placement order
- (v) eligibility for adoption support for child and family.
- (v) contact issues
- (vi) parental responsibility issues

END





**LEEDS**

**CITY COUNCIL**

*Appendix 2*  
**INTERNAL MEMORANDUM**

**Department of Social Services**  
Adoption & Fostering

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To: Adoption & Fostering Staff

From: Val Hales  
Team Manager  
Tel: 0113 247 8675  
Your Ref: Adoption & Fostering  
Our Ref: VH/MW  
Date: 11 August 2005

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**SUBJECT: Adoption & Fostering Assessments - Obesity**

I am circulating for your information a BAAF article on Obesity and also a table outlining Body Mass Index.

Some workers maybe aware there have been a number of cases recently where the prospective carers weight became a significant issue in approval.

In discussing the matter with the Medical Adviser, Alison Share, she gives as a guide BMI levels indicating differing levels of concern for a person's health and longevity. Thus BMI between 20 – 25 is normal and of no concern. A BMI of 30 – 35 is of significant concern.

A BMI of over 40 is likely to indicate very serious concerns about a person's health and is unlikely to be approved, from a medical point of view.

Where there are concerns about a persons weight it should be flagged up at an early stage and discussed with the Medical Advisers. If necessary the matter can be brought to panel from a view whether to continue with an assessment, but this course of action should be a last resort. If in doubt discuss with your Team Manager.

Val Hales  
Team Manager  
Adoption & Fostering





## Body Mass Index Table

**for BMI greater than 35, go to Table 2**

To use the table, find the appropriate height in the left-hand column labeled Height. Move across to a given weight (in pounds). The number at the top of the column is the BMI at that height and weight. Pounds have been rounded off.

Select the **PDF** version for better printing

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Body Weight (pounds)																
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287

**[Go to Table 2](#)**





**Dr Gabrielle Summerhays,**  
Senior Clinical  
Medical Officer in  
Community Paediatrics, Havant,  
Hants, and Adoption  
Medical Adviser to  
Hampshire Social  
Services, prepared  
these notes

## Obesity: implications for the health of prospective carers

Obese individuals may suffer from social stigmatisation and discrimination and the relevance of obesity to the health assessment of prospective carers is inevitably controversial. Medical advisers are therefore required to make assessments of health risks based on sound evidence rather than prejudice. The impact of a sedentary lifestyle should not be underestimated for a child placed with prospective adopters; we should also be considering what risk factors there may be for the child's health in placement.

Obesity affects 16 per cent of men and 18 per cent of women in the UK. Around one per cent of the population are severely obese. Obesity is a health risk and raises the risk of illness from high blood pressure, raised blood lipids, type 2 diabetes, coronary heart disease, stroke, gall bladder disease and certain cancers (eg uterine, breast, prostate and colon). It can also cause or exacerbate osteoarthritis, breathlessness, heart burn, sleep apnoea, venous thromboembolism and psychological distress, particularly anxiety and depression (*Drugs and Therapeutics Bulletin*, 1998).

### How is obesity determined?

The most practical method to assess obesity is using the Body Mass Index (BMI). This describes relative weight for height and is significantly correlated with total body fat content. It is calculated using weight (kilograms) divided by height (metres) squared. If your BMI is 25 or over you are overweight, if it's 30 or over you are obese and if it's 40 or over you are morbidly or severely obese (according to UK definitions).

### Who is at risk of health complications?

Obese adults (BMI of greater than or equal to 30) are at increased risk of health problems. However, other factors are crucial in the assessment of health risk, as listed below.

### 1. Waist circumference

Waist circumference in relation to your total body fat is an independent predictor of morbidity risk. A waist measurement of more than 40 inches in a middle-aged man increases cardiovascular risk by 20-fold, even in the absence of high blood pressure, diabetes and high cholesterol (National Heart, Lung and Blood Institute, 1998).

A small group of 'high-risk' abdominally obese patients are recognised who also carry the 'atherogenic metabolic triad' of fasting hyperinsulinaemia, increased apolipoprotein B and increased proportion of small, dense, low density lipoproteins (Després *et al*, 2001).

### 2. Co-morbidity

Applicants with any of the following are classified as being at very high risk for disease complications and mortality (over 20 per cent five-year risk of cardiovascular disease):

- established coronary heart disease;
- type 2 diabetes;
- sleep apnoea;
- renal dysfunction;
- familial hypercholesterolaemia or other inherited dyslipidaemia.

### 3. Cardiovascular risk factors

Cigarette smoking multiplies the risk significantly, as does blood pressure greater or equal to 140/90 and taking anti-hypertensive medication. In addition, alcohol intake greater than 22 units per week increases the risk of serious cardiovascular events (moderate intake of less than 8 units might decrease the risk) (Lindsay, 2002). Tables for calculating risk factors are readily available (British Cardiac Society *et al*, 2000; Jackson R, 2000).

### 4. Family history

A history of premature cardiovascular heart disease (myocardial infarction or sudden death at or before 55 years of age in father or other male first degree relative or at or before 65 years of age in mother or other female first degree relative) is known to increase the risk by a factor of 1.5.



### 5. Age

Men of 45 years or over and women of 55 years and over or post-menopausal are at greater risk of cardiovascular disease.

### 6. Other obesity associated diseases

The following may indicate that the applicant is already suffering obesity-related problems:

- gynaecological abnormalities;
- osteoarthritis;
- gall stones and their complications;
- stress incontinence.

### 7. Metabolic abnormalities

- high risk – LDL: cholesterol (> or = to 160 mgs/decilitre);
- low risk – HDL: cholesterol (<35 mgs/decilitre);
- increased risk – high serum triglycerides (>200 mgs/decilitre);
- increased risk – impaired fasting glucose (110–125 mgs/decilitre).

Other risk factors include lifestyle issues. Regular exercise (20 minutes of exercise to increase the heart rate over 100 beats per minute, three times per week) reduces cardiovascular risk, but obese individuals may lead a highly sedentary lifestyle and need significant encouragement to change this.

### Why lose weight?

Any discussion of risks must include positive advice about the benefits of weight loss. There is strong evidence that weight loss in overweight and obese individuals reduces risk factors for diabetes and cardiovascular disease and may prevent the onset of symptomatic osteoarthritis of the knee.

### Treatment

#### Motivation

Successful weight loss depends very largely on motivation. An unmotivated applicant is unlikely to lose weight.

The following factors need to be evaluated:

- whether the applicant wants to lose weight;

- previous history of successful and unsuccessful weight loss attempts;
- family, friends and work site support;
- the applicant's understanding of the causes of obesity and how obesity contributes to several diseases;
- attitude to physical activity, both for themselves and any prospective adoptive children placed;
- capacity to engage in physical activity, both for themselves and for a prospective adoptive child placed;
- time availability for weight loss intervention;
- financial considerations;
- applicants' lifestyle and dietary habits – implications for any prospective child placed.

#### Treatment methods

- dietary changes (500 to 600 calories per day reduction from previous intake, with the emphasis on a healthy, well-balanced diet is desirable);
- increasing physical activity;
- behaviour modification:
  - alteration of meal frequency
  - changed pace of eating
  - avoiding situations that provide the temptation to over-eat
  - separation of eating from other activities
- slimming clubs/support groups, eg 'Weight Watchers';
- drug therapy, eg Phentermine or Orlistat for use after the above interventions have been tried and failed;
- surgery (gastroplasty or gastric bypass) for patients with a BMI of 40 and over, in whom other treatments have been tried and failed.

Control of cardiovascular risk factors by appropriate medication and treatment deserves equal emphasis as weight reduction therapy. Reduction of risk factors will lessen the risk of a cardiovascular disease, whether or not efforts at weight loss are successful (Jackson, 2000).

#### Issues for consideration by adoption medical advisers

The GP medical is an opportunity for a health review of a patient, not merely to





assess their medical suitability to be an adoptive parent. Where applicants are obese, attention must be drawn to this in the space for the medical advisers' comments, even if no mention of overweight or obesity has been made by the GP.

It is important that the social worker raises the issue of weight with the applicants and advises them that it would be an issue for the panel to consider. The treatment notes 'When and how to lose weight' (Consumers' Association, 1999) could be usefully sent or handed to applicants.

Unless an applicant is severely incapacitated by obesity, or is considered to be at extremely high risk such that chronic ill health and early mortality are extremely likely, obesity of itself should not be a major consideration in approval. It is a factor which must be weighed in the balance along with all other considerations. Information about dietary habits, lifestyle and exercise should be sought by the social worker, and it is reasonable to expect applicants to demonstrate an understanding that their health is being affected by their weight and for them to be motivated to lose weight.

#### *BMI >30 <40*

a) Applicants should be made aware by your comments that they have a problem with their weight and that their health is being put at risk.

b) You should be advising on an appropriate amount of weight to lose, and advising the applicant to discuss this further with the GP and seek the GP's advice.

c) Where the GP's examination reveals that there are risk factors other than 'merely' obesity, it is important to have the following information:

- blood pressure estimation;
- urine analysis;
- LDL - cholesterol;
- HDL - cholesterol;
- serum triglycerides.

This will enable calculation of cardiovascular disease risk.

#### *BMI > or = 40*

When applicants are morbidly obese, it is important to obtain the following information before any comment can be made about their current health, and to predict their cardiovascular disease risk, in addition to comments a) and b) above:

- blood pressure;
- urine analysis;
- HDL/LDL ratio;
- serum triglycerides;
- abdominal girth measurement.

#### **References**

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## **REDUCING THE RISKS OF ENVIRONMENTAL TOBACCO SMOKE FOR LOOKED AFTER CHILDREN AND THEIR CARERS**

This Practice Note updates previous guidance in the light of changing scientific information and the improved understanding of the effects on health of exposure to passive or second-hand smoke from cigarettes, cigars and pipe tobacco. Throughout this document, absolute priority has been given to the best interests of children and their carers and the protection of their health. The guidance applies equally to adopters, foster carers, kinship carers and respite carers.

### **Introduction**

BAAF's last Practice Note on children and smoking was published in 1993. In the intervening years, public awareness of the dangers of inhaling second-hand smoke has steadily increased and attitudes to it have radically changed. What used to be seen as a minor irritant, which could ruin a train journey or spoil a meal in a restaurant, is now seen as a serious, potential health problem from which the public needs to be protected. Governments, both nationally and internationally, are beginning to use legislation to ensure that protection is put into place.

This change in attitudes has immediate implications for all local authorities, voluntary agencies and fostering service providers that recruit and train substitute carers. Social care professionals who make placement decisions on behalf of vulnerable children must give a high priority to the present and future health of these children. The rights of substitute carers to smoke must always be balanced against the rights of children to remain healthy. This is especially true for looked after children, who frequently come into the care system with neglected or impaired health. This Practice Note clarifies, for both agencies and prospective carers, the very significant potential harm to a child who lives in an environment where there is daily exposure to tobacco smoke.

We recognise that the risk of placing a child in a smoking household is only one factor in the process of the holistic assessment of a child's needs. However, the scientific evidence supporting the recommendations, which is set out later in this Practice Note, is very strong and must be given sufficient weight in any matching process. We also recognise the need for agencies to set in place a longer-term strategic framework to ensure that the acknowledged health risks and consequences of exposure to environmental smoke are incorporated into routine practice and decision-making.

We are mindful of the importance of not disrupting a stable placement which is otherwise meeting the needs of a child. However, it is the responsibility of the placing agency to ensure that any health risks to the child are brought to the attention of their carers. The National Minimum Standards for Fostering Services (England) (Department of Health, 2002a) emphasise the importance of health promotion awareness for foster carers both in relation to their own health and that of children in their care.

Adoption agencies are required to take into account the Government view that there should be no "blanket" bans when considering applications from prospective adopters. The issue is therefore not one of banning prospective adopters and new carers, but of engaging with



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them, providing information and advice and facilitating access to smoking cessation programmes. Stopping smoking is the single most important thing that any adult can do to protect their health and increase their life expectancy.

We would strongly recommend that all substitute carers should be pro-actively encouraged to stop smoking. If they are unable to stop smoking, they should always follow the National Safety Council Guidelines for parents that are listed in the new recommendations at the end of this Practice Note.

### **What is in second-hand smoke?**

Breathing other people's smoke is called passive, involuntary or second-hand smoking. Tobacco smoke in the home is an important source of exposure to a large number of dangerous substances. The US Environmental Protection Agency (EPA) (1992) identified tobacco smoke as a major source of indoor air pollution which contains over 4,000 chemicals in the form of particles and gases.

Unlike adults, who can choose whether or not to be in a smoky environment, children have little choice. Outside school, children spend most of their time at home, indoors with their parents or carers. The younger the child, the more likely it is that the child will spend most of the day physically in the same room as his or her smoking parent(s).

A child breathes both the "sidestream" smoke from the burning tip of the cigarette and also the "mainstream" smoke that has been inhaled and then exhaled by the smoker. Fielding and Phenow (1988) estimated that nearly 85 per cent of the smoke in a room results from sidestream smoke. Many potentially toxic gases are present in higher concentrations in sidestream smoke than in mainstream smoke.

The particles in tobacco smoke include tar, nicotine, benzene and benzopyrene. The gases

include carbon monoxide, ammonia, dimethylnitrosamine, formaldehyde and hydrogen cyanide. Some of these have marked irritant properties, and 60 are known or suspected carcinogens (substances which cause cancer). The US Environmental Protection Agency has classified environmental tobacco smoke as a Class A human carcinogen.

### **Cannabis**

At the present time, the risks to children of inhaling second-hand smoke from cannabis are not known. In the UK, the most common way to smoke cannabis is to mix it with tobacco and roll the mixture into a cigarette, known as a "joint" or "spliff". A cannabis joint is smoked with deep and prolonged inhalation and no filter. Cannabis burns at a higher temperature than tobacco.

The scientific evidence that is emerging suggests that smoking cannabis and tobacco together may be more harmful than smoking either alone. The smoke from herbal cannabis preparations contains all the same constituents (apart from nicotine) as tobacco smoke, including carbon monoxide and bronchial irritants (British Medical Association, 1997). Smoking cannabis, with or without tobacco, can cause irritation and damage to the respiratory system. Cannabis smoke contains more carcinogens and insoluble particles than that of tobacco and appears to be associated with an increased incidence of cancers of the mouth and oesophagus. Chronic cannabis smoking is associated with bronchitis and emphysema. It has been calculated that smoking three to four cannabis cigarettes per day is associated with the same evidence of acute and chronic bronchitis and the same degree of damage to the bronchial mucosa as 20 or more tobacco cigarettes per day (Benson and Bentley, 1995). Therefore, common sense suggests that the health risks to children will be at least the same, if not greater, than smoking tobacco alone.



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There is also considerable evidence, reviewed by Hall *et al* (1994), that performance in heavy, chronic cannabis users remains impaired even when they are not actually intoxicated. These impairments, especially of attention, memory and ability to process complex information, can last for many weeks, months or even years after cessation of cannabis use (Hall and Solowij, 1998). Whether or not there is permanent cognitive impairment in heavy long-term users is not clear. Cannabis use is also associated with an increased risk of road, rail and air traffic accidents.

Adolescents already troubled with poor school performance and with pre-existing mental health problems may be more susceptible to developing a dependence on cannabis. There is also increasing evidence linking regular cannabis use to the worsening of some schizophrenic disorders, and people with a history of mental illness may be vulnerable to cannabis-induced psychosis (Johns, 2001).

Therefore, no placing authority should condone placing a child with any family where it is known that cannabis is smoked; either from a legal point of view or from the point of view of protecting the physical and mental health of children in placement.

### **The immediate effects of environmental tobacco smoke in children**

Young children are particularly susceptible to the effects of second-hand smoke because their lungs and airways are small and their immune systems are immature. Consequently, when exposed to environmental tobacco smoke they are more likely than adults to develop both respiratory and ear infections. Children also have higher respiratory rates than adults and consequently breathe in more harmful chemicals, per pound of body weight, than an adult would in the same period of time.

There is consistent scientific evidence to support the association of an increased risk of the following conditions in children brought up in smoking households.

- Sudden Unexpected Death in Infancy (SUDI) or cot death is the most common cause of death in children aged 1–12 months. Compared to those infants whose mothers do not smoke, the infants of smoking mothers have almost five times the risk of dying from SUDI.
- Lower respiratory tract infections (pneumonia and bronchitis) in pre-school children occur more frequently if a parent smokes.
- Asthma and respiratory infections in school-age children are more common in a smoking household. It is estimated that between 1,600 and 5,400 new cases of asthma occur every year as a result of parental smoking. In addition, established asthma tends to become more severe in smoking households.
- Parental smoking is responsible for a 20–40 per cent increased risk of middle-ear disease in children. This is associated with hearing loss, a need for surgery, secondary speech delay, schooling difficulties and social isolation.
- In the UK, 17,000 children under the age of five are admitted to hospital every year with illnesses resulting from passive smoking.

The evidence for some of these conditions is dose-related – the greater the number of cigarettes smoked by the adults, the greater the risk. The risks to children will also be increased by the frequency of visits of smoking relatives and family friends.

Reducing parental smoking would result in significant reductions in respiratory morbidity and mortality in infants and children. Further



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detailed information and references are available in *Children Exposed to Parental Substance Misuse* (Phillips, 2004, published by BAAF) and in *Smoking and the Young* (Royal College of Physicians, 1992).

### **The long-term effects of environmental tobacco smoke in children**

The long-term effects of growing up in a smoking household are not yet fully known, but they are likely to be significant, bearing in mind the recognised risks to adults exposed to passive smoking. The Department of Health's Scientific Committee on Tobacco and Health (2004) issued a report that concluded that exposure to second-hand tobacco smoke can cause both lung cancer and heart disease in adult non-smokers. This report estimated that non-smokers exposed to second-hand smoke increased their risk of developing lung cancer by about 24 per cent. The best estimate for the increased relative risk of heart disease was about 25 per cent.

Charlton and Blair (1989) looked at absenteeism amongst 2,800 young people aged 12 and 13 in the North of England and showed maternal smoking was associated with an increased rate of absence from school. This issue is particularly important for looked after children, who frequently come into the care system with neglected education, are more likely to be excluded from school for other reasons and whose educational achievements in care are poor (Department of Health, 2002b).

### **The implications of becoming a smoker whilst being looked after**

The World Health Organisation (WHO) (1999) reported that children living with parents who smoke are nearly three times more likely to be smokers than those whose parents do not smoke. Children of smokers are more likely to take up the habit because they copy the

behaviour of adults. Growing up in a household where adults smoke often means that children perceive smoking as the "norm". Their parents' approval or disapproval of the habit is a significant factor in determining whether a child will eventually become a smoker.

Many young people come into the care system as smokers. Others only become smokers whilst being looked after. The health implications for all these young smokers are serious and those responsible for their welfare should do everything that they can to help them quit the habit.

The Royal College of Physicians (1992) reported on the significant ill effects of taking up smoking in adolescence. The earlier in life that children start smoking, the greater the risk of developing heart disease and lung cancer in later life. Children who smoke are between two and six times more susceptible to coughs, wheeziness and shortness of breath than those who do not smoke. Smoking is known to be a cardiac stimulant, which magnifies the effect of stress on the heart. It also increases blood coagulability and adversely affects blood lipids. Sub-arachnoid brain haemorrhage is six times more common in young smokers than in non-smokers.

Young smokers take more time off school than non-smokers. They are less physically fit than other children and are slower at both sprints and endurance running. The performance in a half-marathon of a young smoker of 20 cigarettes per day is the same as that of a non-smoker who is 12 years older. Smoking increases skin ageing and skin wrinkling. Female smokers are two to three times more likely to be infertile than non-smokers.

### **The international scene**

The UN Convention on the Rights of the Child Article 3 (Office of the United Nations High Commission for Human Rights, 1990) states that: 'In all actions concerning children, whether

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undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child should be a primary consideration.' It must therefore follow that children have the right to be protected from passive smoking. Most national and international legislation and good practice guidance supports this right.

The World Health Organisation (2001, p6) points out that that second-hand smoke is a real and substantial threat to child health, causing a variety of adverse health effects. 'Because of the enormous potential harm to children from tobacco use and exposure, States have a duty to take all necessary legislative and regulatory measures to protect children from tobacco and ensure that the interests of children take precedence over those of the tobacco industry.'

National Governments therefore have a duty to inform the public of the hazards of breathing in other people's tobacco smoke and responsible adults should act on that advice to protect the health of children. Parents (or those with parental responsibility) must recognise that passive smoking causes serious ill-health in children and that they have a responsibility not to inflict harm on their children.

In response, Governments across the world have taken action. In 2000, South Africa was the first country in the world to ban smoking in all public areas. Bans followed in Zimbabwe (2002), Thailand (2002), Pakistan (2002), Romania (2002), Iran (2003), India (2004) and Uganda (2004). In 2004 the Republic of Ireland became the first country in the Northern Hemisphere to ban smoking in all enclosed public spaces, followed by Norway (2004), Spain (2005), Sweden (2005) and Italy (2005). In the US, most major cities, starting with New York in 2002, have now banned smoking in public places with some cities even extending the smoking ban to beaches, public parks, prisons, sports stadiums and railway stations. Smoking is prohibited within 25 feet (8 metres) of playgrounds

throughout the State of California. In the US, anti-discrimination laws do not cover smokers because smoking is not considered an inalienable right under the US Constitution.

## **The national scene**

There is increasingly widespread public support for smoking restrictions in public places. The Department of Health (2003) found that 86 per cent of respondents, including 70 per cent of smokers, agreed that smoking should be restricted at work and in restaurants.

In January 2004, the Scottish Executive launched *A Breath of Fresh Air for Scotland*, a tobacco action plan designed to offer a programme for action covering prevention and education, protection and controls and the expansion of smoking cessation services. It also addressed the issue of passive smoking and set out plans for major public consultations which led to the Smoking, Health and Social Care (Scotland) Act 2005. That legislation came into force in March 2006 with a ban on smoking in enclosed public places in Scotland.

In the Public Health White Paper published in November 2004, *Choosing Health, Making Healthy Choices*, the Department of Health set out proposals to ban smoking in most workplaces and enclosed public places in England, with exemptions for private clubs and pubs not serving food. In 2005 the Welsh Assembly Government also proposed a comprehensive ban.

The Department of Health and the Wales Office issued a joint consultation about the smoke-free provisions in the Health Bill in June 2005. The Health Bill was introduced into the Westminster Parliament in October 2005. After a very public debate, the proposal to have the exemptions for private clubs and pubs not serving food was overturned by a free vote in the Commons in February 2006. England will now join Wales with a total smoking ban in all enclosed public places on 1 July 2007.



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## **The National Service Framework for Children**

In 2004, the Department of Health published *The National Service Framework for Children (NSF)*. This document sets new standards for children's health and social services and represents a fundamental change in Government thinking about the way health and social care services are delivered. It is intended to lead to a cultural shift, resulting in services being designed and delivered around the needs of children and their families.

The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to be healthy and stay healthy. The NSF is aimed at everyone who comes into contact with, or delivers services to children, young people or pregnant women. A programme for the improvement of services across health, education and social care in England for the next 10 years is proposed.

The suggested health promotion programme is underpinned by the best available evidence. It focuses on priority issues such as healthy eating, physical activity, safety, smoking, sexual health and mental health. It should be delivered by all practitioners who come into contact with children and young people and in all settings used by this age group.

Children, young people and families should be supported and able to make healthy choices in how they live their lives. There are several areas in the lives of children and young people where being able to make healthy choices will make a real difference to their life chances and health, social and economic outcomes. Carers should also be supported in providing an environment which encourages improvements in the health and wellbeing of children and young people in their care (Standard 2).

Given the worldwide shift in attitudes to smoking and the increasing scientific evidence, it will become increasingly difficult for local authorities to justify placing children in environments where they are exposed to the impact of passive smoking. In an ideal world no child for whom "being healthy" was given priority would ever be placed in a smoking household.

### **Can the smoking patterns of carers reduce the risks to children?**

Cotinine is a metabolite or breakdown product of nicotine as it is "processed" by the human body. It is only produced by nicotine and is therefore a good indicator that nicotine has been inhaled or otherwise introduced into the body. People who do not smoke or who are not exposed to other people's smoke should not have measurable cotinine in their blood, urine or saliva.

In 1991, nearly 90 per cent of the US population had measurable levels of serum cotinine in their blood. The Centre for Disease Control and Prevention's *Third National Report on Human Exposure to Environmental Chemicals* (2005) reported a 75 per cent decrease in cotinine levels for adult non-smokers in the US since 1991. This dramatic decline in serum cotinine levels among adult non-smokers, who can choose to avoid environmental cigarette smoke, is a good indication that efforts to ban smoking in public places are working.

The protection that these measures have apparently given to children is, however, far less effective. Although the cotinine level in US children has decreased by 68 per cent since 1991, worryingly, the levels of cotinine found in children were still double the levels found in adults. Because children have very little choice over the environment in which they live, US health officials still consider that the impact of environmental cigarette smoke on children remains a major public health issue.



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Spencer *et al* (2005) studied the cotinine levels in toddlers aged 18–30 months living in 309 smoking households in the Midlands to see if the amount of cotinine in the children's urine was influenced by their parents' reported smoking patterns. Most of the parents in this study (88 per cent) reported that they were taking some measures to protect their children from their cigarette smoke. These measures included: smoking fewer cigarettes; not smoking in the same room as the child; not smoking in the child's bedroom; not smoking in the living room; airing rooms after smoking; and, finally, banning smoking completely in the house.

The last, most drastic, option was also the least popular measure with only 14 per cent of households reporting a complete household ban. However, only a total household ban on cigarette smoking was associated with significant reductions in cotinine levels. The other less strict measures adopted by parents appeared to have little impact on the children's exposure to cigarette smoke in this age group. Even the children from the households where smoking was completely banned indoors still had measurable cotinine in their urine. Their bodies were still metabolising nicotine despite the efforts of their carers to protect them.

The researchers concluded that even this drastic measure was unlikely to fully protect children from the adverse effects of tobacco smoking. The effects of passive smoking are cumulative over time and low levels of exposure might still be harmful. Whilst it might reassure professionals that some anti-smoking measures are in place, smoking outside will not be sustainable for 52 weeks of the year. In addition, many children in the care system have unpredictable behaviour and leaving a child unsupervised whilst a carer smokes outside will not be an acceptable solution for most young children.

## **New recommendations to protect children from environmental tobacco smoke**

We fully acknowledge that many excellent substitute carers smoke. There is also a national shortage of both foster carers and adopters. Despite this, all who recruit foster or adoptive parents need to give the protection of the health of children in their care a high priority and will, in the future, have to balance the positive elements of any placement against the negative impact of smoking. This means that, wherever practical, all placement teams should try to protect children from exposure to second-hand smoke at home. Placing authorities also need to be aware of potential legal action in the future if a child develops a smoking-related disorder after being placed in a foster or adoptive home in which family members smoke.

### **New recommendations**

1. BAAF (1993) advised that children under two years old should not be placed with carers who smoke because of the potential risk to health. This age limit should be increased to **all children less than five years old**. This is because of the particularly high health risks for very young children and toddlers who spend most of their day physically close to their carers.
2. All children with a disability which means they are often physically unable to play outside, all children with respiratory problems such as asthma, and all those with heart disease or glue ear should not be placed with smoking families.
3. In all long-term fostering, kinship and adoptive placements, the additional health risks to the child of being placed in a smoking household need to be carefully

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balanced against the available benefits of the placement for the child. This is because the significant risks of exposure to passive smoking increase with time.

4. Children from non-smoking birth families should not be placed with substitute carers who smoke.
5. All older children, who are able to express a view, must be given a choice to be placed with a non-smoking family.
6. All carers should be advised about the risks of buying cigarettes for adolescents. Cigarettes should never be used as a reward for good behaviour in adolescents.
7. The National Safety Council (NSC) (2004) has produced guidelines for parents on what practical steps they can take to minimise children's exposure to tobacco smoke, if they are unable or unwilling to stop smoking. All foster carers, respite carers, adopters and child minders should follow these guidelines, which should also be incorporated into preparation courses. This advice includes:
  - Don't smoke around children or permit others to do so. Their lungs are particularly susceptible to smoke.
  - Keep your home smoke-free. Because smoke lingers in the air, children may be exposed to smoke even if they are not around while you are smoking.
  - Smoke only outside the house.
  - If you must smoke inside, limit smoking to a room where you can open windows for cross-ventilation. Be sure the room in which you smoke has a working smoke detector to reduce the risk of fire.
  - Never smoke in the room where your child sleeps and do not allow anyone else to smoke there.
8. Stopping smoking will protect not only the health of children but also the health of their carers. Agencies have a primary responsibility to ensure that where a relationship is established between a child and a carer, that this is maintained for as long as the child needs it. It is a tragedy for a foster carer or adopter to be unable to continue to care for a child who has already experienced significant loss because of preventable illness or premature death. All agencies should therefore encourage all their carers to stop smoking by:
  - Never smoke while you are washing, dressing, or playing with your child.
  - Never smoke in the car with the windows closed, and never smoke in the car when children are present. The high concentration of smoke in a small, closed space greatly increases the exposure of other passengers.
  - providing information on the effects of passive smoking in children;
  - providing information on the effects of smoking on adult health;
  - providing regular training and information for fostering, adoption and permanency panels;
  - advertising local and national NHS services for stopping smoking;
  - resourcing nicotine patches for carers, if necessary;
  - discussing smoking risks as a routine part of the recruitment process and at every review for all foster carers;
  - giving consideration to the smoking habits of other family members and friends who visit regularly. e.g. grandparents or older children who no longer live at home should also be part of these discussions.



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9. Carers who have successfully given up smoking should not be allowed to adopt or foster high-risk groups (children under five, children with a disability, chest problems, heart disease or glue ear) until they have given up smoking successfully for a minimum period of 12 months. This is because relapse rates in the first three to six months are high; after six months the risk of relapse is less and after 12 months most people will be permanent non-smokers. After 10 years of not smoking an applicant is classed as a non-smoker for insurance purposes.

10. Carers who smoke should receive extra information about the risks of burns and fires from smoking. Fire and burns are the leading cause of death in the home for children. In the UK, 10 per cent of fires ignite with smoking related material and cause between 130 and 180 deaths annually, or one in three of all deaths from fires (Department of Health, 2001).

11. Local authorities and other fostering service providers should move progressively to a situation where no more smoking carers are recruited. This will not only improve the health of some very vulnerable children but will protect the agencies from potential legal action in the future.

12. Social workers should carefully consider the importance of promoting non-smoking and

the positive messages that they convey to young people. They should actively help all looked after children to stop smoking. Promoting a positive health message also means that they should not smoke in a car which will be used later to collect children and young people; not smoke outside case conferences or reviews; and not smoke with young people, nor in the view of children.

## Conclusions

Many agencies will have already implemented most of the recommendations contained in this Practice Note. For others, the guidance may represent a significant challenge. It is recognised that agencies continue to struggle with recruitment of adopters and foster carers and this Practice Note is not intended to add to those difficulties. However, we believe that, in the best interests of children, all agencies and adults who care for children separated from their birth families have a primary responsibility to ensure that what is now well established in the scientific and health community is reflected in practice.

This Practice Note is written with the intention of ensuring that what we do is always in the best interests of the health of vulnerable children.

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## **Organisations which can help with giving up smoking**

### **Quit**

Provides advice and information on quitting smoking.

Ground Floor  
211 Old Street  
London EC1V 9NR  
Tel: 0800 002 200  
[www.quit.org.uk](http://www.quit.org.uk)

### **Quit advice and information for young people**

Tel: 020 7251 155  
[www.quitbecause.org.uk](http://www.quitbecause.org.uk)

### **Asian Quitline**

Run by Quit, Asian Quitline is a specialist helpline for South Asian smokers, with advice and information available in several Asian languages.

[www.asianquitline.org](http://www.asianquitline.org)  
Tel: 0800 002 288

### **NHS Smoking Helpline**

Tel: 0800 169 0169  
Open 7am–11pm every day, with counsellors available 10am–11pm.  
[www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### **Anti-Tobacco Youth Campaign**

Provides advice and facts about smoking, and help with quitting for young people.  
[www.roycastle.org/atyc/index.php](http://www.roycastle.org/atyc/index.php)

### **ASH (Action on Smoking and Health)**

A public health charity providing information on health and smoking and advice on quitting.  
102 Clifton Street  
London EC2A 4HW  
Tel: 020 7739 5902  
[www.ash.org.uk](http://www.ash.org.uk)  
[www.ashscotland.org.uk](http://www.ashscotland.org.uk)

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This Practice Note was written by Mary Mather, Consultant Community Paediatrician, Bexley Care Trust, Designated Doctor for looked after children, and Karen Lehner, Consultant Community Paediatrician, South West Essex Primary Care Trust, Designated Doctor for looked after children South West and Essex.

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Tel: 247 4189

## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Children's Services)

Date: 5 February 2009

### Subject: Recommendation Tracking – Inclusion consultation

**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

## 1.0 Introduction

- 1.1 At the Scrutiny Board meeting in October, members considered the normal quarterly recommendation tracking report. For the first time the board decided that progress against some of its recommendations was not satisfactory.
- 1.2 Additional information was subsequently received which enabled the board to satisfactorily sign off one of the two recommendations concerned.
- 1.3 In the case of the second, the board agreed in November to set up a small working group to discuss progress with the relevant officers. The remit of the working group was to assess what progress had now been made, and to determine any further steps that the board recommended should be taken to ensure that the recommendation is achieved.
- 1.4 The working group reported back to the full Scrutiny Board in December, as a result of which it was agreed that a further working group meeting should take place in January, to ensure that momentum was maintained. The following specific objectives were identified:
  - monitor short term progress;
  - review the next stage of plans for informing/engaging/consulting parents and professionals;
  - receive and consider the further information identified in relation to the parent carer consultation activity plan.

1.5 The working group's report is attached. The additional information requested from Education Leeds is due to be circulated in advance of the Board meeting.

**2.0 Recommendation**

2.1 The board is requested to consider the report of the working group and agree any further action required.

**Background papers**

None

## **Scrutiny Board (Children's Services)**

### **Report of the Inclusion Consultation Working Group**

**22 January 2009**

**Councillor W Hyde (Chair)**

**Mr T Britten**

**Ms C Foote**

**Mr I Falkingham**

**Mrs S Knights**

**Officer attendance – Pat Toner and Carol Jordan from Education Leeds**

#### Background

This working group was established in November 2008 to track progress with Recommendation 2 of the Scrutiny Board's Statement on Inclusion, originally published in April 2008:

*"That Education Leeds commits to early consultation with parents and professionals on any proposals for changes in the location of specialist SEN provision."*

Following the first meeting of the working group in December 2008, the full Scrutiny Board agreed that the working group should meet again in January 2009, to ensure that momentum was maintained. Specifically, the following objectives were set out:

- Monitor short term progress;
- Review the next stage of plans for informing/engaging/consulting parents and professionals;
- Receive and consider the further information identified in relation to the parent carer consultation activity plan.

In order to assist the working group, Education Leeds provided an update report covering each of the areas identified, alongside a copy of information that had been circulated to parents and carers of SILC pupils about the Leeds Inclusive Learning Programme, since the previous meeting.

#### Working Group Meeting

The following key information emerged from the discussion at the working group meeting:

- .building on the discussion at the previous meeting, the group discussed progress with each of the identified phases of communication: information, consultation and engagement.

- The working group noted the information that had been sent to parents and carers of SILC pupils since the last meeting, and the plans for further information to go out to the different audiences as soon as is practically possible.
- It was agreed that future information needed to reach a wider audience and that the momentum needed to be maintained by continuing to issue updates in advance of moving to the consultation phase.
- Members of the working group made a number of suggestions including:
  - Providing relevant information about the LILS Programme Management Board;
  - Pen portraits of key contacts;
  - Raising awareness of the Parent Partnership Service;
  - Information on the proposed timeline for the forthcoming consultation process.
- Officers once again stressed that any consultation is dependent on political approval of the proposals for consultation as a starting point. It was hoped that this would be achieved in March.
- Members emphasised the importance of the consultation plan that would be included as part of the proposed report to Executive Board.
- The group was also concerned that the target of early March for the Parent Information Officer to be in post is achieved.
- Officers indicated that, providing an appointment was made on 26 January, it would be possible to update the timescales in the parent carer consultation activity plan before the Scrutiny Board meeting in February.
- Members queried the six-month term for this post. They were told that Children's Services had also recently appointed to a similar post for children with disabilities. Management would need to assess the ongoing requirement for two separate posts in the longer term, to ensure best use of resources and to avoid duplication.
- It was acknowledged by all that good quality communication is especially important in relation to LILS because it concerns some of the most vulnerable children in our city and their families.
- Officers stressed that in drawing up options for consultation, they are asking themselves how any proposed changes will result in improvements in the five Every Child Matters outcomes for children and young people.

- Officers explained their intention to work over the early summer period in setting up appropriate groups to be involved in developing plans for the transition period. This would include parent representation.

### Conclusion

The working group is pleased to see the progress now being made, and the demonstration that Education Leeds has taken action to address their concerns.

Subject to receiving confirmation of the appointment of the Parent Information Officer and an updated version of the parent and carer consultation activity plan, the working group recommends that the Scrutiny Board reverts to the standard quarterly recommendation tracking process to monitor further progress with this scrutiny recommendation.

This will be separate to any potential scrutiny activity in relation to the forthcoming consultation.

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Originator: Kate Arscott

Tel: 247 4189

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## Report of the Head of Scrutiny and Member Development

### Scrutiny Board (Children's Services)

Date: 5 February 2009

Subject: Work Programme

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**Electoral Wards Affected:**

**Specific Implications For:**

Equality and Diversity

Community Cohesion

Narrowing the Gap

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### 1.0 Introduction

- 1.1 A copy of the board's draft work programme is attached for members' consideration (appendix 1). The attached chart reflects the discussions at the board's December meeting.
- 1.2 Also attached to this report is the current Forward Plan of Key Decisions (appendix 2) and the minutes of the Executive Board meeting on 14 January (appendix 3), which will give members an overview of current activity within the board's portfolio area.

### 2.0 Recommendation

- 2.1 The board is requested to agree the attached work programme subject to any decisions made at today's meeting.

Background papers  
None

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**Scrutiny Board (Children's Services)  
Work Programme 2008/09**

<b>Item</b>	<b>Description</b>	<b>Notes</b>	<b>Type of item</b>
<b>Meeting date – 5 March 2009</b>			
<b>Draft Children and Young People's Plan</b>	To comment on the draft second Plan	Timing subject to confirmation	DP
<b>Inquiry – Education Standards – entering the education system</b>	To receive evidence as the second session of the Board's Inquiry	Following completion of visits	RP/DP
<b>Inquiry – 14-19 Education Review</b>	To receive evidence as the second session of the Board's inquiry	Following completion of visits	DP
<b>Sustainable Communities Act</b>	To consider any proposals to be put to the government	This item is being referred to all Scrutiny Boards	DP
<b>Locality Governance</b>	To consider progress in developing locality governance arrangements within Children's Services	Requested in October 2008, arising from consideration of the Leadership Challenge evaluation report Provisional timing – subject to confirmation	DP
<b>Request for Scrutiny – Meadowfield Primary School</b>	To consider the recommendations of the working group regarding the scope of any scrutiny inquiry	The board established a working group in January to give initial consideration to the evidence and recommend the scope of any inquiry to be undertaken	RFS

**Scrutiny Board (Children's Services)  
Work Programme 2008/09**

<b>Item</b>	<b>Description</b>	<b>Notes</b>	<b>Type of item</b>
<b>Meeting date – 2 April 2009</b>			
<b>Performance Management</b>	Quarter 3 information for 2008/09 (Oct-Dec)	All Scrutiny Boards receive performance information on a quarterly basis	PM
<b>Children's Services and the Children and Young People's Plan</b>	To maintain an overview across the Board's portfolio, and to monitor the development of the Children's Services arrangements in Leeds	The Board has agreed to monitor progress against the priorities in the Plan on a quarterly basis	PM
<b>Recommendation Tracking</b>	This item tracks progress with previous Scrutiny recommendations on a quarterly basis		MSR
<b>Leeds Inclusive Learning Strategy</b>	Quarterly progress update from the Programme Board	Agreed by the Board in July 2008	PM
<b>School performance and Ofsted Inspections</b>	Annual report on school performance and biannual update on Ofsted Inspections and schools causing concern	The Scrutiny Board agreed in 2006/07 to consider these reports to Executive Board	PM
<b>Meeting date – 7 May 2009</b>			
<b>Inquiry Reports</b>	To finalise the reports and recommendations arising from the Board's inquiries this year	Timing subject to confirmation	
<b>Annual Report</b>	To agree the Board's contribution to the annual scrutiny report		

Key: RFS – Request for scrutiny  
 RP – Review of existing policy  
 DP – Development of new policy  
 MSR – Monitoring scrutiny recommendations  
 PM – Performance management  
 B – Briefings (including potential areas for scrutiny)

Scrutiny Board (Children's Services)  
Work Programme 2008/09

**Working Groups**

<b>Working group</b>	<b>Membership</b>	<b>Progress update</b>	<b>Dates</b>
<b>Inclusion consultation</b>	Councillor Hyde Councillor Elliott Councillor Renshaw Mr Britten Mr Falkingham Ms Foote	Agreed November 2008 To consider progress in implementing recommendation 2 of the Board's April 2008 statement on Inclusion	8 December 2008 22 January 2009
<b>MAST Project</b>	Councillor Feldman Mr Falkingham Mr Britten	Agreed November 2008 To consider proposed reduction in funding to Multi-Agency Support Team (MAST), following request for scrutiny	15 December 2008
<b>14-19 Education Review</b>	Councillor Hyde Councillor Cleasby Councillor Driver Councillor Elliott Councillor Lancaster Councillor McKenna Mr Britten Mr Falkingham Professor Gosden	Agreed November 2008 To carry out visits and meetings as part of the Board's inquiry	

**Scrutiny Board (Children's Services)  
Work Programme 2008/09**

**Working Groups**

<b>Working Groups</b>			
<b>Working group</b>	<b>Membership</b>	<b>Progress update</b>	<b>Dates</b>
<b>Entering Education</b>	Councillor Driver Councillor Lancaster Councillor Morgan Councillor Renshaw Councillor Taylor Mr Britten Ms Foote Mrs Hutchinson	Agreed December 2008 To carry out visits and meetings as part of the Board's inquiry	
<b>Involving young people in scrutiny</b>	Councillor Hyde Councillor Cleasby Councillor Lancaster Councillor Renshaw Mrs Knights Mr Britten	Agreed September 2008 To meet with representatives from Leeds Youth Council Scrutiny Group to discuss young people's ongoing involvement in the work of the Board.	3 March 2009
<b>Safeguarding – Resources</b>	Councillor Hyde Councillor Driver Councillor Elliott Councillor Morgan Mr Britten Mr Falkingham Ms Foote Prof Gosden Ms Morris-Boam	Agreed January 2009 To consider the adequacy of current children's social work resources to meet core child protection responsibilities	
<b>Safeguarding – Preventative duty</b>	Councillor Hyde Councillor Elliott Councillor Lancaster Mr Britten Mr Falkingham	Agreed January 2009 To consider the universal safeguarding duty and preventative work, particularly at a wedge level	

**Scrutiny Board (Children's Services)  
Work Programme 2008/09**

**Working Groups**

<b>Working Groups</b>			
<b>Working group</b>	<b>Membership</b>	<b>Progress update</b>	<b>Dates</b>
<b>Meadowfield Primary School</b>	Councillor Elliott Councillor Feldman Councillor Lancaster Councillor McKenna Councillor Renshaw Mr Britten Mr Falkingham	Agreed January 2009  To give initial consideration to the evidence and recommend the scope of any inquiry to the full Scrutiny Board	
<b>Attendance</b>	Mr Britten Prof Gosden Mr Falkingham	Membership agreed October 2008	
<b>Young People's Scrutiny Forum – Protecting our Environment</b>	Members of Leeds Youth Council and ROAR	Terms of reference agreed April 2008 Currently taking evidence Delegate event to be held 18 February 2009	



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**LEEDS CITY COUNCIL**

**FORWARD PLAN OF KEY DECISIONS**

**Extract relating to Scrutiny Board (Children's Services)**

For the period 1 February 2009 to 31 May 2009

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
South Leeds Youth Hub Centre Approval to spend the DCSF myplace grant of £4,979,376 on the development of South Leeds Youth Hub Centre	Executive Board (Portfolio: Children's Services)	4/3/09	Executive Members and South Leeds Ward Members	The report to be issued to the decision maker with the agenda for the meeting	Director of Children's Services john.paxton@leeds.gov.uk
Machinery of Government and 14-19 (25) Commissioning Arrangements Agree the principles underpinning the Leeds approach to the commissioning of 14+ provision and recommend that the LSC agree specific proposals for the commissioning of post 16 provision from September 2009.	Executive Board (Portfolio: Children's Services)	4/3/09	School Governors, secondary Headteachers, FE Colleges and LSC	The report to be issued to the decision maker with the agenda for the meeting	Chief Executive of Education Leeds

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
<p>Bankside- Provision of Newly Built School  Give approval to incur capital expenditure in relation to the proposed scheme to provide a new build school at Bankside Primary School.</p>	<p>Executive Board  (Portfolio:  Children's Services)</p>	<p>4/3/09</p>	<p>Consultations will include public meeting with Governors, parents school users and community in attendance, full ward councillor briefing, full consultation with governing body, school users including parents, pupils and community users, and other Council services.</p>	<p>The report to be issued to the decision maker with the agenda for the meeting</p>	<p>Chief Executive of Education Leeds</p>

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made and email address to send representations to)
Leeds BSF Phase 4 Approval of Outline Business Case in respect of Intake High School	Executive Board (Portfolio: Children's Services)	4/3/09	The following groups will be consulted on the OBC: <ul style="list-style-type: none"> <li>• Project Steering Group</li> <li>• Design User Group</li> <li>• Education Leeds</li> <li>• PPP Unit Management Team</li> <li>• Planning</li> </ul>	The report to be issued to the decision maker with the agenda for the meeting	Chief Officer (PPPU) david.outtram@leeds.gov.uk
Outcome of the statutory notice period to close South Leeds High School conditional upon the decision to establish an academy on the same site To make a final decision on the proposal to close the school	Executive Board (Portfolio: Children's Services)	4/3/09	Completed Sept / Oct 08, statutory notices completed Dec 08/Jan 09	The report to be issued to the decision maker with the agenda for the meeting	Chief Executive of Education Leeds lesley.savage@leeds.gov.uk

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
Outcome of the statutory notice period to close Intake High School conditional upon the decision to establish an academy on the same site To make a final decision on the proposal to close the school	Executive Board (Portfolio: Children's Services)	4/3/09	Completed Sept/Oct 08, statutory notices completed Dec 08/Jan 09	The report to be issued to the decision maker with the agenda for the meeting	Chief Executive of Education Leeds lesley.savage@leeds.gov.uk
Outcome of the public consultation on options for changes to provision in the Richmond Hill planning area To give permission to publish statutory notices for the linked proposals for changes in provision	Executive Board (Portfolio: Children's Services)	1/4/09	Completed Jan/Feb 09	The report to be issued to the decision maker with the agenda for the meeting	Chief Executive of Education Leeds lesley.savage@leeds.gov.uk
East Moor Secure Children's Centre To decide whether to move to the next stage of constructing a replacement for East Moor following contract negotiations with DCSF and Youth Justice Board	Executive Board (Portfolio: Children's Services)	1/4/09	Extensive consultation with ward members and local community	The report to be issued to the decision maker with the agenda for the meeting	Director of Children's Services david.mcdermott@leeds.gov.uk

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
Swallow Hill High School - Development of an Annex to the Main School Building in the Wortley High School Building Approval to carry out capital works and incur expenditure in relation to a proposed scheme to develop an annex in the Wortley High School building to manage pupil numbers in the new Swallow Hill Community College from 2009/10.	Executive Board (Portfolio: Children's Services)	1/4/09	West Leeds High School and Wortley High School	The report to be issued to the decision maker with the agenda for the meeting	Chief Executive of Education Leeds tony.palmer@leeds.gov.uk
Morley High School - Construction of a new music block Approval to carry out capital works and incur expenditure in relation to the proposed scheme to construct a new music block at Morley High School	Executive Board (Portfolio: Children's Services)	1/4/09	Morley Primary School	The report to be issued to the decision maker with the agenda for the meeting	Chief Executive of Education Leeds tony.palmer@leeds.gov.uk

<b>Key Decisions</b>	<b>Decision Maker</b>	<b>Expected Date of Decision</b>	<b>Proposed Consultation</b>	<b>Documents to be Considered by Decision Maker</b>	<b>Lead Officer</b> (To whom representations should be made and email address to send representations to)
Calverley Parkside Primary School - Replacement of Nursery Unit with New Foundation Unit Approval to carry out hospital works and incur expenditure in relation to the proposed scheme to replace the existing school nursery unit with a new foundation unit at Calverley Parkside Primary School	Director of Resources	1/4/09	Calverley Parkside Primary School	Design and Cost Report (to be submitted)	Director of Resources tony.palmer@leeds.gov.uk
Design Cost Report - Youth Capital Fund To give authority to incur expenditure of £429,000 (fully funded by DCSF).	Director of Resources	7/4/09	L£ cash panel of young people	Youth Matters	Director of Resources sally.threfall@leeds.gov.uk



## **NOTES**

Key decisions are those executive decisions:

- which result in the authority incurring expenditure or making savings over £250,000 per annum, or
- are likely to have a significant effect on communities living or working in an area comprising two or more wards

<b><u>Executive Board Portfolios</u></b>	<b><u>Executive Member</u></b>
Central and Corporate	Councillor Richard Brett
Development and Regeneration	Councillor Andrew Carter
Environmental Services	Councillor Steve Smith
Neighbourhoods and Housing	Councillor John Leslie Carter
Leisure	Councillor John Procter
Children's Services	Councillor Stewart Golton
Learning	Councillor Richard Harker
Adult Health and Social Care	Councillor Peter Harrand
Leader of the Labour Group	Councillor Keith Wakefield
Leader of the Morley Borough Independent Group	Councillor Robert Finnigan
Advisory Member	Councillor Judith Blake

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

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## EXECUTIVE BOARD

WEDNESDAY, 14TH JANUARY, 2009

**PRESENT:** Councillor A Carter in the Chair

Councillors R Brett, J L Carter, R Finnigan,  
S Golton, R Harker, P Harrand, J Procter,  
S Smith, K Wakefield and J Blake

Councillor Blake – Non voting advisory member

### 160 Exclusion of the Public

**RESOLVED** – That the public be excluded from the meeting during consideration of the following parts of the agenda designated exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:

- (a) Appendices A to E to the report referred to in minute 184 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that they contain information relating to the financial or business affairs of third parties, and of the Council, and the release of such information would be likely to prejudice the interests of all the parties concerned. Whilst there may be a public interest in disclosure, in all the circumstances of the case maintaining the exemption is considered to outweigh the public interest in disclosing this information at this time.

### 161 Declaration of Interests

Councillor Wakefield declared a personal interest in the items relating to Developing and Responding to new Governance Arrangements for Schools in Leeds (minute 170) and National Challenge and Structural Change to Secondary Provision in Leeds (minute 171) as a schools and college governor; he also declared a personal interest in the item relating to Transforming Day Opportunities for People with Learning Disabilities (minute 180) as a member of Meanwood Valley Urban Farm.

Councillor Blake declared a personal interest in the item relating to The Leeds Physical Activity Strategy (minute 179) as an NHS Leeds Board member.

### 162 Minutes

**RESOLVED** – That the minutes of the meeting held on 3<sup>rd</sup> December 2008 be approved.

## **CHILDREN'S SERVICES**

### **163 Deputation to Council - The Need of Local Schools and Communities for Sports Facilities in the Hyde Park Area**

Further to minute 122 of the meeting held on 5<sup>th</sup> November 2008 the Chief Executive of Education Leeds submitted a report in response to the deputation to Council from local Hyde Park residents on 10<sup>th</sup> September 2008.

**RESOLVED** – That the response of Education Leeds to the concerns raised by the deputation be noted.

## **CENTRAL AND CORPORATE**

### **164 Deputation to Council - Communities Against Post Office Closures regarding Post Office Branch Closures in Leeds**

The Director of Environment and Neighbourhoods submitted a report in response to the deputation to Council from 'Communities Against Post Office Closures' on 19<sup>th</sup> November 2008.

**RESOLVED** –

- (a) That the request and petition received from 'Communities Against Post Office Closures' for the Council to reopen and run closed Post Office branches be noted.
- (b) That a further report be brought to the Board on cost effective ways of working with Post Office Ltd to safeguard and enhance the provision of essential services to communities across the city.

## **DEVELOPMENT AND REGENERATION**

### **165 UDP Review 2006 "Saved" Policies Assessment**

The Director of City Development submitted a report on the conclusions and recommendations from an assessment, undertaken in accordance with government advice, of Unitary Development Plan policies introduced or updated as part of the 2006 UDP review.

**RESOLVED** –

- (a) That proposals to save and delete UDP (Review 2006) policies as set out in the appendix to the report be approved.
- (b) That the proposals to save and delete UDP (Review 2006) policies as set out in the appendix be submitted to the Secretary of State for approval.

### **166 The Housing Challenge: The Yorkshire and Humber Plan - 2009 Update**

The Director of City Development submitted a report on the comments received following the consultation exercise undertaken as part of the Regional Spatial Strategy Review.

**RESOLVED** – That the consultation response as appended to the report be approved for submission to the Yorkshire and Humber Assembly.

**167 Fish Migration - A Response to the White Paper Motion moved at the meeting of Council held on 2nd July 2008**

Further to the decision of Council at the meeting held on 2<sup>nd</sup> July 2008 the Director of City Development submitted a report in response to the resolution relating to Fish Migration.

**RESOLVED –**

- (a) That contributions towards the provision of fish passes be sought from appropriate developments in line with current policy and Supplementary Planning Document.
- (b) That the City Council continues to work in partnership with the Environment Agency and British Waterways to achieve fish migration throughout Leeds.
- (c) That support for the provision of fish passes be included within the relevant Area Action Plans.

**NEIGHBOURHOODS AND HOUSING**

**168 The Future Options for Investment in Council Housing**

The Director of Environment and Neighbourhoods submitted a report on proposals to undertake an appraisal of the options available for investment in council housing following the completion of the decency programme in 2010/11.

The report presented the following four main categories into which options for consideration would fall:

- 1 Return the stock to the Council
- 2 The continuation of an ALMO model
- 3 Transfer the ownership of the stock to a Housing Association created for the purpose of the transfer
- 4 A mixed approach that could involve ALMOs, PFI, transfer and return to the Council parts of the stock

**RESOLVED –**

- (a) That approval be given to the commencement of an options appraisal on the future investment in Council housing.
- (b) That an update report be brought to this Board in May 2009.

**CHILDREN'S SERVICES**

**169 Deputation to Council - Woodkirk Valley Football Club regarding the Council's Policy for the Letting of External Sports Pitches and Indoor Training Facilities throughout the Football Season**

The Chief Executive of Education Leeds submitted a report in response to the deputation to Council from Woodkirk Valley Football Club on 19<sup>th</sup> November 2008.

**RESOLVED –**

- (a) That the concerns expressed by the deputation and the intention of Education Leeds to meet with representatives of the club be noted.
- (b) That the wider policy issues be subject to further consideration by the Directors of Children's Services and City Development which should include reference to access arrangements to PFI schools playing fields and to the potential for Area Committee involvement in the letting arrangements.

**170 Developing and Responding to New Governance Arrangements for Schools in Leeds**

The Chief Executive of Education Leeds submitted a report presenting a draft Memorandum of Understanding seeking to maximise the City Council's opportunities to contribute towards and influence the governance of Academies and outlining a policy position to support and encourage moves by schools to adopt Trust Status where appropriate.

**RESOLVED –**

- (a) That the opportunities and implications for governance of the academies and trust schools programmes be noted.
- (b) That the draft Memorandum of Understanding, attached to the report, intended to maximise the opportunities available to the City Council to contribute to and influence the governance of academies, be approved.
- (c) That approval be given to a policy position that supports and encourages moves by schools to adopt Trust Status where a proposal demonstrates:
  - a willingness to engage the City Council as a key partner in any Trust, including having a representative appointed as a trustee
  - collaboration between schools and partners to improve outcomes for young people
  - a willingness to engage constructively with the City Council to reach agreement on the transfer of assets and the use of capital receipt from any future land/building sale, to ensure that the Council's strategic priorities can be addressed.

**171 National Challenge and Structural Change to Secondary Provision in Leeds - Progress Report**

The Chief Executive of Education Leeds submitted a report providing an update on the progress made in developing the recommended options for delivering the next phase in structuring secondary provision in Leeds, particularly in response to the National Challenge.

**RESOLVED –**

- (a) That the progress made in exploring the range of options for secondary provision in the identified areas be noted.
- (b) That a final report with full recommended options be brought to the March 2009 meeting of the Board.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he voted against this decision).

Draft minutes to be approved at the meeting  
to be held on Friday, 13th February, 2009

**172 Clapgate Primary School - New Build Extension Works to Support an Increase in School Capacity to Two Form Entry**

The Chief Executive of Education Leeds submitted a report on a proposed scheme to undertake extension works at Clapgate Primary School in order to establish two forms of entry.

**RESOLVED –**

- (a) That the scheme to carry out extension works at Clapgate Primary School to provide sufficient teaching accommodation to support an increase in school capacity to two forms of entry be approved.
- (b) That approval be given to incur expenditure of £850,000 in respect of these works from capital scheme number 13924/CLA/000

**173 Windmill Primary School - New Build Extension Works to Support an Increase in School Capacity to Two Form Entry**

The Chief Executive of Education Leeds submitted a report on a proposed scheme to undertake extension works at Windmill Primary School in order to establish two forms of entry.

**RESOLVED –**

- (a) That the scheme to carry out extension works at Windmill Primary School to provide sufficient teaching accommodation to support an increase in school capacity to two forms of entry be approved.
- (b) That approval be given to incur expenditure of £850,000 in respect of these works from capital scheme number 13624/WIN/000.

**174 Phase 3 Children's Centre Programme**

**(a) Update on the Phase 3 Children's Centre Programme**

The Acting Chief Officer for Early Years and Integrated Youth Support Service submitted a report providing an update on the proposed locations for the phase three children's centres to be built between 2008 and April 2010.

**RESOLVED –** That the proposed location of nine of the phase three children's centres be approved and that the preferred option for tenth site be noted.

**(b) Design and Cost Report: Boston Spa Children's Centre**

The Acting Chief Officer for Early Years and Integrated Youth Support Service submitted a report on proposals to create a new Boston Spa Children's Centre on the site of the Deepdale Community Centre.

**RESOLVED –** That approval be given to transfer £455,000 from the Phase 3 Children's Centre Parent (capital scheme 14778) and £100,000 from the GSSG Extended Services Parent 2008-2010 (capital scheme 14777) and that authority be given to incur expenditure on construction £440,000, equipment £40,000 and fees £75,000.



**175 Statements of Purpose for the Fostering and Adoption Services for Leeds City Council**

The Director of Children's Services submitted a report on proposed revised statements of purpose for Leeds City Council's Fostering and Adoption Services.

**RESOLVED –**

- (a) That the Statements of Purpose for both the fostering and adoption services of the Council, as appended to the report, be approved.
- (b) That the Scrutiny Board (Children's Services) be requested to examine the criteria for the consideration of applications for adoption and the manner in which they are applied.

**176 Children's Services Annual Performance Assessment 2008**

The Director of Children's Services submitted a report providing a summary and analysis of the 2008 OfSTED Annual Performance Assessment (APA) of the Council's children's services, and presenting an action plan to drive the reform and integration in services needed to improve safeguarding and outcomes.

**RESOLVED –** That the report be received, that the actions proposed in sections 4 to 9 thereof be approved, that, in addition the Scrutiny Board (Children's Services) be requested to monitor progress and that progress reports be brought to this Board on a quarterly basis.

**LEISURE**

**177 Deputations to Council on 19th November 2008 Regarding Sports Centres**

The Director of City Development submitted a report providing an initial response to the following deputations to Council on 19<sup>th</sup> November 2008:

- (1) Middleton Community Group regarding the Proposed Closure of Middleton Sports Centre
- (2) Garforth Residents Association regarding the Potential Closure of Garforth Leisure Centre
- (3) SPLASH regarding the Proposal to Close South Leeds Sports Centre.

**RESOLVED –** That a substantive response to the three deputations made about the Council's Draft Vision for Leisure Centres at the Full Council meeting on 19<sup>th</sup> November 2008, be included in the comprehensive report on this matter scheduled for Executive Board later this year.

**178 Free Swimming Capital Modernisation Programme**

The Director of City Development submitted a report on the proposals to submit firm applications to Government with respect to the Free Swimming Capital Modernisation Programme by the 31st January 2009 deadline.

**RESOLVED** – That the Director of City Development be authorised to submit final bids in respect of Scott Hall and Sound and Light systems as set out in 4.1 of the report for the 2009/2010 round of Free Swimming Capital Modernisation programme, by 31<sup>st</sup> January 2009.

### **ADULT HEALTH AND SOCIAL CARE**

**179 The Leeds Physical Activity Strategy - "Active Leeds: A Healthy City"**

The Director of City Development and the Director of Adult Social Care submitted a joint report providing an overview of the key elements of the new physical activity strategy for Leeds entitled "Active Leeds: A Healthy City"

**RESOLVED –**

- (a) That the Leeds Physical Activity Strategy – "Active Leeds: A Healthy City" be endorsed.
- (b) That the report be referred to Area Committees for consideration and that further reports on progress be brought to this Board.

**180 Transforming Day Opportunities for People with Learning Disabilities**

The Director of Adult Social Services submitted a report outlining the national and local expectations in relation to the provision of day support for people with learning disabilities and proposing how the vision for such provision can be progressed.

**RESOLVED-**

- (a) That the requirement to deliver a more personalised approach to day opportunities for people with a learning disability to meet the aspirations of customers, carers and other stakeholders be noted.
- (b) That approval be given to the vision for a more personalised approach to delivering day opportunities for people with learning disabilities in Leeds as outlined in the report and that the range of work being planned and taken forward in order to achieve this be noted.
- (c) That approval be given to the proposal to undertake a comprehensive transformation of the service including a move away from large segregated buildings to the utilisation of community based locations and the increased involvement of external providers following market testing as appropriate for a range of services.
- (d) That the South East of the City be approved as the first area selected for a comprehensive change programme which will comprise:
  - Working in partnership with customers and their carers to introduce a personalised day service
  - Adoption of the outline requirements for community buildings as a basis for more detailed work and planning
  - Full engagement of customers, carers and in particular the Learning Disability Partnership Board

- (e) That a further report be brought to the Board in six months which will provide an update on progress made in delivering the day opportunities vision detailed in the report.
- (f) That the submitted report be shared with stakeholders including the Leeds Learning Disability Partnership Board and the Leeds Learning Disability Partnership Executive.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this decision).

### **CENTRAL AND CORPORATE**

#### **181 Business Transformation in Leeds City Council - Design and Cost Report for a Corporate Records Management Facility - Scheme 14201/WES/000**

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report on proposals for the release and expenditure of £996,040 from the Business and Transformation allocation of the Strategic Development Fund within the Capital Programme for the delivery of a Corporate Records Management facility and on proposals for the revenue costs of running the facility.

#### **RESOLVED –**

- (a) That the release of £996,040 from the Strategic Development Fund within the Capital Programme be approved.
- (b) That the expenditure of £996,040 for this project be authorised.
- (c) That the proposal that the revenue costs for running the facility be funded through recharging directorates and services, as an alternative to their having to fund bespoke arrangements, be noted.

#### **182 Design and Cost Report - Phase Two of the Customer Relations Transformation Programme**

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report on proposals for the release and expenditure of £903,100 over a two year period from the Business Transformation allocation of the Strategic Development Fund for the development of those projects which will form Phase 2 of the Council's customer services transformation programme.

#### **RESOLVED –**

- (a) That approval be given to the release of £903,100 (over a two year period) from the Business Transformation allocation of the Strategic Development Fund for the further development of the customer services transformation programme.
- (b) That authority be given to incur expenditure on implementing the projects which form Phase 2 of the customer services transformation programme.

**183 The Leeds Strategic Plan and Council Business Plan - Performance Reporting from Quarter 2 2008/09**

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report outlining the Council's current performance against the improvement priorities in the Leeds Strategic and Council Business Plans 2008 to 2011 as at Quarter 2 of 2008/09.

**RESOLVED** – That the quarter 2 performance report in respect of the Leeds Strategic Plan and Council Business Plan 2008-2011 be noted.

**184 Loan Agreement with Yorkshire County Cricket Club - Granting of Consents and Variations and Rescheduling of Loans**

The Director of Resources submitted a report on proposals to grant consents and agree variations to the Council's Loan Agreement with Yorkshire County Cricket Club, pursuant to the development of the Headingley Cricket Ground.

Appendices A to E to the report, were designated as exempt under Access to Information Procedure Rule 10.4(3), and were considered in private at the conclusion of the meeting. The Chief Officer (Financial Management) reported on a further option advanced since the despatch of the agenda which could potentially affect the arrangements in a manner beneficial to the Council's interests.

**RESOLVED** – That the necessary consents and agreements to vary the Council's loan agreement be granted, including the rescheduling of the loan, so as to facilitate Yorkshire County Cricket Club entering into transactions referred to in the report pursuant to the Carnegie Pavilion development, with further delegations as outlined in paragraph 6.2 of the report and extended to include as an option those matters reported by the Chief Officer (Financial Management) at this meeting.

DATE OF PUBLICATION: 16<sup>TH</sup> JANUARY 2009  
LAST DATE FOR CALL IN : 23<sup>RD</sup> JANUARY 2009 (5.00 PM)

(Scrutiny Support will notify Directors of any items Called In by 12.00 noon on 26<sup>th</sup> January 2009)

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