

# Inspection of safeguarding and looked after children services

Leicester City

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**Reporting inspector:** Sheena Doyle HMI

**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 75 children and young people, 26 parents and carers receiving services, front line staff and 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 serious case reviews undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
  - a review of 84 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, referral and assessment services undertaken in November 2010
  - interviews and focus groups with front line professionals, managers and executive directors from NHS Leicester, Leicestershire and Rutland Cluster, Leicestershire Partnership NHS Trust, and University Hospitals of Leicester NHS Trust.

## 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. Leicester is a large city in the East Midlands with a population of approximately 306,600 and the City Council believes that there may be a population undercount of around 30,000 people, 10% of the city's population. The city is ethnically diverse and the scale of its diversity is unique compared to most other cities in England. There are approximately 79,569 children and young people aged 0 to 18, representing 26% of the total population. In 2011, 59.8% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall, and the number of Asian pupils now just exceeds the number of White British pupils. Other ethnic groups including those identified as Black and Black British constitute 19.5% of all pupils. Some 46% of pupils speak English as an additional language although this figure is 50% in primary schools. Gujarati and Katchi are the predominant community languages in the city followed by Punjabi, Somali and Urdu, and then by Bengali, East African languages and Polish. This reflects the predominant Gujarati Indian nature of Leicester's ethnic minority community. In 2010, 56 schools had white majorities, 35 schools had Asian majorities, one school had an African majority and 14 were more mixed with less than 50% of pupils from any major ethnic group.
5. Leicester is ranked as the 25<sup>th</sup> most deprived local authority in the country according to the Index of Multiple Deprivation 2010, with some areas of the city falling within the most deprived 5% of all areas in England with 35% of all households claiming housing benefit and/or council tax benefit. The city Mayor has recently set up the Leicester Child Poverty Commission to address this issue.
6. Leicester has 110 state funded schools comprising 81 primary schools, 17 secondary schools, 10 special and short stay schools and two academies. Early years services are delivered predominantly through the private and voluntary sector in over 158 settings, with 27 being local authority maintained.
7. The Leicester Children's Trust was set up in 2004. The Trust includes representatives of partner agencies including health, Police, the youth offending service (YOS), Connexions, Job Centre Plus, school governors, voluntary sector representatives, Leicester Safeguarding Children Board (LSCB) representatives, City Clinical Commissioning Group representatives and local schools and colleges. LSCB disaggregated from the Leicestershire and Rutland Local Safeguarding Children Board in September 2009. Under its independent chairperson, it brings together the main organisations working with children, young people and families that

provide safeguarding services. The Trust has published its priorities in the new Children and Young People's Plan (CYPP) for 2011-14.

8. Social care services for children have 251 foster carers, five children's homes and 19 externally commissioned services providing placements for 73 looked after children (six independent residential providers, nine independent fostering providers and four independent residential schools). Community-based children's services are provided by six teams in the children's duty and assessment service (DAS), six teams in the child protection and proceedings service, four teams in the family change service and four teams in the looked after children service. They are supported by teams for children with a disability, youth offending, adoption and fostering, 18 plus, and specialist family support services such as family aides. The intensive support team and the children and families' support team provide therapeutic support. There is an emergency out of hours service for Leicester, Leicestershire and Rutland. Other family support services are delivered through 23 children's centres and extended services in schools. Other services are provided or coordinated through services such as the youth service and Connexions.
9. At the time of the inspection there were 498 looked after children. They comprise 152 children under five years of age, 294 children aged five to 16, 52 young people over the age of 16 and a total of 156 with care leaver status. Leicester uses a virtual school approach to support the learning of looked after children. There were 458 children who were the subject of a child protection plan, an increase over the previous two years. These comprised 232 females and 217 males (nine were unborn children). Some 48% of these children are aged under five, 33% are aged five to 11 and 19% are 12 years or older. The categories of child protection plans were neglect at 24%, emotional abuse at 9%, physical abuse at 47%, multiple categories at 10% and sexual abuse at 10%.
10. Commissioning and planning of children and young people's health services and primary care are carried out by NHS Leicester, Leicestershire and Rutland Cluster (previously known as the Primary Care Trust). Children's community services, such as health visiting, school nursing, paediatric therapies, safeguarding, looked after children and community nursing are delivered primarily by the Leicestershire Partnership NHS Trust. The main provider of acute hospital services for maternity, children and young people is the University Hospitals of Leicester NHS Trust; this also includes acute assessment and emergency department provision. Community-based child and adolescent mental health services (CAMHS) are provided by the Leicestershire Partnership Trust. In-patient CAMHS is provided at Oakham House by the Leicestershire Partnership Trust. Children and families access primary care services through 64 general practitioner (GP) practices, one walk in centre and an urgent care centre located on the University Hospitals of Leicester NHS Trust site, which is provided by the George Eliot NHS Trust.

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

11. The overall effectiveness of safeguarding services is adequate. Statutory requirements are met and all children with a child protection plan are allocated to a qualified social worker. Staffing resources are adequate and have been increased in line with the increased demand for the service. The council has targeted additional resources on the duty and assessment service (DAS). The long term strategy to recruit and retain staff and increase their levels of competency is effective, and further developmental opportunities for first line managers are currently being developed. However unqualified staff in the DAS continue to undertake some tasks which should be done by qualified social workers, for example following up concerns and referrals with parents and other agencies. In cases seen this work was insufficiently rigorous, with gaps in information, a lack of clarity in recording and insufficient management oversight. Insufficient management oversight was identified as an area for development at the last unannounced inspection.
12. Newly launched threshold criteria and a range of preventative multi-agency services ensures that children and families with lower levels of need receive timely support which reduces the need for the involvement of children's social care and contributes to better outcomes for children and young people.
13. Assessments within children's social care are of variable quality with some being good whilst others have a range of shortfalls, including not setting out the reasons for undertaking the assessment, insufficient analysis of risk and protective factors, including historical information, and a lack of clarity about the contribution of other agencies. In some cases the impact of equality and diversity issues is well analysed but in others seen during the inspection this was not sufficiently well explored, and greater consistency is required. The council is aware of the variation in the quality of assessments and is confident that its quality assurance programme, built around learning from file audits, will raise standards. Files seen by inspectors showed evidence of recent improvements. A single record of strategy discussions is not yet made or routinely shared with partner agencies, with each agency keeping its own notes, leading to the potential for different understandings of agreed actions. This was an area for development at the last inspection. The child protection conferencing system is effective in ensuring children are safeguarded when a child protection plan is required. However records of conference meetings and their recommendations are brief and core group notes do not provide a sufficiently clear record of the progress of child protection plans.
14. The complaints process meets statutory requirements and individual and thematic findings are reported, however it is not clear how the learning

from complaints informs service improvements. The council's performance information reports timely completion of investigations overseen by the local authority designated officer (LADO), however there were delays in cases seen by inspectors. While overall appropriate action was taken, in one case seen action was insufficiently robust.

15. Children and young people contribute to evaluating the effectiveness of services, for example changes to child protection conference arrangements to enable them to contribute better. The contribution made by the Young Advisors, although relatively recent, is having a significant impact on a range of services. Performance monitoring by senior managers is effective in ensuring that no services are deteriorating although front line managers do not have regular performance data that informs them of their effectiveness.
16. Safeguarding partnerships within Leicester are effective, and statutory services share priorities and work well together. There is good engagement with the voluntary and faith sectors where progress in safeguarding outcomes is evidenced. Links between adults' and children's services are strengthened by the 'Stay Safe' group which reports to both the Adults' Safeguarding Board and the Safeguarding Children Board and share the same chairperson. However cohesion between adults' and children's services at a practice level, such as developing 'think family' work, is acknowledged as an area requiring further development. The performance management role of the LSCB remains underdeveloped with the creation of a performance 'dashboard' being behind schedule, diminishing the board's ability to systematically review all aspects of safeguarding performance. Whilst there are many representatives who sit on both the Children's Trust and the LSCB and their respective sub-groups, which facilitates informal information-sharing between the two, formal accountability and reporting arrangements remain underdeveloped.
17. There is a good contribution by health agencies to safeguarding children and young people with many areas of strength. However, for young people with behavioural problems and moderate learning difficulties and/or disabilities transition pathways are underdeveloped and there is often no adult service to provide ongoing support.

## **Capacity for improvement**

## **Grade 2 (good)**

18. Capacity for improvement is good. The council and its partners have a track record of improvement in a number of key areas such as promoting the health of vulnerable children and young people, ensuring they have good opportunities for recreation and development and achieving improvements across the board in relation to education services from a very low base. Young people are strongly involved in shaping and re-shaping existing safeguarding services. Elected members rigorously scrutinise safeguarding services at the council's safeguarding panel and



the Assured Safeguarding Meeting which enable good reporting and communication between key elected members and senior officers. This ensures that local politicians are well informed and take an active role in ensuring that priority areas are being addressed. Strong local political commitment to improving outcomes for the most vulnerable children and young people is underpinned by the protection of spending on children's services. The current review of all children's services in Leicester is an ambitious and substantial project, strengthened by extensive agency and public consultation, which is intended to enable the council and its partners to realign services in line with the greatest need and vulnerability of children and young people, including children in need of safeguarding. The process is ensuring widespread understanding of the rationale for future changes and difficult decision making.

19. The council and its partners have clearly articulated ambitions and priorities for children and young people. These are soundly based on the needs assessment which is responsive to fluctuations in demographic changes within the city and there is good forward planning to ensure future effective use of resources. Priorities appropriately include the most vulnerable groups of children, such as those in need of safeguarding and early intervention services, and areas of performance which have traditionally been poor, such as educational attainment. The council has good quality performance information and detailed tracking mechanisms are now in place. This enables regular monitoring of progress to ensure strategies are effective, and can be adjusted rapidly where necessary. Scrutiny by local politicians and senior managers is robust, particularly by the safeguarding panel which reports to the council Cabinet, and their shared understanding of the scale of the challenges coupled with their articulated ambitions provides a sound basis for continuing capacity to improve.

## Areas for improvement

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

### Immediately:

- ensure that the respective roles and responsibilities of qualified and unqualified staff in the DAS are demarcated appropriately so that activity such as assessing potential risk factors in respect of children and young people are undertaken only by qualified staff
- ensure that child protection plans and family support plans clearly outline required outcomes, responsibilities and timescales, that progress against these is regularly reviewed and recorded in detail, and appropriate action is taken to ensure that the plan continues to meet the child's needs

- ensure that all investigations overseen by the LADO are initiated and progressed in a timely manner and that actions taken are sufficiently robust.

**Within three months:**

- ensure that the LSCB has robust performance monitoring arrangements in place to enable partners to be assured that all aspects of safeguarding performance are satisfactory and improving
- ensure that management oversight of cases is clearly recorded on children's case records including the reasons for decisions taken
- ensure that a central record is made of the content and decisions arising from section 47 strategy meetings and that this is shared with all relevant agencies
- NHS Leicester, Leicestershire and Rutland Cluster to ensure that there is timely access to specialist children's expertise when a child or young person is in the urgent care centre
- NHS Leicester, Leicestershire and Rutland Cluster to ensure that children with behavioral difficulties are enabled to access emotional well-being services and supported through transitions to adult services.

**Within six months:**

- ensure that all the learning from complaints is identified and aggregated and is used to continually improve practice
- ensure that there is a clear strategy to embed 'think family' work in all relevant adults' and children's services and monitor its effectiveness in improving practice and safeguarding children
- ensure that there are clear lines of accountability and reporting arrangements between the Children's Trust and the LSCB.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 3 (adequate)

21. Safeguarding outcomes for children and young people are adequate. Social workers ensure that children and young people are seen and seen alone where appropriate, and that their views inform assessments. There is a prompt response to child protection concerns, including joint agency action where appropriate. However, the quality of front line practice in social care is too variable and the impact of recent staffing vacancies and unallocated cases is still evident in cases seen.
22. Systems and processes for safe staff recruitment in the local authority are thorough and well established, including a good system of checks and balances by appropriate senior managers. This results in suitable staff being recruited and appointed to work with children and families. The LADO role is established, with effective links with counterparts in the Police and health services. A rolling training programme of the role of the LADO and underpinning legislation and guidance has raised awareness amongst staff in different organisations, resulting in increasing contacts to children's social care for advice and guidance, and increasing referrals year on year, particularly from statutory services such as education. However, there remains further work to raise awareness within the faith, voluntary and community sectors and, while the council's own performance information reports timely completion of investigations, there were delays in cases seen by inspectors. While overall appropriate action was taken, in one case seen action was insufficiently robust.
23. There are very positive safeguarding inspection judgements regarding provision in the council's children's homes and its fostering and adoption services, with most being outstanding and no aspect of any service judged less than good. Schools contribute well to safeguarding with almost all schools judged good or better at helping children and young people to stay safe. School staff receive regular safeguarding training and are confident in using agreed local child protection procedures with a clear understanding of the thresholds to access services for children at risk.
24. Police and social care services have a joint approach and work closely with health and other agencies under agreed protocols to identify children who go missing. Prompt action is taken to reduce such instances and to identify those most at risk from going missing, including those at risk of sexual exploitation. Return home interviews are currently undertaken by Police officers or social workers as there is no dedicated service to undertake this work. This is recognised by the council as a gap in provision. Good work is being undertaken to raise awareness of private

fostering and ensure that children and young people who are privately fostered have their needs assessed. Carers are thoroughly assessed to ensure that they can meet the young person's individual needs.

25. Work to promote anti-bullying across the partnership is well established. A multi-agency group drives the implementation of the council's strategy, monitors reported incidents and targets resources on particularly vulnerable groups. Anti-bullying strategies are well developed and all schools have appropriate policies in place with many working towards a locally accredited anti-bullying community award. Children and young people spoken to feel confident that bullying is not tolerated in their schools.
26. Statutory requirements in respect to complaints are met and complaints activity is reported annually, providing information about the quantity, reasons, outcomes and timescales for complaints. Information about good practice is also collated. However, there is limited evidence of systematic organisational learning from complaints or the identification of trends and themes. Parents spoken to by inspectors did not feel confident in the complaints process.

### **Quality of provision**

### **Grade 3 (adequate)**

27. The quality of provision is adequate. The impact and use of the common assessment framework (CAF) to promote good outcomes for children and families before they require support from children's social care is not yet consistent across the city with many professionals still reluctant to take on the lead professional role. Some good examples of support through CAF were seen by inspectors, and some children and families supported through the CAF report good outcomes. The CAF team is now integrated into children's social care DAS to support earlier and more effective service provision for children and families with lower levels of need, although the changes are too recent for the impact of this to be evident.
28. A range of preventive and early intervention services such as the family intervention partnership, family group meetings, the intensive support team, and the children and families' support team provide effective support to children and families. Targeted services to prevent children becoming looked after are having good impact and parents report positively on these services. Effective work by the Parents from Abroad team ensures that children are not disadvantaged by their immigration status. Young carers receive good support through age-specific groups across the city, which provide safe and supportive environments. Parents of children with disabilities report that they receive valued support from a range of services, including ready access to direct payments, short breaks and a choice of leisure activities.
29. In cases seen by inspectors no child was left at risk of significant harm. However, in a number of cases there had been delays in allocating or

progressing assessments and plans and the impact of recent staffing vacancies and a backlog of unallocated cases was evident. Action has been taken to ensure that all cases are now allocated. Statutory visits and child protection reviews usually take place within required timescales, although in a number of cases seen there have been delays in initial child protection conferences taking place. Screening of domestic violence notifications is now effectively undertaken within the Police child abuse investigation unit (CAIU) enabling children's social care to respond promptly and appropriately to children at the highest risk. This has addressed an area for development arising from the last unannounced inspection of contact, referral and assessment services.

30. Effective transfer arrangements have been developed between the DAS and other social work teams, tailored to needs of each case. In response to an unanticipated rise in child protection cases, a number of children in need cases have been allocated to community-based early intervention teams on a managed pilot basis. Early indications are that this has ensured the provision of appropriate support for these children and families with appropriate arrangements for safe management of risk and supervision of the work.
31. Thresholds for access to social care services have been developed and agreed by all agencies at a strategic level. This is underpinned by revised multi-agency threshold guidance which has been recently launched following appropriate consultation and governance arrangements. Staff spoken to demonstrate a good understanding of the new threshold criteria for children's social care although some reported continued difficulties in having some referrals accepted, particularly regarding emotional neglect, some domestic violence and for young offenders who need welfare support. However, there is effective use made of escalation arrangements where necessary, and cases are discussed at monthly improvement meetings between social care and Police representatives to identify and analyse trends and monitor outcomes with the aim of continuous service improvement. It is too early to assess the impact of the new threshold arrangements.
32. Assessments remain too variable in quality. Some good assessments were seen by inspectors and examples of these include specialist risk assessments and assessments of children with disabilities. However, many assessments contain weaknesses such as the reasons for undertaking the assessment not being clearly recorded, and insufficient analysis of risk and protective factors. The contribution of other agencies is not always clear, nor is it apparent that the previous history has been taken into account in the assessment. In some cases the impact of factors relating to equality and diversity is well analysed but in a number of instances this was not sufficiently explored, resulting in children receiving services that do not fully take account of their cultural and other heritage needs. Children are routinely seen during the assessment process and their views or

observations of their presentation are included. Assessment records confirm that they have been shared with parents.

33. Section 47 strategy discussions and meetings take place promptly and appropriately. However, some cases seen by inspectors did not clearly record who has contributed to the discussion, and actions agreed in terms of further joint or single agency investigation were recorded by each individual agency rather than having an agreed joint set of minutes, which could result in different understandings of required actions.
34. The quality of case planning is too variable. While social workers spoken to were clear about the plan for the child and some satisfactory examples of case plans were seen, others lack specific targets, outcome measures and timescales. Reviews take place within required timescales but there is often a lack of clarity as to how progress against the plan is being reviewed and challenged, particularly when agreed actions have not been completed. In some instances poor earlier planning results in repeat child protection plans or children remaining longer on plans without clear action being taken. In some cases, alternative arrangements for continuing family support when a child protection plan is no longer deemed necessary, is not sufficiently detailed to clarify the ongoing role of different agencies or exactly what support has been agreed. This can lead to uncertainty and undermine previous good progress made. A high incidence of repeat child protection plans has been identified by the council and internal evaluation of the underlying reasons has taken place. However the interplay of the complex underlying reasons is not yet fully understood and further evaluation is taking place. There is good commitment from partner agencies to attending and contributing to core group meetings which usually take place at required intervals. However, the effectiveness of core groups in progressing child protection plans is not evident with many not setting out clearly achievable improvement targets and ascribing specific tasks to individual core group members.
35. Records seen are largely up to date but recording is often repetitive and of poor quality, lacking clarity and precision with a lack of attention to important detail. Chronologies are of variable quality and some do not provide a clear summary of the critical events in the case, this does not support clear analysis and case planning. Case supervision records are evident on files with regular case discussion taking place but the quality of these is variable. Records show evidence of some effective supervision while others report the worker's account of events but lack evidence of constructive challenge or direction. The reasons for management decisions are not always well recorded.
36. Child protection conference chairpersons are suitably experienced and provide independent oversight of the progress of children subject to child protection plans as well as chairing other types of complex cases. Their contribution to achieving better outcomes for children by providing

additional challenge and scrutiny is valued by social workers and team managers.

37. Service users have various opportunities to express their views and influence service development. Groups of young carers, the 'Young Minds' group, parents' forums, and the 'Big Voice' forum for children with disabilities have all been actively involved in consultations about service developments, for example, the recent consultation to re-shape CAMHS provision. Feedback from parents has led to changes in arrangements for child protection conferences, for example to ensure that parents are spoken to and shown the conference room prior to the arrival of agency representatives. It is too early to assess the impact of the changes that have been made in terms of parents' views of inclusivity and respect. A small number of parents spoken to who had been engaged in child protection provision did not feel that they had been treated with dignity and respect or their views listened to.
38. A well-planned joint agency consultation is currently underway to gather wide community and agency views on a revised domestic violence strategy and services. There are effective relationships with the voluntary and community sectors, which have been fully involved in the re-shaping of all commissioned services and have fully contributed to the multi-agency joint strategic needs assessment that underpins service delivery.
39. The emergency duty team provides an effective service with prompt information sharing with partner services through agreed processes and clear performance standards. The service is publicly accessible and provides a staffed telephone response service. There is growing demand on this tripartite shared adults' and children's service across three local authorities because of the demand on the service for adult mental health assessments. To ensure that children's needs receive sufficient attention outside of office hours, a separate children's emergency service is being planned.

## **The contribution of health agencies to keeping children and young people safe** **Grade 2 (good)**

40. The contribution of health agencies is good. Governance arrangements are well established with the commissioner safeguarding reports being scrutinised by the LSCB and the health and well-being boards. The provider Trusts' safeguarding reports are also reported to their respective boards with good levels of challenge and scrutiny. The safeguarding health team is effective and is highly valued by health staff. Health executives and other designated health staff actively engage with the LSCB to progress safeguarding health issues, and arrangements have been strengthened with a lead safeguarding GP being appointed to the new clinical commissioning group. There is good use made of the Strategic Health Authority's safeguarding 'markers of good practice' which

ensures there is a common approach to safeguarding standards with providers such as children's hospices, NHS Direct and private hospitals. Development is underway for these 'markers of good practice' to be used in GP practices.

41. The designated and named health professionals provide an effective coordinated approach to safeguarding arrangements. Good safeguarding supervision is executed through peer review and case review meetings to ensure that children and young people are being appropriately safeguarded within all services although safeguarding supervision is less well developed and embedded in maternity services. GPs are well engaged with 83% being trained to safeguarding Level 3, and increasing numbers of other practice-based staff also trained. Safeguarding training compliance within the Leicestershire Partnership Trust is good at 83.7%. Level 2 compliance is adequate at 76%, and there is a strategy in place to increase this. University Hospitals of Leicester safeguarding training compliance is also good at 84%, and 93% of Leicester City healthcare staff have good safeguarding training. The impact of training on practice is being assessed through a programme of audits, although results are still to be fully embedded in all services. GPs report their attendance at child protection conferences is hampered by late notifications and the timing of case conferences; this issue has been reported to the LSCB and remains an issue of concern.
42. The safeguarding specialist midwife is highly valued by staff and provides adequate access to supervision although this is hampered by a second named midwife post currently being vacant. At the present time there are only two trained safeguarding supervisors for 300 midwives. There has been effective sharing of learning from serious cases reviews through training and newsletters and there is good monitoring of the action plans at the NHS Trusts' safeguarding forum. There are effective unborn and pre-birth planning meetings and good partnership working between maternity services and social care. Pre-birth plans are effectively shared with maternity and accident and emergency (A&E) services, with good use of the national alert system. Safeguarding of infants has been enhanced by the recent introduction of baby mapping forms to note injuries at birth, and these are shared with A&E and other child health services to enable any subsequent physical examination to distinguish more easily between accidental and non-accidental injuries.
43. Health services actively contribute to priorities within the CYPP and the activity of the Child Death Overview Panel (CDOP) to ensure that lessons are learnt and that there is a 'golden thread' through the work plans and action plans that arise from serious incidents. Clear and effective links between CDOP and the serious case review sub-group enables good sharing of the learning from child deaths and other serious incidents, which informs practice, an example being the use of the 'play zone house' by health staff in conjunction with the local fire brigade, to enable children



and young people to identify risks within the home and learn how to stay safe.

44. The newly commissioned substance misuse service has improved referral pathways and links with other services such as sexual health services. This has resulted in a substantial increase in referrals from various services including education and school health staff. Services are also culturally specific, with specialist workers for young people of south-east Asian and African-Caribbean heritage, in response to identified high substance misuse in these populations. Good partnership working is established between substance misuse services, the Children Rapid Assessment and Follow-up team (CRAFT), and the urgent care centre. CRAFT provides an effective outreach and follow up service for children to prevent unnecessary admissions to hospital. These arrangements ensure that young people receive a rapid response to meet their needs.
45. New service guidelines and pathways for the teenage midwifery service have led to improved clarity for GPs. Young parents engage well with the service and there is positive feedback from young fathers who report that the service recognises and meets their needs. There are established working relationships with the Police and other agencies to meet the needs of young women who are pregnant as a result of sexual exploitation. Young women who choose to have a termination of pregnancy are well supported, ensuring their needs are met. All teenage pregnant women and young mothers are given an individualised care package to fully meet their needs, and joint post-natal visits by the teenage pregnancy midwives and health visitors provides seamless ongoing support. Staff report a low number of concealed pregnancies and when these are identified, good services are provided. Access to contraception services and a reduction in unwanted second conceptions has been improved by health visitors distributing timetables of sexual health services and venues to new parents. The rate of teenage conceptions, whilst above England and statistical neighbour rates, is showing a significantly faster reduction than England and statistical neighbour comparators, attributable to the range and accessibility of sexual health services.
46. The 'Choices' sexual health services for young people under 19 years of age is accessible, demonstrated by 95% of all referrals being self referrals. A good range of contraceptive advice and support to prevent unwanted second conceptions is provided in clinics based at over 70 sites, and there has been an increase in take up of long acting reversible contraception and good repeat attendance rates at clinics. Effective sexual health services are also provided in some schools which have improved the conception and sexual health screening take up and compliance rates. School nurses support education staff to deliver sexual education within some schools. There remains difficulty in delivering services within some faith schools, however school nurses provide health 'drop-in' clinics within

schools which focus on universal and targeted health needs including signposting to other health services where necessary.

47. There are good networks and partnerships between CAMHS, the young people's substance misuse service and the youth offending service, providing fast track access for young offenders where necessary. CAMHS is currently working to achieve the 'You're Welcome' quality standards to improve service delivery and are responsive to the needs of children and young people, including their cultural needs. There are well embedded referral pathways through a single point of access into generic CAMHS for parents of children with learning difficulties and/or disabilities who have used the services in the last 12 months, and service users' feedback is positive. Parents of children with life limiting conditions have been involved in work to develop resuscitation plans which flag the patient's home address on the Police system, to ensure that the wishes of the young person and family are respected when the child dies at home. The Diana nurses provide highly valued education sessions to school based staff and staff in residential care/respice care settings on the nursing needs of children with disabilities and life limiting conditions.
48. The children with disabilities team make good use of the large youth forum 'Big Voice', for young people aged five to 19 with disabilities, to review and continuously shape its services. The transition to adult services for children with complex needs has been reviewed resulting in clearer pathways and there is good partnership working between health and education staff, and the dedicated transition worker.
49. There is a good 24 hour on-call 'self harmer' service for the A&E department in the hospital. There is also a dedicated school nurse pathway for those who self mutilate, to provide support to young people and advice for education staff. There is good access to highly specialist mental health inpatient beds. A&E staff provide a good service to parents when there has been an unexpected death, and also provides good support for those staff who were directly involved. The rapid response team, consisting of an on call rota of seven named nurses, is effective and the parental evaluation of the care of the next infant (CONI) service is positive.
50. Unscheduled care setting notifications, that is those received from A&Es, the urgent care centre and walk-in centres, are distributed via the safeguarding team at University Hospitals of Leicester to the looked after children's health team, health visitors, school nurses or GPs as appropriate, ensuring that health needs are known and followed up as appropriate. The urgent care centre is able to meet children's needs as it includes one registered children's nurse with another nurse due to commence shortly, and there is good access to consultant paediatric support although timely access is not available 24 hours a day which is a shortfall. There are good pathways from the urgent care centre to the

sexual assault referral centre and the genito-urinary medicine centre, ensuring young people receive the right healthcare rapidly. Confidentiality is well maintained; this is of particular importance for young women who are concerned about cultural and intergenerational clashes within their families and communities. Appropriate consent is gained prior to any treatment or intervention. The urgent care centre has a dedicated waiting area for children and flexible expansion when required, for example, to isolate children and young people with suspected cases of infectious diseases. Staff have been trained in children's pain assessment and paediatric life support, and are up to date with safeguarding training.

51. The health visitor and midwife for the homeless provide good support for teenage mothers and work well with other agencies to ensure that their needs are met. As measured against recent government recommendations, there is currently a 40% shortfall in the required number of health visitors which is similar to comparator areas. Well developed strategies are in place to train and recruit further staff, although the school nursing service reports a vacancy freeze which is starting to impact on service capacity. There has been some engagement from health with partner agencies in developing joint strategic workforce planning although this remains an area for further development.

## **Ambition and prioritisation**

**Grade 2 (good)**

52. Ambition and prioritisation are good. There is a strongly articulated vision for children in Leicester set out in all relevant strategic partnerships and within the council. The city Mayor demonstrates active commitment to listening to children directly and improving outcomes for them, and to this end, has established a 'Child Poverty Commission' which benefits from broad membership. Ambitions to improve outcomes for children are set out clearly in the CYPP and also by the LSCB.
53. Elected members champion the needs of vulnerable children and there is strong political commitment to achieving good support for them. This commitment is evidenced by spending on a range of children's services being protected, with additional financial investments made in children's social care services in 2010/11 in response to the increased and sustained demands on the service. This has been supplemented by additional funding in 2011/12 which has been used to increase front line staffing capacity, which has had a positive impact on outcomes for children enabling all children who require a social worker now being allocated one to enable their plans to be progressed. The council's Children's Scrutiny Commission and the safeguarding panel are effective and include elected members with a range of relevant expertise and experience in children's services. There is broad awareness of the importance of children's issues across the entire council.

54. Partnership and joint working has improved in recent years, attributed by local politicians to effective leadership by senior officers within children's services in the local authority, NHS trusts, and other statutory and voluntary services. The Children's Trust is well attended and includes appropriate senior representation from all sectors including schools' representation, and this representation in particular is reported to have significantly improved schools' understanding of the role of other agencies in meeting children's needs and thereby improved their joint working practice. The six clear priorities of the CYPP includes safeguarding children and improving outcomes for looked after children and care leavers; these are based on a sound understanding of both the current needs of the child population and the likely demographic shifts that the council expects to see in the next few years, ensuring that the plan remains relevant for its lifespan.
55. The LSCB is well constituted and attended, effectively independently chaired, and consists of appropriate senior members from partner agencies. The sub-groups of the LSCB are chaired by senior officers from partner agencies, demonstrating good multi-agency commitment. The links between adults' and children's services are strengthened by the 'Stay Safe' group which reports to both the adults' safeguarding board and the safeguarding children board and they share the same chairperson. There are good links between the LSCB and the Leicestershire and Rutland Leicester safeguarding children board on common issues to ensure cohesion, for example having common safeguarding procedures which is helpful for services that cover all three areas, such as the Police and NHS Trusts.
56. The Youth Council and the council's Young Advisors have significantly influenced elected members' decision-making and, for example, the views of children and young people have helped to shape the priorities in the CYPP. They have been enabled to effectively contribute to the consultation regarding the 'core offer' and many other aspects of service delivery, including current commissions to develop and improve sexual health services for young people.
57. The multi-ethnic make up of the city's population is strongly taken into account in all aspects of service planning. The Joint Strategic Needs Assessment, for example, provides detailed information on the demographic make up of the child population against a wide range of indicators which enables services to be targeted not only on areas of highest need, but also to be designed in a manner which is sensitive to cultural and faith issues. This is enhanced by good established links with faith and community groups across the city.

## Leadership and management

## Grade 2 (good)

58. Leadership and management are good. Workforce planning in children's services is highly effective and has addressed historically high turnover of social work staff, reportedly uncompetitive pay rates, high vacancy rates and significant use of agency social work staff. Each of these areas has shown significant improvement, for example the recruitment drive in May 2011 resulted in all social work vacancies being filled by the time of this inspection. Retention is assisted by an improved remuneration package for staff, and opportunities for professional development for newly qualified social workers and those who are in their second and third year of practice. Staff performance has been actively managed over the past two years resulting in underperformance issues being addressed robustly. Further work is being undertaken to improve opportunities for first tier management development, in addition to existing management development programmes. Workforce development across the partnership including the voluntary and private sector is effectively supporting integrated working and the development of a common set of skills and competencies across the entire children's workforce, using the national Children's Workforce Development Council framework. This is strengthened by being based on a detailed analysis of existing skills and needs in the workforce across Leicester. The voluntary sector also has good access to training and development opportunities.
59. Current commissioning arrangements are being reshaped to ensure cohesion, based on the 'core offer' of services under the three themes of 'access to services', 'well-being' and 'learning pathways'. This is based on a detailed understanding of the spectrum of current services across the city, the levels of intervention each offers, and the needs of children in the city. It is intended that this will align with other commissioning arrangements to achieve efficiencies by eliminating overlaps in service provision, and ensuring that services are targeted on the most vulnerable groups of children and young people.

## Performance management and quality assurance

## Grade 3 (adequate)

60. Performance management and quality assurance are adequate. The performance management framework of the Children's Trust is clearly designed to assist its strategic role and measure the extent to which its priorities are being achieved. However, the framework is currently only able to monitor improvements or otherwise in respect of some priorities whilst performance indicators for other priorities, such as young carers, are awaiting development. There are good examples of effective partnership between agencies regarding specific areas of performance management, for example in relation to teenage pregnancy, which has enabled service improvements and better outcomes for young people.

Detailed ward level information ensures that councillors are kept informed of matters in their areas.

61. The performance management role of the LSCB is still developing since the board's inception in September 2009 and is acknowledged by the independent chairperson to be a key area for development over the coming year. In the meantime, it continues to review performance in priority areas, such as repeat child protection plans, receives reports on the pressures on safeguarding services across all agencies and actively monitors improvement via regular reporting arrangements. This enables the board to facilitate multi-agency problem solving to maximise impact on improving outcomes within an increasingly constrained financial environment.
62. Performance management within children's social care is supported by a quality assurance framework which includes a regular system of file audits which is well established. Staff spoken to confirmed that this helps to improve practice by the dissemination of findings from the audits through a variety of easily accessible routes, such as lunchtime briefing sessions. However, the full impact of audits on improving the quality of practice is yet to be seen. Senior social care managers demonstrate awareness of the strengths and areas for development within the service and social care staff report good management oversight of their work, although this is not always evidenced on case records. Senior managers receive and can access regular performance information in children's social care although this is less well embedded for front line managers.
63. Agencies such as the Police, the youth offending service, and health partners have good established systems to performance manage and quality assure work. Information sharing and data analysis systems between the Police and the YOS are particularly strong and enable these services to monitor the effectiveness of their interventions with young people who offend, contributing to reducing reoffending rates. The independent reviewing officer (IRO) service monitors performance in children's social care and provides good feedback on individual cases. The quality of the IRO service is effectively overseen by the service manager and is reported on regularly. A robust escalation policy is in place for the resolution of disputes. The recently appointed head teacher of the virtual school utilises performance data effectively to monitor attainment and attendance by looked after children, and as a result, the council now has a clear understanding of current educational performance of looked after children by age, gender and ethnicity.

## **Partnership working**

## **Grade 2 (good)**

64. Partnership working is good at both strategic and operational levels and there is evidence of this supporting improving outcomes for children and young people. Partnerships concerned with high risk cases are effective

and ensure that risks are robustly managed and child safeguarding issues are prioritised. Good partnership working is reported by front line staff across agencies and evidenced in work seen by inspectors. Agencies refer children appropriately to social care services, joint working is undertaken, and agencies contribute to child protection conferences and core groups. Strong partnership working is in place between the Police CAIU and the DAS.

65. Strong relationships have been developed with diverse groups across the city's community groups. A culture of working with communities to establish training and resource needs contributes to effective identification of safeguarding issues with evaluation of improving outcomes. For example, there are strong relationships and effective work with madrasahs, which provide Islamic instruction for children, on safeguarding issues. The voluntary and community sectors throughout Leicester are engaged in both strategic and operational partnerships and they report feeling valued, able to make a good contribution and partners report this is highly valued.
66. Reducing the incidence and impact of domestic violence is a clear and shared strategic priority overseen by strong governance arrangements. Services to address domestic violence work are influenced by the findings from serious case reviews, which improves their focus on the impact of domestic violence on children.
67. There are good relationships between the Children's Trust and the LSCB, but it is acknowledged that more work is required to formalise the reporting and scrutiny functions. The LSCB includes appropriate agency representation and is appropriately focused on local safeguarding priorities such as child trafficking as well as statutory functions.

## Services for looked after children

### Overall effectiveness

**Grade 2 (good)**

68. The overall effectiveness of services for looked after children is good. Multi-agency approaches to promoting looked after children and young people's participation are well developed and effective. The views of looked after children and care leavers routinely inform service development, they are enabled to critically comment on the quality of provision, and are commissioned to assess the effectiveness of a wide range of services including education, social care and health provision. Looked after children are actively involved in training programmes and in recruiting staff, including the Strategic Director.
69. Thresholds for children becoming looked after are appropriate and there are good checks and balances to review decision-making at sufficiently senior levels. There is an effective range of services to prevent children becoming looked after, where it is safe and in their best interests to do so. Looked after children and young people experience high quality health care including access to mental health and emotional well-being support, although support for children in kinship care placements is underdeveloped. Looked after children benefit from very good residential and fostering placements and multi-agency partnerships are effective in diverting looked after children from the criminal justice system. Educational and economic well-being outcomes remain areas for development. The number of looked after children missing school for more than 25 days is above national and similar area figures with high numbers of fixed term exclusions, particularly from secondary schools. The council has made it a priority to reduce the number of exclusions of looked after children and there is now coordinated multi-agency activity to address this, with elected members receiving regular reports to ensure progress. Looked after children have their care plans reviewed in a timely manner, although the recording of reviews requires greater consistency and clearer target setting to aid planning and avoid drift.
70. The council balances well the need to ensure looked after children and young people are in the most appropriate placements whilst maximising value for money and ensuring good safeguarding arrangements. External placements are subject to rigorous monitoring to ensure expected standards are maintained and that placements continue to meet children's needs. There is strong performance in children progressing to permanency such as through adoption and Special Guardianship Orders (SGOs) and there is also good placement stability. Access to advocacy for young people is good but there is a shortage of independent visitors to meet the current demand.
71. There is good monitoring of performance against targets by senior managers and this enables areas of weaker performance to be addressed



swiftly with progress being kept under close review. Performance management is assured within the looked after children's service through regular case auditing. However, front line managers are not provided with regular performance data which reduces their capacity to contribute to improving outcomes for children in an informed way.

72. The council and its partners have good information about the outcomes for care leavers, particularly regarding their progress in education, employment and training coupled with detailed information on their accommodation, supported by feedback from the young people themselves. This provides a strong basis for improvements with strategies to achieve these well under way and developing further. Nevertheless, increasing the standard of all available accommodation remains an area for significant development by the council.

## Capacity for improvement

## Grade 2 (good)

73. The capacity for improvement in services for looked after children is good. A stable and effective senior management team is well supported by elected members who are actively involved in overseeing all aspects of service delivery to looked after children and their carers. The council and its strategic partners have a detailed understanding of the current and projected profile of the looked after children population and this enables effective forward planning to ensure sufficiency of resources. The council's own children's homes and its fostering and adoption services have a track record of maintaining high quality standards and achieving improvement where possible. There are now sufficient managers, social workers and other specialist staff to support looked after children and care leavers. The children's social care workforce benefits from an effective programme of staff development, quality auditing and feedback, good access to appropriate training and professional development opportunities. All these elements contribute to a continuous process of raising standards of practice within the service. The council recognises that some practice is still too variable with some being unsatisfactory, however this intelligence is effectively used to shape training and development initiatives to target areas of practice requiring the most urgent improvement.
74. Partner agencies make a strong contribution to improving outcomes for looked after children and care leavers, particularly health partners and the Police. The voluntary sector is well engaged in supporting care leavers, particularly in terms of helping them into work experience and training opportunities. There is good progress being made to strengthen partnerships with further education providers to widen the training opportunities for care leavers. All services are sensitive to the broad range of ethnic heritages of care leavers and services are continuously being reviewed to ensure they are able to meet the needs of this increasingly diverse population.

## Areas for improvement

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

### **Immediately:**

- ensure that the looked after children are able to access education and are integrated into school life by significantly reducing the number of fixed term and temporary exclusions from school.

### **Within three months:**

- ensure that all managers in the looked after children's services are able to contribute effectively to improving outcomes for children and young people
- ensure that every looked after child who would benefit from an Independent Visitor is able to access one in a timely manner
- ensure that all care leavers are in accommodation which meets expected standards set out by the council
- NHS Leicester, Leicestershire and Rutland Cluster to ensure that those looked after children in kinship care settings are not disadvantaged, compared with other looked after children, in accessing mental health and emotional well-being treatment services
- ensure that looked after children's reviews are recorded to consistently high standards to enhance children's plans.

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

### Being healthy

### Grade 1 (outstanding)

76. Health services for looked after children and young people are outstanding. All initial health assessments are undertaken by a paediatric registrar or by the named doctor for looked after children, with the latter providing good training, supervision and support to the registrars. Effective peer review of health assessments is undertaken, which includes monitoring that the views of children are evident in assessments. All looked after children's health records seen complied with NHS statutory and professional guidance and showed some exceptional work with the most vulnerable looked after young people such as those vulnerable to sexual exploitation. Records also evidence very good sensitivity to cultural and faith needs of looked after children. The specialist nursing team has recently become geographically based, increasing the effectiveness of partnership working as well as enhancing the engagement with groups such as foster carers to whom the service provides highly valued training. Looked after children health staff have good access to high quality training to ensure they remain responsive to the changing needs of looked after children. Young people report they value highly the dedicated looked after children nurse and health promotion group, and that the support provided improves their well-being and reduces their risk taking behaviour.
77. Initial and review health assessment rates for looked after children are very good with 93% of looked after children having timely assessments, which is significantly above England and statistical neighbours rates. Immunisation rates are also very good at between 83.7% and 100%, dental rates are 90%; this ensures maximum benefit for a healthy life is achieved. Highly effective monitoring and tracking of the progress of health action plans ensures that the health needs of looked after children are met. There is good access to interpreting services and continuity of interpreters. Consent is always gained at key points, for example, on entry into care to share family health history, and before each looked after child's health assessment.
78. There is a dedicated CAMHS team and mental health workers for looked after children and a well used CAMHS helpline for staff to access advice. CAMHS referrals are made via a single point of access with fast track routes for looked after children and those at risk of self harming, ensuring children get swift support to meet their needs. There is robust monitoring of the health of children placed out of area, with support from CAMHS to liaise with and secure out of area CAMHS if required. CAMHS provides rapid support for children in placements, particularly those at risk of breakdown, and several examples were seen by inspectors of high quality intervention to maintain placements and avoid disruption. However the

emotional and mental health needs of young people placed in kinship care are not well addressed with a current lack of service commissioning resulting in unmet need for this group.

79. Whilst notifications of looked after children's attendance at the urgent care centre are not always sent to the looked after children team, the team monitors attendance through the use of the electronic patient record 'SystemOne', thereby ensuring that looked after children's health needs are understood and met seamlessly.
80. There is strong partnership working with education staff with relevant health information being shared to enable health needs to be well supported in schools. There is good use of the 'markers of good practice' for safeguarding which now are being used within the looked after children service to enhance still further service delivery and performance monitoring.
81. The specialist teenage midwives and looked after children nurses provide effective support for looked after young mothers, including when the baby also becomes looked after. The nurses are provided with additional supervision to enhance their skills. Looked after teenage mothers will be a priority group in the newly established family nurse partnership. Looked after children nurses provide a 'clinic in a box' service for looked after young people to prevent unwanted pregnancies.

## **Staying safe**

## **Grade 2 (good)**

82. Arrangements to ensure that looked after children and young people stay safe are good. Risk assessment is routinely and effectively undertaken to ensure that risks are managed well, and looked after children are kept safe in placement. Looked after children spoken to during the inspection said that they felt safe in their placements and that they could rely on their carers to protect them from harm. Ofsted inspection of the council's fostering service, where the majority of the looked after population are placed, judged safeguarding arrangements to be outstanding in February 2008. Placement stability is good and is improving. A complaints system is in place for looked after children and this meets statutory requirements. The annual report demonstrates that children's complaints are being satisfactorily dealt with individually and the messages from complaints are fed back to managers to improve the service, although this was not strongly evidenced to inspectors.
83. The council, through its commissioning arrangements, requires that all providers of external placements meet rigorous safeguarding standards and there are robust arrangements in place to monitor compliance, including unannounced visits undertaken by the commissioning team. Ofsted's regulatory inspection reports are used routinely to monitor the continuing effectiveness of each commissioned placement, and no setting is used that is judged to be below 'good'.

84. A range of clear policies and procedures are in place to ensure that the risk of harm to looked after children and young people are minimised, and these are supported by effective multi-agency partnerships such as with the Police regarding children who go missing. The Police are proactive in ensuring that the risks of sexual exploitation to missing children are recognised and responded to. However, one example was seen where the protocol on missing children had not been used, which indicates that more could be done to ensure that it is consistently applied. The Safeguarding in Education officer is effective in ensuring that schools are supported to achieve their statutory safeguarding requirements and schools now demonstrate good awareness of their wider safeguarding responsibilities. Allegations against carers are effectively managed through the LADO, and in some cases, has resulted in the deregistration of foster carers to keep children safe.
85. Services to provide additional support to placements and to prevent breakdown are readily accessible and respond rapidly. Inspectors saw examples of high quality intervention by specialist support services including the children and families support team and CAMHS to maintain the child's placement and avoid disruption.

### **Enjoying and achieving**

### **Grade 3 (adequate)**

86. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate. The recently appointed virtual head teacher has had a significant impact on drawing attention to the historically poor attendance and attainment of looked after children in Leicester, and is driving significant improvement strategies and actions which are closely monitored. The educational progress of looked after children is now analysed and shared with education services and schools to ensure that their progress is effectively tracked; there are early signs that this will contribute to improving educational outcomes for them. Educational outcomes for looked after children are similar to looked after children elsewhere at both 11 and 16 years, but continues to be below their peers in Leicester. The most recent test data shows a slight improvement in the proportion of 11 year olds attaining the expected level in national tests, especially mathematics. At age 16, two thirds achieved at least one GCSE grade A\*–G although none achieved five A\*–C including English and maths.
87. School based staff seen by inspectors demonstrated a strong commitment to ensuring the needs of looked after children are met and that the children and young people are fully included into school life. Staff understand the importance of school stability particularly when changes in care placements are required. Schools report they are well supported by the virtual head teacher, the behaviour support team and the raising achievement of looked after children (RALAC) team, who provide a range of good, targeted, flexible support to remove barriers to learning. School

staff report that they are appropriately challenged by council officers to account for the progress of looked after children.

88. Almost all (90%) of looked after children who responded to a survey for this inspection indicated that their education was good or better and that they get all or most of the help they need. Almost all looked after young people have a personal education plan which identifies clear targets with timeframes for improvement and these are regularly monitored. Most children and young people spoken to had clear aspirations and were usually clear about the purpose of their plan. Some plans contain unrealistic targets resulting in, for example, no targets being achieved within a six month period. However, school staff who met with inspectors confirmed that looked after children's progress is monitored regularly and personal education targets are reviewed within normal school procedures and adapted to meet the child's needs. Progress and outcomes for looked after children and young people placed outside of the city is supported through recently introduced protocols which ensure frequent and detailed monitoring. However, these arrangements are relatively new so their impact is not yet evident.
89. Access to leisure activities is good and is well funded by the council. Looked after children are encouraged to participate in a wide range of activities, including free gym membership, music, drama, sport, trips and visits and this includes looked after children placed out of the city. The 'Access Point' provides leisure activities for those families whose children have disabilities. Connexions, the YOS and the youth service provide a good range of targeted activities for the most vulnerable young people, including looked after young people, leading to a number of them receiving accreditation in some areas of activity.

### **Making a positive contribution, including user engagement**

**Grade 2 (good)**

90. Opportunities for looked after children and care leavers to make a positive contribution are good. A culture of listening to young people is well established. The children's rights and participation service provides high quality access to advocacy services and most young people say that they feel listened to, know how to complain, and know about the children's rights service. Children and young people are enabled to express their views and wishes and have these included in their assessments, planning and reviews. Cultural needs and preferences of young people are taken into account and shape the services provided. Inspectors saw some innovative practice to elicit the views of children who have communication difficulties, for example, a child participated in their review through symbols being projected onto a wall via a computer at the meeting. Whilst files do not always sufficiently evidence efforts to encourage younger children to fully contribute to their plans and reviews, social workers

spoken to were able to describe a range of methods employed to engage with younger children.

91. The views of children and young people and care leavers are routinely taken into account to inform training and improvement in service provision, for example the children in care 'Pledge' was formulated based on the expressed priorities of children and young people, which were derived through a creative range of consultation activities. Independent visitors provide a consistent support to some young people, helping them participate in a broader range of activities, however there is currently a waiting list for this service.
92. The children in care council (CICC) is a well established group of highly motivated and enthusiastic young people, supported by a project worker who is a care leaver. The CICC has an effective impact on services for looked after children and care leavers, for example, the actions taken by the corporate parenting panel in response to the CICC report on the quality of accommodation for care leavers. CICC members have been involved in a range of high level consultation exercises including responding to the 'Munro report', surveys by the Ofsted children's rights unit, and the council budget for children's services. They are active members of regional and national forums, and report a positive impact on their skills, knowledge and self-esteem. They also contribute to a range of local developments, such as membership of the management board of the 'YPOD' initiative, which is developing integrated services for the 'hardest to reach' young people, and conducting thematic audits using self-designed tools to evaluate the effective implementation of the Pledge. Other members are currently developing high quality resources for looked after children and care leavers, such as bespoke personal information diaries and publicity material.
93. All young people who met with inspectors reported a high level of satisfaction with services, such as support in enabling them to go to university with stable placements, the provision of grants, accommodation and other learning support. Some young people have high aspirations although were realistic in their expectations. They also said they felt that 'social workers try to do the best for you'.
94. Effective and well established multi-agency working to prevent offending and reoffending is improving outcomes, with a positive reduction in the number of looked after children reoffending or becoming first time offenders. Offending behaviour has reduced to below comparators in relation to looked after children placed in residential provision and there are effective restorative justice approaches and staff training to deal effectively with misbehaviour and avoid unnecessary criminalisation.

**Economic well-being****Grade 3 (adequate)**

95. Economic well-being outcomes are adequate. Young people now benefit from the looked after children's service working with them up to the age of 18 instead of 16, providing better continuity of care planning. Timely and detailed assessments of need are completed, and staff spoken to by inspectors were committed to raising the aspirations of care leavers. Pathway plans are of a good quality and are completed in partnership with young people although timeliness has recently been adversely affected by staffing difficulties. The council reports that the improved staffing arrangements will address this area of performance. Young people's transition to independence is supported by an effective range of projects assisting them to develop independence skills. The needs of specific groups are met with, for example, specific projects for Black and Asian young men, and asylum seeking young men.
96. Care leavers remain disadvantaged in comparison with their peers who have not been looked after, with 23.7% of them currently not in employment, education or training. However, the opportunities to engage young people in employment and training beyond the age of 16 are developing and this priority is reflected in the CYPP and the corporate parenting plan. Well-established voluntary sector initiatives such as the 'flying fish project' are now enhanced by the council facilitating the 'work experience forum' of representatives from all 21 divisions within the council to increase work placements. In recognition of the progress made, the council has recently received a 'From Care2Work Quality Mark', from the National Care Advisory Service. Young people who are parents are supported to attend the 'Parents with Prospects' group which has a specific focus on encouraging them into employment or training. Expanded opportunities means that there are now 21 private sector businesses providing work placements, and 12 council departments offer placements, including access to the council's apprenticeships. Progress of all young people is tracked and there is early evidence of improvement, for example, 17 out of 28 young people referred to the flying fish project since January 2011 chose to participate, and an additional five will be placed shortly. Protocols have also been established with the further education sector to deliver accredited courses to extend the range of qualifications available to care leavers.
97. Following lobbying by the CICC and direct visits to accommodation by the Director and Assistant Mayor, increasing the standard of all available accommodation is now a key priority for the council and this remains an area requiring significant development. There is a strong commitment to promoting continuity of care with 80% of young people remaining with their foster carers until the age of 18 although a formal 'staying put' policy is yet to be developed. There is an increase in the number of young people remaining in their placements beyond the age of 18 with 13 young



people currently doing so and some benefitting from this stability during university holidays.

## Quality of provision

## Grade 3 (adequate)

98. The quality of provision for looked after children is adequate. Recording of work undertaken on looked after children's case files is too variable. Some examples were seen of good detailed observations but other files contained inaccurate information. Chronologies have improved over the past year as a result of targeted improvement activity, but remain of variable quality. As a result of these issues the case record does not always effectively tell the story of the child's life. Assessments seen are variable with some examples of good analysis leading to the delivery of effective care plans, whilst others are largely descriptive and lack analysis. The input from partner agencies such as health and education is not always evident in assessments. The wishes and feelings of children and young people are generally taken into account although they are not always accurately recorded. Examples were seen of their influence on assessments and plans, particularly pathway plans. Unaccompanied asylum seeking children and young people receive good support from specialist and knowledgeable staff who assess their needs thoroughly and enable them to access a range of support services.
99. All looked after children and young people are allocated to qualified social workers and all those spoken to by inspectors said they have a good relationship with their social worker and see them regularly. However, some families reported that the service provides a variable response to them with inconsistent practice; managers report being aware of this and are taking active steps to improve consistency.
100. A range of high quality services are available where assessments identify the need for additional support to the care plan, and the intervention of these services demonstrably leads to improved outcomes for children and young people. The importance of planning for permanence is well understood and twin tracking is well embedded, leading to reduction in delays. This is supported by high quality, accessible legal advice which is readily available at all key points in the decision-making process for care and other welfare proceedings. Permanency through kinship care is effective and there is good use of SGOs to achieve this. All of the 63 SGOs currently supported by the council are stable.
101. Reviews of looked after children and young people are undertaken in a timely manner. IROs follow care planning guidance and ensure the delivery of safe and effective care plans, although reviews are not always recorded consistently or sufficiently well. Improvements are planned including the development of an expanded IRO service specifically for looked after children.

## Ambition and prioritisation

## Grade 2 (good)

102. Ambition and prioritisation are good. There are strongly articulated ambitions for looked after children and care leavers within the CYPP and reiterated by the active corporate parenting panel. A culture of high aspiration is prevalent amongst the council and its partners within the Children's Trust, and this is promoted well within an equality framework. Effective partnerships with further education colleges and the higher education sector have been developed to promote aspirations and provide young people with a wider range of training opportunities. Young people spoken to present as confident about the support they are provided to achieve their ambitions.
103. Partnership working with young people themselves, to improve the lives of all looked after young people, is the focus of significant prioritisation and investment. The work of the Corporate Parenting Forum is underpinned by an Executive Board which comprises third tier officers and above, who are tasked to make progress between meetings on the issues that have been identified by the Forum. This results in demonstrable improvements, such as the work being undertaken to improve the quality of accommodation for care leavers and increased access to leisure opportunities.
104. There is a strong ambition across partner agencies to 'narrow the gap' between the achievement of young people leaving care. Detailed analysis has been undertaken to identify the profile of care leavers who fall out of contact with support agencies and who have multiple problems that prohibit them from engaging in productive activities. This analysis has been utilised effectively to secure funding to develop an ambitious multi-agency project – the 'YPOD' project - to support the most vulnerable care leavers with a holistic service based in the YMCA, a venue regarded positively by young people in Leicester.

## Leadership and management

## Grade 2 (good)

105. Leadership and management of services for looked after children is good. Appropriate senior managers ensure that only those children whose needs can best be met by entering care, do so. Decision making is supported by appropriate legal advice at key points. The placements decision group rigorously monitors placements through effective case tracking and progress reporting, where both actions and accountabilities are suitably identified. The majority of children are appropriately placed within the council's own high quality resources.
106. A detailed and comprehensive commissioning and sufficiency strategy ensures that the placements procured provide value for money and contracts are negotiated on favourable terms with existing providers within the area, supporting the council's commitment to placing children in or near the city. Efficiencies had been achieved effectively by the council

enabling the department to withdraw from a regional purchasing consortium created to shape the market which proved more costly. Robust contracts support the stability of placements and annual reviews monitor compliance with contractual obligations; inspectors saw examples of services that had been decommissioned due to their failure to maintain satisfactory standards.

107. Effective arrangements are made for bipartite and tripartite funding where looked after children and young people have complex needs and are eligible for multiple funding sources. Delegated budgets allow for a swift and effective response to the needs of looked after children and young people, for example where additional resources are required to secure a plan for permanence such as use of inter-agency fees. Benefits of this include avoiding delays in finding adoptive placements for children who are assessed as being 'hard to place'.

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

108. Performance management and quality assurance across services for looked after children are adequate. The IRO services role in monitoring performance and ensuring quality is effectively overseen by the service manager, and performance is reported annually to the LSCB and the directorate's senior management team, who also receive interim performance reports. A robust escalation policy is in place for the resolution of disputes. IROs evidenced their effectiveness by providing examples where they had taken independent legal advice, resulting in matters being satisfactorily resolved.
109. Managers in the looked after children's service are clear on the overall objectives and priorities, for example, the importance of securing permanence for children. However, the department does not routinely produce a performance report for all managers of performance trends and comparative data, limiting front line managers' ability to monitor performance on a regular basis. The youth offending service has a comprehensive quality assurance system in place which enables managers to target improvement activities on specific areas or workers.

## Record of main findings:

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