

Inspection of safeguarding and looked after children services

Wakefield Metropolitan District Council

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Age group: All

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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 five of Her Majesty's Inspectors (HMI) 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 children and young people 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.
 - interviews and focus groups held with front line health professionals, managers and senior staff from the Wakefield District Primary Care Trust, Wakefield District Community Healthcare Services, the Mid Yorkshire Hospitals NHS Trust and the South West Yorkshire Partnership NHS Foundation Trust;
 - analysis and evaluation of 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 five serious case reviews undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006;
 - a review of over 50 case files for children and young people with a range of need, providing 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 June 2010.

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. Wakefield district is one of five metropolitan districts in West Yorkshire and covers around 350 square kilometres of mixed urban and rural communities. It is the 8th largest metropolitan authority with a current population of approximately 324,000 people. This figure is expected to rise to 347,700 in 2021 according to Office for National Statistics projections. However, numbers of children and young people aged 0–19 are expected to reduce from 76,700 in 2009 to 75,400 by 2017.
5. Wakefield ranks as the 66th most deprived local authority in England out of 354 based on the average Index of Multiple Deprivation scores, with particular issues around household income and employment. According to the October 2010 school census, 17.21% of statutory school aged pupils are enrolled for free school meals.
6. The Wakefield district has relatively few black and minority ethnic (BME) residents. At the time of the 2001 Census, the BME population stood at 3.3% of the population compared with 13% across England. Just 2.3% of people in the district define themselves as belonging to a non-White ethnic group. However, in some areas there are relatively higher numbers of BME residents, mainly around Wakefield city centre. The Asian or Asian British group is the largest ethnic group in the district and represents 1.4% of the total population. Wakefield's non-Black-and-Asian ethnic population continues to grow, particularly with regard to White ethnic minority families from eastern Europe..
7. Children's Partnership arrangements are overseen by a Children and Young People's Partnership Board and Management Group. A Joint Commissioning Board plans and commissions the shared priorities within the published Children and Young People's Plan. Wakefield's Safeguarding Children's Board is independently chaired and brings together all the main organisations working with children and young people in the city to deliver safeguarding services
8. Services for looked after children and safeguarding are provided mainly through the Safeguarding and Family Support Service which is part of the wider Family Services Directorate. Services for looked after children and safeguarding are delivered alongside the Schools and Lifelong Learning Service, Children's Commissioning, Adult Services and Physical Disabilities and Older People Service. A placement service includes four residential units (two mainstream, one respite and one shared care for children with complex needs), a home based short breaks service, the fostering service,

the adoption service and a Corporate Parenting Manager. There are 390 looked after children in Wakefield, of which 128 are aged 0–5 years, 247 are aged 5–16 years, 37 are young people aged 17 and 146 are care leavers.

9. Commissioning and planning of health services are carried out by the Wakefield District Primary Care Trust. The main provider of acute hospital services is the Mid Yorkshire Hospitals NHS Trust (MYHT) Child and Adolescent Mental Health Services (CAMHS) are provided by the Wakefield District Community Healthcare Services, which is the provider arm of Wakefield District Primary Care Trust. Adult mental health services and the early intervention for psychosis service are provided by the South West Yorkshire Partnership NHS Foundation Trust.

Safeguarding services

Overall effectiveness

Grade 3 (adequate)

10. The overall effectiveness of safeguarding services is adequate. The unannounced inspection conducted on 29 & 30 June 2010 identified seven areas for development. There has been some progress in tackling these issues through a robust action plan implemented by the council. To date, there have been significant improvements in the implementation of the common assessment framework (CAF) and social work caseloads have reduced and are now manageable. However, more improvement is needed in the quality and timeliness of contacts, referrals and assessments. Joint investigations between social care and the police require further strengthening. A significant number of the children in need cases are unallocated; although these cases are adequately risk assessed and closely managed through the family support teams. A new system has been commissioned to improve electronic case recording and this is due to be introduced in February 2011. The recent children's services assessment published in December 2010, judged Wakefield Metropolitan District Council to be performing well overall.

11. There is a well established children and young people's partnership board which has good oversight of the strategic priorities for safeguarding. The Children and Young People's Plan is updated regularly and this is informed by up to date intelligence, including the views of children and young people. The priorities are refreshed to ensure that the partnerships resources are channelled to address the areas of most need. . Safeguarding and family support services appropriately remain key priorities. The Wakefield and District Local Safeguarding Children Board (LSCB) fully meets statutory requirements and is well led by an independent chair. The Board has an effective set of sub-committees to ensure that there is a clear focus on core child protection activity. The safeguarding board operates a comprehensive training programme. This is well used by staff, regularly evaluated and revised to reflect the developmental needs of the workforce. The LSCB has a standing serious case review panel and has effectively briefed partner agencies on the lessons learned from serious case reviews. It has also used the serious case review model to conduct rigorous management reviews for cases that did not meet the criteria for a full serious case review but from which there were lessons to learn.

Capacity for improvement

Grade 3 (adequate)

12. Capacity to improve is adequate. Senior managers and elected members for children's services are fully aware of weaknesses relating to the front line work of social care direct and the initial response team. Restructuring of these teams is currently taking place to enable a sharper focus on the

core task of safeguarding. There have already been some improvements to the structure and composition of the initial response team.

13. Work force planning is adequate. There are few social work vacancies and turnover is relatively low at 8.7%. However, there are high numbers of newly qualified social workers, with too few experienced social workers and managers in post to ensure that all work is allocated and that core and risk assessments can be completed within timescales. The council officers are aware that they require a consistent, experienced work force to ensure that improvements are delivered. These include attention to some poor quality recording and assessments at the front line and the necessity of dealing with the significant number of unallocated children in need cases requiring assessments. The council has taken effective steps to ensure that children's social care teams receive additional resources in order to recruit more experienced staff.
14. Early intervention strategies are well established in schools and children's centres. Parent support advisers (PSAs) are particularly effective at targeting and working with those children who are most in need. Consultation with parents and carers is also well embedded across a range of services in the local community for children and young people.
15. The views of children and young people have contributed to the development of priorities within the Children and Young People's Plan through the 'Engaging our Futures' strategy. A good focus by the council and partners on the most vulnerable groups of children and young people, including young carers, children in care and disabled young people, has also ensured that at an operational level their views help to inform practice locally. 'Coolkids', a forum for disabled children and the Children in Care Council (CICC) meet regularly and also has direct access to very responsive elected members, through the lead portfolio holder and the corporate parenting group.

Areas for improvement

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

Immediately:

- Improve the quality of recording so that all contacts, referrals and assessments are fully completed, with risk and protective factors appropriately identified and management decisions clearly recorded.
- Ensure that strategy discussions take place between police and social care departments as part of child protection section 47 enquiries and that they result in effective joint working strategies.

- Ensure that all staff are aware of, and comply with, the policies and procedures to be used in the management of sexually harmful behaviour by children and young people.

Within three months:

- Ensure that health partners can receive information relating to domestic violence notifications so that they are alert to concerns within families and can work in partnership to safeguard children.
- Ensure that MYHT delivers regular safeguarding supervision to all midwives working in the community, and to hospital midwives who are actively involved with women whose unborn child is at risk of harm or in need.
- Ensure that there is a system in place to quality assure referrals made directly by health care practitioners to social care.

Within six months:

- Ensure that there are sufficient numbers of experienced social workers and managers, to address the issue of unallocated cases.
- The MYHT should ensure that there are sufficient named nurses and named midwives to deliver the full range of responsibilities as outlined in Working Together to Safeguard Children 2010.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (adequate)

17. The effectiveness of services to ensure that children and young people are safe and feel safe is adequate. Ofsted's inspections of services and settings in the local authority show that arrangements for keeping children and young people safe are almost always good. Local Authority Designated Officer (LADO) arrangements for Wakefield are adequate. Referral pathways are clearly defined with cases being predominantly brought to the LADO's attention through Social Care Direct or the Police. The LADO has undertaken developmental work to improve partners' awareness of how to make a referral to the LADO, particularly schools, who are the main referrer.
18. There are satisfactory arrangements in place for responding to children and young people missing from home and care. There are clear reporting protocols for individual children as well as a system of strategy meetings, which are set up to plan for their safe return. Services are delivered

through a partnership which includes the police and other agencies which have a good understanding of the needs of children who go missing. Partners intervene well in related issues that may need to be considered, for example, sexual exploitation, anti-bullying and forced marriage. The Police take a robust approach to individuals who may be harbouring missing children. However, return interviews with children and young people to establish why they went missing and to identify the strategies that could be put in place to avoid this in the future are not as well developed. In these cases the use of the CAF is not used well enough, to bring together a team around a child or young person who persistently goes missing from home. Although there are satisfactory arrangements in place for monitoring children and young people missing from education, the systems are not linked securely because they rely on individual communication between the different officers in social care and education. There are good arrangements in place for the oversight and coordination of children and young people who are being educated at home, and for all children with specific learning needs. A team of four teachers works within the inclusive learning service to offer regular support and opportunities to engage ethnic minority groups. A book loaning service for children and parents from BME groups has become increasingly popular, prompting more attention to improving reading skills for people of all ages.

19. There is a robust electronic system in place for the safe recruitment of staff. There is a highly efficient tracking, monitoring and reviewing system to ensure that any staff who work with children and young people are appropriately vetted. Primary Care Trust contracting arrangements to safeguard children within Wakefield are good. Wakefield District Primary Care Trust has a rigorous contracting specification for safeguarding, that all providers must adhere to.
20. The local authority has provided good support to schools to address safeguarding issues. All schools work closely with school liaison police officers who contribute regularly to the school curriculum to ensure that safeguarding is high on the agenda. Children and young people are actively involved in consultation about issues which affect their lives, and they have contributed to the development of training and policies to help them keep safe. For example, school children of all ages have developed whole school 'zero tolerance' policies around anti-bullying and school councils are consulted routinely about broader safeguarding issues. Children and young people also successfully learn about a range of safety, health and well-being issues through the work of external agencies and local theatre groups. Internet and mobile phone safety is now a major and appropriate focus for all schools, given the increasing use of 'Facebook' and texting, and this is making a positive difference to young people's understanding of the inherent dangers in social networking. The local authority has been instrumental in helping schools to develop effective models for encouraging safer use of electronic communication.

21. Parents, children and young people who talked to inspectors said that they had been successfully engaged in the child protection process and all had positive relationships with their allocated social worker. There are good arrangements with Barnardo's for supporting young carers. Their needs are assessed appropriately using the CAF. Once assessed, young carers can attend a six week structured programme on the nature of mental illness (if they are caring for someone with a mental illness), its impact on families, and the role that they play as a carer within the family. The aims of the programme, which is very successful, are to improve participants understanding of adult mental health issues that directly affect them, and also to enable them to share their experiences with other children and young people in similar circumstances.

Quality of provision

Grade 3 (adequate)

22. Overall, the quality of provision of safeguarding services to children and young people is adequate. Thresholds for access to services are appropriate. There is a clear threshold for referral to social care document that defines the stages at which the council's statutory services will intervene in the lives of families. This describes the principles under which a service will be provided and the ways in which people can access services. This document has been viewed as particularly successful in helping to promote better use of the CAF but is yet to be as effective in identifying how referrals to Social Care Direct should be made.
23. Early intervention and prevention strategies are well-established. Co-located services work well together including health visitors, midwives, speech therapy, CAMHS, parent support advisers, CAF coordinators for nursery and crèche provision and for adult learning. PSAs are particularly effective in targeting and working with children and families most in need. Their work is highly valued and strong working relationships are established between this group and the CAF coordinators, children's centres and schools. Children's centres offer a high quality resource to families. There has been a significant increase in the take up of the CAF and this is having a positive impact in supporting children, young people and their families. Where parents are identified through assessment as needing additional support, appropriate family support services are provided. The CAF is now being used effectively and proportionately across service provision. For example, a coordinator is now placed in the Social Care Direct service and can offer support and advice to families and agencies about the implementation of an assessment, when a referral to the initial response team is not required. However, when social work intervention has taken place but is due to end, the assessment process can be successfully implemented to provide families with multi-agency support. CAF coordinators now attend final children in need meetings to identify lead professionals to remain involved if required. This ensures that children and families do not remain in the system too long and that they

can receive a continuity of professional input relevant to their requirements.

24. Overall, the quality of recording, assessments and management decision-making on case files seen is inadequate. Some referrals and initial assessments seen lacked key information, contained limited analysis and were not fully completed. Management decisions were not always evident, and when they were, some decisions by managers were not always followed up and it was not always evident why this was so. Procedures are not always appropriately followed regarding referrals of children and young people involved in sexually harmful behaviour, and two cases seen by inspectors indicated that risk was not being appropriately assessed and managed. The quality of recording and assessments seen in a few cases was good, containing clear analysis with risk and protective factors identified with a clear plan of action agreed. When children and young people are the subjects of assessments, there is a satisfactory arrangement for ensuring they receive translation and interpretation services when English is not the first language of the family.
25. Child protection strategy discussions with the police often result in coordinated strategies taking place, but there is little evidence of joint working. There was some evidence of the police informing children's services after they have commenced an investigation, including interviewing children and young people, but this is not in accordance with Working Together to Safeguard Children 2010. Arrangements for child protection conferences and reviews are adequate and reviews are mostly timely. These processes are well managed and monitored by independent reviewing officers to ensure compliance with safeguarding procedures. The participation of parents in the child protection conference and review process is adequate. Social workers ensure that reports have been shared with parents and the chair person for child protection conferences meets with parents prior to conferences to ensure that they are fully aware of the process. However, the arrangements for children and young people to be involved in conferences are less well developed. Although most child protection plans are adequate, some lack clarity in setting defined timescales for individual tasks.
26. Social workers spoken to reported that they receive regular formal supervision and that they can also call on managers immediately for case discussion and decisions where that was necessary. Good arrangements are also in place for the supervision and support of multi-agency practitioners who participate in core groups for those children and young people who are subject to child protection plans. Professionals seen during the inspection (comprising of health visitors, school nurses, targeted youth support workers, education welfare officers and workers from the voluntary sector) all reported that they were offered good supervision on a formal basis and attended team meetings that included safeguarding as a standing item. They were involved in numerous core groups and the

delivery of child protection plans was described as a key part of their role. They described good work in meeting the needs of children and young people's cultural differences and the additional arrangements that were made to secure this.

27. The arrangements for the transfer of work from the initial response team to the family support teams are adequate. Six family support teams of social workers deal primarily in managing child protection plans for children in need. Thresholds for the transfer of work are clear, and priority is given to child protection cases. However, at the time of the inspection, there were a significant number of unallocated cases of children in need. The family support teams have a scoring risk matrix in place to categorise the cases and ensure that there is management oversight and prioritisation of cases. In addition, teams operate a duty system so that families can be visited to undertake 'safe and well' checks, and so that workers can respond promptly in times of crises. However, the teams do not currently have enough experienced social workers and managers to undertake the range of mainly core and risk assessments required. Therefore, some children, young people and their families are not receiving the assessments they require in a timely manner and this reduces the capacity of the service to ensure that children and young people receive the services they need.
28. There are good arrangements in place to provide intensive support to families subject to a statutory plan, through the intensive support team. The team works with children aged 0–18 to avoid potential family breakdown. Team members work on a commissioned basis to undertake specific pieces of work with families for a six week period. This means they are able to prioritise high risk cases and can co-work with social workers as required. Also, by undertaking specific tasks to help minimise risk, the intensive support team also assists with the numbers of unallocated cases held by the family support teams. The intensive support team offers both individual and group work on the basis of a working agreement reached with families and calls on translation and interpretation services where this is necessary.
29. The unannounced inspection in June 2010 identified the lack of a coherent risk assessment for the high volume of domestic violence referrals made by the police into Social Care Direct. There have been some improvements in this area, with the police safeguarding unit now prioritising referrals before they are forwarded to social care, although it is acknowledged by both agencies that more improvements are needed in this area. Health partners report that they are not routinely alerted to domestic violence issues within families, making it more difficult to effectively work in partnership, to safeguard children.
30. There is an effective approach to partnership working in high risk cases of domestic violence including preventative work and targeted services

through 'safe@home'. The 'safe@home' provision comprises a multi-disciplinary team of professionals and agencies specialising in domestic violence. Its purpose is to provide a single, integrated response. There is a well functioning Multi-Agency Risk Assessment Conference (MARAC) panel, and Multi-Agency Public Protection Arrangements (MAPPA) are well embedded. Strong partnership work is in place to assess and manage the risks posed by sexual and violent offenders. Regular meetings are held to screen new referrals and all the relevant agencies routinely contribute to information sharing.

The contribution of health agencies to keeping children and young people safe **Grade 3 (adequate)**

31. The contribution of health agencies to keeping children and young people safe is adequate. Governance arrangements for safeguarding are well established throughout all NHS commissioners and providers. There is good representation of health partners on the LSCB and sub committees, and a Wakefield Health Safeguarding Forum also exists, at which all health partners attend. This forum is used to provide a collective health view on serious case reviews, updates on action plans and responses to national initiatives. Levels of safeguarding training across health partners are variable. Where there is under-performance, the trusts have plans in place to address gaps and they anticipate full compliance by March 2011. Wakefield District Primary Care Trust has provided good support and training for general practitioners to help them fulfil their responsibilities in child protection.
32. Referrals made by health partners to services for children's social care are not routinely made available to the relevant organisation's named nurse. This means that there is no audit on the quality of referrals. It also means that referrals do not have sufficient influence on the planning and content of training. In the event of dispute on any decisions made by the children and families service there are good processes in place to ensure a swift resolution. Health staff report good engagement in child protection and child in need conferences and planning.
33. The healthy child programme is delivered through a multi disciplinary team by the 0–19 child health teams. Teams consist of health visitors, school nurses, community staff nurses, nursery nurses and healthcare support workers. All vacancies have been recruited to, though there are high levels of sickness absence, resulting in reduced capacity to deliver the service effectively. It has been identified that some key visits that are part of the Healthy Child Programme are not being made. Wakefield's District Community Healthcare Services are tackling this through a rigorous performance framework, and are allocating resources to areas of deprivation. However, this work has yet to show impact.

34. Arrangements for supervision in safeguarding practice across NHS providers are variable. There is excellent practice within the child and family services provided by Wakefield District Community Healthcare Services. However, arrangements for supervision in the MYHT are inadequate, with no formal sessions scheduled for midwives that are holding high numbers of complex cases involving child protection or child in need issues. The funding, supervision and support arrangements for designated and named professionals are adequate. However, staffing with regards to named nurses at MYHT is insufficient. This means that the responsibilities under Working Together to Safeguard Children 2010 across three major hospital sites are not fully met.
35. The provision of advice and education to children and young people about sex and relationships is adequate. Teenage conception rates remain statistically high compared to national averages although there is adequate access to contraception and sexual health services for young people. There are dedicated young people's outreach clinics across Wakefield, which offer a good range of services six days a week. Emergency contraception can be obtained from general practitioners and some pharmacists across the district, though it is difficult for some young people to access this. There is a specialist teenage midwife who supports young women who are vulnerable, and this ensures a good level of consistency and support for this group of young women.
36. Wakefield District Primary Care Trust and partners have made good provision to safeguard children and young people in gypsy and travelling families. A specialist health visitor delivers the healthy child programme to families and has recently completed a needs analysis of outstanding immunisations as well as offering a fortnightly clinic for families. Early indications of numbers of attendance are positive with more families starting to access the provision.
37. The provision of CAMHS is good, with access to the service for children and young people provided through a single point of referral, with no waiting times. A good crisis intervention team offers 24-hour cover. The team has effectively increased the number of young people who can be cared for within their home without requiring in-patient admission.
38. Adequate arrangements are in place for child protection medicals and for the examination of those children and young people who may have been subject to alleged sexual abuse. Examinations take place either in children's out-patients departments or on paediatric wards. When a forensic examination is required this is undertaken by the police forensic doctor alongside a paediatrician.
39. Services available to children and young people with complex care needs and learning disabilities are good. There is good provision of respite care and an effective children and young people's learning disability team that

supports parents and offers relevant programmes relating to, for example, behaviour management, toileting and sleep patterns.

40. Adequate arrangements are in place to safeguard children and young people who attend accident and emergency departments at the hospitals in Wakefield. All children and young people who attend are checked for patterns of repeat attendance and an electronic system identifies any children who are subject to a child protection plan. There are systems in place to refer to children and families where there are concerns about adults who attend A&E following domestic violence or risk-taking behaviour.
41. There is good awareness on the implications for children of patients' who access adult mental health and substance misuse services and the potential impact on their parenting capacity. Staff employed by the SWYPFT are well trained and there is a comprehensive risk assessment to identify potential risk to children and young people that is completed on admission and regularly reviewed.

Ambition and prioritisation

Grade (good)

42. Ambition and prioritisation are good. The local authority and its partners provide effective leadership to safeguard and promote the welfare of children and young people through the children and young people's partnership. Elected members are accessible and are fully involved and aware of the need to drive improvements, particularly in front line services. Following the unannounced inspection in June 2010, when seven areas for development were identified, the council put in place a robust action plan to tackle the issues. As a result of this, additional resources have been made available to increase the capacity of the social care work force and a restructure of safeguarding services is currently taking place, which has enabled a sharper focus on the core task of safeguarding. Partners have developed good joint strategic needs analysis that informs the commissioning and prioritisation needed to ensure realistic target setting for safeguarding children and young people. The family support and parenting strategy provides a comprehensive strategic overview of the authority's commitment to family support and parenting services. As a result, early intervention and prevention services are well established. Effective co-located multi-agency teams deliver a range of early intervention support to children and families to meet their needs.
43. The Children and Young People's Plan accurately describes the key responsibilities of the local partnership for safeguarding and the way this is delivered through the Safeguarding Board. It sets high level priorities for safeguarding children and young people in Wakefield. The plan has recently been updated to reflect the need for efficiency savings, although safeguarding and family support services remain key priorities. The views

of children and young people contribute to the development of priorities within the Children and Young People's Plan.

Leadership and management

Grade 3 (adequate)

44. Leadership and management of safeguarding services are adequate. Senior managers are aware of the weaknesses in front line services in Social Care Direct and the initial response team, and they are in the process of taking action to rectify the situation. Plans are in place to restructure the service and make the changes required to ensure that safeguarding practice is robust. Good action has been taken with staff that have not performed to an adequate standard. However, following the unannounced inspection in June 2010, limited progress has been made to improve the quality and timeliness of contacts, referrals and assessments and with joint investigations with the police.
45. Workforce planning is adequate. The children's workforce strategy has been developed in line with government guidance and the regional workforce strategy. For example, all staff have received training in safeguarding at a level appropriate to their role and safeguarding training is now part of the 'Welcome to Wakefield' induction programme for all newly appointed staff. Social work vacancies are low, although a high number of social workers are newly qualified and there are too few experienced social workers and managers in post to ensure that all work is allocated and that core and risk assessments can be completed within timescales. There are good arrangements in place for social work training and formal management supervision, including developmental opportunities for newly qualified social workers.
46. Use of resources is good. The need for efficiency savings has resulted in robust challenge of budgeting processes. Regular clinics are held between the directorate management team and the lead member for children's services, where prioritisation has been achieved by evaluating all services through cost benefit analyses. The impact of, and outcomes from services have been analysed as the system is rigorous and focused on performance and outcomes. The high cost of agency social care staff has prompted the council to work in partnership with Yorkshire and Humber local authorities to tender for one regional social work agency provider, with the intention of achieving greater workforce stability and significant savings. Wakefield is leading this initiative. However, the use of just one agency provider has yet to show impact.
47. Good work is undertaken by the Children's Advocacy and Participation Service commissioned from Barnardo's, who are involved in complaint resolution, service development and supporting the participation of vulnerable groups.

Performance management and quality assurance

Grade 3 (adequate)

48. Good systems are in place for quality assurance, including monthly performance clinics and the recently revised case file audit tools. Senior managers routinely consider a range of cases using the audit tool for consistency. Fortnightly meetings take place between the Director of Children's Services, service directors and the lead member for children's services, and together with monthly meetings involving the Leader and Chief Executive, these provide a good level of challenge and scrutiny regarding safeguarding. Auditing arrangements continue to be strengthened, with a new quality assurance framework for safeguarding introduced in the last nine months by the service director for safeguarding. The legacy of the previous, less effective system has not yet been fully eroded; consequently, quality assurance is not yet having the required impact on improvements to record keeping, consistency of practice and decision making in key areas of the service.
49. Case file and supervision file audits across children's services are overseen by the directorate's performance team and reported through the 'clinic' process. The clinic is a monthly meeting attended by performance, finance and service managers. Key findings are considered at the corporate management team. Information on audits and risk management are reported to the scrutiny committee.
50. The LSCB has committed to undertake scrutiny of child protection plans since its own audit identified that the numbers of re-registrations and child protection plans had increased over a two year period, although this work has not yet commenced.
51. Key performance indicators are reported to managers on a monthly basis with a red, amber, green system to highlight whether they are on target. Some performance targets are over ambitious and in some cases are not close to being achieved. The target for the completion of initial assessments in timescale is 90%, although the actual performance for 2009/10 was 65%.

Partnership working

Grade 2 (good)

52. Partnership working is good. The Children and Young People's Partnership Board is effective with good representation from agencies and partners. Equality and diversity is well embedded in work across the partnership with routine equality impact assessments undertaken. For example, action has been taken to tackle the barriers to communication so that children are able to disclose concerns regardless of any communication disability. There is a well established LSCB which fully meets statutory requirements. The Board is well led by an independent chair and efficiently administered by a small, dedicated team. There is an effective set of sub-committees and a programme of meetings that

provides suitable coverage of the board's core safeguarding responsibilities.

53. The voluntary and community sectors are well engaged and served by a consortium called 'Young Lives'. Members of the sector also sit on a number of strategic boards including the children and young people's partnership board and a variety of sub groups. There is good support at an operational level with effective links with the council's commissioning team. The sector reports that there is a good level of safeguarding training provided by the LSCB which is free of charge. The engagement of stakeholders and users in designing new services is strong. New, innovative services have been developed in partnership with the community and voluntary sector. For example, in relation to children's centres and the targeted youth support service and this has had a significant impact on improving the lives of some vulnerable young people. However, the voluntary and community sector report that when services are de-commissioned, strategies are not in place to support the planned withdrawal of services.
54. Strong partnership work is taking place through MAPPA to assess and manage the risks posed by sexual and violent offenders. Regular meetings are held to screen new referrals and all the relevant agencies routinely contribute to information sharing.
55. There is an effective Child Death Overview Panel that is well resourced. There is evidence of recommendations influencing change to commissioning around maternal obesity and smoking during pregnancy.

Services for looked after children

Overall effectiveness

Grade 2 (good)

56. The overall effectiveness of services for looked after children is good. The council, its partners and members meet their statutory responsibilities well and can demonstrate that most outcomes for looked after children and young people are effective and continuing to improve. For example, a high percentage of children and young people receive good quality health assessments, the numbers of 16-year olds receiving five A–C*'s in their GCSE's has improved and looked after children regularly contribute to service design and delivery in consultation with the council and members. However, more work is required to improve the quality of timeliness, recording, and the involvement of partners in looked after children's reviews. Young people leaving care do not benefit from having a full summary of their care needs. While the council has taken some creative and flexible steps to meet the needs of unaccompanied asylum-seeking children and young people, some of these young people are being offered services under s17 of the Children Act 1989, rather than s20 when they present to the authority. As a result, they do not have proper access to the services to which they are legally entitled. Elected members are clear about their corporate parenting responsibilities and work well with children and young people, often inviting them to train members who are new to the council.
57. Regulated provision is judged mostly good. Outcomes in the fostering service were judged good when last inspected and the adoption service was judged adequate. There are sufficient numbers of qualified social workers in post to meet the needs of the service. The authority has been successful in attracting good quality newly qualified social workers into the looked after service and is providing appropriate support and training. There is a stable staff group across all residential homes and this provides a continuity of experience to children and young people and avoids the need to use agency staff in residential homes. Out of area placements are well monitored and those not meeting standards are given notice to improve. The council is currently renegotiating costs as part of a regional initiative to ensure value for money and consistency in contracting placements with private providers. Children and young people, including care leavers, are regularly consulted and involved in service design and delivery. The Children in Care Council is well established and its members are very active in addressing issues about the quality of their care, education and wellbeing. For example, they have advised the council on the rebuild and refurbishment of co-located supported housing for care leavers.

Capacity for improvement

Grade 2 (good)

58. The capacity to improve for looked after children's services is good. There is a consistent track of record of sustained improvements and the council and partners are maintaining good quality outcomes across most areas for looked after children and young people. For example, there have been further improvements in the numbers of care leavers in education, employment or training and performance is now better than statistical neighbours and national averages. Good engagement and consultation takes place between the council and looked after children and care leavers and the local authority has achieved a national award for the work of the council in improving policy and practice for children in care, and care leavers. There is sufficient staffing to meet the demands of the service and all looked after children have a qualified social worker. Use of resources is good with close scrutiny undertaken of costs and value for money leading to remodelling of some services. For example, the after care service contract with a voluntary provider was terminated and bought back in house, due to concerns about the quality of work and outcomes for children and young people. This has resulted in financial savings and significant improvements in the quality of service provision.

Areas for improvement

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

Immediately:

- Review the capacity and effectiveness of the looked after children reviewing arrangements to ensure all look after children reviews are timely, well recorded and include appropriate partner consultation.
- Review arrangements for responding to the needs of unaccompanied asylum-seeking children and young people including the appropriateness of the use of s17 services and placements in unregulated provision.
- Provide training and development opportunities for team managers to enhance their ability to performance manage and quality assure work.
- Ensure that health care partners are fully involved in pathway planning and provide care leavers with appropriate health information when they leave care

How good are outcomes for looked after children and care leavers?

Being healthy

Grade 2 (good)

60. The arrangements for looked after children and young people to maintain and promote good health are good. A high percentage of health needs assessments are completed in time, the majority of looked after children and young people are registered with a NHS dentist and there is very good uptake of immunisations. All health assessments and reviews for children and young people are carried out by well trained staff. The looked after children specialist nurses audit all assessments and reviews to ensure that consistent, quality assessments and care plans are in place. The nurses make good use of audits to feedback findings to individual staff as part of supervision and training.
61. Health assessments are offered to all looked after children and young people up to the age of 18 years and health support is on-going up to the age of 24 years. Young people report good access to counselling and support services when they leave care. However, 'strengths and difficulties' questionnaires are not yet used effectively to improve the emotional health of young people in care. The looked after children well-being team is headed by a jointly commissioned consultant psychologist. While the team is new there have been clear successes, including improved care pathways for access to CAMHS and substance misuse services. However, the identification of health needs for those young people leaving care is not as effective. Specialist nurses do not routinely contribute to pathway plans and young people are not provided with a health summary that brings together their health history and immunisation status.
62. Looked after children and young people are able to access suitable advice and support with regards to sexual health and relationships. The looked after children specialist nurses arrange for the outreach contraceptive advice and sexual health nurses to visit young people in their homes or other suitable venues on request. Young women who conceive and continue with their pregnancy are supported by the specialist teenage pregnancy midwife.
63. Specialist nurses in the looked after children team contribute to partnership training alongside the local authority. They also attend the foster carers' regular meetings to provide advice and support about health issues. Specialist nurses sit on the fostering panel and provide a health perspective in the assessment of foster carers and in the matching of children to foster carers.

Staying safe**Grade 3 (adequate)**

64. The arrangements for ensuring that looked after children and young people are safe are adequate. Many looked after children enjoy stable, good quality placements. However, matching for children admitted on an unplanned basis is more limited, leading to some early placement breakdowns. All placements are risk assessed, but the provision of comprehensive placement information is less consistent, particularly for unplanned placements. In contrast, risk is well managed to ensure that only those children who need to be looked after are in care. All looked after children are placed in provision that has been judged adequate or better by Ofsted.
65. The monitoring of independent fostering placements is adequate but not as consistently robust as for residential placements. The complex care needs panel exercises very good multi-agency management oversight of external placements. This is supported by regular management visits to residential provision that is out of the area. A small number of unaccompanied asylum-seeking young people are being inappropriately provided with services under s17 of the Children Act 1989, rather than s20 when they present to the authority and the use of Bed and Breakfast placements for some of these young people does not enable their needs to be well addressed.

Enjoying and achieving**Grade 2 (good)**

66. The impact of services enabling looked after children and young people to enjoy their learning and achieve well is good. Commitment to raising standards, achievement and attendance of this group is strong and there is highly effective partnership working between schools, the Raising Educational Attainment of Children in Care team (REACH), social workers and other teams within Inclusive Learning and Family Services. This ensures that good communication systems ensure that support services can be quickly and effectively joined up where necessary to help those children and young people in care or with disabilities to reach their potential. The virtual head teacher is the head of all 'inclusive learning', so behaviour, attendance, the achievement of minority groups and those educated at home are foremost in planning and managing education for looked after children through the REACH team. The virtual headteacher reports directly to the corporate parenting panel of elected members which has focused strongly on achievement for looked after children and young people.
67. Robust systems are in place for monitoring the individual attainment and progress of looked after children from the Early Years Foundation Stage through to the final year of school. These records provide a detailed picture of progress and improvement but also highlight early concerns about individuals so that action can be taken promptly to address them.

Half-termly reviews and target setting meetings are held with school teachers and a REACH worker when any additional or special educational needs are identified. The significant rise in the number of statements requested this year for those children with special educational needs is a concern particularly for those pupils in their first years of secondary school. Personal Education Plans (PEPS) are completed for all pupils, although the quality is variable and the views of children and young people are not always captured in sufficient detail. In some instances designated teachers provide valuable information for the Personal Education Plans but this is not always the case. The virtual school headteacher and REACH team members are aware that target setting within the plans requires improvement and a new, improved version is currently being drafted.

68. Standards of attainment for looked after children and young people are variable, although the numbers of 16 year-olds achieving one GCSE A*–G (or equivalent) and five A*–Cs increased by 18% to 68.8% in 2010 and 11 young people (34.4%) gained five GCSEs at grade A*–C. Those attaining five GCSEs A*–G (or equivalent) dropped from 60.9% in 2009 to 40.5% in 2010. The numbers of 16 year-olds sitting examinations improved to 61% in 2009 but these are still well below the average for similar authorities and nationally at 88% and 84% respectively.
69. School attendance rates for looked after children are very good and have improved in both primary and secondary schools. Immediate and direct action is taken if a child is late to school. The use of a centrally controlled 'welfare call' texting system direct to the child or parent/carer's mobile phone is very successful and complements the schools 'first response call' to those children not arriving in time for first registration. Lost days to absence by looked after children are very low in Wakefield secondary schools and these have reduced substantially over the last four years from a high of 790 days in 2006 to 118 days in 2009 and only 24 days since September 2010. The behaviour of looked after children has also improved. There have been no primary school exclusions in the last four years and none for secondary schools so far this academic year. Good support is provided by the behaviour and reintegration team, also based within Inclusive Learning who use four designated learning support centres across the district. Schools refer children to these centres for cooling off periods where behaviour is very challenging, or for example, where more intensive one-to-one tuition or counselling support is required.
70. Out of district placements for children who are looked after are subject to rigorous tracking, monitoring and review. Currently sixty six pupils are placed out of the district and all schools have protocols in place with Wakefield Local Authority. The virtual headteacher and the REACH team have worked closely with out of district schools to make sure each child receives the level of support that is required for his or her learning needs.

Contact is made through email and telephone directly with the schools, but as yet information is not entered on to the looked after children data collection systems in Wakefield.

71. Looked after children and care leavers have free access to a wide range of services and facilities through sport, leisure, museums, libraries and drama programmes. Each child has a free leisure pass and care leavers can access club membership, equipment costs and affiliation fees for activities through access to the personal education allowance of £500 per person. Youth programmes target those children who are vulnerable or who have physical or learning disabilities to ensure they are made fully aware of and can participate in activities within their locality. Targeted funding is used to meet the specific needs of individual children and young people, such as one-to-one tuition, the provision of laptops and individual support within their care setting. Carers are provided with effective support and good training assists them to help their children with their learning.

Making a positive contribution, including user engagement

Grade 2 (good)

72. Children and young people who are looked after have good opportunities to make a positive contribution. A variety of mechanisms are in place to consult with this group about their care, the quality of placements, education, access to healthcare and employment prospects. The Children in Care Council is well established and its members are very active, although membership is relatively small with a core group of about eight young people. However, these young people peer mentor other children in care and act as their representatives on the council. The Children in Care Council, along with elected members and officers, has been instrumental in achieving a national award for the work of the local authority in improving policy and practice for children in care and care leavers. Young people from this group also attend the council-wide Youth Parliament which meets regularly, to ensure they link with wider youth issues and have an opportunity to share their concerns and interests with their peers. For example, at a recent Youth Parliament meeting the cost of public transport and potential cuts to youth facilities and provision were of mutual concern to all those present. The portfolio holder regularly attends meetings of the Children in Care Council. Corporate parenting elected members visit residential settings for both looked after children and those with physical and learning difficulties and/or disabilities, taking a keen interest in their care and acting as advocates at strategic council meetings.
73. The looked after children and care leavers' participation team is highly effective, enthusiastic and works tirelessly with, and for, children and young people, to ensure that activities and other opportunities for their personal, social and emotional development meet their needs, and are well used by them. A group of young care leavers spoken to found the

advice and support provided to them was invaluable. With the help and guidance provided by the participation team they had gained in confidence and increased their personal and social skills, and most importantly had learnt how to access services and support from other parts of the council. They have also played an important part in advising the council on the rebuild and refurbishment of co-located supported housing, with one site of newly acquired apartments recently opened.

74. All looked after children and care leavers have access to an independent advocacy service, through Wakefield Children's Advocacy Project and efforts are made to enable them to participate successfully in their care planning reviews. Most cases seen showed evidence of children and young people's involvement in their care planning and reviews but this was not consistently good across all cases. Systems for gathering the views and wishes of children being placed for adoption are not well established.
75. Partnership work with the police and the Youth Offending Service is strong. Formal Police protocols are regularly reviewed and the Police make every effort to avoid 'criminalisation' of looked after children, working closely with the Youth Offending Service and other partners to divert young people from formal criminal justice processes at an early stage. Improved school attendance has helped reduce the numbers of first time offences committed by looked after children, although there continues to be over representation of looked after children who offend coming in to the youth justice system.
76. Looked after children and young people have contributed to the production of a DVD about what it is like to be looked after. The looked after children specialist nurses have used this DVD as part of their looked after children awareness training and it is a highly regarded element of their training. This training is now mandatory across the community provider services for all staff that come into contact with children and young people.

Economic well-being

Grade 2 (good)

77. The impact of services to support and improve the economic well being of looked after children and care leavers are good. Care leavers are generally positive about the support they receive during their transition to adulthood. Planning for transition begins at age 15 in school and the process is well-embedded. Schools describe a clear process where, for example, aftercare social workers, the REACH team and other professionals contribute to discussions. Young people contribute to their pathway plans but overall plans are variable in quality. For children with profound disabilities the planning for the transition process starts at 14 and from the age of 16, work begins with adult services to ensure services at transition match the complex needs of each young person. This service is highly personalised and the quality of work achieved by the advisers is

also of a high standard. However, local colleges do not serve these young people as well, and transition staff find it more difficult to secure local placements. Consequently they use college programmes out of the area which currently provide a good range of options. These external placements, however, are costly and increasingly hard to source as local authorities are tightening their availability to meet the needs of young people living in their own area and for whom they have responsibility.

78. The number of care leavers in education, employment or training has improved significantly over the last year from 66.7% to 81.3% and Wakefield is performing better than similar areas and the national average. Only two looked after young people from the Year 11 group in 2010 have not found a suitable placement or employment. A range of courses and transition activities are established in schools and with local colleges to support looked after children in making good decisions about their future. However, for older care leavers leaving college, opportunities for work are hard to find. Connexions personal advisers and employability officers help older care leavers look for work but for some, progress has been very slow in finding suitable employment. In October 2010, nineteen in this group were not in employment and some, having undertaken vocational qualifications on leaving school, are struggling to find suitable employment or work placements. There are very few jobs available in the local council and owing to their lack of work experience and increasing local competition fewer opportunities are open to these young people in the wider job market.
79. Nearly all care leavers are living in suitable accommodation and there is a range of provision to meet the varying needs for this group. Transition arrangements into independent living are good and young people are very positive about the quality of guidance and support they receive. Supported lodgings have enabled care leavers to hold their own tenancy agreements and while funding for this to continue is at risk, the council is finding imaginative ways, for example through 'multiple occupancy houses', to help older unaccompanied asylum-seekers adjust to their new lives. The co-located project recently secured substantial capital funding to redesign, build and refurbish two large apartment blocks. The accommodation has been prioritised for care leavers who have moderate learning disabilities, mental health or complex personal needs, in order that they can live more independently and with support services close at hand. Bed and breakfast accommodation is used as a last resort and as a temporary measure until more suitable accommodation can be found.

Quality of provision

Grade 3 (adequate)

80. The quality of provision for looked after children and young people is adequate. Most looked after children have a care plan, that adequately reflects their current needs. Case recording is usually up to date but the quality of recording of statutory visits is variable. The recording of some

looked after children reviews seen by inspectors was inadequate or delayed. In the case files seen by inspectors some reviews were not held within statutory timescales. While case files showed most workers had a general understanding of a child's needs, this was seldom supported by an up to date assessment document. Assessments seen only addressed issues of ethnicity, culture, religion and language at a basic level. The quality of some care plans seen was very good. However, management oversight and input into decision making is not always clear from the case file records seen.

81. Once a child or young person is identified as needing to be looked after, services are provided promptly. The authority has a good range of family support and prevention services including a well resourced Intensive Support Team. These help children remain with or return to their families when appropriate. For those children identified as requiring placements outside their birth families, care planning is generally well focussed and timely with little evidence of drift or avoidable delay. Placement stability is generally good although some children experience placement breakdown due to insufficient matching for their initial placement. Examples were also seen of placement moves being well planned and prepared for. As a result, a large number of children are benefiting from stable foster placements that are well-matched to their needs. Many children benefit from secure and good long term relationships with their carers and social workers. A number of examples of good direct work with children, both structured and informal were seen by inspectors which help looked after children maintain good relationships with professionals. There are good arrangements in place for managing looked after children's contact with their birth family. Contact is monitored by a dedicated team of 12 officers. Sessions are fully risk assessed and can be provided at the Contact Centre, which is a high quality resource or in a range of other suitable locations, for example, children's centres.
82. A small number of unaccompanied asylum-seeking young people are being placed in Bed and Breakfast provision until suitable alternative accommodation can be found. These placements are risk assessed with support and monitoring in place but still constitute a limited initial response to the needs of these young people. The council has however, introduced some creative, flexible responses to meet the needs of this group of young people.

Ambition and prioritisation

Grade 2 (good)

83. Ambition and prioritisation for looked after children are good. The local authority and their partners provide strong visible leadership for the services for looked after children and care leavers through the Children and Young Peoples Partnership arrangements and the corporate parenting panel. Elected members are clear about their corporate parenting responsibility and actively champion the needs of looked after children.

Most outcomes for looked after children are good and are improving with realistic target setting. The corporate parenting strategy is well established and sets out ambitious, appropriate and comprehensive objectives for looked after children and young people. There is a good, up-to-date placement strategy that links effectively to a clear needs analysis for services for looked after children and young people. The complex care panel has comprehensive agency representation with the correct level of seniority to commit funding. There is a collaborative, child focussed approach leading to joined up needs led care packages for children and young people.

Leadership and management

Grade 2 (good)

84. Leadership and management of services for looked after children are good. There are good quality partnership arrangements in place that are leading to improving services and outcomes for looked after children. The authority has a good understanding of the current and likely future need of it's looked after population. This has informed its placement sufficiency assessment leading to clear and sound placement planning. There is good joint commissioning at strategic, service and case planning levels, such as the development of a joint service for respite for children with disabilities to ensure that they can remain in their community.
85. Workforce planning is adequate and ensures that there are sufficient numbers of qualified workers in post to meet the needs of the service. Overall, social work capacity within looked after children teams is currently sufficient, but this is increasingly under pressure with workers reporting that they sometimes have difficulty in finding the time for good quality direct work with children. The authority has had significant recent success in recruiting new foster carers. Good use and support of foster placements and in-house residential provision has limited the need for expensive external residential placements, although the authority is still making considerable use of independent foster agency placements which are more expensive than in- house foster placements. The development of a range of flexible family support and short break services has meant that the needs of most disabled children can be met without needing to be looked after full time. There is excellent multi-agency participation in the Complex Care Needs Panel leading to effective joint commissioning and planning for individual children and young people. Wakefield District Primary Care Trust has been influential in negotiating a reciprocal agreement across Yorkshire and Humber to avoid cross charging for initial health assessments and health reviews.

Performance management and quality assurance

Grade 3 (adequate)

86. Senior managers have a clear understanding of the strengths and weaknesses of the service and good use is made of quality assurance

processes, including case file audits. This information is reviewed on a monthly basis through performance clinics. The authority undertakes regular, thematic audits, examining in depth particular areas of practice such as Personal Education Plans. There is good evidence of effective action to improve performance through recommissioning, as with the aftercare service. However, the council recognises that more needs to be done to improve the quality of management oversight at team manager level to ensure that front line work is effectively quality assured. The independent quality assurance offered through the looked after review process is not always sufficiently challenging. Similarly themes and issues emerging from looked after reviews are included in regular overview management reports but do not yet provide a rich source of feedback on performance and service quality. There are good arrangements in place to ensure that health practitioners complete initial health assessments and health reviews in line with good practice. The looked after children health team has developed an effective auditing tool that is used to quality assure all assessments including those completed for looked after children placed out of area. This has enabled practitioners to make improvements in their assessments of children and young people and continues to improve health outcomes for children.

Record of main findings: Wakefield

Safeguarding services	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Adequate
Quality of provision	Adequate
The contribution of health agencies to keeping children and young people safe	Adequate
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Partnership working	Good
Equality and diversity	Good
Services for looked after children	
Overall effectiveness	Good
Capacity for improvement	Good
How good are outcomes for looked after children and care leavers?	
Being healthy	Good
Staying safe	Adequate
Enjoying and achieving	Good
Making a positive contribution, including user engagement	Good
Economic well-being	Good
Quality of provision	Adequate
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Equality and diversity	Good