

# Inspection of safeguarding and looked after children services

Leeds City Council

---

**Inspection Reference Number:** 36564

**Inspection dates:** 23 November to 4 December 2009

**Reporting inspector:** Gary Lamb HMI

**Age group:** All

---

**Published:** 7 January 2010

---

© Crown copyright 2009

Website: [www.ofsted.gov.uk](http://www.ofsted.gov.uk)

This document may be reproduced in whole or in part for non-commercial purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

Further copies of this report are obtainable from the local authority or at [www.ofsted.gov.uk](http://www.ofsted.gov.uk)

# Contents

<b>About this inspection</b>	<b>2</b>
<b>The inspecton judgements and what they mean</b>	<b>3</b>
<b>Service information</b>	<b>3</b>
<b>The inspection outcomes: safeguarding services</b>	<b>6</b>
1. Overall effectiveness	6
2. Capacity for improvement	7
3. Areas for improvement	8
4. Outcomes for children and young people	10
a. The effectiveness of services in taking reasonable steps to ensure children and young people are safe	10
b. The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe	10
5. The quality of provision	11
6. Leadership and management	15
<b>The inspection outcomes: services for looked after children</b>	<b>20</b>
1. Overall effectiveness	20
2. Capacity for improvement	20
3. Areas for improvement	21
4. Outcomes for children and young people	22
5. The quality of provision	26
6. Leadership and management	28
<b>Record of main findings</b>	<b>32</b>

---

## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) one Additional Social Care Inspector and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.

2. The evidence evaluated by inspectors included:

- Discussions with 80 children and young people and 25 parents and carers receiving services, front line managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives.
- Analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006.
- A review of 34 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken.
- The outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral centres undertaken in July 2009.

## The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

## Service information

4. Leeds is the second largest city council in England. It has 178,000 children and young people aged 0 to 19, which represents 23% of the population of the city. There is significant variation in the social background of children and young people in Leeds. Over 33% are resident in areas classified as among the 20% most deprived areas of the country, whilst 6% of children and young people in Leeds schools live in areas that are among the 10% most affluent in the country.

5. Of the 107,000 children and young people who attend maintained schools in Leeds, 22,000 (20.5%) are of minority ethnic heritage. In recent years the population of young people in Leeds has risen and the proportion of minority ethnic pupils has increased steadily, with a greater increase in primary than in secondary schools.

6. Leeds established its Children's Trust arrangements in 2006. They were developed with a particular focus on responding to the size and diversity of the city. They incorporate a broad partnership that works regularly with children and young people to shape and influence policy and strategy through the Children Leeds Partnership. This work is led by a senior leadership group which takes forward collective commissioning of services to target priority areas, the Integrated Strategic Commissioning Board. These citywide arrangements have been complemented by an emphasis on locality working, connected to the council's elected members through area committees. The Leeds Safeguarding Children Board has an independent chair and brings together the main

organisations which work together to protect and safeguard children. The work of the Leeds Safeguarding Children Board is the subject of an independent review and the trust arrangements in Leeds are being reviewed in response to the new guidance issued by the DCSF. The contact, referral and assessment arrangements for child protection responses are currently subject to a formal improvement plan, led by the Chief Executive of the council and supported by Government Office.

7. Leeds has recently launched its new Children and Young People's Plan for 2009-14, which includes a mixture of immediate priorities and longer term ambitions.

8. Over the past year children and young people's social care in Leeds has received nearly 10,000 referrals. Leeds has experienced a significant increase in referrals during 2009, up 19.4% on the previous year. The council consistently has approximately 5,500 cases of children or young people receiving some form of support from social care. At the time this inspection started, 432 children in Leeds were the subject of a child protection plan. Children and young people's social care service responses are delivered across three fieldwork localities and a designated children's health and disability service.

9. In July 2009 Leeds had 1366 looked after children including 73 unaccompanied asylum seeking children. This figure is high compared to statistical neighbours. More than 50% of children live with in-house foster carers, while 351 children live with parents or family carers. Some 13% of primary, and 15% of secondary school age looked after children and young people are placed outside Leeds. Leeds has 13 residential homes providing 134 places and commissions one other children's home from an external provider. One of the 13 is a secure children's home, which provides 36 places, of which 34 are contracted to the Youth Justice Board. Specialist support for looked after children includes the work of the headteacher of the virtual school for looked after children, the Pathway Planning (leaving care) team, the Children's Asylum and Refugee team, a specialist looked after children's health team and the Fostering and Adoption service. There is one young offender institution in the area. Services for children and young people who are at risk of offending or have offended are provided through the Leeds youth offending service.

10. There are 48 children's centres in Leeds, with a further 10 due for completion. Leeds has 267 schools. This includes 219 primary schools, 38 secondary schools (of which three are academies), six specialist inclusive learning centres and four pupil referral units. Education services are provided by Education Leeds, a separate company wholly owned by the council. Schools work with a range of partners, through extended services clusters, to provide the core offer to their communities. Joint working between priority schools and the police through the Safer Schools Partnership supports the promotion of stronger, safer communities.

11. NHS Leeds, the local Primary Care Trust (PCT), commissions health services for people in Leeds and shares the same boundary as Leeds City Council. These services include child and adolescent mental health services (CAMHS), health visiting and children's community nursing. These are delivered by the organisation's provider arm, NHS Leeds Community Healthcare. NHS Leeds also commissions general practitioners, pharmacists and dentists to provide healthcare services for local people.

12. The main provider of children's acute hospital services is the Leeds Teaching Hospitals NHS Trust. NHS ambulance services throughout the city are provided by the Yorkshire Ambulance Services NHS Trust, which was formed in July 2006; this Trust was not part of this inspection. NHS organisations are performance managed by NHS Yorkshire and the Humber.

## The inspection outcomes: Safeguarding services

### Overall effectiveness

### Grade 4 (Inadequate)

13. The overall effectiveness of services in Leeds to ensure that children and young people are safe is inadequate. The council does not meet all its statutory responsibilities, as set out in national guidance, for its core business of child protection relating to contact, referral and assessments. In July 2009 the unannounced inspection of the contact, referral and assessment arrangements in the city found significant weaknesses in the provision of safeguarding services. This included weaknesses in the management and delivery of services to protect some of the most vulnerable children. Although the council's response to referrals and child protection (section 47) enquiries has since improved, the findings from this inspection confirm that some of the serious weaknesses in child protection practice identified in the unannounced inspection remain. The threshold for access to child protection services was until very recently set too high and the cost of delivering effective child protection services across the city is not yet fully understood by the council.

14. Significant work has recently been undertaken to prioritise improvements in frontline child protection services. Action has been taken to set the threshold for service at the right level, tackle poor performance, redesign systems and processes, and audit case management decisions to ensure that there is appropriate access to services. However, it is too early to demonstrate improved outcomes across all these areas of service operation. The legacy of poor decision making and increased demand for referrals associated with the new threshold for access to services have had a significant impact on workload pressures experienced by front line staff. As a result, the timeliness and quality of assessments is poor. There are delays in following up decisions; responses to referrals and assessments are not adequately recorded; and monitoring systems are over stretched. The Leeds Safeguarding Children Board does not provide effective leadership and not all members of the board are at the right level of seniority to ensure prompt decision making. Challenge across Children Leeds, the Leeds Safeguarding Children Board and the Integrated Strategic Commissioning Board to ensure child protection practice is safe and effective has improved since the unannounced inspection but remains insufficient.

15. The contribution made by Education Leeds to the broad safeguarding agenda delivered through schools is good. Leadership across all health partners has ensured strengthened governance arrangements, with clear commitment to partnership working. Revised monitoring of performance has led to safeguarding being prioritised through contractual requirements. There is good evidence of lessons learnt from three serious case reviews, with appropriate actions taken to implement changes. There is adequate Health Visitor provision to allow a planned early intervention model of care, although implementation of the Common Assessment Framework (CAF) has been slow across health

services in Leeds. User involvement in service planning is underdeveloped. There are examples of effective joint commissioning with CAMHS provision and sexual health services are able to demonstrate improved outcomes.

## **Capacity for improvement**

## **Grade 3 (Adequate)**

16. The capacity for improvement is adequate. The council and its partners have made safeguarding children their highest priority. There are many areas where improvements have been made across universal services for safeguarding and a new senior management team is now in place in children and young peoples services. However, the council's track record of delivering improvement in child protection services overall since the joint area review is variable, showing only very recent signs of improvement. Although the council identified in April 2009 that child protection services needed to improve and an improvement plan was developed, the unannounced inspection of the contact, referral and assessment arrangements July 2009 nonetheless identified serious weaknesses.

17. The council has responded well to the findings of the inspection in July 2009 and taken swift action to improve the situation. The improvement plan has been refreshed and implemented, and immediate action has been taken to ensure policy, procedure and practice, including a robust risk register, meet minimum standards for child protection (section 47) enquiries. There is a strong corporate steer for improvement from lead members and the Chief Executive of the council has demonstrated responsibility for the implementation of improvements through the chairing of the improvement board. Significant work has already been undertaken to prioritise improvement. Poor staff performance is being addressed and some systems and processes have already been redesigned to support improvement. For example, case management decisions are now subject to robust auditing. The threshold for access to the child protection services is now appropriate and this work is being prioritised but the timeliness and quality of assessments remain a challenge. The Integrated Strategic Commissioning Board and the Leeds Safeguarding Children Board have identified capacity shortfalls in the Leeds Safeguarding Children Board support team and the Integrated Strategic Commissioning Board has agreed an enhanced budget for the Leeds Safeguarding Children Board for 2010/11.

18. These early successes demonstrate the council can make improvements. However, the lowering of the threshold for child protection interventions and the staffing shortages seriously impact on the ability of the council to make further progress on the improvement plan. In particular, social worker caseloads are too high, front line management capacity is insufficient and the electronic recording system is not fit for purpose. Additional staffing resources have been identified and advanced practitioners are being recruited. The council's budget allocation for children's social care is to increase in 2010-2011. The delivery of this critical operational area will remain a significant challenge until plans to strengthen the social worker staffing levels are fully implemented.

19. The Integrated Strategic Commissioning Board fulfils its statutory duties and provides an appropriate level of leadership, with the exception of its links to the Leeds Safeguarding Children Board. The Leeds Safeguarding Children Board is not a full member of the Integrated Strategic Commissioning Board, although the Leeds Safeguarding Children Board Chair has recently been given the right to attend meetings at her discretion. The Leeds Safeguarding Children Board has not been in a position to challenge and scrutinise progress effectively across the area and its performance management framework is not comprehensive.

20. Priorities for the city include national and local issues and the aspirations of children and young people. Overall, progress on the Children and Young People's Plan (CYPP) demonstrates a good level of achievement with significant progress in some aspects of safeguarding. The role of the Commissioning Champion is well developed and effective. Services have been reorganised in localities to deliver sharply focused early intervention services which are closely aligned to meet local community needs. The Leeds Safeguarding Children Board has effectively undertaken three serious case reviews and has ensured lessons learnt have improved the quality of services across partner agencies and outcomes for children.

21. The engagement of health partners is good. The priority given to improving health outcomes for children and young people is reflected well in the commissioning strategy and priorities are identified, agreed and articulated in the CYPP. Additional resources are being allocated to improve service provision, although health inequalities in Leeds remain a priority area for improvement for the partnership. There are long standing issues with a high infant mortality rate and a high level of teenage pregnancies, which are both above the national average. There are early signs that the infant mortality rate is improving but the teenage pregnancy rate remains high.

## **Areas for improvement**

22. In order to improve the quality of provision and services for safeguarding children and young people in Leeds, the local authority and its partners should take the following action:

### **Immediately:**

- Refresh the existing children's service improvement plan to take account of the priorities for action and other issues set out in this report.
- Undertake a full evaluation of the allocation of children's service resource to ensure that the capacity of the workforce is sufficient to meet the demand for service at the published threshold.
- Tackle the unacceptably high level of social worker caseloads and insufficient team manager capacity, and ensure that newly qualified

social workers are protected from carrying high and complex caseloads.

- Re-configure the contact centre procedure and practice for the classification of contacts and referrals so that these are more closely aligned with the definitions set out in national guidance; and evaluate the implementation of recent improvements to consolidate and inform further development.
- Improve the timeliness and quality of social work responses for assessments, case planning and recording, including the analysis of risk, to meet minimum standards.
- Accelerate plans to introduce a comprehensive performance management and quality assurance framework to support casework practice relating to contacts, referrals and assessments.
- Ensure that the combined resources and expertise of the council, partners, the Government Office and specialist contractors prioritise and tackle the difficulties associated with the electronic recording system.
- Ensure that the capacity for the delivery of child protection conferences matches the demand for service, that child protection core group meetings are effective and actions and outcomes for individual children are monitored against their child protection plan.

**Within three months:**

- Ensure children and young people and their parents receive information on how to make complaints and gain access to the advocacy service.
- Ensure that the involvement of children, young people and their families in the child protection process is consolidated and records demonstrate that practice is being implemented effectively and their views taken into account.
- Improve access to multi-agency child protection training delivered by the Leeds Safeguarding Children Board in order to ensure all partner agency staff are well informed and they know and understand their child protection roles and responsibilities.

**Within six months:**

- Strengthen the Leeds Safeguarding Children Board arrangements in providing challenge and monitoring safeguarding across the partnership so that more rapid progress is made in delivering robust safeguarding services across Leeds for children and young people.

- Complete an analysis of why there is such a high proportion of children who are the subject of a child protection plan for two or more years.
- Ensure that there is a suitably trained, experienced paediatrician available across the city 24 hours every day of the week to support effective child protection medical examinations involving children.

## **Outcomes for children and young people**

### **The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 3 (Adequate)**

23. The effectiveness of services in Leeds to ensure that children and young people are safe is adequate. Recent improvements in the contact, referral and assessment arrangements for front line child protection services ensure children in need of protection and safeguarding are appropriately identified. Examination of children and young people's case files which were the cause of concern at the unannounced inspection July 2009, and those sampled as part of this inspection, demonstrate that practice has improved sufficiently to ensure children are now safe. Families are increasingly able to benefit from a wide range of locality-based early intervention and family support services provided through effective multi-agency work. All of the parents interviewed by inspectors reported their satisfaction with these services. Despite a slow start in health services, the use of the CAF is increasing and the most recent figures show that 81% of new Common Assessment Framework led to a multi-agency plan to support the needs of children and families. The number of CAF abandoned due to families disengaging is low and reducing with the result that more families are benefiting from this type of support.

24. The impact of services to reduce road traffic accidents and serious injuries to children is effective. The rate of children killed or seriously injured in Leeds has been reducing and performance is now in line with the national average. Arrangements to tackle the weaknesses identified in the July 2008 Private Fostering inspection have been effective. The number of schools judged to be good or better for the effectiveness of their safeguarding procedures following their Ofsted inspection is at least similar to those found nationally and in some cases better. Joint work between schools and the police through the Safer Schools Partnership is a strong feature in making children safe in their schools and wider communities. Initiatives in schools to improve pupils' safety are good. Many pupils are being empowered to support their peers to tackle bullying and there are good examples of pupils leading initiatives which are reaching a large number of children and young people and are making a difference.

### **The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 3 (Adequate)**

25. The effectiveness of services to ensure children and young people feel safe is adequate. Examination of case files demonstrates that front line social

workers are assessing child protection risk through appropriate direct work with children to ensure the threshold for access to service is identified and action is taken to protect some of the most vulnerable children. The police are working well with vulnerable families, particularly those where domestic violence is having an impact on children's safety. Although this is a growing area of work, more families are using services and this is helping to reduce the level of risk to children. The small number of parents interviewed by inspectors reported that the CAF process is making a difference to the level of support they get and is improving outcomes. Targeted work to reduce young people's involvement in anti social behaviour is increasingly effective. However, the responses made by the small number of young people who spoke to inspectors was mixed.

Although one group of young people explained how well they were engaged in activities which are helping them to stay out of trouble, another group of young people said they did not feel safe because of the presence of teenage gangs in their home communities.

26. There has been a strong focus on improving the behaviour of young people in secondary schools and this has shown some success. The most recent local data indicate that the proportion of schools judged good or better for behaviour of pupils has improved to 81% and is much better than that found in 2007. Schools support pupils well. There are good arrangements in place to gain the views of pupils and this is helping to shape services. There is a good range of interventions, including mentoring programmes which are making a positive difference to pupils' perceptions of their safety and well-being. Local survey information indicates 80% of 7,000 pupils who responded in 2008/9 consider they are well informed about staying safe from bullying. Tackling discrimination, bullying, including cyber bullying and e-safety, is a high priority for the council and children and young people, and this is being addressed well. The proportion of pupils reporting bullying has fallen in the last two years and there has been a good increase in the percentage of pupils who thought that their school dealt well with bullying. The small number of pupils interviewed by inspectors report that support programmes and their positive relationships with teachers are making a difference.

## **The quality of provision**

## **Grade 4 (Inadequate)**

27. Service responsiveness including dealing with complaints, is inadequate. From the cases seen, child protection concerns are addressed appropriately through section 47 enquiries, risks are correctly identified, and action is taken to safeguard children. However the quality and timeliness of all actions, including assessments, do not comply with minimum standards. Thresholds for access to children in need and child protection services have been lowered and this has led to more children being effectively protected. Management oversight has been strengthened to ensure child protection decisions are closely monitored. Joint work with the police has improved but there is still a lack of consistent practice regarding single or joint visits with the police.

28. The rise in demand for child protection services has increased the workloads of front line social workers to an unacceptable level. Social workers report feeling stressed and anxious about the high number and level of complexity of their caseloads. Social workers express concerns about their ability to meet the demand of new referrals and the delays in passing cases to longer term care management teams. Social workers report they are driving long distances across large geographic areas due to the inefficient arrangement of teams. This leads to lost time and creates increased pressure on the ability of social workers to respond in a timely way. The level of staff experience across social work teams is variable. Some teams are fully staffed, stable and have the right balance of experience. Other teams do not and are staffed almost entirely by inexperienced staff who carry complex work well beyond their experience. The support provided for newly qualified staff is inadequate. As a result of the increased work demands, newly qualified social workers hold large and, in some instances, complex caseloads and they do not receive the level of training and caseload protection they require.

29. There is a well established complaints and representations process. The outcome of complaints has been used well to improve service developments and better access to information has been provided as a result. However, it is unclear from the records whether the requirement to give children and young people and their carers information on complaints and advocacy is met. The time taken to respond to some complaints does not meet the council's own standard and performance is being closely monitored by corporate services. Recording procedure and practice of the work undertaken with families is underdeveloped. The council recognises the proforma used for child protection plans is unsuitable for sharing with carers and an improved version is being introduced. It is not evident from the records that child protection plans and minutes from child protection meetings are given to carers or that reports are fully shared with them prior to meetings.

30. The management of allegations made against staff is adequate and the role of the local authority designated officer is well established and understood. Training to support good practice has taken place across the partnership, with a particular focus on schools. The highest number of allegations is reported from the secure estate which is being appropriately considered by the Leeds Safeguarding Children Board. However, the police and health staff figures for reporting allegations are very low and the number of professionals referred to the barred or restricted employment list is low; this remains an area of challenge for the Leeds Safeguarding Children Board. Multi-agency public protection arrangements are good. The management of offenders who present serious risk to children and communities is sound.

31. The arrangements for the assessment of, and direct work with, families are inadequate. The timeliness and quality of front line child protection contact, referral and assessment responses are inadequate overall. Systems and practices underpinning this work are inadequate. Progress has been made to set the threshold for access to child protection services at the right level,

implement effective auditing arrangements of team managers' decisions and improve the initial sifting of child protection referrals. However, the timeliness of responses does not always meet minimum standards except for those children with a high level of need. The level of recording by social workers and their managers is poor. Similarly, the quality of the referrals received by the assessment teams from partner agencies remains generally poor. Staff in the assessment teams struggle to understand and action these referrals effectively.

32. The out of hours service works effectively and good examples were seen of prompt referrals and good inter-agency working. Multi-agency early intervention services in localities are having an increased impact on positive outcomes for families. For some children where there were child protection concerns, the level of risk has been reduced and they have not been made the subject of a child protection plan because of this early intervention. The family group conference service has resulted in good outcomes for children and parents, which is effectively reducing the level of risk experienced by children. As yet, these effective small scale projects do not have the capacity to address the extent of need across the city and the sustainability of some of these early intervention services is not yet financially secure.

33. The arrangements for the roll out of safeguarding training are adequate and the quality is good. There is a strong focus on child protection level one and CAF training, and staff across the partnership demonstrate a good level of knowledge and understanding. However, access to multi-agency child protection training delivered by the Leeds Safeguarding Children Board is poor. There are long delays organising the delivery of training because not all partners have provided trainers to support this work. The Leeds Safeguarding Children Board inter-agency child protection procedures provide a sound basis for child protection work and are regularly updated. Effective action has been taken to support the safeguarding improvement plan and the workforce is well informed regarding the new children's services child protection procedures and the threshold for access to child protection services. The proportion of children who are subject to a child protection plan for two or more years is higher than similar authorities, and the reasons for these higher numbers need further investigation by the service.

34. Effective arrangements are in place to identify, trace and recover children and young people missing from education, home or care. The management of high risk offenders is good, as indicated by the low re-referral rate to MARAC. Joint working arrangements are in place to safeguard children and young people living in families where domestic violence is a risk factor. The incidents of reported domestic violence are rising, indicating more effective identification, and recording and a growing confidence by women in the services available. Although progress has been slow, there is now a protocol between the police and the local authority to improve the appropriateness and quality of domestic violence notifications leading to improved responses.

35. The health service provides an adequate level of consultant paediatrician support to conduct examinations between normal office hours. However, out of hours medicals are carried out by the general consultant paediatrician on call in the Trust which does not guarantee an appropriate level of expertise. NHS Leeds has identified a lack of clarity and continuity around the service delivery of medical care for children with special needs and disabilities, with provision spread across both community and acute providers. Improvements are underway; however parents have not yet been involved in this process.

36. Procedures and practice for case planning, review and recording are inadequate. Although child protection work is being prioritised effectively, the demand for social work services for children in need is outstripping existing resources. As a result, low level work and some assessments are subject to delays and the quality of social work recording is generally poor as workers struggle with priorities. It is not always clear from file records why decisions have been made and there are many examples of uncompleted assessments. Social workers are not always recording the reason for case closure before the full assessment is completed. Managers do not always review and approve decisions to take no further action. The council has recognised that the electronic recording system does not adequately support the work of social work professionals and this is leading to delays and a poor level of information to assist management decisions. Plans are in place to procure a new system, and work has already been started to manage the transition. The council has made some improvements to the existing system as a short term measure to support social workers and to assist decision making. Child protection conferences are not delivered within statutory timescales and this position is worsening with the increased levels of demand. As a result children are not effectively protected by a multi-agency plan soon enough.

37. Case planning overall is inadequate, although there are some individual examples of good child-centred, reflective and focused work. The majority of cases sampled during this inspection indicate a lack of professional rigour, with a lack of clarity about the objectives and outcomes intended for the child or young person. In several cases there was no evidence of challenge or comment by the supervising line manager or effective oversight by multi-agency core groups. The visiting frequency is well recorded but records do not always state whether a child or young person was seen on their own. From the cases sampled, multi-agency attendance at case conferences by general practitioners and the police is poor, other than by the police in domestic violence cases where they are already involved.

38. Child protection plans are inadequate. This has been recognised by the council. A revised format for child protection planning has been agreed and is being implemented immediately following this inspection. Core groups are not effectively monitoring the implementation of child protection plans or updating plans clearly to reflect changes in circumstances. Effective senior and middle management oversight of performance in this area is hindered by weaknesses in the electronic recording system. Child protection reviews are generally held

on time but are chaired by people who do not chair the initial conference which limits the consistency and effectiveness of oversight. Social workers to whom cases are transferred do not routinely attend conferences and therefore do not hear at first hand the level of detailed discussion which would inform their practice. There are some delays in transferring cases to social workers from the assessment worker.

## **Leadership and management**

## **Grade 4 (Inadequate)**

39. Leadership and management of safeguarding services for children and young people are inadequate. The wider safeguarding agenda is being tackled well by agencies but leadership and management have not applied sufficient rigour to the core child protection business and there are serious weaknesses in the delivery of services which do not meet minimum standards.

40. Ambition and prioritisation are adequate. At the beginning of the year, key areas of improvement were identified in the delivery of children's services child protection arrangements and changes have been made at senior management level to support this programme of work. However, at the time of the unannounced inspection in July 2009, these improvements had not yet been realised. In accordance with the council's own assessment, the unannounced inspection concluded that services fell well short of that which is required for the protection of children and that children were potentially being left at risk. The council has engaged with the Government Office and has taken swift action to tackle the presenting issues. It has been recognised at the highest level of the council that improvement needs to take place and an improvement board has been set up, led by the Chief Executive. A comprehensive action plan is being implemented and there is transparency across all agencies about how weaknesses are being tackled. Elected members demonstrate a strong commitment to champion the needs of vulnerable children and they are appropriately challenging the rate of progress on the delivery of the improvement plan. Although some early successes have been realised, progress is being hindered by a lack of social work capacity. This remains a considerable challenge for the council.

41. Determined leadership of Children Leeds, the Integrated Strategic Commissioning Board and the Leeds Safeguarding Children Board has ensured that all agencies demonstrate a strong commitment to the broad safeguarding agenda, including the voluntary and independent sector, and to the delivery of services which closely match local needs. Service users have demonstrably helped to shape the CYPP and the plan relates well to user needs. The key priorities are effectively communicated across the city. Services are beginning to make a difference and are improving the lives of some of the most vulnerable and needy children and families. Provision for children and young people with learning difficulties and/or disabilities, and for other vulnerable groups, is informed by a detailed needs analysis and the partnership is taking steps to improve further services to meet the needs of these vulnerable children.

42. The leadership and management of health service provision across the city are adequate. Safeguarding policies and procedures are in place and reflect Leeds Safeguarding Children Board guidance and there is evidence of regular reviewing of risk to children and young people. The priorities of health organisations are effectively linked to the Children and Young People's Plan. Workforce strategies are in place and priority has been given to ensuring that every member of staff directly or indirectly providing health care to children young people or parents will have undergone Level One safeguarding training by end of December 2009.

43. Aspects of evaluation, including performance management, quality assurance and workforce development are inadequate. Workforce planning has not ensured sufficient numbers of qualified and experienced social workers to deliver service priorities, particularly in front line child protection services. Respondents to the social work survey reported that they are well supported by their managers and they receive a good level of supervision. However, records of supervision are of poor quality and do not demonstrate that social workers receive the right balance of support and challenge. Some workers report they are not able to access training due to work pressures. Recruitment and retention of social work staff remain a key challenge for the council in the delivery of the children's service improvement plan. The initial plan to recruit 25 advanced practitioners has been implemented. Although the council is undertaking an evaluation of the staff resource requirements for the delivery of children's services, the scale and cost of this are as yet unknown.

44. The arrangements for the evaluation of performance and financial management are embedded in some services but systems are not consistent across the partnership and are insufficiently robust to provide managers with the information they need to make effective decisions. The council has recognised that the existing electronic recording system, which supports the work of children's services, is not fit for purpose and does not support the effective delivery of the children's services core business processes. Front line staff are working hard to overcome these difficulties and there are plans to procure a new system. Meanwhile the current arrangements are having a serious, detrimental impact on the ability of social workers and managers to deliver their work to the right standard and to record essential material in a timely way.

45. Quality assurance and performance management are underdeveloped. New arrangements are in place to ensure the effective monitoring of initial child protection decisions, but the monitoring of some important areas of work is not sufficiently robust, for example the evaluation of child protection referrals made at the contact centre which do not lead to a referral to children and young people's services. Processes to ensure safe recruitment meet the statutory minimum requirements. All health care partners in Leeds have declared compliance with Core Standard 2 for safeguarding.

46. Service engagement with users is adequate. Services for some of the most vulnerable children and young people and their families do not promote user engagement. The practice and procedures for the involvement of children and young people and their families in child protection conferences are poor. Although some children do attend, the council has identified this area of work as needing better planning. The Leeds Safeguarding Children Board does not include representation from Black, minority ethnic and faith communities. The membership of the Integrated Strategic Commissioning Board is appropriate and includes a good range of cross-sector representation, including children and parent carers. Engagement with service users on the wider safeguarding agenda is good and is effectively promoted through Children Leeds. There is evidence throughout the CYPP of the contribution made by children and young people, their parents and carers in the planning processes for universal and targeted services. The children and young people interviewed by inspectors talked in detail about a series of specific projects which they had helped to shape and which feature in the plan. The implementation of locality based service has increased user involvement and influence on service design. The advocacy service for children and families in schools is good. This includes support around bullying and discrimination and for children and young people with learning difficulties and/or disabilities. The work of Education Leeds, delivered through schools, ensures that the views of pupils contribute effectively to shaping services. This is a particularly strong feature of the design of services around anti-bullying and of peer mentoring.

47. Partnership work is adequate. The level of challenge provided by partner agencies and through the Leeds Safeguarding Children Board and Integrated Strategic Commissioning Board has been insufficiently robust. Although Education Leeds and NHS Leeds make a good contribution to the core business of children's social care and the wider safeguarding agenda, children's social care is not delivering services at the right level for children and families. The Leeds Safeguarding Children Board does not provide effective community and professional leadership in relation to universal, targeted and specialist safeguarding services and its influence is not felt sufficiently across all areas where the safety and welfare of children and young people are concerned. One of the three serious case reviews undertaken by the Leeds Safeguarding Children Board has been judged good and two adequate. The lessons learnt from these have been effectively disseminated and implemented through good partnership engagement. The well-planned implementation of integrated services in localities is leading to some good joined-up multi agency work. These services are making a difference in relation to the most challenging aspects of safeguarding work, for example work with gangs and knife crime. The council has provided proactive and inclusive leadership on behalf of the partnership in the development of services in localities and there has been good support from a wide range of partners, including NHS Leeds, police, youth justice service and voluntary sector. The current arrangements for commissioning need to be reviewed and this work is being tackled by the Integrated Strategic Commissioning Board.

48. The promotion of equality and diversity arrangements is good. The city council is strongly committed to valuing diversity and tackling discrimination and this priority is shared across the partnership and clearly evident in corporate and children's services strategic plans. The vision is clearly articulated in the CYPP and the Local Area Agreement and is comprehensive, ensuring at least adequate levels of access and a very strong focus on vulnerable groups. The council's good performance is demonstrated in the achievement of Level 3 in the Equality Commission's Equality Standard. Managers report that the council's position is embedded. The council's aspirations are shared by its staff; these guide their practice and provide a sound base for improvement. There is a strong focus on diversity at all officer levels, supported by a staff performance and development framework which ensures all staff are monitored on their effectiveness at promoting equality and diversity. The need for, and planning of, services for vulnerable groups have been the subject of a thorough needs analysis. Equality impact assessments are carried out rigorously; risks are identified and acted upon with tenacity. Recruitment and selection processes are sensitive to the diversity of candidates and the workforce population is increasingly reflective of the multi-cultural make up of the local population.

49. There are many examples of strategies which are having an impact and improving the lives and achievements of children and young people across the diverse communities of the city. The roll out of locality services is helping to deliver more integrated, multi-agency services which are increasingly successful and designed to meet local needs. The majority of children and young people, parents and carers spoken to during the inspection believe services support good access for all minority groups and that they are making a positive difference. There is a strong focus on community cohesion. Consultative groups ensure the diverse cultural needs of communities are well represented. Access to parent support advisors, children's centres and health visitors is well developed in the five localities across the city. Children's centres deliver a plethora of services in line with government requirements and the priorities in the Children and Young People's Plan and the Local Area Agreement. The inclusion of parents, particularly from hard to reach and vulnerable families, is prioritised and promoted well. There are good examples of user sub groups and committees helping to shape services to support this work. Testimonies from parents involved in a range of multi-agency support from children's centres show how services working together have made a difference in supporting them in times of need and helping them to develop good relationships with their children. Concerted and prioritised actions by all partners to narrow the gap between vulnerable and diverse groups of children and young people are both improving outcomes for them and making sure their achievements are moving closer to those found in other groups across the city. For example, strong partnership working with Gypsy and Roma families has resulted in an increase in the proportion of Year 11 pupils attaining five good GCSEs in 2009. Work with families of children with an identified special educational need or a disability is developing. Small-scale consultations involving these families have ensured that the views of some parents have been taken into account and

more action is being taken to engage more parents from across the city in helping shape these services.

50. Value for money is inadequate. The children's services business operation is under resourced and there is insufficient capacity to meet business objectives. This has resulted in serious weaknesses in the delivery of services and poor responses to service users. Children and young people and their families report that social work staff are responsive and helpful, although some said there are not enough of them and they experience a poor level of service. This position is not sustainable for the council. Although unit costs in children's services are low, this does not reflect value for money as staffing resources, in particular the number of professionally qualified social workers, do not match the demand for service in key areas of service operation resulting in unmanaged risk and poor value. The true cost of delivering an effective contact, referral and assessment service has not been evaluated and this remains unknown. Systems to support performance management, quality control and the evaluation of impact are underdeveloped across services. The council has concluded that the electronic recording system, which supports the work of children's services, is no longer fit for purpose. Staff and managers report that the system does not support them in their work and is wasteful. Some work has been undertaken to address this, although a solution is not imminent.

51. The Integrated Strategic Commissioning Board actively considers how safeguarding and child protection objectives can be achieved effectively and economically. There are good systems in place to monitor budgets across the council. This practice is embedded across the partnership. Managers responsible for the financial management of their respective services know and understand the constraints of their budgets. There are some individual examples of good evaluation of value for money in specific projects and these are expressed well against outcomes for children, such as the achievement of the youth offending service in reducing the number of young people who receive a custodial sentence. The voluntary and community service sectors provide sharply focused services which are good value for money, but progress has been limited due to complicated funding arrangements which are currently subject to review. NHS Leeds and the local authority are working well together and the contribution of NHS Leeds is making a significant difference. For example, the CAMHS is providing a good level of support for some of the most troubled children and families in the city, with demonstrably improved outcomes.

## The inspection outcomes: services for looked after children

### Overall effectiveness

### Grade 3 (Adequate)

52. The overall effectiveness of services for looked after children is adequate.

53. The CYPP expresses clear ambition and priorities for looked after children. An active corporate carers' group is rightly focusing attention on a wide number of priorities for looked after children with evidence of improvements in key outcome areas. Effective partnerships and joint working arrangements support outcomes which are at least adequate; some are good and nearly all demonstrate an improving picture, although the pace of change has been slow overall. Health outcomes are improving. The virtual school is resulting in improvements in participation in education and attainment for looked after children and their attendance is improving as a result of a clear focused attendance strategy.

54. Throughout this inspection, inspectors received strong messages from young people, social workers and team managers, parents, carers and other professionals about the heavy and complex caseloads being managed by social workers, independent reviewing officers and pathway advisors and the impact this inevitably has on outcomes and the services received. While some action has been taken, this is a major weakness which needs to be promptly and systematically addressed. The numbers of looked after children remain high and the reasons for this are becoming more clearly understood. Action is beginning to be taken to safely reduce numbers in several ways, for example through more intensive work with families. This resource is not yet sufficiently widely available to create the wider impact that is required. Placement stability remains satisfactory for the majority of young people, although there is insufficient placement choice particularly for those from minority ethnic backgrounds or young people with more complex needs. Nevertheless, additional resources have now been secured for the fostering team to strengthen family finding and support to family network carers.

### Capacity for improvement

### Grade 3 (Adequate)

55. Performance across a number of outcomes is improving, albeit slowly in some instances, or has remained steadily adequate. Although a new senior management team is now in place in children and young people's services and some progress is being made, service improvements are jeopardised by significant weaknesses in the capacity of the social care workforce and the extent of the challenges facing the service. Prompt action has been taken in response to previously inadequate judgements from regulatory inspection of two children's homes and the fostering service. These are now judged adequate overall and safeguarding has been judged at least adequate in all regulatory settings for looked after children. The council has good knowledge of the

weaknesses in services for looked after children, is realistic about the extent of the challenges involved, and is implementing a transformation plan to reshape and improve services. Managers, staff and carers describe a service which is slowly improving. There are strong, effective partnerships which have demonstrated commitment and prioritisation to looked after children. Partners are driving forward improvement through the allocation of resources, working to strengthen jointly commissioned services and adding capacity.

## **Areas for improvement**

56. In order to improve the quality of provision and services for looked after children and care leavers in Leeds, the local authority and its partners should take the following action:

### **Immediately:**

- Review the level of resource made available to deliver key social work tasks for the looked after children's service so that a sufficient professional social worker capacity is provided to meet the demand for service.

### **Within three months:**

- Improve the quality of core assessments and case records.
- Strengthen the arrangements for monitoring the quality and outcomes of external placements, particularly in residential special schools and for those children and young people who are in schools out of the city.
- Ensure all looked after children and young people are made aware of how to make a complaint; that clear systems exist so lessons learned from complaints can help shape services and strengthen access to the children's rights services, particularly for those in out of city placements.
- Ensure the views of looked after children and young people are sought and taken into account in the reshaping of services for looked after children.
- Develop a clear and understandable set of measures and targets for the achievement of the Children's Promise.
- Review the level of resource available to support the children in council care and increase awareness of its role and membership so that it is more representative of the looked after children population.

**Within six months:**

- Improve the range of placement choice available, particularly those from minority ethnic communities or for those children and young people with complex needs
- Improve the effectiveness and relevance of personal education plans
- Improve the regularity and timeliness of information-gathering on the progress of looked after children at a strategic level to enable regular tracking of pupils' progress and more timely evaluation of the impact of actions and interventions on progress and learning of looked after children.

**Outcomes for children and young people**

57. Services to promote health outcomes among children in care are good. NHS Leeds has demonstrated a strong commitment to improve services for looked after children delivered through increased investment. This has led to a good level of improvement in the proportion of looked after children with an up to date health needs assessment rising significantly from 72% in 2006/7 to 83% in 2007/8. Close scrutiny of local data shows this trend has been sustained and is now reported to be 89%. There has also been a strong focus on the protection provided through immunisations, which has also increased to a good level. Mental health needs are well met through a jointly commissioned and integrated CAMHS. There is a good approach to aligning services through the joint therapeutic social care/CAMHS team. Access to the specialist team is appropriately prioritised and this ensures looked after children receive timely support for their assessed emotional and mental wellbeing needs. The therapeutic social worker team provides effective support to foster and residential carers to enable them to identify concerns earlier. The team is effectively supporting placement stability for many looked after children. For example, out of 84 cases seen at fostering surgeries held over last two years, only eight suffered a placement breakdown.

58. There is good targeting of care demonstrated through sexual health support for looked after young people. This support is effectively delivered through the funding of a specialist nurse attached to the pathway planning team. The arrangements to support the health needs of unaccompanied asylum seeking children are good. Increased resources for the looked after children health team has enabled a good level of health promotion for unaccompanied asylum seeking children through a recently established boys' group. Health promotion work is particularly sensitive to cultural beliefs, values and sexual health practices and support is effectively delivered to meet the diverse needs of this group of young people.

59. Safeguarding arrangements for looked after children are adequate. Nearly all looked after children and young people have a named qualified social

worker. Most see their social worker regularly including being seen alone, although this is not always clearly recorded. Most children and young people seen by inspectors said they feel well supported, particularly where they have experienced consistency in their social worker or placement. The survey conducted for this inspection identified 78% of those who responded, report that they feel very safe and a further 12% felt fairly safe. The arrangements for looked after children reviews have improved from a very low base and are now adequate. More looked after children are having their reviews completed on time. The council's own data show that at September 2009 84.6% of reviews were held on time and this improvement was confirmed by parents, carers and other professionals who spoke to inspectors. There is a range of support available to children in their placements, for example support to children with their emotional and behavioural needs through the dedicated therapeutic team. The consultation and support provided by CAMHS to social workers, carers and children have become increasingly flexible and more readily available through foster carer clinics or professional consultations and are highly regarded by professionals and carers.

60. Placement stability is given appropriate priority and a range of services is available to support children in their placements. The survey conducted for this inspection identified 83% of the children who responded felt that they were currently living in the right place, while 73% reported that their most recent placement move had been in their best interests. However, 86% of children reported that there was no placement choice available and this is confirmed by professionals working with them. Processes to support the placement of children for adoption remain strong and placement decisions are made quickly. There is limited use of external placements which are used appropriately for a relatively small number of children with specialised or complex needs. Some action is being taken to improve placement choice. For example, a contract has recently been developed with six independent fostering agencies. This is subject to monitoring in line with the national framework and includes a focus on safeguarding. Although monitoring of external placements takes place using information from regulatory inspection reports and the social work visiting and reviewing process, the scrutiny of the quality of services through commissioning is too reactive.

61. The impact of services to enable looked after children and young people to enjoy and achieve is good. Partners are working successfully with the council in their shared ambition to improve outcomes and to narrow the gap between looked after children's performance and that of other young people in Leeds and nationally. All key outcomes are improving and there have been some notable successes. For example, in summer 2009 when national results remained similar to the previous year, the proportion of 11 year old looked after children attaining average levels in their Key Stage 2 tests in English and mathematics rose by 10 percentage points. Similarly, at Key Stage 4 the proportion of 16 year olds sitting and attaining 5 GCSEs grade A\*-G has risen significantly and the gap between their results and the national figure has narrowed well. There has been an impressive 20 percentage point narrowing of

the gap in the proportion attaining at least one GCSE. The proportion attaining five higher level GCSEs or equivalent has also improved at 19%, although still well below average, represents effective progress since 2008. Standards are also rising at a similar rate for looked after children identified with a special educational need or disability.

62. Good direct work with looked after children, including those facing challenges or who are underachieving, is helping to improve their placement stability, enjoyment and achievements. This includes direct action by the headteacher of the virtual school and the Education Projects team, one-to-one tuition, Stepping Stones, the Find Your Talent programme and the Creations Project which is run in partnership with the library service. Young people, schools, parents and carers confirm that they are also supported and encouraged to attend a wide range of activities that meet their needs. Schools speak highly of the good and regular training for designated teachers of looked after children that not only keeps them up to date with the requirements of the role, but also challenges and supports them to improve practice and raise achievement. Headteachers report that the appointment of the headteacher for the virtual school for looked after children has raised the profile of this group, heightened school's accountability for them and enabled more timely direct interventions and support leading to improvement.

63. The attendance of looked after children in primary schools is better than that of other children in Leeds, although still below that found nationally. Partners have also made effective progress in improving the attendance of secondary-aged looked after children in 2009, through targeted support and help where required. Attendance improvement officers and schools are effectively tracking and working with those who are absent. The proportion of looked after children who are persistently absent is also reducing and has decreased by over four times the Leeds' average rate.

64. Although standards are rising, the headteacher of the virtual school is aware that the capacity to monitor the educational progress of looked after children is restricted to twice a year because of current recording systems. This limits the opportunity for him, his team and the Multi-Agency Looked After Partnership to monitor consistently underachievement or the impact of the significant number of interventions provided. Looked after children's personal education plans are reviewed within timescales. Evaluation by the virtual headteacher has shown the quality to be inconsistent and the format cumbersome. Designated teachers for looked after children spoken to during the inspection agree. Nevertheless, annual and challenging targets for improvement are set for each looked after child following dialogue and debate between schools. These are evident in the plans and are reviewed half-yearly. Effective action is taken to tackle any concerns.

65. Opportunities for looked after children and young people to make a positive contribution are adequate. Looked after children and care leavers are consulted on a range of issues and there is some evidence of changes to

service delivery as a result. There are annual conferences for young people leaving care, during which young people express their views on a range of issues. For example, the input of young people has resulted in an increase in care leavers' allowances. Children and young people were consulted on a draft children's pledge and the 'Children's Promise' was launched in August 2009 using the word 'promise' in place of pledge in response to children's views. It is as yet insufficiently clear how progress against the 'Children's Promise' will be measured and evaluated. A Children in Care council has recently been formed with an as yet small core group of regular members. This has the makings of an excellent group and links are developing with the corporate carers group. However, there is insufficient awareness of the children's council amongst the wider group of looked after children and the staff and carers who work with them.

66. The corporate carers group has recognised the need to increase membership in order to be more effective and more representative of looked after children's views. The young people interviewed by inspectors were not sure if the necessary support and resources are in place from the council to enable the group to have the impact that is hoped for. The survey carried out for this inspection identified that 69% of children surveyed felt that their views were listened to in their reviews either well or very well, while 77% of children felt that adults always or usually kept them informed about changes in their lives. Multi-agency work with looked after children who offend or are at risk of offending is slowly reducing incidents. Although remaining much higher than average for similar young people, most recent local information suggests that the percentage of young people convicted or subject to final warning or reprimand has reduced from 15.5% in 2008 to 13.8% in November 2009.

67. The impact of services to enable looked after children and young people and care leavers to achieve economic well-being is adequate. Services are improving as a result of strong leadership, more appropriate curriculum choices, partnership working, targeted support and effective interventions. Although still comparatively high, the proportion of 16 year old looked after children not in education, training or employment has reduced by 5 percentage points over the last year. The percentage of 19 year old care leavers in education, training or employment has also improved from 31% in March 2008 to 41% in March 2009, and is now approaching the average for similar councils.

68. The capacity of services to meet the needs of looked after children and care leavers is increasingly effective through actions such as the appointment of additional Connexions personal assistants and specific workers to support those with special educational needs or disability and ensuring young people have regular access to support, advice and guidance. Although in the early stages, the development of designated tutors in colleges is also beginning to improve the support and guidance in the further education sector. Colleges now offer flexible support and apprenticeships are beginning to be developed with the Care2Work project. Over 34 care leavers have been successfully supported into higher education.

69. Good, timely individual support is also provided to older unaccompanied asylum seekers and they report with conviction the positive difference this has made to their safety, care, aspirations, access to college and improvements in their competency in English. Projects such as Aiming High are also raising the aspirations of looked after children and care leavers, including those with a special educational need or disability. Additional capacity to support transitions to adult social care for care leavers with special educational needs or disabilities has been added and this is beginning to improve outcomes for them. Young people spoken to during the inspection who were in Year 11 reported positively on their residential experience in higher education.

70. Services work effectively to meet the accommodation needs of care leavers and bed and breakfast accommodation is used for a small number of young people as a last resort. Access to decent housing and support packages has improved as a result of the post-18 placement policy and prioritisation through Multi-Agency Looked After Partnership and Corporate Carers group. Provision now includes access to four hostels and semi-independent living with support packages provided through an independent service provider. Floating support is offered by various providers to over 60 young people. Services are currently reviewing the contract for some housing providers to ensure that it is all of suitable quality and in suitable locations.

### **The quality of provision**

### **Grade 3 (Adequate)**

71. The quality of service provision for looked after children is adequate.

72. Service responsiveness is adequate. The number of looked after children in Leeds at approximately 1,360 is significantly high compared to similar councils. However, whilst the number of looked after children has increased in comparator councils in the last quarter of 2008, the population of looked after children in Leeds has remained static. Analysis undertaken by the council indicates there are many reasons for the high numbers. These include: relatively high numbers of children placed at home with parents or with family members on care orders; significant numbers of young unaccompanied asylum seeking children who arrive in the city; the need for more effective assessment, planning and review as well as the need for more effective and timely early intervention services. In common with similar authorities, there has been an increase in children becoming looked after because of drug and alcohol misuse and domestic violence. External research commissioned by the council earlier in 2009 identified a number of these factors and some actions have been taken to reduce safely the numbers of looked after children. These include reviewing the need for care orders for those young people placed with families, or the development of more effective and timely intervention programmes such as family network groups and multi-systemic therapy pilots. These are at an early stage but are already showing early signs of impact in terms of enabling children and young people to remain safely at home.

73. The needs of looked after children are taken into account when placement decisions are made but few of them experience any real placement choice due to the limited capacity of the service provision. The level of support provided by social workers in care management teams meets only the minimum standards. Social workers carry mixed caseloads which include looked after children, children with child protection plans and children in need. Workloads are heavy and the work is frequently complex resulting in social workers and team managers facing significant work pressures and having to balance competing demands. This impacts on the quality of service offered to looked after children and families with consequent risks.

74. The arrangements for looked after children and young people to make a complaint are satisfactory. Most looked after children are aware of how to make a complaint although the survey of looked after children undertaken for this inspection indicates a significant number did not. The survey also indicates that nine out of ten children who had made a complaint felt that it had been sorted out fairly. In a small number of cases seen there were significant delays in resolving formal complaints. The arrangements for improving the quality of services based on the lessons learned from complaints is under developed. The children's rights services is commissioned from a large voluntary organisation and this provides a good level of independence to support this area of work. Although there are regular advocacy sessions provided for children in children's homes, other children including those living in placements commissioned outside Leeds are only informed about the service through their reviews.

75. Assessments and direct work with looked after children and young people are inadequate. In the cases seen by inspectors, there were some examples of very good practice and direct work with families and some children interviewed by inspectors described how services are making a positive difference to their life. However, the quality of social care practice overall is too variable and the limited capacity of the social care workforce is having a significantly detrimental impact on the quality of assessment and direct work with looked after children. The quality of core assessments is too variable and while there are examples of good or adequate assessments, many lack depth and analysis. Young people leaving care were very aware of the impact of the work pressures on their pathway advisors, reducing their ability to provide them with the levels of support they needed. A number of services commissioned from local or voluntary agencies provide valued additional support to young people leaving care.

76. A multi-systemic therapy pilot, funded nationally, provides excellent support to a small number of families and young people on the edge of care. The pilot has evidence of early positive outcomes, with the majority of young people remaining safely at home after intervention. Parents are extremely positive about the impact of the project, reporting that it has kept their families together and enabled them to '...get back in control'. The family group conferences pilot in south Leeds is resulting in good outcomes for a small number of children on the threshold of becoming looked after. As yet these

effective small scale projects do not have the capacity to address fully the extent of need across the city and sustainability remains a concern for workers and families as the initial funding guaranteed is not yet secure.

77. The arrangements for case planning, review and recording are mostly adequate. Looked after children have up to date care plans which are reviewed regularly. A small number of parents who spoke with inspectors said they understood the plan for their child and felt that their views and their children's views were taken into account when plans were reviewed. Independent reviewing officers, however, report weaknesses in pathway planning for young people leaving care and plans sampled by inspectors were insufficiently clear about the overall objectives for the young person. Reviews sampled by inspectors were clearly written and understandable, with follow up of previous actions and clear recording of future actions and responsibilities. Independent reviewing officers provide a good level of challenge and a number of improvements have recently been made to strengthen their role, including the creation of independent management arrangements and increasing their capacity. However independent reviewing officers also carry heavy caseloads which are stretching their capacity. Looked after children are offered consistent chairing of their reviews and this strengthens effective planning. There is a good level of focus on engaging with parents, for example where parents or children have not attended reviews, Independent reviewing officers offer a separate meeting. The review process is supported appropriately by key professionals, such as from health or education.

78. The level of support provided by the Children's Asylum and Refugee Team is adequate and highly valued by the young unaccompanied asylum seeker children. However the systems and processes which underpin the service are weak. There have been significant changes in staffing and management of the team and there is a need for greater clarity about the focus and planning of the work with individual young people. The standard of case recording is poor. There is currently a dual system of recording in operation with some information on paper files and some held electronically. This results in gaps in recording which are compounded by the workload pressures experienced by social workers.

## **Leadership and management**

## **Grade 3 (Adequate)**

79. Leadership and management of services for looked after children and young people are adequate.

80. Ambition and prioritisation are good with firm commitment from elected members and front line staff to improve outcomes for looked after children and care leavers. There is a strong focus on narrowing the gap between this group of young people and young people across Leeds and the national average. The vision and priorities for looked after children are clearly articulated in a range of strategic plans and link clearly to the top priority within the CYPP. This commitment has translated into some improved outcomes for looked after

children, for example in improving their achievements and educational outcomes and in improving health outcomes.

81. Evaluation, including performance management, quality assurance and workforce development is inadequate. The existing arrangements for the delivery of social work support for looked after children does not ensure sufficient priority is given to this area of work. The workforce capacity in social care is currently insufficient to meet the needs of the service. Social worker caseloads are high and workers are struggling with workload pressures so that all children do not receive the level of service required. Managers of the service acknowledged there are gaps in the skills and experience of workers. The council has identified the need to develop a more dedicated and integrated service for looked after children and is developing plans for this. Some improvements have already taken place, for example in educational support for looked after children. These actions are beginning to make a positive difference to the way that services are working together to improve outcomes for children. Although some initiatives are too early in their development to show measurable outcomes, there are some examples of good impact such as the one to one work to support the education of looked after children and the interventions taken to support children to remain in education and reduce their absence from secondary school.

82. Systems to support management decisions have recently improved, with a new, more focused approach to performance management arrangements and quality assurance. A more robust framework for performance management has been developed and a dedicated team is being established to drive improvements in service quality. Clearer requirements for the auditing of practice have been introduced at team and practice level in social care but team managers report that existing work pressures prevent them from fulfilling these requirements. At the strategic level, performance reporting is regular and the Corporate Carers group and the Executive Board receive detailed reviews of progress towards the many targets to improve outcomes for looked after children.

83. Effective self-evaluation by the Multi-Agency Looked After Partnership and audit information show that managers have a clear understanding of the strengths and areas for improvement within and across services and in the outcomes for children. They have conducted a range of research and analysis to make sure that priorities are well informed by national and local contexts. Regular reviews of the educational achievements of looked after children take place and they have a clear view of what needs to improve. For example, they are aware of the need to improve monitoring and evaluation of the impact of provision for pupils placed out of the city, including the small number who are educated in residential special school provision.

84. User engagement is adequate. Action taken to consult with and encourage the participation of looked after children and care leavers is adequate. A wide range of consultations has taken place. However, the number of participants is

sometimes low and it is not always clear how representative the groups are of looked after children. There is, however, some evidence of services changing as a result of young people's views, such as the care leavers service. The consultation on the health needs of looked after children has identified the need for male workers to work with young men and some action has been taken to tackle this. A more flexible choice of venues has also been developed as a result of their views. It is, however, unclear how young people will be involved in the reshaping of services for looked after children including residential care.

85. Work in partnerships is good. There is good partnership working at a strategic and local level to improve outcomes for looked after children. Strong and effective partnership working with schools, early years' providers and other educational settings has made a demonstrable difference to the attainment and progress of looked after children and care leavers and to their enjoyment, as evidenced in their increasing attendance rates at school. NHS Leeds has demonstrated good prioritisation and commitment to improving outcomes for looked after children. Additional resources have been allocated to increase the looked after children health team, enabling them to provide increased health promotional activities and preventive work in a range of innovative ways. This work is supported effectively by other professionals and a range of community health staff have received a good level of training to enable them to improve health outcomes for looked after children.

86. The development of locality and inter-agency working is increasingly developing the capacity of local areas to meet the diverse needs of looked after children and is making a positive difference to outcomes for them. Commissioning of services has been undertaken by the long established joint financial action group. The remit of this group has recently been reviewed and plans are in place to establish a more robust, joint-commissioning framework by April 2010. Commissioning of external placements for looked after children is developing positively from a reactive model to a more proactive, strategic model that is based on audit of need. Voluntary and community sector representatives are strongly involved in partnerships but feel insufficiently involved in strategic planning. They consider that their expertise and knowledge about needs and gaps in services are currently under used within the existing commissioning structures and with the extent of changes which are taking place. The process for decommissioning of services is not always timely and the outcomes are not always effectively communicated.

87. The promotion of equality and diversity is good. The outcomes for looked after children are improving; the gap between these and the outcomes for the general child population in Leeds is narrowing well. Health inequalities are being addressed effectively by a range of targeted support and through the provision of a range of services which are responding to different cultural needs and which are making a positive difference to the timeliness of their health and dental assessments. Annual evaluation of the achievements of looked after children from diverse communities shows that they make broadly the same progress as looked after children in general. Impressive partnership working

with the specialist inclusive learning centres and partners across localities is helping to include and meet the individual needs of young looked after children. The Aiming High for Disabled Children programme is reaping good rewards and is effectively helping to narrow the gap between their performance and other children in Leeds. Young unaccompanied asylum seekers spoken to by inspectors were positive about the support they receive, including for their specific cultural or religious needs. Transitions into adult disability services are being revised to make sure there is a seamless route for all, although services are aware that this is in the early stages of development. However, despite a range of positive initiatives to involve and include parents, a small number of parents and carers of children with disabilities feel that services have been slow to tackle their children's needs, although they have commented that things are improving. The service is taking action to widen participation in consultations with this group in order to more effectively respond to their views.

88. Value for money for looked after children is adequate. Virtually all outcomes for looked after children and young people are getting better. Services are committed to maintaining that improvement through regular evaluation and review. Comparisons of costs take place against costs in similar areas and the national average. Budgets have been realigned and efficiencies achieved through the scrutiny of high cost commissioned contracts. Services are increasingly being integrated across localities; new services are being commissioned and additional resources secured to support the delivery of this key priority, for example £1.6 million to provide residential accommodation to support some looked after children with complex needs. In order to strengthen the reviewing processes and to improve the quality of placements there has been an additional investment of £100,000 to increase the capacity of the Independent Reviewing Team. Examples of effective joint commissioning with services includes Connexions, Supporting People and children's social care to meet more effectively the housing needs of care leavers and looked after young people aged 16 and above. Joint funding of Tier 3 mental health therapeutic services has also been developed to support looked after children and to support placement stability through placement clinics.

## Record of main findings: Leeds City Council

<b>Safeguarding services</b>	
Overall effectiveness	Inadequate
Capacity for improvement	Adequate
<b>Outcomes for children and young people</b>	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Adequate
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Adequate
<b>Quality of provision</b>	
Service responsiveness including complaints	Inadequate
Assessment and direct work with children and families	Inadequate
Case planning, review and recording	Inadequate
<b>Leadership and management</b>	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Inadequate
User engagement	Adequate
Partnerships	Adequate
Equality and diversity	Good
Value for money	Inadequate

<b>Services for looked after children</b>	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
<b>Outcomes for looked after children and care leavers</b>	
Being healthy	Good
Staying safe	Adequate
Enjoying and achieving	Good
Making a positive contribution	Adequate
Economic well-being	Adequate
<b>Quality of provision</b>	
Service responsiveness	Adequate
Assessment and direct work with children	Inadequate
Case planning, review and recording	Adequate
<b>Leadership and management</b>	
Ambition and prioritisation	Good
Evaluation, including performance management, quality assurance and workforce development	Inadequate
User engagement	Adequate
Partnerships	Good
Equality and diversity	Good
Value for money	Adequate