Inspection of safeguarding
Leeds

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Reporting inspector: Robert Hackeson HMI

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About this inspection

1. A full inspection of safeguarding and looked after children services in Leeds took place in December 2009 and found that the overall effectiveness of safeguarding services in Leeds was inadequate. The overall effectiveness of services for looked after children was adequate. An unannounced inspection of Leeds City Council's contact, referral and assessment arrangements in January 2011 concluded there had been considerable progress since the last inspection of this type in July 2009: the two areas for priority action identified had been addressed; and most of the nine areas for development had been addressed.

2. The purpose of this follow up inspection of safeguarding is to evaluate the progress and contribution made by relevant services in the local area since the previous inspections towards ensuring that children and young people are properly safeguarded. The inspection team consisted of two of Her Majesty's Inspectors (HMI) and an Additional Inspector. The inspection was carried out under the Children Act 2004.

3. The evidence evaluated by inspectors included:

- information gathered through discussions with families receiving services, front line staff and managers, senior officers including the Chief Executive of Leeds City Council, the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives

- the 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 a serious case review undertaken by Ofsted in accordance with ‘Working Together to Safeguard Children’, 2010

- a review of 25 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 January 2011

- interviews and focus groups with front line professionals, managers and senior staff from NHS Leeds and Leeds Community Healthcare Trust, the Police, and other relevant partners.
The inspection judgements and what they mean

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

<table>
<thead>
<tr>
<th>Outstanding (Grade 1)</th>
<th>A service that significantly exceeds minimum requirements</th>
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<tr>
<td>Good (Grade 2)</td>
<td>A service that exceeds minimum requirements</td>
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<tr>
<td>Adequate (Grade 3)</td>
<td>A service that only meets minimum requirements</td>
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<td>Inadequate (Grade 4)</td>
<td>A service that does not meet minimum requirements</td>
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Service information

5. Leeds is the second largest city council in England. The population of the city has increased rapidly in recent years. The latest population estimate is 798,800 representing a 12% increase over the last 10 years, which is higher than the average regionally and nationally. The population of children and young people aged 0-19 is almost 180,000. Within this, the number of very young children (0-4 year olds) has increased faster with over 10,000 children born in Leeds in 2009/10. Leeds has a significantly higher proportion of 15-25 year olds compared to both the regional and national averages, with a total population of 289,000 0-25 year olds living in the city.

6. Leeds is a very diverse city, with over 130 nationalities including a minority ethnic population of just less than 17.4%. The proportion of pupils in Leeds schools that are of minority ethnic heritage has increased by more than six percentage points since 2005 to 22.5% of pupils in 2011. A higher proportion of primary than secondary pupils are of minority ethnic heritage. Some 14% of pupils have English as an additional language and over 170 languages are recorded as spoken in Leeds schools. The largest minority ethnic groups in the city are the Indian and Pakistani communities but more recently there has also been a significant increase in economic migration, mainly from Eastern Europe.

7. The local authority area includes some rural communities, as well as densely populated inner city areas where people can face multiple challenges. The Indices of Multiple Deprivation indicate that 19%, or over 150,000 people in Leeds, live in areas that are ranked amongst the most deprived 10% nationally. Around 30,000 children and young people, 23% of all those aged 0-16, live in poverty.
8. Outcomes for children and young people in Leeds are the responsibility of the Children’s Trust Board (CTB) which is part of the broader partnership arrangements for the city called the Leeds Initiative. The CTB was recently reviewed and strengthened and has developed and agreed a clear set of priorities for improvement which is reflected in the City Priority Plan and the Children and Young People’s Plan. The CTB arrangements are supported by ‘clusters’ which are the vehicle for delivering the partnership priorities at local levels. A cluster is defined as a group of schools and children’s centres working with a range of partners across a locality to provide services for children and families, particularly the most vulnerable. There are 27 local clusters across the city and it is intended to further integrate other services, including reconfigured social work teams, over the coming months.

9. Following a comprehensive review in January 2010 a restructured and strengthened Leeds Safeguarding Children Board (LSCB) was launched in April 2010. A new independent chair has been appointed and the governance arrangements have been revised. A new business plan is in place, and two formal annual reports have been produced. The chair of the LSCB is a member of the CTB. The LSCB strategic priorities have been developed in conjunction with the CTB and complement the Children and Young People’s Plan.

10. The Children and Young People’s Plan (CYPP) has been agreed by all partners across the city and articulates the ambition for Leeds to be a ‘child friendly city’ and includes three ‘obsessions’ where significant improvement is sought over a relatively short timescale. The obsessions are: to reduce the need for children to be looked after; to improve school attendance; and to maximise the number of young people entering employment, education or training. These obsessions are also part of the City Priority Plan which ensures the commitment of the wider partnership to resolving these complex issues. Alongside the three obsessions, the CYPP sets out the child friendly city ambition, five outcomes and 11 priorities, and a cross-cutting theme of minimising the impact of child poverty. The CYPP also describes some common approaches to help bring partners together. These include programmes to deliver restorative practice and the adoption of an outcomes based accountability framework and the work to ensure that the voice and influence of children and young people threads through all service delivery.

11. The council is moving to an integrated children’s services directorate, incorporating education services (formerly provided by Education Leeds, a company that was wholly owned by the local authority). There are 57 children’s centres in Leeds and 266 schools. Of these, 208 are primary schools (including one academy) and 38 are secondary schools (including eight academies). There are six specialist inclusive learning centres in the city and four pupil referral units. Leeds has 12 residential children’s homes and one secure children’s home. Children and Young People’s Social Care
services are delivered across three field work localities and a designated Children's Health and Disability Service. A team of social workers based in the council's contact centre has been in place since September 2009 to screen all contacts and referrals received. The volume of contacts received by this team has continued to increase year on year with 43% more contacts in 2010-11 than 2009-10. The total number of contacts received in 2010-11 was around 26,500 with approximately 13,500 meeting the threshold for a social care referral. Those meeting thresholds are passed to the fieldwork teams. At the time of the inspection there were 1154 children who were subject to a child protection plan and 1436 who were being looked after by the local authority.

12. NHS Leeds is the local Primary Care Trust and commissions health care services for the people of Leeds. Leeds Community Healthcare Trust provides community health services, including health visiting, school nursing and child and adolescent mental health services (CAMHS). Leeds Teaching Hospitals Trust provides acute hospital services with children’s services provided from the Leeds General Infirmary site. The Leeds Partnerships NHS Foundation Trust provides specialist mental health, addiction, perinatal and learning disability services to adults.

13. As part of the improvement arrangements following the Improvement Notice from the Department of Children, Schools and Families (DCSF), Leeds has had an independently chaired Improvement Board in place since January 2010. This Board has met monthly and has monitored the Improvement Plan that was developed in response to the ‘inadequate’ Ofsted inspection judgement for the overall effectiveness of safeguarding, which was published in January 2010. The Chief Executive of the regional strategic health authority is the chair of the Improvement Board.
Safeguarding services

Overall effectiveness Grade 3 (Adequate)

14. The overall effectiveness of services in Leeds in ensuring children are safe is adequate. Since the last full safeguarding inspection in 2009 the partnership has made significant progress in improving the outcomes for children. The improvement board has very effectively overseen improvements and there is good collaborative working and strong leadership across the CTB and the LSCB.

15. Arrangements to ensure children are safeguarded are now secure. Cases referred to the social care service now receive prompt attention, those that result in assessment are allocated promptly and the progress of assessments is closely monitored by managers. The number of children with child protection plans has increased significantly reflecting the commitment of services to provide structured multi-agency intervention for those children who need it.

16. Significant financial investment has been made by the local authority to increase the number of employed social workers and considerable investment has been made to train and develop staff - through the practice improvement programme (PIP), the creation of advanced practitioner posts, and relevant, good quality training. The guidance developed in conjunction with the PIP provides clarity for staff on the expected standards of practice and this is contributing to improvements.

17. The quality of provision is adequate overall but remains inconsistent and there are still areas for improvement in partnership working practices. Recent improvements in joint working arrangements are yet to make their full impact. Better quality assurance systems are already leading to improvements. In the case files sampled by inspectors no children were found to be left unsafe. The service’s extensive auditing programme offers reassurance that most casework is satisfactory, and ensures swift remedial action is taken where necessary. Strong performance management and quality assurance systems ensure that leaders are able to monitor and intervene effectively and have contributed significantly to the improvements in safeguarding achieved to date.

18. The quality of recording continues to be an area for development and the problems with the current computer system still impede progress in recording. However, enhancements have improved navigation and access to the electronic social care record system (ESCR) and better reports are now available for managers, pending the planned implementation of a replacement system.
Capacity for improvement

Grade 2 (Good)

19. The capacity for improvement is good. The local authority and its partners have made the improvement of safeguarding services for children their highest priority. There is a strong sense of shared responsibility for this work with agreement secured across partner agencies at the highest level. The message is that, in Leeds, ‘safeguarding is everyone’s business’.

20. Partners now share a good level of awareness about the effectiveness of safeguarding services in the city, the progress made, and the challenges ahead. The self assessment is detailed, accurate and realistic, and provides a good overview of what has been achieved to date and what still needs to be done. The areas for development identified in previous inspections have mainly been addressed. The quality of provision has improved but as yet remains inconsistent. However the right quality assurance frameworks are in place to continue to improve this critical area.

21. Significant progress has been made in laying the foundations for further improvement, for example through the strength of leadership, the clear strategic direction that is shared by partners, robust performance management and the additional capacity in the workforce. All of these factors are contributing to sustainable improvement. The elected members of the council are committed to sustaining improvement and making sure that children in the city are safe. Funding has been provided for a replacement computer system and the local authority is now engaged in the formal procurement process.

22. Staff at all levels express pride in what has been achieved since the last full safeguarding inspection, but also recognise there is much more to do; there is no complacency. Staff in front line services appreciate the investment made in the social care service and share the enthusiasm of the leadership team in their plans to develop preventative services through partnership working in the clusters. Recent appointments to senior posts across the partnership have brought in leaders with experience of successful organisations and have contributed to Leeds becoming more outward looking and willing to seek external challenge. Initiatives that have proved successful elsewhere are being introduced to Leeds. Good use is being made of research and external expertise in the development of services, such as family group conferencing and the outcomes based accountability framework.
Areas for improvement

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

**Within three months:**

- improve the arrangements for sharing information about domestic violence between the Police and the social care service
- improve the timescales for initial children protection conferences
- improve the quality of child protection conference minutes and outline child protection plans
- improve the quality of assessments and achieve a consistent standard across the service with particular attention to the analysis of risk, the use of historical information, the impact of previous interventions, the views of parents who do not live with the family, and the timeliness of assessments
- improve the quality of recording on the ESCR to achieve a consistent standard across the service
- include the audit of supervision files in the quality assurance framework.

**Within six months:**

- increase the use of the common assessment framework to provide coordinated early intervention to children and families who need this support
- improve the attendance of, and contribution from, general practitioners at child protection conferences.
Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

24. Safeguarding outcomes for children and young people are adequate. Cases referred to the social care service receive prompt attention, those that result in assessment are allocated promptly and the progress of assessments is closely monitored by managers. The number of children with child protection plans has increased significantly reflecting the commitment of services to provide structured multi-agency plans for those children who need protection. Most assessments take into account the wishes and feelings of children. Historically children and young people in Leeds have not been invited to child protection conferences and their views have not been fully represented. This has been recognised as an area for development and changes are now being made in order to facilitate their attendance.

25. Staff who spoke to inspectors said they consider safeguarding arrangements for children have been strengthened since the last inspection through action taken by the local authority and its partners. They highlighted the creation of extra social work posts leading to more manageable caseloads, the new posts for advanced practitioners who provide advice on good practice, and the improved monitoring of quality through file audits, supervision, and decision and review panels. Case audits conducted by staff in children’s services demonstrate a steady improvement over time in the quality of work to safeguard children. In the 25 case files sampled by inspectors no children were identified as being currently at risk of significant harm.

26. Inspection outcomes from services and settings are generally good. However, of the 13 children’s homes run by the council (including the secure children’s home), two children’s homes were rated inadequate overall at the last inspection, and one of these was rated inadequate in relation to staying safe outcomes for children. Seven children’s homes were rated good overall and four were satisfactory. Eight of the children’s homes’ staying safe outcomes for children were rated good or better. The most recent inspection of the adoption service in December 2010 rated the overall quality as good and the provision as good in protecting children from harm or neglect and helping them to stay safe. The most recent inspection of the fostering service in June 2010 also rated the overall quality as good and the outcome of helping children stay safe as good. This represents a significant improvement in the fostering service which had been judged inadequate in 2008.
27. Of the 57 children’s centres operating across the city 13 have been inspected to date with 10 achieving judgements of good or outstanding. Children’s centres provide good support and early intervention work that is welcomed by families, and this is improving outcomes for children and their carers. Schools take a responsible approach to their safeguarding arrangements. During 2010/11 Ofsted inspected 75 schools in Leeds. The effectiveness of safeguarding arrangements was evaluated as good or better in 73% of the inspections and satisfactory in 27%. This is broadly in line with the national average.

28. The Safer Schools partnership is supported by dedicated Police officers working across 35 secondary schools, pupil referral units and specialist inclusive learning centres. The partnership is becoming increasingly effective in reducing crime associated with schools and implementing the restorative practice model with children and young people at an early stage. There has been a 10% reduction in crime associated with Leeds schools and improved relationships between young people and the Police. Anti-bullying strategies in schools are having a positive impact. For example, the Anti-Bullying Ambassador programme encourages effective participation of children and young people in anti-bullying strategies. The effectiveness of the work of the ambassadors is demonstrated through the Every Child Matters surveys which show that fewer children and young people in Leeds report experiences of bullying than are found in the regional and national averages. While the proportion of children in Leeds who reported feeling safe in school was in line with the average, the proportion who reported feeling safe both in the area where they live and going to and from school, was higher than average.

29. Leeds Education Challenge sets out to reduce year-on-year the attainment gap between vulnerable groups and their peers. This has included targeted work with minority ethnic groups to raise attainment, which resulted in a 12.2% increase for Pakistani pupils achieving five or more A*-C in GCSE grades and a 15.2% increase for Bangladeshi pupils in 2010. Similarly, work with looked after children has led to improvements in their attainment, especially at Key Stage 4. The partnership has made improving school attendance one of its three obsessions alongside priorities relating to school behaviour and achievement. There has been some progress in improving attendance especially in reducing persistent absence rates in the schools which have a high proportion of vulnerable children. Another ‘obsession’ is to increase the number of young people in employment, education or training. While the proportion of young people who are not in employment, education or training (NEET) reduced between March 2010 and March 2011, this remains above the average for similar councils and the number of young offenders entering employment, education or training is below the target set by the partnership.

30. The role of the local authority designated officer (LADO) has been strengthened. A dedicated post was established in November 2010 within
the new integrated safeguarding unit which offers more direct managerial oversight as part of the performance framework for the unit. Presentations to professional groups regarding the role and referral thresholds have led to a significant increase in the number of referrals of concern about, and allegations against professionals from, a wide range of agencies. This suggests an improved understanding of the role by partner agencies. However, information collected by the LADO is not yet systematically used to improve safer recruitment and working practices.

31. There is a well established complaints and representations process. Customer satisfaction surveys are conducted with parents and carers whose children receive a social work service. Responses are analysed and presented to the management team along with outcomes from formal complaints in order to identify strengths in practice as well as any shortfalls. Following three separate complaints and findings by the Local Authority Ombudsman, the local authority has taken appropriate and robust action to drive service improvement, including an inquiry by the council’s scrutiny board into services for children with disabilities and special educational needs and additional health needs.

**Quality of provision**  
**Grade 3 (Adequate)**

32. The quality of provision is adequate. This was inadequate at the previous full safeguarding inspection and there has been significant improvement, although the partnership acknowledges there is more to do. Early intervention preventative services across the city are, as yet, underdeveloped. The partnership is committed to developing a wider range of early intervention approaches in order to divert children safely from statutory provision and this is the focus of the next stage of the strategy. Plans are at an advanced stage to organise multi-agency service provision on a local basis across the city, building upon the 27 existing cluster arrangements. Three ‘early adopter’ clusters are already achieving improved outcomes for children as a result of better collaborative working by agencies. This includes reduced infant mortality rates. The use of the common assessment framework (CAF) by all agencies is not yet embedded. Fewer CAFs were started during the year 2010-11 than 2009-10, although recent data show an increase in CAFs started since April 2011 compared with the previous year. However the commitment to improve the uptake of CAF remains a strategic priority. The partnership has commissioned external expertise to help refresh, simplify and improve the approach to CAF in Leeds. Preventative services, such as multi-systemic therapy and family group conferencing which have already demonstrated good outcomes, have been extended.

33. The arrangements for receiving and screening referrals to children’s social care are good. Since the last safeguarding inspection thresholds for access to social care have been lowered to ensure better safeguarding of children
and young people. Agencies have a clearer understanding of when to refer and there has been a significant increase in the number of referrals. A dedicated team of qualified and experienced social workers is based at the corporate contact centre along with two managers who screen all contacts to the social care service to ensure they receive a prompt and appropriate response, including advice and signposting for cases that do not require further involvement by the social care service.

34. Out of hours arrangements are adequate. The unannounced inspection in January 2011 found arrangements for the out of hours service did not effectively link with the daytime service. The local authority is now finalising a review of the out of hours service which is due to report in October 2011. Meanwhile arrangements have been strengthened, including appointing a dedicated team manager and colocation with the children's screening team at the contact centre leading to improved communication with daytime services.

35. The agreed protocol for joint visits by social workers and the Police in section 47 child protection enquiries is not consistently applied. This was an area for development arising from the unannounced inspection in January 2011. Work to improve this area of practice is a priority for the Police and the local authority, with commitment to change shared at the highest level. The current reorganisation of the Police child protection unit is designed to improve joint safeguarding activity in the city while better monitoring systems available to the Police from October 2011 are intended to improve compliance.

36. The quality of assessments has improved since the last full inspection and is adequate, but remains variable. There are some examples of good quality practice in front line child protection services including comprehensive initial and core assessments, good identification of risk and appropriate interventions that match children’s needs and ensure their safety. Overall, significant harm is identified well but not all aspects of need are consistently identified and some elements of assessment including the analysis of risk, the use of historical information, an evaluation of the impact of previous interventions and the timeliness of assessments remain inconsistent. Partner agencies mainly engage well in assessments, making an effective contribution to the evaluation of risk and understanding of need. However, a small number of assessments do not evidence input from some key agencies.

37. Allocated child protection work is managed well. Child protection visits are made in accordance with the child protection plan and most are monitored by managers with gaps being identified through audit. The engagement with children and young people is adequate. Children are regularly seen and seen alone during section 47 enquiries and child protection visits. Their wishes and feelings are recorded well and include attempts to record the social worker’s observations about the experience of non verbal young
children. There are some good examples of children’s ethnicity, identity, and individual needs being recorded as part of assessments. The views of parents are captured well but the views of parents who do not live with a child are not always included in assessments even if they have regular contact. The council recognises that the attendance at child protection conferences by young people is an area for development. Leaflets have been revised and the plans to relocate the child protection conference service to designated venues around the city are seen as an opportunity to secure effective attendance.

38. The quality of case recording is variable, some is detailed and contains clear records of strategy discussions, visits, and meetings such as core groups, but some is scant. The most negative aspect is that in some cases there are long delays in inputting records on to the ESCR. Some records are held temporarily on local systems, and are not easily accessible to all professionals who can access the ESCR. Overall, the most significant factor is that the electronic recording system does not support the business of the organisation in terms of facilitating recording or prompting actions. The use of chronologies is inconsistent although this is an area the service is attempting to improve. Some files seen contained up to date chronologies and were of very good quality but not all files contained chronologies and there is, as yet, little evidence that they are used reflectively to inform planning decisions. The use of research and reflective practice is not yet consistently evident in recording.

39. Case planning is adequate. Child protection conferences are chaired by qualified staff, and due to the considerable increased in demand for conferences the service has increased capacity from four to 12 conference chairs. However, only four chairs are permanent staff and there has been a high turnover within the remaining group of agency staff. Recruitment processes for the appointment of permanent chairs are underway. The percentage of initial children protection conferences (ICPCs) held within 15 working days is locally reported to have improved and is currently at 47%, but this remains poor compared with a national average of 66%. A significant proportion (16%) of ICPCs were cancelled between April 2010 and August 2011. Almost 20% of those cancelled were due to the social worker or team manager being unavailable. This is an area for improvement.

40. Attendance at child protection conferences by general practitioners (GPs) and Police officers from the child protection unit has been poor although the Police always provide reports. The reasons for the poor attendance are now understood and a protocol for when the Police should attend has recently been agreed. Attendance by GPs remains an area for improvement. Some schools have not been represented at child protection conferences during school holidays. Agreement was reached that reports would be presented by the local authority education department and, although this has ensured some key information was presented, it is not
seen by the service as the best arrangement. Plans are in place to ensure better representation in future.

41. Social workers consistently share their reports with families but some partner agencies do not share their reports either before or at the conference, nor do they provide reports to the conference chair in sufficient time before the conference. This prevents thorough planning by the chair and means that reports are read by participants at the conference, which is likely to be difficult for parents. The quality of social work reports to child protection conferences has improved since the last full inspection and is adequate overall. There is greater analysis of risk but some reports lack a consideration of significant historical information and an evaluation of the impact of previous interventions. Historically young people in Leeds have not been invited to attend conferences, but there are recent changes so that by October 2011 young people over 10 will routinely be invited and will have access to an advocate. The quality of the minutes of child protection conferences is variable, not all containing a clear analysis of risk. Outline child protection plans, produced by the child protection conference chairs are variable in quality with some containing insufficient detail or specified outcomes in order to support effective planning. The plans do not all enable rigorous monitoring of improvements or deterioration in the child’s situation.

42. Child protection conference minute takers and chairs collect performance information in relation to the timeliness of, and attendance at, conferences and in relation to the quality of reports, but the high level of conference activity at present has meant they have not been able to address identified issues. The safeguarding unit has recently introduced a new approach to child protection conferences, the ‘strengthening families’ model. This has been used successfully in other areas and its introduction is intended to address a number of the above weaker aspects of practice, lead to a more inclusive approach and focus more clearly on risk. Early evaluation of this new approach indicates it is viewed very positively by all participants, both professionals and families.

43. The arrangements to identify and find children missing from home, care and school are adequate. The partnership recognises that arrangements have been fragmented and they are to be consolidated and managed in the newly established safeguarding unit. Information on those young people who go missing most frequently is interrogated by the Police to identify the most vulnerable children and those who may become involved in sexual exploitation. A new post to concentrate on this safeguarding issue has been agreed and it will be based within the Police child protection unit. Notifications of missing children are reported and monitored and the Police undertake safe and well checks when children are found. Return interviews for those missing from care are undertaken by social workers, and young people are also offered the opportunity to speak to independent and trained workers.
**Ambition and prioritisation**

Grade 2 (Good)

44. Ambition and prioritisation are good. These were judged adequate at the last full inspection. The local authority and partners share the ambition for Leeds to be a ‘child friendly city’. The rationale is that investment in children and young people now will continue to deliver benefits in the future for all groups who live and work in the city. The vision, priorities and measures of progress are clearly stated in the succinct and easy to understand CYPP for 2011-15. The CYPP is based on an extensive needs analysis and takes good account of the views of children and young people from minority groups and traditionally hard to reach groups. A strategic children’s services Equality and Diversity Board which reports to the CTB, promotes equality, diversity and cohesion across all the directorate’s activities in order to support the delivery of the strategic outcomes for children and young people. The priorities in the CYPP have been shared widely and staff across the partnership are now well aware of them. Helping children to live in safe and supportive families is amongst the highest priorities for Leeds.

45. The CTB, chaired by the lead member for children’s services and attended by senior staff from relevant partner agencies, provides effective and ambitious leadership in safeguarding and promoting the welfare of children. At the strategic level, partners have been fully engaged in the development of the CYPP and are working together to deliver the priorities. The partnership has worked well to secure support for the plan from other organisations in the city in the media, business and sport.

46. Elected members are highly committed to the priorities for children and young people with strong cross-party support for the improvement agenda. Against a backdrop of substantial cuts to council services, funding to children’s social care services has increased by some £11.2 million over the past two years, and there is a commitment to sustain support in order to ensure children in the city are safeguarded. Increasingly elected members are represented in the clusters across the city and all members are now offered information on trends in services for children on a ward basis, enabling them to be aware of local needs.

**Leadership and management**

Grade 2 (Good)

47. Leadership and management are good. These were inadequate at the last full inspection representing a significant improvement in this area. Recruitment procedures and practice meet the statutory minimum requirements. Partner agencies undertake annual self assessment audits of recruitment practice which are reported to the LSCB. Since 2009 the social care service has undertaken a thorough review of its resourcing capacity and has invested heavily in extra social work posts together with the new advanced practitioner posts. This has resulted in an increase of 42 social work staff while 26 advanced practitioners have been appointed.
to date. Caseloads have been reduced to an average of 21. Staff in the social care service are well supported through a range of training initiatives both single and multi-agency. A large number of newly qualified social workers (NQSW) have been recruited. Extra support is provided to these workers through the NQSW programme which includes additional training, protected caseloads and co-working of cases alongside advanced practitioners. The programme is valued by NQSWs and feedback from this group has been used to improve the support provided.

48. User engagement and participation are good. The participation of children, young people and families in service planning and review is given a high priority in children’s services. A wide range of consultation groups and forums are used to gather the views of service users. The CYPP was developed through detailed consultation with some 85 children and young people, including young people with learning difficulties and/or disabilities, looked after children and care leavers. The citywide Every Child Matters survey in 2010 captured the views of nearly 8,000 children and young people and used these to shape services. The Leeds Youth Council is well established and the ‘Young Mayor’ project alongside other surveys is identifying and taking forward the concerns of children and young people in the city and contributing to staff training and development. The BREEZE project provides on-line facilities for continuous feedback and consultation with young people alongside face to face events.

49. The local authority is improving its arrangements for user engagement and learning from complaints including the ‘empowering parents in the community’ (EPIC) scheme, specifically for parents and carers of children and young people using special education services. Customer satisfaction surveys in relation to social work have good rates of return though the rate of return from people whose first language is not English is low.

50. Children’s services make effective use of resources. Commissioning priorities are based on the priorities in the CYPP. Over the past year children’s services have reviewed all commissioned services for value for money, impact, and alignment against service priorities, and this has resulted in some services (including some in house services) being decommissioned and others realigned. All contracts have been revised and reissued to ensure they are safeguarding compliant and visits are undertaken to provider sites. Budgets are being aligned with health for joint commissioning of services for under fives as the health visiting and children centre workforce transfers into the Early Start service.

51. Customer satisfaction surveys indicate that families are generally positive about their relationships with social workers. Action plans following serious case reviews are implemented and improvements are reflected in service delivery. Progress of individual action plans is closely monitored by the LSCB and sign off is evidence based using criteria set out in the action
plan. Evidence of the impact of serious case reviews recommendations is explored through the audit programme.

**Performance management and quality assurance**

**Grade 2 (Good)**

52. Performance management and quality assurance are good. These were inadequate at the last full inspection and considerable progress has been made in this area. The robust approach taken to quality assurance is driving up standards. This has made a significant contribution to the improvements achieved in the overall effectiveness of safeguarding and the distance travelled since the last full safeguarding inspection in 2009. During 2010 the social care service introduced a high quality practice improvement programme (PIP) which all social workers have completed. A very clear and comprehensive Practice Standards Manual was developed to complement the PIP and this supports the drive to deliver consistently good practice. The manual is explicit about what standards are expected and it is a valuable tool for social workers and their managers. A comprehensive quality assurance framework for the social care service is now in place and findings from audit activity are used to provide individual feedback to social workers as well as to contribute to improvements across the service when common themes are identified. Performance clinics on selected themes are held regularly in social work teams to share findings on best practice and barriers. Extensive auditing activity during the past year has demonstrated significant improvement in the quality of practice since the last inspection, albeit from a low base. One example is the intensive scrutiny by senior managers of the decision making on each referral which has led to improvements in the quality of the work of the assessment teams. The audit framework is well embedded in the social care service and staff who spoke to inspectors now welcome the approach. Audits are conducted by managers at all levels up to the Chief Officer.

53. The CTB has established strong performance management arrangements and key performance measures are reported by senior managers on a monthly basis. In the social care service improvements have been achieved in timescales for assessments. The development of the ‘iperformer function’ in the ESCR is now providing managers with valuable information enabling them to track the progress of assessments. The service has rigorously explored the indicator relating to possible drift in cases (NI 64) where children and young people have a child protection plan longer than two years. The position is now understood and the service has taken effective steps to prevent drift. The timescales for ICPCs are improving slowly in the face of a substantial increase in the number of conferences, but remain an area for improvement.

54. Supervision takes place, although not always at the required frequency and the quality is variable. Some records of cases discussed in supervision
are only a brief summary of recent events rather than agreed action points. In other cases records offer clear evidence of management oversight and direction. Supervision files are audited by line managers but the findings are not currently collected centrally for analysis. All staff have an annual appraisal.

**Partnership working**  

**Grade 3 (Adequate)**

55. Partnership working is adequate. Partners across the statutory, voluntary and community sector share a strong commitment to safeguarding evident in the joint strategic planning and resources made available for this work. Staff from the voluntary sector told inspectors they feel fully engaged and supported and are therefore able to contribute effectively to the safeguarding agenda. However the strategic commitment of partners is yet to be fully realised operationally.

56. Preventative working is underdeveloped and a large and increasing number of referrals are made to the social care service. While this ensures that concerns that should be taken up by the social care service are likely to be referred, other needs, which should be met through early intervention preventative services such as the CAF, are inappropriately also referred. Work is in progress to build the confidence of partners and improve clarity over roles. The developing role of the clusters is expected to help to forge good partnership working on the front line as this has been the experience in the ‘early adopter’ clusters.

57. A significant proportion of all referrals to social care involve domestic abuse incidents where children are present. These have been provided in line with the agreed protocol, but the quality of the information provided by the Police in these cases is generally poor. The vast majority do not meet the thresholds for intervention by children’s social care, but children’s services staff spend a disproportionate amount of time following up the Police information to enable them to make an informed decision. The Police and children’s services are discussing ways to tackle this problem, including the feasibility of colocating Police officers with social workers in the screening team to facilitate joint assessment of domestic violence referrals. A revised protocol has been jointly developed recently and agreed by the LSCB policy and procedures sub committee. Further joint work is being done by the Police and children’s services as a matter of priority to actively explore ways to improve this problem, including colocating police and social care staff.

58. Multi-agency risk assessment conference (MARAC) and multi-agency public protection arrangements (MAPPA) are effective. Clear procedures are applied and joint audits have been undertaken to ensure referrals are appropriately made to children’s social care. There is now consistent attendance at all levels of MAPPA by children’s social care representatives, which is an improvement since the last inspection.
59. The LSCB is adequate and meets its statutory responsibilities. It has an independent chair who provides effective leadership. She has worked hard to secure the effective engagement of all members and is beginning to challenge agencies on their contribution to safeguarding. The LSCB has appropriate senior manager representation. Partners have valued direct contact with the chair in their service locations. Attendance by some agencies is poor but this is being monitored and addressed and will be reported annually. A more focused Business Plan Oct 2010 - March 2011 with clear strategic objectives has been agreed. The LSCB annual report 2010/2011 is good; it takes a self-critical review of the board’s performance both in terms of its achievements and challenges. The LSCB has reviewed and improved its multi-agency training programme and access to this high quality training is good. It has secured resources to establish new posts to support the business of the board in 2011-2012 and will use these to improve communication, consultation, quality assurance, performance monitoring and the participation of children and young people.
### Record of main findings:

<table>
<thead>
<tr>
<th><strong>Safeguarding services</strong></th>
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<tbody>
<tr>
<td>Overall effectiveness</td>
<td>Adequate</td>
</tr>
<tr>
<td>Capacity for improvement</td>
<td>Good</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Safeguarding outcomes for children and young people</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people are safe and feel safe</td>
<td>Adequate</td>
</tr>
<tr>
<td>Quality of provision</td>
<td>Adequate</td>
</tr>
<tr>
<td>Ambition and prioritisation</td>
<td>Good</td>
</tr>
<tr>
<td>Leadership and management</td>
<td>Good</td>
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<tr>
<td>Performance management and quality assurance</td>
<td>Good</td>
</tr>
<tr>
<td>Partnership working</td>
<td>Adequate</td>
</tr>
<tr>
<td>Equality and diversity</td>
<td>Good</td>
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</tbody>
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