

What are clusters and what do they do?

The city wide picture

Clusters began life as extended services for Leeds schools and have grown to engage a range of partners who provide early help, early intervention and prevention services for children, young people and families.

There are 25 clusters across Leeds with established local partnerships. They include, amongst others, representatives from schools and governors, children’s centres, children’s social work, police, youth services, housing, voluntary sector, health, local elected members and senior officers from children’s services.

The Leeds citywide cluster model is a unique partnership approach for supporting vulnerable children and families. It has citywide endorsement and nationally from the Leeds Ofsted 2015 Report, which stated that the cluster model is “effective at identifying needs and offering timely early help to pupils”, “helping to drive improvements in all pupils’ attendance” and that through the cluster model “there are extensive early and targeted help services available to families at the first emergence of a problem, delivered by knowledgeable, confident and well-trained practitioners.”

Put simply, our evidence base to date shows that:

Targeted Early Intervention Work in Clusters + Good Teaching In Schools = Better Attainment

Since 2012, cluster funding has included an annual £5.2m top slice investment by Schools Forum of the dedicated schools grant. The government is introducing new funding regulations from April 2017 so 2016/17 will be the last year that Schools Forum can top slice funding to clusters. After this it is expected that this additional funding will go directly back into school budgets. Discussions are now taking place to look at how we enable cluster working to continue whilst establishing a new approach to funding.

With clusters in Leeds we are stronger together. We benefit from:

- Targeted early help work which supports better attendance and attainment
- Investment in counselling in schools through TAMHs
- Intensive Family Support
- As insurance policy i.e. a safety net for families or pupils in crisis
- Local knowledge
- Domestic abuse work
- Closer working with children’s centres
- Parenting programmes
- Remodelled cluster based Children’s Social Work Service
- Guidance and support meetings
- Families First to co-ordinate support for families with multiple problems
- Reduced numbers of young people not in education, employment or training (NEET)
- Investment in Targeted Services Leaders
- Access to Family Group Conferencing
- Quality Assurance and workforce development
- Reduced Children in Needs (CIN)
- And the list goes on...

In addition to this...

Cluster working has been an integral part of the improvement journey in Leeds; they have enabled us to safely reduce the number of children in care, children on children protection plans and children in need. From time to time all schools have pupils who require additional targeted support. Clusters provide an ‘insurance’ that schools can dip into when their pupils need that additional support without having to contract key services separately. Clusters are increasingly providing a geography on which further investment can be attracted. For example, the additional £1.5m health funding for counselling services and the investment from the Family Valued Innovation programme.

Elmet Partnership of Schools and Services – Information about our cluster

The EPOSS Cluster covers 2 Secondary Schools, 16 primary schools 2 Special Schools and 2 children’s centres. The latest data available (January 2013) shows there are around 7595 (0-18) children and young people living in the area and in September 2015 there were 4146 children (4-16) on a local school roll in the

cluster.

The main funding sources for work in the cluster are currently from Schools Forum £127k, Leeds City Council Children’s Services (for targeted services) £24k, Leeds Clinical Commissioning Groups (CCG) £30k p.a. for two years (for additional TaMHS/counselling services) also the North East Area Inclusion Partnership £70k, local school contributions £29k and the Wellbeing fund £8k.

Our cluster budget of **£127,000** is generated via a deprivation formula based on numbers on roll (upto the age of 16) and free school meal entitlement in each school. The **£70,000** delegated on an annual basis from the North East AIP (Primary and Secondary) is not linked to a formula neither is the two year grant of **£60,000** (£30k p.a.) from the CCG to support child mental health. Schools contribute **£25,000** from their school budgets (50%) towards the cost of a Safer Schools Officer in partnership with West Yorkshire Police (£20k total from 2 secondary schools £5k total from 19 Primary schools). The LA contribute **£24,000** (50%) towards the TSL post.

Cluster governance is via the **EPOSS Joint Collaborative Committee (JCC)**. The majority of voting members on the JCC are school representatives either Headteachers or Governors and the Chair of the JCC is a school governor. Other services represented on the JCC include the Police, Youth Service, local councillor, Social Care, Children’s Centre, Health and the Local Authority.

The EPOSS Action Plan currently reflects the Children’s Services Young Peoples Plan **and the ‘three obsessions’**

The plan is tailored to meet the needs of the cluster and children that attend schools in the cluster and includes, early help work and family support services to help children improve attendance, behaviour and attainment at school and help for their parents; activities for vulnerable children, young people and families; and, well-being and counselling services to support social, emotional and mental health.

Recently a range of universal, targeted and specialist services for children are becoming more closely aligned with the cluster, supporting improved access to services and better service co-ordination for families. We anticipate receiving dedicated social work input to the cluster plus early start and targeted services such as intensive family support services. Some of this support may be time limited

EPOSS - Progress in our cluster

We produce an update report every six months for the Local Authority to highlight progress in the cluster and local developments.

This includes progress with the three children’s services main priorities or ‘obsessions’ of safely reducing the number of children looked after, reducing the number of young people not in education, employment or training and reducing school absence.

The EPOSS Cluster covers the following children’s centres and schools:

Children’s Centres:	Wetherby and Boston Spa
Primary Schools:	Scholes (Elmet) Primary Bramham Primary Crossley Street Primary Bardsey Primary Primrose Lane Primary Deighton Gates Primary Shadwell Primary Barwick-In-Elmet Cof E Primary School Harewood CofE Primary School Thorner CofE Primary School

EPOSS Cluster Summary - Appendix 2



	St James' CofE Primary - Wetherby St. Mary's CofE Primary - Boston Spa Thorp Arch Lady Elizabeth Hastings' CofE Primary, Collingham Lady Elizabeth Hastings' Cof E Primary St Edward's Catholic Primary - Boston Spa St Joseph's Catholic Primary School, Wetherby West Oaks and St. John's School for the Deaf
Special Schools	
Secondary Schools:	Boston Spa Wetherby High

Examples of recent work in EPOSS

The main requests for specific cluster service support are currently for **SEMH presenting behaviours** (e.g. **Behaviour in school, Behaviour at home, Anxiety, Anger) Parenting Support, Attendance, NEET and not knowns, ADHD/Autism screening**. Total number of requests to Support and Guidance from Schools and other agencies since September 2015 = 149. There are also **31** families with multiple problems on the Families First programme living in **EPOSS**. The following two case studies briefly highlight the work being done and the benefits to children and their families.

Case Study A	Case Study B
<p>What were the issues?</p> <ul style="list-style-type: none"> •Child at risk of CSE •Mum has mental health problems - low mood, depression and anxiety - this impacts on her child •Child has been reported to be out of the family home until 5am, support needed for parent to manage this and other behaviours •Parental concerns regards to child socializing with older males and drinking with her peers •Sexualized messages by child on Facebook seen by parent •Child is at risk of becoming NEET •Attendance issues 	<p>What were the issues?</p> <ul style="list-style-type: none"> * CSWS - June 2014 * None engagement in school and poor attendance - risk of NEET * Smoking Cannabis * Family breakdown - mum and dad professional parents and trying to control and impose too many boundaries on the young person. Young person being difficult to manage and exhibiting very challenging behaviour - at home and at school. Previous missing person overnight * Parents explored the possibility of putting the young person in care * Police call out due to alleged parental physical assaults * Risk of criminal activity - hanging around with the wrong peer group * MST - Broke down and parents not supportive * CAMHS - Parents sought a diagnosis but didn't like the systemic working practice * Second referral to CSWS in November 2015

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<p>What did we do?</p> <ul style="list-style-type: none"> •Parent has been given a leadership role in the Women's Wellbeing Group to support other parents and increase her self esteem •Regular home visits, phone calls and text messages to check emotional wellbeing of mum •Referral to Sanctuary housing in relation to rent arrears and debts •Joint working the case with Renew who have been providing one to one support to child in relation to risk management, confidence building and anger management •Joint home visit with NEET and attendance officer in relation to child's options after high school due to being at risk of being NEET •Met with child regularly to check progress •Encouraged parent to make GP appointment in relation to her mental health - mental health support accessed •Liaison with school in relation to managing child's emotional wellbeing in school - walking out of lessons etc. 	<p>What did we do?</p> <ul style="list-style-type: none"> * Regular mobile contact with the young person - offering personal support should things break down at home. * Attending social worker, parent and school staff meetings * Supporting CSWS with the CIN plan in place for the student * Weekly meetings with student to discuss progress at home and in school * Searching post sixteen career options other than current school sixth form * Mentoring to help get the student back on track with education, previously a predicted A* student but recently (November 2015) graded C and below * Advice on behaviour strategies and how to deal with conflict - parents and teachers
<p>What difference has it made?</p> <ul style="list-style-type: none"> •Worrying impact of mums mental health needs has reduced with this child •Child not going out much at all, has shared "I have learnt some people are not good for me" <p>Parent has grown in self esteem and confidence - she shares she is much happier and able to</p>	<p>What difference has it made?</p> <ul style="list-style-type: none"> * Helped student with application to Welbeck Army Sixth Form College - Student got to the second stage but was rejected on medical grounds * Suggested making a second application to York College just in case first option failed * Young person very disappointed over Welbeck but has taken a pragmatic approach to the rejection and quickly moved on. She is happy to bide her time and gain A Levels before trying again, or she may join the RAF on an apprenticeship scheme. * Working hard on her revision and is confident she will leave school with B grades in all subjects * Continuing with a fitness regime and trying to give up smoking