



Leeds Safeguarding  
Children Partnership

# ANNUAL REPORT

2019-2020



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## Message from the Independent Chair

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It is my pleasure to welcome you to the annual report of the Leeds Safeguarding Children Partnership (LSCP). This report covers the period between April 2019 and August 2020. It reflects the safeguarding commitments of all Board partners, as we work to achieve our intentions as set out in our strategic plan.

Whilst COVID-19 affected us towards the end of the reporting period, the impact the virus has had and continues to have on all partners at the time of writing, must be acknowledged. With that in mind, this year's report is being published later and was prepared by the Partnership and includes a report on responses to COVID-19. It is logical that details of how safeguarding was managed during the COVID-19 crisis should feature more prominently in the next annual report. However, it is important to me to record that I saw that agencies did respond with a positive 'can do' attitude to the challenges faced and were determined to keep vulnerable children as the focus of their thinking. I also wish to remember those who have sadly lost their lives and recognise the extraordinary efforts the people of Leeds and employees of all our partners have made to continue to keep people as safe as possible during this time. This embodies the 'Spirit of Leeds', of which we should all be so proud.

This report was prepared by the LSCP Business Support Unit (BSU) on behalf of the Partnership and recognises the progress the LSCP has made throughout the year and the challenges that remain that we will continue to address in 2021/22.

I have reviewed the contents and, as the Independent Chair, I can say that the contents are an accurate report of the activities of the Partnership and its Sub Groups. I would like to thank all Sub Group members for their commitment which, without exception, is provided in addition to their individual roles within their own organisation. The report clearly details areas of best practice and highlights recommendations to improve practice as a Partnership that continues to seek improvements for the most vulnerable children and families in our communities. The Partnership will continue to work within its areas of priority with the addition of considering elected home education, as a priority.

May I take this opportunity to thank you for giving your time to reading my first annual report as Independent Chair. This continues to be a challenging yet rewarding role, and I work alongside partners who in my view clearly embrace our vision and wish to make a difference. I am encouraged by LSCP Executive meetings and partnership discussions which operate with a high level of honesty and transparent conversations, enabling all to probe and ask questions concerning the performance of partners, appropriate professional challenge and examples of best practice. I have proactively engaged with Chairs across the strategic partnerships to ensure collective partnership working and accountability, to improve the lives of children and families.

Finally, I am confident that the Partnership is functioning well – but there is always more to do in our endeavours to improve safeguarding across our city, to ensure that agencies work together to keep children and young people safe in Leeds.



Jasvinder Sanghera CBE,  
**Independent Chair LSCP**

## Introduction

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The Wood Review of 2016, led to an amendment of The Children's Act 2004, resulting in the removal of the statutory requirement of local authorities to have a Local Safeguarding Children Board and placed the responsibility for safeguarding equally with local authorities namely children and family services, police and health (Clinical Commissioning Groups). Working Together to Safeguard Children 2018 places a duty on the three agencies to work in partnership and to define the local multi-agency safeguarding arrangements. It also places a duty on other partner agencies to co-operate with the new arrangements. This creates greater opportunities and a culture to work as partners in the interest of safeguarding the most vulnerable children and young people across Leeds. The vision is for local areas to decide on how this should work in practice with an aim for this work to be underpinned by partnership working.

The new arrangements require the Leeds Safeguarding Children Partnership (LSCP) Executive and appointed LSCP Chair to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. Therefore, this report aims to provide a rigorous and transparent assessment of the performance and effectiveness of local services. It also aims to identify areas of weakness; the causes of those weaknesses and any proposals and actions being taken to ensure improvements. Finally, this report also includes an account of progress made in implementing actions from reviews, lessons and the sharing of learning, from the front line, that have been undertaken within the reporting period.

This annual report is a retrospective look at the work of the LSCP for 2019/20 and will also include progress and analysis of the effectiveness of the first 12 months of the new safeguarding arrangements under Working Together to Safeguard Children 2018. Therefore, unless stated otherwise, data reported is for April 2019 to March 2020. However, reporting and analysis may extend to August 2020 to cover the first 12 months of the new arrangements.

# Executive Summary

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## The city of Leeds

Leeds is the second largest city council in England. The latest population estimate is 793,139 representing a 12% increase over the last 10 years, which is higher than the average regionally and nationally. The population of children and young people aged 0-19 is 193,553. Within this, the number of very young children (0-4 year olds) has increased faster with over 10,000 children being born in Leeds every year. Leeds has a significantly higher proportion of 15-25 year olds, compared to both the regional and national averages, with a total population of 289,000 0-25 year olds living in the city.

Leeds is a very diverse city, with over 130 nationalities included in a minority ethnic population of 19.9%. The proportion of pupils in Leeds schools that are of minority ethnic heritage has increased since 2005 to 33%, with a higher proportion of primary than secondary pupils being of minority ethnic heritage. Some 16% of pupils have English as an additional language and over 170 languages are recorded as spoken in Leeds. The largest minority ethnic groups in the city are the Indian and Pakistani communities, but more recently there has also been a significant increase in economic migration, mainly from Eastern Europe.

The Local Authority area includes some rural communities as well as densely populated inner city areas where people can face multiple challenges. The Indices of Multiple Deprivation (IMD) indicate that 19%, or over 150,000 people in Leeds, live in areas that are ranked amongst the most deprived 10% nationally. Around 25,710 children and young people, 23% of all those aged 0-16, live in poverty compared to 20%<sup>1</sup> nationally.

The changing child population seen across Leeds has implications for the demand for services, whether that is for school places, early year's provision, complex needs services, or an increase in the number of vulnerable families requiring support.

Leeds is a city that is reflective, learns from working with children and families and of course the many practitioners from across the partnership dedicated to protecting children and families. External reviews from Ofsted over the past five years have highlighted innovative and outstanding practice and leadership. This year's annual report acknowledges that this continues to be a strong element in the protection, safety and wellbeing of children and young people.

Leeds Early Help approach has ensured that the number of children requiring statutory intervention has remained relatively stable over the years despite increases seen across the country. June 2020 saw the launch of 'Right Conversations, Right People, Right Time'<sup>2</sup>. In addition, Leeds have developed a new animated film (produced during lockdown), a new poster for partner agencies, new early help assessment and planning documents and practice guidance on early help working on the webpage. The Leeds Early Help Board is developing stronger governance and multi-agency strategic support and challenge to support its ambitious early help strategy.

Child protection systems remain strong with continued support and commitment from agencies across Leeds. Effective Front Door arrangements ensure that children's and family's needs are responded to appropriately. Data evidences that timeliness of statutory safeguarding functions are

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<sup>1</sup> Poverty Fact Book, data, information and analysis for Leeds 2018

<sup>2</sup> Leeds early help approach and strategy to responding to the needs of children and families in Leeds 2020 – 2023

good. Qualitative assurance is also explored through a range of multi-agency audits which brings together joint learning experiences. Families are encouraged to lead, own and contribute to plans. The 'doing with, not to' culture in Leeds allows families to remain central to their solutions.

The LSCP Learning and Improvement Framework aims to ensure that learning from practice, audits, local and national research is embedded through improvements to safeguarding systems and training and development opportunities for practitioners across Leeds.

There is a consistency of approach in responding to safeguarding or child protection concerns by partners across Leeds. Multi-agency policy and procedures provide professionals with clear guidance on how to protect children and when to report any concerns about their welfare to the appropriate authorities. These policies and procedures are often developed and agreed by a range of professionals which are then integrated into practice.

The safeguarding partnership in Leeds remains strong and ensures practice and leadership across the city is based on a culture of 'high support, high challenge' with independent scrutiny through the employment of an Independent LSCP Chair.

This LSCP Annual Report highlights key areas that will require focus during the year. We acknowledge how improvements to the safeguarding system are continually evolving. The following are key areas being addressed with the intention of taking them forward this year:

1. The LSCP recognise the work and investment across the city in young people's mental and emotional health services. It has been identified in previous LSCP annual reports the importance of having services that can respond to young people's emotional and mental health early, through providing information and advice, right through to those children requiring more intensive interventions.

However whilst the child remains central many risks that children face are often from parents who are struggling to keep their children safe.

The LSCP have identified the need to explore further how adult services across Leeds respond to those parents who may be struggling to care for their children due to their own emotional or mental health, drugs / alcohol misuse or domestic violence.

2. The link between school exclusion, reduced timetables and alternative educational settings and an increased risk of exploitation is an area for further exploration. There is national evidence identifying a link between children not in education, employment or training and other vulnerabilities and further assurance is required so that these children have a particular focus in Leeds.

The LSCP will require further assurance that the needs of these young people at risk of exploitation are being met.

Schools continue to play a significant role in supporting children in clusters. Clusters are recognised nationally as a model of good practice and Leeds is committed to this model of providing timely, effective support to children and families early in the life of a problem. There are however, a small number of schools, usually academies, who don't buy into the city's cluster arrangements.

The LSCP should seek assurance that those schools not in clusters are providing good quality early help support to children and families who need it.

As a result of a citywide independent review whereby Electively Home Educated was a feature, moving forward there is an opportunity for honest reflection around the balance of

rights and responsibilities around home education and safeguarding, which we intend to advocate nationally for children who do not have the eyes and ears of a school environment.

3. There is clear evidence that childhood abuse can have significant impact on a child's life chances and also their ability to parent.

Further assurance should be sought that children and young people who have experienced child sexual exploitation and abuse have access to appropriate therapeutic services, not just at the time of the abuse but also if they require it later in their life.

4. It is welcome that housing have reviewed and commissioned a young person's accommodation and support provision.

Further assurance will be required to ensure that this provision continues to meet the needs of young people in Leeds especially for young women, LGBTQ and those with additional vulnerabilities such as sexual or criminal exploitation.

5. The devastating impact of domestic abuse and violence on families can span generations and it remains important to ensure prevention work is a priority to prevent future lives being impacted by such abuse.

The LSCP has identified the need to seek further assurance that families who experience DVA who do not require social care intervention are supported through the early help approach and the work manages and reduces risk.

6. Nationally, there is growing concern that young people entering adulthood experience a 'cliff edge' in terms of support. We know harm and its significant effects do not stop at 18 and consequently there is a need to ensure ongoing provision of support, either because harm continues into adulthood or because they need help to recover from the impact of harm suffered.

In light of this, we have developed and are currently building on discussions with Adult Social Care and Leeds Community Safety Partnership to seek endorsement for CSE Transition as a priority issue for safeguarding partners to address. Our approach is to apply this holistically across the wider safeguarding agenda in accordance.

We have recommended a joint task and finish group of safeguarding partners with a clear remit and timescale, to develop local arrangements and implement recommendations. The aim is to ensure stronger transition arrangements in the older age group (17-18) that continue to remain at risk of exploitation or abuse as they transition into adulthood.

7. As a city there needs to be a continued focus of promoting safe sleeping messages, promoting breast feeding, reducing the number of parents that smoke and use alcohol and drugs especially whilst pregnant. For older children road traffic collisions remain the highest cause of preventable deaths. There needs to be continued approach to target interventions about road safety towards all children but especially more vulnerable groups of young people who may be at greater risk.

The greatest potential for prevention among Leeds deaths, lies with sudden unexpected deaths of babies.

## Leeds Safeguarding Children Partnership

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The LSCP is a partnership established under the Children Act 2004 to co-operate with each other to safeguard children and promote their welfare. Guidance is set out in Working Together to Safeguard Children 2018. The Partnership is responsible for ensuring services are delivered, in the right way, at the right time, so that children are safe and we make a positive difference to the lives of them and their family. This is achieved by:

### 1. Co-ordinating local work through:

- Communicating the need to safeguard and promote the welfare of children and explaining how this can be achieved
- Working closely with local Partnership Boards with an aim to share agendas with the Children and Families Trust Board (CFTB), Early Help Board, Community Safety Partnership (Safer Leeds) and Leeds Safeguarding Adults Board (LSAB)
- Working with local partners to ensure safeguarding children and young people is understood and embedded within practice
- Sub groups and task and finish groups in response to identifying specific pieces of work.

### 2. Ensuring that local work is effective by:

- Monitoring working practices by partner agencies that safeguard and promote the safety and welfare of children
- Undertaking Child Safeguarding Practice Reviews and other multi-agency case reviews, and ensuring any learning identified is shared in a timely manner
- Collecting and analysing information about child deaths
- Publishing an annual report on the effectiveness of local safeguarding arrangements which safeguard and promote the welfare of children in Leeds.

The new Multi-agency Safeguarding Arrangements came into effect on 1st September 2019. The Safeguarding Partnership has continued to be known as the LSCP to ensure the well-established and recognised 'brand' is preserved. The LSCP has remained an independent intermediary body with an Independent Chair, and continues to work with all agencies to safeguard and promote the welfare of children and young people in Leeds. The new arrangements are underpinned by the LSCP Learning and Improvement Framework. A full list of partners can be found in [Appendix 1](#).

The LSCP Executive are in the process of reviewing and reflecting on the past 12 months of the new safeguarding arrangements and the future leadership model in Leeds. The LSCP Executive have agreed to review the arrangements of both the CFB and the LSCP to look at a new partnership model.

This review will allow the Partnership to strengthen its resolve to challenge not only the safeguarding system but also challenge the wider elements that put children and families in situations where their safety and wellbeing is compromised. The new partnership discussions are being developed and are anticipated to be operational from April 2021.

## Structure and Governance

The LSCP Executive is made up of the three safeguarding partners along with the Local Authority lead Executive Member for Children and Families, who agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. The LSCP Executive is:



Sal Tariq  
Director of Children and Families  
Leeds City Council



Jo Harding  
Executive Director of Nursing and Quality  
Leeds Clinical Commissioning Group



Damien Miller  
Chief Superintendent -  
Leeds District Commander  
West Yorkshire Police



Cllr Fiona Venner  
Executive Member for Children and Families

The LSCP has effective linkages to other strategic groups in Leeds to ensure a clear remit and cross partnership working, as well as strong working relationships with other strategic safeguarding boards across the city.

The Independent Chair has met with and established regular meetings with the Chairs of all strategic boards and where appropriate, heads of service, to seek agreement on working together on common themes. These discussions have led to both a review of the transitional arrangements for young people becoming 18 and how young people experience domestic abuse services across Leeds. Both of these areas have been identified as opportunities for collaboration and therefore achieving greater changes for children and young people.

The LSCP manages and has its own website which brings together information and advice, promotes safeguarding messages and allows access to training and professional development opportunities for professionals. The website is available at <https://www.leedsscp.org.uk>

## The LSCP Chair

The LSCP Independent Chair, Jasvinder Sanghera CBE, was appointed after an extensive recruitment campaign in 2019. This involved a series of interviews with partnership members and young people who formed an interview panel. Jasvinder brings additional independent scrutiny for the partnership and extensive experience from within various sectors. She is noted as someone who has driven lasting changes across national policy, practice and procedures, and legislation to safeguard the most vulnerable groups. Jasvinder also has past extensive experience of working with partners in Leeds and therefore has established relationships with partners across the city.

## Financial contributions to support the Partnership

The previous funding arrangements have remained for the initial year of the new safeguarding arrangements. This includes the three statutory partners providing the majority of the funding as follows:

- Local Authority 59%
- Leeds Clinical Commissioning Group (CCG) 35%
- West Yorkshire Police 5%
- Probation Partners 1%.

It is also important to note the significant contributions from all our partners within their safeguarding roles, which accounts for a significant 'in-kind' contribution to the work of the Partnership. Furthermore, the 'in-kind' contribution of partners to the LSCP Training Pool.

## Effective Safeguarding Governance

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Section 11 of the Children Act provides the LSCP with an opportunity and a framework to undertake an analysis of how effective safeguarding arrangements are across the city. The analysis of all the submissions enables us to produce relevant information and training where gaps in knowledge or understanding are identified.

To support partners in measuring their Section 11 compliance the LSCP BSU developed an online Section 11 audit tool which allows any organisation that works with children the opportunity to measure their compliance against Section 11 standards. It also gives the LSCP BSU oversight of all Section 11 returns across Leeds.

This assessment enables organisations to self-assess whether they are meeting their responsibilities to safeguard children and promote their welfare. The LSCP BSU on behalf of the LSCP Performance Management Sub Group, challenge partners both in terms of their responses and any action plan that is developed as a result of their self-assessment. It is clear that partners fully acknowledge the importance of ensuring compliance with Section 11 and clearly demonstrate improvement journeys since their previous Section 11 assessment. Employing strong safeguarding arrangements within an organisation ensures children are better protected.

Work is ongoing to support commissioned and non-statutory organisations that work with children and young people to complete Section 11 returns.

A total of 366 self-assessments were completed between April 2018 and March 2020. A breakdown of these assessments demonstrates:

- 14 completed by statutory services
- 158 completed by commissioned services
- 82 completed by third sector organisations
- 95 completed by early years providers
- 17 completed by schools.

A review into completed Section 11 returns in 2020 highlighted that all statutory organisations and commissioned services were fully compliant, often going beyond what is required. Those agencies that were not fully compliant were generally within the Third Sector and required support in the following areas:

- The ability to measure the impact of safeguarding training back in the workplace and on outcomes for children and young people
- Ensuring the voice of the child was considered when developing a new service or piece of work
- Ensuring that staff access safeguarding training either through the LSCP training offer or accessed through their own 'in house' training
- Ensuring that the children they work with understand their right to be safe from abuse.

The BSU are informed of all agencies who are not fully compliant. This results in joint BSU and partnership discussions to support the agency with improvements in their safeguarding governance arrangements.

## Evidencing Outcomes of Change

As part of the review of the CCG Safeguarding Children and Adults Policy, revised safeguarding standards for commissioned services are in place to reflect the Section 11 Audit for safeguarding children and regionally agreed commissioning standards for safeguarding adults. An audit tool has been developed to enable providers to evidence compliance with the standards. This is monitored through the CCG contract monitoring arrangements and providers will be expected to develop an action plan to address any areas where they cannot demonstrate compliance.

Children and Families services are also keen to be assured that services that they commission are compliant with Section 11 standards and have adopted a process of reviewing and monitoring standards.

The White Rose Framework<sup>3</sup> has adopted the LSCP Section 11 online process, this has strengthened our ability to ensure that Leeds has oversight of all Section 11 responses across the region where Children Looked After (CLA) may be placed. These returns are monitored and any areas identified for improvement are addressed in partnership locally.

Discussions across the other four safeguarding partnerships across West Yorkshire including Adults Boards have resulted in an agreement that Leeds will lead on having a Section 11 process across West Yorkshire that will ensure a consistent and single approach to Section 11 that all agencies can access.

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<sup>3</sup> The White Rose Framework (a consortium made up of 12 member local authorities brought together to increase the buying power for looked after placements)

## Partnership Responses to Safeguarding

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The following provides a summary of safeguarding work undertaken by the LSCP's partner agencies (Children and Families services is referenced later in the report).

### The Health Economy

The Health Economy is the term used for all of the different health agencies that make up the whole of the health service in Leeds. This includes: Leeds CCG of healthcare services; Leeds Community Healthcare Trust (LCH); Leeds Teaching Hospitals Trust (LTHT); Leeds and York Partnership Foundation Trust (LYPFT); and Primary Care (includes General Practices).

Leeds CCG has employed a Specialist Safeguarding Nurse Practitioner since 2017 to represent Primary Care at the Front Door. This role is co-located alongside social care and the police, and in January 2020 was integrated within a newly established Health Economy Team at the Front Door. LCH currently provide a full time practitioner from within the 0-19 service, and LYPFT employ a full time practitioner and a clerical support post, with funding which was jointly provided from the LSAB and LSCP. The impact of this is under review to ensure it continues to be effective and meet the needs of families in Leeds.

The Health Team at the Front Door has 3 main functions;

- Providing support to social care colleagues at Duty and Advice
- Contributing to the Daily Risk and Co-ordination Meetings incorporating the MARAC (Multi-agency Risk Assessment Conference) known as the Front Door Safeguarding Hub (FDSH)
- Working with West Yorkshire Police and Children's Social Care to facilitate Strategy Meetings.

### Emotional and Mental Health of Children

The LSCP continues to recognise the importance of how children and young people are supported with their mental and emotional health needs. Leeds continues its commitment to promote mental health and emotional wellbeing for all children and young people through its Transformation Plan<sup>4</sup>. This is a five-year strategic plan with a vision to deliver whole system change to children and young people's emotional and mental health support and service provision in the city. The plan incorporates priorities from primary prevention through to specialist provision and focuses on improving both children and young people's experience and outcomes.

Progress continues with the Best Start Programme, a broad preventative programme from conception to age 2 years which is jointly led by Public Health and Children's Services. The Best Start Programme aims to ensure a good start for every baby, with early identification and targeted support for vulnerable families early in the life of the child. In the longer term, this will promote social and emotional capacity and cognitive growth, and aims to break inter-generational cycles of neglect, abuse and violence. Evidence demonstrates that frequent, intense and poorly resolved parental conflict can have a negative impact on children's mental health and long term life-chances.

There is a detailed partnership Implementation Plan which is currently being refreshed. The Infant Mental Health Service is jointly commissioned by LCC Public Health, Children's Services and the

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<sup>4</sup> Futures in Mind: Leeds Local Transformation Plan for children and young people's mental health and wellbeing

CCG. The model of service includes training, consultation and advice to professionals, and a referral service. In the last year, the Infant Mental Health service has enabled 289 practitioners to understand infant neurodevelopment, attachment theory and how to promote responsiveness and sensitivity in parents.

There are a number of services commissioned to support young people and the following provides examples of services in Leeds (this list is not exhaustive):

- Teen Connect is a Leeds CCG commissioned service providing confidential online / phone emotional support for young people aged 13-18 (and their parents), who are experiencing mental health crisis. From April 2020 the offer was extended to children aged 10 in recognition of the key impact transition to secondary school can have on mental health
- Leeds Mind Mate (mental health and wellbeing work with children and young people in Leeds) continues to be developed and includes the Mind-Mate self-help website, MindMate SPA, a single point of access for many emotional wellbeing and mental health referrals; and MindMate Wellbeing Support.

In response to this, Leeds is working with other local authorities across Yorkshire and Humberside to jointly commission a website, awareness raising campaign and workforce development programme called '[Relationship Matters](#)'.

LCH is the lead CAMHS<sup>5</sup> provider for the West Yorkshire New Care Models (NCM) two-year pilot, which commenced in April 2018. This programme has evidenced a reduction in admissions and length of stay in CAMHS beds and the expenditure gains retained by the provider partnership have been reinvested in improving community CAMHS services.

This created funds to support the creation of a dedicated community CAMHS crisis team, though only within normal working hours. The 2019 commissioning intention created the resource to expand the provision to seven days a week until midnight. The service model is peripatetic and will support children and young people where they are, e.g., Safe Zone, children's home, school / college, etc.

The new West Yorkshire purpose-built specialist community CAMHS unit is being built in Leeds (completion due September 2021). This unit will provide 18 specialist places and six psychiatric intensive care unit (PICU) beds. The unit will support young people from across West Yorkshire suffering from complex mental illness, such as severe personality disorders and eating disorders.

Within the estate is the design for a Section 136 unit<sup>6</sup>, for children required to be detained for their safety, which in the first instance will be for Leeds young people and is seen as integral to the Leeds crisis offer for children and young people.

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<sup>5</sup> Child and Adolescent Mental Health Service

<sup>6</sup> The 136 unit is a place of safety for those who have been detained under **Section 136** of the Mental Health Act

Data provided to the LSCP on Emergency Department attendances for mental health / emotional health issues can be seen below.

Diagnosis / Chief Complaint	2018/19		2019/20	
Depressive disorder	233	22%	349	31%
Intentional self-harm	229	22%	220	19%
Anxiety disorder	161	15%	154	14%
Suicidal intent	150	14%	146	13%
Recreational drug use	62	6%	62	5%
Self-inflicted injury	58	5%	50	4%
Anxiety	28	3%	18	1%
Depression	26	2%	21	2%
Behaviour: bizarre	25	2%	19	2%
Personality disorder	25	2%	16	1%
Psychotic disorder	19	2%	20	2%
Eating disorder	13	1%	20	2%
Behaviour: violent	12	1%	16	1%
Hallucinations / delusions	9	1%	7	1%
Other	10	1%	14	1%
<b>Total</b>	<b>1060</b>		<b>1132</b>	

It is difficult to assess from the data provided whether or not the attendances to Emergency Departments were always appropriate or not. The number of attendances does not necessarily mean the number of children and some children may have attended on more than one occasion. However, it clearly demonstrates that attendance has increased for depressive disorder and that there has been a reduction or stabilisation of attendances in all the other domains.

## The Community Support Record

The Community Support Record (also known as the dynamic risk register), regarded as a key deliverable of the Transforming Care Programme, and has been fully implemented. The register is a tool used by practitioners across agencies to dynamically assess the risk, of a child or young person with a learning disability and or Autism, experiencing placement breakdown.

This approach enables practitioners to risk assess children and young people using a traffic light system. Where a child or young person is assessed at being at greatest risk (red) the lead practitioner is expected to notify the Commissioning Manager for Children with Complex Needs at the CCG to discuss whether a Care Education and Treatment Review (CETR) should be held. Where lower level risks are identified practitioners work together to ensure the child or young person is able to access appropriate co-ordinated multi-agency services across health, education and social care. The CSR enables health colleagues to work more effectively with partners to support this group of children and young people to work towards meeting their needs in the community and the number of children admitted into tier four CAMHS inpatient provision is reduced.

## 0-19 Public Health Integrated Nursing Service (PHINS)

As of 1<sup>st</sup> April 2019, Leeds City Council (LCC) Public Health commissioned the 0-19 Public Health Integrated Nursing Service (PHINS), bringing together Health Visiting and School Nursing services for the city, which includes:

- A single integrated nursing service for children from 0-19 years old. This will ensure that families see the right practitioner, at the right time, in the right place and enable families to continue to work with the same health practitioner over a longer period of time
- Co-location of the service into Children's Centre's as part of Early Start Teams, to reach children, young people and their families in the heart of their communities, building on the existing integrated service model
- A new digital offer to children and young people (11-19) to access the support of the school nursing service. ChatHealth, a confidential text messaging service that will enable young people to send questions via SMS. The response may include brief advice, an offer of direct support from the service or signposting to other services. The CCG Communication team periodically shares data with the LSCP on levels of engagement and was especially important during COVID-19
- Increased flexibility and accessibility to the service. Clinical staff are available 8.00am – 8.00pm on weekdays and elements of the service will be delivered within these extended hours in order to better meet the needs of families
- Increased focus on improving coverage of the mandated contacts for those families who have been assessed as having greater need for support
- Contributing to reviewing child deaths and implementing any recommendations.

Both early help and safeguarding are key functions of the 0-19 PHINS service, and improved access to the service seeks to maximise the ability of the service to contribute to the safeguarding agenda across Leeds.

The LSCP recognises the work and investment across the city in young people's mental and emotional health services. Previous LSCP annual reports identify the importance of having services that respond to young people's early emotional needs, through providing information and advice and continuously to those children requiring more intensive interventions.

The LSCP would like to explore further how adult services across Leeds contribute and respond to those parents who may be struggling to care for their children due to their own emotional or mental health, drugs/alcohol misuse or domestic violence.

## Education

The LSCP recognise that when children are accessing good quality education provision this increases their ability to be protected and have access to good quality support to protect them from harm.

Within Leeds there are 222 primary schools, 44 secondary schools, five LA maintained Specialist Inclusion Learning Centre's and four special or alternative provisions.

Leeds has 73 Academy schools, in comparison there are 193 Maintained Schools (overseen, or 'maintained', by the Local Authority), and while the number of academies in England is expanding, the majority of state schools in Leeds are maintained schools.

Ofsted judgements of schools demonstrate that the vast majority of schools in Leeds are judged either 'Good' (67%) or 'Outstanding' (16%). There were 11% of schools judged as 'Requires Improvement' and 6% 'Inadequate'. Those schools where Ofsted identify improvements are required can access support through the local authority Education Safeguarding Team or the LSCP Education Reference Group.

As a major city Leeds also has a wide range of further education colleges and three universities with internationally recognised research and teaching; University of Leeds, Leeds Beckett University and Trinity Leeds University.

## Not in Education, Employment or Training (NEET)

The law requires all young people in England to continue in education or training until at least their 18th birthday, although in practice the vast majority of young people continue until the end of the academic year in which they turn 18.

Whilst the Department for Education (DfE) provides the framework to increase participation and reduce the proportion of young people NEET, responsibility and accountability lies with local authorities who have a critical role to play in supporting young people to access education and training, and therefore in understanding the characteristics and current activity of the young people in their area.

The DfE monitors the performance of local authorities in delivering their duties, and specifically in their tracking and supporting of 16 and 17 year olds, using data collected by authorities and submitted to the National Client Caseload Information System (NCCIS). NCCIS includes data showing the numbers of young people participating in education or training, those who are not participating, those who are NEET or those whose current activity is not known.

The overview of NEET in Leeds is as follows:

- In 2020, the NEET / Not Known figure has come down to 7.2%, an improvement of 2.7% since the previous year. This reflects the cross working that has taken place with colleagues across children's services and with other directorates. Leeds is ranked 126<sup>th</sup> out of 150 LAs and remains in the 5<sup>th</sup> quintile but closer to the 4<sup>th</sup> quintile
- The combined NEET figure of 7.2% is made up of NEET 2.4% and Not Known 4.8%
- Leeds is behind all comparators except core cities where the figure for NEET / Not Known is 8.4%
- NEET / Not Known figures have fallen in Leeds for young people who are Special Education Needs (SEN) Support (from 8.4 to 5.1) or have a Statement / Education, Health and Care Plan (EHCP) in place (15.9 to 11.5), however they are behind the national averages
- NEET / Not Known figures have fallen in Leeds for all ethnicities, with White (7.8) and Mixed 6.9 young people representing a bigger proportion of the overall NEET / Not Known figures
- More boys are NEET / Not Known than girls, 6.4% and 7.9% respectively.

National statistics identify groups most likely to be NEET for the year were similar to those in research carried out by Social Finance in Newcastle<sup>7</sup>:

- Were or have been a child looked after
- Were or have been in the Children in Need census but not a child looked after
- Attended alternative provision or a pupil referral unit (AP/PRU)
- Over 10% absence in key stage 3 or 4, excluded in key stage 3 or 4 or have special educational needs at age 15 (SEN/Absent/Excluded)
- Eligible for free school meals during secondary school (FSM).

Educational attainment is one of the 'Obsessions' of the [Leeds Children and Young People's Plan](#). It is acknowledged that some children and young people face particular challenges in getting the most

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<sup>7</sup> [https://www.socialfinance.org.uk/sites/default/files/publications/insights\\_1\\_newcastle.pdf](https://www.socialfinance.org.uk/sites/default/files/publications/insights_1_newcastle.pdf)

out of their education, with research and national data highlighting the following areas of greater inequalities:

- Children from deprived families and communities
- Children with special educational needs and disabilities
- Children in Need
- Children from Black, Asian and Minority backgrounds are all more likely to be vulnerable to underachievement than their peers.

Leeds have identified some improvements in outcomes for the most vulnerable learners, the performance is still below that of other areas of the country. In improving educational outcomes for all, there needs to be a continued drive to narrow the gap between vulnerable learners and other children and young people in the city.

It is vital that every child has the opportunity to reach their potential or the city will miss out on the skills and potential of its young people. While the Council has a different role in education than in the past, it retains a duty to champion the needs of all children, to promote equality and cohesion and to build an inclusive and successful economy for all. As such, it is clear that change is needed.

The 'Three As' strategy sets out the city's direction and approach to change. The Three As are:

- Attendance' because it is recognised that being in schools means children are not just more likely to learn but be safe and build friendships
- Attainment' to focus on exam results and academic progress
- Achievement', here defined in its widest sense to include not just exams but personal and social development and wider growth and success.

Outcomes for children in the early years foundation stage are among the lowest in the country and the proportion of young people remaining in learning and achieving good qualifications by age 19 is also low although improving. Leeds have committed to significantly improving outcomes in all of these areas, so that all children and young people in Leeds, at every stage of their education, are supported to reach their potential.

Following the implementation of the Leeds Learning for Life Strategy there was an improvement in results at the end of primary school, and GCSE results are also much improved, and the strategy demonstrates a determination to continue to build on this progress.

## Effective Governance in Schools

The Annual Review Monitoring (ARM) return is a self-reporting compliance document which aims to support schools in ensuring safeguarding arrangements are robust and in line with LSCP Section 11 audit standards. In 2019/20 297 forms were sent out with a 100% return rate. Schools are advised to share the returns with their full governing body as part of their own safeguarding quality assurance processes, however due to COVID-19 restrictions returns were not counter-signed by the Chair of the requisite governing body this year.

Overall schools are reporting a high compliance to their statutory safeguarding arrangements with all schools reporting over 90% compliance across all areas with the exception of safer recruitment training of head teachers and governors, and governing body briefings. However, this is mainly due to schools identifying that refresher training is required. Improvements in compliance is monitored and supported the Local Authority Education Safeguarding Team.

## Electively Home Educated (EHE)

An Association of Directors of Children and Families survey in 2019 evidenced how across the 106 councils which responded, around 40,000 children were being home educated. The survey suggests around 58,000 children were being home educated across England as a whole and that as many as 80,000 children could be home educated at some point during the school year as they may dip in and out of accessing school provision. Nationally the precise figures are unknown due to parents not having to register children that are home educated, resulting in councils using various sources to estimate the numbers.

As in previous years Leeds has continued to see a rise in the number of new notifications of children becoming electively home educated.

### EHE data – End of year data from last 3 years for comparison

	16/17 (June)	17/18	18/19	19/20
Number of EHE on list at end of year	512	468	610	630
Primary EHE – end of year	211	192	254	272
Secondary EHE – end of year	301	276	355	358
EHE with Education Health and Care Plan (EHCP) <sup>8</sup>	13	21	19	25

While each case is unique, there are some clear trends:

- Around 1/3 have come from BAME families- particularly Asian / white and dual background ethnicities, with family groups all becoming EHE at the same time
- 27% are eligible for free school meals. This is a trend seen in previous years
- Four have an Education, Health and Care Plan (EHCP)
- 22 are recorded as requiring SEN support
- More cases having had previous social care involvement at some time prior to EHE
- Many children had previous low attendance at school
- Some are below expected levels of attainment for their years.

From 1st September 2020 to 1st October 2020 (Census Day), 153 new notifications of parent's choice to home educate were received, this is in comparison to 62 in the same period the previous year.

It is of particular note that some children feature more than once in the year.

The number of EHE closures seems partially due to the closer working of the EHE Team and Attendance Team, with work to streamline the processes where there has been little or no evidence of a suitable education for the child's age, aptitude and special needs if any. This has led to 128 referrals for school attendance orders<sup>9</sup> resulting in 62 children returned to school and 66 currently

<sup>8</sup> EHCP- outlines any special educational needs a child has, and the provision a local authority must put in place to help them.

<sup>9</sup> A School Attendance Order is issued when the authority is not satisfied that education is being provided otherwise than at school

being supported to either provide more evidence of a suitable plan for education or moving to a school return. No cases have yet gone to court but attendance officer support has enabled a process of escalation, much of which is in line with the updated DFE Guidelines<sup>10</sup> for local authorities published in April 2019.

In Leeds there remains a continued focus on the safety and wellbeing of EHE children with a specialist teacher working directly with those on a Child in Need (CIN) plan / Child Protection Plan (CPP) or experiencing mental health issues to enable swift supported return to school or to appropriate educational provision (e.g. Medical Needs Teaching Service). There is also a relentless focus on literacy and numeracy and whether the child is socially integrated with other children and activities.

During the initial period of the COVID-19 Pandemic (March to August 2020), the BSU sought assurances that all home educating families were contacted. The following identifies work undertaken by EHE team:

- Contact with families was made three times offering signposting to support if required
- All families were sent information on Leeds local services and websites of educational content
- Where a family was not contactable by phone or email, then the team undertook doorstep home visits and delivered information by hand
- The EHE team has continued to undertake safeguarding visits during 2019/20.

The majority of children educated at home receive good support from their family and other networks however there are a growing number of children who are taken off school roll without having appropriate educational and welfare support.

An independent citywide review was undertaken in response to the death of a young man who had lived all his life in Leeds and was educated at home for the majority of his secondary school education. The city aims to ensure the action plan improves the experience of EHE for children, young people and families in the city and an opportunity for honest reflection around the balance of rights and responsibilities around home education and safeguarding, which we intend to advocate nationally for children who do not have the eyes and ears of a school environment.

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<sup>10</sup> Elective Home Education. Departmental guidance for local authorities April 2019

## Children Missing Education (CME)

All children, regardless of their circumstances, are entitled to a full-time education which is suitable to their age, ability, aptitude and any special educational needs they may have, however there are many reasons why children and young people do not routinely access school provision and go missing from education.

In Leeds, cases are designated either:

'Missing from Education' (where the whereabouts of the child at the point of referral is unknown). These children could either be in another part of the UK or have left the UK

or

'Out of Education' (children known to be in the city but who are without a school place). These are almost entirely children new to Leeds or the UK, or the very small cohort of children who have previously lived in Leeds and have returned.

The CME team received a total of:

- 2552 referrals in the academic year 2019/20
- 1339 (52.5%) were referred as missing from education (Whereabouts Unknown - WUK) at the point of referral
- 1213 (47.5%) as Out of Education (Whereabouts Known - WK).

This is the first year that there has been a significant fall in numbers of referrals since 2007 when CME came into being, with a total of 434 fewer cases, a 14.5% fall, compared to the previous year.

The numbers of Missing Child (WUK) referrals was 82 (5.7%) less than the previous year whilst the Out of Education (WK) referrals fell by 350 (22.5%).

This represents a significant shift in the split between Missing Child (WUK) referrals from 47.6% in 2018/19 to 52.5% and Out of Education (WK) referrals from 52.4% in 2018/19 to 47.5%. A shift of 5% from WK referrals to WUK referrals.

The link between school exclusion, reduced timetables and alternative educational settings and an increased risk of exploitation is an issue that has been identified within the Partnership. The LSCP will require further assurance that the needs of these young people are being met and this will be achieved through the LSCP sub-groups.

The link between children not in education, employment or training and other vulnerabilities is well known and further assurance is required that these children have a particular focus in Leeds.

Schools continue to play a significant role in supporting children and families within clusters. Over 90% of schools contribute to supporting communities through these arrangements. There are however, a very small number of schools that have decided that they will support their pupils through other arrangements. The LSCP should seek assurance from the few schools not in clusters as to how they are providing early help support to children and families who need it.

As a result of a citywide independent review whereby EHE was a feature, moving forward there is an opportunity for honest reflection around the balance of rights and responsibilities around home education and safeguarding, which we intend to advocate nationally for children who do not have the eyes and ears of a school environment.

## Housing

The LSCP have important links into the Local Authority Housing Team who provide information on children and families vulnerable due to their accommodation needs. Information provided by them identifies that there hasn't been a major increase in numbers of families placed into temporary accommodation within Leeds, and overall placement numbers are low. However there have been some cases where the lockdown arrangements of the Coronavirus Pandemic have made it more difficult to access private rental and repair work for council properties has taken longer. The slowing down of evictions has also played a part in keeping the numbers manageable during this period, with no major increase.

Of the families that are in temporary accommodation during 2019-20 there is social work involvement in four cases. The themes generally seen with family approaches is that it is often families with multiple support needs and that housing officers may have been involved late in the process. It is anticipated that work around early intervention and statutory intervention when required will help to minimise emergency accommodation placements through detailed planning and support.

Within housing there are longstanding established pathways and relationships around no recourse to public funds (NRPF<sup>11</sup>) families and are an integral part of the monthly NRPF panel to assist with housing opportunities for longer term NRPF families to avoid placement into Bed & Breakfast accommodation. In addition, Leeds Housing Options link in closely with the private sector to provide assistance with looking at safe inspected properties.

In 2019/20 26 young people (21 years old and under) have been accommodated in the hotels out of over 700 total individuals placed during that time period. No 16/17 year olds have been placed into adult provision during this period.

The newly commissioned 'Young Persons Accommodation and Support provision' came on line in 2019/20. During the initial period of Lockdown this service was assisted with creating throughput to increase availability by helping to rehouse "legacy" cases through the Emergency Lettings Panel. There continues to be a focus on prevention activities and negotiating the safe return of homeless young people to family or planned moves to supported accommodation providers.

Leeds Housing Options continue to have a member of staff based within Children's Services and are currently working on duty to refer pathways to ensure they are informed about cases early. Furthermore, Housing Services continue to meet with Children's Social Care Services, key partners and the commissioned service on a weekly basis to prioritise cases effectively for accommodation and support.

It is welcome that housing have reviewed and commissioned a young person's accommodation and support provision. Further assurance will be required to ensure that this provision continues to meet the needs of young people in Leeds especially those with additional vulnerabilities.

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<sup>11</sup> Having a residence permit that allows you to live in the UK, it may include the condition that you have no recourse to public funds. If so, it means you will not be able to claim most benefits, tax credits or housing assistance that are paid by the state.

## Third Sector

The contribution of the Third Sector remains an important and significant role in safeguarding children across the city. Voluntary Action Leeds (VAL) continues to provide support to the LSCP and the Third Sector over the course of the year through the Young Lives Leeds Forum. This has included continuing to be represented on the Safeguarding Board via a nominated strategic advocate who represents the Third Sector on behalf of Young Lives Leeds (YLL).

The LSCP Chair has recognised that not all Third Sector agencies are members of VAL and has ensured that the LSCP included other agencies in 2019 to engage further afield which also ensured inclusivity, as many of these agencies provide specialist support to the most vulnerable and BAME communities. As a key part of this approach the LSCP convene quarterly meetings of the Third Sector Safeguarding Group (TSSG) bringing together practitioners from across the Third Sector who work with children, young people and families. The Independent Chair has personally chaired a meeting as this feedback is critical to understanding and hearing voices from diverse communities. It provides the LSCP valuable information on seeking improvement related to safeguarding issues, policy and practice. Furthermore, this engagement creates a space for peer-to-peer learning and a mechanism for key messages to reach the Third Sector workforce.

Over the period, TSSG has influenced policy by:

- Providing practice-informed feedback on the Neglect Strategy
- Providing evidence on their practice related to key themes of the Domestic Abuse Strategy and making suggestions for ways to include the voices of people affected by domestic violence in decision making
- Providing access to young people and families view to inform the work of the LSCP.

The TSSG has enabled peer learning and practice development by:

- Hosting a Safeguarding Week event, attended by 65 third sector practitioners, that road tested the LSCP's Neglect Toolkit in advance of its release. The event enabled practitioners to develop their skills in using the toolkit and highlight areas in which the toolkit could be more practice friendly
- Delivering an online event that enabled practitioners to share their experience of the impact of lockdown on services, its impact on clients and to discuss good practice that they could apply
- Contributions to the LSCP Learning and Development offer.

## West Yorkshire Police Leeds District

There are over 200 police officers and staff in Leeds District working in dedicated investigative safeguarding roles across a number of different teams. This also includes criminal investigations in relation to crimes against children and young people, as well as regularly utilising other opportunities to keep children and / or adults safe such as the use of Domestic Violence Protection Notices / Orders or Stalking Protection Orders, introduced in 2019.

Leeds has six geographical Neighbourhood Policing Teams (NPTs) which are visible and accessible to local communities, providing the familiar face of the service. The teams work closely with communities in defined geographical areas and in partnership to tackle the issues most important to local people. These are supplemented by officers working in partnership in areas such as strategic engagement, anti-social behaviour and hate crime, amongst others.

The Leeds Police Public Protection Team have a key role managing persistent offenders and registered sex offenders. This monitoring and support works in close partnership with probation and other partners, is crucial to the overall work to keeping young people safe.

Leeds has more police officers dedicated to working in schools than any other district in West Yorkshire. These 30 officers work closely with three youth justice officers, a youth crime reduction officer, a Liaison and Diversion officer and the officers working in the Early Help Hubs. There is also close co-ordination with over 200 Police Community Support Officers (PCSO's), each of whom are a named individual contact for a primary school.

Much of the police / partnership activity is conducted via the [Multi-agency Child Exploitation \(MACE\)](#) arrangements within Leeds. The MACE Framework describes Leeds arrangements when responding to the challenge of children vulnerable to exploitation, including: child sexual exploitation, children who go missing and other forms of abuse such as child criminal exploitation, modern slavery and trafficking.

Leeds police also have a number of officers and staff working closely with partners at the Front Door, including within the Front Door Safeguarding Hub (FDSH) and with Children and Families Duty and Advice. This includes managing and reducing risk through the daily domestic abuse MARAC meetings. Police officers also support the Leeds Early Help response with nine police officers attached to the Early Help Hubs.

Neighbourhood Officers are also actively involved in the 'locality' process for lower risk domestic abuse cases, and the police continue to facilitate the appropriate sharing of information under 'Claire's Law'<sup>12</sup>.

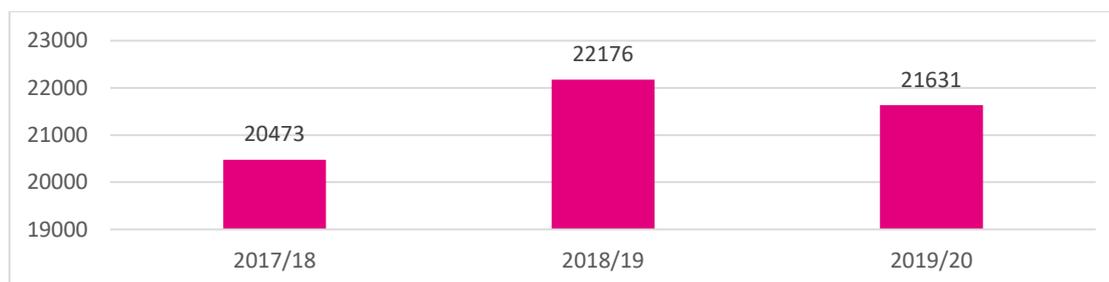
Data was requested and has been provided by West Yorkshire Police on domestic abuse incidents, in line with one of the 2019/20 LSCP priorities. This priority focuses on children living in households where they experience or witness domestic abuse.

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<sup>12</sup> Claire's Law gives anyone a right to ask the police if they believe that they or someone they know is in a relationship with an individual that could be abusive towards them.

## Domestic violence incidents

### Number of domestic violence incidents



The number of domestic abuse / violence incidents reported to the police in Leeds saw a 2.4% decrease from 22,176 to 21,531 between 2018/19 and 2019/20. Domestic abuse is frequently unreported because of fear and some victims are afraid they will lose custody of their children. The LSCP acknowledge greater need to ensure work is undertaken to increase reporting and any under-reporting requires partners to proactively raise awareness of domestic abuse reporting, especially during COVID-19 where family pressures can become heightened.

The percentage of incidents related to children being present identified a slight increase, from 26.3% in 2018/19 to 26.8% in 2019/20. In cases of domestic abuse / violence where a child is present a contact is made with the Front Door Safeguarding Hub.

Domestic violence and abuse (DVA) has devastating consequences for victims and their families. Prolonged or regular exposure to DVA can have a serious impact on a child's development and emotional wellbeing, despite the best efforts of the non-abusing parent to protect the child. The impact of DVA on children is likely to be exacerbated when combined with any form of parental substance misuse and/or mental ill health. The Crime Survey for England and Wales (CSEW) for 2018/19 showed that an estimated 2.4 million adults aged 16 to 74 years experienced domestic abuse in the last year.

The introduction of the Domestic Violence Bill 2020 recognises that domestic abuse can impact on a child who sees or hears or experiences the effects of the abuse and it treats such children as victims of domestic abuse in their own right where they are related to either the abuser or the abused children who see, hear or experience domestic abuse as victims in their own right. It also places a duty on Local Authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation.

Domestic Violence and Abuse has been recognised as a priority in Leeds for a number of years and a number of services and interventions have been put in place to support adult victims and their children. With the introduction of the Domestic Violence Bill and the recognition that children who see, hear or experience DVA are victims in their own right it is important for the partnership to understand:

- What services and interventions are available in Leeds for children and young people who see, hear and experience DVA;
- How effective services and interventions are in supporting and protecting these children including preventative work done with children and young people
- Whether there are any gaps in service provision
- What best practice looks like.

The My Health My School Survey (MHMS) is a pupil perception questionnaire that is given to children attending schools in Leeds.

The questionnaire covers a range of different areas and topics which help give an insight into the lives of children and young people growing up in Leeds. Within the survey there are 2 specific questions about domestic abuse:

- How much useful information and learning have you had to help you understand domestic violence and abusive relationships?
- To make sure you are safe and healthy would you know where to go to get help or advice for domestic violence and abuse relationships.

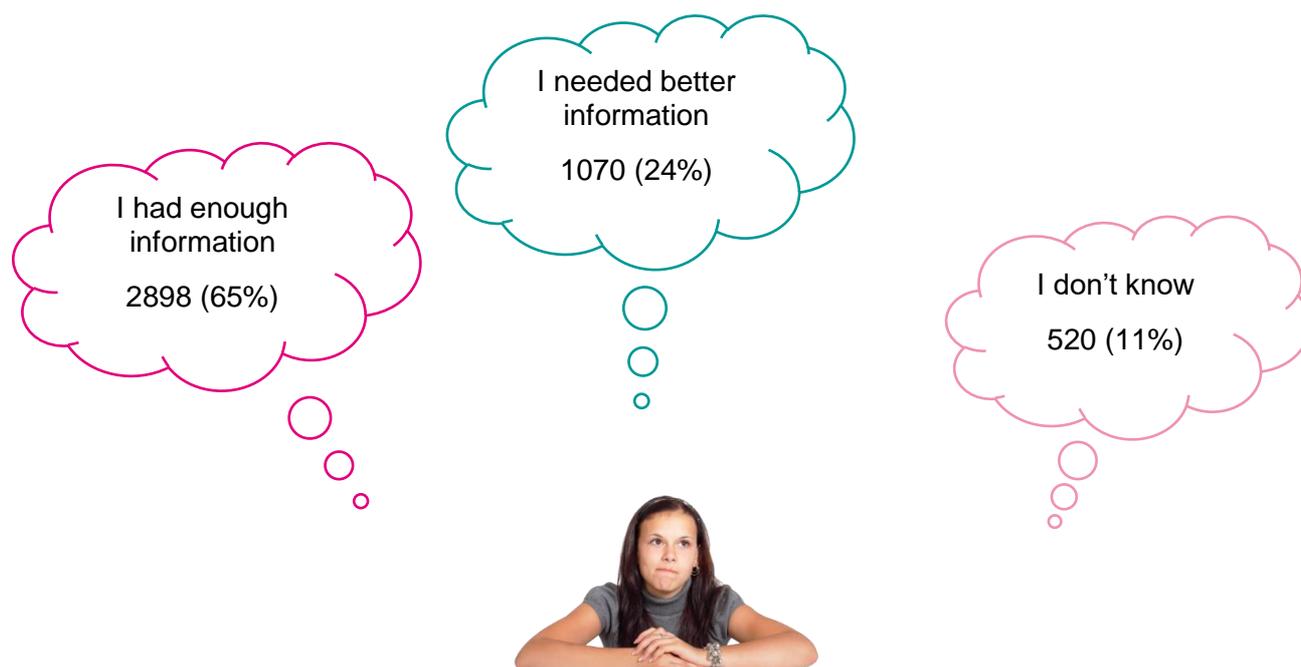
These questions give valuable insight into children’s understanding of DVA and whether they know where to get help if they needed it. The summary that follows is based on data taken from the 2018/19 survey (responses for 2019/20 not used as the number completed dropped significantly due to the Coronavirus Pandemic).

A total of 4488 children aged 13-18 years answered the questions on domestic abuse in 2018/19. Chart 1 provides a breakdown of the children by school year group.



The gender breakdown of these children shows 2292 (51%) were female, 2045 (46%) were male, 47 (1%) described their gender in some other way, 47 (1%) preferred not to say and 57 (1%) were Trans. The ethnicity of the children shows 781 (17%) were Asian, 340 (8%) were Black, 310 (7%) were Mixed, 89 (2%) were other ethnic groups and 98 (2%) didn’t know, preferred not say or did not state what their ethnicity was.

How much useful information and learning have you had to help you understand domestic violence and abusive relationships?



Feedback from children shows that 65% felt that they had enough useful information and learning to help them understand domestic violence and abusive relationships. There were however 24% of children that said that they need better information and learning and 11% said that they did not know. This means that there are a significant number of children that are not getting the information and learning that they need to be able to recognise DVA if it is happening in their family home or in their own relationship.

A closer look at the children and young people that said they needed better information or they didn't know demonstrates that this related to:

- 37% of year 9 children (1124);
- 37% of year 11 children (324);
- 20% of year 12 children (65);
- 24% of year 13 children.

Moving forward - Domestic abuse will continue to be a priority for the city and the BSU is currently leading on an evaluation of services across partnerships.

## Serious sexual offences on children

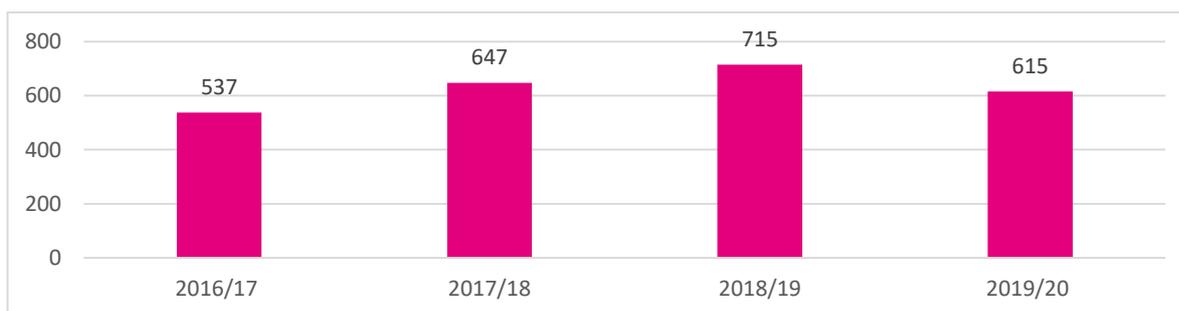
Data has also been provided on serious sexual offences and sexual assaults on children. The following section of the report examines this information.

A 14% decrease was seen in the number of serious sexual offences recorded by the police in Leeds from 715 in 2018/19 to 615 in 2019/20. This is following a 33% increase from 537 in 2016/17 to 715 in 2018/19 and despite the decrease during 2019/20 the number of offences remains high. This increase placed a significant demand on the police, the Crown Prosecution Service, local authority children's services departments, the criminal and family courts and specialist voluntary sector services for victims and survivors.<sup>13</sup>

As of the 1<sup>st</sup> of October 2020, there were a total of 2981 Registered Sex Offenders (RSO's) living within the community in West Yorkshire, with a further 1060 RSO's in custody.

Offenders are managed in line with risk, with West Yorkshire Police utilising nationally accredited risk assessment tools (Risk Matrix 2000 which considers static or historical risk factors and the Active Risk Management system (ARMS) which considers the dynamic risk factors). This leads to offenders being classed as either very high, high, medium or low risk and bespoke risk management plans are developed commensurate with that risk. These plans include restrictive and constructive interventions to reduce or manage the risk of harm and the likelihood of reoffending.

### Total number of recorded serious sexual offences on children



The decrease in the number of recorded sexual offences against children is positive but should be viewed with caution as it is acknowledged there are victims that may not report their abuse to the police.

In addition the Police acknowledged complications in recording sexual offences, as it is acknowledged that very few sexual offences that take place go on to be reported<sup>14</sup>, meaning this figure is likely to be an under-representation.

Nationally the increase in the number of recorded sexual offences against children has also slowed down with only a 2% increase of recorded sexual offences during January 2018/19 from the previous year. There had been a 63% increase in recorded sexual offences on children between

<sup>13</sup> Office for National Statistics (2017) Overview of violent crime and sexual offences.

<sup>14</sup> Child Sexual Abuse in England and Wales; year ending March 2019

2016 and 2019. Contributing factors to this increase were seen as; a change in how police record sexual offences in 2014 as well as high profile media coverage of child sexual offences and police response to reports of non-recent child sexual offences giving victims more confidence to report<sup>15</sup>.

According to The Office of National Statistics, Crime in England and Wales, the slight increase, 'may suggest that the influence of improvements in recording practices for this particular offence is diminishing, although the figure should not be interpreted as a reliable indication of recent trends'<sup>16</sup>.

During the period of 2019-20:

- 615 sexual offences recorded against children
- 74 of the 615 resulted in an outcome of a charge or caution
- This results as a charge or caution outcome rate of 12%
- The outcome rate for 2018/19 was 10.6% resulting in a slight increase during 2019/2020, but this still remains low.

The NSPCC state there were 73,518 recorded offences including rape, online grooming and sexual assault against children in the UK in 2019/20, up 57% in the 5 years since 2014/2015. The crisis of child sexual abuse is a real issue and behind such figures are cases that remain under-reported having a devastating impact on the lives of children. The need to work across partnerships is key to tackling and preventing abuse, to ensure children are supported to recover when they bravely speak out.

Although there has been a decrease in recorded sexual offences against children in Leeds the number of children becoming subject to a Child Protection Plan in relation to sexual abuse increased from 17 during 2018/19 to 33 during 2019/20.

It is widely known that sexual abuse in childhood can have long term negative implications for children. Sexual abuse has been identified as an 'Adverse Childhood Experience' which are associated with poor adult outcomes<sup>17</sup>. Therefore, it is essential that children who are victims of sexual offences are offered ongoing therapeutic support after the offence. At present child protection medicals for sexual abuse are taking place through Mountain Health Care (a Sexual Abuse Referral Centre). Children are then referred from there to a variety of agencies for follow up care. The referral pathways for children will vary based on individual cases and may involve referrals to their GP, social work services, local paediatrician, sexual health or victim support. However there does not appear to be a therapeutic pathway which remains a gap in service provision and need for improvement. It is not clear from these statistics whether the abuse was from a family member or non-family member.

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<sup>15</sup> Child Sexual Abuse in England and Wales; year ending March 2019

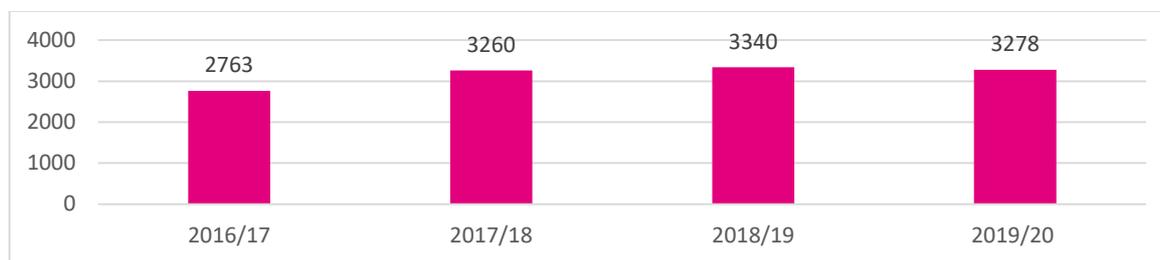
<sup>16</sup> Crime in England and Wales: year ending December 2019. Office for National statistics.

<sup>17</sup> Adverse Childhood experiences: what we know, what we don't know and what should happen next. February 2020. Dr Kirsten Asmussen, Dr Freyja Fischer, Elaine Drayton & Tom McBride

## Assaults on Children

There were 3278 recorded assaults on children in 2019/20. This is a decrease of 2% from 2018/19. This is following a 21% increase over the last 3 years from 2763 in 2016/17 to 3340 in 2018/19.

### Total number of recorded assaults on children



During 2019/20, there was a decrease in the number of recorded offences of cruelty / neglect of children from 181 in 2018/19 to 147 in 2019/20. The offence of cruelty / neglect of children was updated in 2015 to include emotional abuse as well as physical neglect. However, it is acknowledged that there are still a number of problems with the definition of the offence, meaning it can be difficult for police to prosecute and bring a conviction<sup>18</sup>. Emotional abuse and neglect remain the most common reason for a child to be subject to a CPP in Leeds and, as outlined previously, the number of children becoming subject to plans under these categories increased during 2019/20.

A large proportion of the recorded assaults on children in 2019/20 related to s39<sup>19</sup> assaults without injury (52%). This was the only type of offence that increased from 2018/19 (by 2%).

It is important to understand the context of these offences and whether these offences are in relation to emotional or physical abuse.

In light of the national picture which demonstrates an increase in incidents of children experiencing violent incidents aged between 10 to 15 years, as a partnership this is an area that requires further exploration. The BSU identify this as requiring working in partnership with Safer Schools Officers. This could involve work related to how safe pupils feel they are in and around school settings, given that the survey highlights some children feeling unsafe when travelling to school.

Nationally, In the year ending March 2019, three-quarters of violent incidents experienced by children aged 10 to 15 years occurred in or around school and over three-quarters (77%) were perpetrated by a fellow pupil<sup>20</sup>.

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<sup>18</sup> Updating the criminal law on child neglect: protecting children from severe emotional abuse. Abigail Gill. IALS Student Law Review | Volume 2, Issue 1, Autumn 2014 Special Issue: Law Reform and Child Protection | Page 51

<sup>19</sup> Section 39 common assault or battery (use of physical force) is the lowest form of violence to the person.

<sup>20</sup> Child physical abuse in England and Wales: year ending March 2020. Office for national statistics

The MHMS<sup>21</sup> Survey 2019 demonstrates the following:

- 14% of pupils in years 7, 9 and 11 felt unsafe or very unsafe at school when not in lessons
- 26% of pupils in years 7, 9 and 11 feel unsafe or very unsafe in their school toilets
- 15% of pupils in years 7, 9 and 11 felt unsafe or very unsafe travelling to and from school

3278 assaults have been recorded related to children during 2019/20, 231 offences had an outcome 1-8<sup>22</sup>. This is an outcome rate of 7% which is a 0.4% increase from 2018/19.

Further assurance will be sought by the BSU with partners to ensure children and young people who are abused have access to therapeutic services, not just at the time of the abuse but also if they require it later in their life.

## The National Probation Service

Although the National Probation Service (NPS) do not work directly with children, the NPS manage the risk of harm to children posed by Service Users. This can involve enforcing requirements on community based sentences or licenses which restrict / monitor / manage a service users behaviour, or ensure the delivery of interventions to manage risk/holistic rehabilitation e.g. the use of risk reduction group programmes, one to one Offender Manager led risk reduction strategies or sign posting to appropriate services (including drugs / alcohol relapse prevention, housing, employment/training/education services and physical / emotional wellbeing support services etc.).

In addition, NPS work closely with other organisations to dynamically manage this risk, as well as being engaged in cases where service users do not pose the main risk, but Children's Social Care are working with that family for other reasons.

## Secure Settings

The LSCP Secure Settings Sub Group monitors the safeguarding arrangements in three secure settings in Leeds:

- Adel Beck Secure Children's Home
- Wetherby Young offenders Institute
- Elland Road Police Custody Suite.

The Sub Group acts as the link between the secure settings and the wider LSCP in providing assurance that the children and young people resident, and in addition to the three settings above has representation from:

- Youth Justice
- The South and West Yorkshire Resettlement Service
- Children and Families Service
- LCH who provide health services for Wetherby YOI and Adel Beck.

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<sup>21</sup> My Health My School survey which The My Health My School survey is a pupil perception survey that asks children and young people in years 3, 4, 5, 6, 7, 9 & 11, (as well as separate surveys for Post 16 and provision for children with Special Educational Needs and Disabilities)

<sup>22</sup> Outcome Group Outcome type(s) Charged/Summoned 1 Taken into consideration 4 Out-of-court (formal) 2, 3, 6 Out-of-court (informal) 7, 8 Prosecution prevented or not in the public interest 5,

## HMP Wetherby Young Offenders Institute (WYOI)

Wetherby YOI caters for male juveniles aged 15 to 18 years old serving a detention and training order sentence of up to 2 years and those remanded into custody from sentencing courts within the catchment area of Humberside, North Yorkshire, South Yorkshire, West Yorkshire and designated areas of Lancashire and Greater Manchester. It incorporates the Keppel Unit<sup>23</sup> which specialises in providing a safe and supportive environment for some of the most challenging and vulnerable young people in the country, whose needs cannot be met in the mainstream prison system.

The establishment is administered by HMPS<sup>24</sup> as part of the Yorkshire and Humberside Prison region and has a capacity of 326 young people, including 48 in the Keppel Unit.

Wetherby YOI is inspected annually by Her Majesty's Inspection of Prisons (HMIP), however the inspection in March 2020 was halted due to the onset of the COVID-19 Pandemic. Therefore, the last full inspection occurred in March 2019 which was reported on in the previous LSCP report.<sup>25</sup>

From April 2019 – Aug 20 there has been a significant reduction in violence at HMYOI Wetherby. COVID-19 has had an undoubted effect on the reduction of violence, with young people associating in smaller groups and through a safety survey young people have reported 'feeling safer'.

The violence reduction interviews have provided the establishment with an understanding of why these instances of violence take place and allow the institution to incorporate wrap around services and intervention plans to prevent the likelihood of such instances happening again. Custody Support Plans (CuSP) and Conflict Resolution officers are used to establish and work with the young people towards a Positive or Negative Peace<sup>26</sup>

There has also been a reduction in self-harm in the latter part of the reporting year. Wetherby YOI report that this wasn't initially anticipated due to the anxieties around COVID-19, however from March 2020 there have been effective unit welfare checks which are recorded hourly (it should be noted that these do not supersede the ACCT<sup>27</sup> documents). These checks have had a positive effect on young people as they are having more 1 to 1 interaction related to any concerns. This has been supported through the approach to maintaining family ties, with boys able to access extra phone credit given by the establishment to enhance contact time during the COVID-19 pandemic. The unique monitoring system within Wetherby YOI enables them to identify if a young person has not contacted family in a 7-day period, allowing interventions and support to be given where family are not the main source of contact and support.

Wetherby YOI have developed unique ways of capturing the child's voice, which have continued despite the restrictions on movements as a result of the pandemic. This includes a Voice of the

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<sup>23</sup> A national resource looking after some of the most vulnerable children and young people in the YOI estate

<sup>24</sup> Her Majesty's Prison Service.

<sup>25</sup> See HMIP report on Wetherby YOI ( 11-21 March 2019), published July 2019

<sup>26</sup> **Negative Peace**- is a state of peace in which the previous conflict is resolved and there is an absence of violence. (an example of this is two young people resolving a conflict and agree not to harm one another, but they are unwilling to form a friendship afterwards)

**Positive Peace** – is where the conflict is resolved, positive agreements have been made between both parties and the restoration of positive relationships has been achieved.

<sup>27</sup> Assessment, Care in Custody and Teamwork (ACCT) is the care planning process for prisoners identified as being at risk of suicide or self-harm

Child form, youth council and young people representatives. This has been a collaborative approach led by the Child Protection Team, social workers and residential staff.

### Adel Beck Secure Children's Home

Adel Beck is a secure children's home (SCH)<sup>28</sup> operated by Leeds City Council and is approved by the Department for Education. It was inspected by Ofsted in January 2020 where it was judged as Good with Outstanding Education.

It accommodates up to 24 children and young people, of different genders aged between 10-17 years of age. It provides for up to 14 children and young people placed by the Youth Custody Service and up to 10 children and young people subject to section 25 (welfare) of the Children Act 1989 who are placed by local authorities. The admission of children under 13 years of age on welfare grounds under section 25 requires the approval of the Secretary of State for Education.

Violent incidents within Adel Beck have risen slightly across the year both in relation to peer on peer and those involving young people and staff. A notable spike in October 2019 correlates with the school holiday period, and in part may be due to the quality of the enrichment activities delivered in this period (and other holiday periods), which were considered by some young people as repetitive. The revision of these activities have seen a significant improvement in behaviours during holiday periods. This trend, including the spike in October 2019 is reflected in the use of restraint within the establishment. Similarly there has been an increase in the use of single separation, and again a sharp increase can be seen in October 2019 mirroring the peak described above.

In contrast there was a downward trend with regards to self-harm in Adel Beck, with the lowest numbers occurring across July to October 2019.

### West Yorkshire Police - Elland Road Custody Suite

Leeds is one of five districts served by West Yorkshire Police, and is the largest with regards to population. The main custody suite in Leeds is located at Elland Road Police Station and has 40 cells available, however if required there is additional capacity at Stainbeck Police Station

There is a dedicated booking in space for children, young people and vulnerable individuals, which is separate to the main booking space. Although all cells are the same, children and young people are placed in cells located on a corridor specifically for vulnerable individuals. This allows closer monitoring, and if required cells with CCTV and larger windows are utilised.

The majority of young people in contact with the Police Custody Suite in 2018-19 were aged 15 years or above at the time of their arrest. They were predominantly male and the majority identified as either White North European or White-South European). This is reflective of young people who went into custody for the first time within Leeds over the five-year period 2014-2019.

West Yorkshire Police policy and the College of Policing APP requires officers and police staff to submit a report whenever force is used. The definition of the use of force is wide ranging and

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<sup>28</sup> Secure Childrens Homes provide accommodation for young people aged 10-17yrs who have been remanded into local authority care either as a result of a custodial decision, or on welfare grounds.

includes Tactical Communications, (Including officer presence and communication skills to resolve conflict at an incident) and compliant handcuffing. There has been considerable effort by WYP during 2020 to improve compliance and data quality around use of force submissions.

Use of force as described above by West Yorkshire Police in relation to young people is monitored through the Secure Settings Subgroup.

## Secure Settings and the Local Authority Designated Officer Process

The Local Authority Designated Officer (LADO) works within the LCC Children and Families service and gives advice and guidance to employers, organisations and other individuals who have concerns about the behaviour of an adult who works with children and young people. The LADO should be notified to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against children, or related to a child
- behaved towards a child or children in a way that indicated they may pose a risk of harm to children.

Allegations of historical abuse should be responded in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person's current employer or voluntary organisation or refer their family for assessment. Any concern that meets the criteria above should be referred within one working day of the concern coming to an agencies attention.

The relationship between the LADO service and Wetherby YOI and Adel Beck continues to develop well, and any notifications are routinely passed through as appropriate. In addition, the ability to contact the LADO service and consider if an incident is notifiable is utilised by Wetherby YOI. Wetherby YOI stated that they have continued to enhance their transparency in all referrals received by making regular contact with the LADO team for advice and guidance where necessary.

Adel Beck have few contacts with the LADO which are potentially a reflection of the establishments understanding of applying the notification criteria,

Both establishments now routinely engage in the LADO development meetings which look at trends and patterns in relation to contacts and notifications to the LADO service, as well as provide a forum for discussion of cases / situations. In addition Wetherby YOI and the LADO service undertake routine auditing of cases which haven't been passed through to the LADO, but have been notified to the Social Work Team, to ensure appropriate and timely notifications.

There have been no notifications or contacts to the LADO from the Police Custody Suite and as such, this is something which should be considered further in partnership with West Yorkshire Police. There is a need to provide assurance that there is full understanding of the criteria and processes, with no incidents occurring which required notification rather than incidents not being notified. The BSU are assured this is an area that will be progressed.

The notification process of serious incidents between the two establishments (Wetherby YOI and Adel Beck) and the LSCP is working well, and this practice should in our view be considered when considering the Police Custody Suite. Overall notifications have increased from 2019-20, which may be a reflection of the formal introduction and embedding of the process with Adel Beck (notifications for Wetherby YOI were up by 3 for 2019-20 compared to 2018-19). Young person on young person assaults remain the primary reason for notifications, however notifications also increased as a result of self-harm.

## Local Area Designated Officer (LADO)

The primary role of the LADO is to facilitate the Allegations Management process whereby there are concerns regarding a professional's behaviour which is either inappropriate or places child or young person at / or at risk of harm.

An initial referral screening process establishes whether there is evidence of harm from a professional which would warrant the referral becoming a notification or whether the referral is recorded as a contact which does not require ongoing LADO involvement. The team ensures that the right cases are being referred to the service and that partner agencies are properly equipped and confident to undertake their role in evaluating any concerns that come to their attention and using the managing allegations process appropriately.

The allegations management process remains well embedded within the interagency safeguarding procedures and is further supported by the LADO team delivering specific awareness raising sessions with key agencies including; human resources, Child Protection Conference Chairs, Springwell Academy, Wetherby YOI, Adel Beck Secure Unit and smaller religious organisations.

The following summarises the work of the LADO Service in 2019-20:

- 566 contacts to the LADO team in 2019/20
- A significant increase of 81% compared to 2018-2019 313 Contacts
- 261 notifications to LADO team in 2019/20, a decrease (13%) compared to 2018-2019 299 notifications, reflecting the screening process in place which results in less contacts becoming notifications
- 14 cases (at the time of writing this report) with the status of "pending" which means that there is ongoing work to establish if these are contacts or notification.

We understand there to be several possible reasons for this significant increase in contacts:

- The LADOs are screening a greater proportion of cases as contacts rather than taking them in for oversight (notifications) which is reflected in the reduction of notifications
- An increased awareness from partner agencies (due to a number of reasons; high profile media cases, increased training, LADO development group) of the need to contact the LADO for consultation when there are concerns that a professional has worked in a way that has harmed a child.

A breakdown of all notifications received is provided below:

- 102 out of 261 (39%) from Education, in comparison to 33% in previous years notifications from Education. This includes notifications from academies, independent schools and maintained schools within the Local Authority, supply teachers, further education and the education provision within the secure settings
- 26 out of 261 notifications (10%) related to Leeds Foster Carers, compared to 17% in 2018-2019 and 12% in 2017-2018
- 7 out of 261 (3%) notifications were from Independent Fostering agencies compared to 4% in 2018 and 2019.

It is noted that the notifications related to Independent Foster carers are dealt with by the LADO where the foster carers live and so these notifications are not necessarily regarding allegations in relation to children looked after by Leeds Local Authority.

There continues to be regular notifications from the Secure Estate (Regional Secure Children's Centre and HM YOI Wetherby) and children's residential services, particularly, but not exclusively, around physical intervention; 22 out of 261 (8%) compared to 5% in 2018-2019.

The LADO team meet quarterly with the safeguarding team at Wetherby and audit safeguarding concerns that are referred internally but are not referred to LADO due to not meeting the criteria. This process has led to increased confidence that the correct referrals are being passed onto the LADO team. The number of notifications reflects the complexity and vulnerability of the young people in a secure estate and the requirement of staff in the secure estate to manage difficult situations.

## Independent Inquiry into Child Sexual Abuse (IISCA)

The Independent Inquiry into Child Sexual Abuse (IISCA) identified Leeds as a local authority area it wished to engage in the ongoing inquiry into historical child sexual abuse under the strand Child Protection in Religious Organisations and Settings investigation.

The LSCP BSU, on behalf of Leeds Local Authority and the LSCP Executive co-ordinated a response, providing a witness statement from the LSCP Chair. Subsequently the LSCP Chair was also called to give evidence at the inquiry in May 2020.

Information was provided in relation to:

- Training and associated learning and development opportunities
- Support for the faith sector in relation to safeguarding policies, procedures and expected standards
- Reported allegations in relation to leaders / workers / volunteers within faith settings
- Ongoing partnership work with faith settings in relation to safeguarding.

The Chair was also asked to comment on areas whereby improvements could be made to support faith organisations with regards to safeguarding responses. The following suggestions were offered:

- Minimum standards for safeguarding arrangements for all organisations, including faith
- Registration of all organisations that work with young people on a regular basis and evidence that minimum safeguarding arrangements are in place
- Support to parents / carers and children and young people with regards to what they should expect from an organisation in relation to safeguarding, and what questions to ask to assure themselves these are in place
- A multi-faith handbook to support faith organisations when setting up a group / church.

Through the inquiry the following areas for improvement were identified:

- Due to the way the training booking system is designed the LSCP is not able to provide the exact number of participants from faith organisations, however, this is recognised to be an area for improvement and development and plans are being developed to facilitate the capture and recording of this information going forward
- It is recognised that notification figures in relation to allegations against leaders / workers / volunteers within faith settings may not be representative of the overall issue due to under-reporting and our aim is to increase reporting
- The Partnership should consider how the pilot project can be built upon in order to support faith settings in ensuring an appropriate approach and response to safeguarding
- In addition the Partnership should consider how the suggestions for improvement could be effectively considered and, if appropriate, implemented within Leeds.

Further information regarding the information provided to the IISCA is in [Appendix 4](#).

## Children and Families who require Support

### Front Door Arrangements

The 'Front Door' is the term used to describe the arrangements whereby partners are co-located and work in partnership to safeguard children and young people.

The 'Front Door Safeguarding Hub' is the term used to describe the DV and Daily MARAC element of the work of the Front Door.

The Functions of the Front Door can be found within the [One Minute Guide](#).

Leeds recognise that continual assessment supported by practitioner conversations is the best way of identifying and responding to the needs of children and young people, and that a check list approach of assessment is mechanistic and identifies weaknesses, not taking into consideration the complexity of individual situations and can overlook strengths. This was tested and supported via the 2018 Ofsted inspection. Multi-agency meetings are held regularly to review cases referred to the front door to ensure that assessments and decision making is consistent and appropriate for the child and family.

During 2019/20 there were 26,204 contacts made to Duty and Advice, this was an increase of 6% compared to 2018/19 when 24,631 contacts were made.

Over the three year period there has been a 21.6% increase in contacts. The chart below demonstrates which agency referrals. 'Other' will be made up from Third Sector organisations, neighbours, family members etc. Referrals, nationally have also identified increases. It should be noted that this data does not cover the period of COVID-19.

	Police		Health		Education		Other		Total
<b>2017/18</b>	8169	37.9%	2395	11.1%	3330	15.4%	7640	35.4%	<b>21,534</b>
<b>2018/19</b>	9509	38.6%	2905	11.7%	3503	14.2%	8714	35.3%	<b>24,631</b>
<b>2019/20</b>	9943	37.9%	3130	11.9%	3749	14.3%	9382	35.8%	<b>26,204</b>

Police contacts are primarily police notifications of a domestic violence incident where a recommendation is that Early Help support is arranged via the cluster targeted service lead.

It could be argued that education should be making more referrals due to their ability to access children on a regular basis. However, through the support of LCC Education Support Team, the Education Sector are very clear how and when to make a referral to children service and it our view that there is a need to ensure this continuous awareness within schools. Overall, it appears there is a good understanding by partners of when to address children's needs through the early help approach and when to seek the support of Children's Social Work Service.

A full overview of early help contacts to the front door can be found in [Appendix 1](#).

### Early Help Systems

The refreshed Early Help Strategy in Leeds builds on the previous success of ensuring children and families have access to services through the Right Conversation, Right Person, Right Time approach, ensuring that all children, young people and their families in Leeds receive the help they need as soon as they need it from people they have already engaged with.

A key to achieving this ambition is a citywide, multi-agency commitment to providing effective, proportionate and high quality early help and supporting families to have their needs met in their local communities.

In Leeds the [Early Help Approach](#) has been informed by what children, young people and families report about what they find helpful when they need help additional to that which is universally available. Capturing the voice of children and families through assessments and relationships informs what services are needed and how they should be delivered.

Most recently, the benefits of the Early Help approach was demonstrated during the initial COVID-19 lockdown (March – June 2020) when agencies from the partnership took part in hundreds of home visits to support some of the most vulnerable young people in Leeds, which included cluster staff, Family workers, third sector organisations and Safer Schools Officers during the period that schools were closed to the majority pupils (key workers still had the opportunity to send their children to school). There were a number of examples of individual police officers or PCSOs taking a leading role in local efforts to provide food and other support to local families. Local policing teams also co-ordinated dozens of young volunteers in setting up and running one of the most active food distribution schemes.

Restorative Early Support (RES) teams bring together social work and family support staff locally, with the aim of trying a more flexible, multi-disciplinary approach to working with families to help them solve their problems within their own communities. RES teams are additional to and not instead of cluster and early help resources. The teams have been established in those clusters with the highest levels of social work and family support needs, e.g. high numbers of referrals to social work services. There are seven RES teams aligned to the following clusters: 2gether; Seacroft and Manston; Inner East; JESS; BCM; Bramley and Inner North West; and Armley and Farnley.

One of the most significant developments since April 2019 has been the introduction of three Early Help Hubs that combines Local Authority, Police, Health and Voluntary Sector organisations to co-ordinate early help services. This service also provides specialist roles in relation to domestic violence, drug and alcohol use and emotional and mental health support.

Capturing all the early help work carried out by agencies is difficult as early help is both a collaborative approach as well as a single provision; it can be provided through a single agency or a multi-agency response to the needs and concern of the child and family.

There are over 350 agencies providing early help support in Leeds, however, there are only approximately five agencies with access to Mosaic<sup>29</sup> as a case management system (although the system allows for the recording of work undertaken by agencies who do not have access to Mosaic). This is currently being addressed within Leeds Children and Families services under the Early Help Board and will ensure that more early help activity can be captured.

Between April 2019 and March 2020 there were 9716 early help contacts made by agencies in Leeds. A breakdown of these contacts demonstrates:

- 1899 (19.5%) Police
- 2499 (25.7%) Health
- 1324 (13.6%) Education
- 2580 (26.5%) Local Authority services
- 1414 (16%) were made by other agencies across Leeds.

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<sup>29</sup> Mosaic is an electronic system is designed for children's case management

A full breakdown of contacts and outcomes can be found in [Appendix 2](#).

**The reasons children are referred for early help support.**

Child Primary Need	East	South	West	Total
Emotional wellbeing / Mental health	1581	2074	1840	5495
Domestic abuse	507	865	495	1867
Socially unacceptable behaviour	180	170	136	486
Abuse or Neglect	113	134	111	358
Learning disability	65	95	96	256
Attendance and exclusions	86	55	57	198
Develop social skills and enjoy recreation	68	70	53	191
Physical health needs	52	69	42	163
Homeless	48	21	43	112
Drug misuse	26	25	26	77
Missing education	32	29	8	69
Self-harm / risk of suicide	11	14	21	46
Not in Education, Employment or Training	19	9	18	46
Alcohol misuse	7	11	15	33
Youth offending	7	3	19	29
Young carer	5	9	7	21
Problematic / harmful sexual behaviour	11	6	3	20
Child sexual exploitation	6	5	7	18
Gangs	4	3	5	12
Teenage pregnancy	2	4	3	9
Not recorded	2	2	1	5
Not mapped to a wedge	-	-	-	205
Grand Total	2832	3673	3006	9716

Police contacts are primarily notifications of a domestic violence / abuse incident where a recommendation is that early help support is arranged via the cluster Targeted Service Lead (TSL).

The BSU would like to seek further assurance that families who experience DVA who do not need social care intervention are supported through the early help approach and the work manages and reduces risk. The devastating impact of domestic abuse and violence on families can span generations and it remains important to ensure prevention work is a priority to prevent future lives being impacted by such abuse.

Contacts were also received by Family Action, a commissioned family intervention service that began working on cases from May 2019. Up until March 2020 the service registered 283 early help contacts, the most significant being for abuse or neglect (71.8%) and emotional wellbeing / mental health (34.6%). A full breakdown of contacts can be referenced at [Appendix 2](#).

Alongside direct early help contacts via the Front Door, early help contacts were also made by partner agencies through Restorative Early Support Teams and Mindmate.

Mindmate requests for services mainly came from:

- Health services 72%, of these GPs referred 80.5%.
- Individuals made up 694 (22.2%), these were primarily made up of family member / relative / carer contacts (94.6%) and 5.3% being self-contacts.
- The outcome of Mindmate contacts demonstrates that the majority go onto CAMHS (34.4%) followed by clusters (22.9%).

The most common age of young people whereby early help activity is being registered were aged 5-10 years, with the lowest number for those aged 16 years plus. The majority (57.2%) were male.

A closer examination of the age and gender data demonstrates that males aged 5-10 had the highest number of plans and activity being registered. 270 (44.3%) of the males that had plans or activity being registered were aged 5-10 years.

A further breakdown of the age and gender data is referenced at [Appendix 2](#).

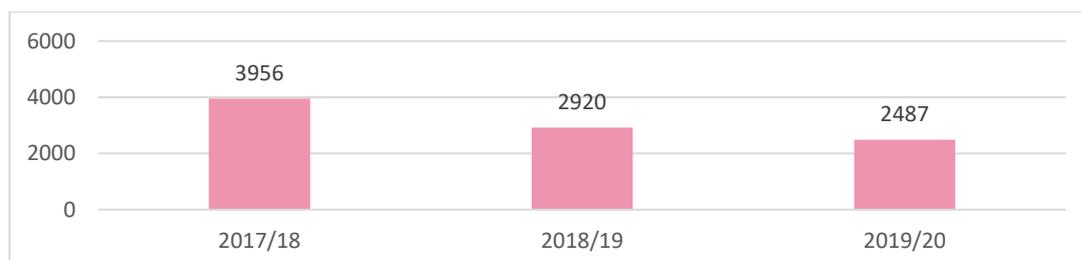
## Children with child in need plans

Under Section 17 Children Act 1989, a child will be considered 'in need' if:

- they are unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the local authority
- their health or development is likely to be significantly impaired, or further impaired, without the provision of services from the local authority
- they have a disability.

The number of children that are classed as CIN has decreased over the last three years from 3956 to 2487 which is a 37.1% decrease (using a snapshot of the end of the year – March figure). The biggest change seen in this group of children and young people is the percentage of the cohort aged 16+, this has increased from 20.4% in 2017/18 to 31.4% in 2019/20.

### Number of children and young people who are classed as CIN



Within 2019/20 the majority of children in need were aged 16 years plus (31.4%), with 27.1% being aged 10-15 years, whilst the lowest number were aged one year or below (4.3%). A full breakdown of age related data is referenced at [Appendix 2](#).

## Children with child protection plans

The number of contacts to Duty and Advice have increased significantly by 21.6% over the last three years. However, there was a 6% increase in the number of contacts resulting in a referral to CSWS during 2019/20. Feedback from Leeds Children Social Work Services stated that it is often more appropriate that children are referred for early help rather than Children's Social Work however it should be noted that where there are concerns of a child at risk of, or experiencing significant harm, social care will work with the child and family.

Despite this increase, the number of Child and Family Assessments completed in 2019/20 remained fairly similar to the last 2 years:

- 8300 during 2019/20
- 8285 in 2018/19
- 8667 during 2017/18.

Numbers of Child and Family Assessments completed on time has remained consistent for the past three years:

- 75% completed within statutory timescales during 2019/20
- 78% in 2018/19
- 75% during 2017/18
- The number of S47 enquiries completed increased by 25% during 2019/20
- 1766 S47 assessments took place an increase from 1422 in 2018/19
- 901 Initial Child protection Conferences (ICPC's) undertaken during 2019/20 equating to a 40% increase compared to 2018/19 when 645 were held, and 732 in 2017/18.

Although the number of ICPCs increased, it is positive that the amount completed within 15 days of the S47 being completed remained the same as during 2018/19 (76%). The percentage had ~~only~~ been slightly higher in 2017/18 at 77%.

Families are also offered the chance to take part in a [Family Group Conference](#) (FGC), where safe to do so, to identify their own solutions with close support from a range of practitioners.

- 1282 FGC enquiries of which 42% of offers were specifically aimed at addressing Safeguarding concerns.
- 838 pieces of FGC work were undertaken:
  - 21% specifically to address Safeguarding concerns
  - 13% specifically to reduce Domestic Violence
  - 25% specifically to prevent a child becoming CLA
- 234 FGCs were held and plans successfully achieved.
  - 19% were families with children on CP plans
  - 20% were pre-birth FGCs to safeguard new born babies
  - 7% were to reduce Domestic Violence (not in CP process)
  - 29% were to prevent accommodation
- A further 30 pieces of work resolved without a full FGC meeting due to family and workers agreeing the situation has sufficiently improved / risks had been addressed

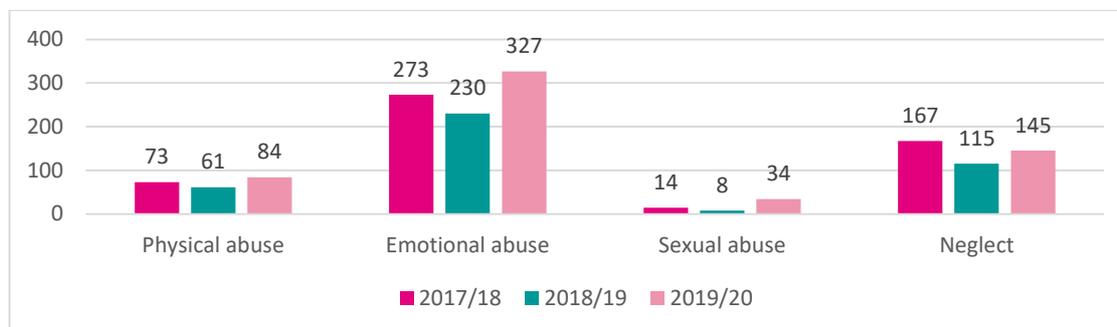
Outcome of FGC activity 2018 – 2019 identified that:

- Of the plans made alongside a CP plan, 47% of plans were successful in de-escalating the CP plan within 12 months
- Of the plans made to avoid escalation to CP plans, 44% of plans were successful in ensuring CP plans had not been needed within 12 months

- Of the plans made to avoid a child being accommodated, 77% were successful in child not being CLA 12 months later.

The number of children subject to a CPP has remained fairly consistent over the past three years. In 2019/20 the average number of children subject to a plan each month was 519, compared to 470 in 2018/19 and 523 children on a CPP.

### The reasons for being on a CPP



There has been a decrease in the number of children who have been subject to a plan for more than two years. At the end of 2019/20 there were five children that had been subject to a plan for more than two years, compared to 14 at the end of 2018/19.

The number of children and young people subject to a CPP for a second or subsequent time within 24 months of the last plan increased during 2019/20. In the first 6 months of the year the average number of children subject to a subsequent plan was 54 whereas during the second half of the year the average was 83.

- 55% of children who are subject to a CPP in Leeds are due to concerns around emotional abuse
- At the end of 2019/20, neglect was the second highest category (24.5%)
- A number of children subject to a plan for sexual abuse is relatively low in comparison to other categories an increase was seen in the number subject to a plan from 8 in 2018/19 to 34 in 2019/20.

The ages of children subject to a CPP demonstrate that the majority (35.8%) of the children were in the age group 10-15 years old. The percentage of children in this group has increased from 32.3% in 2017/18. 3.9% of children subject to a plan in 2019/20 were aged 16+. The data demonstrates that young people in this age group were more likely to have a CIN plan, as previously stated 31.4% of children classed as CIN at the end of 2019/20 were aged 16+.

There has, however, been a slight increase in the percentage of cases where children and young people who have been on a CPP in the past 24 months have been re-referred to CSWS. This has increased from 8.8% in April 2019 to 12% in March 2020.

The percentage of children from BAME backgrounds subject to a Child Protection Plan has increased over the past few years:

- Average percentage of BAME children subject to a plan each month in 2019/20 was 32.5%, this is compared to 28.4% in 2018/19, 26.9% in 2017/18 and 24.2% in 2016/17
- March 2020 35.8% of children came from a BAME background
- This is an over-representation, as within Leeds people from BAME backgrounds make up only 18.9% of the population.

A further breakdown of data in relation to CPPs is referenced in [Appendix 2](#).

## Reviews of Child Protection Plans

During 2019/20, 686 reviews of CPPs took place and 97% of these took place on time. This is a slight increase from the last two years when 94% of reviews took place on time, which is positive in light of the increase of CPPs.

## Children and Young People’s Involvement in Conference Processes

Leeds safeguarding partners are committed to supporting children and young people, where it is possible and appropriate, to attend and / or participate in Child Protection Conferences, and review meetings. Aside from statutory obligations, children and young people hold the key to understanding the risks they experience as well as having an understanding of their families’ strengths and options for moving forward. It can also be powerful for parents to hear their children’s perspectives on the situation.

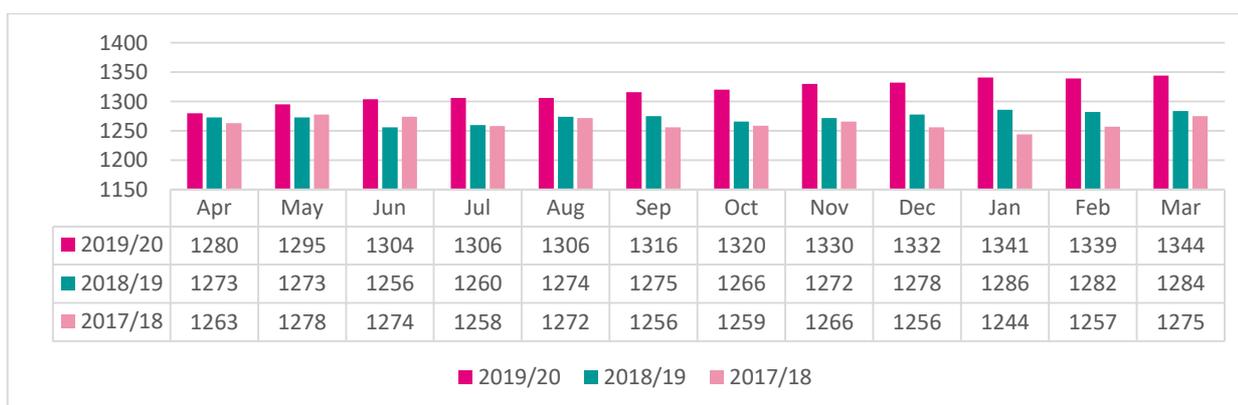
Leeds recognises that a range of different options are needed to support children and young people to contribute to these meetings, rather than a ‘one size fits all’ model. Children and young people aged five to eighteen are given the opportunity to be supported by an advocate through the Leeds Children’s Rights Service, commissioned from Barnardo’s.

## Children Looked After

Children looked after and care leavers are recognised nationally as one of the most vulnerable groups in society today, with the gap across a range of outcomes for children looked after and their non-looked after peers continuing to be significant. The local authority and partners have a unique relationship with this group due to its corporate parenting responsibility.

All three areas of the city have dedicated children looked after teams for two different age groups, age 12 and under, and 13 plus. These teams focus on the specific needs of children looked after implementing plans to ensure that more children experience permanence through adoption, special guardianship, return to their family or independence. Further scrutiny of Children’s Homes are undertaken through Independent Regulation 44 visits. Reports on the outcomes of these visits are provided to both the local authority and the LSCB and provide assurance that young people are provided the best possible care.

### Number of children and young people looked after



The number of children who have become looked after has been increasing nationally for the past few years and increased 4% during 2018/19. Within Leeds, the percentage of children within the

age group 10-15 years old has increased. This reflects national data which demonstrates the average age of children in care increasing over the past five years.<sup>30</sup>

Children Looked After (CLA):

- 406 children became looked after in 2019/20, an increase of 8% compared to 377 in 2018/19
- 4% increase compared to 2017/18 when 391 children became looked after
- 94% of Child Looked After reviews took place within statutory timescales
- An average of 93.8% of children participated in their review during 2019/20
- Increase in the number of children who have experienced three or more placements within a 12 month period.

The CCG has a contractual arrangement in place with LCH for the provision of a CLA Designated Nurse for a number of years. The post holder works closely with the Children's Commissioning and Safeguarding Teams within the CCG and attends both the CCG CLA commissioning meeting and the CCG Safeguarding Committee to provide assurance and updates regarding the CLA service.

The number of health needs assessments being completed within statutory timescales remained around 95% during 2019/20. This figure remained 94% during 2018/19 and 2017/18, and therefore has not been affected by the increased number of children looked after.

The [Lifelong Links](#) Family Group Conferencing team aims to build positive, lasting support networks for children in the care system. The primary objective of this innovation is to reconnect Children Looked After with their family and networks of important people and bring them together, through a Family Group Conference, resulting in: stronger relationships in care and when they leave care; greater placement stability; a stronger sense of identity; improved mental health and emotional wellbeing; reduced likelihood of going missing; reduced harmful and risky behaviours including substance misuse, self-harm and criminal activity; and improved long term outcomes including an increase in training and employment and reduced likelihood of their own child being removed.

Since starting in October 2019 with funding secured from the Strengthening Families Initiative, the Lifelong Links team have worked with 12 young people. As well as creating opportunities for them to have contact with their wider families, the team have searched for, and found, family members of young people when they have simply wanted more information about their background and identity. Leeds has contributed to a national evaluation of Lifelong Links services, produced by Family Rights Group and the Rees Centre, from October 2019 until the end of March 2020, and discussions are being held around how to best continue to monitor impact on young people's lives following the end of this evaluation. Interim findings are positive, and the full report is due to be published autumn 2020.

In addition, the ['Futures Service'](#), working with young parents who have had their first child removed with the aim of reducing 'repeat removals' of babies into care, has had a successful second year. To date the Futures Service has completed intervention (12-20 months) with six young people all of whom have achieved positive outcomes related to the service aims. The service, as of December 2019 (annual report), was achieving a 78% positive engagement rate and is looking to extending its reach earlier in the care proceedings journey.

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<sup>30</sup> Children looked after in England (including adoption) year ending March 2019. National office for Statistics. Department of education

## The Care Leavers' Council

The Care Leavers' Council are a group of 17 – 25 year old care leavers who meet regularly to help to improve the services and support offered to care leavers in the city. They also become involved in delivering training to professionals, attending meeting and events and working with senior managers. The Care Leavers' Council is facilitated and supported by the Voice, Influence and Change team.

The Care Leavers' Council have a strong relationship with the Corporate Parenting Board. The Corporate Parenting Board are the Elected members and they have a crucial role to play in ensuring that Leeds is child friendly for some of our most vulnerable children, those who are looked after by the local authority, or those who have left local authority care. These children can be at risk of poorer outcomes than their peers; the Council, as their corporate parent, has a responsibility to ensure that they have the same aspirations and interest in the progress of children looked after as any parent would have for their own child.

## The Family Drug and Alcohol Court (FDAC)

The FDAC helps families where there are concerns about the welfare of children as a result of parental substance misuse, or parental substance misuse and domestic abuse. It brings together care proceedings for children with additional resources and support, through a court-based family intervention that aims to improve children's outcomes by addressing the entrenched difficulties of their parents.

Leeds FDAC went operational in November 2015, and in total over the lifespan of the work, the team has worked with:

- 43 families
- 63 parents
- 68 children.

38 cases have closed, with 12 families in total having their children returned to the family home. The feedback from parents remains positive even for those where sadly their child(ren) are not returned.

Leeds made a successful bid for further Department for Education funding to expand the size and remit of the FDAC team which would allow for a significant increase in capacity and in-house assessment and services.

## New and Innovative Approaches to Supporting Families

Last year's LSCP Annual Report highlighted some tension between statutory services and universal services when managing difficult cases. Since then, CSWS have led on innovative developments in this area. Relationships between cluster leadership and CSWS leadership, on a locality basis, continues to strengthen resulting in stronger links between statutory and universal / targeted services, increasing confidence in managing risk in clusters through support with Social Work teams and effective escalation and de-escalation of cases.

Leeds' Innovation and Partners in Practice Programme, has been awarded funding for a further year by the DfE, this programme is significant to continuous improvement in Understanding Excellence. This is within early help through the Restorative Early Support Teams (RESTs) based within the clusters with the highest needs, building on the effective work of children's services in local clusters bringing extra capacity and a common practice model (the Leeds Practice Model), to ensure closer working between children's services practitioners, schools and partner agencies.

Additionally, the roll out of Rethink Formulation, a single formulation model, has taken place to unify and develop practice across services in Leeds, with an aim to continue strengthening the quality of practice within families.

Alongside the above Leeds continues to focus on changes in practice, informed by research and case audits with the vision to embed a learning culture. This involves embedding the Leeds Practice Model across the city, focusing on Rethink Formulation to understand and analyse information about children and young people, the Leeds Practice Principles and the use of outcomes-focused supervision. This model encourages practitioners to build effective relationships with families, offering high support and high challenge to build their resilience enabling them to connect with the right support at the right time.

Most recently all senior managers within Leeds Children and Families services have participated in action learning sets around the Leeds Practice Model and this is underpinning some essential supervision development work. The work of the team has been overwhelmingly positively received and is in high demand across all areas.

The Leeds Family Group Conferences (FGCs) (mediated formal meetings between family members which allow the wider family group a greater input in finding their own solutions to problems) continues to strengthen within the city, including during the Coronavirus Pandemic when bringing family members together was challenging. This has supported families in leading the planning and support for themselves in a restorative approach based on the full involvement of children, young people and their families.

## The Co-ordinated work of the Partnerships

The following provides a summary of the work specifically co-ordinated and undertaken by the partnership.

In line with changes to review processes as outlined within Working Together 2018, the LSCP agreed guidance for undertaking Rapid Reviews and the commissioning of Child Safeguarding Practice Reviews. This led to the creation and development of the LSCP Review Advisory Group (RAG), chaired by the Independent Chair who oversee notifications and associated review processes.

### Multi-agency Reviews

Since the introduction of these processes there have been two Serious Child Safeguarding Incidents notified by the Local Authority to the National Child Safeguarding Review Panel, resulting in two Rapid Reviews following the deaths of two babies under the age of 1 year. The outcomes of these Rapid Reviews concluded that appropriate learning was identified which could be disseminated in a timely manner and that the commissioning of a Child Safeguarding Practice Review was not recommended in either case. This was endorsed by the National Child Safeguarding Review Panel.

Following the first Rapid Review the process and guidance was reviewed and amended accordingly to learn from the new process and to implement any identified changes. This has resulted in amending Terms of Reference for the RAG with clear lines of accountability and timely approaches for learning to be imbedded from lessons learned.

Within the last year the LSCP has continued to progress its ongoing reviews, including the publication of a Serious Case Review (SCR) in October 2019. The RAG has also requested other review processes in relation to incidents whereby, although not notifications, there has been some potential learning, both in relation to good practice and areas for improved practice. These have included case discussions and audits.

Within all of the ongoing review processes a number of learning points have been identified:

- Understanding of court procedures and powers
- Appropriate use of the LSCP Professional Concerns Resolution Process to reduce professional conflicts and encourage professional curiosity, and ensure drift in the process does not occur
- Understanding and use of dynamic risk assessments
- Importance of understanding the rationale for decision making
- Understanding and implementation of the Think Family, Work Family Approach
- Keeping children and young people informed of situations and listening to their views
- Importance of supervision and support for staff
- Importance of multi-agency, restorative conversations
- Listening to, and taking into account the feelings and wishes of parents and carers
- Engaging men in assessments
- Innovative ways of working / engaging with families during the COVID-19 Pandemic
- Increased risk, or feelings of risk, to victims of domestic violence following the end of a violent or abusive relationship.

Learning points continued to be captured on “Learning from Multi-agency Review Sheets” which are held on the LSCP website and disseminated to partners to consider in relation to their own practice, policies and procedures and training. Learning is also disseminated through briefings, training and the LSCP Bulletin.

Leeds uses a proactive approach to the Joint Targeted Area Inspection (JTAI) and benefits from a well-developed and effective multi-agency strategic group aligned to the national programme to undertake shared reflection, audit and improvement planning.

This approach has delivered a wide range of benefits from improvements to practice with individual children identified through multi-agency case audits; to improvements in services such as developing a set of multi-agency practice principles to support best practice in all aspects of work and in particular where the child or young person has mental health needs.

## Recognition, Assessment and Response to Neglect Evaluation

In addition to work in relation to the LSCP priorities work has continued to support the ongoing focuses of the LSCP, including an evaluation of the city's response to neglect. The aim of the evaluation was to demonstrate what impact there has been on outcomes, and the quality of life of children, young people and families.

This evaluation identified 82 children from 42 families who were on a Child in Need Plan under the category of neglect.

### Key findings:

- The neglect experienced by the children and young people was described as low level ongoing neglect, that was a persistent feature in some of these families and not intentional on the part of the parent. Low level neglect can be described as where the children's needs are not being met by a parent or carer but may not be obvious to professionals
- Parental risk factors were identified in 78% of families which included parental mental health, substance misuse, domestic violence and learning disability
- The single risk factor identified in 36% of families related to parental mental health. In 33% of families they experienced more than one risk factor, the most common factor identified in these families was related to domestic violence
- For a number of the families the neglect experienced by the children and young people was linked to poverty. 48% of the children and families in this review lived in areas that have neighborhoods that are ranked amongst the most deprived nationally
- 18 of the children and young people identified for this evaluation were in secondary school. This raises the question of whether the neglect regarding older children is being identified and addressed appropriately. As highlighted in recent JTAI learning, the neglect of older children sometimes goes unseen
- Attendance was an issue that was identified in 12 (32%) of the children. Despite this, educational neglect (which may include carers failing to comply with statutory requirements regarding school attendance) was identified as a type of neglect in five children and young people. For educational professionals the long term impact of this on the child's future was highlighted
- There was a clear focus on outcomes in all the cases reviewed and a multi-agency approach was taken to ensure that all the needs identified were being addressed.

The findings from this evaluation raise a number of questions about how, as a city, we respond to and tackle neglect. A number of challenges have been set to the key strategic boards in the city as a result of these findings. The findings from this evaluation have also been presented to the city's Early Help Board and integrated into their action plan.

## An Overview of Child Deaths in Leeds

During 2018, new national guidance was issued regarding both safeguarding arrangements and Child Death Overview Processes (CDOP). National leadership for the child death review process was transferred from the Department for Education to the Department of Health and Social Care in July 2018. Chapter 5 of *Working Together to Safeguard Children (2018)* contains a framework for the two statutory child death review partners (the local authority and the CCG) to make arrangements to review the deaths of children.

In October 2018 the, “Child Death Review: Statutory and Operational Guidance (England)” was issued combining best practice with statutory requirements that must be followed. By setting out key features of the process, it aims to standardise the outputs of the child death review process, thereby enabling thematic learning whilst providing child death review partners the flexibility to make arrangements as they see fit in order to meet the statutory requirements under the Children Act 2004.

During 2019-20 the current Leeds CDOP has continued to function as previously. It comprises of two separate Panels, a Neonatal Panel (for babies aged 0-28) days and an Older Children Panel (for children 28 days up until the 18<sup>th</sup> birthday), which each bring together appropriate experts from a range of sectors. In the year 2019-20, the CDOP met on 12 occasions (4 Neonatal Panels, 8 Older Children Panels) and reviewed 79 deaths (46 neonatal cases and 33 older cases).

There were 59 reported deaths in 2019-20 of Leeds resident children aged under 18 years old, a slightly higher figure than the previous year, when there were 57 deaths.

However it is not possible to discern a clear trend. The pattern fluctuates, varying from a high of 71 deaths in 2009-10 to a low of 41 deaths in 2013-14. The key findings below show the deaths reviewed by the CDOP during 2019-20 and, to allow more context, also includes deaths reviewed prior to this period.

For 2019-20, key findings in relation to **neonatal deaths** include:

- From 2008 the predominant categories of death were ‘Perinatal / neonatal event’ (69%) and ‘Chromosomal, genetic and congenital anomalies’ (29%)
- Smoking continues to be a profound risk factor for neonatal death. The rate of maternal smoking identified in cases reviewed in 2019-20 was 28%
- Consanguinity was identified in 11% of all neonatal deaths reviewed in 2019-20 (6% overall years).

**Since 2012<sup>31</sup> onwards:**

- Over-representation of mothers and babies from ethnic backgrounds other than White British. This was most marked for women of Asian Pakistani backgrounds, but was also a feature for mothers and babies of Black African backgrounds
- This pattern has been noted in previous CDOP annual reports, and appears to be a persistent pattern, which fits with the national picture. In the 2016-17 CDOP annual report, a specific analysis of CDOP data for ethnicity was included which highlighted high parity and high body mass index (BMI) as prominent risk factors for women of Asian backgrounds; and late booking and high BMI as prominent risk factors for women of African and Caribbean backgrounds

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<sup>31</sup> This date is used as it is the first year data could be reliably used for analysis

- Cousin marriage increases the risk of a birth disorder (6%) compared to unrelated couples (3%), and most of this increase is linked to genetic conditions which may cause death or long term disability. Since 2012, 5% of all neonatal deaths were from inherited conditions linked to cousin marriage. In most of these cases, there was no known history of genetic conditions in the family prior to the death of the baby, so they were not amenable to prevention via timely genetic counselling. The majority were therefore classified as having no modifiable factors present
- Early booking for maternity care (before the 12th completed week of pregnancy) is considered a quality standard, and women booking later are likely to be at higher risk. In 2019-20, 7% of cases reviewed featured late booking. In the cohort of women experiencing neonatal deaths since 2012, 9% booked late. The 2016-17 analysis of CDOP data by ethnic group showed that women of African and Caribbean backgrounds were much more likely to book later
- Smoking is a profound risk factor for neonatal death. The rate of maternal smoking identified in cases reviewed since 2012 is 21%
- Obesity is a known risk factor for neonatal death. Around 1 in 5 pregnant women in Leeds are obese (21% with a BMI over 30). 21% of mothers whose babies died neonatally were obese. Moreover, the 2016-17 analysis of CDOP data in relation to ethnicity highlighted high maternal BMI as a more prominent risk factor among women of Asian (53%) and African and Caribbean (45%) backgrounds. This finding was fed into a health needs assessment of maternal nutrition undertaken by LCC Public Health and has informed a developing programme of work with maternity services and other partners to address maternal nutrition in these groups
- 17% of all neonatal deaths since 2012 reviewed by the Panel were considered to have modifiable factors. For Category 8: 'Perinatal/neonatal event', 20% were considered to have modifiable factors.

#### **2019-20, key findings in relation to deaths of older children included:**

- The predominant categories of deaths were: 'Chromosomal, genetic and congenital anomalies' (15%), 'Sudden unexpected, unexplained death (12%), 'Malignancy' (9%) and 'Trauma' (6%)
- Approximately 3% of deaths among older children were from inherited conditions linked to cousin marriage. None of these deaths would be amenable to prevention through genetic counselling and intervention in families where genetic disease was already known to be present in the family
- The largest number of deaths was in babies between 28-364 days old (24%), and in children aged 1-4 years (18%). Fewer deaths occurred in the older age groups
- 60% of all older cases were considered to be modifiable and 6 recommendations were made in relation to these cases (outlined at point 6 of this report).

Since 2012 onwards:

- Trauma was a prominent cause accounting for 54 deaths (13%) since 2012, of which 22 were related to road traffic injuries, around half being pedestrians and a quarter passengers. 65% of the road traffic deaths were considered to have modifiable factors
- Since 2012, 32 Leeds babies have died suddenly and unexpectedly in their sleep, without an established underlying medical cause. Actual numbers fluctuate between 3 and 9 each year. 16 of these babies had one or more modifiable risk factors present (50%). The most prominent risk factor was household smoking (56%), bottle feeding (69%) and co-sleeping (81%). Drug and alcohol intake by parents on the night of death was present in 69% of these cases. It is not possible to ascertain any trend in this type of death because the numbers are small
- Children from all non-white ethnic backgrounds, comprised just 16% of all older child deaths, although these groups comprise of 19% of the population
- Of the 292 deaths of older children reviewed since 2012, 107 (37%) were considered to have modifiable factors. The national figure for modifiable factors is 27% which includes both neonates and older children. The corresponding figure for Leeds deaths (neonates and older

children) since 2012 is 29%, suggesting that classification by the Leeds CDOP aligns closely with national classification. The greatest potential for prevention among Leeds deaths, as described above, lies with sudden unexpected deaths of babies and road traffic injuries.

The greatest potential for prevention among Leeds deaths, as described above, lies with sudden unexpected deaths of babies and road traffic injuries. A more in-depth report about why children die in Leeds and our response can be referenced within the LSCP CDOP Annual Report.

## Was not Brought Approach

The 'Was not Brought' approach is an innovative approach that considers children who miss health appointments where traditionally the term "did not attend" had been used. In changing the terminology from "did not attend" to "was not brought" health care practitioners have been encouraged to reflect upon a child's ability to attend the health appointment without appropriate adult support and consequently consider what missing the appointment might mean for the child, as well as what additional steps should be taken to assess the risk of harm.

During 2019/20 continuing work between the LSCP, LSAB, Safer Leeds and the CCG Safeguarding Team resulted in a broadened "Was Not Brought" approach to consider all people who may require support in making or attending any appointment, and how the cancellation or non-attendance should spark professional curiosity for practitioners.

A joint set of "Was Not Brought" principles were developed and launched in July 2020. The launch was timely with regards to supporting safeguarding during the Coronavirus pandemic where the potential for people not accessing appointments was higher.

## LSCP Sub Groups

The section below provides an overview of the work undertaken by the LSCP Sub Groups, they all have clear Terms of Reference and are attended and chaired by partners. The work of the following sub groups are referenced in other sections of the annual report:

- The Risk and Vulnerability Strategic Sub Group
- Secure Settings.

## Student LSCP

The LSCP are supported by a group of students who have volunteered to provide a young person's voice and opinion to the work of the LSCP. The role as a Student LSCP member is varied and acts as a 'voice and influence' for other young people, making sure their views are considered within the LSCP decision making processes.

The students have worked on a variety of projects throughout the year, including continuing to work whilst in lockdown and completing all of the projects they identified as a priority.

The group's accomplishments can be found in a video version of their [Annual Report](#).

## Multi-agency Safeguarding Operational Group

The Multi-agency Safeguarding Operational Group (MASOG) oversee and ensure the effectiveness of the Child Protection Medical Service (CPMS) within the pathway of safeguarding assessments of children and young people in Leeds.

This group has representation from the Police, Children and Families service, CCG, LCH and LTHT. Its objectives are to:

- To oversee the operational aspects of child protection medical pathways across agencies
- To be assured of the effectiveness and outcomes of the multi-agency child protection medicals
- To be assured that children and families have access to timely and appropriate support
- To be assured that perpetrators are effectively managed, including where the perpetrator may be a child
- To gain the views of children, young people and families to drive improvements to the child protection medical process.

The MASOGs current work has been to monitor referrals into the child protection medical service especially during COVID-19 to be assured that children at risk are being identified appropriately.

## Policy and Procedures

The LSCP Policy and Procedure Sub Group continues to provide a co-ordinated multi-agency approach to safeguarding practice through the development, review and updating of policies and procedures for use by professionals across the partnership. This is further supported by regional procedures across West Yorkshire which, where appropriate, provide a consistent and co-ordinated response on a regional basis.

There is a clear timeline for the revision of policies locally and regionally ensuring that they are up to date, fit for purpose and reflective of the Leeds approaches to working with children and young people in order to ensure safe and appropriate responses to concerns. In addition revision of policies may take place as a result of an identified need from local review processes or implementation in practice, which identifies the need for review or amendments.

The following local procedures have been reviewed and revised by the LSCP within 2019/20:

- Think Family, Work Family
- Safeguarding Children and Young People from the Threat of Violent Extremism
- Interpersonal Violence and Abuse (IPVA) in Young People's Relationships
- Multi-agency Procedure for Professionals Requesting Child Protection Medicals Pathway
- Recording of Meetings and Conferences by Parents
- Working Restoratively to Safeguard Children and Young People
- Professional Concerns Resolution Process
- Female Genital Mutilation (FGM) Flowchart
- E-Safety Guidance
- Bruising in Immobile Babies and Children.

Following the writing or revision of a policy, partner agencies are informed and sent the policy along with a Joint Framework for Dissemination and Implementation outlining their responsibilities with regards to implementing the policy within their own agency.

In addition the following West Yorkshire protocols have been reviewed and revised:

- Child Exploitation: Policy, Procedures and Guidance
- Initial Child Protection Conferences
- Fabricated or Induced Illness
- Child Abuse and Information Communication Technology
- Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation
- Harmful Sexual Behaviour
- Parents with Learning Disabilities.

And the following West Yorkshire Policies have been developed:

- Interpersonal Violence and Abuse (IPVA) Young People's Relationships West Yorkshire Practice Guidance
- Pre Birth Assessment.

## Learning and Development Sub Group

The LSCP provided a wide ranging multi-agency learning and development offer for practitioners during 2019-20:

- A training programme of three core and eight specialist and additional courses, briefing sessions covering 12 different topics. 1365 practitioners attended these sessions.<sup>32</sup>
- A specialist workshop on Child Neglect by Emeritus Professor Jan Horwath and a specialist on Poverty and Neglect by Professor Brid Featherstone. A total of 204 practitioners attended these events
- A Child Criminal Exploitation Event, launching the new Child Exploitation Risk Identification Tool. 86 practitioners attended this event
- A bespoke session was commissioned by the LSCP in partnership with Safer Leeds & LSAB on Analytical Report Writing. 24 delegates attended with positive feedback
- In partnership with Safer Leeds and LSAB the LSCP delivered the Thematic Learning from Review sessions, focussing on sharing learning from four reviews which all had a key focus on Domestic Abuse. In 2019-20 10 sessions were delivered to 177 practitioners (a total of 18 sessions delivered since October 2018 and 374 delegates attending)
- A regional event on "Contextual Safeguarding" with keynote speaker Dr Carlene Firmin. This was attended by 64 delegates of whom 21 were from Leeds
- Regional "Pornography, Sex Pressures and Social Media" workshop delivered by Brook. 17 Leeds practitioners attended.

Training attendance remained high with 78% of practitioners booking a session attending. Of those who booked but did not participate, 12% withdrew in advance and 10% did not attend. Attendance rates have increased since the previous year, however non-attendance has remained static at 10%, indicating less people are withdrawing from sessions rather than an improvement in non-attendance. When removing those who withdrew in advance, attendance rises to 89%, however so does non-attendance to 11%.

The majority of session bookings are from the Third Sector (38% - 28.3% Third Sector turn over £250k / 9.7% Third Sector turn over under £250k). Other significant levels of attendance are from LCH (19%), Private Sector (11%) and education (9%).

Delivery of training sessions continued to be support by the LSCP Multi-agency Training Pool<sup>33</sup>, including nine new trainers. 71% of agencies delivered to or above their quota of training days, a significant increase from the previous year. Where agencies were unable to meet their quota this has been discussed with the training co-ordinator, and where appropriate support and measures have been put in place. The commissioning of a private training provider to deliver on behalf of the

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<sup>32</sup> It should be noted that sessions planned for March 2020 were cancelled due to the onset of the Coronavirus Pandemic

<sup>33</sup> Pool of trainers (frontline practitioners and managers) provided in-kind by the LSCP partners. Agencies who provide support into the training pool are not charged to access the training.

Third Sector and Private agencies has significantly supported the training programme and allowed agencies to realistically meet their own quota without additional days to cover these areas.

The charging policy brought in a total of £32,000 during 2019-20 which supported the commissioning of the private training company and the provision of masterclasses / specialist speakers.

## Sudden Death In Childhood (SUDIC) Strategic Reference Group (SSRG)

The SSRG are made up of partners that respond to the sudden and unexpected deaths of children and infants. This group ensures that such death are fully investigated and follow guidance laid out in the multi-agency guidelines for care and investigation by the The Royal College of Pathologists and endorsed by The Royal College of Paediatrics and Child Health.

## Quality Assurance and Performance Management

The LSCP Performance Management Sub Group (PMSG) collects and analyses data from a range of partners and this acts an early warning system. Data is monitored on a quarterly basis and will highlight where data falls out of acceptable parameters. This may include monitoring the timeliness of child protection systems such as whether reviews are undertaken on time, the number of children coming on or off plans through to identifying why children attend the hospital emergency departments.

The performance data used is based on scorecards that were first developed in 2011/12 in light of statutory guidance at the time, the Children's Safeguarding Performance Information Framework (CSPIF) and Munro recommendations. Reviews of the data have been undertaken with amendments made to some of the data sets used.

During 2019 the PMSG has carried out a number of audits and evaluations related to safeguarding. These audits support the partnership in understanding the effectiveness of support provided to children and families and also understand front line practice and the context in which they work in.

Alongside this the group considers performance data provided by partners relating to:

- Identification and assessment of need
- Vulnerable children and young people
- Children and young people's mental health
- Offences against children and young people.

The purpose of this data is to consider trends and performance that may require further scrutiny or investigation which further informs the BSU in seeking and providing assurances.

## LSCP Education Reference Group (ERG)

The ERG is currently chaired by a primary school head teacher. It brings together representatives from across different education establishments to support the development and co-production of a safeguarding assurance, improvement and development to improve the welfare and safety of children and young people.

In recognition of the importance of early years in establishing good foundation pre-education, and the importance of strong transition into education from 2019/20 the remit of the group has broadened to include representatives from this sector.

The group also monitors school returns of the S157/175 of the Education Act to ensure that education providers are compliant.

## Risk and Vulnerability Strategic Group (RVSG)

This group aims to further-protect children from all forms of exploitation and sits within the Multi Agency Child Exploitation framework. The Risk and Vulnerability action plan is structured around the RVSG strategy and LSCP priorities and sets out how its agenda of protecting children from exploitation will be achieved. It provides details of how partners will work together to effectively tackle child exploitation and sets out what needs to be undertaken and how we will know when this is achieved.

The Multi-agency Child Exploitation (MACE) Framework describes Leeds arrangements when responding to the challenge of children vulnerable to exploitation, including: child sexual exploitation (CSE); those children who go missing; and other forms of abuse such as child criminal exploitation (CCE), modern slavery and trafficking.

This framework has 3 specific multi-agency functions:

- Bronze Group: focusses on responding to emerging cases of exploitation and works with professionals to ensure risks don't increase and the child is fully protected. It also looks at responding to perpetrators ensuring that they are managed appropriately
- Silver Group (LSCP Risk and Vulnerability Subgroup – RVSG): The RVSG strategy outlines a focused approach and a robust multi-agency response towards prevention, early identification and intervention of children and young people, and the proactive targeting, disrupting and prosecuting of individuals or groups who seek to exploit, abuse and harm children
- Gold Group: monitor progress against the strategy and action plan and provide overall leadership in relation to contextual safeguarding within the city.

The Bronze Group MACE meeting continues to report to the Silver Group, providing data trends related to exploitation. The LSCP review into the current Bronze Group MACE meetings was completed in April 2020 and identified that at present MACE meetings were too focused on the individual child and there needs to be more of a focus on sharing and linking up information on 'spaces and places' as well as peer groups and perpetrators. This is an area for improvement and work is currently being undertaken to identify how the Bronze Group can work more effectively.

In addition to the Bronze meetings, Partnership Intelligence Management Meetings (PIMMs) are an information and intelligence sharing meeting between the police and Children's Social Work Service which meets three times a week. All information, intelligence and concerns about children missing and at risk of exploitation are channeled to the meeting by the police. The meeting is led by a Social Work Team Manager and a police detective lead for child exploitation. They co-ordinate timely and proportionate responses to vulnerable children and young people including signposting active cases to lead professionals, and ensuring referrals to Children's Social Work Service are made where there is known or suspected significant harm.

Police data has provided a basic profile of offenders:

- Most are male, White British, UK nationality and aged from 10-29
- Offender ages have expanded into the 40s and 50s. In the previous year's data, Asian Pakistani was recorded as highest, more recently White British is numerically highest
- An inference is that for the younger end this type of offending is just another part of the criminal lifestyle
- Higher likelihood of prior convictions in other areas
- The older the offender the more long term link to this type of criminality for the sexual gratification.

Leeds Children's Social Work Services snapshot data from July 2020 demonstrates that of the 575 children who were identified as being at risk of exploitation, 76% were aged 15-17 years old. Numbers of children at risk began to increase significantly in the 12 -13 years old.

Younger children were more likely to be identified as being as low risk whereas older children were more likely to be identified as high risk. For children who were identified as high risk, 15 years old was the biggest age category.

The above highlights the importance of preventative work with primary school age children and children in early teens to prevent risks escalating as they grow older.

The majority of the children at risk of exploitation were White British (69%). The next biggest category was Any Other Mixed Background (6%). It is known that child exploitation affects all groups in society and The Safeguarding Practice Review Panel found that 'boys from black and minority ethnic backgrounds were more likely to be vulnerable to harm from criminal exploitation'.

Exploitation may be hidden in BAME communities for various reasons and the need to explore how these communities can be better supported in relation to exploitation will be a priority for the RVSG during 2020/21.

Headlines of exploitation in Leeds:

- This is a highly complex area of work involving all partners, statutory services, early help, families and communities. Significant progress is being made in relation to practice, process, systems and learning
- A shift in the Leeds profile as systems have been developed to enable data capture and reporting of different forms of exploitation
- Understanding, knowledge and practitioner confidence continues to increase around Child Sexual Exploitation (CSE)
- It is essential that there is a continued focus on Child Criminal Exploitation (CCE) to ensure children at risk of this receive the best possible support
- LSCP social media campaigns around exploitation continue to reach large numbers of young people and enable them to access both information and support
- An area for further improvement is required to ensure that all children who are experiencing or vulnerable to exploitation are supported in their transition into adulthood
- Preventative work for younger children and young people identified at low risk or emerging risk is crucial to prevent the risks increasing. We are confident that the Bronze Multi-Agency Child Exploitation (MACE) meetings and the Early Help Hubs partnership work will be significant in this area
- A greater focus needs to be on disrupting and convicting perpetrators. All agencies need to become more confident in sharing data and intelligence with the police on perpetrators in order to achieve this
- Research highlights that children on reduced timetables, who are excluded or who are NEET are more vulnerable and the link between these issues and child exploitation remain clear
- Data demonstrates that children in Leeds who are known to be at risk of exploitation are predominately White British, however exploitation occurs within many different ethnic minority communities and it may be that exploitation is 'hidden' in some BAME communities, creating greater challenges to reporting

- Third Sector organisations such as BASIS<sup>34</sup> and Getaway Girls<sup>35</sup> provide valuable services to support transitions and the reduction of harm for adolescents and young adults.

## Review of Vulnerability and Risk Management Plans

Vulnerability and Risk Management Plans (VRMP) are plans put in place when a child is identified as being at either high or medium risk of exploitation. The plan brings together professionals to support and protect children and identify what needs to be put in place to reduce risk and improve outcomes for the child. The Gold MACE Group commissioned an audit looking at VRMP to ensure that they remain effective and responsive to children's needs.

The audit reviewed 65 VRMPs and concluded that they are effective in either reducing risk or preventing risks from escalating. Where risks had decreased, social workers highlighted several different factors that contributed to this. Social Workers felt that good communication between professionals and a joint sense of ownership of the case meant that risks were managed well. Information sharing between professionals meant that they were able to respond quicker to situations and more effectively.

Education was mentioned in a number of cases as being significant in reducing the risks. Social Workers felt the VRMP had led to a better and more focused relationship between the education provider and parents as well as other professionals and in some cases the young person had been able to re-engage with education.

The Safe Project (Safe and Free from Exploitation team based within Leeds Children and Families services) was also felt to be significant in a number of cases in reducing risks. This was either through providing support to parents so they felt empowered to protect their child better or through direct work with the young person which enabled them to understand the risks and protect themselves better.

However, the audit highlighted a number of opportunities for improvement:

- At present, the process around VRMP's in relation to children at risk of CSE seems to be more effective than CCE. In comparison reviews are more likely to take place on time and risks are more likely to decrease to 'low' for CSE cases as well as the child being more likely to engage with the process. This is likely to reflect that knowledge and understanding around CCE is relatively new and procedures and training have only recently been adapted to include CCE. It is positive that the extensive work that has been undertaken related to CSE over the past few years resulted in greater awareness that has led to effective management of CSE. We anticipate the same approach will be achieved with CCE
- The VRMP audit identified that in some cases having multiple plans around the child can be confusing and not always an effective use of professionals' time. Therefore, further thought and discussion is needed related to CIN, CPP and LAC plans and how they work alongside VRMP plans.

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<sup>34</sup> Basis Young People's project has been supporting girls and young women in Leeds who are being sexually or criminally exploited or at medium or high risk thereof for more than 20 years.

<sup>35</sup> Getaway Girls empowers girls and young women aged 11 – 25 to build up confidence, develop new skills and take positive risks

- There was clear evidence of key professionals being invited to VRMP meetings and effectively contributing to plans however, there are opportunities to consider other agencies that may be able to contribute to assessments
- Child and parent engagement with the process is an important factor in ensuring the VRMP is effective and that risk are jointly managed. The Safe Project undertake a significant role in promoting this engagement. The audit highlighted a small number of parents not engaging in the VRMP process. Although parents are always encouraged to engage in the protection of their children some parents may choose not to engage for a variety of reasons
- What is clear from engagement with social workers and is supported by wider research is that a good relationship with the young person is one of the key factors in reducing risk. However, in some cases this has been difficult to achieve and compounded when a child does not recognise the risks, they are distrustful of professionals or are regularly missing.

The findings from this audit are being addressed through a task and finish group and monitored through the Risk and Vulnerability Strategic Sub Group.

## Missing Children

Children who go missing from home or care are also at a higher risk of exploitation and those children who are at a higher risk of exploitation will have more missing episodes.

Missing from Home police reports continue to fall as do recorded Missing from Home investigations down 19.7% and 33.9% respectively during 2019-20. This represents an ongoing success in respect of the partnership's working arrangement and the Multi-Agency Child Exploitation (MACE) meeting framework, as well as the impact of the Hospital Absconder and Truancy policies that have been implemented and seen a reduction in demand, allowing the partnership to focus on identified risk.

The co-location of a CSWS team leader responsible for 'children at risk of exploitation' at Elland Road has greatly enhanced joint working. The daily sharing of information on those children missing and those found has enabled risk assessment and support of these young people and their families.

The police Missing from Home Co-ordinators have worked with partners to introduce new processes and problem solve repeat locations and cases. This has contributed to a sizeable reduction in the number of missing people, including children, thereby reducing risk and allowing partners to focus immediate response to the highest risk cases.

Leeds closely monitor the children who are missing each week. Where a child has been missing repeatedly, partners arrange vulnerability meetings with the social worker / parents / health / education and any partner that is involved in the family and a reporting strategy is created and a plan.

West Yorkshire police data demonstrates that in Leeds there were 2,493 occurrences of a child going missing. 690 occurrences involved a child in care. 505 occurrences involved a child who was assessed as being at risk of CSE.

The Return Interview Service offers an independent Return Interview to children who are Looked After and those without any involvement from Children's Social Work Service. The following evidences under 1,200 interviews last year with the distinct number of young people missing was 1,027 with 55% being Male. Although more males were reported missing, females account for over half of all the missing episodes (54%) meaning that although less individual females are reported missing, they are more likely to be reported more than once.

Around 32% of the missing episodes were for young people identified as being children who are looked after, this represents around 150 young people, accounting for around 750 missing episodes.

Whilst primary push and pull, along with primary risk and vulnerability data is available for all return interviews (even those declined), the data is much more accurate for the 1,188 interviews that actually took place. The main push and pull factor for young people was that they wanted to see or spend more time with their friends, which accounts for almost a third of cases. This could include going to a friends after school without informing a parent / carer or wanting to stay out or sleep over at a friends without asking parents / carers.

Other reasons such as arguments in the home are also very prominent, these tend to be arguments between parent / carers and the young person themselves, but can also include siblings. Quite often young people can't explain or remember what the arguments were about, feeling they were probably over something minor.

Whilst the most common push and pull factors are important in order to understand the general pattern / trend, it's the push and pull factors such as being pressured by an adult (or others) and domestic abuse which are most concerning, therefore making sure those young people receive the right support is essential. Where young people are reported missing more frequently and / or have more serious risk and vulnerabilities identified such as CCE / CSE, substance misuse, radicalisation etc. they tend to have an allocated Social Worker or be known to other services such as Youth Justice and there are robust plans in place which information from return interviews can inform / influence.

Approaches for Children at risk and returned:

- Where there are high risk cases Leeds have co-ordinated substantial resources to finding people as quickly as possible
- Children's services provide additional funding for the Return Interview Service and an independent Return Interview offer has been extended to all children
- West Yorkshire Police are currently leading a task group to consider the processes for Return Interviews across the West Yorkshire local authorities and to work towards a consistent approach and ensuring best practice
- The Return Interview service hosted focus groups to look qualitatively at the experience of Return Interviews and being missing during 2019.

### Transitions for Children's to Adult services: Young people at risk of child sexual exploitation.

A review undertaken by the LSCP and the Adult Safeguarding Board considered the transitional arrangements for young people that have been identified as at risk of sexual exploitation was completed during 2019/20. The review identified two main pathways into adult services; the Directions Panel and the Transitions Panel.

The Transitions Team is made up of social workers and nurses who work citywide to provide specialist advice, guidance and support to young people between the ages of 14 and 25 with a wide range of disabilities and or complex health needs. They also support the families, parents and carers during the transition from childhood into adulthood. The team works closely with children's and adult's social workers, education providers, health professionals and voluntary sector providers to develop the support that a young person requires to be met as an adult. The plans developed take into account all aspects of the young person's life, care and support needs so that they can make choices to reach their full potential and increase independence. To be eligible for support the young person needs be aged between 14 and 25, live in within the Leeds boundary and have; a diagnosed disability' an allocated social worker from children's social work service who has identified that the young person may have care and support needs from adult services, a Statement of Special Education Needs or and Education Health Care Plan.

The audit identified that these arrangements are strong and transitions for young people are good. Clear pathways are in place and multi-agency responsibilities are understood.

The Directions Panel is a multi-agency solution for engagement post 18. The panel was developed following discussion amongst social care professionals in regards to care leavers and those of care leaving age who have been identified as being vulnerable to many issues including sexual exploitation and who historically have been difficult to support and in many cases may not be Care Act eligible. The panel allows for ongoing discussion in regards to the individuals identified and as a result can monitor, signpost and be ready to engage with those in need, particularly where there is risk of crisis. Work is currently ongoing to review these arrangements.

The Children's Society highlight how for young people who are children in need or on CPPs, there is no expectation in law or guidance that the support that they receive will be available if they continue to struggle when they turn 18. If the young person is looked after they have access to additional services and they can receive more support once they turn 18, however very few young people who are at risk of sexual exploitation or who have experienced it at the age of 16 and 17 are entitled to leaving care support, even when they are the subject of a CPP, CIN plan or a child at risk of sexual exploitation plan.

Nationally, there is growing concern that young people entering adulthood experience a 'cliff edge' in terms of support. We know harm and its significant effects, do not stop at 18 and consequently there is a need to ensure ongoing provision of support, either because harm continues into adulthood or because they need help to recover from the impact of harm suffered.

In light of this the BSU have developed and currently building on discussions with Adult Social Care and Leeds Community Safety Partnership to seek endorsement for CSE Transition as a priority issue for safeguarding partners to address. Our approach is to apply this holistically across the wider safeguarding agenda, in order to initiate an effective response to emerging threat to children and young people.

We have recommended a joint task and finish group of safeguarding partners with a clear remit and timescale, to develop local arrangements and implement recommendations. The aim is to ensure stronger transition arrangements in the older age group (17-18) that continue to remain at risk of exploitation as they transition into adulthood.

## COVID-19 and the impact on safeguarding

In response to the unfolding global pandemic the UK government announced in March 2020 national restrictions on movement, working arrangements and the closure of education and early years provision for a number of children and young people. These initial restrictions spanned a period of four months with localised restrictions continuing. Within West Yorkshire localised restrictions were some of the strictest within the country impacting on how children and young people accessed education and how services operated.

The LSCP worked with partner agencies to understand these impacts and gain assurance in relation to how children and young people were being supported, and how services were adapting to ensure that children, young people and families continued to be seen.

Initially weekly meetings were undertaken with key statutory partner representatives chaired by the LSCP Chair, along with LSCP representation at other COVID-19 focused meetings. Fortnightly discussions were also held with Wetherby YOI to understand how they had responded to the restrictions, the impact of these and gain assurance.

Key issues which identified during this period included:

- A decrease in contacts to the Front Door as a result of children and young people not being seen as much
- Increase in mental health concerns for children and young people including feelings of isolation, worries about the virus and worries about the impact of the pandemic on families (employment, money etc.)
- Increase in requests for support for families including food parcels and support with regards to supporting children's education at home including access to technology
- Impact on staffing levels (sickness, redeployment, caring for dependents) and overall staff wellbeing.

The LSCP also identified examples of innovative ways of working with services and individuals adapting to ensure that the most vulnerable children, young people and families were seen, and that support and statutory services continued.

Many agencies have reported and identified the adoption of different and innovative ways of working which could continue in the future. Professionals have reported greater involvement in multi-agency meetings held online as practitioners have not had to factor in travel and family involvement in some instances also increased due to the online approach.

However, the impact in working in such an intensive, but potentially isolated way has been recognised and agencies are considering how to achieve the right balance. There remains a good will to build on the positive ways of engaging with professionals and families which this report will report on next year. The impact of the pandemic is continuing to be monitored by the BSU across the LSCP. The LSCP undertook a process of assurance looking at the city's response to COVID-19 in August 2020. A summary of this work can be found in [Appendix 3](#).

## Appendix 1 - LSCP Partner Agencies

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### LSCP Executive Membership:

- Leeds CCG
- Children and Families on behalf of the Local Authority
- West Yorkshire Police

### LSCP partners will include, but is not limited to:

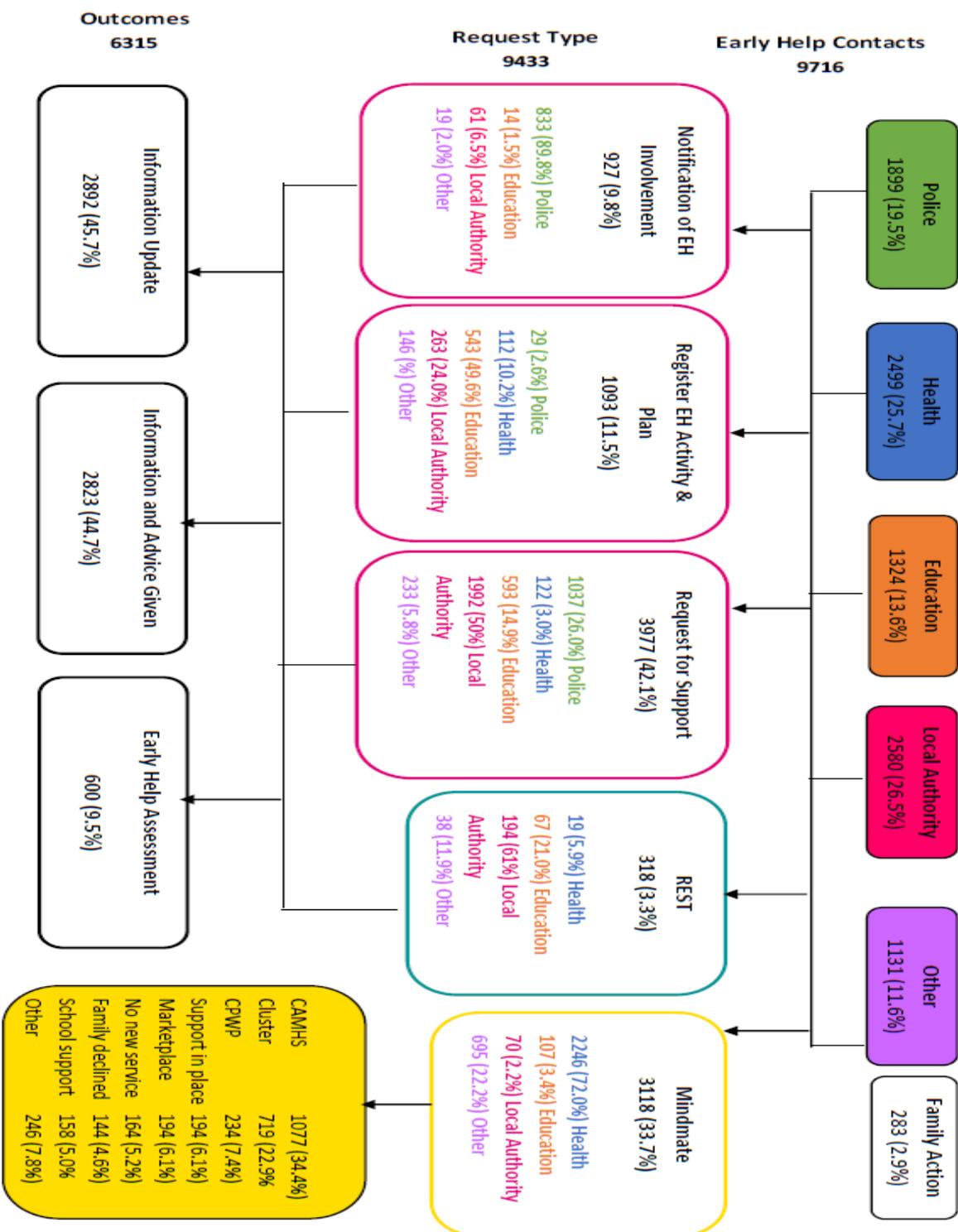
- LTHT
- LCH Trust
- LYPFT
- Leeds Children and Families services
- Leeds CCG
- Third Sector
- Primary Education
- Secondary Education
- Further Education
- West Yorkshire Probation
- Community Rehabilitation Company
- CAF/CASS
- Wetherby Young Offender Institution
- Yorkshire Ambulance Service
- British Transport Police
- Immigration and Control.

### Sub Groups of the LSCP:

- Child Death Overview Panel
- Review Advisory Group
- Policy and Procedures
- Learning and Development
- Performance Management
- Risk and Vulnerability Strategic Group
- Third Sector Safeguarding Group
- Education Reference Group
- Sudden Unexpected Death of Children Strategic Group
- Secure Settings.

## Appendix 2 - Safeguarding children and young people data

Early help activity through the Front Door.



2.1 Early Help Activity April 2019 – March 2020

The table below shows a breakdown of the child primary need in those cases.

**Table 1: Family Action – early help contacts child primary need**

Child Primary Need	No. of contacts	
Abuse or Neglect	171	71.8%
Emotional wellbeing/Mental health	98	34.6%
Missing education	4	1.4%
Domestic abuse	4	1.4%
Socially unacceptable behaviour	3	1.0%
Learning disability	2	0.7%
Problematic/harmful sexual behaviour	1	0.3%
Grand Total	283	

**Chart 1: Age breakdown of early help plans and activity**

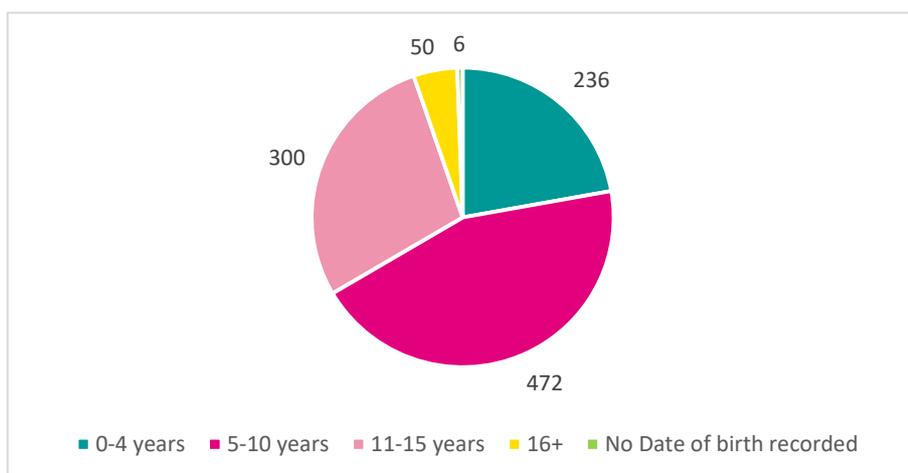


Chart 1 shows the age groups of children who the early help plans and activities are being registered against. 236 (22.1%) were aged 0-4 years; 472 (44.3%) were aged 5-10 years; 300 (28.1%) were aged 11-15 years; 50 (4.6%) were aged 16 and over and the age of 6 (0.5%) children was not recorded.

The gender breakdown of these children shows 609 (57.2%) were male and 433 (40.6%) were female. A closer examination of the age and gender data shows that males aged 5-10 had the highest number of plans and activity being registered. 270 (44.3%) of the males that had plans or activity being registered were aged 5-10 years.

## CIN

Age breakdown of children and young people classed as CIN

Age cohort	2017/18	2018/19	2019/20
Percentage of cohort under 1	8.2%	4.8%	4.3%
Percentage of cohort 1-4	19.6%	17.7%	16.8%
Percentage of cohort 5-9	24.0%	23.3%	20.3%
Percentage of cohort 10-15	27.8%	27.7%	27.1%
Percentage of cohort 16+	20.4%	26.5%	31.4%

## CPPs

Number subject to a child protection plan at the end of the year by category of abuse

Category of abuse	2017/18	2018/19	2019/20
Physical abuse	73 (13.8%)	61 (14.7%)	84 (14.2%)
Emotional abuse	273 (51.8%)	230 (55.5)	327 (55.4%)
Sexual abuse	14 (2.6%)	8 (1.9%)	34 (5.7%)
Neglect	167 (31.6%)	115 (27.7%)	145 (24.5%)
Total	527	414	590

Age breakdown of children subject to a CPP

	2017/18	2018/19	2019/20
Percentage of cohort under 1	8.7%	11.1%	8.8%
Percentage of cohort 1-4	26.8%	21.7%	23.4%
Percentage of cohort 5-9	27.9%	31.2%	28.1%
Percentage of cohort 10-15	32.3%	32.4%	35.8%
Percentage of cohort 16+	4.4%	3.6%	3.9%

## Appendix 3 - COVID-19 response and assurance undertaken by the LSCP August 2020

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Predicting future demand is difficult as COVID-19 has presented a societal context we have not seen before. Therefore although we are able to anticipate future demand based on current and past demands, planning can only be proactive to a certain degree due to the unpredictability of COVID-19, the impact of localised lockdowns or other changes in government guidance and the wider impact on society not only in the coming months but longer term as the economic impact of COVID-19 and the country's recession begins to take hold.

The education sector traditionally have some of the highest levels of face to face contact with children and young people, however some children have not been in school for a period of 6 months and the impact of this is not yet fully known. It is possible that we will become aware of incidents of abuse and harm that occurred during the lockdown period as children are seen and spoken to. This might include not only parental abuse and harm that they have suffered or witnessed over this period but also the emotional impact of the pandemic and a change to routines and home life which may have induced or exacerbated mental health difficulties.

The LSCP will continue to monitor EHE and intends to pursue this as a priority moving forward, as outlined in this report.

We believe September will become a real test for the city with all pupils expecting to return to full time education and more 'in view' of professionals across the city. Schools and other education providers are a key sector that refer into the safeguarding system, and as expected these numbers dropped as schools closed.

Attendance in schools up to the 3<sup>rd</sup> July 2020 was on average 17,206 which represents 17% of the school population of Leeds. 15% of those attendees have been identified as having some form of vulnerability.

Throughout the period of school closure teachers have continued to make contact with pupils through virtual lessons and in addition through phone calls to the more vulnerable pupils. There has been a reduction in referrals to the Local Authority Front Door from schools since COVID-19 started however these are expected to rise during September. To ensure that contacts are most appropriately directed, work has been ongoing to ensure professionals are aware of the ability to access early help support through the Early Help Hubs where appropriate, or the Front Door if required.

One of our partnership responses during the pandemic as a means to understand the size and scale of current and emerging demands, and plan appropriate support and responses was to initiate local weekly multi-agency Bronze meetings. These meetings consisting of front line practitioners and managers are the eyes and ears of demand on front line practice and emerging needs of children, families and communities. Identified demand, issues and innovative responses have been fed into cross council Silver and Gold meetings as well as the LSCP weekly safeguarding meetings chaired by myself as the LSCP Independent Chair. This has enabled a strategic citywide oversight of safeguarding during COVID-19 and will continue for the foreseeable future.

Those children already known to services continued to be seen through continued physical contact or through other forms of communication such as phone calls or video calls as appropriate. PPE equipment has been made available to staff along with guidance to support necessary welfare visits, and staff have implemented innovative ways to allow for face to face visits.

All NHS commissioners and providers have developed Business Continuity Plans which have been put into operation. There are teams of staff within the differing health organisations to manage and monitor the health response to the COVID-19 epidemic going forward.

Throughout the COVID-19 period there have not been any significant changes in the primary categories of CPPs although clearly issues of finances, access to food and difficulties with accessing wider family support were flagged as issues during the lockdown period and featured on

plans. There have been co-ordinated local responses to some of these needs from the Early Help Hubs including provision of food and baby equipment. There is a clear recognition of the importance of partnership work with third-sector groups and community members in responding to increased need associated with financial insecurity, poverty and the provision of basic essentials such as food parcels. Poverty is an aspect of work that the city has already been focusing on for the past 18 months.

The volume of CP conferences is reported to be currently manageable, however this is an area that continues to be monitored closely. The system of meetings held on Skype is, in general working well with high levels of participation by parents and some new emerging patterns of positive participation by young people. The social care team continue to work with partners at Barnardo's to ensure the maximum number of children have an advocate at the meeting and they have tried to continue 'children's meetings' when appropriate.

Feedback received from parents indicates a generally positive view of the online meetings, however it is recognised that this is not the case for all and there is the acknowledgement that for some families there should be a return to face to face meetings whenever possible. Similarly there has been feedback from practitioners with regards to the ability to attend more multi-agency meetings online, and the ability to appropriately continue practitioner online involvement as restrictions ease is being considered.

The city's' Early Help systems continues to provide support for children, young people and families, but the expectation is for a significant increase in referrals to Early Help and Targeted services when schools return in September. Early Help and Targeted support referrals have increased month on month since an initial lull during the first two months of the pandemic lockdown. Significant elements of Early Help and Targeted support work is with adult parents/carers and there is growing evidence that COVID-19 and the imposed restrictions have had a detrimental impact on adult mental health and the incidence of both domestic violence and parental conflict.

We expect these trends to continue in the autumn. Active plans are currently being made within clusters and the Early Help Hubs moving forward to triage and prioritise referrals. The intention is to maintain some of the creative ways of service delivery developed during the pandemic (online parenting courses, therapy sessions delivered remotely, online support groups), but also looking carefully at how we can collectively, better utilise our resources moving forward to respond to increased demand by, for example, delivering more support in groups, utilising webinars and online forums, assisting people in schools, communities and families to confidently offer naturally and unobtrusively, emotional support to children and their parents and carers.

Around 170 children (key worker families and vulnerable children) continue to attend Children's Centres for childcare services; around 30% of these have additional needs or vulnerabilities. Support for potentially vulnerable families is supplemented by weekly telephone contact with those at home and drop-in activity boxes. This has proved useful in engaging parents in focussed conversations around children's activity and engagement. It is anticipated that this demand will remain going forward.

The Children's Centres reviewed all vulnerable children, 5 weeks into the lockdown, to check with social workers and Leeds Community Health [0-19 service](#) staff that home is still the most appropriate place for care, health and education provision for the child, or if some time in the nursery setting would now be appropriate.

Communities of interest work is being led by Forum Central and the council, providing support for young people and BME communities, following news that these communities may experience worse outcomes in relation to COVID-19. VAL worked with LCC designing and launching the community care programme. 7600 volunteers signed up to the programme which is no longer accepting new volunteers due to the positive response.

The volunteers are split into 3 levels of support:

- Encouraging people to look out for their neighbours who may need support using the [‘being a good neighbour’](#) guidance. The guidance includes practical advice and takes safeguarding into consideration
- 33 ward level hubs have been established with 27 third sector organisations across the city. The hubs receive daily referrals and will match them to a list of available volunteers in the area. Community care volunteers have completed an induction including safeguarding training
- Working closely with adults and health to identify DBS checked volunteers to provide a higher level of support to people in the community.

Both of these initiatives will continue for the foreseeable future to provide ongoing appropriate care and support, although they will be reviewed to ensure that this is responsive to both levels and types of need which can be impacted by changes such as the localised lockdowns seen within other parts of West Yorkshire.

As education establishments, early years settings, health, and other services begin to reset and stabilise we expect an increase in the identification and disclosure of safeguarding/child protection issues and the need for child protection medicals. Health have worked in partnership with Children Services to ensure that any children who require a child protection medical have access to this in timely and safe manner.

This has included the development of a Standard Operating Procedure for social workers so that they are clear how to request a CP medical during these difficult times, even if the child/family have been identified as suffering with COVID-19 or report that they are self-isolating. Leeds Community Health Care NHS Trust have invested in a mobile colposcopy to facilitate sexual child abuse medicals both in acute and community settings.

LTHT are now in the implementation of Phase 3 of the COVID-19 response and are also making preparations for the impact of winter pressures in the acute setting. The ease in COVID-19 lockdown regulations has seen an increase in children and young people attending the Emergency Department and Children’s Hospital, but the figures are similar to previous year’s trends. There has been an increase in safeguarding children advice calls to the LTHT safeguarding children and midwifery teams last month, however at present there is nothing being identified within hospitals planning or modelling to suggest any extraordinary issues regarding children and safeguarding.

At the start of the Pandemic regular meetings were established between the LSCP Communications Officer and NHS CCG Communication Manager, LCC Business Partner and West Yorkshire Police Corporate Communications, to ensure a co-ordinated approach to external messages.

The LSCP Communications Officer joined the LCC Social Media Forecast Group which co-ordinated the sharing of important messages during the coronavirus pandemic via social media. The group provided a helpful two-way resource to help share LSCP communications from the council’s corporate social media pages as well as share LCC’s key messages and posts via the LSCP accounts.

LSCP communication messages have focused on the following:

- promoting the [COVID-19 information](#) on the LSCP website to practitioners
- providing links to helpful information on online safety for parents and carers
- supporting the promotion of local services to children and young people eg; [Chat Health](#), Kooth and the [Market Place](#)
- promoting the [Mindmate website](#) to young people, as mental health was raised as a potential safeguarding concern during this period.

A full range of different technological platforms such as Facebook, Instagram, Twitter etc. to get messages out to children and families have been deployed. Campaigns targeting children and families on how to get access to emotional and mental health support as well as support structures for young people have been widely publicised using these platforms. Encouraging children and

families to continue to seek support through website, skype, text or phone calls was important to prevent concerns from escalating which may cause a sudden surge of demand on the safeguarding system. The promotion of appropriate support avenues will continue as the ongoing impact of COVID-19 is felt by children, young people and families.

Exploring analytics gleaned from websites that support young people such as the city's 'Mind Mate' website has allowed us to understand what some of the needs of young people are and strengthen those pages. For example, from March to May there were 5932 unique visits to the Mind Mate website with the most visited section being 'Information on coronavirus: taking care of your mental wellbeing'. We know from the analysis of My Health My School survey that in Leeds 75% of children in year 6, 7, 9, 11, 12 and 13 said that they would know where to go to get help or advice for social, emotional and mental health. Alongside this is the work mentioned here to increase the opportunities and accessibility children have to address their emotional and mental health needs.

Children and young people have had to adapt to the pandemic and due to the lack of access to structured education and other structured and positive activities concerns have been raised that some young people may have formed potentially harmful relationships with peers. There has been a steady increase in CSE referrals during the pandemic although not out of sync with previous years. It is possible that this is due to an increase in online abuse/grooming. Anecdotally, there seems to have been an increase in young people who have been groomed on-line during lockdown. In addition it is anticipated that some parents are likely to struggle in getting their children to return to school and there may be challenges and repercussions associated with this. It is a potential and unsurprising trend which could extend into the autumn. This is being considered within the LSCP Risk and Vulnerably Meetings and the [Bronze Multi-Agency Child Exploitation](#) meetings have continued throughout COVID-19 to ensure a quick response to high risk or emerging risk cases of exploitation.

The LSCP recognised that young people will be spending more time online and as a response have used social media to inform parents on how they can keep their children safe. We acknowledged how the voice of children and young people has never been more important. The Student LSCP are a group of young people who have volunteered to provide a young person's voice and opinion to the work of the LSCP. The group would normally meet on a weekly basis however, due to the COVID-19 lockdown they decided to move their weekly sessions to a virtual environment through group chat and online meetings, as the group members were still keen to continue their work with the LSCP and to assist in helping to safeguard the children and young people of Leeds during this challenging time. Discussions in the group chat sessions focused on understanding how young people are [experiencing lockdown due to COVID19](#) and what, as a city we could do to support them.

These discussions were shared across the Partnership to help inform front line practice, provide context of children's experiences of lockdown and the impact this has had on them. One particular area that came out was children's emotional health and wellbeing and the city has responded through promoting websites and services that have operated through the pandemic.

The LSCP is working with Leeds City College to consider how to appropriately recruit a new Student LSCP within the current restrictions to ensure the voice of children and young people is continued to be heard within the autumn and going forward, and capture the impact as children and young people return to full time education.

The CCG have been working closely with NHS England and LCH to develop a 24/7 mental health crisis advice, triage and support line for children and young people. The timeframe for this had been 2023/24 but in light of COVID-19 this has been brought forward. The CCG are looking to develop a safe and sustainable model that will meet the needs of our children and young people both in the short and long term. The launch date for the service is anticipated to be September 2020.

The CCG are also working with our Education cluster colleagues and new commissioned providers of the Social, Emotional, Mental Health input into the cluster model. This newly commissioned service will be in place by September and will provide specialist mental health support into the clusters supporting our schools across Leeds.

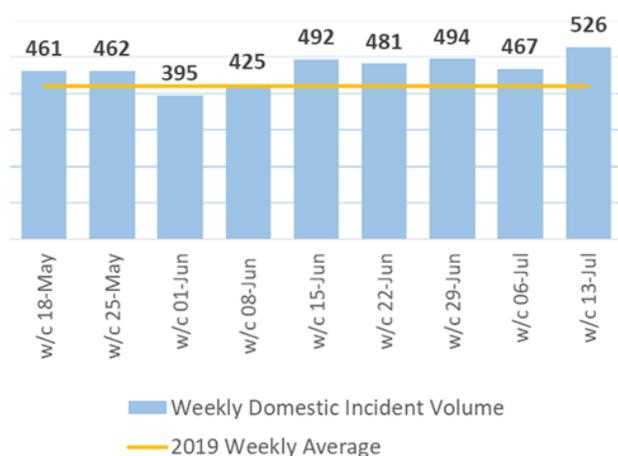
The city's [Future in Mind Strategy](#), currently under review for relaunch in 2021, ensures that local and national priorities are inform our work to support children and young people's mental health over the next 5 years. In addition to this, we're working closely with colleagues in adult mental health to inform the priority areas within the 'All Age Mental Health Strategy' principally around the areas of trauma, crisis and transitions.

We know for that for some children with complex needs going to school is a significant protective factor in their lives and provides much needed respite for families. Health services have worked tirelessly with SILC (special) schools and social care to ensure that where this is possible, and parents have wanted this, children have been able to access school. Where going to school hasn't been possible we have seen an unprecedented response from services both in terms of partnership working and flexibility, with the needs of children at the centre of all they do. The CCG have also been supporting providers across the city to ensure children and young people with complex needs, along with their families, continue to receive the support they need. The Coronavirus Act 2020 required the continuation of provision identified within Education, Health and Care Plans (EHCPs) using a best endeavours approach. This has meant that all services, with the exception of community Audiology, continued throughout lockdown. Every child has been risk assessed and provision tailored accordingly.

The profile of domestic violence and abuse (DVA) has not altered hugely however, in recent months, levels of general calls to the police have begun to increase again. Arrests for DVA remain higher than previously and MARAC have seen an increase in cases passing through them, more significantly in the last two weeks.

DVA referrals compared to the same week of the previous year suggests that referral numbers are only just returning to normal, there hasn't been a big swing up that surpasses normality like some authorities have reported. The amount of DVA referrals, largely reported by the police who were still referring in during lockdown, have remained fairly consistent. In some instances they have been less than the previous year, along with the occasional spike such as the week commencing 13th July, however the number of referrals was consistent with last year and only 10% over the average for referrals in a week for the 19/20 year.

**West Yorkshire Police (Leeds District)**  
Domestic Incident Volume, by week



The Safer Leeds COVID-19 DVA Campaign ran from April and saw a big spike in web traffic. The campaign was aimed at those experiencing domestic abuse while in lockdown and family/friends who know someone who is suffering domestic violence and abuse. It also raised awareness of the services still available to help those suffering from domestic violence and abuse during the lockdown and to encourage victims and wider networks to use the services if they are experiencing or suspect someone they know is experience abuse.

MARAC however, have seen a 33% increase in cases passing through them. The MARAC is currently operating at the highest levels seen since the arrangements were introduced reflecting an increase in police crime incidents and high levels of presenting need identified by other frontline practitioners. All partners moved to a virtual daily meeting and no meetings were missed as a result of the lockdown period. The proportion of cases where children are involved broadly remains at around a third of the cases each day. Children's Services, health and police work as part of the Front Door Safeguarding Hub and work closely with the MARAC team both before and during the MARAC sessions.

The Front Door Safeguarding Hub are currently using the Safe Lives audit tool to analyse and quality assure the high number of cases, exploring issues to improve process, support partners management of frontline risk and ensure the safe management of high risk cases.

It is anticipated the test will be when schools return. The police and DVA figures have proven to be fairly consistent throughout lockdown without the large increases originally anticipated, so consideration is in place to respond to any rises which may occur through education sources. A weekly DVA tactical multi-agency group is in operation monitoring DVA incidents and ensuring an appropriate response to families where DVA is a feature.

A rise in parental conflict was identified through LSCP weekly safeguarding meetings as well as the Bronze safeguarding meetings within the 3 areas of Leeds. The pressures of families living together during lockdown, as expected increased the amount. We understand that conflict is an everyday part of life; our aim is to ensure that conflict is constructively resolved thereby modelling appropriate relationships where any differences are agreed amicably between adults. Under the initiative [Relationships Matters](#) a website for parents has been developed and information for practitioners in relation to parental conflict is available.

The ambition in Leeds is that families experiencing conflict are supported at the right time, by the right practitioner to prevent any impact of this conflict on children. We are aiming to increase awareness of parental conflict and the impact it can have on children and young people and their outcomes. In Leeds we are taking a practice approach through providing workforce development opportunities.

The Rethink Team have developed a formulation approach ([The Top Concern Approach](#)) to prioritise our work and support families as best we can to stay home, stay well and stay safe. This approach enables practitioners to limit their contact to the absolute minimum and ensure that they too – stay home, stay well and stay safe.

## Consideration with regards to levels of demand for services during COVID-19

Leeds as a child friendly city is committed in ensuring that children, especially the most vulnerable will continue to be supported. We do not at present anticipate demand being unmeetable by planned resourcing and bringing together the wider partnership to share resources.

We are still seeing referrals into Duty and Advice being between 20%-30% lower this year than the same week last year, and although there is some slow increases where data is returning to normal levels, along with an anticipated increase following children and young people returning to school full time nothing suggests that it will be higher than last year.

Technology as mentioned above has played a significant role in ensuring vulnerable children families continue to be seen however, this meant professionals have needed to quickly get used to planning, implementing and reviewing in a different way which may cause some small delay in meeting statutory timescales within child protection processes. As professionals become more confident and efficient in the use of technology, timescales will be met.

Early Help is expecting and planning for increased demand for our more specialist and Targeted services. Resources are finite and it will require careful prioritisation and more creative ways of utilising these services. As mentioned above, there is a very proactive third sector as well as our

statutory partners who, through the weekly Bronze meetings are monitoring 'need' very closely and identify appropriate responses.

Referrals for FGC services in Leeds are correlated with the broader Children's Services referral patterns. FGC activity dropped off by as much as 50% during the first few months, referrals are however now increasing. FGC is by definition about networking, conversations, families meeting to finding solutions; the inability of people during the pandemic lockdown to physically meet has clearly presented a significant challenge to delivering a service. The FGC service in Leeds is quickly learning to utilise technology to facilitate family conferences, knowledge and skills delivering by remote means are evolving. The expectation is that the demand for FGC services in Leeds will grow into the autumn but assurance has been provided in meeting demand by creatively utilising technology while retaining face-to-face family decision making meetings where it is safe to do so.

One potential issue that may challenge the Children Looked After (CLA) Nursing team will be capacity. There are variables that could impact including COVID-19 and Flu effects on staffing sickness rates and potential staff redeployment. Additionally the specialist nursing team see all Leeds children and young people who are placed within a 20 mile radius of Leeds. Those placed further afield are seen by the local nursing teams. During the first COVID-19 surge many Out of Area teams were redeployed and the Leeds team have completed and continue to complete most of these health assessments as local teams have a backlog and cannot guarantee timely service to meet statutory requirements. This is only possible as all assessments are currently completed virtually, which is not ideal for a holistic health assessment, especially with the increased emotional and mental health needs of this vulnerable cohort.

Social work teams do not anticipate that volumes of demand will be unmeetable. Children Services have provided evidence for a number of years highlighting their work in establishing and maintaining manageable caseloads, and have the capacity to respond to peaks in demand.

Police have also confirmed that police resourcing is determined by threat, risk and harm and Force priorities. Protecting the Vulnerable, of which child protection and DVA form a major part, is a Force priority and so resources will always be provided to match any demand that arises.

The impact of pupils returning to school will inevitably put a strain on the safeguarding system. Partners are confident that through weekly monitoring and shared resources any pressure on the safeguarding system will be mitigated, however some areas whereby there is the potential for a significant impact on capacity have been identified as outlined below.

Demand on the Children's Looked After service has remained constant throughout the year, and numbers coming into care in Leeds over the past few months have continued to follow previous years' trends. CLA starters by month: Jan to July shows the same average number of children starting care, with no increase in pressure based on care entrant numbers. However it is widely thought that once children and young people return to school, disclosures may result in an increase number of children being taken into care.

The Specialist nursing team are currently working at maximum capacity and any change that affects capacity will impact service delivery. Should there be a significant increase in children taken into care from September and or significant sickness or redeployment due to COVID-19 and flu, the service would not be able to undertake the volumes of health assessments and follow up that individual staff would have to complete in order to meet service level agreements and caseload needs.

Weekly meetings continue across the city to ensure any emerging concerns can be quickly responded to. We continue to monitor the situation on a weekly basis as we have throughout the pandemic so that we can be as proactive as possible in planning for and responding to shifts or increases in demand. We continue to take a cross council and whole system approach to emerging needs and increased demand and we will continue with this as it has served us well.

COVID-19 has resulted in some changes to how services are delivered especially with staff across the partnership having to shield or those who need to look after their children while schools were closed or other vulnerable dependents. The response by professionals in Leeds has been

outstanding and many staff across the partnership have taken on additional or new responsibilities to meet need. The support structures supporting front line staff have continued, and where possible staff have been supported to work from home. Staff are encouraged to continue to meet 'virtually' to ensure that teams remain strong and in touch with each other as well as the continuation of multi-agency meetings to ensure a partnership approach and response to needs continues. Staff are supported to take annual leave or accrue hours back they have worked during the pandemic to allow them to recharge and rest and any impact of this is being managed through the relevant management structures.

## Appendix 4

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### The Independent Inquiry into Child Sexual Abuse (IISCA)

The IISCA identified Leeds as a local authority area it wished to engage in the ongoing inquiry into historical child sexual abuse under the strand Child Protection in Religious Organisations and Settings investigation. The request was for a written statement regarding local safeguarding arrangements, and specifically in relation to religious organisations and settings.

The LSCP BSU, on behalf of Leeds Local Authority and the LSCP Executive co-ordinated a response, providing a witness statement from the LSCP Chair. Subsequently the LSCP Chair was also called to give evidence at the inquiry in May 2020, and did so via video link alongside three other local authority / Safeguarding Children Partnership representatives.

The witness statement provided information to the inquiry in relation to work with and supporting faith settings regarding safeguarding including:

#### Training and associated learning and development opportunities

The LSCP training programme and associated learning and development opportunities is available free of charge to all faith organisations. Due to the way the booking system is designed the LSCP is not able to provide the exact number of participants from faith organisations, however, the faith organisations who have attended training sessions have identified themselves as being from the Third Sector, and we know that on average around 30% of participants on LSCP training identify themselves as being from the Third Sector.

YLL have been trained to deliver the introductory training providing another route for Third Sector organisations to access this training.

The LSCB training for trainers to support Third Sector organisations in providing their own in-house introductory training has been taken up by some faith organisations within the city (6 identifiable since 2016).

In addition training has been provided to West Yorkshire Police Safer Schools Officers to support them in supporting local communities and faith organisations (specifically local Mosques) in relation to safeguarding, and the appropriate sharing of key messages.

#### Support for the faith sector in relation to safeguarding policies, procedures and expected standards

The LSCP website provides specific support to Voluntary / Community / Faith / Third Sector organisations which includes information with regards to:

- How to develop a “safeguarding pack” which supports effective safeguarding within an organisation; including a child protection policy
- Safer recruitment and associated checks
- Allegations management
- Local and regional policies and procedures
- Section 11 audit tool
- Training.

There is also a link to the NSPCC Safeguarding Children and Young People within Faith Settings information videos and information regarding safeguarding issues such as FGM, sexually harmful behaviour, CSE and domestic abuse and violence.

Third Sector organisations are actively encouraged (by the LSCP, LADOs and VAL) to complete Section 11 audits as a way of self-assessing their current safeguarding arrangements and identifying actions to address any issues which may be identified.

### Reported allegations in relation to leaders / workers / volunteers within faith settings

Over the period 2013 to October 2019 there have been a total of 105 notifications to the LADO service with regards to a religious organisation or setting (this equates to 3% of all notifications over that period). Of those 105 notifications:

Of the notifications 37 (35%) resulted in an allegations meeting. This includes notifications in relation to faith based supplementary schools.

The allegations regarding faith settings are predominately about physical chastisement (54 of the 105 notifications – 51%), however 15 (14%) are in relation to sexual abuse, which included downloading indecent images.

### Ongoing partnership work with faith settings in relation to safeguarding

The LSCP supported the development of the West Yorkshire Multi-agency Safeguarding Policy in relation to Child Abuse Linked to Faith or Belief (CALFB) which was finalised in 2017. The policy aims to support the identification of abuse linked to faith or belief, and describes the action that should be taken to safeguard the child(ren) concerned and promote their welfare

There is ongoing work to engage with, and support faith sectors in relation to safeguarding. This work has been identified through professional engagement with communities including faith organisations and their need to strengthen their response to safeguarding in their organisations. The work to improve the smaller faith organisations' level of knowledge and understanding of safeguarding is led by the LSCP BSU with the support of the LADO service and other partner agencies. A pilot project is being developed in the east area of Leeds to look at opportunities to support such religious organisations through a 'buddying' scheme. Involvement from local schools, colleagues in the Restorative Early Support Team, the police, Voluntary Action Leeds and local community workers are helping to better link them in with safeguarding support, training and expertise.

Through the statement the Chair was also asked to comment on areas whereby improvements could be made to support faith organisations with regards to safeguarding responses. The following suggestions were offered:

- Minimum standards for safeguarding arrangements for all organisations, including faith
- All organisations that work with young people on a regular basis should be obliged to register that setting and evidence that minimum safeguarding arrangements are in place, including health and safety consideration and appropriate insurance for all that use a facility
- Support to parents / carers could be promoted and provided with regards to what they should expect from an organisation in relation to safeguarding, and what questions to ask to assure themselves these are in place. Parents and carers should also be supported in being aware of their right to ask and challenge with regards to safeguarding arrangements. This could also be provided in a child friendly way which supports children and young people in understanding how they should be kept safe within organisations
- A multi-faith handbook could be developed in multiple languages to support faith organisations when setting up a group / church. This could be developed centrally allowing each local authority area to use it to pro-actively support faith groups to fully comply with relevant legislation.