



Leicester
City Council

QUALITY PROTECTS

**LEICESTER CITY
COUNCIL SSD**

**MANAGEMENT
ACTION
PLAN**

2002-2003

FOREWORD

We are pleased to submit the Quality Protects Management Action Plan 2002-03

This Management Action Plan builds on three previous annual MAPs and integrates the aspirations of the Family Support Strategy of the Leicester Children's Planning Partnership, which incorporates the aims of the Community Plan, Behaviour Support Plan, Education Development Plan, Youth Justice Plan and Health Improvement Programme.

An Elected Members' cross party group, Corporate Parenting Steering Group, Health and Education liaison groups and voluntary sector meetings facilitate member and partner involvement in the MAP. Black and minority ethnic group and community participation has been facilitated by the consultation officer (cultural diversity). Children's participation has been achieved through the looked after children's consultation officer, the Voluntary Action Leicester participation project, and specific consultation/participation exercises. Parental/carer participation for disabled children through membership of the Leicester Children's Planning Partnership is well developed. Other parental participation is achieved through consultation on specific service reviews.

It is recognised that the format of this plan is not readily accessible to wider audiences and a range of summaries and presentations will be undertaken in order to develop continuing participation in service development to improve outcomes for all children in need. It will also be incorporated into the "Healthy Kidz Website" www.healthykidz.co.uk to open up consultation to all interested young people.

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INTRODUCTION

Since the introduction in 1999 of the National Quality Protects Programme as part of the Government's Social Inclusion Agenda the pace of change and development has accelerated and continues with new initiatives still being introduced.

Quality Protects is focused on the improvement of Children's Social Services, specifying national objectives with performance indicators and targets. The associated Quality Protects grant must be spent in designated service areas.

Improvements in infrastructure and procedure were evident after one year and are continuing. Demonstrable positive outcomes for children are being attained more slowly because of the time needed to change the aspirations and behaviour of large numbers of staff, partner agencies and service users.

There are 2 more years of the 5-year programme remaining. Grant investment has largely been in additional staff to improve the quantity and quality of services across the spectrum of the Department's activity. It is expected that at the end of the programme the quality, efficiency and value of service provision will be tangibly improved with links to Sure Start and Children's Fund initiatives.

It is important to note, however, that to sustain such improvement into the future when the Quality Protects grant ceases it will be essential that the same level of funding, ring fenced for the same objectives, will be essential. If funding is withdrawn immediate reversal of the gains achieved will follow because no alternative funds exist to substitute for the costs of Quality Protects investment in staff.

The Department of Health has asked for details of our withdrawal strategy at the end of the programme. It is anticipated that the objectives and the means of their implementation will be firmly embedded in policy and practice but it is hoped that the Department of Health will recognise and accept that continuing funding will be absolutely essential to the maintenance of improved services and outcomes.

Objective 1: To ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood.

National Performance Indicators

A1: % Children looked after with 3 or more placements during one year.

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Plan 2002-3	Plan 2003-4
Leicester	24.4	18.5	18.0	16.0	15.0
Trent	17.1	13.2	12.7	11.9	11.7
Cluster	20.0	13.6	12.8	11.7	11.1
England	18.1	13.1	11.8	11.3	10.7
Leicester indicator results submitted in Autumn monitoring can be revised here					

D35: % children looked after continuously for at least 4 years, who had been in their foster placement for at least 2 years.

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Plan 2002-3	Plan 2003-4
Leicester	59.5	46.6	62.0	64.0	66.0
Trent	51.7	50.9	55.3	54.8	57.7
Unitary Authority	58.0	53.0	57.5	60.8	63.7
England	51.0	50.0	54.8	59.0	62.1
Leicester indicator results submitted in Autumn monitoring can be revised here			55.0	57.0	59.0

E44: % children's services gross expenditure spent on children in need but not looked after

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Plan 2002-3	Plan 2003-4
Leicester	37.9	29.0	38.0	38.0	38.0
Trent	33.8	23.5	27.1	29.7	30.2
Unitary Authority	35.0	26.0	29.4	30.7	31.6
England	36.0	26.2	29.9	32.1	33.1
Leicester indicator results submitted in Autumn monitoring can be revised here					

C23: % children looked after who were adopted during the year.

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Plan 2002-3	Plan 2003-4	Mid-year estimate 2001-02
Leicester	6.5	7.3	6.0	6.0	6.0	6.0
Trent	5.6	6.6	8.0	7.1	7.6	23.6
Unitary Authority	5.4	6.3	7.1	7.2	7.8	6.0
England	4.7	5.2	6.6	6.8	7.5	6.6
Leicester indicator results submitted in Autumn monitoring can be revised here						

QP1: Percentage of children looked after with a named social worker.					
	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/2/2003	Planned Position at 31/3/2004
Leicester	100.0	100.0	100.0	100.0	100.0
Trent	96.1	97.1	98.8	99.2	99.3
Unitary Authority	96.7	97.2	98.8	99.1	99.3
England	95.1	96.5	98.9	99.4	99.5
Leicester indicator results submitted in Autumn monitoring can be revised here					

QP2: For Looked After Children adopted during the year, the average time spent looked after prior to adoption					
	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/2/2003	Planned Position at 31/3/2004
Leicester	25.2	21.0	21.0	21.0	21.0
Trent	35.3	35.6	29.0	23.3	21.4
Unitary Authority	35.2	31.2	31.6	27.0	24.4
England	36.1	32.3	32.3	25.8	23.2
Leicester indicator results submitted in Autumn monitoring can be revised here					

QP2a: Number of children looked after for under 1 year before adoption.					
	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/2/2003	Planned Position at 31/3/2004
Leicester	2.0	2.0	2.0	3.0	3.0
Trent	2.5	1.9	3.9	5.0	5.9
Unitary Authority	1.2	1.5	1.9	2.4	2.6
England	2.5	1.9	2.9	3.9	4.9
Leicester indicator results submitted in Autumn monitoring can be revised here					

QP2b: Number of children looked after for a duration of 1 year to under 2 years before adoption.					
	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/2/2003	Planned Position at 31/3/2004
Leicester	12.0	13.0	15.0	17.0	19.0
Trent	7.8	10.2	12.4	13.9	15.2
Unitary Authority	3.9	5.2	5.6	15.2	7.8
England	5.7	6.6	8.7	10.2	11.4
Leicester indicator results submitted in Autumn monitoring can be revised here					

QP2c: Number of children looked after for a duration of 2 years to under 3 years before adoption.					
	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/2/2003	Planned Position at 31/3/2004
Leicester	12.0	12.0	10.0	8.0	5.0
Trent	7.8	9.0	5.4	4.8	4.3
Unitary Authority	3.8	4.2	5.4	4.8	4.3
England	5.5	5.9	6.5	6.3	6.1
Leicester indicator results submitted in Autumn monitoring can be revised here					

QP2d: Number of children looked after for a duration of 3 years to under 5 years before adoption.					
	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/2/2003	Planned Position at 31/3/2004
Leicester	4.0	4.0	3.0	2.0	1.0
Trent	5.7	7.8	4.0	4.0	2.6
Unitary Authority	3.1	4.0	3.0	2.3	2.0
England	4.4	4.6	3.8	3.0	2.4
Leicester indicator results submitted in Autumn monitoring can be revised here					

QP2e: Number of children looked after for a duration of 5 years or over before adoption.					
	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/2/2003	Planned Position at 31/3/2004
Leicester	0.0	0.0	0.0	0.0	0.0
Trent	2.3	2.6	1.4	0.5	0.4
Unitary Authority	1.2	1.0	0.9	0.3	0.4
England	1.6	1.7	1.2	0.7	0.6
Leicester indicator results submitted in Autumn monitoring can be revised here					

NEW: Number of Looked After Children in placements outside the council area				
	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/2/2003	Planned Position at 31/3/2004
Leicester	48.0	45.0	42.0	39.0
Trent	74.0	66.9	62.0	60.0
Unitary Authority	62.7	59.8	56.0	52.7
England	97.2	93.6	88.7	84.3
Leicester indicator results submitted in Autumn monitoring can be revised here				

NEW: Number of Looked After Children in placements 20 miles or more from the council area				
	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/2/2003	Planned Position at 31/3/2004
Leicester	48.0	45.0	42.0	39.0
Trent	74.0	66.9	62.0	60.0
Unitary Authority	62.7	59.8	56.0	52.7
England	97.2	93.6	88.7	84.3
Leicester indicator results submitted in Autumn monitoring can be revised here				

1. Describe your progress to date under this objective, including evidence of improved outcomes for children.

In MAP 3 your plans for 2001/2002 were as follows:

1. Adoption recruitment and Placement rates are high. Focus will be on the hard to place group i.e. boys; siblings; older children; behavioural difficulties and dual heritage through frequent needs review, national advertising and using national networks. The 13 children waiting longer than 6 months all belong to these groups and the 24 available adopters are not accepting these children although ongoing discussion is taking place. The % of children adopted may drop as the Looked After Children population increases but Public Service Agreement target of maximising adoption placements remains. New Quality Protects expenditure – National advertising budget: £5,000.
2. Retention and recruitment activity will continue vigorously, targeting dual heritage adoptive parents; Asian Moslem link carers for disabled children; link carers for disabled children and kinship carers for all children.
3. The number of placement moves experienced by Looked After Children is unacceptable high and the recent increase in number of Looked After Children is a concern. Targeted activity to analyse the relevant causal factors has begun with a departmental seminar about causes and solutions. The research officer will be commissioned to do further analysis on ethnicity, gender and age of mobile young people.

A strategy will be devised to reduce placement moves in line with target of 15% by 2004. Policy and processes for admission to care, and targets for numbers of Looked After Children will be reviewed. The panel process will continue to offer alternative support packages to accommodation (Obj. 3A).
4. For hard to place children a Placements Officer will be appointed in January 2001 to develop partnerships with independent fostering and residential providers to achieve appropriate commissioning.
5. National Foster Care Standards will be implemented 2002 to improve placement matching and support.
6. Link Carers for disabled children (Obj.6)
7. All black and minority ethnic young people in care are reviewed for appropriateness of care by the Looked After Children Black Cases Panel.
8. A young people's team of 1 psychiatrist, 2 psychologists and 3 primary health care workers is being funded through the NHS modernisation fund and Children and Adolescent Mental Health Service, which will prioritise black and dual heritage Looked After Children with mental health needs to contribute to prevention of placement breakdown. One of the primary mental health workers will be based in the Youth Offending Team to prioritise the needs of young offenders.

In the year to March 2001

Adoption outcomes were very positive. Approvals up 66.0% included 5 Asian Carers: 2 Muslim, 2 Hindu and 1 Christian. Only 3 of the 13 children waiting more than 6 months for adoption in January 2001 are still unplaced. The proportion of looked after children adopted increased and there was only 1 placement disruption. The Public Service Agreement target for timescales was met with 97% placed within 12 months of "best interest" decision.

Placement stability decreased possibly due to increased permanent placements with adopters and relatives. Relative carers' stability is high. Of 25 children placed 28% now have Residence Orders and 16% returned home. Placement instability will be a focus of the forthcoming review of placement services to identify any systemic causes.

Placement moves decreased favourably.

29 link foster carers provided 40 placements for disabled children: 29 White British; 5 Asian; 4 dual heritage and 2 black. 10 children are unplaced, 8 with potential matches. Neighbourhood Renewal Funding is providing major adaptations for 4 link carer's homes which will significantly reduce unmet need. The consultation officer cultural diversity is working with an Asian social worker in the Disabled Children's Team to improve the recruitment of Asian Muslim link carers.

A Placements Officer assesses and commissions the minimum necessary external placements (8-16 at any time).

Several fostering/adoption recruitment campaigns, in the local media and through community groups, for ethnic minority and dual heritage carers are increasing carer diversity.

A 57% net increase of relative carers and 6% non-relatives is offset by looked after children numbers of 520.

2. Set out what you will achieve for children under this objective in 2002-03 and beyond, and how you will achieve it.

To provide family placements for the current no of children looked after is assessed to be inappropriate in the light of extensive analysis of the looked after children population. The implementation of the National Foster Care Standards will create further pressures on placement availability.

Fostering occupancy is above 90% and some young people are harder to place and stabilise because of increasing mental ill health, school exclusion and behaviour problems at a younger age.

The strategy will be to:

- Reduce admissions to care by developing early crisis intervention and family support services for children at risk of accommodation, complementary to a Children's Fund level 3 Prevention Team and reshaped Child Behaviour Intervention Initiative services.**
- Increase early rehabilitation home for young people admitted to care. A small pilot team of staff from the residential sector has been established to support rehabilitation work.**
- Maintain very positive adoption performance.**
- Increase permanence through long-term fostering and kinship care**
- Retain good fostering recruitment and retention activity.**
- Increase placement stability through intensive support services to prevent placement breakdown.**
- Retain a small residential sector for the minority of young people who cannot be placed in a family setting.**

- **Review residential services for disabled children and increase domiciliary support and link carers.**
- **Monitoring at all times that services reflect the needs of all the diverse communities of the City.**

3. What are the key elements of your strategy to provide more family placements?

In MAP 3 your plans for 2001/2002 were as follows:

1. Fostering Recruitment will be progressed through:
 - Recruitment centre and Enquiry Officer as focus of targeted local campaigns, aiming for 4 month timescale for approvals and an increase in all carer categories
 - New Policy Officer (Cultural Diversity) to advise and promote contact with Black and Minority Ethnic voluntary sector and communities to develop diverse foster carer resource, informed by analysis of profile of Black and Minority Ethnic young people
 - Specialist pre-panel team.
2. Foster Carer retention target is to reduce carer de-registrations to 25 in 2001/2 supported by the specialist post panel team and Corporate Parenting.
3. The Fostering strategy is to create a placement and skills mix of carers including:
 - Mainstream Carers assessed and accredited from levels 1-4
 - Link Foster Carers to provide planned repeat placements primarily for disabled children
 - Remand Foster Carers for young offenders
 - Contract Foster Carers for very challenging Young People at risk of placement outside Leicester
 - Promoting Independence Carers for pre-care leavers (Obj.5A)
 - Family and Kinship Carers through specialist permanence team.
4. Training is fundamental to placement stability and will be progressed through the link between the annual training plan and skills framework. Accreditation levels and skills mix will be regularly audited to inform recruitment strategy. Development of NVQ in foster care will continue and the Heritage Model (Obj.7) will be incorporated into Carer training
5. For disabled children a Policy Officer will identify and access funds for adaptations to homes and investigate strategies in other authorities, and a Social Worker is benchmarking how other authorities are promoting stable care for disabled. children.
6. Adoption:
 - Recruitment strategy as for fostering, with strong focus on needs of dual heritage children. Target, depending on applicant's circumstances, of 3-6 months from receipt of application to completion of approval
 - Post adoption support between placement and Adoption Order is provided by adoption team
 - Funding awaited through Adoption Act to enhance resources to meet the needs of adoptive families in need of post adoption support after adoption order.

3. What are the key elements of your strategy to provide more family placements?

(a) through foster care (including recruitment and retention, training and support of foster carers

1. Recruitment will focus on:-

- Increasing permanent placements i.e relative, link and long-term fostering, and adoption.
- Recruiting and retaining a variety of mainstream and specialist carers including remand: contract and 'promoting independence' carers for care leavers.
- Targeting ethnically diverse groups for all types of placement.

2. Foster carers are supported by an allocated link worker in the post placement team. Increased out of hours support and allocation of a link worker to all relative carers will improve retention.

3. The Comprehensive training plan includes:

- 4 accreditation levels with modules for the 7 dimensions of need in the looked after children reviewing system.
- Modules skills related and integrated into progressive NVQ accreditation.
- A strong emphasis on achieving outcomes for young people assisted by the SSD/Education joint funded education team, the Health Promotion project for care leavers and designated nurse for foster children.
- An emphasis on 3 levels of behaviour management training in co-operation with Children and Adolescent Mental Health Service colleagues.

(b) through adoption (including recruitment, preparation, handling expressions of interest and adoption support)?

We are in the top quartile of Local Authorities therefore the Public Service Agreement target to increase the number of children adopted by 40% will not be the local target. Our Performance Assessment Framework target of 6% of looked after children adopted per annum remains.

Recruitment will continue to be shared with fostering focusing on adopters for black, Asian, dual heritage, older children and sibling groups, building on positive links with local media and community groups.

Strengthened and re-organised administration systems will assist in:

- Handling expressions of interest
- Assessing and approving adopters
- Accessing birth records
- Progressing children to 'Best Interest' panel
- Post adoption indirect contact
- Monitoring and progress chasing timescales
- Statutory notifications

- **Court applications**
- **streamlining of statutory checks and medicals**

Consideration will be given to commissioning external providers for counselling birth parents and/or adopted children and access to birth records, and to team growth to handle increased no of assessments, post adoption support and birth family contact.

4. What steps are you taking to ensure that you have the appropriate range and level of residential placements?

In MAP 3 your plans for 2001/2002 were as follows:

1. Residential provision is informed by the Matching Needs and Services Research Project.
2. Increase in very troubled Young People needing specialist placements away from Leicester will be addressed by a Placements Officer to achieve appropriate commissioning.
3. The Department is actively reviewing strategies to reduce admissions to care which are increasing demand for residential placements.
4. Health Action Zone proposals (Obj.6C) will assist in the review of residential services for disabled children. A small number of local respite placements are funded in the independent sector. Some young people receive residential respite care because foster carers are not available.
5. When implemented Children and Adolescent Mental Health Service response line 4 will provide residential care for Looked After Children with mental health needs (Obj.4C)
6. Each of our Children's Homes has/will develop 1 or 2 semi-independent living units and will arrange contracts and training packages with young people, to enable them to develop independence skills before they leave care.
7. All black and minority ethnic young people in residential care are regularly reviewed by the Looked After Children Black Cases Panel to ensure that all aspects of their care are appropriate.

A full Looked After Service review in the first half of 2002 will assess whether the current residential provision meets the changing needs of the looked after children population. It will be informed by a Dartington Research Unit 'matching needs and services' analysis for disabled children, commissioned by Health Action Zone, Health Improvement Programme, Education and Quality Protects, which will include the residential homes, and produce an integrated disabled children's service plan

The review will incorporate the implementation of the National Care Standards for Children's homes.

With Education and Health work is underway to agree a joint strategy and funding for placements for young people in need of specialised residential care which will be facilitated by a Joint Solutions Group. Children and Adolescent Mental Health Strategy response line 4 residential provision is expected to come on stream during year 4.

The Placements Officer will negotiate contracts, inspect and assess all out of City placements for the small minority of young people (8-16) who cannot be accommodated in our own homes, and who will be visited routinely by the children's rights officer.

4 semi-independent flats are available in the Homes with 2 more planned for 2002-03. Closer links are being developed with the leaving care team to improve support systems and develop protocols for young people living in the flats.

The black cases panels for looked after children and Youth Offending Team are being reshaped because of duplication of activity, to be reactivated early 2002.

Placement Choice is a priority area for grant	£ 2001/02	£2002/03
How much do you plan to spend on this in total? (£)	463,950	419,252
Of this total, how much will be spent on adoption? (£)	36,900	53,766

Objective 2: To ensure that children are protected from emotional, physical and sexual abuse and neglect.

National Performance Indicators

A3 : % children registered during the year on the child protection register, who had been previously registered

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Plan 2002-03	Plan 2003-04
Leicester	13.6	18.7	18.0	16.0	15.0
Trent	15.7	16.2	13.9	13.6	13.1
Unitary Authority	16.0	17.1	13.9	11.5	10.9
England	14.0	13.8	12.3	11.0	10.5
Leicester indicator results submitted in Autumn monitoring can be revised here			22.0	17.0	16.0

C21 : % children de-registered from the child protection register during the year, who had been on the register continuously for 2 years or more.

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Plan 2002-03	Plan 2003-04
Leicester	7.5	10.2	5.0	5.0	4.0
Trent	8.9	8.1	7.5	6.7	6.2
Unitary Authority	10.0	9.7	8.4	6.3	5.9
England	12.0	11.2	9.4	7.9	7.2
Leicester indicator results submitted in Autumn monitoring can be revised here			7.5	6.5	6.0

C20 : % child protection cases which should have been reviewed during the year, that were reviewed

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Plan 2002-03	Plan 2003-04
Leicester	71.4	83.5	100.0	100.0	100.0
Trent	81.9	84.1	96.8	98.7	98.9
Unitary Authority	81.0	91.0	97.8	99.5	99.7
England	81.0	87.5	96.2	98.8	99.1
Leicester indicator results submitted in Autumn monitoring can be revised here			94.0	100.0	100.0

QPii[2.3.5] : Percentage of children on child protection register with a key worker					
	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	100.0	100.0	100.0	100.0	100.0
Trent	96.8	97.0	99.5	99.5	99.5
Unitary Authority	97.8	99.2	99.9	100.0	100.0
England	97.1	97.4	99.6	99.7	99.8
Leicester indicator results submitted in Autumn monitoring can be revised here					

1. Describe your progress to date under this objective, including evidence of improved outcomes for children.

In MAP 3 your plans for 2001/2002 were as follows:

1. The target is to maintain the number of children on Child Protection Register below 350.
2. Priority for action is to improve to 100% Child Protection Reviews held on time. Procedures have been re-issued; Area Child Protection Committee is working on quoracy guidelines; reminders are standard; timescales are being closely monitored and performance will be reviewed.
3. The large decrease of 9% in re-registrations March 2000 was assessed to be artificially inflated through data inaccuracy. Prediction of an increase in 2001, followed by gradual decrease (overall 10% 1999-2004) is supported by evidence to September.
4. Disabled children are not identified in Child Protection Register records. Analysis will review whether they are under represented on Child Protection Register. Recognition and investigation of abuse of disabled children will be given priority in Area Child Protection Committee review of procedure and training. New database will record disability as essential data for all children. Health Action Zone project (Obj.6C) will consider a multi-disciplinary team for disabled children which would facilitate co-ordinated, skilled and timely assessments.
5. The Policy Officer (Cultural Diversity) will examine the over-representation of dual heritage children, and under representation of black and Asian children on the Child Protection Register to inform future policy and practice. In September 1999 the ethnicity of children on Child Protection Register was Dual Heritage - 6.6%; Asian - 2.8%; Black - 2.1% and in September 2000 Dual Heritage - 6.3%; Asian - 5.1%; Black - 4.5% showing a doubling of Asian and black children, although still under-represented.
6. The Policy Officer (Cultural Diversity) is researching physical abuse in the Pakistani Community through an Association of Directors' of Social Services award looking at Community and Voluntary Sector perceptions of physical abuse, disciplining and physical chastisement.
7. Implementation of preventive family support services via Children's Fund grant of up to £4.8 million over 3 years will support this objective.
8. Working practices will be reviewed in the light of recommendations arising from the independent government child protection review following the death of Anna Climbie.

Area Child Protection Committee functioning is improved through sub-committees and refinement of the joint and single roles of the devolved Area Child Protection Committees.

Regular liaison meetings with the police monitor and review the newly agreed S47 protocol.

Children In Need Assessment Framework integration with "Working Together" is promoted actively in Area Child Protection Committee training.

Child Protection Register business processes are increasingly robust with much improved management information to track progress. 92% of 6 monthly reviews were on time April–December 2001.

The target to reduce registrations to below 350 has been met and sustained for 12 months. A strategy is agreed to further reduce Child Protection Register numbers by reducing the number of children who are concurrently registered and looked after.

The percentage registered 2 yrs or more is reducing. Re-registrations show some increase. Analysis will determine what action is needed but this may be a function of the 38% reduction in Child Protection Register numbers since October 1999.

The ethnic profile of the Child Protection Register remains as in MAP 3. The Children In Need Black Cases Panel monitors and reviews services for this group of children.

Culturally appropriate practice guidance covers the sensitive issues of forced marriage and female genital mutilation, and the Policy Officer cultural diversity is working with the foreign office on national guidance re. forced marriage.

Quality Assurance subcommittee has produced standards for inter-agency audits of individual cases, and communications subcommittee has produced posters and leaflets "Everybody's Business" to promote public awareness including using local media. These will also be translated to ensure widest distribution.

2. Set out what you will achieve for children under this objective in 2002-03 and beyond, and how you will achieve it.

The strategic aims for the Area Child Protection Committee for 2002/5 are to:

- Improve audit and monitoring, and ensure learning from case reviews and good practice.
- Empower children to seek help particularly through schools.
- Focus on measures to reduce serious injuries to babies.
- Engage Primary Care Teams, education and initiatives such as Sure Start in the work of Area Child Protection Committee
- Improve access of black and minority ethnic children to child protection services. An Area Child Protection Committee sub group will review all child protection policy and procedure to evaluate cultural appropriateness for Leicester's population.
- Raise awareness of child protection amongst all agencies through training, and an improved communication strategy including twice yearly newsletters.
- To review policy and procedure in the light of recommendations arising from the Victoria Climbié enquiry.

Further work on reducing the number of children who are both looked after and registered should lead to a registration target of about 275. The focus is to ensure that this is implemented safely by full discussion with relevant bodies (e.g. Courts/children's guardians) and raising the profile of looked after children reviews with involved agencies.

Refocusing towards raising thresholds for child protection and increasing preventive support services is evolving. Multi-agency awareness of children in need assessment framework is developing. Area Child Protection Committee will help monitor the interface between family support and child protection services including analysis of re-registration.

The research of the Policy Officer cultural diversity re “Physical Abuse in the Pakistani community” is ongoing. The initial findings were presented to a British Association of Community Child Health conference in December 2001.

3. What system do you have or are putting in place for monitoring and auditing that the timescales for child protection processes - as set out in the revised Working Together – are met?

In MAP 3 your plans for 2001/2002 were as follows:

1. The assessment teams and Child Protection and Independent Review Service (CPIRS) will monitor time lapse from referral to 1st Conference.
2. Child Protection and Independent Review will continue to monitor conference delays and reasons for delay to initiate urgent action to prevent slippage and implement procedural change. Area Child Protection Committee Quality Assurance subcommittee is to include timescales as a key area for inter-agency audit.
3. Where an extended timescale is clearly in the interests of the child this will be recorded for analysis and recommendations.
4. Monitoring completion of Core Assessment within timescales will be established within new Assessment Teams from 1.04.01 and will be monitored by Conference Chairs at 1st review conference
5. Independent conference chairs complete Quality Assurance feedback forms of each conference, which will be analysed, providing regular reports to Divisional Management Teams.
6. The development of core groups as a primary vehicle for work with the family is a key change for Leicester City Area Child Protection Committee. Monitoring of the implementation of the Child Protection plan, including whether timescales for meeting objectives are achieved will be included in procedure.
7. The Child Protection Register will be integrated into the new database summer 2001 which will yield more sophisticated analyses including process analysis and alerting managers to delays.

The Child Protection Register database has been upgraded to yield additional Performance Indicators including timescale auditing. Integration into ‘Carefirst’ will be postponed until reliability is assured

From April-December 2001 6 monthly reviews completed on time radically improved to 92% through tight process management.

From October 2001 timescales from start of S47 enquiry to first conference and completion of core assessments have been monitored.

Monitoring of conferences has identified issues for further analysis and possible action: e.g. 70% of conferences are attended by parents, 17% note issues of quoracy and 50% include a confidential section usually for legal advice. The length of conferences has decreased (72% less than 90 minutes) despite the changes resulting from the implementation of the Children In Need Assessment Framework.

Timescales for child protection plans are included in revised formats but have not yet been monitored.

4. What elements of the changes in Working Together are still to be implemented, and what are your plans to implement them?

In MAP 3 your plans for 2001/2002 were as follows:

Area Child Protection Committee timetable is:

1. By February 2001 to complete key protocols as follows:
 - Child Protection enquiries and related criminal investigations
 - Thresholds between S17/S47
 - resolving professional disagreements
 - attendance, quoracy and decision-making in Conferences
 - the new role of Core Groups and the inclusion of parents/children
 - Child Prostitution
 - protocol between Youth Offending Team and Area Child Protection Committee
 - participation of parents and children in Child Protection conferences.
2. To re-issue inter-agency Child Protection procedures by April 2001.
3. By June 2001 to complete specialist protocols on:
 - organised abuse
 - allegations against professionals and
 - responses to the Waterhouse report (Obj.9A).
4. After June 2000 further scheduling of protocols including:
 - culturally appropriate practice
 - mental health and child protection
 - disabled children and Child Protection.
5. Awareness raising sessions on new Working Together February/March to be followed by full training programme from April 2001 with Health Action Zone funding.
6. Revised proformas will be developed before April 2001 including Social Worker reports to conference; conference agendas; decisions and recommendations of conference; Core Group records.
7. Updating of Child Protection guidance will be part of the departmental programme during 2001.

All elements of Working Together are being implemented and the inter-agency training program is revised.

New proformas for Social Services Department conference reports, agendas, recording of core groups and child protection plans are complete. Other agencies are producing assessment framework compliant report formats.

Area Child Protection Committee fully revised procedures and protocols are completed, save for the medical assessment protocol, which is proceeding. By March 2002 further guidance on culturally appropriate practice; enabling positive participation of children; complaints procedure; a major new chapter on recognition of abuse; allegations against staff; organised abuse will be complete.

Sub-groups are working on guidance on: children who abuse; child prostitution; positive practice for disabled children; mental health and child protection, and substance abuse and child protection.

Additional Interim guidance on “Factitious Illness by Proxy” is complete pending Department of Health guidance.

Objective 3: To ensure that children in need gain the maximum life chance benefits from educational opportunities, health care and social care.

National Performance Indicators

E45 : Ratio of proportion of children in need that were from ethnic minorities to the proportion of children in the local population that were from ethnic minorities

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Plan 2002-03	Plan 2003-04
Leicester	0.8		0.8	0.8	0.8
Trent	1.6		1.6	1.6	1.6
Unitary Authority	1.4		2.7	3.1	3.1
England	1.9		2.0	2.0	2.0
Leicester indicator results submitted in Autumn monitoring can be revised here					

QP4 : The number of children permanently excluded from school.

	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	106.0	88.0	78.0	78.0	78.0
Trent	74.5	69.5	62.9	57.3	56.5
Unitary Authority	32.3	34.1	28.4	27.0	25.3
England	62.0	58.6	53.5	46.5	43.8
Leicester indicator results submitted in Autumn monitoring can be revised here					

QP5 : The proportion of schooling lost in the local authority through unauthorised absence

	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	2.6	1.6	1.4	1.2	1.2
Trent	1.8	1.5	1.5	1.2	1.0
Unitary Authority	2.3	0.8	0.7	0.6	0.5
England	1.4	0.9	0.7	0.6	0.6
Leicester indicator results submitted in Autumn monitoring can be revised here					

1. Describe your progress to date under this objective, including evidence of improved outcomes for children.

In MAP 3 your plans for 2001/2002 were as follows:

1. The Cultural Advisory Team (MAP2) has recently been replaced by a Policy Officer and Social Worker (Cultural Diversity) to ensure that strategies are in place to deliver appropriate services to Black and Minority Ethnic children and families. Through research and joint working with voluntary organisations they will develop maximum participation of Black and Minority Ethnic communities in service planning; monitor the ethnicity of all service users; and critically evaluate current services to make informed recommendations for service development. The aim is to improve the life chances of Black and Minority Ethnic children and ensure that the needs of diverse communities are met.
2. In preparation for Assessment Framework implementation the structure of the Assessment and Strategy Division is under review. Detailed mapping of service users has resulted in reconfiguring team areas and clustering teams for flexible response. Five assessment teams will transfer work to 11 support teams after core assessment. The aim is an enhanced response to Children In Need in a refocused service.
3. Departmental threshold criteria are now complete and will be the reference for developing interagency threshold criteria.
4. A review of Children and Families Resources Division has begun in consultation with staff, users, communities and voluntary organisations and will identify unmet need and service requirements in order to recommend a varied menu of universal, community, voluntary and Social Services Department services.
5. Through Sure Start a link Social Worker post will co-ordinate support to families at greatest risk of social exclusion. The aim is to reduce the nos. of under 4's on the Child Protection Register and increase the proportion of families receiving family support. There will be a Family Group Conference Pilot in one of the Sure Start areas. Support to very young parents as part of Sure Start plus will continue (Obj.4C).
6. Leicester Children's Planning Partnership (LCPP) will explore the potential of the Children's Fund contributing to resolving identified unmet needs across Leicester.
7. We will seek to extend early mental health intervention services through Children and Adolescent Mental Health Service strategy and will be seeking to secure the present temporary funding.

Refocusing and integration of multi-agency services has progressed.

The Leicester Children's' Planning Partnership Family Support Strategy plans to develop seamless services for vulnerable children. 50 Children's Fund projects are strategically designed to complement existing voluntary and statutory services. The restructuring of duty and assessment service and child care teams, Children In Need Assessment Framework implementation and the review of Children's Resources section are complete. The ongoing joint SSD/Education Best Value Review of services for vulnerable children includes the looked after service, which will also be reviewed internally.

The model is to provide 4 tiers of services with Social Services Department provision in the upper tiers.

An equality checklist has been completed by Social Services Department staff in all service areas to assess performance on a range of equality issues such as clarity of policy, accessibility and appropriateness of services, management information and workforce diversity. Strengths were identified in quality of services, management commitment to valuing diversity, and the quality of staff skills. Priorities for improvement have been identified.

To improve joint working, and maximise the participation of the black and minority ethnic voluntary sector and communities, a conference took place in January 2002 on the theme "Communities in Chorus: providing quality social care in an ethnically diverse city."

Family Centres remain the service reflecting the diversity of the City most closely. 41% of children attending are non-white; 11% Muslim, 5% Hindu & for 11% English is their second language. A support group for parents of dual heritage children and an institutional racism questionnaire for staff aim to better meet the needs of this group of children

2. Set out what you will achieve for children under this objective in 2002-03 and beyond, and how you will achieve it.

Social Services Department Children's Resources review and consultation indicated a need to provide intensive, targeted services for those families in greatest need; to expand Social Services Department family support services to older age groups and consider commissioning external providers for some services

The Family Centres are likely to be reshaped to an intensive Children and Family Resource Service for children of all ages and most in need. This may include developing services for early intervention and preventive services on Sure Start principles, and other specialist functions such as a contact centre for looked after children.

The Children Looked After Service will be reviewed this year to meet the aim of reducing the number of looked after children while enhancing outcomes for those who remain in the care of the Authority. The care needs of disabled and black and minority ethnic children will receive particular attention

Outcomes are intended to be:

- The prevention of deterioration in vulnerable families nearing critical levels of need through earlier intervention across the multi-agency network including Children's Fund level 3 prevention team, 5 Sure Start programs, Children and Adolescent Mental Health Services tiers 1 and 2 and the city wide expansion of Family Group Conferences.
- More targeted and effective provision for children in need of Social Services Department services.

The balance of provision for black and minority ethnic families and communities will be prioritised through the continuing development of the strategy outlined in our application for Beacon status for racial equality, which has been short listed for further assessment.

3. How are you ensuring effective linkages with the following programmes and/or objectives where they exist in your council area?

Sure Start

In MAP 3 your plans for 2001/2002 were as follows

1. The Department lead officer links with all 3 Sure Start programmes. Staff are seconded to 2 programmes and involved in planning the 3rd.
2. A Nursery Officer plans integration of disabled children under 4 into mainstream community/play provision.
3. A part-time Nursery Officer will be seconded to a health visitor team to advise parents of young children.
4. Family Centres and Sure Start will provide joint training and group work addressing speech and language development.
5. Increased community resources in Sure Start areas are making it easier for children to progress from family centres into universal provision.
6. Parents using family centres are part of the Sure Start consultation process.
7. Family centres are developing services for teenage parents.
8. Full-time pre-school teacher identifies special needs at an early age to achieve best start possible.
9. The joint planning strategic aim is to make Sure Start city wide, with 2 or 3 more bids anticipating an increase in funding resulting in better outcomes for children.

There are Social Services Department representatives on all 5 Sure Start programmes with a link social worker or nursery staff in 4 projects, and the Sure Start Co-ordinator attends Leicester Children's Planning Partnership.

Reports from Social Services Department and partner agencies are very positive about the effects of Beaumont Leys Sure Start, which was the first in the city, and 2 new projects will come on stream this year.

The Social Services Department is actively supporting the application for additional funds to expand Sure Start citywide which is seen as an integral part of the Joint Family Support Strategy. Social Services Department would redesign services in some family centres to enable multi-agency/multi-funded early intervention and preventive services for families. Sure Start would fund speech therapy and nursery officers trained to assist speech and communication development.

St Matthews Sure Start has a bilingual co-ordinator, has commissioned Leicester University research to guide the provision of culturally appropriate services, and with libraries is producing storybooks for the Monserat community.

Sure Start Plus

The Teenage Pregnancy Strategy Group is a sub group of Leicester Children's Planning Partnership and encompasses the teenage pregnancy agenda, Sure Start Plus and the city wide approach to Sure Start.

A Principal Officer in the looked after service is the Social Services Department representative on the group

The lead organisation is the City West Primary Care Trust with a Social Services Department representative on the Core Executive.

The PCT funded Sure Start co-ordinator is a member of Leicester Children's Planning Partnership and works closely with the PCT based Teenage Pregnancy Co-ordinator

The Supporting Teenagers Enhancing Parenthood (STEPS) project has developed a training pack for staff in projects attended by young parents. It will be piloted by an SSD Family Centre in March with other centers such as housing/hostel projects to follow.

Connexions

In MAP 3 your plans for 2001/2002 were as follows:

1. The local partnership will launch Connexions programme in April 2002 and planning includes linkages with YOT, looked after service and leaving care team.
2. Connexions have made presentations to LCPP to ensure multi-agency involvement from the outset and there is overlapping membership between the two.
3. SSD staff are involved in 3 Connexions Grps. Service Manager (fostering and care leavers) is lead officer on the multi-agency contact grp; policy officer CSP is on the grp mapping services for 13-19 yr olds; and QP research officer on the data exchange grp.
4. Connexions are part of the Transitions Planning Working Group for disabled children.
5. The Careers team are part of the Teenagers to Work group and Care Leavers Bill implementation group.

The Connexions Service in Leicester and Leicestershire is in its development phase and will be launched in September 2002. In the interim there will be a pilot Connexions advisor in the Leaving Care Team who will report on the best ways of co-working, whether personal advisor roles can interchange or complement each other and the most beneficial skills mix to support young people.

We are fully involved in the general development of the Connexions service through the Partnership Board and other Theme Groups.

A multi agency group will shortly be formed to develop provision for young people with special educational needs/learning difficulties and disabilities. The caseload of the pilot advisor will include young people with identified special needs.

Work is in hand in LCPP to ensure that Children's' Fund projects bridge the age gap between Sure Start and Connexions.

Children's Fund

In MAP 3 your plans for 2001/2002 were as follows:

Leicester did not bid for "On Track" funding for work with 4-12 year olds to prevent early offending. Joint Review noted the need to reduce the number of initiatives undertaken by the department to ensure sustainable improvements. Now that Sure Start is well established we are ready to enter into partnerships to develop services for this group and hope to do so using the Children's Fund.

The Children's Fund programme has 5 themed areas: education, family support, play, disabled children and youth offending and has now been fully agreed by the Children and Young People's Unit. A large amount of grant will be distributed from Jan 02.

The application and management of the process was undertaken by the seconded SSD Service Manager of the Children's Services Planning Unit. NCH has been designated as the lead organisation to manage the project and the programme manager has been in post from Jan 2002. Completion of contractual arrangements with the LCPP to ensure continuing strategic ownership and management by the partnership is being negotiated.

Widespread consultation with the voluntary & statutory sectors informed the selection of 50 projects, and a conference for black and minority ethnic voluntary and faith communities resulted in the selection of 18 projects for minority ethnic children & family services.

Health Improvements Plans and Health Action Zones

In MAP 3 your plans for 2001/2002 were as follows:

1. The umbrella group for strategic planning for children's services is the Leicester Children's Planning Partnership (LCPP) on which Health Authority and HAZ are represented.
2. The LCPP is the key central body for planning/prioritisation for the children's chapter of the HimP, and the SSD is also represented at the District level on the Children's HimP Board.
3. The HAZ has identified disabled children as the early priority for children's services, and in conjunction with QP and the application of Health Act flexibilities this is likely to be one of the first areas where services are jointly provided.
4. HimP and HAZ funding supports several QP objectives including:
 - Obj.4 - HimP funding for consent to data exchange and health promotion leaflet for LAC in 3 Local Authorities HimP funding of lead nurse for foster children to train and support designated GPs to promote positive health outcomes for LAC
 - Obj.6 - HAZ Disabled Children's Co-ordination Project to co-ordinate and develop services for disabled children
 - HimP funding for respite day care for disabled children
 - Obj.7 - £70,000 HAZ funding of multi-agency implementation of Assessment Framework.

LCPP has recently confirmed its intention to become the Children and Young Person's Strategic Partnership for the City, with enhanced links to the Local Strategic Partnership. The integration of the HAZ children's planning function into the LCPP has seen HAZ funding pump priming successful Sure Start, Children's Fund and other projects.

The HAZ disabled children's co-ordination project has made great strides in developing strategy and infrastructure for disabled children's services. It is anticipated that as implementation progresses there will be major gains in the provision of services for disabled children.

The HimP children's chapter fully incorporates QP goals and with the employment of a designated nurse for foster children, the development of a Dental Access Centre and the appointment of a Consultant Community Paediatrician with strategic responsibility for LAC, it is anticipated that health outcomes for LAC will improve.

The Joint CAMHS Development Strategy

In MAP 3 your plans for 2001/2002 were as follows:

1. SSD is co-funder of CAMHS and is represented on Joint Steering Group and other response line working groups (see MAP2).
2. SSD administers the CAMHS Innovation Fund and other CAMHS grants.
3. CAMHS staff participate in Leicester Children's Planning Partnership.
4. Re.Line 1: SSD staff were consulted in preparation of training programme for multi-agency frontline staff and will be recipients.
5. Re.Line 2: SSD have staff as members of, refer to and have close links with 3 CBII Projects, which interface with Children and Families Resources Division (Obj.3A).
6. Re.Line 3: The young people's mental health team of one psychiatrist , 2 psychologists and 3 primary mental health workers is in place and will prioritise black and dual heritage LAC with mental health needs. One of the primary mental health workers will be based in the Youth Offending Team to prioritise their needs.
7. Re.Line 4: Implementation of proposals for joint commissioned projects (4C) await appointment of a project manager.
8. SSD will participate in Leicester University evaluation of the role of mental health services for young people looked after.

In spring 2001 a consultant was appointed to manage the CAMHS programme until March 2002 and has reinvigorated the planning process. The CAMHS innovation grant has been renewed until 2004

The CBII, which received Beacon Status last year, is currently being reshaped to address greater levels of need, a broader age range and additional geographical areas, funded through CAMHS Innovation Grant, Children's Fund and HimP. It will work very closely with the Children's Fund level 3 Prevention Team, sharing assessment frameworks, thresholds and signposting processes.

Particularly important is the commitment of the CAMHS strategy to address the needs of black and minority ethnic communities in Leicester.

The Young People's Team for LAC and young offenders is beginning to show outcomes.

The fourth tier service for severely learning disabled young people is under development, and work is ongoing on joint placement protocols and the needs of autistic children.

Objective 4: To ensure that children looked after gain the maximum life chance benefits from educational opportunities, health care and social care.

National Performance Indicators

A2 : % young people leaving care with at least 1 GCSE at grades A – G, or GNVQ

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Forecast 2002-03	Plan 2003-04
Leicester	17.4	20.4	25.0	30.0	35.0
Trent	28.1	37.5	45.0	62.6	63.5
Unitary Authority	31.0	38.4	49.4	61.0	64.2
England	31.0	36.8	48.7	60.9	65.4
Leicester indicator results submitted in Autumn monitoring can be revised here			25.0	35.0	40.0

C18 : Final warnings and convictions of children looked after

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Forecast 2002-03	Plan 2003-04
Leicester	11.5	3.9	3.9	3.5	3.5
Trent	4.7	2.9	3.3	2.3	2.1
Unitary Authority	..	3.4	3.7	3.0	2.7
England	..	3.0	3.5	3.0	2.8
Leicester indicator results submitted in Autumn monitoring can be revised here					

C19 : Health of children looked after

Actual position at 1999-00	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Forecast 2002-03	Plan 2003-04
Leicester	82.0	71.5	75.0	80.0	85.0
Trent	86.4	72.1	79.4	87.5	92.8
Unitary Authority	..	70.5	77.5	87.5	91.3
England	..	65.7	76.1	85.5	89.4
Leicester indicator results submitted in Autumn monitoring can be revised here			75.0	85.0	90.0

C24 : % children looked after continuously for at least 12 months and were of school age, who missed 25 or more days schooling for any reason during the previous school year.

	Actual position at 1999-00	Outturn for 2000-01	Forecast 2001-02	Forecast 2002-03	Plan 2003-04
Leicester	25.0	13.5	10.0	8.0	5.0
Trent	10.8	11.6	9.7	9.4	8.7
Unitary Authority	..	12.2	10.1	8.6	7.6
England	..	12.1	10.5	8.8	7.9
Leicester indicator results submitted in Autumn monitoring can be revised here			18.0	16.0	14.0

QP4.0.1 : The proportion of LAC reviews within the preceding six months that were completed within the required timescale

	Outturn at 31/3/2001	Planned Position at 31/3/2002	Forecast 2002-03	Planned Position at 31/3/2004
Leicester	59.0	70.0	80.0	90.0
Trent	72.4	86.7	93.0	96.4
Unitary Authority	77.0	84.9	90.5	93.4
England	78.0	88.3	93.4	96.3
Leicester indicator results submitted in Autumn monitoring can be revised here				

QP8 : The proportion of looked after children obtaining at least 5 GCSEs at grades A*-C during the most recent school year, as a ratio of the proportion of all children in the CSSR achieving these standards.

	Position at 31/3/2000 (from QPMAP)	Outturn at 31/3/2001	Planned Position at 31/3/2002	Forecast 2002-03	Planned Position at 31/3/2004
Leicester	10.5	9.5	8.0	6.0	4.0
Trent	28.8	19.1	24.9	30.2	36.8
Unitary Authority	46.7	23.5	32.7	38.0	44.0
England	32.3	18.1	24.8	30.8	37.0
Leicester indicator results submitted in Autumn monitoring can be revised here					

QP9 : The percentage of children who had been looked after continuously for at least 12 months and were of school age, who were permanently excluded from school at any time during the previous school year.

	Position at 31/3/2000 (from QPMAP)	Outturn at 31/3/2001	Planned Position at 31/3/2002	Forecast 2002-03	Planned Position at 31/3/2004
Leicester	12.0	12.0	10.0	8.0	6.0
Trent	20.1	2.1	1.9	1.5	1.4
Unitary Authority	10.4	1.6	1.8	1.6	1.5
England	11.2	1.5	1.4	1.2	1.1
Leicester indicator results submitted in Autumn monitoring can be revised here					

QP10 : The proportion of all children looked after at 31 March who were from ethnic minorities, divided by the proportion of all children in the CSSR from ethnic minorities.

	Position at 31/3/2000 (from QPMAP)	Outturn at 31/3/2001	Planned Position at 31/3/2002	Forecast 2002-03	Planned Position at 31/3/2004
Leicester	0.4	0.5	0.5	0.6	0.6
Trent	1.4	1.4	1.2	1.2	1.2
Unitary Authority	2.1	2.1	1.8	1.7	1.7
England	2.1	1.9	1.7	1.6	1.6
Leicester indicator results submitted in Autumn monitoring can be revised here					

1. Describe your progress to date under this objective, including evidence of improved outcomes for children

In MAP 3 your plans for 2001/2002 were as follows:

1. Through benchmarking and joint seminars the Social Services Department and Education Departments are developing a joint funded plan for a multi-disciplinary team to:
 - Secure full-time education for Looked After Children, wherever possible in mainstream school
 - To support looked after pupils in school, targeting years 10 and 11, and the transition from primary to secondary education
 - To develop a comprehensive policy and practice framework
 - Provide ongoing carer, social worker and teacher awareness raising and training
 - Provide resource packs to foster carers to support home learning
 - With a guiding principle of social inclusion the team will consider extending its remit to young offenders and refugees at a later stage.
2. Social Services Department will contribute approx. £110,000 Quality Protects funding from main and care leavers budget with Education Dept matching or exceeding this figure.
3. The draft plan includes a project manager, advisory teachers, learning mentors, Education Welfare Officer, project worker(s), a clerk and a budget for direct support for individual Young People.
4. Implementation of Personal Education Plan are underway with a Personal Education Plan for Looked After Children group to review the plans of all Young People out of education.
5. The Looked After Children advisory teacher will consult with Young People about the draft model the Authority intends to adopt.
6. Through Health Improvement Programme funding, recruitment of a lead nurse for children in family placements to train and support designated GPs to complete health assessments and promote positive health outcomes will proceed in 2001. Processes for health assessment completion will be reviewed and procedures improved, including awareness raising for social workers and carers, and process monitoring on the new database to achieve 100% completion of assessments.
7. Quality Protects budget will fund Viewpoint software to facilitate participation of disabled young people in service planning to improve their life chances (Obj.6).
8. Leisure and cultural activities will continue to be promoted through Corporate Parenting and the Quality Protects leisure fund (Obj.4C4)

The designated teacher for looked after children contributed to an improvement in gaining 5 GCSEs A-G but no child achieved 5 GCSEs A-C. The Public Service Agreement target of 15% of care leavers achieving 5 or more GCSEs A-C is shared with the Education Department in their Education Development Plan and is targeted for joint action.

School non-attendance at 20.5% (C24) and exclusions at 5% (QP9) varied widely from our predictions because of changed measurement criteria. New forecasts have been supplied.

The joint funded education team (Raising the Achievement of Looked After Children) is established and the foundation is laid for improvement in outcomes this year. The preparatory work for the implementation of national guidance is well developed and it is intended that improved educational achievement will impact on improving the Public Service Agreement target of increasing the employability of care leavers.

Health surveillance was slightly below prediction at 71% 2000/1 deflated by low uptake of dental checks and lateness of annual health assessments. Both will be addressed by the designated nurse for LAC (see below)

The Quality Protects leisure fund has continued to support individual young people to engage in cultural and leisure activities. Through corporate action free tickets for theatre shows, museum exhibitions, football matches and leisure centre swimming passes for foster families have been provided

2 additional Independent Chairs are being recruited for April 2002 to enable independent review of 70-80% of Looked After Children next year, and 100% 2003-04 with the aim of increasing the number of reviews held on time from 59-90%.

<p>2. Set out what you will achieve for children under this objective in 2002-03 and beyond, and how you will achieve it.</p>
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Improving outcomes for looked after children, particularly in education, requires the greatest focus for change.

The strategy will be:

- To reduce the number of looked after children to improve the quality of care for the remainder
- To increase resources to achieve positive outcomes for looked after children including the development of new action plans with Corporate Parenting colleagues
- In Core Assessments to measure baseline performance and to set personal targets to show added value for each child, to complement Performance Assessment Framework and Quality Protects performance indicators
- By 2004 to review all looked after children independently to improve timeliness, objectivity, consistency and monitoring of performance, and to free child care team managers to improve service delivery for Looked After Children.

Improving co-working with head teachers is a primary vehicle for achieving results and they are being encouraged to be active members of key planning fora (Leicester Children's Planning Partnership and Area Child Protection Committee).

Please say what you are doing and plan to do to:

(a) Improve the educational attainment of looked after children, including securing education provision within 20 days.

In MAP 3 your plans for 2001/2002 were as follows:

1. New Public Service Agreement targets to increase the proportion of children leaving care with 5 GCSEs grades A-C to 15% in 2004 is very challenging given a 0% achievement in Sept'00. As part of current joint planning with education (Obj.4B) interim targets will be agreed as well as alternative local targets for Young People who could not obtain GCSEs including learning disabled children, and those who have missed SATs or GCSE curriculum for defined reasons.
2. Building on the analysis of the advisory teacher, further understanding of the barriers to education achievement will be developed to inform compensatory actions to raise education attainment. The budget for individual support is likely to purchase tuition for Young People who have gaps in their education or special needs requiring 1 to 1 help.
3. A primary target for the education team is to ensure that every looked after child has full time education appropriate to their needs within the target that no excluded child should be without a school place for longer than 20 days. The team will also focus on prevention of exclusion through early intervention, and support to school and Young People.

It is anticipated that improving education outcomes for looked after children will become a primary Corporate strategic aim through PSA targeting and funding

The joint funded Education Team is leading on the development of procedure and guidance for raising the achievement of Looked After Children, and direct support to schools and young people to improve individual achievement:

- **A database has been developed to track all education data**
- **Joint training sessions have been delivered to foster carers and all staff groups working with looked after children**
- **Designated teachers have been appointed in every school**
- **Personal Education Plans (PEPs) are implemented with targets for completion**
- **A handbook for raising the educational achievement of looked after children is agreed**
- **Learning mentors support individual children and a budget for individual tuition or classroom assistance is available**
- **An annual awards ceremony marks the progress of every looked after child**

A project officer from March 2002 will lead on education inclusion including an agreed approach for challenging exclusion and prioritising looked after children for school re/admission

The Social Services Department/Education liaison group led by Assistant Directors will continue to meet monthly

(b) Improve access and delivery of health care – including Children and Adolescent Mental Health Service – to looked after children

In MAP 3 your plans for 2001/2002 were as follows:

1. The residential sector is resourced through a Community Medical Officer and designated nurses (MAP2). A lead nurse to promote and co-ordinate services for foster children is to be recruited (4B). Targets are to ensure 91% completion of health monitoring by 2004 producing health care plans as appropriate with an infrastructure of healthy living advice for all Looked After Children.
2. Children and Adolescent Mental Health Service Level 3 development is establishing a young person's mental health team (Obj.1B). The team will support and train residential staff and foster carers and provide direct support to some Young People.
3. Children and Adolescent Mental Health Service Level 4 strategy will support some looked after Young People currently placed out of city because of behavioural or mental health needs through:
 - 12 bed, 7-Day In-Patient Facility for Young People with severe mental health needs
 - Crisis Response Service, with 2 emergency admission beds and outreach service
 - Learning Disability Service for 11-19 year olds
 - Service for Young People with Severe Behavioural Problems or Conduct Disorders - 6/8 bedded unit
 - Multi-Agency Solutions Group - to co-ordinate assessment and bed purchase.

Good provision for health support continues in the residential sector.

For foster children the new designated nurse will:

- **Progress strategy and action plans to improve the health of foster children.**
- **Identify, train and support GPs to carry out health assessments sensitive to racial, cultural, gender and disability issues.**
- **Develop training, protocols and information for foster carers and staff.**
- **Develop co-operation between all agencies involved in implementing health care plans**

Dental access will be greatly improved through a new Dental Access Centre providing immediate dental assessment / treatment and facilitating registration with a dentist.

A new Consultant Community Paediatrician leading on social paediatrics has a strategic role for health services for Looked After Children.

The Peer Health Project in Leaving Care Team is developing appropriate health provision for older Looked After Children and care leavers.

There are ongoing discussions to enhance Child and Adolescent Mental Health Services to Looked After Children.

(c) Increase opportunities and support for children and young people in care to participate in leisure, cultural and sporting activities.

In MAP 3 your plans for 2001/2002 were as follows:

1. The Department has established a Quality Protects Leisure Fund to improve the skills, confidence and self-esteem of Looked After Children through sport, cultural and leisure activities. Funding is directed to either an individual or group and will focus on:
 - providing sessional workers to give 1 to 1 support to Young People with behavioural difficulties to enable them to participate
 - to give instruction to either an individual or group of Looked After Children in a particular sport or art/craft activity
 - to run workshops for Looked After Children in art, drama and music, in order to improve skills and confidence.
2. Funding has been given to individual Young People aimed at making a qualitative difference in their lives and aiding social inclusion. In 2001, the priority will be disabled and black/dual heritage Young People - each Children's Home is consulting with Young People to ensure appropriate leisure activities.
3. Corporate Parenting initiatives provide large scale social activities for foster families, individual leisure and cultural opportunities and targeted leisure activities for disabled children. See access and inclusion officer (Obj.6B).

The Arts and Leisure Dept have facilitated free access to a variety of cultural and leisure activities including free theatre and football match tickets; free swimming passes for whole foster families and free internet access in libraries as well as information sessions and priority for looked after children on summer holiday play schemes.

The Early Years Development Programme, Red Cross and Health Action Zone are developing play and leisure for disabled children including those in link or full time care placements. A staff member trains play schemes staff to ensure inclusion.

Sport England, East Midlands Investment Trust, Health Action Zone and Quality Protects are funding a research project to report on disabled young people's experience of play, leisure and sport to inform further plans.

Corporate partners are committed to maximising social inclusion for disabled children and will be assisted by a 2 year Quality Protects funded inclusion co-ordinator.

The Quality Protects leisure fund and large scale social activities with Corporate colleagues described in MAP3 continue.

(d) Narrow the gap between the proportions of children in care and their peers who have had a final warning or are convicted.

In MAP 3 your plans for 2001/2002 were as follows:

1. The very positive reduction of the proportion of looked after Young People offending from 20% to 11.25% demonstrates the shared commitment of Youth Offending Team and Social Services Department to achieving the Performance Assessment Framework target of 10% by 2001. A detailed protocol defining mutual responsibilities is in place with jnt commitment to high quality service for this group of Young People.
2. The strategy to reduce offending of Looked After Children includes:
 - Enhanced remand fostering to reduce use of residential care where peer influence may encourage offending
 - Field Social Workers attending Court and co-working with Youth Offending Team for Young People looked after
 - Monitoring of trends and data exchange
 - Linking "Asset" and Children In Need assessments to produce shared service plans
 - Youth Offending Team police officers contributing programmes on offending behaviour for Looked After Children
 - Youth Offending Team managers reviewing all looked after Young People monthly.
3. To enhance outcomes for black young offenders a Black Cases Panel reviews service provision and 4 Social Worker posts are exempted under the Race Relations Act. Half of 12 Social Worker posts were occupied by Black and Minority Ethnic workers in 2000.
4. The education support team for Looked After Children intends to include young offenders in its remit (Obj 4B)
5. The primary mental health worker based in Youth Offending Team from the Children and Adolescent Mental Health Service Young Peoples Team (Obj.1B) will support Looked After Children with mental ill health.

Percentage of looked after children offending increased (11.25% to 15.7%) however reprimands and final warnings are now included in the figure. The ratio with the local population is not yet known.

The Public Service Agreement target is to reduce to 7.2% by 2004 therefore Leicester's targets will be:

Sept 01 15.7%; Sept 02 13.5%; Sept 03 11% Sept 04 7.2%

25 remand foster placements accommodate all young people remanded to the care of the Local Authority. The figures for re-offending of this group are encouraging.

Looked after young offenders benefit from a range of Youth Offending Team programs including

- **Preventive summer sporting activities in children's homes**
- **Vehicle offenders group work**
- **Life skills and cognitive behaviour work (Youth Offending Team and Children and Adolescent Mental Health Service)**
- **Robbery programs**

- **Joint mentoring project with the Racial Equality Council for disaffected ethnic minority young people; and referrals to the Black Prisoners Support Group for those in custody**

Youth Offending Team and Residential Homes plan to:

- **appoint a link police officer for each home for preventive work**
- **co-work on offending/behavioural programs**
- **share training**

Teenage pregnancy

In MAP3 your plans for 2001/2002 were as follows:

1. The Teenage Pregnancy plan covers 2 areas, prevention and support, and links with Sure Start Plus.
2. Guidance is completed for Residential Homes for direct work with Young People re. sexual health/ substance misuse.
3. Plans include:
 - Mandatory training in 2001 for residential staff and key foster carers
 - Individual assessments of Young People's needs
 - Specific family planning services in residential homes
 - Sessional advice to care leavers about sexual health care services
 - A pilot of 'baby doll' experience
 - Targeting looked after teenage parents and care leavers for "Teenagers to Work" placements
 - Linking Looked After Children to Connexions services during and post pregnancy
 - Liaising with advisory teacher to support young mothers to return to educ or employment through a follow up appointment 16 wks after birth
 - Ensuring Young People are linked to Surestart/Surestart Plus programmes and services in the local community
 - Assisting Education Dept to provide child care places for Young People to return to education or training
 - A project manager has been seconded to progress Sure Start Plus from mid January (Health Action Zone funded).

3. What Services/initiatives are being developed or are in place to help

(a) meet locally agreed targets to reduce teenage conception rates.

1998 baseline conception rate was	65.1 per 1000 girls under 18 yrs
Target	55.3 per 1000
by 2004 reduce to	29.3 per 1000
by 2010 to	

Primary Care Team and Social Services Department local targets and data collection systems are a priority for development by the Teenage Pregnancy Strategy Group.

A Teenage Pregnancy co-ordinator is in post (Aug 01). The Health Promotion Agency has co-ordinated public education and advertising and has produced a directory of sexual health, pregnancy and support services.

Sure Start Plus provides early advice and pregnancy testing in Beaumont Leys. The Primary Care Team is developing local sexual health drop-ins and more youth contraceptive sessions

For Children's Homes The Health Trust provides an outreach family planning service; sex and relationship education is in place and a health centre is offering contraceptive advice and services.

Teenage Pregnancy is an important focus of the Peer Health project in the leaving care team including group work with young men in residential care.

A Health Action Zone/Teenage Pregnancy project will train and support local pharmacists to provide free emergency contraception

(b) support teenage parents into education or work under your locally agreed teenage pregnancy strategy.

The Policy Officer (Looked After Children) is a member of the interagency Teenage Pregnancy Strategy Group.

With Connexions local targets will be agreed for the engagement of young parents in education and training, and NVQ2 achievement. Connexions plans include a specialist personal advisor for Teenage Pregnancy

Pregnant pupils are referred to the Children's Hospital School at the LRI which uses flexible learning approaches to encourage young mothers to sustain their education.

Youth Offending Team is planning Parenting Work and a Sure Start Gaining A Place project provides a supported housing unit for teenage parents. Stability and parenting competence will enable engagement in education or work

The Leaving Care Team and pilot Connexions advisor will prioritise young parents for support.

Through Corporate Parenting it is planned to develop learning/training/work experience for young parents

Education and work engagement requires most development including child care provision to facilitate attendance at school or college. The project officer in the team will work on educational inclusion for this group

Life chances of LAC is priority area for grant	£2001/02	£2002/03
How much do you plan to spend on this in total in (£)	113,500	113,500

Objective 5: To ensure that young people leaving care, as they enter adulthood, are not isolated and participate socially and economically as citizens

National Performance Indicators

A4 : % young people at age 19 who were in education, training or employment, and were looked after in their 17th year (aged 16)

	Position at 31/3/2000 (from QPMAP)	Outturn for 2000-01	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	35.9	43.3	50.0	53.0	55.0
Trent	32.6	36.8	47.6	56.3	65.3
Unitary Authority	..	47.7	55.9	66.0	72.4
England	..	47.6	57.9	65.7	71.6
Leicester indicator results submitted in Autumn monitoring can be revised here					

Of children who were looked after on 31 August aged 16 or more and who subsequently left care, the proportion who were engaged in education or who were employed 30 September 2 years later

Leicester		40.28	50.0	60.0	65.0
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QP11 : The percentage of those young people who were looked after on 1 April in their 17th year (aged 16), who regular contact with the social services department until their 19th birthday.

	Position at 31/3/2000 (from QPMAP)	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	66.7	90.0	95.0	97.0	99.0
Trent	65.4	67.0	79.7	84.1	86.7
Unitary Authority	55.1	72.7	79.1	86.0	89.3
England	58.4	68.9	79.3	84.7	87.9
Leicester indicator results submitted in Autumn monitoring can be revised here		90.0	95.0	95.0	95.0

QP11a: Of children who were looked after on 31/8/99 aged 16 or more and who subsequently left care, the proportion with whom the SSD are in contact at 30/9/01

	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	85.7	75.0	78.0	80.0
Trent	71.8	77.4	79.9	82.2
Unitary Authority	80.0	82.9	86.4	88.0
England	75.0	81.2	85.2	87.2
Leicester indicator results submitted in Autumn monitoring can be revised here				

QP12 : The percentage of those young people who were looked after on 1 April in their 17th year (aged 16), who were known to have suitable accommodation.

	Position at 31/3/2000 (from QPMAP)	Planned Position at 30/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	69.2	88.9	80.0	84.0	90.0
Trent	60.7	74.4	84.9	87.7	90.7
Unitary Authority	53.6	75.8	81.0	86.3	89.0
England	61.7	74.1	81.5	86.0	89.1
Leicester indicator results submitted in Autumn monitoring can be revised here		88.9	90.0	91.0	92.0

QP12a: Of children who were looked after on 31/8/99 aged 16 or more and who subsequently left care, the proportion known to have suitable accommodation at 30/9/01

	Planned Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	90.5	80.0	84.0	90.0
Trent	79.6	84.1	86.5	89.0
Unitary Authority	80.0	82.4	86.3	85.9
England	76.2	83.0	86.5	87.9
Leicester indicator results submitted in Autumn monitoring can be revised here				

1. Describe your progress to date under this objective, including evidence of improved outcomes for children

In MAP 3 your plans for 2000/2001 were as follows:

1. The Public Service Agreement target to achieve by 2004 75% take up of education, training and employment by 19 year old care leavers is well above our Performance Assessment Framework target of 55%. This outcome will require strenuous effort and depend on educational success at an earlier age. The care leavers budget will contribute to the new education team, focusing on years 10 and 11 to ensure that care leavers have been engaged with education & are self confident and motivated when they leave care. Support to pregnant teenagers will try to retain the young people in education pre- and post-natally through flexible support packages.
2. Corporate partners will encourage and support work experience and placements for young people.
3. Partnership with Connexions will ensure that Leaving Care Team is geared to exploit the wider range of employment and training opportunities which will be available from 2002.
4. Quality Protects grant to the Peer Health Project will provide accessible healthy living advice and support for young people in transition and independence, and Divert Trust offers support to substance abusing young people.
5. The teenage pregnancy project is focusing on the needs of Looked After Children and Care Leavers (4C).
6. Barnardos is engaged in a needs analysis, stakeholder consultation and feasibility study of the possibility of establishing a young peoples centre which would provide learning, social, leisure and advice opportunities for Care Leavers and other young people in need. This potentially could lead to a project funded by multiple stakeholders (young people were consulted about plans for young peoples centre).
7. Preparation for leaving care will be facilitated by the fostering independence scheme; residential homes independent living units; YMCA accommodation project; and other supported housing projects.
8. Inter-agency and Corporate preparations for the Children (Leaving Care) Act implementation will gain pace, with particular input from Housing Dept.

Contact with Social Services Department has improved and is well above other local authorities. Varied housing options are available through co-working including a partnership with Youth Offending Team, YMCA and Housing to provide 5 supported units for the most hard to place young people. The percentage of care leavers in suitable accommodation is high.

Care Leavers in education employment or training aged 19 has improved. The Public Service Agreement target that they should achieve 75% of the local norm cannot be calculated but from the National Labour Force Survey the local rate for economically active adults of 53.3% employed makes care leavers achievement 81% of the adult norm. Connexions will measure the performance of this cohort and we will jointly plan how to meet this target.

The leaving care team of manager and 8 staff has good gender and ethnicity balance, and hosts 3 other posts. A "Cut Loose" project co-ordinator providing 25 mentors, of whom 36% are non-white, to support young people at risk of/misusing substances; a Health Development Worker to work with young people to achieve sustainable health improvements for Care Leavers; and a pilot Connexions personal advisor.

The Leaving Care Black Forum monitors decision making and actions to ensure desired outcomes for black and minority ethnic young people.

Plans and procedures for the implementation of the Children (Leaving Care) Act have been prioritised including training for social workers. The payments system for “relevant” children is in place including incentives for compliance with Pathway Plans.

<p>2. Set out what you will achieve for children under this objective in 2002-03 and beyond, and how you will achieve it.</p>
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The Leaving Care Team’s aim is to raise the social, economic and health outcomes of care leavers, taking responsibility for the transition period prior to achieving full independence. As personal advisors they will act as “good parents” building confidence, motivating and facilitating the development of life skills in young people. They will co-work or advocate with other services to ensure appropriate provision for these young people to develop sustainable long term social inclusion.

All 15 year old looked after children will be referred to leaving care team to be allocated a social worker who will become their Personal Advisor at 16. The Pathway Plan (PP) format and procedure are in place. Leaving care team workers will complete core assessments for initial Pathway Plan to be reviewed 6 monthly. 2 more workers will be recruited as personal advisors.

To support the implementation of the Act a Principal Officer in the looked after service will be seconded as project manager to the leaving care team.

The joint funded education team will target 14-18 yr olds for their support to raise educational achievement and employability. The leaving care team will co-work with the Connexions advisor, Corporate colleagues and Raising Achievement of Looked After Children education inclusion officer to develop continuing training and employment opportunities for all care leavers including disabled young people.

Through Leicester Children’s Planning Partnership and Children's Resources review further discussions will take place about a possible Young People’s Centre for social contact, support, advice and advocacy services, building on the feasibility study by Barnardos and in partnership with young people, Connexions, Youth Offending Team and Careers Service.

3. What are the key elements of your plans for suitable accommodation and support for young people leaving care and those in transition to independence, in line with the legislation on care leavers?

In MAP 3 your plans for 2000/2001 were as follows:

1. New Public Service Agreement targets of 15% of 16 year old care leavers achieving 5 GCSEs, A-C and 75% achieving the same level of education, training and employment as their peers will depend on a matrix of support and major change agenda.
2. The exact expenditure of the ring fenced budget is dependant on detailed guidance but will include:
 - Establishing and implementing pathway plans and personal advisors
 - Developing and delivering benefit systems
 - Educational support to 14-16 year olds (Obj.4B) and support for continuing education to 21 years
 - Accommodation for 16 and 17 year olds and students in vacation
 - Help with employment and general assistance to 21 years
 - A multi-agency centre for young people
 - A possible project officer and additional workers to co-ordinate and implement the care leavers programme.
3. Inter-agency transitional planning for disabled children involving voluntary and statutory partners (Obj.6) will develop further through Health Action Zone project.
4. The essential support of elected members for this development agenda is achieved through bi-monthly meetings with a cross party working group and Quality Protects lead and policy officers.

“Fostering independence” foster carers and 6 semi-independent flats in children’s homes will prepare those young people needing additional preparation.

The Leaving Care Team Personal Advisors will introduce young people to a range of suitable/available accommodation options, including supported accommodation, shared and independent tenancies.

Formal agreements are in place with accommodation agencies to provide appropriate support, including life skills programmes and tenancies for young people with learning disabilities.

The Housing Dept and Housing Associations allow maximum priority points to care leavers ensuring tenancies for them.

Support from 16-21 will be agreed through Pathway Plans, co-ordinated by leaving care team Personal Advisor, who will “broker” resources to meet the assessed needs of the young people. Young people are encouraged to write or contribute to their own Pathway Plans.

4. How are you ensuring appropriate support for young people who are not covered by the Children (Leaving Care) Act?

In MAP 3 your plans for 2000/2001 were as follows:

1. The Leaving Care Team (LCT) will continue its range of services to young people who currently qualify, regardless of their status after the implementation of the Act.
2. Leaving Care Plans develop for each young person at around their 16th birthday, or later if there are clear indications that a young person is to remain looked after. The plan is drawn up in consultation with the young person, and progressed by Leaving Care Team Social Worker, child care Social Worker, and primary care giver. The plan covers the major issues of accommodation, employment/training, health, and social skills and represents the tasks to be achieved during this period of transition.
3. The young person remains allocated to a Leaving Care worker until he/she is satisfied that the plan has been achieved, usually around 19 years. A duty system also deals with young people who may present as care leavers from other authorities and are given advice and assistance under existing regional protocols.
4. Young people with significant disabilities who will require adult Community Care provision remain allocated up to age 19 years with child care Social Worker. Leaving Care Team provides consultation and ensures that the Leaving Care grant is used to enhance whatever adult provision is made.

Those young people (16-21) who do not meet the Children (Leaving Care) Act eligibility criteria but were looked after on or after their 16th Birthday will continue to receive advice and support appropriate to their needs, either through the duty system or an allocated leaving care worker, and effort will be made to maintain contact with them. Vacation accommodation or funding, will be provided for young people in further or higher education up to the age of 24.

The range of services remains as described in MAP3.

We have indicated positive interest to Professor Olive Stephenson in becoming a pilot authority to test her proposal for a charitable trust to support care experienced young people who are not covered by the Act.

16+ year olds in and leaving care is a priority area for grant	£2001/02	£2002/03
How much do you plan to spend on this in the first six months of (£)	84,000	2,222,000

Objective 6: To ensure that children with specific social needs arising out of disability or a health condition are living in families or other appropriate settings in the community where their assessed needs are adequately met and reviewed.

National Performance Indicators

QP13 : The number of disabled children looked after during the year under an agreed series of short-term placements, expressed as a percentage of all children looked after at any time in the year.

	Position at 31/3/2000 (from QPMAP)	Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	12.0	9.6	10.5	11.5	12.5
Trent	32.3	24.6	21.5	19.4	18.1
Unitary Authority	24.3	20.8	17.7	16.3	51.9
England	26.5	23.1	20.4	17.8	16.5
Leicester indicator results submitted in Autumn monitoring can be revised here		9.6	10.5	11.5	12.5

In MAP 3 your plans for 2001/2002 were as follows:

1. Targets:
 - To reduce by 2004 the number of children waiting for respite, assuming adaptations funding can be resolved
 - 14.5% of Looked After Children receiving respite care by 2004
 - Recruitment-focus on Asian Moslem carers; friends and extended family; older children with challenging behaviour and young people needing school holiday placements, through specialist fostering social workers.
2. Policy Officer will research funding streams, benchmark practice in other authorities, progress contracts and protocols.
3. Quality Protects funded clerk will speed up statementing and transitional reviews.
4. Quality Protects pilot scheme using Home Helps to administer care under the health and social care protocol for daytime respite for carers.
5. 0.5 Quality Protects social worker post in the child and family social work team to provide post-abuse and other therapy for disabled young people.
6. Occupational Therapist to be seconded from Social Services Department adult services to facilitate timely child assessments.
7. Corporate and voluntary partners to increase access to leisure/services with 0.5 Quality Protects funded access and inclusion officer to work with Mencap, Red Cross and Arts and Leisure staff to develop accessibility. Quality Protects funded 0.5 equipment clerk to be based in voluntary agency.
8. Jointly with Leicestershire to part fund Mencap Information Officer to work with Red Cross.
9. Carer/young people participation to be actively promoted through:
 - Consultation Officer in Health Action Zone team
 - Disabled Children Team training in Makaton early 2001
 - Disabled Children Team to increase effective inclusion at reviews using Viewpoint software
 - Voluntary Action Leicester participation project to include disabled children (Obj.8A)
 - Independent visitors to be recruited for disabled young people in out of City placements
 - Closer links to be created with advocacy groups including Red Cross.

10. Young people in respite can have reduced quality of life because their non-essential equipment cannot be moved with them. Quality Protects grant will purchase items if not available from Red Cross resource of 8600 items.

11. £5,000 Quality Protects grant to cover potential expenditure on implementation of direct payments.

To ensure that disabled children gain maximum life chance benefits from educational opportunities, health care and social care, while living with their families or in other appropriate settings in the community where their assessed needs are adequately met and reviewed.

1. Please describe the progress to date with the early identification of disabled children to enable them to access appropriate and timely intervention and support.

The 3 year pilot project for “multi-agency Service Co-ordination for Children with Complex Needs” reports that prompt referral through health visitors has promoted timely access to high quality, co-ordinated services in pilot areas.

The Disabled Children’s Team using an adapted assessment framework co-ordinates core assessments and service packages for children and families with complex and continuing disabilities pending citywide care co-ordination, and will continue for those children who do not meet the Service Co-ordination for Children with Complex Needs criteria.

A Disabled Children’s database and information co-ordination project is being developed with Health, Leicestershire and Rutland local authorities to identify disabled children at an early stage and provide service information to them.

2. Set out what you will achieve in 2002-03 and beyond and how you will ensure early identification of disabled children to enable them to access appropriate and timely intervention and support

A strategy to extend the Care Co-ordination project to the whole health district is under negotiation using Quality Protects grant to joint fund. The target is to increase co-ordinated health and social care packages from 52 to 500 health district wide in 2 years. Oral and written interpretation and translation, and cultural link workers ensure full participation by Black and Minority Ethnic families.

The Quality Protects initial assessment worker will provide prompt skilled assessment for new Social Services Department service users, referring to the disabled children’s team or other providers for core assessment and service. Children in Need Assessment Framework interagency training will promote co-ordinated joint initial assessments.

4 multi-agency information events for parents of newly diagnosed children and young people approaching transition will be organised.

3. Please describe progress to ensure that parents and disabled children receive reliable, comprehensive and culturally appropriate information about services on a multi-agency basis from the statutory and voluntary sectors

In MAP 3 your plans for 2001/2002 were as follows:

1. Health Action Zone Disabled Children's Project Team will co-ordinate and develop information on services, building on the work of the joint funded Mencap Information Officer, to ensure information on services and access to them is widely disseminated.
2. Planning for the provision of joint information services will be included in the Leicester Children's Planning Partnership participation project, enabling children and young people to contribute to the design and delivery of service information. Results of consultation, including awareness of available services, will be published.
3. The Health Improvement Programme funded children's information website will include information of services to disabled children and their families.
4. A range of briefings, such as the Children's Services Plan briefings planned for early summer 2001, will include results of service mapping exercises.
5. Lottery funding for a Red Cross Information Officer and an advocacy officer/sessional advocacy has been granted for 2001-2004.
6. Early years Development and Child Care Partnership have developed a Child Care Information Service which includes Disabled Children's Integration Development Worker.
7. The multi-agency transitions group is collating and will publish information about mainstream and specialist services for children and young people at the key points of transitions.

The Quality Protects supported MENCAP information service, Red Cross Centre, disabled children's team and Care Co-ordination project all provide reliable and culturally appropriate guidance to children and families.

The Disabled Children's Register and Information Co-ordination Project strategy is to ensure that information is reliable comprehensive and culturally sensitive. The project will include a website on which a wide range of information will be developed. The Database Web page will give statistical information for providers and families.

The cultural diversity consultation officer is compiling a directory of Black and Minority Ethnic specialist service provision.

Consultation will identify information needs, current services and unmet need. Health Action Zone externally commissioned consultation with children and young people has begun.

4. Set out what you will achieve in 2002-03 and beyond and how you will ensure that parents and disabled children receive reliable, comprehensive and culturally appropriate information about services on a multi-agency basis from the statutory and voluntary sectors.

A Health Action Zone consultation officer will be appointed to consult with young people in co-operation with other consultation activities ensuring hard to reach young people are included. Under discussion is a possible Connexions Transitions Information Officer to work with the Disabled Children's Register. Local Connexions proposals include £10k to support information events for disabled special needs children and improved information pack.

Health Action Zone funded Dartington "Matching Needs to Services" exercise and Audit Commission research with Health Action Zone Project will generate further service data.

The initial assessment worker will provide reliable, comprehensive and culturally appropriate information to all families of disabled children who approach the Social Services Department.

5. Please describe progress to date to increase the number of disabled children in receipt of a range of family support services and the number of hours provided.

In MAP 3 your plans for 2001/2002 were as follows:

1. Carers grant and Community fund will continue to support:
 - Day care;
 - Child minding
 - Sitting service (Mencap)
 - Play schemes
 - After school clubs
 - Holidays
 - One to one support to enable inclusion in mainstream activities.
2. This includes:
 - £7,000 to Mencap sitting service for young people with learning disability
 - £12,000 to Voluntary Agencies - sitting service for others (tendering underway)
 - £1,300 Holidays for disabled children (and families).
3. Social Services Department budget supports participation in play schemes; special child minding (Obj.3A) and Family Centre provision.
4. Children's Fund - Vulnerable Children disabled Children's Service . This will offer a Family Support Service for up to 80 children at any one time. It is expected there will be a throughput of children. These children will – in the main – be outside the Children In Need categories
5. Children's Fund Disabled Children's Projects will offer Family Support Services for Vulnerable Children from April 2002. The review of Social Services Department children's services will consider one or more of the restructured Children in Need Centres offering day care support services to disabled children and their families

The strategy is to minimise overnight care away from home and maximise family based support. All MAP 3 plans continue except target for Looked After Children receiving respite is reduced from 14.5 – 12.5% by 2004.

Approximate hours/nights provided	per annum
Overnight respite	2217 nights
Homecare	5087 hours
Crossroads	2408 hours
MENCAP	4330 hours
Day care away from home	4863 hours

29 link foster carers provide 40 link placements (see objective 1). There are 10 unplaced children 8 of whom have potential matches. Neighbourhood Renewal Fund is providing major adaptations to 4 link carer's homes which will significantly reduce unmet need.

A £15,000 Carers Grant 'Breakaway' scheme has provided 100 families who receive no other service, a short break for the carer and family.

6. Set out what you will achieve in 2002-03 and beyond and how you will increase the number of disabled children in receipt of a range of family support services and the number of hours provided.

Social Services Department Service Reviews are likely to consider diverting funds from residential to families support services.

The Quality Protects grant will expand/develop new provision in the voluntary sector for day care, daytime respite, overnight sitting, befriending, play schemes, after school clubs, holidays and inclusion support.

0.5 Quality Protects policy officer will support the Health Action Zone project.

The initial assessment worker's role will later include carer's assessments.

4 Children's Fund projects will provide family support including a small team of outreach workers and projects for Attention Deficit Hyper Activity Disorder and Autistic children.

A bid for Sure Start funds to train parents, carer's and professionals in accessing Disabled Children services is pending.

The Disabled Children's Team will develop a group for siblings of children with high level needs.

The children's daytime respite nursing service will expand from 0-5 to 0-8 years.

7. Please describe progress in maximising the number of children with disabilities/special educational needs who receive good quality co-ordinated care and education in inclusive settings in their own communities.

The Pilot Care Co-ordination Scheme is regarded nationally as a model of good practice and has been positively evaluated by Leicester University. A proposed strategy to implement district wide to be joint funded by Social Services Departments, Education Departments and Health Authority is subject to negotiation.

The joint Education/Social Services Department Vulnerable Children's Best Value Review will promote joint working, co-ordination and new procedures for statemented disabled children.

The Education Dept is creating a new database to give better information and a new Special Educational Needs register will be developed for Sept 2002.

With Education/Careers/Adult Learning Disabilities a new "Journey for Life" multi-agency policy for transition and continuing learning services is proposed.

Connexions are to fund reprinting of information leaflet on transitions.

8. Set out what you will achieve in 2002-03 and beyond and how you will maximise the number of children with disabilities/special educational needs who receive good quality co-ordinated care and education in inclusive settings in their own communities.

The Health Action Zone Options Report for a co-ordinated Children Strategy and Services is being considered. 10 weeks consultation will follow. The strategic aim is to review residential services, maximise domiciliary support and create a mixed economy of services reflecting the needs of service users, which are co-ordinated, simple and transparent.

Social Services Department is committed to develop multiple partnerships with voluntary and statutory services by expanding existing providers and establishing new ones.

The joint Education/Social Services Department Best Value Review of services for vulnerable children will be followed by joint working groups to propose appropriate structural or procedural changes to achieve the multi-agency strategy.

9. Please describe the progress to date in how you have ensured that disabled children receive appropriate health care throughout childhood so as to enable them to participate fully in education, family and community life.

The Pilot Scheme for Co-ordinated Service Packages for children with complex needs will be extended city wide.

The Children's Therapy Strategy will offer a range of therapy services in the context of community or educational establishments, giving more children access to support in a school or nursery environment enabling greater inclusion.

Two family Centres now offer therapy for children up to 8 years who live in the City. This has reduced non-attendance at appointments considerably.

Early Years Development Programme has offered training to support inclusion in schools and nursery settings.

Disabled Children's Database will be part of the NHS Net identifying the health needs of disabled children for Health professionals, and assisting parents through Health Promotion.

10. Set out what you will achieve in 2002-03 and beyond and how you will ensure that disabled children receive appropriate health care throughout childhood so as to enable them to participate fully in education, family and community life.

The health and social care protocol will be delivered by the in house Home Care Team and a voluntary sector provider to ensure maintenance of disabled young people in the community

0.5 Quality Protects funded social worker in the children's therapy Social Work Team will increase services for young people with learning difficulties

The joint Children's Therapy Strategy will be finalised early 2002 for implementation and wider development 2003-04. The aim of the strategy is to enable support to children in nursery/school from local staff pending referral for/completion of full assessment.

Disabled Children's Team liaison with therapy and medical services will ensure appropriate training is given to other service providers to enable the inclusion of disabled children in mainstream activities e.g. play and community activities.

11. Please describe the progress in increasing the number of disabled children who use inclusive play, leisure and cultural services including holiday play schemes, after schools clubs and pre-school provision with appropriate support if necessary.

In MAP 3 your plans for 2001/2002 were as follows:

1. Social Services Department representative on each of 3 Sure Start Management Boards (Obj.3C).
2. Nursery Officer seconded to Sure Start programme to promote opportunities for disabled children under 4 to be integrated into community/play provision (Obj.3C).
3. Social Services Department and Carers' Grant to provide one to one support to enable participation in mainstream play/social schemes, leisure activities and after school clubs.
4. Arts and Leisure disabled access officer; 0.5 Quality Protects access/inclusion officer; 0.5 Quality Protects equipment clerk and Red Cross integration development worker to facilitate disabled children access to community leisure services.
5. Quality Protects leisure fund (Obj.4C) to support inclusive activities.
6. 1.8% of children receiving Family Centre services have complex health needs. Level of service to disabled children will be part of current review.
7. Early Years Development Programme provision includes ring-fenced monies for disabled children.

Early Years Development Programme, Red Cross and Health Action Zone are co-working to develop play and leisure. A staff member offers training for play and other schemes to ensure inclusion. 40 referrals last summer were all placed.

A Stakeholder event has addressed the issue of improved inclusion and future systems for training, information and Health Care in play settings.

Early Years Development Programme are invited to take a lead on Special Needs Play to co-ordinate commissioning and planning of play leisure and sport for disabled young people.

Partnership with Sport England, East Midlands Initiative Trust, Health Action Zone and Quality Protects has led to research project with young people, to report next year, to inform strategy and improve access.

12. Set out what you will achieve in 2002-03 and beyond and how you will increase the number of disabled children who use inclusive play, leisure and cultural services including holiday play schemes, after school clubs and pre-school provision with appropriate support if necessary.

The aim will be to increase the number of integrated and inclusive schemes and to establish lifelong involvement in leisure and cultural pursuits through making play and leisure an integral part of the care package.

A developing play and leisure strategy will be completed with all partners.

Sport England research will inform agencies of young people's experiences locally.

Corporate Partners are committed to supporting maximum inclusion of disabled young people in mainstream provision. A 2 year post of inclusion co-ordinator (Quality Protects funded) will maximise social, cultural, leisure and education inclusion by accessing existing resources and promoting new ones.

A Children's Fund Play Schemes Project will liaise with Health Action Zone to ensure active inclusion for disabled children.

Sub-Objective: As young people with learning difficulties move into adulthood, to ensure continuity of care and support for the young person and their family; and to provide equality of opportunity in order to enable as many disabled young people as possible to participate in education, training or employment.

13. Please describe progress to date to ensure that Connexions partnerships provide a full service to learning disabled young people by identifying them, deploying sufficient staff with the right competencies and co-ordinating the delivery of appropriate supports and opportunities.

The current education/Social Services Department transitions working party and "journey for life" policy will be a valuable contribution to discussions.

The Connexions Service in Leicester and Leicestershire is in its development phase and will be launched in September 2002. A multi-agency group will shortly be formed to develop provision for young people with special educational needs/learning difficulties and disabilities.

The pilot Connexions advisor in the Leaving Care Team will support young people with learning disabilities and gain valuable experience to inform plans.

14. Set out what you will achieve in 2002-03 and beyond and describe how you will ensure that Connexions partnerships provide a full service to learning disabled young people by identifying them, deploying sufficient staff with the right competencies and co-ordinate the delivery of appropriate supports and opportunities.

The new responsibilities for young people with learning difficulties and disabilities set out in the Connexions guidance will build on the current work of the special needs Careers Advisors.

Starting in February practitioner professionals from all relevant services will meet to shape future provision to fulfill the requirements outlined in the Guidance. An away day will begin to explore models of the Connexions Service for Leicester, Leicestershire and Rutland

Consideration will be give to the interface in the roles of Leaving Care Personal Advisors and Connexions Personal Advisors, and disabled children's team Social Workers, including the training implications for Social Services Department staff.

15. Please describe the progress to date to ensure effective links are in place within and between children's and adult's services in both health and social services.

Adults and Children's Social Services Department, Health Action Zone, Careers and Connexions are developing a Transitions Strategy which for children takes account of the principles in "Valuing People" so that seamless services are planned that fit children and young adults needs.

Regular liaison meetings are held between children and adult social work teams to jointly plan transition for individual young people.

Connexions Service will fund the reprinting of the Special Needs Transition Pack (£10,000).

An Information event will be provided in Spring Term for Special Needs/ disabled children to have information about Transition services and the move to adulthood, education and work.

16. Set out what you will achieve in 2002-03 and beyond and how you will ensure effective links are in place within and between children's and adult's services in both health and social services.

The "Journey for Life" document produced locally from two stakeholder events has offered a model for seeing all children's work in Social Services Department, education, health and leisure as a preparation for adulthood. Following inter-agency endorsement implementation in 2002 is planned.

There will be information events for transition which include disabled children.

There will be a transition pack for special needs children.

Under discussion is a possible Connexions information officer for transitions work.

The Health Action Zone Service Manager for disabled children is actively linking with adult services to promote integrated services.

Disabled Children is a priority area for grant	£2001/02	£2002/03
How much do you plan to spend on this in total in (£)	136,700	137,000

Objective 7: To ensure that referral and assessment processes discriminate effectively between different types and levels of need and produce a timely response.

National Performance Indicators

QPiii [7.1] : Percentage of referrals that are repeat referrals within 12 months

	Position at 31/3/2000 (from QPMAP)	Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	70.0	23.2	15.0	14.0	12.5
Trent	32.3	24.6	21.5	19.4	18.1
Unitary Authority	27.8	24.3	20.8	17.7	16.3
England	26.5	23.1	20.4	17.8	16.5
Leicester indicator results submitted in Autumn monitoring can be revised here		23.2	20.0	19.0	18.0

QPiv [7.2] : Percentage of Initial assessment within 7 working days of referral

	Position at 31/3/2000 (from QPMAP)	Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	30.0	51.0	55.0	65.0	75.0
Trent	43.2	49.7	66.9	77.0	83.2
Unitary Authority	51.9	50.6	67.3	77.7	83.6
England	59.4	52.0	73.0	82.6	87.7
Leicester indicator results submitted in Autumn monitoring can be revised here					

QPv [7.3] : Percentage of core assessments completed within 35 working days

	Position at 31/3/2000 (from QPMAP)	Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	60.0	Missing	70.0	75.0	80.0
Trent	57.4	48.5	66.1	78.8	84.9
Unitary Authority	55.0	48.1	63.5	76.1	82.6
England	60.3	45.4	67.1	79.2	85.2
Leicester indicator results submitted in Autumn monitoring can be revised here		0.0	65.0	75.0	80.0

QPvi [7.4] : Percentage of completed assessments that set out objectives and appropriate service responses within the child's timescales

	Position at 31/3/2000 (from QPMAP)	Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	40.0	50.0	70.0	80.0	90.0
Trent	50.8	62.8	83.5	90.9	95.9
Unitary Authority	68.1	74.6	86.6	92.4	96.0
England	70.4	68.1	86.1	92.2	95.7
Leicester indicator results submitted in Autumn monitoring can be revised here					

1. Describe your progress to date under this objective, including evidence of improved outcomes for children

In MAP 3 your plans for 2001/2002 were as follows:

1. Through reorganisation of Assessment Services the intention is to incorporate the principles and practice of the Assessment Framework. Non Social Services Department work will be rapidly referred to other service providers through the referral and screening desk. Assessment teams will complete initial and core assessments, including S47 enquiries, and refer all further work to Child Care Support Team clusters.
2. Management Information and audit will rely on accurate inputting of data into the new database. The referral team will record referrals directly on to computer.
3. Pre-referral discussions will facilitate screening and routing. Multi agency training will emphasise this.
4. The structure of new staff guidance is agreed and detailed revision of procedure will be progressed in 2001.
5. A cross-divisional group will clarify when adult workers will assess Children In Need and vice versa.
6. The Data Protection Act 1998 and Human Rights Act will inform practice although initial referral response time of 24 hours may be delayed by the need to gain consent.
7. The Assessment Framework training plan is complete and will ensure that good practice for Black and Minority Ethnic and disabled children is integrated into training.
8. Recruitment and retention of qualified and experienced staff remains a challenge. We will continue an active recruitment and retention policy (Obj.10).
9. Work is underway (Obj.6) to ensure co-ordinated assessments for disabled children, which are likely to exceed 35 days because of multi-agency input. Eligibility criteria for Disabled Children Team enables appropriate cases to be transferred to Disabled Children Team at an early stage.
10. The review of Children's and Families Resources Division will aim to complement these changes to provide the variety of services needed to provide support to all Children In Need in their neighbourhood and in partnership with other statutory and voluntary agencies.
11. A 3 month pilot in Access using unqualified workers for a range of administrative/social work tasks will increase the skill mix and flexibility of response and is geared to helping to meet new timescales and improve throughput.

Children In Need Assessment Framework procedure and electronic forms are in place, 90% of assessment staff are trained and interagency training will run February – May 2002.

Duty Assessment (DAS) and Child Care teams are reorganised structurally and geographically to achieve more seamless service, fewer reassessments and locality co-working and expertise. Skill mix teams have proved very beneficial.

- **A reception triage worker does initial screening**
- **Initial response team deals with self, letter and telephone referrals**
- **Duty assessment teams complete initial, core and S47 assessments**
- **Child Care teams provide continuing services and re-assessments**
- **Teams are 'clustered' in 3 geographic areas across the 2 services**
- **Specific assessment workers complete asylum seeker and disabled children's initial assessments**

Timescale data is incomplete because of delay in database implementation (objective 11) however tentative conclusions can be drawn.

The triage system has been very successful. Of 1059 referrals 40% were dealt with on reception, 13% signposted and 46% passed to duty resulting in a significant reduction in the number of referrals to duty, enabling streamlining of systems and improvement of 24 hr responses. Duty & Assessment Service are beginning to achieve 7 day initial assessments but progress is needed in recording and achieving 35 day assessment timescales except in S47 enquiries. Timescales are particularly challenging in large families.

Children In Need service plans are now agreed with families and children and reviewed at prescribed timescale; level 1 cases by the Social Worker in consultation with all parties, and level 2 by Team Managers at an inter-agency meeting.

2. Set out what you will achieve for children under this objective in 2002/03 and beyond, and how you will achieve it.

The Children In Need Assessment Framework implementation group will continue to meet to monitor and fine tune the process assisted by a policy officer working on improving the forms, to remove repetition and facilitate evaluation and service recommendations

Staff recruitment and retention policies will be pursued to try to reach full staffing in frontline teams to achieve quality and timely assessments (objective 10).

The linking of cluster team managers to locality agencies will be developed to maximise co-working, and through cluster meetings understanding between Duty & Assessment Service and childcare teams will be increased

Through continuing training and management workshops consistency in practice will develop.

To clarify understanding about 'good enough' parenting and achieve consistency with non-statutory agencies links will be promoted with the whole spectrum of new initiatives in the City through the Leicester Children's Planning Partnership and inter-agency training and sub-groups

Data collection will improve when Carefirst is implemented early 2002 and attention will be given to inputting protocols to ensure comprehensive and quality data at initial referral and assessment stage. In the meantime manual systems will continue.

The disabled children team will use an adapted core assessment form because often they are assessing parental need rather than parenting capacity.

3. Please say what you will do to ensure that services provided to children following assessments are producing beneficial outcomes.

In MAP 3 your plans for 2001/2002 were

1. The new Assessment Service will survey children 3 months after assessment to measure outcomes and will identify the views of black and disabled children.
2. A questionnaire will be designed to collect the views of referrers on whether their referral has produced beneficial outcomes for children.
3. We will be implementing a system to review family support plans with multi-agency, child and carer participation. Regular social worker supervision will remain central to monitoring outcomes for service users and progressing family support plans.
4. All users of Children's Resources Division services receive a questionnaire about the service and the majority report positive outcomes.
5. The new database is planned to produce analyses of service needs and responses to inform service planning, and quality audits of service plans and outcomes for individual families, although this will only yield data in future years.
6. The Policy Officer and Social Worker (Cultural Diversity) will research and measure outcomes for black and minority ethnic children and families.
7. Information on areas of service deficit will also be collected through an e-mail address and telephone line for staff. Returns will form the basis of a bi-annual briefing for senior managers and will be fed into multi-agency planning groups. One of the first areas will be to identify service deficits for dual heritage children.

Children In Need Assessment Framework implementation is a continuing process and will take time to be embedded and produce consistent outcomes. Issues include:

- **New assessment processes delaying service provision because the same staff deliver both and are still learning**
- **Timescales are currently being monitored. There may be an impact from new processes, staff vacancies, continuing large increase in 'person's from abroad' referrals and delays in translation services**

Every service user has written service plans, family support meetings having been mainstreamed for all children in need. The plan includes the explicit date on which review will take place.

Year 4 plans include:

- Surveying families 3 months after reassessment for satisfaction and outcomes.
- Questionnaire to Black and Minority Ethnic ex service users.
- Questionnaires to referrers re outcomes.
- Setting timescales for service provision and monitoring them.

A fully revised case monitoring system by service managers will report service quality and outcomes to divisional management teams 6 monthly.

Monitoring by the Child Protection and Independent Reviewing Service of outcomes of Child Protection plans and Looked After Children reviews will continue to develop and will report to Area Child Protection Committee and Senior Child Care Managers.

The Black Cases Panel for Children In Need is monitoring Child Protection and family support services for individual children.

Assessment is a priority area for grant	£2001/02	£2002/03
How much do you plan to spend on this in total in (£)	293,250	305,470

Objective 8: To actively involve users and carers in planning services and in tailoring individual packages of care; and to ensure effective mechanisms are in place to handle complaints.

1. Describe your progress to date under this objective, including evidence of improved outcomes for children.

In MAP 3 your plans for 2001/2002 were as follows:

1. For Looked After Children:
 - Consultation Officer to run 2 courses for child care workers with staff development section based on the "Total Respect" training pack.
 - Shortly to survey Looked After Children to establish level of knowledge about the project
 - It is planned that Looked After Children will be part of the selection process for recruitment of staff to residential homes
 - The Quality Protects consultation budget has been enhanced to enable the development of group work and other initiatives.
2. For black and minority children and families:
 - Policy Officer to complete a detailed user and community participation strategy and action plan
 - Establish black and minority ethnic voluntary sector bi-monthly forum
 - Develop exit questionnaire at point of case closure/transfer, and other user satisfaction measures
 - Implement anti-racism audit tool summer 2001
 - In accordance with McPherson report, a questionnaire on racism is being distributed to all staff in community homes about racism between young people and from young people to staff
 - Through Leicester Children's Planning Partnership and consultation officer, to support Voluntary Action Leicester Children's Participation Project.
3. For Disabled Children:
 - Through the Health Action Zone project and consultation networks in voluntary organisations a detailed user and community participation strategy will be completed and implemented
 - Communication/participation methods and skills to be developed and training provided for staff, including Makaton training and promotion of complaints procedures
 - Specifically target disabled children placed in residential schools away from home area to reduce isolation, including increased use of independent visitors
 - Exploration of use of advocates for children within planning meetings especially where views may be different from carer's views
 - Special Viewpoint software for disabled children will be developed via Quality Protects grant

MAP 3 plans are implemented or ongoing.

The Looked After Children Consultation Officer has continued to provide large scale, themed consultation events for Looked After Children, foster families, staff, corporate colleagues and elected members, young people expressing their views through play, computers, video and graffiti walls. Group work with young people has focused on specific issues for service planning and review.

The Peer Health project in the Leaving Care Team has begun 18 months of training, participation and development with young people to evolve health services sensitive to their needs

The Black and Minority Ethnic consultation officer is forming wide networks with faith communities, community groups, voluntary sector agencies, statutory agencies, staff and service users. A Black and Minority Ethnic Children's Fund conference impacted strongly on the selection of projects for implementation.

The Voluntary Action Leicester participation project is very effective in involving young people, including the "Healthy Kidz" website (www.healthykidz.co.uk) which invites open feedback on health, and Children's Fund issues. In 2002 Quality Protects will be added to the website.

Two young people were financially supported to participate in the young people's centre feasibility study and demonstrated their new confidence by taking part in a presentation to Leicester Children's Planning Partnership.

Young people have developed Communication and Information Technology skills through involvement in newsletter production.

A working group is preparing a pilot scheme from Autumn 2002 to recruit and train young people as approved recruiters interviewing residential staff.

A working group is established to co-ordinate more effectively all Stage 1 complaints, including specific allegations of abuse.

2. Set out what you will achieve for children under this objective in 2002-3 and beyond, and how you will achieve it.

We are at a watershed with our consultation officer leaving and a new children's rights officer in post. Multiple streams of consultation exist or are planned. The Voluntary Action Leicester officer leading the LCPP Participation Project is reviewing all consultation activity with the aim of minimising duplication, pooling resources and maximising outcomes for young people.

Social Services Department will assess unmet consultation needs and opportunities for development, considering changing the brief of the consultation officer to participation officer working with all groups of service users.

The Consultation Officer, cultural diversity will continue:

- Faith communities working group.
- Black and minority ethnic voluntary sector forum.
- Action research with dual heritage children
- Survey of ex-service users
- Mapping services
- Conference April 2002 for black and minority ethnic voluntary sector and communities
- Black and minority ethnic information network
- Black Cases panel for Children In Need
- Directory of services.

The LCPP Participation Project, involving 6 diverse groups of young people, will report its findings and recommendations in summer 2002.

Consultation with disabled children is set to develop in year 4, the disabled children's team having purchased communication resources and the Health Action Zone database and consultation officer appointment imminent.

We will retain a Quality Protects budget for sessional workers and commissioning specific consultation/participation.

3. How are you ensuring that children and young people, parents and carers can participate effectively in day-to-day decision-making about their individual care?

In MAP 3 your plans for 2001/2002 were as follows:

1. "Viewpoint" Software and laptops have been purchased, and the system is to be piloted within 3 childcare teams and leaving care team to allow young people to express their views and opinions in a "safe way" through interactive software. Further modules to be implemented for disabled children.
2. Makaton Training will facilitate inclusion for disabled young people.
3. A working group has been formed to consider the use of "I'll Go First", a pack for working with disabled children around care planning.
4. Children and families using family support services such as family centres, and Intensive Support Team are asked in reviews about their experiences of the service they received, and their views incorporated into service developments.
5. Questionnaires were sent to all families participating in a Family Support Meeting and the results collated; parents all felt more able to participate than in a traditional case conference and felt that their views were listened to.
6. Post to recruit independent visitors has been established and will prioritise disabled children placed outside Leicester.

Our strategy is to ensure that all service plans are based on involvement of children, families and carers initially and at review.

Family support meetings have now been mainstreamed into Children in Need Service Support Plans which are agreed and reviewed with families.

Parents and young people are involved in all reviews of family support services from Children's Resources.

Initial care plans for looked after children are made with children and families except in exceptional circumstances and they are routinely invited to all reviews. Viewpoint is to be launched by sessional workers to be mainstreamed into childcare teams during Quality Protects years 4 and 5 for consultation prior to Looked After Children reviews. New modules for younger children will be utilised.

The disabled children's team has purchased a large variety of communication materials to enhance involvement of young people in their service package plans and are trained in Makaton.

Recruitment, training and matching of independent visitors is undertaken by 0.5 social worker. Four assessments are in progress with 5 children awaiting a match.

Young people over 10 years are facilitated to attend case conferences if appropriate and parents are always invited. Parents are now routinely invited to participate in core groups for children on the Child Protection Register.

Young people's meetings have been developed in all Community Homes. Targeted to increase to monthly and to be monitored via Regulation 22 visits and Team Managers supervision.

4. How are you involving children and young people and their families and carers in service planning? Include details of how you record and analyse the results of consultations with young people and their families; and of any forums you have established to involve children and young people in the development and implementation of your MAPs.

In MAP 3 your plans for 2001/2002 were as follows:

1. The new Children's Assessment Service will survey children who have received assessment / services after 3 months to measure outcomes and will identify the views of black and disabled children.
2. Leicester Children's Planning Partnership participation project co-ordinated by Voluntary Action Leicester.
3. A working group of Looked After Children is currently being consulted about the Leaving Care Bill.
4. Another group, involving children in foster and residential care as well as care leavers were involved in redrafting the complaints leaflet to make it more accessible to young people.
5. A group of Care Leavers was consulted about the type of resource centre they would want for ongoing support.
6. The Children's and Families Resources Section continues to run monthly consultation sessions for parents of children using its services. Service evaluation questionnaires are sent to all recipients of services from Children and Family Resources and the results collated on a quarterly basis. Parents' forum is to be established as part of the imminent review of this section.
7. Review of Disabled Children's Register is intended to enhance communication with families and enable them to inform planning of services through fuller and more representative consultation. HAZ funding agreed for relevant staff to achieve this.
8. Parents and Carers of Disabled Children Forum is fully represented on Leicester Children's Planning Partnership.

Users have been specifically consulted on the Care Leavers Bill; Children's Fund; Health Improvement Programme; Quality Protects Map; Best Value Review of Services for Vulnerable Children; Review of Children's Resources Sector; feasibility study for young peoples centre.

The Looked After Children consultation officer has developed a culture of consultation with Looked After Children through group and large scale events on specific service initiatives and also subjects relevant to their own care experiences including placements, education and health issues, which are reported in writing to senior managers.

For disabled children a parents representative is part of the Leicester Children's Planning Partnership and the Health Action Zone consultation project for disabled children is developing.

The Black and Minority Ethnic consultation officer is planning action research with dual heritage children and piloting a questionnaire for ex-service users to inform service planning for this group.

We have facilitated active participation in planning for specific projects e.g. the young peoples centre and in service delivery e.g. interviewing for Children's Fund project manager. We have yet to integrate young people, parents and carers into planning and service delivery in all service areas. The strategy for years 4 and 5 will be to develop participation more fully.

3 month post-referral survey is outstanding to be developed next year.

5. How are you ensuring children and young people have access to advocacy and children's rights services?
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A city Children's Rights Officer for Looked After Children has replaced the previous joint arrangement and will establish new policy and procedure.

The Children's Rights Officer will recruit, train and support sessional advocates.

The Children's Rights Officer will facilitate a 'Total Respect' training course for care leavers with neighbouring Local Authorities during 2002 who will then train and inform elected members and staff about the needs of young people in care.

In the past the largest user group have been teenagers in the residential sector. The strategy will be to open up the service to foster children, younger and disabled children and to ensure equal accessibility for all Black and Minority Ethnic young people.

All community homes and children placed beyond the Leicester City boundary will be routinely visited.

Widespread publicity and links with "consultation/participation" colleagues will maximise opportunities for young people to self refer.

Monitoring, evaluation and feedback mechanisms to senior management teams will be established to ensure that common concerns of young people inform service development.

Listening to children and young people is a priority area for grant	£2001/02	£2002/03
How much do you plan to spend on this in total in 2002-2003	57,550	45,570

Objective 9: To ensure through regulatory powers and duties that children in regulated services are protected from harm and poor care standards

1. Describe your progress to date under this objective, including evidence of improved outcomes for children.

In MAP 3 your plans for 2001/2002 were as follows:

1. The key challenges in terms of regulation and inspection is the transfer to the National Commission for Care Standards in 2002. As a unit which also inspects under eight's, there may be some instability in staffing if generic inspectors choose to transfer to Ofsted. There are also additional demands in terms of transfer of information. However, the inspection programme is closely monitored with monthly reports to the Director. A small pool of contract inspectors has been established to cover if necessary, for any staff shortages.
2. It is intended that the 100% completion of inspections will be maintained.

All statutory inspections of Leicester City children's homes were completed by December 2001 in line with the Department of Health transition plan

By 30.04.02 Leicester Social Services Department will submit applications for the registration of all it's children's homes and the National Care Standards Commission will complete registrations during its first year of operation.

Preparations are ongoing for the implementation of the National Care Standards for Residential and Foster Care (see below), and the National Adoption Standards.

Elected members are actively involved in Section 22 visits to all the residential units and monitor standards closely

The Assistant Director Children and Family Resources makes quarterly visits to community homes.

2. Set out what you will achieve for children under this objective in 2002-03 and beyond, and how you will achieve it.

Our 2 medium sized homes will be refurbished, one completed by spring 2002, to increase bedroom size and establish a semi-independence flat in each home.

Our respite home for disabled young people will be reviewed and remedial building work is likely to be undertaken.

Advice will be sought from the National Care Standards Commission Area Manager and former Service Standards Manager in planning compliance with the standards.

Monitoring processes will be remodelled including Member involvement & training will be arranged for Members.

Assessment Centre processes for residential staff recruitment will be reviewed including the involvement of Care Leavers in the interviewing process, which will give them valuable training and experience for future learning/employment.

3. What action have you taken to implement that Chief Inspector's letter on private fostering and in light of current publicity campaign?

In MAP 3 your plans for 2001/2002 were as follows:

1. Existing policy has been checked for compliance with new requirements.
2. Practice relating to Private Fostering and the Inspectors letter was discussed in Management Teams within the Child Care Service during the seminar in June 2000.
2. A review of policies is being undertaken with a view to compliance with the new Assessment Framework. This work will be completed in April 2001 and include Private Fostering.
3. Professor Holman undertook a study in Leicester/Leicestershire in 1973 ("Trading in Children. A Study of Private Fostering". Routledge 1973). He has through local advertising contacted private foster carers in July 2000 for a follow up study in his role as visiting professor at Glasgow University using a grant from The Cadbury Foundation. The Department is seeking to collaborate with Professor Holman in this follow up study.

Private fostering procedures have been reviewed.

Private fostering issues have been raised at Area Child Protection Committee and Leicester Children's Planning Partnership.

Leaflets and information packs have been circulated to all management tiers and social workers.

The Assistant Director, Assessment and Strategy is co-ordinating a publicity campaign in the local media reflecting the diversity of the City, to make the public aware of their responsibility to notify the Social Services Department of private fostering arrangements.

During 2002 the Local Authority intends to contact Professor Holman to seek feedback from his research.

4. What action are you taking, and what problems do you envisage, in preparation for the National Care Standards Commission's standards on children's homes and fostering services.

A working group of senior and middle managers, personnel and Staff Development Unit is auditing the standards against current arrangements to report implications and a proposed action plan to Directorate/Members.

Based on these findings and the Best Value review recommendations, a further working group will be set up early February to review the whole placement service including managers, practitioners, planners and consultation with young people and the Children's Rights Officer.

Concerns include:

- **In emergency sometime young people are placed in Community Homes who do not match the 'Statement of Purpose and Function'. If temporary residence is not granted for these children they are likely to be placed out of area and isolated from their family.**
- **We anticipate a loss of approximately 20 foster care placements to conform with the standards. Placement of sibling groups sometimes results in carers exceeding their registration numbers. If this is not permitted children will be at risk of placement with high cost private fostering agencies usually out of area.**
- **The reduction in the Training Support grant compromises the achievement of training standards within the timescales prescribed.**

Objective 10: To ensure that social care workers are appropriately skilled, trained and qualified, and to promote the uptake of training at all levels

National Performance Indicators

QP14 : The percentage of residential child care workers who have achieved level 3 in the NVQ 'Caring for Children and young people'.

	Position at 31/3/2000 (from QPMAP)	Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	0.0	14	27	41	55
Trent	1.6	9.2	28.0	47.7	62.2
Unitary Authority	16.8	23.2	40.9	58.1	73.1
England	10.9	17.0	36.7	55.6	69.6
Leicester indicator results submitted in Autumn monitoring can be revised here		14.0	27.0	48.0	62.0

QP15 : The percentage of social workers and residential managers working with children who need to obtain the New Child Care PQ, who have achieved the PQ1 award in child care.

	Position at 31/3/2000 (from QPMAP)	Position at 31/3/2001	Planned Position at 31/3/2002	Planned Position at 31/3/2003	Planned Position at 31/3/2004
Leicester	0.0	12	33	47	71
Trent	24.4	22.5	28.1	35.9	46.5
Unitary Authority	11.2	15.8	26.9	38.0	51.0
England	11.4	13.7	25.3	35.7	46.8
Leicester indicator results submitted in Autumn monitoring can be revised here					

1. Describe your progress to date under this objective, including evidence of improved outcomes for children.

In MAP 3 your plans for 2001/2002 were as follows:

1. The staff recruitment, retention and development policy will continue to be refined with the aim of improved outcomes for children through continuity and consistency of staff, with improved staff morale improving service delivery.
2. Training priorities for this year are:
 - Major programme in preparation for new database
 - Major programme for Assessment Framework implementation
 - Maintenance of basic training modules
 - Responding to staff development needs identified through Investors in People process.
3. The Quality Protects funded staff development officer will lead on:
 - The implementation of the Assessment Framework
 - Dissemination of messages from "Research in Practice" to which we will subscribe through Quality Protects
 - Other Quality Protects initiatives for which training is required e.g. the implementation of the Children (Leaving Care) Bill.
4. With the exceptional change agenda currently being promoted through QP consideration will be given to a matrix of training delivery including:
 - Introducing financial support for existing unqualified staff to undertake courses and to provide cover for their absence
 - Using large scale fora for awareness raising on new initiatives e.g. external speakers and/or departmental seminars
 - Staff focus groups to develop and own the implementation of new developments.
5. The specific training courses described are designed to produce better outcomes for children:
 - Children at risk through in-house and Area Child Protection Committee training
 - All children in need through the Assessment Framework implementation and solution-focused intervention
 - Looked after children through permanence planning
 - Black and disabled children through courses focused to their needs.

All service users will benefit from improved service management and efficiency through management training and training for the new database (Obj.11)

The Staff Development Unit (SDU) provides an in-house program designed to train all staff adequately for their job, including foundation courses in all aspects of Social Work practice. The Race Equality training program offers 12 basic courses relating to employee and service equality. The training plan includes core competencies for skill mixed teams.

The Quality Protects funded post has led on:

- **The dissemination of "Research In Practice" with a conference planned for April 2002**
- **Children In Need Assessment Framework training and foundation courses for new Social Workers.**
- **Briefings on the Children (Leaving Care) Act**

'Towards Safer Care' and 'Signs of Safety' have been run within other training.

The Disabled Children's Team have been trained in Makaton.

Short course and conference budget has funded specialised external training.

Staff access multi-agency training through Area Child Protection Committee, Children and Adolescents Mental Health Service, Child Behaviour Intervention Initiative, Youth Offending Team, The Public Protection Panel and Mental Health Strategy. The Staff Development Unit have provided team based race equality training to the Youth Offending Team.

The new database training programme for 1,200 staff has begun

Six staff are being funded through bursaries for the Diploma in Social Work.

2 NVQ development officers are in post to establish career progression in the residential sector developing an NVQ awards programme.

Team days and team managers events have been run to help consolidate new developments to enable them to perform more confidently.

A Management Development Plan aims to equip managers with the necessary knowledge and skills to become effective leaders. It accesses the Corporate Management Development program and has commissioned facilitated workshops for senior managers.

A new mandatory record of learning monitors learning expectations and outcomes for all courses and informs training plan reviews.

2. Set out what you will achieve for children under this objective in 2002-03 and beyond, and how you will achieve it.

Training priorities for 2002/3 are:

- **Induction workshops for new workers in Duty and Assessment Service.**
- **Core modules for new staff including Child Protection foundation, children In need assessment framework, looked after children, court skills and working with black and minority ethnic children and families.**
- **Improving practice e.g. communicating with children; domestic violence and mental health of children and adults; evaluation and analysis skills**
- **Continuation of PQ1 programme.**
- **Race equality, harassment and discrimination training.**

The Quality Protects funded post will be leading on:

- **Children In Need Assessment Framework for new staff**
- **Evidence based practice**
- **Family group meetings**

Corporate priorities for management development are Best Value, performance management, the Government's modernisation agenda, equality and diversity. The Staff Development Unit will be exploring the feasibility of accrediting the introduction to management programme with the Institute of Supervisory Management.

There is a comprehensive Health and Safety Training programme for all staff.

An Achievement (Appraisal) Development Scheme will replace Employee Review and Development Scheme emphasising performance review, highlighting employee strengths and areas for improvement.

The Human Resources Planning Group involving managers, practitioners, Staff Development Unit representatives and personnel will address training, workforce planning and Investors In People. Priority for 2002/3 is the introduction of career pathways for staff.

Child Care Procedure Manual has been totally re-drafted and updated to be issued to all staff and available on the intranet. This includes a revised equality statement and placement policy for black and minority ethnic children.

6 additional bursaries for DipSW training are to be offered and an NVQ scheme for unqualified child care support workers in Duty and Assessment Service and Child Care service will be introduced.

3. What are you doing to recruit and retain an adequate supply of appropriately skilled staff?

In MAP 3 your plans for 2001/2002 were as follows:

Human Resource Strategy includes:

1. Adoption of a workforce analysis and planning approach.
2. Financial incentives for new SW appointees and existing staff.
3. Introduction of skills mix teams including an increased number of practice teachers.
4. Provision of a range of training opportunities to staff in all settings including in-house courses and qualifying programmes, with a planned approach to the release of workers for external training and the introduction of a scheme of financial support for existing unqualified staff to undertake DipSW.
5. Continuation of co-operation with both local universities to provide DipSW programmes.
6. Planning the introduction of an induction course for new starters to supplement the work based induction.
7. An established career progression in residential service linked to NVQ which will incorporate the Registered Managers Award (Children Homes) when this is available.
8. Training for staff covering a range of health and safety issues.
9. Promotion of family friendly policies and employee benefits

There has been good progress in implementing the Human Resource Action Plan.

Workforce analysis monitors ethnicity, gender, vacancies and absence aiming to ensure that the workforce reflects the diversity of the City and to develop an active approach to recruitment and retention.

Mixed skill assessment teams including child care support workers and senior practitioners are assessed to have improved staffing and service delivery and are expected to improve future staffing through bursary uptake for DipSW training and recruitment of students supervised by senior practitioners.

Recruitment and retention incentives for frontline staff include “golden hellos” and assessed retention awards.

Staff focus groups will contribute to further development of the R and R strategy considering work force diversity; family friendly working hours; stress management; car user scheme, the promotion of exit interviews and job rotation. The advice of the departmental Black Managers, Black Workers and Senior Women in Management Groups will also be sought.

Plans are in hand to:

- **Establish a register of casual staff to cover vacancies.**
- **Proactively link with local universities to encourage job applicants.**
- **Train staff for promotion e.g. “black women in management.”**

To achieve the target of 80% NVQ trained residential staff by 2005 advertising is targeted at already qualified staff and NVQ program is offered as an incentive to prospective recruits.

4. What are the key elements of your interagency training to ensure that new guidance and requirements are integrated into joint working practices? You should cover in particular safeguarding children, including utilising Towards Safer Care; undertaking assessment in accordance with the Assessment Framework; and improving the participation of children, young people, their families and carers (including your use of the Total Respect training pack).

In MAP 3 your plans for 2001/2002 were as follows:

1. Area Child Protection Committee training programme will provide multi-agency training on the new Working Together and is scheduled during 2001. Existing Child Protection courses are being modified to integrate Working Together and Assessment Framework.
2. The Departmental Assessment Framework training programme will be completed in 2001/02.
3. A project funded by Health Action Zone to research and map family support services and deliver Assessment Framework training across agencies on a locality basis aims to facilitate joint working on the assessment of need and appropriate intervention. Multi professional training will include Sure Start, Child Behaviour Intervention Initiative and Youth Offending Team staff.
4. Training on "Towards Safer Care" will follow on from the inter-agency conference, and on "Total Respect" will be included in 2001/02 Training Plan.
5. The appointment of a service manager and consultation officer to co-ordinate services to disabled children will recommend an inter-agency training strategy designed to meet the needs of disabled children.

The Area Child Protection Committee training officer delivers a comprehensive training program to mixed agency groups covering all aspects of Child Protection work and "Working Together" guidance, which has been made compatible with the Assessment Framework guidance.

Social Services Department and Health Action Zone are collaborating in the multi-agency implementation of Children In Need Assessment Framework. An external trainer is commissioned to deliver a 3 tiered program of 2 hour meetings, ½ day briefings and 1 day training sessions to be delivered in locality venues so that colleague groups can be trained together from February - May 2002

The Health Action Zone project for disabled children will design and deliver relevant multi-agency training for service providers including Social Services Department.

An inter-agency conference on "Towards Safer Care" was held and the content is now incorporated into our core courses.

The 'Total Respect' training of care experienced young people and subsequently staff and elected members will take place in 2002 facilitated by Children's Rights Officer.

5. What steps are you taking to engage multi-agency staff in all relevant groups and at all levels in the design, delivery and evaluation of Quality Protects?

In MAP 3 your plans for 2001/2002 were as follows:

1. The Leicester Children's Planning partnership shares the principles and objectives of Quality Protects and incorporates them into all service planning.
2. QP Core Group including Statutory, Voluntary and Corporate colleagues meets bi-monthly to participate in planning the delivery of joint services for the Quality Protects programme and evaluating outcomes.
3. Quarterly meetings of the Quality Protects policy officer, voluntary organisations, and relevant Social Services Department staff enables full briefing of the voluntary sector and opportunities for their participation in and assessment of service delivery plans.
4. The policy officer, Voluntary Action Leicester. is a primary channel of communication between voluntary organisation staff and all main planning fora which she attends including Leicester Children's Planning Partnership, Quality Protects Core Group, Consultation Steering group and Children's Services planning group.
5. Quality Protects policy officer meets regularly with Health Authority and Trust colleagues to address mutual plans to achieve Quality Protects objectives.
6. Area Child Protection Committee is pivotal to planning for Children In Need of protection and involves staff from all agencies in awareness raising sessions, discussion and training.
7. The Assessment Framework implementation training will have strong interagency input and ownership

Quality Protects has become well embedded into the strategies and plans of Corporate and multi-agency colleagues:

- **Leicester Children's Planning Partnership has Quality Protects objectives and targets fully integrated into its strategic objectives**
- **The Corporate Parenting Steering Group works to achieve positive life chances for looked after children.**
- **The Quality Protects health liaison group ensures that the Health Improvement Programme incorporate Quality Protects objectives**
- **The Social Services Department Divisional Management Team includes the Health Action Zone service manager for disabled children**
- **The Education Development and QP Plans share targets through monthly liaison meetings.**
- **Social Services Department and Education share management of the joint funded education team**
- **Area Child Protection Committee ensures that Quality Protects objectives 2 and 7 are integral to procedure and training**
- **Voluntary Sector agencies in receipt of Social Services Department funding pursue Quality Protects objectives through service level agreements, and others are regularly briefed by the Quality Protects and Voluntary Action Leicester policy officers**

Managing change is a priority area for grant	£2001/02	£2002/03
How much do you plan to spend on this in total in (£)	98,250	100,529

Objective 11: To maximise the benefits to service users from the resources available, and to demonstrate the effectiveness and value for money of the care and support provided, and allow for choice and different responses for different needs and circumstances.

National Performance Indicators

B7 : % children looked after who were in foster places or placed for adoption

	Actual position at 1999-00	Outturn for 2000-01	forecast 2001-02	Plan 2002-03	Plan 2003-04
Leicester	75.6	74.5	75.0	75.0	75.0
Trent	70.1	70.4	73.5	75.6	76.4
Unitary Authority	74.0	74.0	74.4	76.9	77.9
England	70.7	70.9	72.9	75.4	76.6
Leicester indicator results submitted in Autumn monitoring can be revised here					

B8 : Average weekly expenditure per looked after child in foster care or in a children's home

	Actual position at 1999-00	Outturn for 2000-01	forecast 2001-02	Plan 2002-03	Plan 2003-04
Leicester	328.4	297.8	300.0	300.0	300.0
Trent	359.8	520.0	478.4	439.5	444.0
Unitary Authority	361.0	488.3	489.8	484.4	487.3
England	409.0	542.1	528.5	517.4	518.2
Leicester indicator results submitted in Autumn monitoring can be revised here					

B9 : Average weekly expenditure per looked after child in a children's home

	Actual position at 1999-00	Outturn for 2000-01	forecast 2001-02	Plan 2002-03	Plan 2003-04
Leicester	1760.1	1455.8	1450.0	1450.0	1450.0
Trent	1403.0	2011.1	1906.8	1725.6	1717.9
Unitary Authority	1408.0	1965.6	1908.1	1789.6	1788.6
England	1427.0	1916.2	1910.9	1827.8	1839.7
Leicester indicator results submitted in Autumn monitoring can be revised here					

B10 : Average weekly expenditure per looked after child in foster care					
	Actual position at 1999-00	Outturn for 2000-01	forecast 2001-02	Plan 2002-03	Plan 2003-04
Leicester	170.1	165.7	170.0	172.0	175.0
Trent	177.9	235.2	230.0	227.9	232.2
Unitary Authority	197.0	261.6	267.8	270.5	276.7
England	218.0	280.3	287.0	289.9	295.3
Leicester indicator results submitted in Autumn monitoring can be revised here					

C22 : % children looked after under 10 who were in foster placements or placed for adoption					
	Actual position at 1999-00	Outturn for 2000-01	forecast 2001-02	Plan 2002-03	Plan 2003-04
Leicester	82.9	78.4	80.0	82.0	82.0
Trent	80.4	81.4	82.4	86.1	87.0
Unitary Authority	83.0	83.3	84.5	87.7	88.6
England	82.0	81.7	82.8	85.4	86.5
Leicester indicator results submitted in Autumn monitoring can be revised here			80.0	83.0	85

1. Describe your progress to date under this objective, including evidence of improved outcomes for children

In MAP 3 your plans for 2001/2002 were as follows:

1. Quality Protects grant to be used for Quality Protects Policy Officer to retain strategic link between children's services planning and quality of outcomes; Independent Chairs to develop Quality Assurance functions of the Child Protection and Independent Reviewing System; Systems Support Officers to assist in the implementation of the new database in '01 and provide management information on key objectives and targets; Research Officer to undertake analysis of causal factors underlying performance trends and 0.5 Finance Accountant to assist with unit costing and provide Quality Protects budget support.
2. The Performance Management Unit will monitor and audit performance in all key areas of service provision, contribute to Best Value Review process, progressing unit costing, and providing Benchmarking information for the Department.
3. Departmental seminars have begun to consider the increasing number of Looked After Children, and its impact on placement choice, resources available for Children In Need and assessment and refocusing issues to produce recommendation for strategic planning.
4. Multi-agency threshold criteria and protocols will be in place by Apr'01 and incorporated into Assessment Framework implementation. This will include planning for carer's assessments and for young carers as identified by the Joint Review Action Plan. The multi-agency implementation project will phase in from April 2001 - 31 March 2002.
5. A project manager for the Children and Adolescents Mental Health Service Strategy will be appointed to further develop co-ordinated responses to children's mental health needs at all response lines.
6. Health Action Zone Disabled Children's Project Manager from March 2001 will plan and co-ordinate a multi-agency matrix of services for disabled children.
7. Leicester Children's Planning Partnership will continue to co-ordinate joint planning activity to maximise investment and improve the life chances of Children In Need, including the opportunities presented by the Neighbourhood Renewal Strategy and the Children's Fund.
8. Resource and needs mapping, and analysis for the Children's Services Plan is progressing, linking with Connexions and Children's Fund mapping.
9. The further development of Sure Start within the City and the Family Group Meeting Pilot Project in Beaumont Leys, provide opportunities to develop services which are responsive to children's and families' needs.

The financial performance indicators are assessed to be an underestimate due to current unit costing methodology. This will be revised during 2002/3.

The Leicester Children's Planning Partnership Joint Family Support Strategy is agreed and action plans will be developed next year. The Social Services Department is a decreasing part of an increasingly large and complex matrix of services for children and families. Current reviews will restructure the Social Services Department to support those children most in need including refocusing the work of family centres as other provision for vulnerable children increases, including the Children's Fund, Sure Starts, Single Regeneration Budgets, Child Behaviour Intervention Initiative and Neighbourhood Renewal.

The joint Education/Social Services Department Best Value review of services for vulnerable children has identified possible ways to increase synergy and efficiency between the two departments and further work will develop joint working and possible structural change.

The assessment and strategy division has restructured to improve assessment quality and timeliness (objective 7) and the looked after service will be fully reviewed (Objectives 4 and 9) to meet the needs of Looked After Children.

Approx. 50% of Leicester's children are from black and minority ethnic communities. Wide consultation and needs audit will refine the service strategy for these children. Good practice includes Black Cases Panels, interpretation in 60 languages, and the Heritage Model for needs assessments.

Leicester City Council is short listed for Beacon status for promoting racial equality.

The Cultural Diversity Team is working to develop a Strategy which will ensure that black and minority ethnic children and families receive appropriate services, delivered where they are needed, in a way that recognises the diverse nature of the City's families, respecting them and building on their strengths. Action Plans will set specific and measurable targets and intended outcomes.

2. Set out what you will achieve for children under this objective in 2002 - 2003 and beyond, and how you will achieve it.

The aims of the Children's Services Strategy are to:

- Minimise the number of children looked after through preventive and rehabilitation services.
- Maximise positive outcomes for Looked After Children
- Ensure safe, efficient and supportive Child Protection services
- Provide family support services to those children most in need who cannot achieve their full potential through receipt of universal services and services for vulnerable children.

This will be achieved by:

- All business units collating and analysing management information including unit costing, to review their service and develop targets for annual business plans.
- The Senior Management Team maintaining a strategic overview of the distribution of resources to ensure that the priorities of the overall strategy are maintained.

Areas to receive priority are:-

- Database implementation, training and development to achieve accurate, comprehensive and accessible management information.
- Development of unit costing methodology.
- Maintaining the morale and effectiveness of staff through recruitment, retention, training and support mechanisms.

3. Please describe improvements in management information (particularly in relation to adoption, children with disabilities and care leavers) and comment on areas which remain to be developed. You should describe how you have made use of the Children's Social Services Core Information Requirements

In Map 3 your plans for 2001/2002 were as follows:

1. A major project involving more than £1 million investment in a new database will be implemented in July 2001 with the capacity to produce
 - Information to assist in effective planning and service delivery
 - Effective performance management data
 - and more effective devolved budget monitoring.
2. Hardware investment will improve PC ratio to 1 per 2 workers, considering alternative systems to improve the effectiveness of front line staff in the future.
3. Initial training will be completed in summer 2001 with continuing training for existing and new staff.
4. IT skills as an essential requirement for all posts will be phased in with the final aim of full electronic recording and process management.
5. New ethnic origin categories will be implemented from April 2001 and incorporated into the database, which will have the capacity to analyse service provision and process management by service user group including ethnic origin, disability, care leavers and adoption.
6. As part of the preparation for the implementation of the Children (Leaving Care) Bill finance section are investigating appropriate modules to facilitate the necessary payment systems.

The major departmental strategy to replace and upgrade our current database with "Carefirst" and improve the ratio of PC's has been delayed several months due to software supply difficulties

Training of 1,200 users and PC installation has begun; procedure manuals are complete; launch date will be early 2002.

"Carefirst" will provide a comprehensive, integrated on-line system creating an electronic social care record. The system will provide performance data and statistical returns, incorporating many of the Social Services Core Information requirements.

Delays and the implementation of new processes may result in a temporary deterioration of management information.

Data collection for adoption is comprehensive and reliable; for care leavers is manual and needing review pending "Carefirst" outputs and for disabled children will be developed this year (objective 6).

Carefirst is the first step in an ongoing plan to improve Information Systems involving inter/intranet developments.

4. What are you doing and planning to do to exploit the information collected during the census for the children in Need Data Collections in February 2000 and September/October 2001?

In MAP 3 your plans for 2001/2002 were as follows

1. The collation and development of unit costs using Children In Need data collection will be a high priority for the Performance Management Unit in 2001 and will inform Best Value Reviews and strategic planning.
2. Departmental Revenue Strategy 2001-2004 will set challenging but realistic budgets for children's services, and over the 3 year financial cycle will be increasingly informed by unit cost information.
3. Children In Need data was very useful in the preparation of the Sure Start delivery plan and will inform the Children's Services Plan review.
4. We await comparative Children In Need data from the Department of Health for further analysis and anticipate refinements in the next collection which will make future data more reliable.

It is assessed that this year's Children In Need data collection will be more reliable due to improvements in the database and our understanding of the process. Last time we only recorded those children who received a service during census week and were not able to analyse our total service user population. This year the total population has been entered and useful analyses will be made of the total Children In Need population, ethnicity and religion of service users, the profile of disabled children and unit costs of different services to inform service reviews and planning.

The analysis, comparisons with our family of authorities and messages from research will form the basis of feedback to staff and focus groups to evaluate the findings

The methodology of unit costing will inform further analysis in the finance section and Performance Management Unit on an ongoing basis.

5. What quality assurance and audit systems have you put in place?

In MAP 3 your plans for 2001/2002 were as follows:

1. A quality assurance framework, based on models used in other authorities e.g. Wolverhampton is being developed.
2. The new Performance Management Unit will recruit a Performance Review Officer for children's services in early 2001.
3. Service user feedback through the participation programme (Obj.8) will inform service review.
4. Cultural Diversity posts will audit feedback from Black Case Panels and consult with communities to review the quality and value of services for Black and Minority Ethnic children and families.
5. A detailed case file monitoring system will enable management overview and targeted monitoring of service standards.
6. All senior managers have attended EFQM training.
7. Work with Area Child Protection Committee will develop inter-agency quality assurance system.

8. The Complaints Service will move to Performance Management Unit and collate service quality issues raised through complaints.
9. Commendations of staff and services are brought to every Directorate meeting and disseminated through the staff fortnightly bulletin.

The Performance Review Officer is appointed to Performance Management Unit and Directorate have agreed a service review programme for the year.

The Best Value Review programme will evaluate all service sectors over 5 years.

The commitments in MAP 3 continue including a fully revised case file monitoring system. Independent Chairs will undertake an increasing percentages of Looked After Children reviews and monitor the delivery of service plans and outcomes for looked after children and children on the CPR. Analysis will be reported to joint management meetings to influence service planning.

The Complaints Section, located in the Performance Management Unit reports bi-monthly to the Director and annually to Scrutiny Committee. Detailed data analysis indicates service areas of concern. A working party is focusing on monitoring complaints within the children's residential sector.

The new database will develop monitoring and Quality Assurance processes which will be more immediate and continuous than the current information available.

Management Information and Quality Assurance is a priority area for grant	£2001/02	£2002/03
How much do you plan to spend on this in total	245,100	272,657

Annex A: Information and Communication Technology Fund

Current Provision

1. Please describe the current level of provision for ICT for looked after children and care leavers

All children's homes have computers funded through the education standards fund.

The 2 homes for disabled children have specialized hard and software.

Figures for foster homes are estimated at:-

50% of non-relative carers with computers of which 95% give access to foster children.

20% of relative carers with computers with 100% access.

The Consultation Officer uses laptops and video equipment in work with Young People and his newsletter group have developed IT skills in desktop publishing.

The Leaving Care Team are purchasing a laptop for every staff member to interact with young people particularly for Pathway Planning.

Viewpoint software and laptops will facilitate consultation prior to reviews of arrangements as the project is rolled out.

Library colleagues provide free internet access to Looked After Children.

Percentage of local authority children's homes with at least one computer to which children have access	100 %
Percentage of local authority foster care settings with at least one computer to which children have access	50%
Estimate percentage of children in care who have access to a computer where they are living	55%

Planned Provision

2. Please describe how you will spend your share of the grant in 2002/03

Lead in time has not been long enough for finalized plans. We will convene a working group including Corporate IT, to appraise options which include:-

- **Seeking competitive quotations to maximise purchase of new equipment (PCs & printers).**
- **Re-commissioning hardware which is surplus to Corporate needs.**
- **Leasing equipment.**
- **Attracting sponsorship through Commercial Services Department.**
- **Purchasing reconditioned equipment.**

Touch screen or other adapted equipment will be costed for disabled children in full-time care.

There will be consideration of an IT suite/internet café for Care leavers and/or a suite for study/homework linked to education team work.

We will investigate subscribing to the Who Cares Trust “Carezone” project if grant expenditure is permitted.

All these plans will be subject to consultation with Young People.

	31/03/03	31/03/04
Percentage of local authority children's homes with at least one computer to which children have access	100%	100%
Percentage of local authority foster care settings with at least one computer to which children have access	75%	95%
Estimate percentage of children in care who have access to a computer where they are living	75%	97%

3. Outcomes/links to existing plans for raising life chances

1st year priority will be PCs in foster homes with young people in school years 9-11 (objective 4).

Young People in continuing/higher education, as appropriate, will have a lap top of their own (objectives 4 & 5).

Providing all new foster carers with a computer will be a recruitment incentive (objective 1).

PCs in the Leaving Care Team and in 'One Stop' Centres will enable life skills development for care leavers (Objective 5)

The aim will be to have 97% access to computers for Looked After Children by 2004. Computer literacy is seen as an essential component of educational achievement, employability and satisfying leisure activity as Information & Communication Technology becomes a major medium of communication.

4. Support (training etc)

Support & training will be challenging without funding.

Through the Corporate Parenting group we will explore the possibilities of using the skills of Corporate colleagues to:

- **train foster carers and Young People.**
- **A mentoring scheme from IT literate employees.**
- **Computer clubs.**

The Project Officer, education inclusion, will advise on sources of training and scope the potential for the involvement of the joint education team.

We will also seek technical support from central and Social Services Department IT services and volunteers.

At the same time support needs will be costed if low/no cost options fail Tenders may be sought from small businesses to service computers in foster homes.

Peer training from the Healthy Kidz website students will be explored as an exciting possibility.

5. Links to other IT provision

Possible links with other initiatives include:-

- **The Corporate Cultural Strategy**
- **SRB UK Online Centres**
- **Careers Youth Information Shop**
- **Library Services**
- **Red Cross computer suite**
- **The "Healthy Kidz" website**
- **Barnardos participation project**
- **The joint SSD/education team.**

The Project Officer, education inclusion, will be a leader in this project, and discussions with Connexions will include development of computer literacy.

	£2002/03
Planned expenditure on IT	86,000

Expenditure Information

PRIORITY AREA	2001-2002 expenditure (QPMAP3)	2001-2002 Forecast Outturn	2001-2002 Difference	Plan 2002-2003
Placement choice	463,950			419,252
(of which adoption)	(36,900)			(53,766)
Life chances of LAC	113,500			113,500
16+ year olds in and leaving care	84,000			2,222,000
Disabled children	136,700			137,000
Assessment	293,250			305,470
Listening to children and young people	57,550			45,570
Managing change	98,250			100,529
Management Information and Quality Assurance	245,100			272,657
IT	n/a			86,000
TOTAL	1,492,300			3,701,978

Abbreviations Listing

ACPC	Area Child Protection Committee
AD	Assistant Director
ADSS	Association of Directors' of Social Services
ADHD	Attention Deficit Hyper Activity Disorder
ADP	Anti-discriminatory Practice
AF	Assessment Framework
ASBO	Anti-Social Behaviour Order
ASW	Approved Social Worker
BME	Black Minortiy Ethnic
BACCH	British Association of Community Child Health
BAAF	British Association for Adoption & Fostering
BV	Best Value
CA	Children's Act
CAFCAS	Children & Family Court Advisory and Support Service
CAMHS	Children and Adolescent Mental Health Strategy
CAPIS	Committee and Public Information Service
CBII	Child Behaviour Intervention Initiative
CCSW	Child Care Support Worker
CDCA	Carers and Disabled Children's Act
CC	Child Care
C & F	Children & Families
CHimP	Childrens' Health Improvement Programme
Chn	Children
CIN	Children In Need
CINAF	Children in Need Assessment Framework
CINSP	Children in Need Service Plan
CL	Care Leavers
CMO	Community Medical Officer
CO	Care Order
CLASP	Carers of Leicestershire Action & Support Project
CP	Child Protection
CPIRS	Child Protection & Independent Reviewing Service
CPR	Child Protection Register
CPU	Child Protection Unit (Police)
CRO	Childrens' Rights Officer
CSPU	Children's Services Planning Unit
DAS	Duty & Assessment Service
DAT	Drug Action Team

DC	Disabled Children
DCT	Disabled Children Team
DFEE	Department For Education and Employment
Dis	Disabled
DoH	Department of Health
DV	Domestic Violence
EAZ	Education Action Zone
EDT	Emergency Duty Team
EMIT	East Midlands Initiative Trust
EDP	Education Development Plan
ERDS	Employee Review & Development Scheme
EWO	Education Welfare Officer
EYDP	Early Years Development Programme
EYDCP	Early Years Development & Child Care Partnership
FGM	Family Group Meeting
FTE	Full Time Equivalent
GAP	Gaining a Place
HAZ	Health Action Zone
HimP	Health Improvement Programme
IST	Intensive Support Team
LA	Local Authority
LAC	Looked After Children
LACS	Looked After Children Service
LCT	Leaving Care Team
LD	Learning Disabilities
LCPP	Leicester Childrens' Planning Partnership
MH	Mental Health
NCB	National Childrens' Bureau
NCH	National Childrens' Home
NRF	Neighbourhood Renewal Fund
NVQ	National Vocational Qualification
PAF	Performance Assessment Framework
PCT	Primary Care Team
PEP	Personal Education Plan
PEPLAC	Personal Education Plan for Looked After Children
PMU	Performance Management Unit
PP	Pathway Plans
PQ	Post Qualifying
PSA	Public Service Agreement
QA	Quality Assurance
QP	Quality Protects

QPMAP	Quality Protects Management Action Plan
R & R	Recruitment & Retention
RALAC	Raising the Achievement of Looked After Children (Joint Education Team)
RCLA	Remanded to the care of the Local Authority
RIP	Research in Practice
ROs	Residence Orders
SCCCN	Service Co-ordination for Children with Complex Needs
SDU	Staff Development Unit
SENA	Special Educational Needs Assessment
SLA	Service Level Agreement
SM	Service Manager
SMT	Senior Management Team
SRB	Single Regeneration Budget
SSD	Social Services Department
SSI	Social Services Inspectorate
SSIS	Social Services Information System
STEPS	Supporting Teenagers Enhancing Parenthood
SW	Social Worker
TM	Team Manager
TP	Teenage Pregnancy
TSP	Training Support
TSW	Team Support Worker
VAL	Voluntary Action Leicester
VC	Vulnerable Children
W/B	White British
YP	Young People
YOT	Youth Offending Team