



# Inspection of safeguarding and looked after children services

## Leicestershire County Council

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**Reporting inspector:** Sean Tarpey

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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 three 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 72 children and young people receiving services, 21 parents and carers receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Leicestershire and Rutland Local Safeguarding Children Board (LSCB), elected members and a range of community representatives
  - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
  - a review of 99 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
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in July 2011
  - 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
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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. Leicestershire County Council has a resident population of nearly 140,000 children and young people under the age of 19 years. This is 21% of Leicestershire's total population. The proportion of children entitled to free school meals is below the national average, with 11% of young people, compared to 21% nationally, identified as living in poverty. Children and young people from minority ethnic groups account for about 14% of the total population, compared with 24% in the country as a whole. The percentage of children and young people who have English as an additional language is also below the national average. There are a number of groups of Gypsy, Roma and Traveller populations within localities across Leicestershire.
5. Leicestershire has 282 schools comprising 223 primary schools, 53 secondary schools, six special schools and one short stay school. Of these schools, 15 have converted to academy status since September 2010. The proportion of school age children identified with special educational needs is in line with the national average at 2.6%.
6. The Leicestershire Together partnership is the county structure to develop improved and integrated public services. It oversees and coordinates the work of five main commissioning boards, including that for children and young people which has representation from Leicestershire County and District councils, Leicestershire Partnership NHS Trust and University Hospitals of Leicester NHS Trust. Other representatives include police, Connexions, Job CentrePlus and the voluntary sector.
7. The Leicestershire and Rutland Local Safeguarding Children Board (LSCB) disaggregated from Leicester City Local Safeguarding Children Board in September 2009. Under the leadership of an independent chairperson it brings together the main organisations working with children, young people and their families in the area that provide safeguarding services.
8. At the time of the inspection children's social care services had 203 registered foster carers, including respite and family and friends carers. There are two children's homes within the county and the council uses an additional 37 externally commissioned foster places.
9. Early intervention and help is provided to children and their families by a range of services, including children's centres, family intervention projects, area placement panels (school behaviour & attendance partnerships), parenting programmes and team around the family (TAF) meetings.

10. Community based children's social care services for child protection, children in need, children in care and care leavers are delivered within three locality based area offices. Initial contacts are received within a single central duty team. Other local authority teams support children with a disability, adoption and fostering. There are further commissioned services for intensive support for children and young people including those provided by Family Action, Barnardos and Home Start.
11. At the time of inspection there were 381 children in care. Of these 106 children were less than five years of age, 241 were children of school age (5-16), 34 were post -16 young people and 210 young people with care leaver status. Leicestershire County Council uses a virtual school approach to support the learning of looked after children known as the education of children in care team.
12. At the time of inspection there were 552 children who were the subject of a child protection plan. These comprised 245 females and 275 males, 32 were unborn. Some 48% of these children were aged under five years, 34% were aged 5-11 years and 18% were over 12 years. The categories of registration were emotional abuse at 69%, physical abuse at 52%, neglect at 42% and sexual abuse at 11%.
13. Commissioning and planning of child and young peoples' health services, including primary care, are undertaken by NHS Leicester and Leicestershire and Rutland (LLR) PCT Cluster. Universal, targeted and specialist services such as health visiting, school nursing, paediatric therapies, safeguarding, children in care and community nursing are delivered primarily by Leicestershire Partnership NHS Trust (LPT).
14. The main provider of all acute hospital services for maternity, children and young people is University Hospitals of Leicester NHS Trust (UHL); this includes acute assessment and accident and emergency services.
15. Children and families access primary care services through one of the 84 general practitioner (GP) practices, two walk in centres, and/or the urgent treatment centre/minor injury centre, located on the University Hospitals of Leicester NHS Trust site, which is provided by George Eliot Hospital NHS Trust.
16. Community-based child and adolescent mental health services (CAMHS) and in-patient CAMHS are provided by Leicestershire Partnership NHS Trust. Services for children with learning disabilities and/or difficulties and those who have complex health needs are provided by Leicestershire Partnership NHS Trust. These services are commissioned through a multi-agency partnership and have a specific commissioner who covers LLR.
17. Policing in the county is delivered through the command structure of Leicestershire Constabulary.

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

18. The overall effectiveness of safeguarding services is adequate. Children and young people at immediate risk of significant harm are identified and responded to in a timely way to ensure that they are protected. Partner agencies collaborate well strategically and operationally to safeguard children and young people. However the engagement of general practitioners in all safeguarding activities is insufficiently developed.
19. Strong political leadership and a commitment to safeguarding ensure that safeguarding of children has high prioritisation within the council and across its partners. Significant additional financial resources have been committed in order to strengthen aspects of service resulting in a £2.5 million growth fund for 2012-2013.
20. Performance management and quality assurance systems are increasingly in place across the partnership. However these are not sufficiently embedded to have yet secured a consistency of practice across the county.
21. The local authority recognises that the current electronic recording system it uses does not support the effective recording and oversight of social work casework. Inspectors found considerable delay in records being entered onto the system although case records were generally up to date. Chronologies are not routinely kept up to date and contain a mixture of process and significant events which does not support effective planning and intervention.
22. The unannounced inspection of contact, referral and assessment arrangements in July 2011 identified strengths in the organisation, including the work of the centralised duty team. No areas for priority action were identified. Areas for development are currently being addressed, including the reduction of caseloads, by significant investment in additional front line staff. The computerised recording system is to be upgraded imminently. However, as previously identified, the routine undertaking of and quality of assessments remains too variable. The council is aware of the variable quality of assessments and has recently expanded the capacity and accountabilities of the safeguarding children unit to further develop its quality assurance programme to raise standards and consistency in this area.
23. The views of children and young people, their parents and carers are effectively derived from a range of sources to inform, shape and evaluate services. The council was judged by peers under the equality framework for local government to be performing excellently. Equality and diversity issues are generally considered appropriately in casework.

24. Educational outcomes in Leicestershire are good and improving. The council understands very well that positive educational experiences and outcomes for children and young people make a significant contribution to their well-being and safeguarding.
25. The Pathway to Services guidance document clarifies thresholds from early help through to specialist social care services. However, thresholds are not consistently applied by referring agencies, which results in high number of contacts to the central duty teams and inconsistent use of the CAF step up/step down approach. The capacity of services that support work below the threshold for specialist services is currently overstretched, leading to some delays in the support for children, young people and their families. This is an area of development recognised by the council that is being addressed by the doubling of the existing strengthening families support and preventative services through funding secured in the growth bid.

## **Capacity for improvement**

## **Grade 2 (good)**

26. The capacity for improvement is good. The council and its partners have a track record of improvement in a number of key areas such as the significant improvement of education services and sustained reduction in the rate of teenage pregnancies and bullying incidents. Young people are strongly involved in the shaping of services and report that their contribution is both valued and acted upon by the council. Elected members effectively scrutinise safeguarding services at the Children and Young People Scrutiny Committee as well as through the standing Safeguarding Group, initially formed to oversee learning from serious case reviews and retained to promote accountability and communication between key elected members and senior officers.
27. The council has maintained and expanded spending on children's services, in the context of making savings across council services overall. This has resulted in additional front line social work posts to increase capacity and reduce caseloads. The senior leadership effectively identifies areas requiring development and most of the issues identified through this inspection were already known to managers. The workforce is well trained and is supported by a workforce development strategy which is informed by Leicestershire's particular needs and emerging best practice. Many staff across the partnership report that they enjoy working in the county and demonstrate commitment to the values of the partnership
28. The council and its partners have clear ambition and appropriate priorities that are articulated in the Children and Young People's Plan (CYPP) and in the LSCB business plan. Increasingly effective systems are in place across the partnership to monitor safeguarding performance with ambitious plans for future developments. For example the LSCB has introduced a multi-



agency 'balanced scorecard' to enable it to compare and monitor local performance against that of statistical neighbours as well as nationally.

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

**Within three months:**

- ensure that thresholds to access for children's social care are understood by all agencies and that the LSCB develop processes to ensure these are applied consistently
- ensure that assessments are of a high quality and that information is gathered effectively and analysed thoroughly to enable effective case planning
- ensure that the council creates sufficient capacity within early intervention and prevention services to deliver a more effective and coherent offer of early help to children, young people and families in need.
- ensure that case records contain chronologies that are of a high quality and that historic information is fully considered to inform practice and planning
- ensure that the computerised recording system is efficient and effective to avoid duplication of effort, and supports the safeguarding of children and young people
- NHS Leicester, Leicestershire and Rutland Cluster should ensure that general practitioners receive appropriate safeguarding training
- NHS Leicester, Leicestershire and Rutland Cluster and Leicestershire and Rutland Safeguarding Children's Board should ensure that all health staff are made aware of how to escalate safeguarding concerns, in particular in relation to referrals to social care services
- ensure that the local authority receives notification of all domestic abuse incidents where children are involved following initial risk assessment by the police
- ensure that all appropriate partners are involved in the work of the multi-agency risk assessment conferences (MARACs).

**Within six months:**

- ensure that those children, young people and their families supported through early intervention strategies. including the

common assessment framework (CAF) and team around the family (TAF) have outcome based action plans that can be evaluated in order to demonstrate outcomes of intervention

- ensure that the advocacy service effectively enables children and young people to attend, or be represented at, their child protection conference should they so wish, with regard to their age and understanding
- NHS Leicester, Leicestershire and Rutland Cluster should ensure that providers comply with the LSCB safer recruitment procedures and that health staff are fit to practice and work with children
- NHS Leicester, Leicestershire and Rutland Cluster should ensure that those children with behavioural difficulties, with low level attention deficit hyperactivity disorders (ADHD) and those on the Autistic spectrum, are enabled to access appropriate services and that they are supported through transitions to adult services.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 3 (adequate)

30. Safeguarding outcomes for children and young people are adequate. Children and young people receive too variable a response from children's social care service, however those at most risk are dealt with in a timely manner. Where there are less urgent concerns for the well-being of children most cases are dealt with well, although some others experience delays in being assessed which may in turn delay the provision of appropriate services. Ascertaining the views of children and young people are not a strong focus of planning or recording. This makes it difficult to consider how their wishes and feelings have been ascertained and acted upon appropriately.
31. Schools are effectively safeguarding children and young people through raising their awareness on how to keep themselves safe, for example from cyber bullying, drugs and substance abuse. School staff are well trained and are confident of what to do should safeguarding or child protection concerns arise. Safeguarding children and young people is judged good in almost all primary, secondary and special school inspections. This exceeds national averages and those in similar areas. Targeted support and advice is being offered through council services to childminders and childcare providers and this is impacting positively on increasing the proportion of these settings that are assessed to be good or better in their inspection.
32. Pupil and student attitudinal surveys, completed by children and young people across Leicestershire schools, show the vast majority felt very safe. In a survey completed for this inspection 69% of children who responded indicated that they felt very safe in Leicestershire. Most children reported that received good advice on keeping safe. However, three out of 36 children reported that they did not know who they would tell if they were being harmed.
33. A well established partnership between schools and an effective range of alternative curriculum provision has impacted positively to improve pupil attendance and has significantly reduced the number of children permanently excluded. Targeted, multi-agency planning and flexible personalised learning programmes commissioned for 14-16 year olds enable young people to access relevant vocational or skill based courses with private and voluntary providers while remaining on their school's roll. The youth service makes a positive contribution to this work. Parents who met with inspectors highly valued the opportunity this provides and reported improved attitudes in their children to learning and behaviour at

home, and increased confidence and the opportunity to obtain qualifications through short courses.

34. Good analysis of educational outcomes of children and young people from a range of white and ethnic minority groups identifies where some groups are not doing as well as others, for example Traveller and Gypsy Roma children, and additional specialist services including mentors offer well planned additional support to these children.
35. Appropriate arrangements are in place to report and track children missing from education. Where families have chosen to educate their children at home the local authority monitors and regularly visits these children. Staff undertaking home visits are well trained to identify and report any child protection issues. Some young people with medical needs are being educated at home and receive only five hours tuition each week, however the local authority is aware of this and has clear plans to offer full time education when appropriate to their condition.
36. Schools report good support to develop policies and approaches for managing behaviour and anti-bullying. Schools routinely report racist incidences and this information is used well to identify and target multi-agency action if there is an increase in reported levels in any area. Children and young people who responded to a local survey reported that a reduction in bullying was the most improved aspect of school life with the large majority reporting there is little or no bullying in their school.
37. A wide range of activities are provided by schools, children's centres and youth services to encourage children and young people to be aware of safety issues both at home and at school.
38. Increasingly, outcomes for vulnerable groups are improving, with a reduction in persistent absence, an increase in the proportion of young people in education, employment or training at 16, and gaps in educational attainment reducing for the youngest children and those with special educational needs.
39. Arrangements across the partnership helps to ensure that the safe recruitment of staff meet statutory requirements. Agencies effectively audit their safe recruitment practice and report on this annually to the LSCB. Routine re-checking of Criminal Records Bureau clearance is undertaken by most agencies and those that indicate concern are subject to appropriate risk assessment and decision making by senior managers.
40. In the main the work of the Local Authority Designated Officer (LADO) is effective. However, a small number of meetings were held outside timescales due to staff sickness. This raises issues of capacity which the council are considering. Local procedures for dealing with concerns relating to those who work with children and young people are clear and the recording of meetings and focus on planning and timely resolutions is

effective. However in some cases seen by inspectors other agencies had not carried out work agreed between meetings, delaying the appropriate concluding of casework.

41. The council has a well established complaints and representations service. Robust monitoring has resulted in the majority of complaints being resolved at stage one and within required timescales. Effective mediation is also available, provided by a group of trained staff across the council. Good attention is given to obtaining customer feedback following the completion of a complaint. Senior manager oversight of complaints is appropriately exercised through quarterly reporting and the annual report which is also presented to the corporate parenting board. However, the annual report does not differentiate between complaints made by adults and those by children. Lessons learned are clearly identified with confirmation from relevant managers of measures taken to address these. However, only recently has the relevant head of service been made responsible for ensuring that the measures have been fully actioned and that learning is being embedded within practice.

### **Quality of provision**

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

42. Quality of provision is adequate. Targeted, multi-disciplinary services, based in seven localities provide early intervention for children and families in need of additional support. During the inspection professionals from a range of agencies demonstrated during the period of inspection a child centred approach and a good awareness of child protection and safeguarding issues. Children's centres, target the most vulnerable families with 0–5 year olds. Each centre has established multi-agency approaches and are not using the common assessment framework (CAF). In other settings, where CAF and TAF approaches are being used they are successful in identifying key actions and initiatives available to meet needs. Inspectors saw examples of good outcomes resulting from a range of planned support including speedy access to speech and language therapy, parent's increased confidence in parenting skills, managing their children's behaviour and better school attendance.
43. In Leicestershire CAF is integral to providing early intervention and preventative services. The approach has evolved overtime with an increasing range of professionals initiating a CAF to assess need. CAF meetings and subsequent action plans, when used, are efficiently managed by locality based coordinators. This is welcomed by service users and impacts positively on the implementation of plans. However the use of CAF is variable and recently revised protocols and thresholds for the completion of a common assessment are not well understood by all agencies. Although the Pathway to Services document provides a clear overview and criteria for initiating a CAF, including the arrangements for stepping up a case to social care services or stepping down when more serious concerns have been addressed it is not consistently used by all

practitioners. This impacts on the work of the central duty team who receive an increasing number of enquiries that require signposting to other services.

44. There are good arrangements to ensure children in immediate need of protection are responded to in a timely and thorough manner. All child protection cases are responded to promptly and mostly within 24 hours of the concerns being raised. Joint planning and, when appropriate visits, are arranged with Leicestershire Police. Other agencies are appropriately consulted. Families are visited and children seen alone where appropriate. Child protection conferences are timely. These are chaired by suitably qualified and experienced members of staff.
45. Chronologies are not routinely completed by social work staff. In cases of neglect and emotional abuse, the accumulation of serious concerns has not always been given due consideration. The lack of completed chronologies in such cases negatively impacted on how the history, incidents and patterns were analysed by the workers and managers.
46. Most children subject to a child protection plan are visited regularly and are seen alone, where appropriate. Multi-agency core groups are regularly held. Child protection plans seen by inspectors were variable with some good, focusing well on improving the safety of children in the household. Others failed to specify objectives or make clear contingents if plans were not suitably addressed in a child centred manner. There are significant delays producing and distributing the minutes of conferences, however in general decisions are circulated in a timely manner.
47. The views of children and young people subject to child protection procedures are not routinely sought or given weight in making plans for them. Insufficient numbers are invited to attend or be supported to participate at conferences and it is not always clear from the reports submitted to these meetings what their views are, and if they have been sought, in relation to the safeguarding concerns.
48. The central duty team provides a timely response to urgent concerns expressed by members of the public and other agencies. Other agencies and the staff within children's services refer to improvements in the response and in the quality of work carried out by this team. This has been recognised in previous inspection findings. Practice and procedures conform to statutory requirements in most key aspects. However in a number of cases there is delay while additional information is sought to inform appropriate decision making by managers. This may leave children and young people vulnerable if there is delay in assessment and service provision.
49. The majority of initial assessments are completed in timescale (65% at March 2012) which is broadly in line with that of statistical neighbours. The percentage of referrals leading to an initial assessment has more than

doubled over the last two years from 30% in 2009/10 to 66.6% in 2010/11. However the quality of these assessments is too variable. Core assessments are also largely completed on time (74% at March 2012) but too often lack depth and substance. Assessments are not routinely used as a planning tool and are commenced at about half the rate of most statistical neighbours.

50. The social care workforce is diverse in ethnicity and generally reflects the community it serves. In Feb 2012 there were 11 vacancies for social workers, eight of which were filled by agency staff. Agency staff have been used to support permanent staff and ensure work is undertaken. Whilst generally a positive step, the higher turnover of agency staff demonstrates in some cases show a lack of consistency due to the involvement of a number of temporary workers.
51. High caseloads remain a concern for some staff who believe the issue impacts negatively on the quality of their work. The council is addressing this concern within the current growth bid and inspectors saw evidence of decreasing and managed caseloads for other staff who acknowledge senior managers have taken effective and robust action to restructure services, create capacity, and tackle poor practice. An annual health check for the workforce monitors and identifies issues of practitioner concern and, as a result, senior managers have increased their visibility and interactions with front line practitioners. At the same time the senior managers have been able to experience the pressures and complexity of front line work.
52. Parents spoken to by inspectors reported positively on the support they had received from their social workers although they felt that communications could be improved as the availability of social workers was limited by capacity.
53. Workers and their managers report that they have staff specifically employed to carry out parenting assessments and this is valued. Evidence of such was seen in files selected for audit although it was not always possible to outline the timeframe proposed for the completion of such work. However many of the staff interviewed as part of this inspection reported that there is a gap in nursery provision for children subject to child protection plans.
54. Supervision across the partnership is held regularly, is generally well recorded and is felt by practitioners to be supportive to them. Social care practitioners also reported very favourably about the informal support from their managers and their 'open door' policy for consultations and advice. Training is valued by all staff and managers who all report excellent opportunities for learning and career development. There is good support to newly qualified social workers with additional mentoring and protected caseloads. Each team has 'pod' meetings for practitioners to

look, with their colleagues, at issues within their safeguarding cases. These are highly valued as a tool to enable better planning. The authority is also introducing 'Signs of Safety' as a methodology to enable better coordination across agencies. However there was little evidence of this in the case files considered at the time of the inspection.

55. Case recording within social care was variable. In many cases seen by inspectors case records were generally up to date, however in a number of cases there were gaps in recent recordings making it difficult to ascertain what recent work has been undertaken. The views and wishes of children and young people are not routinely or sufficiently recorded to inform the management of risk. Management oversight, although commented on favourably by staff, is not routinely evident from the files. Electronic records do not always record whether a child has a disability, or the child's ethnicity or religion. This impacts negatively on the collation of relevant information to inform service planning.
56. Children with a disability are appropriately safeguarded. The children with a disability team effectively co-work cases to ensure all children in a family who are in need of child protection plan receive a service.
57. There are a range of good services to support victims of domestic abuse. However the council has identified that services for children and young people are not consistent across the county and are developing new approaches to ensure a more consistent response regardless of where the victim and their family reside. Increased numbers of notifications are being referred by Leicestershire Police to the central duty team and these are being appropriately prioritised by the police utilising a 'dash risk assessment'. However not all lower risk domestic abuse incidents are being referred as notifications to children's social care. Such information should be collated to inform decision making in light of other information or referrals received.
58. The multi-agency risk assessment conferences (MARACs) have been a priority for improvement by the domestic abuse partnership over the last year and additional funding and staff have been committed to this end. This has resulted in more high risk domestic abuse victims and offenders being able to be dealt with through these arrangements. However the police report that there remain gaps in multi-agency participation with education and probation not participating. There have been revised procedures in response to children who go missing from education, care and home. Leicestershire Police have identified additional staff and resources to support regular strategic and operational planning meetings to coordinate responses to this group of children. However, no interviews are conducted with children who run away from home when they return and this is a missed opportunity to identify any safeguarding issues. Good work, overseen by the LSCB, has been undertaken to improve responses



to child sexual exploitation including new assessment tools, training and coordination.

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

59. The contribution of health agencies is adequate. Senior health managers within the, executive partnership working are effectively engaged with the work of the LSCB. The two clinical commissioning groups (CCGs) are well engaged in safeguarding issues and are represented on the LSCB. Effective learning from serious case reviews, significant incidents and individual management reviews has been conveyed to staff. The outcomes from the Section 11 safeguarding audits resulted in appropriate action plans that are regularly monitored through individual NHS Trust governance structures. Effective use is made of the Strategic Health Authority 'markers of good practice' for safeguarding.
60. There is good access for service users and health professionals to the highly valued designated and named nursing safeguarding team. The designated and named health professionals provide a coordinated approach to safeguarding arrangements. Community practitioners and therapists have access to safeguarding supervision and a range of safeguarding training, although due to the capacity of some supervisors within the community teams it is not always possible to access supervision before a child protection conference in line with the trust policies. The recently introduced safeguarding health helpline is highly valued by health professionals, and has assisted when it has been felt necessary to escalate concerns. However some staff, such as community health staff and staff, who work with children who have a disability or life limiting illness, are not aware of the escalation process for safeguarding referrals. Some staff reported that the thresholds for a response were set too high. All health staff seen during the inspection report that there is limited and not always timely feedback from social care on the status of referrals.
61. The CAMHS is accessed through a 'single point of access', which results in prompt consultation and assessment of need. Crisis or self harming referrals are seen immediately, or by the on call services if out of hours, which is predominately staffed by CAMHS trained personnel. However there are occasions when adult mental health registrars staff the rota which can delay the young person receiving specialist advice. Waiting list and time to treatment waits are in line with national targets.
62. Those children and young people who have a mental health concern as well as a learning difficulty and/or disability are able to access a dedicated CAMHS up to the age of 18 years, which also includes those young people with behavioural and sleep disorders. There is good targeted intervention provided for parents and foster carers with a 'care pack' developed to meet the individual child/young persons needs.

63. There is generally good access to specialist service beds which are located in the county, for young people between 11 and 18 years of age. Good use is made of the care programme approach (CPA) which ensures that on admission, discharge planning is commenced. Good support is provided to the parents and carers of young people with appropriate links to family therapy services. The family therapist service employs professionals who hold clinics to support the specialist services and are highly valued. The service has good links with social care, although due to the limited capacity is often not able to act as a true advocate for the young people or to attend the various social care and multi-professional meetings.
64. There is good engagement by health professionals with the special schools, with health staff attending children's review meetings. There is also an effective process in place for young people and their carers to re- refer to request a consultation appointment to consider further health assistance or if the needs of the young person change. However, there is a known lack of provision for those young people with behaviour difficulties and those with mild learning disabilities and/or difficulties that health services are seeking to address.
65. Services for children and young people who self harm have been reviewed as a result of a serious case review, resulting in better communication and ongoing feedback to other professionals from CAMHS of the care being provided to the young person. Serious case review findings also prompted work to ensure there is a greater awareness of parental mental health issues and their impact on the health and well-being of the young person across the partnership.
66. The current substance misuse and alcohol service provider has only been in place since December 2011 and is not up to fully staffed. The services are targeted at the 11-18 year old age group and delivered through flexible outreach in non clinical settings. Very early evaluation by the substance misuse and alcohol service has indicated positive outcomes for the service users. The service is establishing partnership arrangements with the local police, other health organisations, youth offending teams, and social care. Links with the safer community and children's sexual exploitation workers are still developing. Staff working in the substance misuse services, including those working in the youth offending service, have good access to reflective practice sessions
67. Teenage conception rates are lower than the England averages (March 2011). This has been brought about through good partnership working resulting in targeted intervention in the teenage pregnancy hotspot areas by community practitioners, supported by the teenage pregnancy specialist midwives. There are easily accessible young person sexual health clinics throughout the county, with additional 'drop- in' clinics provided during the school holiday periods. Within some areas of the county young parent programmes have been established, such as baby

steps and next steps that provide additional support to young parents and in some cases young parents re-engaging with education services.

68. Good referral pathways are in place to the sexual assault referral centre and the genito-urinary medicine centre. Young people have good access to emergency contraception services that ensure confidentiality is maintained. Maternity services provide a well coordinated approach to protecting the mother and unborn baby from harm. However, in some cases where there are concerns of significant harm, delay by social care services in promptly arranging pre birth child protection conferences result in the baby being born before the conference. This negatively impacts on case planning. Once birth plans are written these are effectively communicated. However, social care staff do not always share with maternity staff the outcomes of the meetings with birth parents when care proceeding are initiated.
69. Body mapping forms have been introduced for all babies where there are injuries noted at birth or as part of the delivery. These forms are shared with A&E and other child health services where a baby under six months could be seen or admitted A recent project to reduce the number of babies or young children admitted with head injuries has recently commenced, with DVDs being shown to women after the birth of their children and prior to their discharge from maternity services.
70. The effective and consistent use of the electronic patient record is viewed positively by community health practitioners and aids the collation of information for child protection reports. However, some of the processes are said by health practitioners to be overly time consuming and act as 'blockers' to recording. School nurses report that they are not always invited to attend Section 47 and other child protection meetings, especially children in need meetings, which is a missed opportunity to share information.
71. Health staff regularly attend MARAC meetings. The recently revised domestic violence pathways and referral process has improved partnership awareness of the potential range of perpetrators, increased referrals and the number of pre birth conferences. Good attention is paid by midwives to ascertaining if there is domestic violence within households and to protecting the mother and unborn baby. The dedicated health visitor for the homeless is valued as a resource by professional colleagues and service users. However, there is a lack of accommodation for those women who have either a number of children or a son over the age of 13 years, often resulting in the woman and her children having to stay with relatives or returning to an abusive relationship. There are support programmes provided for victims of domestic violence which assist in increasing their self esteem.

72. The use of CAFs has been slow to commence within health services as some staff remain reluctant to use them due to a perceived lack of benefit, given there is an embedded culture of partnership working. Team around the child (TAC) and the team around the family (TAF) meetings are viewed positively by health professionals and are quicker to arrange, resulting in prompt action being taken to support children and their families. Attendance at CAF meetings remains a challenge for community health practitioners due to their limited capacity and complex caseloads. However, for those health staff who work with children who have a disability or life limiting condition CAFs are viewed positively as they provide support and interventions for families to reduce the likelihood of safeguarding concerns escalating.
73. The dedicated health visitors for the Traveller families have good partnership arrangements with other agencies and are well engaged with the travelling community. Effective work with the young mothers in the travelling community has enabled them to regularly attend children's centres and the health visitor 'drop-in' clinics, together with their children.
74. Health professional's engagement with special schools is variable. The speech and language services, in consultation with head teachers and parents, are reviewing their delivery models at the time of the inspection to improve their levels of engagement and assistance for children and young people. Transitions remain an ongoing concern for parents due to the different adult services structures. This issue is known to the council and is the subject of current review.
75. Access to equipment for children and young people with disabilities is too variable and is difficult at times of transition. There is pooled funding across neighbouring councils to improve access to the equipment but this has not been effective in improving services. In some cases there has been a five month delay for assessment and a further wait for the equipment. On occasions when the equipment arrives it is no longer suitable or the child may have physically outgrown the ordered item.
76. Most staff seen during the inspection confirmed that they were up to date with their safeguarding training, and following the recent revision of the application process courses are now easier to access. There is good access to thematic training such as fabricated illness and domestic violence.
77. The primary care reporting and governance structures are developing with a nominated lead GP for safeguarding. Work streams and priorities have been identified, such as the need to improve the safeguarding training as the compliance rate of GPs and their practice staff is currently insufficient. GP training is not yet progressing towards Level 3 as required. There is very limited engagement from GPs within the safeguarding arrangements across the county, which is a significant concern.

78. GP practice information management systems are able to 'flag' both children on a protection plan and children in care. Those GPs interviewed reported that short notice of child protection conferences, combined with a lack of flexibility in meeting times rendered them unable to attend.
79. A rapid response team is established for the child death overview panel (CDOP). However most front line practitioners seen by inspectors were not aware of this provision. Little information is shared by CDOP with staff on the impact of the campaigns to reduce child deaths.

## **Ambition and prioritisation**

## **Grade 2 (good)**

80. The ambition for, and prioritisation of, safeguarding services to children and young people in Leicestershire are good. The strategic leadership within the council and its partners give safeguarding the highest priority. Cross party commitment to safeguarding by elected council members demonstrates a consensus view that services for children and young people are a priority and must be appropriately resourced. Significant new financial resources have been provided by the council in response to sustained demands on services and informed by previous inspections that identified high case loads as an area of concern. This has resulted in additional front line social worker posts. Similarly, the known deficiencies of the electronic recording system are being addressed through further investment to upgrade and improve the existing system.
81. All partner agencies appropriately ensure that safeguarding is prioritised within their services and necessary resources are assigned. Core child protection services are enhanced by a wide range of effective early intervention and prevention support services, which prioritise vulnerable children and young people. Effective safeguarding work within the district councils is well linked to children's centres and other localised provision. These developments actively include the voluntary sector, which provides a good range of services across the county and other commissioned services.
82. Further ambition is demonstrated through the council's commitment as a pilot community budget authority for work with troubled families. The strategic lead is the Leader of the Council and the Troubled Families Board is chaired by the Lead Member for children and young people's services. This high level commitment ensures there is a systemic improvement in keeping children and young people safe, to improve outcomes, and promote a focused understanding of whole family approaches.
83. The partnership knows itself well. Knowledge of the make up of the local population and their needs has been informed by detailed needs analysis and the recently refreshed joint strategic needs assessment. Strategic priorities are aligned under the Leicestershire Together partnership with key work assigned to relevant commissioning Boards. Although recently formed the Children and Young People's Commissioning Board has been

effective in improving partnership priorities in relation to reducing teenage pregnancy and promoting breastfeeding.

84. The Boards partnership with the LSCB is clearly set out in a recent agreement to include the requirement for mutual challenge. The LSCB joint arrangements with Rutland are robust and augmented by links with the Leicester City LSCB on common issues to ensure cohesion which include common safeguarding procedures that are co-terminus for the police and NHS Trusts.
85. There is a good level of transparency in the arrangements of reporting performance and effective challenge across the council through the Children and Young People's Scrutiny Committee and the standing cross party Safeguarding Group that supports the Scrutiny Committee. Competent senior officers across the partnership help inform members to ensure there is a clear strategic direction to respond to the changing demands for the safeguarding and child protection services.

## **Leadership and management**

## **Grade 2 (good)**

86. Leadership and management are good. Robust leadership in safeguarding is provided through the LSCB and partner agencies. Oversight of activity and progress in children's social care services is routinely undertaken by elected members, who have access to training that enhances their knowledge of child protection and early help provided to children. This is supported by regular reporting from senior officers in children's services to the portfolio holder. The overview and scrutiny committee receives and reviews the CYPP as well as the annual report from the LSCB. Effective leadership is provided by the Lead Member for Children's Services, the Director of Children's Services and the senior management team within the department for children and young people.
87. Staff performance within children's social care has been actively managed over the past two years, which has resulted in staff underperformance issues being robustly addressed. Managers continue to appropriately tackle issues of poor staff performance and are increasingly clear about the high quality of performance and practice that they expect from individuals.
88. Staffing resources across the partnership are sufficient to meet safeguarding needs and growth is planned in some services. Professional development opportunities are good for both practitioners and managers. A wide range of safeguarding training opportunities is available to staff across the partnership with positive use of learning, for example in raised awareness of the vulnerability of babies and young children. The learning from previous serious case reviews is incorporated in the training programme. Extra support is provided to newly qualified social workers (NQSWS).

89. All formal contracts and grant funding agreements outline the safeguarding requirements of the council for commissioned providers. In 2011 the council reviewed all providers with whom less formal commissioning arrangements were in place, to assure that they were compliant with safeguarding requirements. As a result all commissioned providers of services to children, young people and vulnerable adults were validated as ensuring robust safeguarding practice and process.
90. There are some outstanding examples of the engagement of children and young people in the planning and commissioning of services and of service users influencing decision making and service development. Inspectors were able to observe young people working in equal partnership with District Councils and Locality Partnerships to allocate Positive Activities for Young (PAYP) funding set against agreed criteria. Young people reported benefits including their more active involvement in local issues and increased personal self confidence. A pilot project of young inspectors has been seen to be effective in evaluating key aspects of the PAYP and making recommendations to individual projects. The young inspectors project will be promoted countywide.

## **Performance management and quality assurance**

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

91. Performance management and quality assurance are adequate. Children's social care case audits and thematic audit systems have been recently established to enable local managers to monitor performance but to date these have been more focused on processes than on service quality and outcomes. Performance management information is comprehensive with service managers and team managers given weekly data on timescales and on whether work has been undertaken. However, there remains significant variation on the performance of each team including whether or not key targets are reached. Recent quality assurance audits, for instance on pre-birth assessments and re-referrals, are informative and critical. However, the learning has not been sufficiently disseminated and action plans are yet to be fully developed.
92. Managers at operational level across the partnership are accessible to staff and exercise suitable oversight of the work of their teams. Within children's social care this is not sufficiently reflected in all case records.
93. The safeguarding improvement unit is working to enhance standards across Leicestershire focusing on improving quality assurance and safeguarding services to improve consistency of practice. Additional posts have been created to support this objective, although it is too early to measure sustained impact.
94. The known deficiencies of the electronic recording system present a current obstacle to consolidated progress.

**Partnership working****Grade 2 (good)**

95. Partnership working is good and evidenced within the LSCB annual report, minutes of LSCB meetings and multi-agency audits. Appropriate agencies are involved in the board which covers both Leicestershire and Rutland. Contribution by partners is evident in all strategic plans including that of the Children and Young People's Commissioning Board CYPCB and the LSCB. The LSCB has established an appropriate range of sub groups and task focused work groups. The Board is developing a 'balanced scorecard' to monitor a range of performance indicators and to plan actions required. Although only recently established, the scorecard has enabled the Board to identify and respond to an issue to promote a consistent approach to the undertaking of medical examinations conducted as part of child protection enquiries.
96. The LSCB meets its statutory responsibilities and provides effective community and professional leadership in relation to universal, targeted and specialist services. Recently revised governance arrangements ensure that there is regular communication between the LSCB and the CYPCB, with clear respective roles and accountabilities. For example the LSCB is holding the CYPCB to account for the provision of training to the children and young people's workforce. The Chair of the LSCB also chairs the Safeguarding Adult Board. A joint business unit has been developed and two sub groups merged to bring efficiencies to both Boards and to enable close working of the two boards whose interests overlap considerably.
97. The LSCB has appointed an independent chairperson who is highly experienced and provides good leadership, effective support and external challenge. This has resulted in improved representation from a wide range of partner agencies, with membership at an appropriate level of seniority to make decisions on behalf of their respective organisations.
98. The involvement of the district councils is effective in ensuring that there is now a single approach to responding to safeguarding concerns across the county. Training for all staff in the district councils enables issues and concerns about vulnerable people to be identified promptly.
99. There is effective engagement between the voluntary sector and the Council, with good multi-agency participation in relation to preventative work, including the CAF. There are further good examples of collaborative work with statutory agencies including contributions to assessments carried out by children's social care, and appropriate attendance at child protection conferences and core groups.
100. At an operational level, effective arrangements enable close collaboration and communication between partner agencies. Schools are well engaged in processes to support vulnerable children.



## Services for looked after children

### Overall effectiveness

**Grade 2 (good)**

101. The overall effectiveness of looked after services is good. Outcomes in relation to health are judged to be outstanding and good for staying safe, enjoying and achieving and making a positive contribution. Economic well-being is judged to be adequate, given known concerns in relation to the percentage of care leavers not in education, employment or training. The leadership within the Department for Children and Young People, supported by elected members, is driving forward wide scale change in the children's social care with the clear aim and vision to improve outcomes for children in care and care leavers. The necessary resources have been committed to this aim. Leadership and management of the looked after service are good overall
102. Most staff and partners are able to identify the early benefits from the modernisation agenda that articulates the plan to provide a more coherent and coordinated multi-agency response to children in care. The local authority adoption service was judged to be satisfactory by Ofsted in the last inspection in 2009 and the fostering service when last inspected in 2008 was also found to be satisfactory. In the council's two children's homes, staying safe was judged good in one and outstanding in the other. In both of the council's residential special schools, staying safe is judged to be outstanding. Support for children and young people in foster care and residential placements through the CAMHS is well developed and is effective. Early intervention and prevention services are good at preventing family breakdown. These services are valued by parents. The impact of services to appropriately consider issues of equality and diversity is judged good overall. The development of short break services with, and for, disabled children provides one of several examples of inclusivity seen by inspectors.
103. Partnership working is effective in delivering improved outcomes and opportunities for children in care and care leavers. Performance on fixed term exclusions is good, as is school attendance of children in care. The timeliness and completion of personal education plans are good.
104. The quality of assessments for children in care seen by inspectors is too variable overall, although the most recent assessments are improved and some are good. Although the numbers of children in care has increased, numbers have been low historically. All children in care are allocated to a qualified social worker with caseloads variable though manageable. Staff, including those in the voluntary and community sector, have good access to training focused on the needs of children in care and care leavers. Social workers are well supported in their career development and receive regular supervision and support from managers.

105. Service user inclusion is good with a strong focus on engagement and consultation. Most children and young people, carers and parents seen, and those who responded to the Care4Me survey, expressed satisfaction with the services that they received. Placement choice is available, however not for all required placements. Strong commissioning processes support the delivery of safe and appropriate placements with robust monitoring to maintain standards to specified outcomes. Permanency planning for looked after children is good and is supported well by the increasing and appropriate use of Special Guardianship Orders.
106. Statutory requirements for children in care are met and plans are in place to implement the revised guidance for independent reviewing officers.

## **Capacity for improvement**

## **Grade 2 (good)**

107. The capacity of the council and its partners to improve services for looked after children is good. Senior officers across the partnership provide clear strategic direction and the partnership arrangements ensure children in care are given a high priority in all work. The council has a track record of sustained improvement in most performance indicators related to children in care are either in line with, or better than, those of statistical neighbours. The modernisation agenda is ambitious and is progressing well, supported by a clear vision from which appropriate priorities are identified. Children in care are placed in provision that is good or better supported by good commissioning arrangements to meet this objective.
108. The auditing arrangements for looked after children's services are underdeveloped and are more focused on driving improvements on performance indicators and service priorities with insufficient rigour on issues of quality. Significant improvements have been made in health care planning and this is a considerable strength.
109. Workforce planning and development is in place to support the continued improvement of practitioner expertise and confidence with a range of high quality training available across the partnership. The social work care workforce reflects the cultural diversity of the county and there are sufficient numbers of qualified and experienced staff in place to meet statutory requirements. Staffing, and fostering and adoption resource capacity, combined with growth funding are used effectively to respond to the changing demands and drive to improve services and outcomes.
110. Service user engagement is effectively used with recent examples of services and practice being influenced by user engagement, including the development of the children in care website. The corporate parenting board supported by two sub groups which focus on education and health provides a strong platform on which to support and drive forward improvement.

## Areas for improvement

111. In order to improve the quality of provision and services for looked after children and young people in Leicestershire, the local authority and its partners should take the following action.

### **Immediately:**

- ensure that social workers within the children in care teams are aware of how to respond to child protection concerns
- increase the awareness of the complaints procedure for children in care, their carers and their parents.

### **Within three months:**

- ensure that all staff in children's social work teams are clear about the purpose and value of life story work, and that this work starts sufficiently early for relevant children and becomes embedded in practice
- ensure that robust and routine quality assurance and case file audit arrangements are implemented for children in care cases which include the analysis of the quality of assessments and care plans
- ensure that looked after children review minutes are disseminated promptly to professionals children and young people and their parents and carers and a record of this can be made on the existing database.

### **Within six months:**

- provide services and support to raise the attainment of care leavers and increase the numbers in education, employment and training
- ensure that information from individual children in care reviews is collated and used to identify issues of concern or areas best to be promoted.

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

### Being healthy

### Grade 1 (outstanding)

112. The health outcomes of children in care is outstanding. There is highly visible and strong engagement by the designated nurse for children in care within health services and with other partners, including the senior leadership teams within social care. Strong engagement at strategic level with the corporate parenting board and the Health and Well Being Strategic Children in Care group results in the children in care health team being held to account through robust challenge.
113. There is a well established dedicated children in care specialist nursing team, led by a designated nurse who engages well with children in care, including those who are placed out of area. The team has frequent contact with all the children's homes within Leicestershire to ensure that the needs of the children and young people are promptly identified and assessed which enables appropriate interventions to be arranged. The named doctor for children in care ensures that there is good support and training for paediatric registrars who undertake the initial health assessments. This supports the registrars in providing a consistently high standard of holistic assessment. All health assessments are subject to rigorous review by health managers. The designated nurse is part of the Department of Health quality standards group and is using this acquired knowledge to further improve services.
114. All health assessments seen by inspectors were of a good quality, were comprehensive and contained action plans to address the findings of the assessment. All but one had appropriate timeframes for action. The emotional health assessment screening tool has been effectively used by health practitioners, and some files also included the strengths and difficulties questionnaire (SDQ) score. The SDQ score is higher than England averages at 17.5 (England 13.9). Immunisation rates for looked after children are between 88%-100%. Dental assessments are 90% and health assessment rate is 93% all of which are above England averages.
115. A comprehensive training programme is available to foster carers, which they highly value. This is subject to regular needs based review, and is changed to meet the needs of the foster carers and adoptive parents. Robust arrangements are now in place to support new entrants to care and their foster carers, following recent changes in the initial health assessment notification process as well as the six weekly follow up by the children in care nurses of all new children in care. All initial health assessments are completed within four weeks of receiving the notification from children's social care.

116. A dedicated children in care CAMHS team, accessed through a single point of access, provides prompt consultation and assessment of need for looked after children. Waiting list and waiting times for treatment are in line with national targets. Good use is made by practitioners and foster parents of the CAMHS child in care team telephone consultation and advice services, prior to referrals being made. There is good ongoing communication and partnership working between the children in care CAMHS team, the children in care specialist nursing team and social care managers. This provides an ongoing record of interventions, with the information being effectively used to inform the next health assessment of the looked after child. The CAMHS team provide a range of training and support for foster carers, for example in relation to attachment disorders, which carers highly value.
117. Good health promotion and education that is age appropriate is provided to children and young people by the children in care specialist nurse. Good support is provided to the 'hard to engage' young people through flexible and child centred services, for example by health staff professionals meeting young people in their residential home setting over lunch to discuss their concerns. Children in care are encouraged to evaluate the usefulness of the health assessments and their evaluations have been positive, indicating that their health assessments are helping them to improve and take responsibility for their own health.
118. The children in care specialist nurses ensure that all care leavers are supported and registered with primary health services. They also provide on going after care support as required. Health information is provided to social workers for those young people who leave care. Young adults are well supported during transition to adult mental health services through joint case working, which starts from the age of 17½ years. Those children in care who have ADHD or those on the Autistic spectrum have dedicated services to support them. Good partnership and co-location of services with the youth offending diversion worker has led to improved information sharing. Both children in care and care leavers receive good access to interpretation and translation services from health services and other partners.
119. Young children in care who become pregnant young and their partners in the Loughborough area who have complex needs are now able to access a dedicated early start project led by a health visitor. It is too early to measure the impact of this project however, early feedback from professional and service users has been positive. Older children in care living elsewhere in the county have good access to sexual health advice and if they become pregnant, are well supported by both the child in care nursing team and the teenage pregnancy specialist midwife. Young people who decide to have a termination of their pregnancy are well supported. Good support is provided by maternity services to older children in care during their pregnancy and post-natally.

120. Accident and emergency services at University Hospitals of Leicestershire do not have a 'flagging' system to identify children in care and therefore the processes for ascertaining who has parental consent are not sufficiently robust. This results in staff having to contact the emergency duty service, who do not always have full information on issues concerning parental consent.

### **Staying safe**

### **Grade 2 (good)**

121. Staying safe outcomes for children in care and care leavers are good. Consistent decision making on whether children and young people should enter care is exercised by the head of localities. An increase in the number of children being looked after has arisen from a more responsive service approach and a revision of thresholds resulting in the right children being looked after appropriately. The use of the accredited safe and sound methodology for practice is a tool used well to analyse risk and protective factors to support requests for accommodation. The accommodation panel provides an earlier and effective scrutiny of services where children are considered at risk of becoming looked after. The council does not have a multi-agency placements panel in place to oversee and agree requests for accommodation. However, this is area identified by the council for development.
122. Partnership arrangements are well established, with a range of services established to support vulnerable children on the edge of care that are provided by in house and external services. The Youth Service is well used by vulnerable children and provides targeted interventions. Use of the accredited signs of safety methodology informs meetings at which children, young people and their carers attend to assist families in crisis where children are at risk of entering the care system. Intensive support programmes are in place which effectively support families, however, these interventions are time limited and their positive impact at risk due to insufficient capacity within step down services. The council recognises this and plans are in place for the strengthening families teams to take on this work.
123. Arrangements for procuring and monitoring placements from independent providers are robust and thorough. Providers are used only where they are judged to be either good or outstanding in Ofsted inspections. Outcome focused individual placement agreements are routinely used with annual reviews being undertaken to assess progress and to ensure appropriate accountability for delivery of services to meet specified outcomes. Where the judgements of providers change, the needs of individual children are appropriately safeguarded by a review of the placement to consider the context for the change of judgement and the impact of this upon the child. The council currently has a placements team within the fostering service specifically for in house foster placements which is the first point of placement identification before engaging the

placements commissioning team. The council is appropriately considering opportunities to bring together the two placements services to enable consistency and improved working practices.

124. Placement stability is good with performance improving year on year. However, there has been a small increase in the percentage of children with three or more moves in 2011 at 14.2%, although the overall trajectory for this indicator is reducing from a high of four years ago. Placement stability meetings are called when a placement is identified as being at risk of breakdown as an integral feature of the council's focus to improve and support secure placements. Foster carers who have attended such meetings speak positively about its impact.
125. Most of the children and young people who responded to the Care4Me survey reported that they felt they were in the right placement. Many of the young people seen by inspectors expressed similar views. One young person referred to their foster carer as 'awesome' with others speaking equally positively about their caring arrangements. Young people on the Children in Care Council indicate that placement choice is available in some instances. On those occasions where a new provider has been commissioned or an existing provider can meet a child's individual needs but in a location not having been previously used, a contracts officer visits the location before a placement is made to assess the suitability of the provision.
126. Regulatory inspections of local authority children's homes and residential special schools in the area have judged provision to be either good or outstanding in all aspects. In the council's two children's homes, staying safe is judged good in one and outstanding in the other. In both of the residential special schools, staying safe is judged to be outstanding.

## **Enjoying and achieving**

**Grade 2 (good)**

127. The impact of services on enabling children in care and young people to enjoy and achieve is good. The priority placed by schools to improve educational outcomes is reflected in good attendance and improving educational standards for looked after children. Attendance of 5-16 year olds continues to rise with rates overall better than national averages and the proportion of children with more than 35 days absence in a year reducing faster than in similar authorities.
128. The education of children in care team provides effective teaching support and tracks progress, achievement and attendance of individual children. How well children in care are doing in school is regularly monitored and additional support is provided where weaknesses are identified. Individual tuition and small group work supports improved attainment in English and mathematics. Three year trends illustrate that most children make the expected progress for their age with more 11 year olds in care attaining

the national expected levels than in similar authorities in the most recent tests.

129. Although the proportion of looked after 16 year olds attaining five A\* to C grades at GCSEs including English and mathematics is lower than found nationally, the numbers attaining five or more GCSE A\* to C at age 16 is better than that found in similar authorities and is improving overtime. The local authority has rightly identified a key priority to improve the progress made by looked after children in mathematics between the ages of 11 and 16 years. Whilst the gap in attainment with all children nationally continues to be wide it is gradually closing with a significant improvement in 2011 on previous years. However, at the age of 16 fewer children and young people in care remain in full time education than found in similar areas and nationally and by the age of 19 attainment of care leavers is below that of their peers.
130. No child in care has been permanently excluded from a Leicestershire school in the last two years and the proportion receiving a fixed term exclusion is reducing year on year. Although rates remain higher than that in similar authorities, fewer receive more than one period of exclusion. Partnership working between the local authority, schools, youth service, and private providers is effectively providing alternative, personalised learning plans for those looked after children who may be at risk of exclusion. There are many examples where the needs of this group are addressed through bespoke learning programmes leading to external accreditation in areas such as parenting or health education. Children and young people seen by inspectors indicate that they are pleased with the help they get and feel that they are well supported with their education.
131. Almost all looked after children have a personal education plan which usually contains specific learning targets that are regularly reviewed. Looked after children who spoke to inspectors report that their social worker always attends when their plan is being reviewed; that they are able to contribute to their own plan and are aware of what they have to do to improve. Looked after children placed outside of the county also receive good support from the education of children in care team and from their social worker. Personal education plans record the wide range of leisure and recreational activities young people choose to get involved with. A survey by the council of children's views indicates that almost all children in care take part in clubs or other activities.

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

#### **Grade 2 (good)**

132. Making a positive contribution and user engagement are good. The county youth service provides a good variety of opportunities for children and young people, including children in care, to become involved in speaking out on issues affecting them. For example, the Unheard Voices event at which the Children in Care Council had a display and were actively



engaged in putting together questions about disadvantages and prejudices on glass plaques for senior figures in the council. Most recently, working with the National Voice and the regional group of Children in Care Councils, young people from the Leicestershire Children in Care Council gave a confident and very informative presentation to a large group on all the activities in which they had been involved.

133. The Children in Care Council has recently been re-instated after a period of inactivity due to the impact of the restructuring. Under the previous arrangements, children and young people had been involved in recruitment, commissioning and service planning. However, since November 2011, some very good work has been undertaken supported by the enthusiastic leadership of the participation officer. The recently revised group is now actively engaged in planning and rebranding the children in care website, making funding decisions for effective use of their £20k budget for access to leisure and recreational activities and developing six promises which support the pledge. Good attention is paid to ensuring that the council includes younger children with a specific younger age Children in Care Council group. Over half of the children and young people responding to the Care4Me survey stated that they had not heard of the Children in Care Council. The current development of a new website in which young people are actively involved demonstrates the council's commitment to engaging more children and care leavers in decision making and opportunities for their views to be heard and sought.
134. The views of looked after young people and care leavers are actively sought and taken seriously by the council. During the restructuring, two particular issues have been raised: changes in social worker and unplanned placement moves, both of which were raised during a meeting between the Children in Care Council and senior managers. In both areas, young people were able to provide good examples of their message being considered and addressed, therefore improving practice. The majority of children and young people who responded to the Care4Me survey reported positively about their opinions making a difference to their care.
135. The majority of children and young people responding to the Care4Me and aftercare surveys expressed satisfaction with the quality of services provided. One young person stated that the service provided helped improve their relationship with their mother, taught them life skills which would not be forgotten and made them feel worthwhile. Samples of evaluation questionnaires used by the placements commissioning service, completed by young people in a variety of settings also confirmed overall satisfaction with the services offered.
136. Close collaboration between the complaints and advocacy services is evident. Good attention is given to ensuring children and young people with communication difficulties are able to voice their views through access to specialist communication services. The remit of the advocacy

service includes children in care, visits to children placed in children's homes, care leavers and child protection conferences. Whilst all young people seen reported that they knew how to make a complaint and that the children's rights officer is their primary contact point, the majority of those responding to the survey either did not know or were unsure how to make a complaint or how to get an advocate if they needed one.

137. Sound partnership work is evident through a number of initiatives to prevent offending and reoffending. The use of restorative justice is well embedded. Whilst the central funding for this programme has ceased, strong partnership arrangements have been demonstrated through continued funding by the police and children's services albeit reducing the extent of the programme. Evaluation of the effectiveness of the approach revealed a reduction in the number of offences but not a reduction in the numbers of children in care offending. The 2010-11 performance indicator suggests that there were no children in care offending. However this data is inaccurate with the current figure running at 10.7%%, with approximately 25% of cases open to the Youth Offending Service being children in care. Whilst there has been a group in the past, there is an absence of a current multi-agency group to oversee and monitor offending by children in care.
138. Multi-agency risk management relating to young people engaged in sexually abusive behaviour is well established. Good attendance at children using sexually abusive behaviour meetings (CUSAB) chaired by a designated independent reviewing officer is evidenced with actions and decisions being clearly recorded.

## **Economic well-being**

## **Grade 3 (adequate)**

139. The impact of services in enabling care leavers to achieve economic well being is adequate. While the council has high aspirations for care leavers the gap in educational attainment between children in care and the national average for all pupils post-16 is not closing. The local authority has identified raising the attainment of older children in care and those leaving care as an area for improvement.
140. The numbers of care leavers in education, employment or training has significantly decreased from 78.6% (2009-10) to 34.6% (2010-11). A high proportion of these young people have presenting health needs which affect their ability to engage. Whilst this has been identified within the very recent joint strategic needs assessment (JSNA), commissioning activity based upon the assessment does not give sufficient focus to this issue.
141. Almost all (90%) young people in care aged 15 + and care leavers have an up to date pathway plan. These are usually of good quality and include the young person's views and choices for the future. The practice of ceasing to use care plans once the pathway plan has been completed

supports the focus on preparation of the young person for adulthood. Good advice is provided by Connexions personal advisers, youth workers, mentors and the youth offending services to guide young people to make choices from a wide range of academic or vocational courses post-16, to develop their independent living skills and access externally accredited qualifications.

142. Opportunities to raise aspirations and awareness of the options available to care leavers include university taster days. Eight young people currently attend university and are supported with a good financial package including fees and accommodation. However this financial support is under review for future students due to financial constraints within the council. Care leavers have access to a range of good provision and links with mainstream providers and private companies which are effective in extending the range of options at 16 years. However, the local authority has no care leavers on its apprenticeship scheme.
143. Personalised vocational packages are planned for those at risk of leaving education or training and the young people involved value the practical support that they receive from youth workers. However, too few children in care and care leavers post-16 are involved in education, employment or training. Until recently a higher than average proportion (78.6%) of older care leavers have been engaged, but in 2010/11 there was a steep decline with only just 33% involved in some activity. The local authority has put in place strategies to address this, including work by the Raising Participation Forum. Local data indicates that rates are beginning to rise with current figures at 60%.
144. The council has a strong commitment to supporting young people leaving care with a pledge to aid the smooth transition to adult life. This includes a full independence programme, help to obtain a National Insurance number, a passport and a contribution to the cost of driving lessons. Care leavers and professionals benefit from the services of a designated welfare rights officer who provides valuable and expert advice and support to ensure that young people receive appropriate benefit entitlements. Direct support is also given where young people are less able to engage in the benefits system. The welfare rights service maintains a keen interest in changes to legislation and benefits in order to ensure any issues affecting care leavers is identified at the earliest opportunity.
145. The pledge also commits the council to ensure that any accommodation found for care leavers is checked for health and safety. A good range of accommodation, approved by the placement commissioning service for suitability, is available for care leavers. Those care leavers that met with inspectors confirmed that they were happy with their accommodation, and that they had received various levels of support as they moved to fully independent living, although they had not always been successful with budgeting.

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

146. Quality of provision is adequate. Decisions about children becoming looked after used to be made within a Placement Panel set up post restructure to promote a more consistent approach countywide. Decisions and actions are timely. However, some social workers indicated to inspectors that not all decisions are as timely as they would want in order to start placement identification. The accommodation panel provides an added earlier stage of scrutiny to ensure that everything has been done as appropriate to prevent a child becoming looked after. Parents and young people attend these panel meetings which have a solution focused approach.
147. The process for identification and matching of placements is good. Where appropriate, initial preference is for in house foster placements. For placements with independent providers, the placement commissioning service undertakes appropriate checks and visits to ensure that they are suitable. Where new provision is being considered, the contracts officer visits the placement before the placement is procured.
148. The quality of assessments undertaken by children's social care is variable. Inspectors saw evidence of good assessments that were comprehensive and gave appropriate consideration to individual need, included the views of children and carers and explicitly addressed risk and protective factors to inform appropriate decisions. Other assessments were found by inspectors to be not fully completed, did not take into account sufficiently the primary purpose for the assessment and lacked clear analysis. Chronologies are not consistently completed on case records, with the exception of cases subject to legal proceedings where chronologies are comprehensive. Oversight of assessments by managers is often not demonstrated within the records although practitioners report they are seen and the findings discussed.
149. The quality of care plans is similarly variable with all at least adequate and some completed to a good standard. A small number of care plans were found not to have sufficiently focused on the individual needs of the child, nor to make explicit the specific actions, responsibilities and outcomes sought. In the majority of care plans, good attention is paid to contact arrangements and all plans have a contingency which generally is to convene an early review. In all cases seen by inspectors, management oversight is not sufficiently evidenced within records. Not all plans effectively consider permanency and in one case seen by inspectors, permanency planning was delayed. While not detrimental to the welfare of this particular child the requirement for robust managerial oversight of cases was highlighted. The council took swift action to address this once it was brought to their attention.
150. The application of child protection procedures within the children in care service is not consistent and in some case records examined by inspectors

the application of procedures for staff appear unclear. Although there was no evidence seen by inspectors to indicate children's safety had been compromised there was evidence of differing approaches to child protection activity. Staff who had transferred into the children in care teams from other children's service areas were more confident about child protection procedures.

151. In all cases seen by inspectors, children were visited regularly and seen alone where appropriate. In the majority of cases, their views were clearly recorded and there is good evidence of workers being sensitive to families and children's needs and issues, acting upon their wishes and feelings where this was appropriate. Records seen were up to date with evidence of effective practice and sensitive work.
152. Life story work is undertaken in some cases but this is not evident in some adoption cases. Parents and carers seen expressed concerns that despite life story work being identified as a need, the work had not been undertaken. Some very good examples of life story work were seen which were child friendly, well presented and written with colour photographs and some appropriate humour and attention to detail to bring the work to life.
153. In many cases, children, young people, parents and carers referred to the high number of changes in social worker as a result of the departmental restructuring. With the exception of independent reviewing officers (IROs), this has adversely impacted upon the ability of the service to provide a consistent professional relationship with service users, some of whom have expressed their anxiety about having to retell their story each time a new social worker began work with them.
154. Investment in the independent reviewing team through growth funding has resulted in an increased establishment of two full time posts to address the increase in the numbers of children in care. Children in care reviews are held regularly and in the vast majority of cases are held within required timescales
155. The distribution of records of the decisions and recommendations from children in care reviews are often delayed. Some are significantly and unacceptably delayed and made available only at the following review. In some cases, this results in actions not being completed in a timely fashion. The purpose and usefulness of the IRO monitoring form is not clear and does not appear to add any value to the role of the IRO nor does it assist in the collation of themes of concern or best practice.
156. At the time of the inspection, a formal escalation process to support the challenge function of the IROs was not in place. However, current practice includes a form of escalation and dispute resolution to advocate effectively for children in care. Formal reporting of escalation and issues leading to escalation is absent and is a missed opportunity for the service to learn

from these and to improve practice. Prior to the conclusion of the inspection, the council had taken very prompt and effective action to ensure that an escalation procedure had been written.

157. The revised IRO guidance has only recently been implemented. This is recognised by the council with plans in place to address this delay in implementation. Whilst IROs do not have 'write' access to electronic case files, their ability to record tracking of case progress between reviews is limited.
158. Planning of complex cases is supported well by legal planning meetings which are attended by senior managers. Social workers and the out of hours service have access to a duty solicitor for legal advice. Permanency arrangements are appropriately considered through the use of a designated budget to fund independent legal advice and legal support to apply for residence and special guardianship orders where carers do not have sufficient funds of their own.

## **Ambition and prioritisation**

## **Grade 2 (good)**

159. Ambition and prioritisation are good. The prioritisation of children in care and care leavers is clearly evidenced through the ambitious, extensive and wide ranging modernisation programme which is supported, for the second year running, by growth funding. Whilst there has been some adverse impact upon services for children and young people (for example, changes in social worker, children in care council support, care leavers in education, employment and training), through strong leadership and management, staff are beginning to feel the benefit of the changes and the initial adverse impact upon children and young people is being reversed. This view was supported by those children in care spoken to, including the representatives of the Children in Care Council.
160. Elected members and corporate parents effectively champion the needs and voice of looked after children and care leavers. The well established corporate parenting committee chaired by the Lead Member ensures that children and young people are given prominence within services and the elected members group. Good corporate parenting governance is evident and extends commendably to children in care who are not the responsibility of the council but who are placed within the council area.

## **Leadership and management**

## **Grade 2 (good)**

161. Leadership and management of services to children in care and care leavers are good. Areas for development in services for children in care and care leavers are recognised and have resulted in the wide scale modernisation programme. Services are being improved from a low base and have required significant change in leadership and staffing structure arrangements. The commitment of the council to support these changes is clearly demonstrated through additional budget allocations

162. Commissioning for children in care is well established supported by a clear commissioning structure overseen by the Departmental Commissioning Board. A good placement commissioning strategy is in place to support the modernisation programme with early indicators of increased services to meet increased demand for placements.
163. An effective joint funding group makes decisions about services for children with complex needs with all placements being reviewed at least annually to ensure specified outcomes are being achieved, to be satisfied that the provision is meeting the child's current needs and that the financial resources are used to best effect.
164. Joint commissioning and the inclusion of children's needs within the wider health arena is very effectively undertaken through the joint commissioner post funded by the council and the PCT. The needs of children in care are strongly championed within the health arena. For example, the development of the commissioning specification for the designated children in care nurses which included children in care living in Leicestershire who are not the council's responsibility.

## **Performance management and quality assurance**

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

165. Performance management and quality assurance for children in care and care leavers are adequate. Oversight of individual cases by managers is not consistently robust. Whilst there is an audit plan which includes a wide range of audit activity planned during the period 2012 – 2013, there is an absence of a routine case audit expectation and process by managers at all tiers. Consequently, individual case file audits are undertaken randomly and are dependent upon the initiative of individual managers and their capacity.
166. Performance in the majority of national indicators for children in care is either at least in line with, or better than, statistical neighbours. A range of performance management information at all levels of management supports regular oversight and tracking. However, the effectiveness of the consideration of information to improving outcomes is less clear. Whilst higher level performance is routinely reported upon, not all aspects of the children in care service have received a similar focus. For this reason areas of development, such as in ensuring there are pathway plans for children with disabilities and the timely sending out of review reports, have yet to be addressed.

## 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	Adequate
<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	Good
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