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Report of the Head of Scrutiny and Member Development

Report to Scrutiny Board (Children and Families)

Date: 17th January 2013

Subject: Recommendation Tracking – Services for children with disabilities, special educational needs and additional health needs – Inquiry into service redesign

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	⊠ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	⊠ No
Is the decision eligible for Call-In?	☐ Yes	⊠ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	⊠ No

Summary of main issues

- 1. This report sets out the progress made in responding to the recommendations arising from the previous Scrutiny review into services for children with disabilities, special educational needs and additional health needs, published on the 15th March 2012.
- 2. The Scrutiny recommendation tracking system allows the Scrutiny Board to monitor progress and identify completed recommendations; those progressing to plan; and those where there is either an obstacle or progress is not adequate. The Board will then be able to take further action as appropriate.

Recommendations

- 3. Members are asked to:
 - Agree those recommendations which no longer require monitoring;
 - Identify any recommendations where progress is unsatisfactory and determine the action the Board wishes to take as a result.
 - Note the recommendations where satisfactory progress is being made.

1 Purpose of this report

1.1 This report sets out the progress made in responding to the recommendations arising from the previous Scrutiny review into services for children with disabilities, special educational needs and additional health needs.

2 Background information

- 2.1 The Children's Services Scrutiny Board agreed in June 2010 that it would carry out an inquiry into the proposed redesign of services, taking the provision of services for children with disabilities, special educational needs and additional health needs (and their families) as the focus.
- 2.2 At its meeting 15th March 2012, the Scrutiny Board agreed a report summarising its observations, conclusions and recommendations.
- 2.3 The Scrutiny recommendation tracking system allows the Board to monitor progress and identify completed recommendations; those progressing to plan; and those where there is either an obstacle or progress is not adequate. The Board will then be able to take further action as appropriate.
- 2.4 The Directors Response was presented to the Scrutiny Board at the meeting on the 26th of July 2012.

3 Main issues

- 3.1 A standard set of criteria has been produced to enable the Board to assess progress. These are presented in the form of a flow chart at Appendix 1. The questions in the flow chart should help to decide whether a recommendation has been completed, and if not whether further action is required.
- 3.2 To assist Members with this task the Principal Scrutiny Adviser, in liaison with the Chair, has given a draft status for each recommendation. The Board is asked to confirm whether these assessments are appropriate and to change them where they are not. Details of progress against each recommendation is set out within the table at Appendix 2.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 Where internal or external consultation processes have been undertaken with regard to responding to the Scrutiny Board's recommendations, details of any such consultation will be referenced against the relevant recommendation within the table at Appendix 2.
- 4.1.2 The Executive Board Member for Children's Services has been consulted on the response to the recommendations.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 Where consideration has been given to the impact on equality areas, as defined in the Council's Equality and Diversity Scheme, this will be referenced against the relevant recommendation within the table at Appendix 2.

4.3 Council Policies and City Priorities

4.3.1 This section is not relevant to this report.

4.4 Resources and Value for Money

4.4.1 Details of any significant resource and financial implications linked to the Scrutiny recommendations will be referenced against the relevant recommendation within the table at Appendix 2.

4.5 Legal Implications, Access to Information and Call In

4.5.1 This report does not contain any exempt or confidential information.

4.6 Risk Management

4.6.1 This section is not relevant to this report.

5 Conclusions

5.1 The Scrutiny recommendation tracking system allows the Board to monitor progress and identify completed recommendations. Progress in responding to those recommendations arising from the Scrutiny review into the redesign of services for children with disabilities, special educational needs and additional health needs is detailed within the table at Appendix 2 for Members' consideration.

6 Recommendations

- 6.1 Members are asked to:
 - Agree those recommendations which no longer require monitoring;
 - Identify any recommendations where progress is unsatisfactory and determine the action the Board wishes to take as a result.
 - Note the recommendations where satisfactory progress is being made.

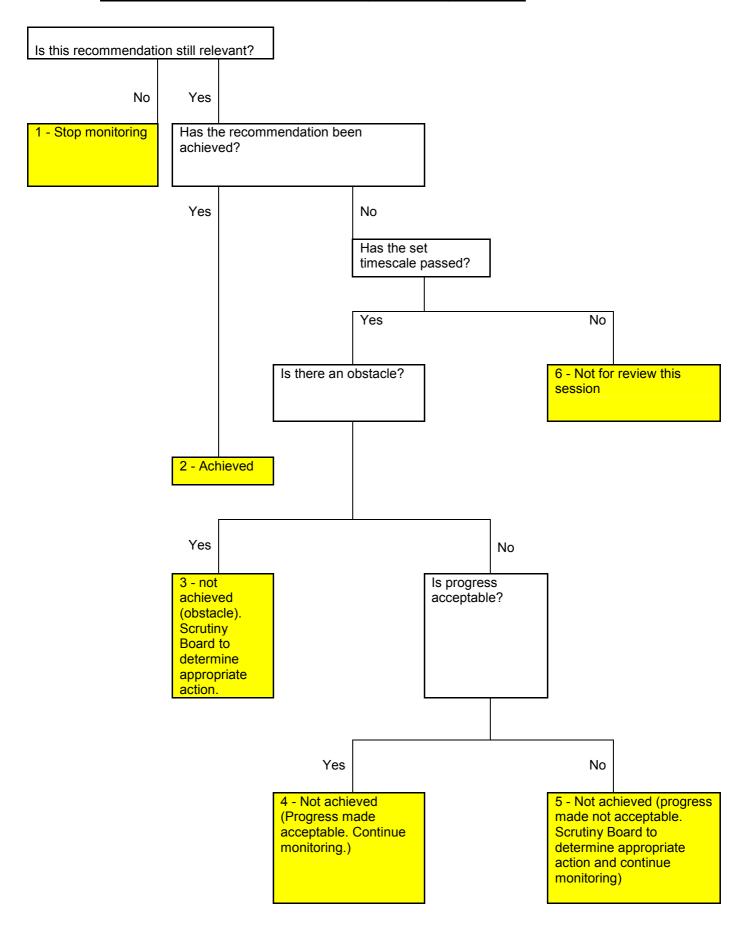
7 Background documents¹

7.1 Report of the Head of Scrutiny and Member Development to the Children and Families Scrutiny Board – Scrutiny Inquiry Final Report, Services for children with disabilities, special educational needs and additional health needs 15th March 2012.

7.2 Report of the Director of Children's Services to the Children and Families Scrutiny Board 'Directors Response to Children and Families Scrutiny Board Inquiry into services for children with disabilities, special educational needs and additional health needs.' 26th July 2012.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Recommendation tracking flowchart and classifications: Questions to be Considered by Scrutiny Boards



Appendix 2

Review of Services for children with disabilities, special educational needs and additional health needs – Inquiry into Service Redesign 15th March 2012

Categories

- 1 Stop monitoring
- 2 Achieved
- 3 Not achieved (Obstacle)
- 4 Not achieved (Progress made acceptable. Continue monitoring)
- 5 Not achieved (Progress made not acceptable. Continue monitoring)
- 6 Not for review this session

Recommendation for monitoring	Evidence of progress and contextual information	Status (categories 1 – 6) (to be completed by Scrutiny)	Complete
Recommendation 1 - That the Director of Children's Services brings us a progress report on the overall implementation of the new Complex Needs Service to accompany the formal response to our recommendations in this inquiry report in July 2012.	Director's Response: See report to Scrutiny Board July 2012. Current Position: Progress Report Provided as requested.	2	Yes
Recommendation 2 - That the Director of Children's Services confirms how the CAMHS service will be delivered within the context of the redesigned service.	Director's Response: The largest single CAMHS service in Leeds is provided and managed by Leeds Community Health Trust (LCHT) and has approximately 50 full time equivalent (FTE) staff. The service is currently jointly supported by NHS Leeds (as the majority funder) and the local authority. NHS Leeds contribution is realised through a		

commissioning relationship with LCHT. The local authority provides a contribution through the effective secondment of 10 staff into the CAMHS Service. These staff are line managed and supervised day to day through LCHT.

Each area runs a specialist complex clinic dealing with assessment and intervention for developmental disorders (ADHD, Autistic Spectrum Conditions, Learning Disabilities) within the city for 5-18 year olds. Learning Disability nurses continue to offer a hub and spoke model into the Specialist Inclusive Learning Centres (SILCs), which can then feed back into the LD/CAMHS specialist clinic. CAMHS continues to deploy 2.1 clinical psychology time into the Child Development Centres (CDCs). In the next 3 months, this is due to increase by a further 0.5 FTE in the east CDC. In the last year CAMHS has developed a monthly clinic in Leeds with the national CAHMS deaf service. This can offer direct consultation to CAHMS staff working with deaf children (or deaf parents) with mental health concerns, joint work with national deaf CAHMS and consultation to staff in Leeds who work with deaf children. The CAHMS training unit continues to offer a rolling training programme for any staff who work with children in Leeds. This includes a broad mental health overview and several which relate to children with disabilities. A new session that has been developed is an Advanced Workshop for Practitioners for Learning Disability. Several new group work programmes are in development – an Incredible Years group for parents of children with learning disability and in partnership with STARS, a group for newly diagnosed children with learning disability and autistic spectrum conditions. There is a monthly CAMHS/paediatric clinic, to discuss the more complex neurodevelopment cases. There are now 2.1 FTE LAC psychologists in the Therapeutic Social Work team, so more integrated neuropsychological delivery for LAC children is being achieved. Specialist CAMHS is under a transformation programme developing care pathways, including LD and ASC - these will come out for consultation in the next few months

An internal review is being undertaken of the contribution of the LCHT

CAMHS service towards the emotional health needs of Looked After Children. Work is also being undertaken to clarify the current roles and referral pathways for emotional health and wellbeing: this includes the CAMHS service and other support for mental health issues such as the Therapeutic Social Work Team.

At the conclusion of these reviews we will make a recommendation for decision as to whether to continue the joint investment with NHS Leeds in the CAMHS at the current level or require a better match to current children's needs. We however will recommend changing the nature of the relationship with the LCHT for continuing provision to a formal contractual relationship. Strategic oversight of this relationship will then fall within the remit of a named head of service supported by commissioning and contract management colleagues.

A third piece of work is underway to jointly scope with health partners the future needs for emotional health and wellbeing services in Leeds including those of children with a complex need. This is being undertaken through the completion of a commissioning review including a needs analysis (completed), a future commissioning framework (currently in development) and implementation of any required service changes.

<u>Current Position</u>: Since the previous response a review of LCHT Child and Adolescent Mental Health service's contribution to Looked After Children has been initiated and is ongoing. The need for greater clarity of referral pathways between CAMHS and the Therapeutic Social Work team has been successful in reducing the use of formal panel arrangements, speeding decision making and reducing the time taken to access the two services.

A commissioning framework has been drafted to encompass the range of emotional health and wellbeing services (including CAMHS). The document makes commissioning recommendations for each area. The framework is pending discussion at the Commissioning and Finance Subgroup of the

	Children's Trust Board. A workshop on Emotional Health and Wellbeing for the full Board is scheduled for March 2013. A new specification for the jointly funded CAMHS service has been devised for 2013-14. This sets out that the service will work with partner agencies to develop integrated pathways and service models for Children and Young People with complex needs (see below), with a view to colocation and embedding CAMHS expertise within partner service models where appropriate (current embedded services indicated by a *): With Autistic Spectrum Traits/ Disorders With ADHD With development disorders (such as Specialist Inclusion Learning Centres (SILCs) and Child Development Centres*) Who are experiencing the impact of abuse, early trauma or neglect With attachment difficulties Who are misusing substances* Who are young offenders* Who are Looked After Children (embedded LAC Psychologists)* Work is already in progress on a multi-agency review of the pathway for children with autistic spectrum conditions. Emotional Health and Wellbeing has been identified within the Integrated Commissioning Executive as an area for joint investment between Clinical Commissioning Groups and Local Authority Children's Services.		
Recommendation 3 - That the Director of Children's Services explains how the service will ensure consistency of standards between the three areas of the city and also what monitoring of caseload will be in place to ensure an appropriate	Director's Response: As at the end of May 2012, three Complex Needs Area Leads are now in place. One of these is also the Principal Educational Psychologist, a second is providing strategic leadership for disability and the third for health. Working together as a team, these three leaders will be responsible for developing processes to ensure that there is consistency across the city, caseload is monitored within teams. Performance criteria are	2	Yes

distribution of resources.	being put in place using an agreed data set to facilitate regular monitoring. The Head of Complex Needs will retain oversight across the city. Current Position: Explanation Provided		
Recommendation 4 - That the Director of Children's Services reports back to us on how more use can be made of Rainbow House during the day.	Directors Response: Rainbow House is a busy unit working hard to meet the needs of all children and young people who use its short break facilities. The unit currently provides a minimum of 39 days per year to 98 children and young people. Children and young people usually attend school during term time but can be looked after during the day if they are ill during a short break.		
	During the day the unit is also used to facilitate reviews, family placement meetings, ad hoc meetings with families and social workers and disability managers' meetings.		
	The Disabled Children's Allocation Panel which considers requests for short breaks is held on the first and third Tuesdays of the month. Training days are held on a regular basis along with staff supervision, senior and team meetings.		
	Coffee mornings are held monthly at Rainbow House and all parents and carers are invited. Parents are welcome to visit at any time to meet with staff.		
	The unit's facilities, for example the sensory room, can be used during the day as part of the education package for some young people.		
	Current position: Rainbow House is very busy during school holiday periods and a full range of activities is planned to meet the individual needs of the children and young people. These include access to the sensory room and the specialist outside play equipment. Residential staff at the unit work with multi-agency partners to ensure good outcomes for children and young people. The training agreement with Leeds Community Healthcare	4	

	NHS Trust and Leeds Teaching Hospitals Trust ensures that children and young people accessing Rainbow House who need health interventions are supported by appropriate specialist training. The training often takes place in Rainbow House or sometimes in local schools.		
Recommendation 5 - That the Director of Children's Services investigates how information relating to service redesign is better communicated to headteachers.	Director's Response: Information regarding service redesign is disseminated to head teachers either as part of the weekly updates to head teachers or as part of updates to partners. A group of head teachers is currently seconded to work with the children's services directorate as part of the Leeds Education Challenge, and this is facilitating improved communication and partnership working. Current position:	2	Yes
	Extensive communication has taken place with head teachers and SENCOs during the Autumn term 2012. There have been 4 briefings covering the Complex Needs Service and exploring the implications of forthcoming changes in legislation. Seventy four schools were represented at the sessions. Briefings on SEN funding reforms have also been offered, alongside a regular newsletter. Close working with the seconded head teachers is providing an effective mechanism for better ongoing communication with schools regarding service redesign and delivery.	-	
Recommendation 6 - That the Director of Children's Services ensures that all children reaching the transition phase to Adult Services have the opportunity of access to a Social Worker and/or Personal Adviser to support them.	Director's Response: All children/young people who have a children's social worker where it is assessed that the young person has a diagnosed disability and will be eligible at 18 for Adult Social Care services are referred to the Transitions Team. The Transitions Team plan the transition from children's services into adult		
	social care/adulthood by undertaking a comprehensive assessment of need. Children without an allocated social worker are not currently able to access the Transitions Team directly as their role is to plan transition into adult social care, however all children currently have access to a personal adviser		

via the Connexions service or targeted support. Consideration is currently being given to the future commissioning of this service.

Current Position:

The situation with regards the transitions team remains the same at this time. However the team does take new referrals post 18 years and support adult care managers to assess and plan for the future needs of disabled young adults after their 18th birthday where needed.

The Connexions service has recently been re-commissioned, with new service arrangements to begin from 1st April 2013.

The local authority has a duty to complete Learning Difficulty Assessments (LDA) for young people under Learning and Skills Act 2000 Section 139A (as amended by Education and Skills Act 2008, Section 80). The aim is to ensure young people with a learning difficulty / disability can secure appropriate learning provision post-16. Delivery of information, advice and guidance (IAG) and progression services to young people with SEND and completion of LDAs is currently commissioned as part of the Connexions contract with Prospects for 2012-13.

The decision has been taken to change current arrangements in light of:

- Commissioning of Connexions services for April 2013
- Changes to local authorities duties from the Children and Families Bill, which sets out proposals to replace the current LDAs and the SEN Statement with a single assessment process and 'Education, Health and Care Plan' which will follow the young person from birth to 25.

Service delivery, including learning difficulty assessments, progression support and guidance for young people with high level SEND, will be brought in to LCC from 1st April 2013 and delivered as part of the new holistic complex needs service arrangements.

The new holistic team will:

- undertake transition planning from age 14 and LDAs, as part of a wider support approach
- work in close partnership with schools, SILCs and Colleges to support children, young people and families
- include social service support to children and young people with complex needs
- link to adult social care and health services

The proposed move of staff in to LCC will:

- allow for the development of a single service to support transition planning throughout educational stages
- increase the ability of the service to ensure a consistent member of staff attends SEN reviews and contributes to the planning process, including production of the LDA.
- give a better ability than the current arrangements for the young person to "talk to someone who already knows them" which was a key factor identified in consultation with young people.
- improve the links between their work and other work of local authority services with this client group
- mean that school staff have a single team to contact to ask for support around transition planning at different transition points. Young people and parents identify school staff as their main contact point so school staff will require consistent support from the local authority
- bring staff together in a single team that supports transition planning so prevent duplication in the work of staff currently in different organisations
- improve the ability of the new team to ensure attendance at appropriate reviews and deliver the support required by young people and school staff

Staff undertaking this work are identified as having potential rights under the TUPE Regulation to transfer in to the Council. A project team will undertake

the transfer of this service in to Leeds City Council. The Connexions service will still include a team to work with young people with high level SEN and Disabilities. The service will deliver a specialist support service for young people with identified special educational needs, to support their progression and transition from learning in to employment, including supported employment, or independent living, as appropriate. These services will deliver to young people up to the age of 25, or until a successful transition has taken place to appropriate adult services. The work will concentrate on support for young people completing learning opportunities, for example transition from college into supported employment. Obviously further discussion and planning is needed in order to define the relationship between the new Connexions team, and the existing transitions team. We will also need to define the relationship between the assessments that the new Connexions service will be undertaking and the eligibility for adult services leading to the access of various adult service funding streams. This will form part of the new Education, Health and Care Planning process when it is in place. **Recommendation 7 -** That the Director of Director's Response: The Leeds Inclusion Support Service (LISS) has been awarded a new contract in 2012/13 to deliver inclusion support activity Children's Services reports back to us on some of the service improvement with universal settings, to enable access to short breaks. Short breaks give initiatives which will improve this group of disabled children and young people enjoyable experiences away from their children and young people's access to primary carers and also provide parents and carers with a valuable break universal services and opportunities to from caring responsibilities. The contract also includes the provision of information, advice and guidance to parents and practitioners on any issues enjoy fun activities. relating to the care and support of children with disabilities and/or SEN. LISS offers advice, support and challenge to settings to ensure they are fully inclusive and able to offer equality of access to all children. This may include the provision of time-limited grants where appropriate, which the service monitors and reviews regularly to ensure they are used effectively.

This is a highly sustainable model, building capacity in universal settings to include disabled children, reducing the likelihood of crisis and family breakdown and thereby reducing the need for more expensive specialist provision or Social Care intervention.

The contract requires LISS to work city-wide, whilst developing links with individual clusters to ensure the needs of families are met within their local area. This includes working closely with the SILC Cluster Partnership's short break service, which started on 1st April 2012. This service enables disabled children and young people to access short breaks of their choice by providing one to one support to access universal facilities or funding specific activities such as play schemes, sports sessions or youth clubs.

Clusters no longer receive ring-fenced funding for out of school and holiday activities, but cluster advisers have been working with clusters to ensure that each cluster still allocates some of its budget to support these activities. The contribution that out of school and holiday activities can make to the emotional, health and wellbeing of vulnerable children and their families is invaluable. This year ENE and WNW clusters have agreed to produce a joint summer holiday programme in each of the two areas so that children and families can see what activities they could access across the city. The south clusters are each producing their own. These booklets will be available to all schools and their partners. Each booklet will also be available on the Children Leeds web-site and all activities can be viewed on the Breeze web-site. In each of the booklets this year there will be a section for 'Short Breaks'. This will provide information on short breaks and sign post parents/carers to where they can get support to access a wide range of activities.

In addition, plans are in place to support capacity building of universal providers, which needs to include VCSF and private providers, to ensure that children with complex needs can access their activities. This includes:
- a blended package of training on disability and inclusion, available for all of the children's workforce, including staff and volunteers in universal

agencies;

- a plan to encourage universal agencies to achieve the Inclusion Chartermark.
- plans to provide training and support to cluster staff responsible for commissioning. This will aim to encourage staff to include requirements to undertake disability and inclusion training and achieve the Inclusion Chartermark within all service specifications for out of school and holiday activities.

Current Position:

The Leeds Inclusion Support Service has just been re-commissioned by way of competitive tender and a new contract is to be awarded for three years to start 1st April 2013. The new contract incorporates both the inclusion support service and a short break service which is invaluable to families who have a child with significant needs. We will work closely with the provider to help them promote the service and target harder to reach families across the city and encourage more universal settings to include disabled children. This new contract demonstrates a continued commitment to investing in this highly valued and sustainable inclusion activity.

The Inclusion Training Programme has been allocated to a member of the Workforce Development Team in partnership with the Complex Needs Area Lead – Disability. The development of the training will be built upon contributions from all key stakeholders to ensure accuracy, links to existing training to minimise duplication and ensure credibility and ownership across all partners. This will include a progress link to gaining the Inclusion Chartermark.

A linked training programme to support Commissioners within the Clusters will be developed from this starting point in partnership with the Children's Services Commissioning Team.

The newly re-defined role of the Disabled Children's Integrated Processes Co-ordinator (Early Support) will provide some additional support to

	practitioners via links with the Cluster framework/integrated processes to reinforce and support the key message of and activity going forward of inclusion within communities and universal settings in the first instance and appropriate escalation and de-escalation to and from Targeted and Specialist provision where appropriate.		
Recommendation 8 - That the Director of Children's Services provides us with an updated position in relation to the development of Direct Payments to families or its equivalent.	Director's Response: Direct Payments are available to families where the child/young person is assessed as requiring 1-1 support. At the point of 1-1 support being identified as a need the social worker will discuss with the family whether they want this to be via direct payments and a personal assistant or via an individual support worker from an agency All packages of support are reviewed on at least a 6 monthly basis to assess whether the support is meeting the child and family's needs. The direct payment procedure was completed in April 2008 and is due to be reviewed to identify whether any revisions are required to improve the operation of the system. Current Position: Direct payments continue to be offered to children and young people where there is an assessed need. Direct payments need to be reviewed to ensure that their uptake by families is maximised and the plan is that this will take place in 2013 following the review of the Disabled Children Allocation Panel which is currently underway.	4	
Recommendation 9 - That the Director of Children's Services reports to us on how the revised assessment process will ensure that parents only have to tell their story once.	Director's Response: We are currently exploring the option of a holistic proactive assessment and plan for children with complex needs and disabilities, that builds on the CAF.process. The aim is that this will be completed where a Team Around the Child is identified from birth / diagnosis and will be a live document that can be regularly reviewed with proactive planning in conjunction with the child, young person and family. If families consent this document can be shared across all key staff and		

agencies to reduce the incidence of families having to be constantly reassessed and having to repeat their story.

A discussion about assessment processes for children with complex needs in relation to hospital discharge formed part of an event on the 30th May 2012. We plan to liaise with children, young people and families about their experiences of assessment for children with complex needs and disabilities to inform this development and to check with them what processes they would like to be in place to ensure that they do not have to keep repeating their story. We will then engage all key stakeholders in the development of the tool and any other related processes and their implementation. We will ensure that this process complements the CAF process and is linked to the central CAF function to maintain the single point of contact and centralisation of data.

Current Position:

The key objective of the newly established role of the Disabled Children's Integrated Processes Co-ordinator (Early Support) will be to support and increase the use of the CAF/integrated processes to continue to develop the use of this mechanism to ensure parents only have to tell their story once and are able to contribute as partners to ongoing planning and review with the long term aim of using this approach to support preparation for adulthood. This role will work in partnership with the Duty and Advice, Child Health and Disability and Integrated Processes Teams to maximise support via the Cluster/Targeted Services frameworks to facilitate capacity building, initiation and ongoing support of CAFs for disabled children and their families. This will also include targeted interventions in situations that require crisis support.

CAF/integrated processes are the key delivery mechanisms for the principals, aims and objectives of Early Support which has been recently reendorsed by the Government to now span the ages of 0 to 25. This role will facilitate a unified message and approach with the continued roll out of the materials and resources to reinforce and embed the philosophy and

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	practice across all services and partner agencies	
	CAF/integrated processes and Early Support have been incorporated into recent commissioning of the LISS and Portage contracts to ensure consistency of messages and approach and to build available capacity both within the contract holders and by partner agencies.	
	Key themes and messages for the use of CAF/integrated processes for children with disabilities and/or SEN have been written into the Early Intervention and Prevention Guidance which will be made available to all practitioners.	
Recommendation 10 - That the Director of Children's Services reports to us on how the key worker system will operate and in particular how it will take on board the learning from the CAF process with regard to the capacity of staff to fulfil the role.	Director's Response: Discussions are continuing on the details of the implementation of a system to ensure there is a Key Worker or equivalent Lead Professional for children with complex needs and disabilities. The CAF is intended to be the "spine" of assessment that can be built on to ensure an integrated approach to the combination of universal, targeted and specialist needs that children, young people and families experience. The use of CAF ensures that those coordinating interventions have the additional support of the Integrated Processes Service in recording, storing, reviewing and reporting on cases. The new CAF process in Leeds, introduced in 2012, is much easier, quicker and more flexible, allowing coordinators to save time, share responsibility and accountability and reduce their workload. Practitioners have attended update sessions and express positively the improved efficiency and effectiveness of the forms and process. Significant learning in Leeds has been the flexibility that centrally held electronic information allows in terms of sharing a coordination role, with a family's agreement, with other trusted colleagues. Different people may lead coordination of a case at different times, depending on the nature of current issues, without the family having to repeat information or professionals fearing information will be "lost" at points of handover. Finally the flexibility of the new system allows any existing assessment information to be used to initiate multi-agency interventions and the CAF	

process to support the monitoring of all action plans and reviews. This reduces any possibility of duplication of effort or inconsistency in processes of different agencies, or confusion in information access and sharing; all the things that make coordination onerous.

A series of events are planned in the three areas to share good practice.

Current Position:

Currently the focus for building key working provision for children with disabilities and/or SEN is via the ongoing capacity building, development and support of lead practitioners, and Clusters, and their familiarity, understanding, skills and experience within universal, targeted and specialist services to maximise access to this valuable support and inclusion within local communities for as many families as possible. It is anticipated that this will have the additional benefits of raising awareness of the particular vulnerability of disabled children which will underpin ongoing work to ensure the safeguarding of these children and young people whilst reducing demand on targeted and specialist services.

This will be provided by a blended package of support including information, advice and guidance, training and targeted interventions as described in sections 7 and 9 and activity will be monitored and evaluated by qualitative and quantative data/information collected via the Integrated Processes Team and the Disabled Children's Integrated Processes Co-ordinator.

Further national Key working and Train the Trainer training is being rolled out via the Early Support Regional Facilitators as part of the Government's re-launch of Early Support. Activity to access this and roll out this training will form part of the development of the Inclusion Training Programme.

Key-worker roles for children with SEN and Complex needs are identified in the SEN Green Paper/ Draft Children and Families Bill. The role in Leeds needs to be reviewed in the light of the Education, Health and Care(EHC) plan also proposed in the draft bill. The EHC will be a joint interagency plan for children, to replace the statement of educational needs and potentially

	could be used with other children who have complex needs. The Complex Needs service is involved in regional work to consider the implications of the new legislative framework and to prepare for its implementation. It is intended to use a multi-agency event locally to initiate discussions regarding the EHC, to explore interagency assessment and to consider the key worker or lead professional role potentially required to implement this.		
Recommendation 11 - That the Director of Children's Services confirms the current position with regard to the availability of Educational Psychology services and how any shortfall is being addressed.	Director's Response: The new model of service delivery provides enhanced Educational Psychologist (EP) capacity. Three new permanent posts have been added to the structure, recognising the demand for this service. In addition three temporary EPs are also being recruited for a period of 6 months to manage the current peak in workload linked to statutory assessment and the annual review process.		
	Current Position: A successful recruitment drive was undertaken in 2012 with all the vacant permanent posts and the three additional permanent posts being filled. Two out of the three temporary posts were also successfully recruited to at this time. However, during the Autumn term 2012 one of the main-grade EPs moved to another authority. This enabled us to offer one of the temporary EPs, who was on a 6 month contract, the opportunity to take up this vacant full time position. The second temporary post was then extended to a 12 month contract which currently terminates on the 31 st August 2013. Throughout the Autumn term the focus of targeted work for the EP Team has been on looked after children alongside the increased workload linked to Statutory Assessment and associated processes. At the present time, two of the main-grade EPs are on maternity leave. One maternity leave commenced in September 2012 and one in October 2012. A third maternity leave is also expected to commence mid February 2013. Cover for the maternity leave has been backfilled from within the service as recruitment of further temporary EPs has been unsuccessful to date. One of the Senior Educational Psychologists is also taking up a new post in another authority in January 2013. This post is again being back-filled from within	4	

	the service on a temporary basis until a new permanent appointment can be made. The recruitment to this post is already in process. Therefore whilst the EP team now has a full complement of permanent staff the overall capacity of the team has temporarily been reduced. Every effort is made to maintain a good service and to manage the implications of the turnover in staff which is inevitable given the profile of the workforce.	
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