



Leeds  
Safeguarding  
Children  
Partnership  
**ANNUAL  
REPORT**

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**2017 - 2018**

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*Our vision is for Leeds to be a child friendly city in which children and young people are safe from harm in their families, their communities and their neighbourhoods.*

## CHAIR'S INTRODUCTION

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**I am delighted to introduce this Annual Report for the LSCB. This is the second Annual Report I have been party to, whilst serving as Independent Chair in Leeds.**

Readers may note that we have slightly delayed publication of this report, so that there will now be better synchronicity in the production of reports for all those with roles and responsibilities for safeguarding in the city. This should allow more of a 'joined up' picture to emerge in respect to the safeguarding of vulnerable children, adults and our shared aspiration for Leeds to be a 'Child Friendly' and safe city for everyone.

One unanticipated benefit of the slight delay in the publication of this report is that I can confirm that agreement has been reached between those agencies who will now share statutory responsibilities for safeguarding (Police, Health and Children's Services) from April 2018. While guidance in the new (draft) version of Working Together sets out a permissive timetable for implementation of new safeguarding arrangements following the Wood Review of LSCBs through a transitional period to a deadline of September 2019, it is my view that Leeds would be best served by being 'on the front foot' here, and ensuring that our established high quality safeguarding arrangements are not lost or diluted through a protracted period of uncertainty and lack of clarity.

The agreement I have reached between Police, Health and Children's Services reflects the general appreciation of the LSCB Business Unit and the value of retaining an independent perspective with regard to safeguarding for the foreseeable future. Over the course of the next year practical issues with respect to funding, structure and procedure will, no doubt, bring up challenges for the Partnership to address. In more general terms, these



negotiations can proceed secure within the agreed and familiar overall safeguarding framework that from April 2018 will be renamed the Leeds Safeguarding Children Partnership (LSCP). I have also asked the Partnership for permission to approach Government such that Leeds can be part of the Early Adopters programme presently under development, and so continue to be at the leading edge of development in this sector under our status as a Partner in Practice.

A major change, introduced over the course of the last year, has been the adoption of a new methodology and funding structure for the commissioning of Serious Case Reviews (SCRs). A major criticism of SCRs is that they often take so long to complete that any real opportunity to 'feed-back' lessons learnt into professional practice can be lost. Some delay, for example with respect to the need for judicial matters to be concluded before SCRs can progress is inevitable, but nonetheless the unwieldy, often overblown and quasi-academic methodology frequently used in SCRs greatly adds to this. I would also suggest that the often inquisitorial 'tone' adopted by SCRs can engender great anxiety on the part of all involved, as it can feel that the purpose of the exercise is more to apportion blame, than to better understand what went wrong, which is hardly a circumstance likely to promote the type of open and frank discussion needed.

I have taken the view as a result that henceforth all SCRs (these will be re-named Local Reviews under new legislation) commissioned by the LSCB will focus specifically on learning lessons and improving practice. That, other than in exceptional and agreed circumstances, all SCRs should be completed in less than twelve months and that payment to authors and chairs will now be on the basis of a flat fee rather than a 'per diem' cost. In methodological terms we will adapt that published by the Welsh Assembly Government as a requirement for all reviews commissioned by Leeds, as this reflects the concerns I voiced above, and focuses on improving practice and enhancing safeguarding.

In order to lead this process directly I have made the unusual (but not unprecedented) decision to Chair the first SCR under these new conditions myself, and can report that good progress is being made, with a view to publication within the set timeframe.

We will also be evaluating the use of 'Appreciative Inquiries' this year, as you will see noted in the report below. Appreciative Inquiries will hopefully serve as an opportunity to celebrate and learn from good practice and sit at counter-point to SCRs. We already know that the overwhelming majority of safeguarding practice in Leeds is of a good standard, with much of it outstanding, and hope that the inclusion of Appreciative

Inquiry will serve to reset the 'balance' cascading good practice and presenting a more realistic picture of the work we do for the public. This work is at an early stage of development presently, and needs to be both handled carefully and evaluated, and is a subject I will return to next year.

I want to 'pick out' the "Play Safe this Summer" campaign that you will see mentioned in the report as evidence of where I feel the LSCB has used expertise and resources especially well over the last year, and which is indicative of the bigger picture of what we do. Following serious injury to local children playing in derelict factory and commercial premises, the LSCB were very quickly able to launch a full campaign in order to reach children across the city just before the end of term and the long summer holiday. Whilst it is impossible to know for certain if this prevented more children getting hurt, the campaign was certainly successful in raising the issue in the public consciousness, creative in remembering that many children are cared for by their grandparents across the summer holiday, and was taken forward at a pace that could not have been matched by any other agency. My thanks to all involved.

In summary, it is my view that Leeds remains strong in its commitment to safeguarding children and young people, and that there is clear and persuasive evidence (as you will see in this report) that this commitment is delivered through the LSCB, our Elected Members, agencies working together in partnership and most of all through the inspiring work of individual practitioners across the safeguarding economy in the city. We continue to set challenging standards for safeguarding, and my role over the next year will be to establish the new arrangements set by Government, whilst ensuring we retain the strong local partnership based on a shared clear vision of our aspirations for every child and young person in the city.

My personal thanks to all of you for the collective energy I see every day being brought to the task of keeping the children and young people of Leeds safe.

**Mark Peel**  
**Independent Chair LSCB**

# PURPOSE OF THE REPORT

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**This document constitutes the Leeds Safeguarding Children Board (LSCB) Annual Report 2017/18 and provides a summary of the effectiveness of services in the city to safeguard children and promote their welfare. The information contained within this document has been provided by partners during 2017/18.**

The full Board and Executive currently meets quarterly in order to maintain the momentum that completion of the Board's workload requires. It has a collective and corporate responsibility for fulfilling its statutory functions and for holding the system to account whilst 'holding the ring' on how the system works together. The Board has a series of sub-groups, focused on key elements of the Board's work. The Board Managers are supported by a Business Unit which supports the varied elements of the Board's work.

Working Together (2015) requires each Local Safeguarding Children Board to produce and publish an annual report evaluating the effectiveness of safeguarding in the local area. The report is submitted to the Chief Executive and Leader of the Local Authority, reflecting that overall accountability for the safety and welfare of children and young people must be led by them. It is also sent to the local Police and Crime Commissioner and the Chair of the Health and Well Being Board. There is also a local agreement to submit it to Leeds City Council Scrutiny Board for Children and Families and to the governance bodies of all partner organisations to support their governance of safeguarding practice in Leeds.

The guidance states that the annual report 'should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action'.

The report should:

- Recognise achievements and progress made as well as identifying challenges
- Demonstrate the extent to which the functions of the LSCB are being effectively discharged
- Include an account of progress made in implementing actions from Serious Case Reviews (SCR)
- Provide robust challenge to the work of the Children and Families Trust Board (CFTB).

The LSCB works closely with the CFTB, which is specifically accountable in Leeds for overseeing the development and delivery of the Children & Young People's Plan (CYPP). This report identifies challenges for both the LSCB, the CFTB and other key strategic bodies. The CFTB should consider the report in preparing and refreshing the CYPP. The Health and Well-being Board (HWB) is required to consider the report in completing the Joint Strategic Needs Assessment. The LSCB holds both those bodies accountable for their delivery of good safeguarding practice.

This report reflects work undertaken in 2017/18 and provides both quantitative and qualitative information about safeguarding activity in Leeds and enables a 'whole system analysis' to be developed. The following framework identifies and summarises key issues for consideration and evaluates the partnership's ability to continue to drive change and improvement.

## LSCB'S VISION

**Our vision is for Leeds to be a child friendly city in which children and young people are safe from harm in their families, their communities and their neighbourhoods.**

**Children and young people, their welfare, protection and the promotion of their best interests are at the heart of everything the LSCB does.**

### Values and principles supporting this vision

We promote the following values in order to influence our behaviours jointly with the CFTB:

- Celebrating diversity
- Engaging citizens locally
- Being open and honest
- Working as a team for Leeds
- Spending money wisely.

### The overall approach of the LSCB

All our work is underpinned by an agreed set of approaches, shared with the CFTB, so that we all work together to deliver improved outcomes for children and young people :

- The child IS central
- Talking a common language
- Using 'outcomes based accountability' to improve outcomes in each locality across Leeds
- Doing things WITH children and families, not TO or FOR them
- Doing the simple things better – never doing nothing
- Supporting strong schools, settings, families and communities
- Involving everyone who has a part to play – a whole city approach
- Improving assessment and intervention
- Targeting resources to make the biggest impact on our priorities.

## LSCB STRATEGIC PRIORITIES, 2015-18

**The vision of the LSCB is translated into action through the three year Strategic Plan and this is underpinned by a more detailed Business Plan which is reviewed and refreshed annually. The current Strategic Plan (2015-18) is based on three priorities:**

### 1. Lead, listen and advise

- Exercise strategic leadership across all stakeholders: to support a child friendly city
- Support the professional community to keep children and young people safe
- Engage with and influence the wider community to keep children and young people safe
- Ensure transparency and public accountability.

### 2. Know the story: promoting good practice and setting challenging standards

- How do we know how efficient and effective the local safeguarding system is?
- How do we know the quality of interventions with children and young people?
- How are we learning and implementing lessons from child deaths, serious child care incidents and examples of good practice?

### 3. Learn and improve

- Develop a culture of continuous learning and improvement
- Promote effective multi-agency working and professional practice.
- Improve the outcomes for children and young people across the city .



## How THE LSCB UNDERTAKES THIS WORK

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The work of the LSCB is well supported by two managers and a Business Unit. Current funding arrangements for the Business Unit are provided by key partners as follows:

|                    |            |
|--------------------|------------|
| Leeds City Council | 327,050    |
| CCG's              | 162,600    |
| WY Police          | 25,000     |
| WY Probation/CRC   | 6,000      |
| Cafcass            | <u>550</u> |
| Total Income       | £521,200   |

The Business Unit facilitates and develops the work of the LSCB through Sub, Reference and Task Groups.

The groups meet on a regular basis to monitor and progress their components of the business plan. Established sub groups meet at least quarterly, with additional sessions arranged as required.

Reports of work undertaken, decisions made and annual summaries are provided to the Board and considered as part of the Annual Review process.

These groups are chaired by representatives that sit on the LSCB and are responsible for driving the work of the LSCB, as well as highlighting areas of safeguarding that needs a more strategic multi-agency response from the LSCB.

*Leeds remains strong in its  
commitment to safeguarding  
children and young people.*

The Sub groups are made up as follows and are accountable to the LSCB Chair:

**CHILD DEATH OVERVIEW PANEL**

**Chair: Dr Sharon Yellin, Office of Public Health**

The Panel aims to understand better how and why children in Leeds die and use the findings to take action to prevent other deaths and improve the health, well-being and safety of children and young people.

**LEARNING AND DEVELOPMENT SUB GROUP**

**Chair: Gill Marchant, CCG**

The group is responsible for ensuring that high-quality, up to date, effective and child-focused multi-agency training is provided alongside single-agency safeguarding training.

**SERIOUS CASE REVIEW SUB COMMITTEE**

**Chair: Sam Millar, WY Police**

The group considers serious childcare incidents and the potential for multi-agency learning through statutory Serious Case Reviews (SCR) or other non-statutory processes such as Learning Lesson Reviews (LLR's).

**SAFEGUARDING IN SECURE SETTINGS SUB GROUP**

**Chair: Rebecca Gilmour, YOS**

This group considers safeguarding issues for children and young people within secure settings. This includes the two secure settings within Leeds, Wetherby YOI and Adel Beck Childrens Home, as well as other secure setting such as police custody.

**PERFORMANCE MANAGEMENT SUB GROUP**

**Chair: Marcia Perry, LCHCT**

The group receives and analyses performance data from agencies in relation to the safeguarding agenda. It monitors progress on LSCB priorities and ensures a programme is in place to audit and evaluate multi-agency safeguarding practice.

**POLICY AND PROCEDURE SUB GROUP**

**Chair: Jon Lund, YOS**

The group develops policies and procedures for safeguarding and promoting the welfare of children and young people, taking into account national and sub-regional work. It aims to ensure there is agreement and understanding across agencies about policies and procedures.

**STUDENT LSCB**

**(Young Person's Advisory Group)**

This group consists of young people and provides a child and young person's perspective on the work of the LSCB.

**RISK AND VULNERABILITIES SUB GROUP**

**Chair: Lisa Atkinson, WY Police**

This group develops, implements and monitors the LSCB Risk and Vulnerability Strategy and Action Plan to ensure there is a co-ordinated multi-agency response to Child Sexual Exploitation, Missing Children, Modern Day Slavery/Trafficking, Female Genital Mutilation, Peer on Peer Violence, Harmful Sexual Behaviour, Honour Based Violence/Forced Marriage.

**THIRD SECTOR SAFEGUARDING CHILDREN GROUP**

**Chair: Mariya Naylor, Place 2Be**

This group encourages the adoption of safeguarding standards across the Third Sector through supporting training and achievement of the standards agreed by the LSCB.

**EDUCATION REFERENCE GROUP,**

**Chair: Peter Harris, Head teacher**

This group provides a framework to support the relationship between education establishments and the LSCB.

# NEW SAFEGUARDING ARRANGEMENTS

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Following on from the recommendations of the Wood Review 2017, the change in legislation to the Children and Social Work Act 2017 and subsequently the upcoming revision of Working Together to Safeguard Children (WTSC), statutory requirement to have a Local Safeguarding Children Board (LSCB) came to a conclusion on the 1st April 2018. New safeguarding arrangements have been put in place under the new revision of WTSC 2018.

Under WTSC 2018, local authority areas will need to establish Safeguarding Children Partnerships which will draw together the three key agencies who collectively, will hold new statutory responsibilities for safeguarding children and young people, namely the Local Authority (through Children and Families), Health (through the local CCG) and Police.

Whilst the Safeguarding Children Partnership will include and relate to all agencies with responsibilities and interests in the safeguarding of children and young people, including for example, Education and those in the Third Sector, the three agencies with statutory responsibilities will together share particular duties with respect to seeing the strategic direction for safeguarding, and for the overall governance of the partnership.

Following consultations undertaken in 2017 through the Leeds LSCB, agreement has been reached to establish a Safeguarding Children Partnership and lay out the way the partnership will work during its transitional first year, to maintain the high standards of safeguarding that is nationally recognised in Leeds.

## STRATEGIC PARTNERSHIPS

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The Three Safeguarding Boards in Leeds (Leeds Safeguarding Adults Board, Leeds Safeguarding Children Board and the Safer Leeds Community Safety Partnership) have been working together collectively to achieve a city that is Safe for All. This work culminated in a Three Board Development Session, which was held on 29th September 2017. The purpose of this session was to identify the following cross-cutting themes where joint working across the three Boards would be beneficial:

**Violence in the Home** ~ includes domestic and intra-familial violence and abuse, 'honour-based' violence and forced marriage, which can impact on mental health and well-being. The scale and prevalence is far reaching and has direct consequences for individuals, families and communities.

**Exploitation** ~ is multi-faceted - e.g. sexual, criminal, financial, grooming, gangs and modern day slavery. Issues are complex and can rapidly change.

**People at high risk of harm** (living on the edge of services) ~ people's circumstances may mean they do not meet the thresholds or criteria for statutory input.

Examples include, street users (beggars, rough sleepers, sex workers). They may well have children, be people with 'hidden disabilities' with mental health, substance abuse, and/ or physical health problems. Such individuals may also choose not engage with services for many reasons.

The LSCB engages with other strategic bodies in Leeds and collaborates with and promotes key strategic plans in the city including:

- The Children and Young People's Plan
- Best Council Plan
- The Joint Strategic Needs Assessment
- Best Start Plan
- Safer Leeds Plan
- Leeds Adult Safeguarding Plan.

# THE CITY OF LEEDS

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Leeds is the second largest city council in England. The population of the city has increased rapidly in recent years. The latest population estimate is 761,000 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 183,000. 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 28.1%. A higher proportion of primary than secondary pupils are 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 changing child population seen across Leeds has implications for the demand for services in Leeds, whether that is for school places, early year's provision, complex needs services or an increase in the number of vulnerable families requiring support.

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 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 clear impact of worklessness, financial exclusion and poor housing on health, educational attainment and broader life chances is concentrated in particular localities. While the impact of poverty on children can be found in all areas of the city it is concentrated in certain areas of the city, with two wards, Burmatofts and Richmond Hill at 40.6% and Hyde Park and Woodhouse at 43.2% having over 40% of children in poverty<sup>2</sup>.



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

<sup>2</sup> Leeds Joint Strategic Needs Assessment (JSNA) 2015: Cross-Cutting Themes May 2015

## HEALTH

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The health of people in Leeds is generally worse than the England average. About 23% (32,800) of children live in low income families. In Year 6, 20.4% (1,603) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 is 34 per 100,000. This represents 54 stays per year. Levels of teenage pregnancy, and breastfeeding initiation are worse than the England average. The partnership areas of focus include breastfeeding, good antenatal nutrition, the promotion of language development and perinatal mental health services.

The Leeds JSNA is a continuous process for identifying current and future Health and Wellbeing needs and inequalities across and within Leeds. The purpose is to inform commissioners and influence priorities that will help to improve outcomes and reduce health inequalities across the city. It is the statutory duty of the Local Authority and the Clinical Commissioning Groups (CCG's) to prepare and publish a JSNA through the Health and Wellbeing Board.

The LSCB also monitors hospital admissions and A&E attendance for under 18's. Presentation at A&E can give the LSCB an understanding of how safe children and young people are and a good understanding of issues that require an emergency response. Hospital admissions data, by type, is broken down into unintentional<sup>3</sup> and deliberate injury to children and young people has been provided for emergency admissions and A&E attendances.

General accident **admissions to A&E have reduced** for the third year running and emergency admissions are at

their lowest over four years. There were 214 presentations to A&E for deliberate assaults of young people under 18's and 48 deliberate assaults that resulted that resulted in a young person being admitted as an in-patient to hospital. 'Deliberate' injury refers to the codes for assault covering different types of assaults – bodily force, sexual assault by bodily force, sharp/blunt objects etc.

**Leeds has continued to promote mental health and emotional wellbeing for all children and young people** through its Transformation plan<sup>4</sup>. This plan is a five-year strategic plan 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. The Plan reviewed the whole system of support for social, emotional and mental health and wellbeing focussed on enabling children and young people to access services quickly, easily and effectively. The developments in Leeds of Mindmate (mental health and well-being work with children and young people in Leeds) includes: the Mindmate self-help website, Mindmate SPA, a single point of access for many emotional wellbeing and mental health referrals; and Mindmate Wellbeing Support. LSCB audits have highlighted **Mindmate SPA as an effective way of ensuring children's needs are addressed.**

**A&E attendances for self-harm have decreased** from 218 in 2016/17 to 145 which represents a 33%

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<sup>3</sup> The International Classification of Diseases (ICD) coding system has been used to classify the types of injury. 'Unintentional' injury is used here to mean accidental external causes of harm e.g. traffic accidents, falls, trips, accidental contact with tools/machinery etc., drowning, exposure, burns and scalds etc.

<sup>4</sup> Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015

decrease. The data demonstrates a **reduction in the number of emergency admissions** for self-harm from to 363 in 2016/17 down to 271 in 2017/18. The 271 admissions figure relates to a secondary diagnosis of self-harm. It is acknowledged that children often present to A&E with various presentations and then disclose self-harm. All children are supported appropriately by Child and Adolescent Mental Health Services when they attend hospital for self-harm.

The increased uptake of health checks for children and young people aged 0 to five supports the early identification of children who may have additional needs<sup>5</sup>.

The Children's Public Health Team has undertaken a health needs assessment, service review and consultation around the 0-19 Public Health Nursing Services (Health Visiting and School Nursing) in light of the requirement to award a new contract in 2019. Over 800 children, young people, parents/carers and professionals engaged as part of the review. The findings of the consultation will inform the development of a new service specification, taking advantage of the opportunity to innovate and further integrate local services. Safeguarding, Children in Need, Early Help and meeting the health needs of Children Looked After will all be key aspects of the newly commissioning service.

The last year has seen **excellent progress** 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 will aim to break inter-generational cycles of neglect, abuse and violence. There is a detailed partnership Implementation Plan which is currently being refreshed.

Key achievements across agencies under the umbrella of Best Start in the past year include:

- Best Start is now a recognisable brand following the development of a logo and resources highlighting how parents can best support their young babies.
- Working in partnership with Public Health, Leeds Community (LCH) Health Visiting service was highly commended for meeting the criteria for continued Baby Friendly Accreditation. Due to an excellent outcome, UNICEF recommended that we apply for the Gold award. Leeds is the first Local Authority to

be asked to seek accreditation at this advanced level.

- Leeds families have been able to access the customised Baby Buddy app and Baby express magazines ahead of other areas because we are part of the North of England Breast Feeding Impact Study. This means Leeds families can access high quality timely information digitally, thus equipping parents with the knowledge and skills to parent in a confident, warm and responsive way.
- Leeds perinatal education offer has been expanded, including Preparation for Birth and Beyond, Baby Steps, Understanding Your baby and Incredible Babies.

A second ever Leeds Baby Week was held in September 2017 offering 45 activities, and achieving over 500 attenders and half a million Twitter followers.

A social media campaign has raised awareness of the Chief Medical Officer's guidance that the safest option during pregnancy is not to drink alcohol.

A new maternity pathway for women with learning difficulties and disabilities has been implemented with effective communication resources and systems for flagging the need for additional support, this includes the development of integrated pathway working with Local Authority and Third Sector colleagues.

Improvements to the Perinatal Mental Health Pathway has meant that a joint clinic is now in place between specialist Perinatal Mental Health Psychiatrist and Obstetrician; specialist Perinatal Mental Health Midwives are in place, an integrated pathway has been agreed, and shared workforce development plan is under development.

The Infant Mental Health Service is jointly commissioned by LCC Public Health, Children's Services and the 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.

In total, 2000 Leeds practitioners have received training from the IMHS since it was established. Targeted work has been undertaken, including training, with adult mental health practitioners, social workers and court staff/professionals to ensure they understand the importance of infant attachment and to highlight issues such as the potential detrimental impact of contact time.

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<sup>5</sup> Joint local area SEND inspection in Leeds 2017



## EARLY YEARS

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Leeds is a city that values children and young people and wants all children to have the best start in life. There are currently 52 Children's Centres in Leeds 30 of which are led by the local authority and 22 that are led by schools. These centres provide children and families a valuable local resource to receive support and help across a range of issues. Early years support is **fully integrated** into the cluster partnerships within Leeds.

Particular successes led by Public Health have included the establishment and commencement of Leeds Baby Steps, an **evidence-based perinatal education programme** for families with additional needs and at risk of poorer outcomes which was originally developed by NSPCC. Public Health has commissioned a new and **dedicated team** within Children's Services to deliver Leeds Baby Steps in accordance with the NSPCC Baby Steps manual.

OFSTED judgements on Early Years' Service provided to the LSCB show that shows 93% of non-domestic child minders and 89% of domestic child minders inspected in Leeds were judged either **'Good'** or **'Outstanding'**. Early years settings that are judged inadequate are visited and supported by LCC ISU Education and Early Start Safeguarding Unit.

Working in partnership with Public Health, Leeds Community Healthcare Trust (LCHT) Health Visiting service was **highly commended** for meeting the criteria for continued Baby Friendly Accreditation. Due to an excellent outcome, UNICEF recommended that we apply for the Gold award. Leeds is the first Local Authority to be asked to seek accreditation at this advanced level.

*Leeds is a city that values children and young people, and wants all children to have the best start in life.*

# EDUCATION

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Children and young people in Leeds receive their education from a range of providers. There are 225 primary, 50 secondary schools, 2 Pupil Referral Units, 11 Special Inclusion Learning Centres, 1 sixth form college as well as further education providers and higher education providers such as University of Leeds and Leeds Beckett as well other education establishments who receive a number of children who are not succeeding in mainstream schools.

Leeds has 65 academy schools. Academies are independent, state-funded schools, which receive their funding directly from central government, rather than through a local authority. The day-to-day running of the school is with the head teacher or principal, but they are overseen by individual charitable bodies called academy trusts and may be part of an academy chain. These trusts and chains provide advice, support, expertise and a strategic overview. They control their own admissions process and have more freedom than other schools to innovate.

There are 207 Maintained Schools, and while the number of academies in England is expanding, the majority of state schools are maintained schools. This means they are overseen, or 'maintained', by the Local Authority.

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 LSCB S11 audit standards. 287 forms were sent out, and returns equated to 100%. All returns were counter-signed by the chair of the requisite governing body. Schools are advised to share the returns with the full governing body as part of their own safeguarding quality assurance processes. Ofsted judgements of schools show that 85% of schools in Leeds are judge either **Good** or **Outstanding**.

Educational attainment is one of the obsessions of the Leeds Children and Young Peoples Plan (CYPP) 2015-19. Attendance in primary schools is at 96.2% and secondary schools is 94.6%. The number of children who are not in education, employment or training (NEET) is 1102 (December 2017) which is lower than August 2016<sup>6</sup> (1443).

There are many reasons why children and young people do not routinely access school provision and go missing from 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. CME are at significant risk of underachieving, being victims of abuse, and becoming NEET (not in education, employment or training) later on in life.

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. 'Out of Education' – which indicates 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 there is very small cohort of children who have previously lived in Leeds and have returned.

A **dedicated team** within Children's Services effectively monitor and support children and families back into the school system. Where necessary the team use a range of enquiries including Children's Services Mosaic system, Council Tax and Housing Benefit records, and contacts with other LEA's, historical information given on school applications by parents etc.

To further support education providers in Leeds, the LSCB facilitates an Education Reference Group which brings together representatives from across different education establishments to Support the development and co-production of a safeguarding assurance, improvement and development 'offer' for education establishments in order to:

- Improve the welfare and safety of children and young people (through the delivery of training audit processes and education improvement offer).
- Provide assurance for establishments and the LSCB of the effectiveness of safeguarding arrangements and practice (through the s175, S157) audit process, external inspections and reviews).
- Provide support the Head Teachers and Further Education representatives on the LSCB to ensure that:
  - The representatives have a constituency to relate to among establishment schools
  - The LSCB is aware of key safeguarding issues and challenges faced by educational establishments
  - Emerging safeguarding issues are communicated effectively to all educational establishments.

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<sup>6</sup> Leeds Observatory

*A cluster is a local partnership that includes many of the organisations that provide support to children, young people and their families.*

## CLUSTER ARRANGEMENTS

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A Cluster is a local partnership that includes many of the organisations that provide support to children, young people and their families. There are currently 23 cluster partnerships within Leeds. Each cluster is based around a family of schools within a locality. Within this partnership is a key strategy to support children and young people early on to ensure that their needs are met quickly.

To support this model of working, Leeds Children's Service undertook a pilot to look at new ways of working within clusters in what was to become a Multi-Agency Family Support Team; it brought together social work and family support staff with the aim of trying a more **flexible, multidisciplinary approach** to working with families and formed the basis of the trial of Restorative Teams (RES Teams). Within these teams qualified social workers supported schools as well as providing their expertise to help strengthen practice. Within this new way of working was an approach of working with families called Formulation which incorporates a theory of managing behaviour through psychology and social science and is based around 6 principles:

- Presenting – what are the issues or concerns that need to change?
- Pre-disposing – what's behind the issues or concerns that need to change?
- Precipitating – what led up to this?
- Protective – what are the positive things that help this situation?
- Perpetuating – what keeps the presenting concerns going?
- Predicting – what will happen if we do nothing?

Early evaluations of using this model have proved extremely positive, and its expansion across Leeds will ensure that there is a more flexible and responsive approach to working with families and better joined up working between local services. This positive evaluation led to Leeds being awarded £9.6M as part of the government's Innovations Funding over a three year period.

However, there is also some uncertainty regarding the future of the cluster model as it stands as some schools have opted out of financially contributing to the cluster model taking the support of children and young people 'in house'. The reasons given are typically budgetary constraints within a challenging financial climate. Although schools have given assurance that pupils will be supported appropriately, close monitoring of these arrangements will be required.

# SECURE CHILDREN'S UNITS

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Leeds is host to two secure settings for young people. Adel Beck is a newly built Secure Children's Home, which replaced Eastmoor and provides secure accommodation for up to 24 young people aged between 10 and 17 years old who are either placed there because they have been remanded or sentenced to custody, or for concerns about their welfare. The home comprises three 8-bedded house units. Of the 24 available places, 16 are contracted to the Youth Justice Board (YJB), allowing eight for local authority purchase or further YJB requirement. If available, beds can also be accessed under the Police and Criminal Evidence Act (PACE) 1984. It is the most technologically advanced secure children's home in the UK and provides a child friendly environment, with enhanced safety and security for children and young people with extremely complex and challenging behaviours.

Wetherby Young Offenders Institute (YOI) is one of four establishments the Youth Justice Board (YJB) commission from the National Offender Management Service (NOMS) to provide specialist custodial places for young people aged 15 - 18. All living accommodation is in single occupancy cells. The living accommodation is split into 5 living units housing 60 trainees on each.

Keppel Unit is an enhanced needs unit holding up to 48 young people. This is a national resource and looks after young people who find it difficult to manage in normal accommodation due to issues including learning, physical or mental health issues.

During 2015/17 Wetherby YOI has undergone a period of substantial change with the decommissioning of Hindley YOI, resulting in a very significant increase in the number of residents. One impact of this was a spike of violence seen within the setting, reflected in the HMIP 2016 inspection report which notes that 'outcomes for young people are not sufficiently good against the healthy prison test'.

There are nonetheless very encouraging signs that this 'transitional' period for Wetherby is being addressed with a new governor in place along with a new safeguarding managerial team from April 2016. These encouraging improvements are a clear sign that Wetherby are addressing the difficulties they have experienced, and adjusting to the greater size and complexity of the new establishment, with the LSCB Secure Settings subgroup and the Independent Chair closely monitoring and supporting improvements.

The LSCB Independent Chair met this year with a small group of other Independent Chairs whose authorities also encompass YOI's. The purpose of this was to maintain a national overview of new developments within YOI establishments across the country and possibly coming to a collective understanding of any emerging concerns or risks that could collectively be represented to the YJB, and if necessary Government.



# CRIME

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Leeds has seen an overall reduction in the number of first time entrants into the youth justice system. The number of children in care that are known to Youth Offending Service (YOS) has remained stable at around 5% of the total number of 10-17 year olds in care (760).

There have been changes to the recording of violent offences over the three year period in response to Home Office requirements. This has resulted in a significant increase in all violent crime recorded, especially in assaults without injury, and is reflected in the increased levels of offences between 2014/15 and subsequent years.

The yearly increases in recorded domestic violence and abuse have also been influenced by changes in recording, as well as increases in reporting in response to a range of awareness and engagement activities.

The general proportionality of recorded drug and alcohol involvement is relatively stable, as is the proportion of incidents with a child present.

There has been an increase of serious sexual offences on children over the last 2 years; these changes reflect general increases in all sexual offences. The Crime Survey for England and Wales suggests those, at least partly, are due to better recording and increased reporting by victims.

However, variations in levels of change mean recording and reporting improvements alone are unlikely to be the sole cause of increased offences; for example, reported levels of rapes of female child under 16 have seen ongoing increases over the last 2 years, while levels of rapes of a female child under 13 have seen increased levels in 2015/16 compared to 2014/15, but lower levels in 2016/17.

Levels of “domestic” serious sexual offences against children appear relatively stable over recent years, however, previous analysis (“Serious Sexual Offences” report, Safer Leeds March 2017) has highlighted increased levels of “peer-on-peer” sexual offences (where both victim and offender are similar ages), with increased levels of younger suspects linked to serious sexual offences in recent

years. However, levels of sexual offences occurring in residential properties appear to have increased, with reports of “peer-on-peer” rapes often occurring at the suspect’s address, without witnesses, leading to complexities around detections and prosecutions if allegations are denied.

The Police, through their Leeds District Safeguarding Team continues to develop to meet the changing and growing demands placed upon it. The unit consists of three syndicates dealing with neglect, physical and sexual child abuse investigations and crimes against adults at risk.

There are also separate teams dealing with domestic abuse, abusive images of children and online exploitation of children, CSE, Child Criminal Exploitation (CCE) and Trafficking / Modern Day Slavery. The unit also has an offender management team that deals with the management of registered sex offenders.

In terms of investigations, the Police continue to secure high profile convictions in child abuse prosecutions. Recent examples of this include the horrific abuse of twin 2 month old boys by their parents. After a long and complex investigation involving a number of partner agencies, both parents were charged with s.18 assault and neglect and were convicted after a trial at Leeds Crown Court. Both parents were sentenced to 5 years imprisonment and both boys taken into the care of the local authority. This case has prompted a Learning Lessons Review to improve future practice.

Another case involved the sexual and physical abuse of a girl by her father. The victim, now in her 50’s, made a report to police decades later. Following an investigation by officers from Leeds Safeguarding and a trial at Leeds Crown Court, the suspect was convicted and sentenced to 20 years imprisonment for several rapes and other offences. The victim chose to lift her rights to anonymity and the matter received significant press coverage.

# HOUSING

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In Leeds there has been a strengthening in relationships between Housing and Children's Services taking a 'case conference/restorative' approach to cases involving young people including bi-monthly meetings between Housing and Children's Services. This has ensured that no children have been placed into bed and breakfast accommodation and that no child is placed into care as a result of a housing issue.

Housing have carried out a number of innovative adaptations to enable children with complex disabilities to be cared for at home and have further developed a youth mediation service to deliver family mediation to prevent young people being excluded from the family home.

Nationally, there has been a rise in the number of 16/17 year olds excluded from the parental home due to financial issues as a result of welfare reform. Those prompting greatest concern amongst stakeholders within housing have included the introduction of Local Housing Allowance caps, the Shared Accommodation Rate, the intensification of benefit conditionality and the sharp rise in the use of sanctions, which can disproportionately affect under 25 year old benefit claimants.

However, the levels of homelessness in young people (16-17) in Leeds has reduced to 0.28 per 1000 which is lower than both the Yorkshire and Humber region (0.4 per 1000) and England (0.56 per 1000) Of the 279 young people that presented with housing issues 251 were successfully supported to return home with just 21 young people requiring emergency accommodation.

It has been recognised nationally that many young people that are homeless may not recognise that they are homeless and stay at friends' houses (sofa surfing) and therefore the levels of young people's homelessness may be much higher.

Housing have targeted areas in Leeds where they are aware of poor housing standards via the Leeds Neighbourhood Approach – this work is raising the standard of private rented accommodation in Leeds and keeping children safe from harm as a result of poor housing standards.

Through their own internal quality assurance activity, Housing recognised a need for a more concentrated focus on those households with no recourse to public funds. Housing have set up a regular panel attended by Housing, Children's Services and Leeds Benefits Service to look at these cases.

There is often very little appropriate housing for 16/17 year olds that can address some of the challenges that being young and estranged from family can bring. Young people are often placed in concentrated areas which can expose them to other risks. Housing is currently commissioning a new young person's housing related support service that addresses the gap in current provision around the high level complexities of young people. This review has included stakeholders across Leeds to ensure the most appropriate response to young people's housing needs can be met.



## EFFECTIVE SAFEGUARDING GOVERNANCE

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Section 11 of the Children Act provides a framework for organisations to self-assess whether they are meeting their responsibilities to safeguard children and promote their welfare. The LSCB will then challenge partners both in terms of their response and any action plan that is developed through their self-assessment. It is clear that partners fully acknowledge the importance of ensuring compliance with Section 11 and have clearly demonstrated a journey of improvements since their previous Section 11 assessment.

Commissioned and non-statutory organisations that work with children and young people are a growing area nationally and one that is being replicated in Leeds. The number of completed Section 11 audits undertaken with non-statutory organisation continues to increase with over 600 submitted from this sector.

As part of the review of the CCG Safeguarding Children and Adults Policy, revised Safeguarding Standards for Commissioned Services are to be put 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 will be monitored via the usual CCG contract monitoring arrangements and providers will be expected to develop an action plan to address any areas where they cannot demonstrate compliance. This tool will be submitted by providers to the CCG for the first time in April 2018, therefore we will report on this next year.

The Office of Public Health are also due to embed Section 11 standards throughout their commissioning processes in 2018.

The White Rose Framework is made up of 12 member local authorities (Bradford, Barnsley, Calderdale, Doncaster, Hull, Kirklees, Leeds, North East Lincolnshire, Rotherham, Sheffield, Wakefield and York) and are a consortium brought together to increase the buying power for looked after placements.

This consortium has adopted the Leeds LSCB Section 11 online process meaning Leeds are in a strong position, through having oversight of all Section 11 responses across the region where CLA may be placed.

*Section 11 of the Children Act provides a framework for organisations to self-assess whether they are meeting their responsibilities to safeguard children and promote their welfare.*



## INSPECTIONS, REVIEWS AND QUALITY ASSURANCE

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The LSCB, under its Performance Management Sub Group, has its own quality assurance framework which has included:

- Early help audits
- Monitoring of safeguarding data across the partnership
- Front Door Referrals Audit
- Audit on Deaf Children
- Support for Parents post removal
- CSE and Missing children audit.

The findings from this activity is regularly reported to the full LSCB and has given assurance that:

- **High quality work** is taking place across the partnership and across a range of children's need.
- Areas for development are identified and multi-agency **action planning** taking place.
- Leeds is a city that seeks to **learn and improve**.
- Performance and outcome data has provided assurance to the board on the 'health' of the safeguarding system.
- Providing support to **improved understanding** and the development of key LSCB priorities and work streams, for example risk and vulnerability.

The LSCB also monitors partners' own external and internal inspections to gain a multi-faceted understanding of safeguarding across the city.

### OfSTED

At the end of January 2018, OfSTED undertook a 'Focused Visit' to Leeds, examining work with children and young people looked after in the city. During the visit, inspectors met with members of the Children in Care and Care Leavers Councils to obtain their perspective on the services and support that they receive. The report highlighted 'The local authority clearly understands its **strengths** and areas for development. It takes its corporate parenting responsibilities very seriously. Senior leaders have created an environment in which **social work is flourishing**. Children, young people and their carers are benefiting from an increasingly stable workforce'.

The recent inspections have repeatedly confirmed that Leeds City Council is self-aware and committed to **continuous improvement**, and that where issues arise, **strong leadership** action leads to swift and effective change. This capacity to learn and improve continues to be vital because, despite all the strengths of the city, there are important areas for development where Leeds needs to improve to meet its own high standards and aspirations for children and young people.

For the second year running **Ofsted** inspectors have rated Adel Beck as **outstanding** overall, and this year, have agreed that the home's leadership is also **outstanding**.

Ofsted in March 2018 undertook an inspection of CAF/CASS as a national organisation and rated it **outstanding** for leadership and governance of the

## *Senior leaders have created an environment in which social work is flourishing.*

national organisations and **outstanding** for leadership and management of local services. CAFCASS received Good for both the quality of private law and public law practice with families.

Following the **Care Quality Commission (CQC)** inspection in May 2016 Leeds Teaching Hospital Trust was rated overall **GOOD** and was found to have **robust safeguarding arrangements** in place and staff are aware of how to deal appropriately with safeguarding issues.

The Trust recognised the need for continuous improvement and the CQC inspection report made a recommendation that all Trust staff were trained to the appropriate level of safeguarding competency according to their role and responsibilities. A full review of the Trust's safeguarding training was undertaken which resulted in a complete new programme of mandatory training being developed.

The new safeguarding mandatory training was introduced in July 2017 and continues to be rolled out across the Trust; the aim being to ensure that LTHT meet its formal and legal responsibilities across the safeguarding agenda. The training uses a 'lean' model to integrate both adult and child agendas, which now includes online training and training based on case study for senior clinicians. Evaluation from the training is positive and equips all staff with the appropriate competences, skills and knowledge required to meet their individual roles.

In previous years, NHS England has requested GP practices to measure themselves against GP standards for safeguarding. These standards set out the quality of safeguarding practice that commissioners would expect to see in General Practice. Many of the standards have been developed as a direct result of learning from safeguarding incidents and recent Serious Case Reviews in West Yorkshire. As the standards are designed to assist practices to benchmark and review their current processes, this year the CCGs safeguarding team formulated and led this work, to ensure practice standards are not lost.

**Her Majesty's Inspection of Prisons (HMIP)** visited **HMYOI Wetherby** in 2016 and concluded, that there remained much to commend at Wetherby but also

identified some significant recent deterioration in outcomes. Failings in safety and a failure to deliver an acceptable and predictable daily routine, leading in turn to unacceptable shortcomings in the provision of activities, work and education, were clear themes in our report. HMIP undertook a further visit in March 2017 and found that the situation appeared to be more stable. A new governor had recently been appointed and it was the view of the inspectors that he was a steadying influence.

The report noted that a sense of purpose and confidence had been restored to Keppel. *'Good leadership on the unit was helping staff and boys alike, and overall the unit was showing clear evidence of improvement'*. However it was also noted that the wider prison was still not safe enough and reported levels of violence were high, with increasing violence against staff evident. There were signs of improvement in behaviour management strategies, with more effort to incentivise boys, but the approach to violence reduction in general was still not adequate. Features of the problem were a general lack of confidence and an aversion to managing risk. Many approaches to, for example, security or the use of segregation lacked proportionality and were needlessly restrictive. On a more positive note, the number of boys exhibiting self-harming behaviours had reduced since the last inspection.

**Her Majesty's Inspectorate of Constabulary (HMIC)** recently inspected West Yorkshire Police and the force maintained both its overall 'Good' rating and a 'Good' rating for Safeguarding the Vulnerable. This has been achieved in the face of the recent budget cuts brought about by austerity and also a national shortage of detectives.

**Community Rehabilitation Company** used the learning from a Bradford JTAI and learning regarding concerns raised re: domestic abuse and the response were shared across the CRC. WY also implemented a new internal Quality Assurance monitoring tool (IQAM) which has a thematic focus on Safeguarding practice. As a result of early results we have implemented an internal Safeguarding Board to focus on this area of practice.

*The LSCB uses a number of mechanisms to access and better understand the voices of front line practitioners.*

## LEARNING FROM THE FRONT LINE

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The LSCB uses a number of mechanisms to access and better understand the voices of front line practitioners (staff who provide front line work with children and families). This can be through conversations within its case file auditing process, using front line staff to undertake audits, using 'round the table' auditing methodology, feedback through the agency representatives that sit on the LSCB and its Sub groups or through sending out questionnaires.

An area of work identified by the PMSG was to gain an understanding of front line practitioner views on how agencies work together under the 'Think Family Work Family' umbrella. The PMSG developed a questionnaire which was completed by 200 practitioners (from both adult and children services) from a range of

agencies across the partnership. The questionnaire identified that although the 'Think Family Work Family' was commonly embedded within children's services, more work was needed to ensure that it is embedded within adult services and the wider workforce. This work is now being taken forward through the P&P Sub Group of the LSCB.

The second questionnaire undertaken explored practitioners' experience of working under Early Help arrangements. This questionnaire identified that there is some really good practice and high quality work being undertaken in clusters. It was, however, noted that Early Help as a whole system is unclear and fragmented and there is a mixed picture of practitioner understanding of Early Help. The prevalence of parental domestic abuse, adult mental health, learning difficulty, alcohol and relationships was highlighted throughout. The challenges of maintaining a focus on the child when parental needs are significant were noted with cluster staff highlighting this as a constant challenge.

Frontline practitioners are also involved in the work of the LSCB through their contribution and involvement in delivering training, audits, developing policy and procedures, SCR/LLRs and contributing to LSCB Sub groups. Their valuable insight on frontline practice feeds into the LSCB Learning and Improvement Framework.



# SERIOUS CASE REVIEWS AND LEARNING LESSON REVIEWS

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Three SCRs commissioned by the LSCB have concluded within the last year, and publication of one of these will take place in April 2018. This includes a review held jointly with Safer Leeds as it met the DHR criteria as well as the SCR criteria. A further commissioned SCR is due to conclude in summer 2018, with a view to publishing in autumn 2018.

The LSCB has also commissioned a joint review with the LSAB and Safer Leeds Exec with regards to an event which is of interest and has learning for all three boards. This is ground breaking for Leeds and supports the drive to make a safe city for all. The joint three way review has resulted in identifying a new way of working based upon the differing needs of the commissioning boards, but also the needs of the review and the city as a whole. This has resulted in a joint approach and the ability to bring differing systems together.

Such reviews provide opportunities to identify learning from events, improve practice and improve outcomes for children, young people and families. The reviews support wider learning and improvements in practice within the workforce as well as within circumstances similar to those identified with the incident. As a result of the reviews which are coming to a conclusion a number of learning points have been identified, and acted upon in order to improve practice including:

- use of risk assessments – involving young people, regular reviewing and recording, appropriate sharing with other agencies
- responding to emergency situations – training, protocols
- understanding of wider domestic abuse and violence – control and coercion, considering historical patterns as an indicator of future patterns, impact of abuse and violence on ability of victim and child to speak out, including perpetrators patterns of behaviour when assessing risk
- understanding of and response to abusive teen relationships
- recognition of and response to teenage parents (under 18yrs) as children in addition to responding to them as parents
- the need for specialist peer support for practitioners

working with children and young people with extremely complex needs.

Action plans in relation to the reviews undertaken are being developed to ensure learning points are acted upon, and updated to the LSCB periodically in order to allow assurance of learning back in practice. Such an example includes the implementation of the action plan following the publication of the Learning Lessons Review with regards to the death of Mrs Ann Maguire (November 2016) and significant progress has been made. In addition learning from the reviews is being fed back into practice through individual agency and multi-agency learning and development opportunities including training and masterclasses, SCR learning sheets and via the LSCB bulletin.

A specific piece of work has also taken place with regards to reviewing the function, and decision making processes, of the committee with a view to responding appropriately to the forthcoming guidance and ensure learning is identified and implemented appropriately and timely. This has included identifying and engaging differing review methodologies as well as broadening the scope for reviews to ensure learning from all aspects of practice rather than just incident based learning.

In the light of the publication of statutory guidance, 'Working Together' 2018, in May 2018, it is proposed that a 'strengths based approach' to learning from Child Protection Practice Reviews, namely, Appreciative Inquiry (AI) is trialed. SCR panels have historically been bound by ambiguous criteria laid out in WTSC which means a process of learning is instigated at a point when it is perceived something may have gone wrong. In Leeds, serious child care incidents are very rare and the significant number of contacts that professionals have with children and families on a day to day basis are of very good quality. This means we have, statistically, a much higher number of cases we can explore where there is good or outstanding practice to learn from and celebrate.

By shifting our focus away from learning through serious child care incidents and adopting a balanced approach of learning when things go well Leeds have the potential of learning from a positive perspective.

# INVOLVING CHILDREN AND YOUNG PEOPLE

Leeds continues to make Leeds a child friendly city – a place where children are safe, valued, supported, enjoy growing up, and look forward to a bright future. For this to be effective, children and young people must actively participate in decision making and the development of services that work for them.

**Leeds Family Group Conferences (FGC)** are a mediated formal meeting between family members (biological and non-biological), which allow the wider family group a greater input in finding their own solutions to problems. This **restorative approach** promotes the family members as the decision-makers rather than the professionals and the 'family' is the primary planning group is based on the full involvement of children, young people and their families in considering the challenges that face them and being supported to address them.

The LSCB has seen good evidence through its audit programme of front line practitioners using a **family centred approach to support children and families** throughout the safeguarding system. There is evidence of children and young people participating in Early Help Assessments and discussions between children and professionals following multi-agency meetings were evidenced. There are further developments to expand how young people, especially teenagers are consulted and supported in developing their own plans throughout the whole safeguarding system.

Steps are being taken to involve young people in personalising some venues. For example Leeds Teaching Hospital Trust (LTHT) have made a government bid to redevelop the children's hospital with **young people liaising regularly with architects and influencing the design**. College campuses are old and are being refreshed with common rooms and engagement activities such as table tennis receiving positive feedback from students. CCG and LCC staff go to other more child-friendly venues to meet children. Some services, including Leeds Community Health Care Trust (LCHCT) have invested in specific roles and training to ensure that staff are encouraging and welcoming to children and young people.

The **quality of professional relationships** between staff and children is seen as essential in helping children and young people feel safe. Various approaches are taken in ensuring this, for example Community Rehabilitation Company (CRC) are training staff on how to engage with children. GIPSIL adopting a 'confidentiality safety' approach whereby the confines of information sharing

information between staff and children is established at the onset. LCHCT using chaperones and advocates. LTHT staff wear casual staff uniforms to make children feel more comfortable.

National Probation Service (NPS) primarily provide a service to adults that involves working with children and families. Children are discouraged from attending probation venues due to the risks posed, with multi-agency information sharing and safety plans ensuring that **children are safe and protected**.



LCC seek to find more creative approaches to engage children and young people, building partnerships and giving feedback to Third Sector organisations, and to change the culture around listening and responding to younger children under 5 and children with more complex disabilities who can't verbally communicate.

Effective multi-agency information sharing, assessment of individual needs and the provision of personalised care and support are seen as essential by partners. Good preparation and pre-planning and taking into account needs such as learning difficulties and **speech & language needs** are seen as the best way to engage the young person and inform the approach to planning.

MAPPA meetings now include a mandatory 'voice of the child', this being seen to improve risk assessments for children known through the NPS.

Ensuring the best transition possible from children's to adults' services was highlighted by several partners (LTHT, GIPSIL, CRC, YOS, NPS), in recognition of the fact that the nature of service provision and support differs greatly between child and adult services. CRC are forming a transitions team to ensure that in the context of sentencing variations between adults and children and the higher intensity of support provided to children, good partnership working and understanding of the needs of young people remain central to service provision.

Within NPS specialist officers are working to **promote effective transitions**.

At the service development level, the YOS changed their approach to planning meetings to improve engagement, moving to a 7 day per week programme and the introduction of home visits which also provides an opportunity to talk with parents.

When commissioning services, the CCG Service specifications stipulate how services will work with children. LCC provide a central advisory service where the voice of children and young people is championed and services are challenged if not always considering children and young people in all their planning.

In terms of **acting on feedback** many examples were given including the following where by the YOS Participation Officer took feedback from a group of young people to senior managers. Outcomes included setting up a separate girls group and more parental involvement.

Class elections were held at Leeds Community College. Representatives meet regularly with heads of department, the campus manager and other elected

reps to influence course / curriculum and wider college / campus. 300 actions have been completed.

Young people's involvement with the Board of the CCG has led to young people focused workshops. The LCH Friends and Family Test seeks views on-line and paper based, following which feedback is sent to the appropriate service areas to make change and improvement.

The LSCB has their own youth advisory group in the form of the **Student LSCB**, a group created to advise the Board from a young person's perspective.

The purpose of the Student LSCB is to:

- ensure that the work of the LSCB is informed by a children and young people's perspective
- assist in the understanding of how to attract and maintain the interests of young people, and
- act as a 'voice and influence' for other young people, making sure their thoughts and feelings are considered in decisions that affect them.

The group are keen to make a difference to the welfare of children and young people of Leeds and have worked on a variety of projects this year, including:

- Critically evaluating Family Group Conference Leaflets for children
- Developing children's meetings as part of Child Protection Conferences; the group made many suggestions including the type of venue that should be used, room decoration and how games could be used to assist with discussions.
- In December 2017 the LSCB held a 'Section 11 Learning Event' to look in detail at a specific aspect of S11 safeguarding activity. The focus of this event was 'the voice of children and young people' and sought to provide an opportunity for partners to share the evidence used to reach their self-assessed S11 judgements. The event was also intended to enable the LSCB to know more about how its statutory partners:
  - are listening to children and young people and how this is making a difference to safeguarding in Leeds
  - can challenge and support each other about their work in this area
  - can share and learn from good practice and identify areas for improvement.

# SPECIAL EDUCATION NEEDS AND DISABILITIES

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In December 2016 Ofsted and the CQC conducted a joint inspection to judge the effectiveness in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The outcome of this inspection was **extremely positive**.

The report noted that *'Leaders across education, health and care services demonstrate clear insight and capacity to improve services in response to unmet needs, by working together with parents and young people. For example, the development of the Future in Mind strategy has led to improved services to assess and meet the needs of children and young people with social, emotional and mental health (SEMH) needs'*. Another area of note was that young people in Leeds have a real voice in shaping their education, health and care plans.

Leeds City Council, the CCGs, schools and wider partners have invested in the transformation of specialist education settings to create improved provision for children and young people with the most complex social, emotional and mental health (SEMH) needs in our city. The Council has committed £45 million in funding to ensuring high quality, purpose-built settings are provided in each area of the city to meet the needs of this vulnerable group.

The LSCB have previously undertaken an audit to look at the effectiveness of services for young people aged 16 plus with mental health problems and/or learning disabilities when in transition from children's to adult services. The findings from the audit concluded that in the 8 cases reviewed the process of moving from children's to adults services worked well for the young people and families involved. The audit did highlight an issue around the pathway for young people transferring from a child inpatient ward to an adult inpatient ward. This is something that has been recognised and work is being undertaken to develop an agreed pathway.

During 2017 the LSCB Performance Management Sub Group undertook a thematic audit in partnership with Children's Services Working Group (CHSWG), and the National Deaf Children's Society (NDCS) for those children that have hearing issues and who are receiving support under a child in need plan and child protection plan. Whilst there was learning identified within this audit, the majority of cases were extremely well managed with one case identified as **outstanding**.

*Leeds City Council, the CCG's, Schools and wider partners has invested in the transformation of specialist education settings to create outstanding provision for children and young people with the most complex social, emotional and mental health (SEMH) needs in our city.*



## PARTNERSHIP ENGAGEMENT

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Leeds continues to be nationally recognised as a city that, despite its challenges, continues to do its best for children and families: putting the child / young person at the centre of all core behaviour for the Board and Partners.

In Leeds there is a clear commitment to protecting children and young people and promoting their welfare. These well developed and **mature relationships** across the partnership form the foundations of the purpose of the Board, which is to challenge each other and work together effectively.

There are consistent contributions from agencies to the work of the LSCB at both senior and practitioner level. This is evidenced through the commitment to attending full LSCB meetings as well as ensuring the sub groups are appropriately resourced. This commitment also extends to the **strong political support** and priority that the elected members of Leeds puts on children.

Over the course of the year changes following from the Wood Review of LSCBs, have been addressed with key partner agencies (Police, Health and Children's Services) who will now share overall statutory responsibility for safeguarding through consultation led by the Independent Chair. It is indicative of the strength of the Leeds Partnership and the mutual respect and **trust established between agencies**, that it was possible to readily come to agreement with regard to interim arrangements for the next year. The arrangements agreed serve to protect existing arrangements and established good safeguarding practice in Leeds, as these were deemed by each agency to continue to be strong, fit for purpose and reflective of the overall safeguarding vision set for the city that continue to be the basis of inter-agency engagement, co-operation and partnership.

# CHILDREN'S WORKFORCE LEARNING AND DEVELOPMENT

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In 2017-18 the LSCB provided a multi-agency safeguarding training programme which included core courses and a series of 9 additional and specialist courses and 8 briefings (previously Light Bites). The briefings provide an introduction to a safeguarding service or topic in an accessible way. They last approximately one hour in length, with up to five or six running on any given day. Working Together to Safeguard Children and Young People returned to a full day course in the first quarter of the year.

The LSCB Multi-agency Training Programme successfully delivered a total of 52 core courses, 26 specialist and additional courses and 39 briefing sessions.

The 5th annual Yorkshire and Humber Multi-Agency Safeguarding Trainers (YHMAST) Conference “Neglect Matters – **Understanding, Recognising and Taking Action**” took place on Friday 5th May 2017 in Grimsby. In total, 157 delegates attended the day from across the region. The day included a selection of 8 workshops for delegates to choose from on neglect and early help in respect of neglect. All delegates were able to attend 2 workshops.

Profits made from the conference were used to fund three Neglect Masterclasses in March 2018 across the Yorkshire and Humber region hosted by Jan Horwath, Professor Emeritus from the University of Sheffield.

The Leeds Safeguarding Children Board held its 6th Annual Conference on the topic of Child Neglect on 26th September 2017 at Leeds Beckett Cloth Hall Court. The day was chaired by the LSCB Independent Chair, Mark Peel, who gave an overview of the LSCB Neglect Strategy and included five workshops for delegates to choose from. There was also one workshop which all delegates attended called “**Equipping the workforce**”, aimed at building a toolkit for working with Neglect.

The Leeds Offer of Early Help training course will be launched in May 2018. It will be provided by Leeds City Council Children's Services however it will be hosted on the LSCB website.

During 2017 the CCG safeguarding team supported GP TARGET on two separate occasions. This included facilitating the delivery of specialist speakers, supporting a partner agency with a safeguarding stand and delivering a “**hot topic**” session. The aim of the “hot topic” session was to support GPs in understanding the philosophy of ‘Was Not Brought’ (WNB) rather than Did Not Attend (DNA) for children and young people. “Was Not brought” acknowledges that it is rarely the child's fault that they miss appointments and supports practitioners in thinking about the holistic welfare of the child / young person as well as considering if there are early help or safeguarding needs. Overall all TARGET events evaluated positively and the safeguarding team continue to support TARGET annually.

The Designated Doctor for Safeguarding Children has developed and delivered:

- Training to foundation doctors
- Training for Senior Paediatric Trainees (ST6-8) – 20/4/17
- LGI training sessions on faith based abuse, and Restorative Practice
- A neglect workshop at LSCB annual conference 26/9/17

Leeds also have robust investigative arrangements through the Local Area Designated Officer team, to ensure that any allegations made against people that work with children are appropriately followed up and investigated.

# LSCB MULTI-AGENCY POLICY AND PROCEDURES

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An important contribution to the first of the LSCB's objectives - to co-ordinate local work to safeguard and promote the welfare of children and young people - is made through the development of policies and procedures for use by professionals across the partnership. The Policy and Procedures sub group (P&P) leads this work, in collaboration with the West Yorkshire Consortium, which ensures that a set of consistent procedures are maintained. This is particularly important for partners who work across the region and for working with vulnerable children and young people who move from area to area. Revision of policies locally and regionally has been undertaken to ensure 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.

The need to review either comes around as part of the ongoing review cycle, or from an identified issue or learning from a review or audit. The development of new policies has taken place for the same reasons, including learning from a SCR which is underway. The P&P subgroup has continued to review and amend current multi-agency local protocols to ensure that these are fit for purpose, reflect the key principles for working with children and young people in Leeds and are responsive to local and national drivers. Updated protocols over the past 18 months have included:

- Concerns Resolution Process
- Removal at Birth
- Children Travelling Abroad with Complex Needs.

In response to emerging issues and learning from audits and reviews, new policies and procedures have been developed including Interpersonal Violence and Abuse (IPVA), Young People's Relationships and Recording of meetings by parents and carers.

## THE CITY'S FOCUS ON NEGLECT

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An important development within the Policy and Procedures Sub Group during 2017/18 was the launch of the LSCB Neglect Strategy. Neglect differs in its presentation from other forms of abuse. There is rarely a unique incident or critical event. More commonly a repetition of neglecting behaviour causes incremental damage to the child.

The aim of the LSCB Neglect strategy is to set out the strategic aims and objectives of Leeds' approach to preventing and reducing neglect across the city. This includes working within a Think Family Work Family approach to ensure that issues are addressed restoratively and in a family context, and to pull together all of the work happening across the children's services partnership to reflect coherent and consistent ways of working to tackle the issue of neglect.

This will help us to improve outcomes for children, young people and families in Leeds. This strategy has been developed in conjunction with multi-agency partners working across the Leeds partnership and should be considered alongside other key strategies and plans such as the Children and Young People's Plan 2015 – 2019, Health and Wellbeing Strategy 2016 - 2021, Right Conversations, Right People, Right Time, Best Start Plan 2015 - 2019 and Future in Mind SEMH Strategy.

A central part of the leadership role of the LSCB is to ensure that key safeguarding messages and emerging lessons from its activity are disseminated quickly and effectively across the partnership so that front-line staff can act on them, develop their practice and multi-agency working accordingly and improve outcomes for children and young people.

# LSCB CAMPAIGNS AND AWARENESS RAISING

The LSCB now has a social media presence via Twitter and Facebook with over 1500 followers. This has proved invaluable in widely disseminating LSCB campaigns and drawing attention to the range of information available on the LSCB website. The LSCB bulletin, which provides practitioners with information on safeguarding developments in Leeds, and now has over 1600 subscribers.

The LSCB website has over **200,000 visits a year** providing professionals, parents and children with up-to-date information on safeguarding.

The use of social media allows the targeting of messages to specific audiences, as well as providing statistics to measure the success of a campaign. The following campaigns were launched over the last year:



## Playing Safe over the Summer Campaign

The overall campaign objective was to ask parents to talk to their children about the potential dangers in their local area e.g. open water, abandoned and derelict buildings and railway lines.

The “Playing Safe” campaign was launched at the Child Friendly Leeds 5th Birthday Bonanza event at Millennium Square on 21st July 2017, with 980 leaflets being handed out to the families that attended. This was followed with a social media campaign targeting families.



## Missing Children Campaign

The West Yorkshire Communications group (made up of Leeds, Bradford, Calderdale, Kirklees and Wakefield Safeguarding Children Boards, West Yorkshire Police and OPCC) launched the “Missing Children – Running away is not the answer” campaign on 25th May 2017 to coincide with International Missing Children’s Day. To date the campaign advert has been seen on over 12,000 Facebook profile pages, with 224 clicks to the LSCB web site.



## CSE Campaign

The West Yorkshire CSE Communications group launched the “Party Animals” campaign to raise awareness of the party model amongst teenagers across West Yorkshire during the Christmas period.

The ‘Running away is not the answer’ and ‘Party Animals’ campaigns were both shortlisted at the UK Public Sector Communications Awards.

# AN OVERVIEW OF CHILD DEATHS IN LEEDS

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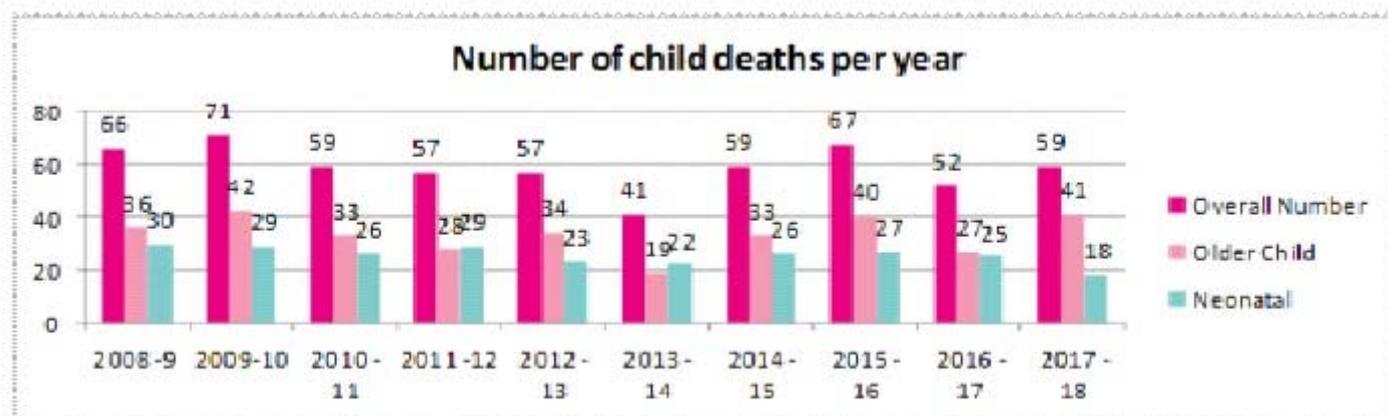
The Leeds Child Death Overview Panel (CDOP) has undertaken its role to review the death of every child aged under 18 resident in the city since April 2008. Its functions are laid out in *Working Together to Safeguard Children 2015*. The CDOP works to a national methodology which enables it to clarify the cause and circumstances of each child death, and hence to identify whether there were modifiable factors which may have contributed to the death and what, if any, actions could be taken to prevent future such deaths.

The Leeds CDOP comprises two separate panels, a Neonatal Panel and an Older Children Panel, which each bring together appropriate experts from a range of sectors. Both Panels are chaired by a Consultant in Public Health Medicine, Dr Sharon Yellin.

Since 2008 the predominant categories of neonatal deaths were Perinatal/Neonatal Event (67%) and Chromosomal, Genetic and Congenital Anomalies (25%). There was over-representation of mothers from African and Asian (including mixed) backgrounds. This pattern has been noted in previous CDOP annual reports, and appears to be a persistent pattern, which fits with the national picture.

Smoking is a profound risk factor for neonatal death. The rate of smoking for mothers whose babies died was 24%, compared to an overall rate of 10% (self-reported) for Leeds mothers smoking at delivery. Obesity is another known risk factor for neonatal death. Around 1 in 5 pregnant women in Leeds are obese (22% with a BMI over 30).

Cousin marriage increases the risk of a birth disorder (6% risk) compared to unrelated couples (3%) and most of this increase is linked to genetic conditions which may cause death or long term disability. Less than 0.3% of neonatal deaths were from inherited conditions linked to cousin marriage. However, approximately 4-5% of deaths among older children were from inherited conditions linked to cousin marriage. Only a small number of these deaths would be preventable through genetic counselling and intervention in families where genetic disease was already known to be present in the family.



In older children, the predominant categories of deaths were: Chromosomal, genetic and congenital anomalies (28%); Sudden Unexpected, Unexplained Death (14%); Trauma (13%); and Malignancy (11%).

The largest number of deaths was in babies between 1 month and 1 year old (40%), followed by children aged 1-4 years (20%). Again, there was significant over-representation of children from all non-white ethnic backgrounds.

Trauma was a prominent cause accounting for 39 deaths (13%), of which 25 were related to road traffic injuries, around half being pedestrians and a quarter passengers. 18 (72%) of the road traffic deaths were considered to have modifiable factors.

Since 2008, 47 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. Almost all of these babies (45) had one or more modifiable risk factors present. The most prominent risk factor was household smoking (87%). Others were: bottle feeding (57%), co-sleeping (55%) loose bedding (38%) and sleeping on sofa (19%). It is not possible to ascertain any trend in this type of death because the numbers are small, but national data suggests that Leeds has an average number of such deaths compared to other areas.

Overall, 27% of all Leeds child deaths since 2012 were considered to have modifiable factors. This matches the national statistics (27%). It must be noted that how 'modifiable factors' are noted is inconsistent across England. Among older children specifically, 30% were considered to have modifiable factors. The greatest potential for prevention among Leeds deaths, in terms of numbers and modifiability, were in the categories of sudden unexpected unexplained deaths (84% with modifiable factors present) and trauma deaths (56% with modifiable factors present).

A more in-depth report about why children die in Leeds can be found within the LSCB CDOP Annual report 2017/18 which is published on the LSCP Website.

# CHILDREN AND FAMILIES WHO REQUIRE SUPPORT

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## Early Help

Leeds Early Help Strategy is the ongoing commitment to 'early help' through a range of evidence based interventions. The Early Help Approach was implemented across Leeds in March 2014 and is now going through further development to strengthen the support children, young people and their families' receive as part of the Innovations Funding.

Family Valued is about both practice and culture change for multi-agency practitioners working with families across the city. Restorative principles of working are part of the Family Valued culture, and this is embedded across the partnership including the offer of Family Group Conferences to families.

The relationship between cluster leadership and Children's Social Work Service (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.

To support this work a number of services work intensively in clusters to support families across a range of needs including:

- Family Intervention Service
- Mind Mate
- Educational Settings
- Family Group Conferences
- Safer Schools Officers
- Established Leeds formulation model called 'Rethink Formulation'
- Children's Centres
- A Multi-Systemic Team supporting children with offending behaviour or those children at risk from neglect.
- Leeds Strengthening Families service
- Health Visitors and School Nurses

- Third Sector services such as Market Place, Young Lives Leeds, BASIS
- Services specifically commissioned by clusters to meet specific localised needs.

Not all families may identify themselves as 'in need'. These families can often be on the fringes of support but due to a number of reasons may not come forward themselves. This is what is known in Leeds as being on the 'edge of services'. There may be multiple issues from long term unemployed, emotional/mental health issues, criminality, and school exclusion.

The Leeds Troubled Families Programme (Families First) was established as part of the Children's Trust agenda to meet the requirements of the national programme to identify those families with multiple issues and support them. In Leeds the programme has been delivered through the existing architecture of Targeted Services and **builds on existing good practice** across the partnership including restorative and 'Think family Work Family' (TFWF) approaches. Troubled Families and the LSCB are working closer to further embed the TFWF approach in Leeds.

Based on the data from the troubled families annual report, Leeds Families First:

- As of December 2017, Leeds had attached 5354 families to the programme - this is around 77.6% of the target families and an increase of around 23.2 percentage points from December 2016
- As of March 2018, Leeds has achieved 2985 outcomes for families on the programme. This is around 43.3% of the target families and an increase of around 16.5 percentage points from 26.7% PBR in March 2017. Have attached 54.4% of the maximum total families compared to the average nationally of 46.1%
- Leeds has seen an increase of 1056 sustained and significant<sup>7</sup> and 85 continuous employment<sup>8</sup> outcomes.
- 43.3% of the target number of families achieving an outcome, puts Leeds around 10th out of 141 authorities. The average percentage of families achieving an outcome nationally is around 23%.

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<sup>7</sup> This is where a family has shown significant improvement against all of their indicator criteria, without regression in other criteria, over a sustained period of time, in most cases this is a 6 month period

<sup>8</sup> This is where family had been identified as having an employment issue (i.e. in receipt of out of work benefits) when initially engaging with the programme and who have since achieved a sustained period of employment of 6 months or more.

With the Early Help Strategy in place for nearly three years there needs to be some measure of impact or baseline assessment of outcomes. Data on multi-agency Early Help plans isn't collected centrally as interactions are undertaken in clusters. This has meant the LSCB does not hold quantitative information which can be collected and analysed to effectively monitor performance. However, the LSCB has undertaken two quality assurance audits across the clusters.

One looked at support for families where domestic violence and abuse was a feature. The rationale for this was that in Leeds the PMSG was seeing increasing numbers of domestic violence and abuse incidents where the Police were called. Findings from this audit highlighted:

- The engagement of perpetrators in meaningful interventions to address their behaviour proved difficult
- Understanding of management of risk, and the difference between what practitioners felt was high risk and what social work services would consider high risk
- Cluster practitioners played a key role in coordinating the support for victims the majority of which centred on practical and emotional support.
- Identification of domestic violence was clear but knowledge about domestic abuse such as 'coercion and control' was limited.
- **Good emotional support** for young people in families where domestic violence or abuse was a factor.

The second audit looked at the support offered to young people where emotional or mental health was a feature. The rationale for this was the developments in Leeds of Mind Mate (mental health and well-being work with children and young people in Leeds). Mindmate includes: the Mindmate self-help website; a single point of access - Mindmate SPA for many emotional wellbeing and mental health referrals; and Mindmate Wellbeing Support.

It was clear that when clusters in Leeds support a young person the quality of support is generally very good however there remains some inconsistency across clusters. Common themes identified as needing strengthening in clusters were:

- Quality of assessments from partners
- S.M.A.R.T. Planning
- The effective contribution of partner agencies to the Early Help process
- The outcomes for that child or family (whilst the case is still open)
- Review of the case to ensure that the work still purposeful and relevant.
- Mechanisms to monitor whether an Early Help Assessment (EHA) has been undertaken when a contact to the Front Door does not meet the level of statutory intervention and an EHA is recommended.

There was little evidence within the Cluster audit process of partners being held to account appropriately. There are clear agreements within statutory child protection processes that all professionals involved with the family or child appropriately attends multi-agency meetings. Protocols between agencies describe what is expected of them and attendance to these meetings is monitored by CSWS through Mosiac (CS data base). Unfortunately there is no evidence of monitoring and challenging agency input at cluster level. This is not to suggest it doesn't happen however there was little evidence within the audits undertaken. This is where the importance of a clear citywide Early Help Offer for all partners to commit to is identified.

Following conversations with social workers, auditors identified some of the challenges in working effectively in a multi-agency environment. Social workers spoke of the difficulties in engaging adult services to support parents where drug/alcohol/domestic violence and low level mental health are a factor in their parenting. It is not always clear whether Third Sector organisations are fully utilised. Having a more comprehensive register of Third Sector organisations that can offer support to children and families and how to access these should be considered.

# THE FRONT DOOR

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The Front Door Safeguarding Hub is the name of Leeds 'front door' arrangements. It has two clear functions.

The first is to provide a 'Duty and Advice' function to directly receive contacts from practitioners and to offer quality conversations with them to identify an appropriate response where there may be concerns over the safety and well-being of a child or young person. This includes assessing whether or not a contact should be considered for further assessment by CSWS. Duty and Advice also have Early Help Officers to provide advice where there are no safeguarding concerns.

The second function is to provide a daily, **co-ordinated and consistent response to domestic violence cases**. Key features of these arrangements include improved information sharing and quicker responses to potentially vulnerable children. This arrangement now also incorporates Multi Agency Risk Assessment Conferences (often referred to as MARACs).

Leeds recognises that continual assessment supported by conversations is the best way of identifying and responding to the needs of children and young people. A check list approach is mechanistic and identifies weaknesses. It doesn't take into consideration the complexity of individual situations and can overlook strengths.

When a child's needs cannot be met by universal services alone, quality conversations strengthen and improve decision making and joint working to provide the right help at the right time for families.

Leeds uses the term **conversation opportunities** to describe the phone calls and meetings that take place between those working across universal, targeted and specialist services. These take place when it is felt that the child's needs are not being met and something else is needed to improve outcomes for the child.

The Front Door manages over 20,000 calls per annum from both professionals and members of the public. The number of referrals accepted by CSWS has remained in line with previous years and the RPTT<sup>9</sup> of S47 enquiries undertaken are 9.9<sup>10</sup>. (2015/16-8.6, 2014/15-8.6).

A full-time member of the CCG Safeguarding Team is co-located at the front door, Monday to Friday, to

ensure the full integration between Primary Care and Social Care. From attendance at the Daily Risk and Coordination Meetings the CCG safeguarding team have developed and implemented a process that notifies GP's of domestic violence and abuse concerns for all victims identified at the Daily Risk and Coordination Meetings. Police also have officers **co-located** to ensure that there is an appropriate multi-agency approach to risk and assessment.

Most recently CSWS Emergency Duty Team has moved to become co-located with the Police at the Elland Road Police District Headquarters. This will lead to improved early information sharing and better joint decision making to protect vulnerable children in the city.

In 2018 the PMSG coordinated an audit in relation to the children's 'front door', the focus of which has been to look at the experience of people who contacted the front door and outcomes following that contact. This audit comprised 3 main elements:

1. Caller feedback: attempts were made to contact all 12 callers whose contacts were selected in the sample and callers were invited to give structured feedback about their experience;
2. Six randomly selected contacts made to the front door which were accepted as referrals by CSWS;
3. Six randomly selected contacts made to the front door which were accepted as referrals by CSWS.

There was **evidence of succinct, thoughtful, clear and well set out contact records**, appropriate use of language, helpful analysis of risk, notes of attempts to contact other family members and helpful comments on injuries. Contacts gave a picture of the journey of the child prior to the point of contact. There was evidence of the child's views being sought and recorded in the narrative. There was evidence of **timely, effective and efficient**, immediate and appropriate responses. There was thorough and timely recording, enabling the audit panel to understand the context of a contact and response from the Front Door, analysis of risk and clarity of decisions made.

Areas for development identified within the audit were fully recognised and accepted by Children's Services and addressed appropriately.

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<sup>9</sup> Rate per ten thousand

<sup>10</sup> Quarter 3 2017/18

*The number of children and young people subject to a Child Protection Plan has decreased from 993 in March 2013 to 506 in March 2017 which represents a 49% decrease in numbers.*

## Children on Plans

### Child in Need Plans

A Child in Need Plan (CIN) is drawn up following a Single Assessment which identifies the child as having complex needs, which impacts on their health and development, and where a coordinated response is needed in order that the child's needs can be met. There were 4181 children receiving support under the Child in Need Process at the end of March 2017

An area social workers identified was, sometimes, the reluctance of clusters towards de-escalating a Child in Need case to an Early Help Plan. The Early Help audits and a previous LSCB practitioner survey identified some tensions between these processes. These tensions are being managed through **closer relationships** between clusters and social work teams. Restorative Teams across Leeds are also strengthening these relationships and providing further resources into clusters.

### Child Protection Plans

Children and young people are made subject of a multi-agency Child Protection Plan when it is assessed at a Child Protection Conference that they have suffered or are likely to suffer 'significant harm.' Whilst the circumstances of each case are dealt with carefully and comprehensively, the overall number of children subject to a plan and a comparison with statistical neighbours (**table 1**) can give an indication of the effectiveness of the safeguarding system as a whole (and in particular the efficacy of Early Help preventative services). To satisfy the partnership that the quality of Child Protection Plans are good, the PMSG have undertaken a number of audits of children on plans since 2012 and have noted significant improvements year on year.

| Table 1<br>Stat Neighbour | Rate per TT 31/03/2016 | Core Cities         | Rate per 10,000 31 <sup>st</sup> March 2016 |
|---------------------------|------------------------|---------------------|---|
| Bolton                    | 33.3                   | Birmingham          | 29.8  |
| Calderdale                | 41.0                   | Bristol             | 52  |
| Darlington                | 57.9                   | Leeds               | 34.7  |
| Derby                     | 53.4                   | Liverpool           | 47.4  |
| Kirklees                  | 42.0                   | Manchester          | 71.6  |
| Leeds                     | 34.7                   | Newcastle upon Tyne | 74.9  |
| Newcastle                 | 74.9                   | Nottingham          | 82.7  |
| North Tyneside            | 44.3                   | Sheffield           | 31.3  |
| Sheffield                 | 31.3                   |                     |   |
| St Helens                 | 59.1                   |                     |   |
| Stockton on Tees          | 66.4                   |                     |   |

The number of children and young people subject to a Child Protection Plan has decreased from 993 in March 2013 to 506 in March 2017 which represents a **49% decrease in numbers**. The number of children subject to a Child Protection Plan for a second or subsequent time is now 9.3% back to below the government target of 10%. Evidence shows that families are likely to have been on a child in need plan in the interim period and that domestic violence is the primary issue in the majority of these families. Parental drug and alcohol misuse is also over represented. There is however, a disproportional number of BME children (23%) on CP Plans. 72% of children on Child Protection plans are under 10 years of age with 2.3% of young people 16+ on a plan.

During 2017/18 improvements have been seen in:

- The reduction in the number of children and young people subject to Child Protection Plans for a second / subsequent time
- The number of Child Protection cases reviewed within statutory timescales (96 per cent).
- The number of re-referrals being lower than the national average
- The reduction in the number of children and young people subject to Child Protection Plans for more than 2 years (4 children).

The advocacy service is well-used and valued as an important part of gaining the **child's voice** within Child Protection Plans. Usage of advocacy is growing and 469 children and young people were supported in the last 12 months, and the service has now been extended to younger children. This is making a difference not just to the data but to children and young people's wellbeing. In the last quarter, 80% of children who gave feedback said "**the meetings helped to make life safer / make them feel happier**, and the original concerns were sorted out".

The voice of the child can often be clearly evidenced with a Child Protection Plan, but this is primarily from Social Care and advocacy services. For a more **comprehensive view from the child**, partner agencies should consider how their interactions and relationships with the child can provide a wider view and understanding of the child's world. The quality of partner agencies reports to both Initial Child Protection Conferences and Review have improved however health agencies have recognised some areas of improvements are required and are driving this forward over the coming year.

During 2016/17 a thematic audit was undertaken in partnership with Children's Services Working Group

(CHSWG), and the National Deaf Children's Society (NDCS) for those children that have hearing issues and who are receiving support under a child in need plan and child protection plan. The majority of cases were extremely well managed with one case identified as **outstanding**. Feedback on this case was given directly to the social worker.

It is also important that timescales within statutory child protection are met. The number of child protection reviews carried out within statutory timescales is positive. The number of Initial Child Protection Conferences carried out on time is 80%, with a very positive 98% (92% average throughout the year) of CP cases reviewed on time.

### Children Looked After (CLA)

Looked after children 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 looked after children 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 **looked after children teams** for two different age groups, age 12 and under and 13 plus. These teams focus on the specific needs of looked after children 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**.

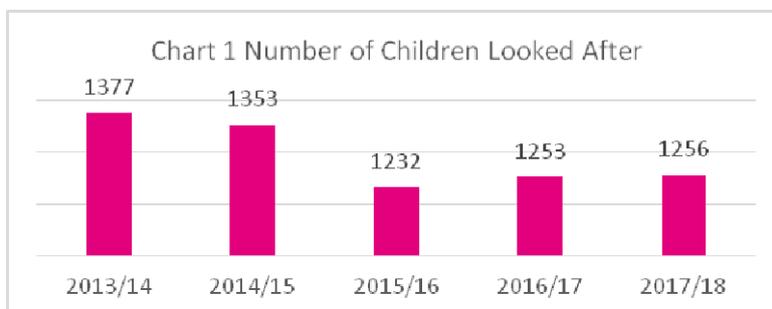
This year the CCG Children's Commissioning Team has funded local Therapeutic Social Work Service to offer their service to Leeds Looked After Children placed outside of Leeds (within an 80 mile boundary) is part of the Future in Mind Leeds Strategy. This recognises that children in the care system are more at risk of emotional and mental health difficulties and that those placed outside of their area have challenges in accessing local CAMHS Services.

The CCG Children's Commissioning Team has also worked with CAMHS to significantly reduce waiting times for autism assessment so that children with the most complex needs are assessed quickly to inform and support care needs.

CAFCASS continue to make positive contributions to innovations and **family justice reform**, designed to improve children's outcomes and make family justice

more efficient. These are formed in private law by projects trialling pre-court or out-of-court path ways of resolving disputes; and in public law projects aimed at helping local authorities and parents to 'find common ground', thus diverting cases from or expediting cases within, care proceedings.

The reduction in the number of children and young people who need to be 'Looked After' (Chart 1) is one of the 'obsessions' in the Leeds Children & Young People's Plan. The number of children looked after has steadily reduced from 1377 in 2013/14 to its lowest point 1232 in 2016/17. The numbers have now remained stable however, this should be seen in the context of a rising child population and a national rise of children been taken into care by 7.5%.



The number of looked after reviews during 2017/18<sup>11</sup> have generally been positive with a figure of 93.4% of reviews on time during March 2017. The average during the year is 95%. The Independent Reviewing Officers report presented to the LSCB in July 2017 identified that 94.5% of looked after children have a good relationship with their social worker.

The number of health needs assessments (95%) and dental checks (85%) are undertaken on time. However, an area for development noted in previous LSCB audits and also within the OfSTED visit of 2018, was that Personal Education Plans were of variable quality and that further work in this area was required.

For the majority of children in care, a family placement is most suitable as it provides a family model of everyday life and an opportunity to build warm relationships with the foster family which can last for a long time after leaving care. Often, these placements can enable children and young people to remain close to home.

Adel Beck undertakes an annual audit with analysis of the use of physical restraint within the home which is presented to the LSCB. This year's report highlights again the reduction in the number of both physical restraints (25%) and the use of prone (face-down) restraints (45%). However there has been an increase in the number of assaults on staff which requires further investigating although this is likely to reflect the complex needs and challenging behaviours of the young people.

It is an emerging finding that a significant number of children coming into care have had previous, often lengthy, involvement with Early Help services. Data suggests that around two thirds of children have not been on a Child Protection Plan before becoming looked after. This would suggest that the LSCB will need to focus on the robustness and effectiveness of the Early Help and Child in Need level interventions, and how these are able to reduce risk and address emerging vulnerabilities in families who otherwise could have their children removed.

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<sup>11</sup> Quarter 3 2017/18

*The Risk and Vulnerability strategy outlines a focused approach and a robust multi-agency response towards early identification, prevention, and intervention with children and families, together with the proactive targeting, disrupting and prosecuting of individuals or groups who seek to exploit, abuse and harm children.*

## Risk and Vulnerabilities

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In 2016 the CSE subgroup became the current LSCB Risk and Vulnerabilities Sub Group, in recognition of the complexity of child sexual exploitation and its interconnectivity with other safeguarding concerns such as peer on peer abuse, harmful sexual behaviour, child trafficking and modern day slavery, and going missing from home or care. The partnership approach acknowledges that to effectively address the risk of harm, exploitation and abuse (physical, sexual and emotional), a wide child protection focus and a comprehensive contextual safeguarding approach is necessary. There are 7 areas that are covered within this strategy. They are:

- Child Sexual Exploitation
- Children missing from home/care
- Harmful Sexual Behaviour
- Female Genital Mutilation
- Child Trafficking and Modern Day Slavery
- Child Criminal Exploitation
- Forced Marriage and Honour Based Violence.

The Risk and Vulnerability strategy outlines a focused approach and a robust multi-agency response towards **early identification, prevention, and intervention** with children and families, together with the proactive targeting, disrupting and prosecuting of individuals or groups who seek to exploit, abuse and harm children.

It accepts that children and young people do not always recognise that they may be in an exploitative or abusive situation. Emphasis is placed on the shared responsibility of all agencies to identify children and young people at risk of exploitation, harm and abuse, in order to prevent them from becoming victims, and to protect and safeguard from further harm whilst acknowledging that effective safeguarding requires a 'needs led', child and family centred approach.

Reinforcing the strategic aims of the Risk and Vulnerabilities strategy and action plan, there is continued emphasis on number of supporting priorities. These are:

- To maintain a partnership model for CSE arrangements in Leeds
- To develop and /or maintain up to date policy, procedure and practice guidance for all the Risk and Vulnerabilities subgroup safeguarding strands
- To engage children, young people and their families in the development and review of services
- To implement a Risk and Vulnerabilities Learning & Development Strategy appropriate for all practitioners and professionals whose primary role is working with children and young people
- To establish a Performance Management and Quality Assurance Audit framework to inform the LSCB of effective models of intervention and protection and also highlight any areas of challenge.

## Child Sexual Exploitation (CSE)

The partnership has **maintained a strong focus on improving structures**, policies, procedures and multi-agency practice in order to respond more effectively to the needs of children and young people who suffer, or are at risk of suffering, sexual exploitation.

Data provided to the LSCB in July 2017 highlights that the principal age group of children and young people in Leeds assessed as at risk or experiencing CSE in April 2017, was 16 to 17 years old (Table 2). This differs from national guidance, which notes that, *“Children aged 12-15 years of age are most at risk of child sexual exploitation”* However, guidance also notes that it is important for professionals not to overlook the risk, vulnerability and needs of older children, *“due to assumed capacity to consent’* and recognise the, *“heightened risks amongst this age group, particularly ( for) those without adequate economic or systemic support”* which is a clear message delivered in partnership awareness raising and learning and development sessions provided in Leeds. This message could therefore be directly contributing to practitioner awareness and the identification of the risk to and the vulnerability of older children.

| Table 2<br>Age Group | High | Medium | Low | Total |
|----------------------|------|--------|-----|-------|
| 10 or under          | 0    | 1      | 2   | 3     |
| 11 to 13             | 1    | 23     | 28  | 52    |
| 14 to 15             | 8    | 56     | 56  | 120   |
| 16 to 17             | 9    | 48     | 70  | 127   |

To assist practitioners and professionals to identify children and young people at risk of CSE, LSCB briefings and training highlights children’s risk and vulnerability factors and the potential indicators of child sexual exploitation, whilst also emphasising that a child can be vulnerable to, or a victim of sexual exploitation without any of the most recognisable factors indicators being obviously present.

The LSCB CSE learning and development offer is enhanced by a number of Risk and Vulnerabilities Light- bite sessions, allowing easier access for practitioners to learn about CSE. A range of partner agencies including, the Safe Project, the LCC Risk and Vulnerabilities team, and the Education & Early Start Safeguarding Team, the Police and the voluntary agencies Basis and The BLAST Project, all contribute to **wider partnership learning** and development offer available to practitioners and professionals across the city.

Strengthening the current CSE problem profile has enabled the partnership to analyse and gain a better understanding of the problem profile and recognition of the needs of children at risk of sexual exploitation, within the wide context of exploitation, abuse and harm. This is an area that still needs further development.

In Leeds, children and young people identified as at medium or high risk of sexual exploitation, or assessed as requiring help, support and protection to reduce their vulnerability and risk have an allocated social worker. (Child in Need, Child Looked After, Child Protection Plan). To support the statutory plan, multi-agency Vulnerability and Risk Management Plans (VRMPs) are completed. VRMPs are CSE specific and focus on the support agencies can provide to help reduce a child’s vulnerability /risk of sexual exploitation /missing from home or care. Children and young people are encouraged to be **actively involved in the plan** and to participate in decision making.

In line with previous local and national data, girls and young women account for the majority of cases identified and assessed as at risk of, or experiencing sexual exploitation (table 3). However, the percentage of boys and young men identified as of March 2017 has increased from last year's reported percentage of 16.6% to 22.5%.

| Table 3 Gender 2016-17 | Number |
|------------------------|--------|
| Female                 | 227    |
| Male                   | 75     |
| Total                  | 302    |

Partnership agencies are committed to diverting and prosecuting those who seek to exploit, abuse and harm. Central to this are diversion and disruption activities undertaken by the Police CSE Safeguarding Team. To strengthen this work, the Integrated Offender Management of CSE perpetrators has been formalised, with a process devised in consultation with the Public Protection Unit to disrupt and target those considered to be at the most risk of offending.

It is important to fully support CSE victims through all aspects of the criminal justice system, including the often difficult court process, to improve their experiences and help achieve successful prosecutions. The Police Safeguarding CSE team recognises the benefit of being **child focused**; this is emphasised in an ongoing investigation, where the young person has received ongoing support from the Police CSE team and other statutory services. The support that the young people received from the Police CSE Officers assigned to them has provided them with understanding of, and trust, in the Police investigative process. This has resulted in the young people being more supportive of the Police investigation and of the action being brought against the perpetrators.

To help secure prosecutions, the Leeds Police CSE Safeguarding Team have achieved close working relationships with voluntary organisations which are able provide ongoing support to those experiencing CSE. An example of this is where the Police and Basis have worked together, with Basis providing support to a number of people who experienced historic childhood sexual abuse, helping enhance their ability to provide evidence to support Police investigations.

The CSE Service Providers Group, chaired by the LSCB Business Manager, is made up of organisations from the Third Sector and Local Authority who carry out direct work with young people at low, medium and high risk of CSE. (Agencies represented are: Basis, Blast, The Safe Project, Getaway Girls, Shine, Hamara, Shantona).

The BLAST Project, Basis, and the Safe Project undertake direct CSE work with children and young people assessed at medium of high risk of CSE. Work focuses on reducing vulnerabilities and the risk of harm and abuse. They offer support and intervention which is child centred, intensive, flexible, responsive and tailored to a child or young person's individual need.

Over the past year the Safe Project has extended its offer, to include support for siblings and parents / carers affected by CSE. The LSCB have developed bespoke materials on CSE for the Safe Project door to door engagement with the night time economy, with materials being produced in the most frequently spoken languages. The LSCB then designed posters in Polish, Urdu, Punjabi, Latvian and Slovakian, which were then handed out across Leeds' night time economy.

## Children Missing

Children that go missing from home or care are also at a higher risk of sexual exploitation and those children who are at a higher risk of sexual exploitation will have more missing episodes. In Leeds 68% of children where CSE has been identified as a risk factor had a missing episode recorded in 2016/17.

There were 3858 missing occurrences recorded of which 1979 were female and 1879 were male. This relates to occurrences and not individual children. The number of children that go missing is considerably lower than this.

A new weekly meeting has been convened between the CSE and Missing Children Co-ordinator from the Integrated Safeguarding Unit and the Detective Sergeant for Missing. This meeting identifies children and young people most at risk from going missing and ensures the appropriate procedural response is in place. The meeting extends to children known to both Children's Social Work Services and West Yorkshire Police, and those who are newly identified as being at risk from going missing. The meeting is **proving successful** in identifying this cohort of children, ensuring relevant information is shared and any emerging trends or patterns are identified by considering the child's overall missing occurrences, and confirming that the relevant professionals and family members are involved in the plan to prevent and disrupt future missing occurrences.

The sharing of Misper 7 reports (Police Safe and Well checks) with the Integrated Safeguarding Unit and CSWS has been agreed and routinely takes place in the daily Partnership Intelligence Morning Meeting (PIMMS). West Yorkshire Police have requested that Return Interview forms are shared with themselves but no agreement has been reached regarding this. Consideration needs to be given as to how the police request for intelligence can be met; this will need to take into account the General Data Protection Regulations being implemented in May 2018 and consideration will also need to be given as to how information from CSE Risk Assessments is shared.

All Return Interviews are requested via the daily PIMMS between the Integrated Safeguarding Unit and West Yorkshire Police. Requests are sent to either a social worker (for those children with an allocated social worker) or The Youth Offer Return Interview Service (for those without an allocated social worker).

The LSCB undertook an audit of cases where children went missing. The audit sample was 20 children and young people who have been reported as missing as follows:

- 10 children who on a given date were identified by the police as missing most frequently.
- 10 children randomly sampled from those reported as missing to the police during September and October 2017.

The 20 cases were audited on a 'desk-top' basis using an agreed template and accessing information held by the Police, Mosaic and records held by the Youth Offer Return Interview Service. The audit focussed on a specific missing occurrence for each child that was reported between July and October 2017. Individual case data was inputted into the LSCB database and subsequently analysed to form the basis of this report.

There were examples of good and effective practice in term of addressing and reducing risk and vulnerability. Children usually returned by themselves the same or next day and when missing they were often with friends and from this sample were seen to remain in the Leeds area.

As expected CLA are reported missing more than CIN who in turn are reported missing more than children whose case is not open to CSWS. Police procedures were followed on every case. Recording on Mosaic indicated variable practice. Current missing multi-agency Vulnerability and Risk Management Plans (VRMP) were already in place in respect of 9 children, 5 of which were SMART and 6 of which were reviewed in time. A VRMP was already in place for 5 of the Leeds CLA and there was no VRMP in place for 2 CLA. Fewer than half the children were offered a return interview when they returned, five of which were taken up by the young person. There were undertaken by the Return Interview Service or the social worker, depending on the child's status. Other risks and vulnerabilities were noted as being present in the records of 16 with Substance Misuse and CSE each being noted in respect of 6 children. The Return Interview Service undertook an evaluation over two consecutive years to establish what impact the service was having. This good practice could be further developed to incorporate information about impact over time.

## Female Genital Mutilation (FGM)

There is now an FGM multi-agency steering group that comprises of representation from the Leeds Children's Services, Communities & Environment, Health, Education, Police and Third Sector organisations. Representation from other sectors such as Adults, Mental Health, and Sexual Health Services should also form part of the membership. This group is tasked with **driving forward the action plan** for Leeds and reporting back to the LSCB.

In Leeds there are a number of Third Sector organisations that can support women and girls at risk of/ or who have experienced FGM, however, this would not be the main remit of their work and they do not have the funding to carry out this specialist work. Leeds does have an FGM Clinic, however only pregnant women are referred to this team.

The specialist midwifery teams at LTHT are now implementing information on to the national web platform for Female Genital Mutilation. This practice and information ensures that any vulnerable women or girl is not only identified, but are safeguarded.

The Black Health Initiative (BHI) were successful in their funding bid to educate and raise awareness of FGM in Leeds and Wakefield. In order to achieve their programme aims the BHI intend to work closely with partners: WYP, educational establishments, LAs and NHS. The steering group will be working closely with BHI to support areas of their programme of work such as raising awareness, training packages and the credible voices group.

**Table 4 - Age range of children referred**

| Age     | Numbers |
|---------|---------|
| 0 - 5   | 21      |
| 6 - 10  | 16      |
| 11 - 15 | 8       |
| 16 - 18 | 4       |

The BHI bid to Office of the Police and Crime Commissioner (OPCC) safer communities fund was successful to support groups over the next twelve months. They are currently supporting three existing groups. Whilst this is a significant step forward in terms of raising the profile of FGM, BHI does not have the capacity to be a point of referral for all cases of FGM.

A mapping tool has been circulated to the Steering Group to establish the approximate number of new arrivals at ward level. This will aid in highlighting and targeting resources to the appropriate areas where FGM is most prevalent. WYP have also produced an information sheet with signposting information.

The FGM Data Report provides data of all known FGM cases referred to Children's Social Care Services (CSWS) from October 2015, when mandatory reporting of FGM for under 18s became enshrined in law (Serious Crime Act 2015) to February 2017. Currently this is the only FGM data available to the LSCB.

From October 2015 to June 2017 there were 48 individual girls that became known to CSWS due to risk of FGM. However, this figure is not the number of individual referrals received, but includes the female siblings of the named child for whom a referral to CSWS was made. Siblings are referred as they may also be considered at risk of /or already subjected to FGM. An audit has been completed of the numbers of children that have been referred to Duty and Advice between October 2015 and June 2017. The majority of referrals have been passed onto Area Teams and closed following assessment. There have been no prosecutions or convictions in relation to FGM in Leeds.

**Table 5 Country of origin<sup>12</sup>**

| Country      | Numbers |
|--------------|---------|
| Cameroon     | 1       |
| Egypt        | 2       |
| Eritrea      | 3       |
| Ethiopia     | 6       |
| Gambia       | 12      |
| Ghana        | 2       |
| Guinea       | 2       |
| Kenya        | 1       |
| Nigeria      | 6       |
| Pakistan     | 3       |
| Sierra Leone | 1       |
| Somalia      | 3       |
| Sudan        | 7       |
| Total        | 49      |

<sup>12</sup> figures relate to individual children therefore, for each Country they may include a sibling group

## Harmful Sexual Behaviour (HSB) Data 2016 – 2017

The current HSB actions found within the wider LSCB R+V action plan derive from work completed by the HSB Lead, Integrated Safeguarding Unit (ISU) in 2015. Leeds were one of 9 local authority areas who took part in a national pilot for the NSPCC framework for harmful sexual behaviour. As part of this pilot work the HSB lead completed a comprehensive audit of HSB service provision across the partnership. This led to an outcome report being created and an HSB focused action plan.

The following data has been taken from the ISU HSB spread sheet; this relies on practitioners and professionals informing the ISU of a child /young person who displays harmful sexual behaviour and referral outcomes/ case status. The value of the data is limited as it is based on a practitioners' understanding and response, given that there is not an agreed assessment process in place across the partnership for HSB, for instance Health Services use the Brooks Traffic Light tool, whilst CSWS use the AIM checklist. Additionally it is based on referrals to CSWS / information shared with the ISU, and does therefore not include Early Help, or partnership data for other agencies such as Health or the Police.

In January 2018 the LSCB agreed to establish an agreed partnership definition, local policies and procedures and city wide multi-agency partnership referral, assessment and intervention framework for Harmful Sexual Behaviour, which encompasses young people who are instigators of sexual exploitation and /or interpersonal violence and abuse, and supports establishing a robust problem profile.

Harmful Sexual Behaviour, Exploring Consent in Adolescent Relationships, CSE and Young People's Right to Autonomy and Safety are delivered as part of the Risk and Vulnerabilities Light Bite sessions.

## Child Trafficking (CT) and Modern Day Slavery (MDS)

We have little data that can give a good oversight of the prevalence of child trafficking in Leeds. Work with partners to improve understanding of the perpetrator problem profile to support the identification and prosecution those who perpetrate or facilitate the trafficking of children and young people for the purpose of sexual exploitation requires further work. The partnership should enhance the problem profiles to progress strategic and operational safeguarding responses relating to trafficked children.

Briefing items have been created by the Police and a round of MDS training has now been completed. A further hotel awareness event took place on 16/04/18 at The Queens Hotel, regarding the topic of MDS and the signs to be aware of. One minute guides have been created and reference documentation cascaded across Leeds. CSWS referral process is now well established and the Police National Referral Mechanism<sup>13</sup> embedded in daily business.

MDS team within the Police continue to investigate MDS offences in Leeds and developing covert and overt proactive operations in partnership across the city. An MDS Forum is held 6 weekly in Leeds with all partners attending, sharing of information, risk assessments and partnership working to safeguard vulnerable people.

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<sup>13</sup> The NRM is the mechanism through which the [Modern Slavery Human Trafficking Unit \(MSHTU\)](#) collect data about victims.



## Conclusion

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Leeds continues to be a city that provides an effective partnership focussed on improving the lives of children and young people and their families. The strength of the partnerships reflect the ethos in Leeds, to protect its most vulnerable citizens and this in turn is having very positive results in improving the outcomes of children, young people and their families.

Support of children who are suffering or who are at risk of significant harm has seen considerable improvements over the years. CSWS have adopted innovative ways of supporting families and putting them at the centre of all work. Family Group Conferences continue to make a difference to families in Leeds. Significant investment gained through successful Innovations Fund bids and being Partners in Practice, put Leeds into a national context of successful local authority areas that can demonstrate successful child and family interventions. Partner agency support of this part of the system has also improved with good contribution both in terms of good attendance and reports to conference as well as ongoing support to children and families.

Access to support in local areas through Children's Centres and many of the Third Sector organisations, ensure that families have a range of options to help them address a full spectrum of needs. The cluster model, highlighted in LSCB reports over the years, continue to be a model of working that must continue and be preserved. There are however, some schools that have chosen to pull their funding from this model and whilst this may be for reasons beyond their control, assurance should be provided that families in those clusters will still be provided with appropriate support and their needs addressed.

Leeds is in a very strong position and there is lots to celebrate. However, there is always more to do inevitably with squeezed or reduced resources. This report highlights a number of areas that require strengthening and most of this work is undertaken at LSCB Sub Group level with strong support from all agencies.

# LSCP's strategic priorities 2018-19

