



# Inspection of safeguarding and looked after children services

## Sheffield City Council

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**Inspection dates** 4 – 15 October 2010  
**Reporting inspector** Jenny Gwilt

**Age group:** All

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four 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 34 children and young people receiving services, 18 parents, three grandparents, 13 foster carers and observation of a further 20 children;
  - discussions with staff and managers from across the partnership, including the Chief Executive of Sheffield City Council, NHS Sheffield and NHS providers in the city, the Executive Director for Children and Young People, the Chair of the Sheffield Safeguarding Children Board (SSCB), 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, a self-evaluation of the Children and Young People's Service, performance data, information from the inspection of local settings, such as children's homes and foster care provision, health provider registration reports and the evaluations of four serious case reviews undertaken by Ofsted in accordance with 'Working Together To Safeguard Children' 2006;
  - a review of 70 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken;
  - the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral centres undertaken in August 2009.

## The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
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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. The city of Sheffield is England's third largest metropolitan authority, with a population of 547,000. It has 126,000 children and young people aged 0 to 19, which represents 23% of the city's population.
5. Sheffield ranks as the 63<sup>rd</sup> most deprived local authority in England out of 354, based on the average Index of Multiple Deprivation scores, and is the 46<sup>th</sup> most deprived local authority with children's services responsibilities. Of Sheffield's children, 25% are living in circumstances which meet the Government's official definition of poverty, and 17.2% of children and young people in Sheffield City Council's maintained schools are eligible for free school meals. Both measures are higher than statistical neighbours and the England average. Thirty one per cent of Sheffield's children live in wards which are among the 20% most deprived areas of the country.
6. Sheffield is an ethnically diverse city, with 19,000 (26%) of the 73,000 children attending maintained schools being of minority ethnic heritage, compared to 14% for Sheffield's overall population. The minority ethnic child population is forecast to increase significantly over the next ten years; currently approximately 30% of all births are to minority ethnic families. The largest minority group is the Pakistani community, but Sheffield also has significant communities of dual heritage Caribbean/White, Somali, Yemeni, Bangladeshi and Caribbean families. More recently, Sheffield has seen an increase in the number of overseas students and economic migrants from within the enlarged European Union.
7. The Sheffield Children's Trust, the 0 to 19 partnership, was one of the first to be set up in 2002 and is now a mature and well functioning Trust with a good record of achievement. The Sheffield Safeguarding Children Board (SSCB), which has been independently chaired for many years, has recently appointed a new chair and brings together all the main organisations working with children and young people in the city to deliver safeguarding services. The work of the SSCB is supported by the Integrated Safeguarding Children Service (SCS), which also provides advice on safeguarding issues to professionals and agencies across the city. The SCS includes the child protection coordinators who chair child

protection conferences. The council's contact point service, SafetyNet, is well established having been an early pilot and the information it contains is well used and valued by professionals across the city.

8. The Children and Young People's Service is headed by the Executive Director who is the statutory Director of Children's Services, with an executive team covering Inclusion and Learning Services, Children and Families, Lifelong Learning, Skills and Communities, the Children's Commissioner and the Director of Business Strategy. The Director of Public Health is a joint appointment between the council and Sheffield Primary Care Trust (PCT). Children's Provider Services include nine children's homes in addition to Aldine House, the secure children's home, the fostering service with 231 approved foster care placements, the adoption service and the corporate parenting manager. Fieldwork services are provided through three fieldwork offices, each with a screening team, assessment teams and longer term teams undertaking child protection, children in need and some looked after children work. Permanency and through-care teams provide fieldwork services to children for whom the plan is to remain looked after and for care leavers.
9. Prevention and early intervention services for families are delivered by six multi-agency support teams (MASTs). In addition there are specialist teams for children with disabilities (which includes health providers), the out of hours service and a social work team serving the children's and women's hospitals.
10. The commissioning and planning of child health services and primary care for children and young people are undertaken by NHS Sheffield. The universal services of health visiting, school nursing, and speech and language therapy are delivered by the provider arm of NHS Sheffield. Three specialist services – Looked After and Adopted Children (LAAC), Child and Adolescent Mental Health Service (CAMHS) and Children with Disabilities are jointly commissioned by NHS Sheffield and the council. Children and families access primary care through one of 92 General Practitioner (GP) practices, and there are also two walk-in centres. The Sheffield Children's Hospital NHS Foundation Trust provides virtually all secondary care for children from Sheffield and across the region. It also provides CAMHS as part of an acute contract, as well as services for children with complex needs which are delivered in conjunction with a number of independent providers.

# The inspection outcomes: Safeguarding services

## Overall effectiveness

## Grade 3 (adequate)

11. The overall effectiveness of safeguarding services in the area is adequate. Nearly all work to safeguard children is good. Statutory requirements in relation to safeguarding activities are met well, and policies and procedures are clearly written and accessible. The SSCB is very effective in its oversight of safeguarding activity across the partnership, other agencies and local communities. The work of the safeguarding board sub-groups is often imaginative, for example, the work undertaken in partnership with young people on how best to enforce licensing regulations. Robust and extensive work is undertaken to quality assure and performance manage safeguarding work in front-line services. There have been significant improvements in many performance indicators that relate to safeguarding activity, for example, the rate of core assessments and the percentage of referrals which progress to initial assessments. However, the quality of case recording in safeguarding is inadequate and performance management activity has not yet delivered improvement in this area.
12. Excellent progress has been made with safeguarding work since the Joint Area Review (JAR) and all areas for development from the unannounced inspection have been addressed. The area for priority action, delays in investigation and assessment, is no longer of concern. Out of the nine areas for development identified, some work is still needed on three areas: the consistent quality of analysis in assessments, the quality of common assessment framework assessments (CAFs) and new office accommodation for staff at Meade House. However work on six of the areas for development is complete. Staff at the Darnall office are about to move to more suitable accommodation, which is accessible for people with disabilities and large enough to enable co-location with preventive services for the area.
13. No safeguarding services are deteriorating. Staffing resources are now sufficient to deliver the priorities identified by the council, following the investment of £3.4 million pounds over two years to remedy areas for development identified by an audit of safeguarding services. The key findings of the audit were a high vacancy rate and an over-reliance on agency staff. As a result of this investment, the vacancy rate in the Children and Young People's service is now only 1%, with no unallocated cases or delays in allocation. All cases are now allocated to appropriately qualified social workers. A significant number of social workers and team managers are relatively inexperienced, with 23% of social workers recently qualified, and most team managers in post for less than two years. There is clear recognition by the council of the need for high levels

of supervision, support and skill training for these two groups of staff. The council's 'compensatory model', designed to compensate for the inexperience of these staff, has put these measures in place. The knowledge, learning and development needs of nearly all staff are very effectively met. There is good use of health safeguarding supervision throughout all provider services, which is ensuring that staff are well supported and equipped to address any safeguarding concerns.

14. Partnership working is excellent and very effective in safeguarding services. Financial planning and commissioning, including joint commissioning with health, are good. Substantial funds have been made available by the council to ensure that front-line child protection services are protected and enhanced and initiatives between statutory and voluntary partners which promote the wider safeguarding agenda are supported, for example, Safe@Last which works with children who run away. The views of children, young people and parents contribute to most service improvement activity and have resulted in improvements such as the way in which child protection conferences are run.

## Capacity for improvement

## Grade 2 (good)

15. The capacity to improve safeguarding in Sheffield is good. Strong leadership has secured a shared vision and agreed priorities for improvement across the partnership and within the council. A programme of change to redesign social care fieldwork services has been implemented effectively and has delivered clear benefits and demonstrably sustained improvements in the quality of services for children and families. The initial screening service which deals with all contacts and referrals is now staffed by qualified social workers, with prompt identification and action taken in respect of children who are at risk of significant harm and prompt referral to MASTs for children with additional needs. The council has a rate of children subject to child protection plans which is slightly lower than, but broadly in line with, statistical neighbours. There is a good track record in terms of performance against safeguarding national indicators, which have either improved or sustained good performance since the JAR in 2006.
16. Extensive performance management activity in relation to safeguarding is undertaken by all levels of management, as well as the SSCB. This has led to good improvement in all areas except case file recording. The performance management work for the Children and Young People's service is led from within the service, rather than from the corporate centre and this has ensured a clear focus on what needs to be done based on a detailed understanding of the issues. The council has a good knowledge of areas for development as set out in its self assessment and has taken vigorous action to address these. While the quality of safeguarding practice has shown sustained improvement over the last four years, the council identifies that the key strategic challenge is to continue



to secure consistent, high-quality work across the partnership. No children were identified as being at risk of significant harm during the inspection and the council acted immediately to investigate and act upon all other concerns identified by inspectors in relation to children and young people. The council has a good track record of improvement and the necessary human resources, financial capacity and determined leadership required to meet future challenges and secure continued improvements are in place.

17. The local Strategic Health Authority has raised concerns about the performance of health provider organisations in relation to follow up from serious case reviews and the ability of NHS Sheffield to hold providers to account. However, the inspection found that procedures were robust, actions were implemented and improved practice was embedded.

### **Areas for improvement**

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

#### **Immediately:**

- The council should take action to improve the quality of case file recording and sharpen managerial oversight of this aspect of practice

#### **Within three months:**

- Sheffield Safeguarding Children Board must ensure that actions from child protection conferences and core group meetings are circulated and implemented quickly

#### **Within six months:**

- NHS Sheffield must ensure that general and primary care practitioners make appropriate and timely referrals to alcohol and substance misuse services, so that there is early identification of children and young people at risk and in need of treatment.

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

**The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 2 (good)**

19. The effectiveness of services in taking reasonable steps to ensure that children and young people are safe is good. Safeguarding has been judged good in the majority of regulated settings. Adoption and fostering services have also been judged good, and the private fostering service has been judged adequate. Children are safe in school, as evidenced by the

very high proportion of schools judged outstanding with regard to safeguarding following their Ofsted inspection.

20. There is a strong and cohesive group of SSCB members across partner agencies including the voluntary, faith and community sector. Robust discussions take place about the wider safeguarding agenda, serious case reviews and governance arrangements and there is good intelligence sharing and collaborative working to meet the safeguarding needs of children and young people. There are good links between the child death overview panel (CDOP) and the SSCB. The SSCB provides good safeguarding training to all partners, including the voluntary sector, which is highly valued and members are working well together to deliver good safeguarding outcomes for children.
21. The four most recent serious case reviews undertaken in Sheffield have been evaluated as good by Ofsted. Learning from serious case reviews has been well disseminated across partner agencies, and changes have been made to practice as result of this. For example, the Safeguarding Advisory Service was set up so that staff in universal services and other agencies can seek advice relating to safeguarding issues from a multi-agency integrated team. The service is well advertised, universally known in the city and receives a high number of calls. Front-line health staff find the service provides good advice and support in relation to safeguarding referrals to children's social care.
22. Human resources files relating to staff working with children and families viewed by inspectors were well organised and documented, with good and safe systems in place to ensure the recruitment of staff complies with statutory requirements. Where disciplinary proceedings had taken place, investigations were sound with clearly evidenced decision making.
23. The out of hours service is good, providing a responsive social work service outside of normal hours rather than a more limited emergency duty team service. All social workers are qualified and experienced with good access to training and direct access to children's case files on the Integrated Children's System (ICS). The team is a dedicated service for children and young people only, rather than a generic service, and is well supported by the police, in whose building it is located and who answer all calls. When it was brought to the council's attention that out of hours decisions to take no further action were not being signed off by a manager as they would be in the daytime service, action was taken to remedy this immediately.
24. A number of good projects, delivered in partnership with other agencies, are having impact on the reduction of 'risky behaviours' by children and young people. In particular, good work is taking place to minimise the sexual exploitation of children and young people through Operation Ksafe, which is led by South Yorkshire police in partnership with health and social

care teams. This project has been successful in identifying and achieving convictions against adults who pose a risk to children. There is a dedicated sexual abuse referral centre based at Sheffield Children's Hospital NHS Foundation Trust and a positive decision was made that all staff - health, police and social care - would go to the child or young person at the centre to minimise trauma and the need for the young person to repeat their story. Staff reported that this procedure works well. Through good collaboration with the emergency services on the 'Crucial Crew' initiative, health staff are working with children and young people, including those with special needs, to warn of the dangers of running away and of alcohol and substance misuse. Over the last year, more than 5,000 young people have benefitted from this work.

25. The Family Nurse Partnership Programme is a nationally recognised model of good practice which provides intensive support to teenage expectant mothers (including those who are looked after) from pre-birth through to the baby reaching two years of age. The programme is currently supporting 120 young women to remain in their family home and to care for their children safely.
26. The lead safeguarding GP role has been recently established across Sheffield GP services. There are currently two city-wide safeguarding GPs for the 92 GP practices across the city and their role is still under development. Work is underway to establish a lead GP for safeguarding in each practice, and 86 out of the 92 practices now have such a lead. Vulnerability factors are now identifiable on client records held within primary care settings and the IT system allows for searches which help to monitor the attendance and service use of families and identify patterns and risk factors. The current system, recognised as limited, is being further enhanced to improve ways in which general practices can help to safeguard children.
27. South Yorkshire police have undertaken a very good school education programme relating to gun and knife crime which was attended by 5,236 children and young people; this has contributed towards the reduction in the number of incidents by young people requiring an armed response, reducing by 71% from 896 incidents in 2005 to 257 in 2009.

**The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 2 (good)**

28. The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe is good. The Tellus4 and the council's own survey indicate that a high number of children and young people feel safe where they live, on the way to school, at school and on public transport. Young people spoken to as part of this inspection also confirmed that they generally felt safe. A small number of young people, who are the subject of child protection plans, reported very prompt and

appropriate action taken by their schools in response to concerns that they had raised about their safeguarding.

29. Children and young people are well protected from bullying in children's homes. The council adopts a zero tolerance approach to bullying, supported by good anti-bullying policies. Staff have a rigorous approach to bullying and take all necessary steps to minimise risk to children and young people to safeguard their welfare.
30. Children and young people spoken to who were subject to a child protection or children in need plan indicated that they felt involved in decisions made about them. However, it is recognised that more needs to be done to ensure that children and young people can contribute effectively at child protection conferences.
31. Young carers value highly the support provided to them by the well established young carers' service. However, a number of young carers express strong concern about the lack of awareness in schools and colleges about their home circumstances, which can lead to the imposition of sanctions on them as a result of them having to deal with issues at home. They are in the process of planning some road-shows for schools to raise awareness and address this issue. Adult health services have adapted their record systems so that parents cared for by children can be more easily identified and community practitioners can provide better support.
32. Accident and emergency departments in the city's hospitals work well to identify children who are or should be known to children's social care. Information systems highlight for hospital staff those adults that have parental responsibility for children and can give consent for procedures. Sheffield Children's Hospital NHS Foundation Trust has a clear pathway for children admitted for observation and assessment, previous attendances can be seen on the records and there is very good liaison with health staff in the community who provide follow-up care.

## **The quality of provision**

## **Grade 3 (adequate)**

33. The quality of provision in safeguarding is adequate. Service responsiveness is good. Thresholds for access to different services are well understood and agreed by partner agencies, as is the council's concept of 'seamless and safe' which encourages decision making on a case by case basis. The introduction of the MAST teams and multi-agency assessment meetings (MAAMs) has had a positive impact in ensuring that agencies understand the process for access to all levels and types of services. Agencies work collaboratively in partnership and communicate effectively to safeguard children.
34. The role of the local authority designated officer (LADO) is well established and the management of allegations made against staff

working with children is undertaken in line with statutory guidance. The statutory children's complaints service is part of a corporate and generic service run centrally by the council. Response times are slow and the information provided cannot be easily disaggregated to show which complaints were made by children or looked after children. Nevertheless, all children and young people spoken to during the inspection told inspectors that they could identify trusted adults in whom they could confide if they were worried, had a concern or were being abused. They were confident that action would be taken to safeguard them and examples were given of where this had taken place.

35. Some good work has taken place, led by the Safeguarding Children Service and the SSCB, with the assistance of a member of the faith community who has been employed as a consultant, to ensure that safeguarding issues and child protection responsibilities are understood by parents, teachers and students. Nearly all Madrassahs (Muslim additional schools) now have a designated and trained child protection officer with whom the SCS, the SSCB and the consultant are able to work to help them achieve a safe learning environment for children.
36. There are good arrangements in place to monitor children missing from home, care and education. The council's child access line gathers information relating to missing children and young people from the police, education and children's social care. The information is updated on a daily basis and placed on a central database which is also accessible to the out of hours service. The Safe@Last voluntary project engaged with 4,394 pupils during the summer of 2010 to educate them on the dangers of running away. Safe@Last works with children at risk of going, or who do go, missing providing a confidential advice line and return interviews and helps to put in place effective measures to safeguard children and young people. For pre-school children, the Missing Pre-School project has had very significant success in tracking children who go missing, including children of asylum seekers who have returned to their country of origin. This project is an example of good practice and appears on the national Every Child Matters website.
37. Assessment and direct work with children are adequate. While the rate and timeliness of assessments has improved significantly, the quality of many written assessments seen on the ICS was only adequate, with many lacking a clear analysis of information gathered to clearly identify risk and protective factors. The council already has in place a training programme for social workers entitled 'Putting the analysis into assessments' but this has not yet delivered sufficient improvement. The screening service, based in the nine week assessment teams, works well to identify children and young people who are most at risk of harm. Social workers and managers work on a rota basis between the screening and assessment service and this ensures a clear focus and throughput of work. There is no unallocated work in the assessment service and all screening and assessment is done

only by qualified social workers. Health staff report improvements in the responsiveness of the referral process as a result of the staffing changes.

38. There has been a significant increase in the proportion of referrals which become initial assessments, from 69.5% in 2009 to 90.8% in 2010. This is as a result of an improved screening process and good advice to referrers, so that appropriate work can proceed straight to an initial or core assessment to ensure targeted interventions take place. This work does not impede prompt action for children at risk of significant harm.
39. Early intervention and preventive work in the city is good. Multi-agency professionals work together well to provide early intervention and prevention services to children and young people and their families and the work of the MASTs ensures that the contribution of children's social care is targeted effectively to those families who most need it. A good range of services is provided, including good access to CAMHS, referrals to adult services for parents, direct family support, a range of interventions from school, parenting-skills training, nursery placements, children's centre support, mediation and job centre plus advice. MAAMs are well attended, with good information sharing. The success of this preventive work is evidenced by the low numbers of children looked after and on child protection plans. Children in need and their parents, who were seen as part of this inspection, reported good access to their social workers, with regular communication and visits taking place. Work in preventive services is reviewed every six weeks to monitor risks and outcomes.
40. There has been a 46% increase in the completion of CAFs over the last year, however the quality of CAFs is adequate; the majority seen lack a clear focus on assessment, risk and actions required. At the time of the inspection, work was already underway to improve the quality of CAFs.
41. Midwives and health visitors identify vulnerable pregnant women at an early stage to ensure that timely interventions take place. There are very good links between health staff and children's services to ensure a multi-agency approach to risk assessment in relation to the unborn child. Sexual health services follow up all teenagers who have had a positive pregnancy test through a clinic or pharmacy to support the young person and to prevent concealed pregnancies. Early audits are showing that this work is successful and the support given is highly valued.
42. Children and young people who are at risk of significant harm are promptly identified and child protection investigations are timely and always conducted by qualified, experienced social workers with appropriate management oversight. The establishment of the Joint Investigation Team (JIT) involving South Yorkshire police and Sheffield Children and Young People's Services is an example of good partnership working which has improved safeguarding arrangements for children, young people and their families by securing faster, higher quality and

more collaborative child protection investigations. This work is further enhanced through the location of the Sheffield Domestic Abuse Partnership with the JIT. The partnership provides a dedicated domestic abuse helpline, which offers responsive advice and support to complex and high risk domestic abuse cases. The JIT also provides effective initial screening and risk assessment of all domestic abuse incidents with appropriate and prompt escalation for further action when required.

43. Partner agencies reported good involvement in child protection conferences; they were enabled to contribute to the development of child protection plans and they also felt able to make a robust challenge to decisions about child protection plans. All GPs now submit reports to conferences when they are not able to attend. Named health professionals report much improved involvement with child protection conferences and strategy meetings, especially in relation to unborn babies, enabling them to provide a more focussed and responsive service to families. The hospital social work team help to ensure good communication between hospital staff and social workers. However, there is often up to six weeks' delay in receiving the full conference package of minutes and reports. Those professionals who attend the conference and are part of the core group take away a careful note of the actions to which they have agreed, and are able to implement actions without delay. GPs who are not at a child protection conference may not have access to such notes, which sometimes leads to delays in them being able to undertake actions ascribed to them.
44. Sheffield's policy is that children who are subject to child protection plans are seen by social workers at fortnightly intervals, which exceeds statutory requirements. Internal audits indicate that over 70% of children and young people receive this more frequent service and those spoken to by inspectors felt involved and consulted about their child protection plans. Children and young people whose protection plan is discontinued are always placed on a child in need plan to ensure continuity of support and effective safeguarding, which is good practice. The majority of initial assessments, and nearly all core assessments, are completed within required timescales. Overall, these are of adequate quality, however some assessments are poor and fail to clearly identify children's individual needs or include robust analysis. Extensive work has been undertaken to improve the ICS in Sheffield in relation to the recording of assessments, but the issue of assessment quality has not yet been dealt with effectively.
45. Case planning is good. Team managers from the assessment teams attend the regular weekly MAAM meetings and this promotes continuity of service for children and families. Once a joint investigation regarding child protection has been undertaken, cases are dealt with through a child protection conference, a children in need plan for children's social care or through support from the MAST accessed through a MAAM. All cases

requiring an initial or core assessment are subject to management oversight and a child care action plan is completed by the manager.

46. Case reviewing is good. Currently 98.5% of child protection reviews and 90% of child protection conferences are held within timescales. Since April 2010 child protection co-ordinators have been undertaking regular robust, qualitative audits of child protection cases. The findings clearly identify deficits and include recommendations to improve practice to ensure better outcomes for children and young people. The quality of work undertaken with families through the child protection process is good and their feedback confirms this.
47. Case recording is inadequate. While some examples of good recording were seen during the inspection, the overall quality of case files and of case recording is inconsistent, with some poor practice observed by inspectors. A council case file audit summary report covering the period from January to October 2010 identified the following areas for development in recording: poor quality chronologies except in relation to care proceedings; statutory visits not always recorded appropriately; inconsistent quality of analysis in assessments; lack of three-monthly summaries; practitioners not saving documentation to the child's file; duplication of sibling records so that the contents does not necessarily relate to the child concerned and inconsistent practice in ascertaining children's wishes and feelings and the sharing of plans with them. A number of files were seen where a core assessment was recommended or it is stated that one was completed but no record of it could be found on the file. The rationale for manager decisions is not always completed on the file so it is not clear on what basis a decision has been made. It is also not clear why team managers are not picking up poor recording practice by social workers during supervision or through managerial oversight. In some cases team managers themselves are duplicating sibling records.
48. There are significant difficulties with the council's ICS, which mean that social workers are spending too much time producing records and the ICS makes it difficult to produce clear and coherent records. The council has made considerable efforts to improve the system, including redesigning the initial and core assessment record forms, but there is still more work to do. The council has acted swiftly to acknowledge and deal with the deficiencies in case recording which have been identified through their own audit process and the inspection. Strong management action has been taken to set out clear expectations for social workers and team managers. An appropriate training programme was in place before the inspection but has not yet demonstrated impact.

## **Leadership and management**

**Grade 2 (good)**

49. Ambition and prioritisation in safeguarding are good. There is strong commitment and involvement in the children and young people service by



elected members and the Chief Executives of the council and NHS Sheffield, including cross party support for the children and young people's agenda. There has been very significant investment to remedy areas for development identified by the council themselves and in the unannounced inspection of the contact, referral and assessment service. Strategic documents and plans link well and, together with evidence from interviews and meetings, demonstrate strong vision, ambition and prioritisation for the development of the service.

50. The council demonstrates good awareness through self assessment of its strengths and areas for development with clear and appropriate plans to address the latter. The Executive Director of the children and young people's service and the deputy Executive Director demonstrate strong, visible leadership and management and are driving improvement as well as demonstrating good understanding of the individual needs of looked after children and other children and young people receiving a service.
51. Safeguarding policies and strategies comply with statutory requirements. SafetyNet, the council's contact point service, is well established and is to be continued because it has been found to support effective information sharing and safer working across the city. Joint commissioning of services across the city is well established and those services are very good.
52. Evaluation, performance management, quality assurance and workforce development are adequate. Frameworks for performance management within the Children and Young People's Service and across the partnership are good, with strong systems in place at all levels. These are securing improvements to practice in a number of areas, although sufficient improvement has not yet been achieved in some areas of front-line practice such as case recording and the quality of assessments. The case file audits undertaken on the selected cases and on other cases seen are generally rigorous in identifying what needs to be improved; it is not yet evident how well the follow up to this process is consistently improving the quality of front-line practice. The dashboard performance management tracker system is helping social workers and managers to keep track of progress against targets for improvement and performance indicators.
53. Good action has been taken since the JAR in 2006 and the unannounced inspection in 2009 to improve workforce levels, through an extensive and successful recruitment and retention programme. There is now a 1% overall vacancy rate with a handful of social work vacancies and there has been good deployment of agency social workers to cover these posts. There are no unallocated cases and all work is allocated to appropriately qualified staff. The workforce development and organisational development work undertaken to achieve this has been exemplary and the 'compensatory model' put in place by the council which is designed to support and develop new social workers and team managers is good.

54. The council's extensive 'Grow Your Own' programme to enable unqualified staff to undergo qualifying training is excellent and has contributed to the success of the retention programme. Nearly one quarter of social workers are newly qualified; they report protected caseloads and good support and training, which is in line with the national NQSW scheme. However, the council itself has identified that there is still considerable work to do to bring the effectiveness of the team manager and social worker groups up to a consistent and satisfactory level. A strong and varied programme of work is underway to achieve this in partnership with local universities.
55. The community health team reported that they had only one vacancy for a school nurse at the time of the inspection. This is a strong position.
56. Social workers report that they receive regular and supportive supervision, although files do not always show evidence of reflective and challenging supervision. There is good visibility and accessibility of managers at all levels and front-line staff feel that they are well supported in making decisions. The new role of social work consultants, who are attached to fieldwork teams to provide expert advice on practice issues to social workers and team managers, helps with reflective practice and professional development and this support is appreciated by staff. The most complex cases are held by advanced social work practitioners who also co-work cases with less experienced staff. Team managers have a good support system, with the newly created posts of assistant service manager, although the impact of the latter is not yet evidenced. Community health staff and accident and emergency staff gave examples of joint, peer and case supervision involving staff from the council, which was particularly useful in helping them to understand decision making and make appropriate referrals.
57. The council and partners have established many good initiatives and projects to improve the lives of children but as yet there is little evidence of systematic evaluation of this work to demonstrate the relative effectiveness of interventions and use of resources.
58. User engagement is good. A good range of focus groups and meetings provides opportunities for service users to meet and share their views. Parent and community assemblies across the city help parents and carers to have more opportunities to articulate their needs and the impact of services on them in each locality. Extensive work has been done to seek feedback from parents involved in child protection processes and changes have been made as a result: for example, work has been done to improve clarity so that parents have a clear understanding of what is expected of them in relation to child protection plans. There are a number of initiatives in progress involving young people in work related to the work of the SSCB. Young people are helping with, for example, e-safety issues in schools, licensing arrangements for the sale of alcohol and the control of body piercing establishments. More opportunities are needed to find ways

that young people and their families can influence service development at a more strategic level.

59. Health providers held a very effective consultation with young people at the time that the alcohol and substance misuse service was re-commissioned and young people were actively involved in the tendering process, including the decision-making. The commissioning process was seen by providers to have been much more rigorous and focussed as a result and the young people involved gained a number of new life skills. Young people have also been actively involved in developing a programme about the dangers of substance misuse which will be used in schools.
60. Parents and children spoken to by inspectors feel supported to participate in the decision making process when their children are subject to child protection plans. However, the council recognise that more needs to be done to hear the voice of the child at child protection conferences and work is underway to address this.
61. Partnerships are good. Effective and strong partnerships have effected change in, for example, the rollout of the CAF which has ensured that the whole city is using the same processes. Learning and training are delivered through a multi-agency approach which has helped to develop wider understanding of the roles of different professionals. Wide and effective use of traffic light ratings by key partners for action plans and progress reports, of which a number have been re-audited, is ensuring that improved safeguarding practices are being embedded across the partnership. The decision to retain the Children's Trust arrangements in Sheffield reflects the strong, well established, committed and effective partnership arrangements across the city. Partnerships are working well at front-line level in the MASTS and the MAAMs to provide integrated early intervention and prevention for children with additional needs, keeping children out of the care and child protection systems.
62. Monitoring arrangements for commissioned services are in line with Sheffield policy and procedures and national guidelines and ensure that services are delivered to required standards. For example, the commissioned contact service is now delivering safe and effective contact arrangements for children, although social work team staff do not benefit from direct knowledge and experience of the parenting and attachment capacity observed during contact sessions when undertaking assessments and preparing reports for the court.
63. The promotion of equality and diversity is good. There is a strong commitment across children's services to equality and diversity, as evidenced in the council's Single Equality Scheme. Equality Impact Assessments are routinely used and action plans are in place to improve areas identified for further focus, such as the need for opportunities for promotion for staff with disabilities. The council's prioritisation of equality

and diversity is monitored by an active strategic group to steer effective policy implementation. The council has taken action to promote community cohesion through initiatives with schools and other partners to tackle bullying, with good systems to monitor and report racist and homophobic incidents, for example, the Darnall project involving Stonewall, which has resulted in fewer incidents. The consultant faith leader, supported by the council, has introduced a school twinning scheme to enable schools with a very different ethnic mix to undertake activities together. This has facilitated a better understanding between pupils and parents of different faiths and promoted community cohesion. Initiatives to tackle inequalities in the workforce have been implemented, such as the establishment of a management development programme for minority ethnic workers, with action taken to address the under-representation of disabled workers in the workforce at management level.

64. Practitioners are attentive to the individual needs of children, and there are examples of sensitive and effective work in response to cultural needs, such as a dedicated health visitor post and dedicated GP clinics for Slovakian families, with interpretation and translation services available. Good work is taking place with unaccompanied asylum seeking children and young people whose needs are appropriately assessed and relevant services matched to identified needs, including appropriately tailored health provision with good links to community support groups. The council has an accurate and detailed knowledge of the number and ethnic backgrounds of children and young people who are unaccompanied asylum seekers, which has enabled good strategic planning and clear impact. A wide range of services promotes good outcomes for children with disabilities and their families. This includes the special needs inclusion play workers and a specialist post to support Asian mothers of disabled children.
65. Value for money is good. There are effective tendering, contracting and purchasing arrangements in place for all financial transactions. The council and the Children and Young People's service have a good record of financial management and, as a result, the service has been allowed to retain the savings it has made. Elected members have confidence in the financial management systems within children's services and have responded to a soundly-made business case which has resulted in additional significant investment of resources for extra staffing and for the development of the in-house fostering service.
66. Allocation of resources in Sheffield is based on a full needs assessment process, is directed at key priorities and supports the delivery of the council's statutory responsibilities. Resources are 'recycled' as new services develop and there is imaginative and innovative use of resources from partners and the voluntary sector. The Domestic Abuse and Sexual Exploitation services are good examples of how resources have been re-used with good impact. Informed choices are made and costs are

considered, but there is good evidence that services are allocated to children and families on the basis of assessed need rather than just on comparative cost. There is some duplication in the provision of advice services, which the council may wish to review.

## **The inspection outcomes: services for looked after children**

### **Overall effectiveness**

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

67. The overall effectiveness of services for looked after children and care leavers is adequate. Statutory requirements are met in relation to those children who are looked after, with clear and accessible policies and procedures. A good quality draft Looked After and Adopted Children strategy (LAAC) document has been drawn up with the active participation of children, young people and parents. This document, fully supported by the lead member for children and young people, demonstrates clear improvement in the quality of ambition and planning for services for looked after children. The assistant director for provider services and the corporate parenting manager have worked together to design and implement the process which replaces its very fragmented predecessor, together with a determined cross-agency strategy group.
68. There have been many significant improvements in outcomes for looked after children and care leavers in recent years but these have not always been sustained across each Every Child Matters outcome. Good plans are in place to improve outcomes, and managers have a clear understanding of areas for improvement.
69. Performance management and quality assurance arrangements for the looked after service are in place, but, as with safeguarding, the good measures have not yet delivered the required impact. The commitment of the council and its partners to looked after children and young people is well demonstrated, and the investment in the service is very strong. Nevertheless, overall effectiveness cannot be judged as good because, despite excellent efforts, three out of five outcomes are adequate.

### **Capacity for improvement**

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

70. The capacity to improve services for looked after children and young people in Sheffield is good. Many outcomes have demonstrably improved since the JAR in 2006: for example, the timeliness of statutory reviews, long-term placement stability, education, employment and training for care leavers and the quality of care leavers' accommodation. The long-term trend of educational attainment is improving despite the 2009 results, which have shown a dip for some key stages. Inspection judgements for regulated services and settings have improved strongly and are now consistently better than statistical neighbours. Eight out of

nine of the city's own children's homes are rated good, as are the fostering and adoption services and the secure children's home.

71. There is now more effective use of financial resources, for example, through the adoption service's Invest to Save programme, the establishment of an additional in-house children's home and the investment of £1million in the in-house fostering service, which is already reducing the use of expensive out of area placements as well as providing better rewards, support and training for foster carers. A weekly resource panel monitors the effectiveness and cost of out of area specialist placements.
72. As with safeguarding, there has been a good improvement in staffing levels with better training and development for staff. All looked after children are now allocated a qualified social worker. A newly established community psychiatric nurse post for the looked after children service supports workers and carers to manage and improve young people's emotional wellbeing. There is sufficient political and managerial capacity to secure further improvements and improved outcomes for looked after children are one of the five key strategic priorities for the city.

## Areas for improvement

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

### Within three months:

- The council should improve the quality and consistency of personal education plans.
- NHS Sheffield provider services must ensure that there is a consistent approach to the health assessments of all Sheffield looked after children and young people, whether they live in the city or in out of area placements, and that they receive a copy of their health history on leaving care.
- NHS Sheffield must ensure that there is a consistent approach to the supervision of staff undertaking looked after children and young people's health assessments and action plans, and that this is reflected in children's health files.

### Within six months:

- The council and its partners should ensure that all new initiatives and programmes are subject to a systematic evaluation process, to establish their effectiveness in terms of outcomes and value for money.

- The council should consider how to improve the statutory children's complaints function so that it is more closely linked with and focused on the children and young people's service.

## Outcomes for children and young people

74. Services to promote the health of looked after children are adequate. Health records for looked after children are overall of adequate quality. All health files reviewed contained up to date health assessments and action plans, although where children are placed outside Sheffield, there is a lack of clarity regarding the professional responsibility for completion of health action plans. The majority of children's health records include a completed Strengths and Difficulties Questionnaire but these do not appear to inform health assessments. There is inconsistent follow up of actions from health assessments as well as an inconsistent approach to the recording of medical and health history and to sharing this information with young people. There is no evidence on the health files seen of case supervision, although there is other evidence to show that supervision is taken place.
75. The rate of health assessments, dental and immunisation rates remains below the England averages, although there has been improvement. For August 2010 the latest data show health assessments at 86%, dental checks at 73.4% and immunisation rates at 81%. The looked after children health service is aware of this below average performance level and action was being taken at the time of the inspection to rectify this. All looked after children now have an emotional needs plan to ensure that mental health issues are addressed. The fact that no direct referrals are permitted from health staff to the multi-assessment psychology service (MAPs) is adding to professional frustrations and increasing workloads and delays in assessments. There is a dedicated CAMHS service for looked after children, which is ensuring that referrals are assessed within two weeks and interventions planned quickly although some treatments may take up to three months to be fully implemented.
76. It is reported by the independent reviewing officer team that health assessments for looked after children placed out of the area are being undertaken, but the dedicated health team for looked after children is not consistently monitoring health action plans for these children. The first draft annual report for looked after children 2009–2010 from the looked after health team makes no reference to the care of Sheffield children placed out of area and therefore does not conform to the relevant statutory guidance.
77. Arrangements to safeguard looked after children and young people are good. Looked after children live in safe placements and safeguarding provision for looked after children is judged good or better in regulated and service settings. Good arrangements are in place to monitor the care of children and young people who are in external placements through the

commissioning process, the work of the resource panel and contact with the independent advocacy service.

78. Children in external placements receive regular visits from their social workers and those who wish to do so have an independent visitor ensuring they have opportunities to raise their concerns appropriately. Children and young people told inspectors that they were seen alone by their social workers, that they have a number of adults in their lives who provide them with support, and that they feel safe in their placements and at school or college.
79. Care planning is good. The reviewing and visiting of looked after children are undertaken in accordance with statutory requirements and all children and young people have a suitably qualified social worker. Good multi-agency action is taken to support young people who go missing from care with good measures in place with the police to target the top ten most vulnerable young people, which is having a good impact on those living in Sheffield children's homes.
80. The impact of agencies in enabling looked after children and young people to enjoy and achieve is adequate. A strong strategic lead from senior managers on the education of looked after children has resulted in a holistic approach to their education and this is ensuring that they have good educational experiences and robust support to help them to achieve in line with their ability. The Assistant Director of Education acts as the virtual headteacher, offering good strategic leadership to the looked after children education service (LACES). The Executive Director of children and young people's services holds monthly corporate parent evenings to review individual looked after children with a strong focus on those who are failing to make progress in educational attainment. This is providing a strong and visible corporate message about the importance of looked after children's education in the city. However, many of the systems in place to support the education of looked after children have been introduced during the last eighteen months and it is too soon to evidence the full impact that these systems are having on improving the attainment of looked after children.
81. The LACES team effectively supports looked after children in education, including half-termly progress meetings with each child, and the provision of support, advice and training to staff in education, social care and school governors. This promotes awareness of the corporate parent role and the importance of supporting the education of looked after children. Schools are provided with appropriate challenge and support in relation to the education of looked after children from school improvement partners who report back to the LACES team on the progress of schools and individual children. Children who are placed out of the city also benefit from the support of the LACES team, who ensure their attainment and attendance is routinely monitored. Good attention is paid to selecting an appropriate



school for individual looked after children and they are given priority for school places which meet their needs.

82. Schools and early years settings provide holistic support to looked after children, who benefit from the support of designated teachers and learning mentors. Children and young people have access to nurturing groups, the Social and Emotional Aspects of Learning (SEAL) programme and priority access to extended school provision, ensuring that barriers to learning are minimised. Good arrangements are in place to ensure that those looked after children who live long distances from their school are able to participate in extended school activities. Personal education allowances are used creatively to enhance children's educational experiences and provide them with appropriate additional support.
83. An up to date roll of the council's looked after school aged children is maintained, with a good looked after children tracker system in place, which is effective in monitoring individual children's progress against their starting point. The tracker also provides an effective attendance monitoring record; this, together with a whole service approach to the management of school attendance for looked after children, has resulted in a reduction in the numbers of looked after children and young people missing school through exclusions and unauthorised absences. The attendance of looked after children at Key Stage 2 is now better than that of other children in Sheffield and at Key Stage 4 the gap between the attendance of looked after children and other children is narrowing.
84. The number of looked after children in Sheffield assessed as having special educational needs (SEN) is higher than statistical neighbours and the national average and this has an impact on the overall attainment of looked after children. However, the authority recognises that work needs to be done to fully understand the reasons for these high numbers. Children and young people are making progress against their starting point. At Key Stage 2 there has been some improvement in attainment and the gap is narrowing. There has been some improvement in attainment at Key Stage 4, where the gap between looked after children gaining one GCSE at A\*–G and five GCSEs at A\*–C, without English and mathematics, and other children is narrowing. However, these are recent improvements and progress has yet to be sustained.
85. Personal education plans (PEPs) are routinely reviewed during statutory reviews, but only 87% of current children and young people have an up to date PEP and the quality is variable. The council has identified that this is an area for development and has plans in place to address it. Personal education allowances and extended school activities provide looked after children and young people with individual tuition and good opportunities to participate in a range of sport, cultural and leisure activities. All looked after children have a SPICE card, giving them free access to leisure and gym facilities throughout the city. Looked after children's achievement is

routinely celebrated by the council and its partners at the annual Star Awards for looked after children.

86. Opportunities for looked after children and young people to make a positive contribution are adequate overall. A strong commitment to reducing the numbers of looked after children who offend is demonstrated by the council and its partners, with a number of programmes and projects such as 'Prevention +' and the Youth Inclusion Support Programme. However, the offending rates for looked after children and young people are rising and early intervention and prevention measures are not having an impact on reducing offending rates for looked after children.
87. Agencies work well together to provide a coordinated approach to supporting children and young people to participate in a diverse range of targeted and universal activities. These include the opportunity to attend a residential outdoor centre and activities organised by Activity Sheffield, such as Blast Off Friday and Lets Dance, to provide diversionary activities during key times of the year, including a three week period before and after 5 November when children and young people are at risk of becoming involved in anti-social behaviour. As the monitoring of attendance of looked after children at universal and targeted activities is not routinely undertaken, the council cannot measure the impact that attendance at these activities has on their behaviour.
88. The number of looked after children who contribute to their statutory reviews is better than that found for statistical neighbours and some young people are supported by the independent reviewing officers to chair their own reviews, ensuring they are fully involved in planning and the decisions about their own lives. The ACE (About Care Experience) council, Sheffield's children in care council, has recently been involved in looking at how children and young people can have better quality input during their statutory reviews.
89. The ACE council successfully engages looked after children and young people, ensuring their views are listened to and acted upon at a strategic level. The group have good support from the corporate parenting manager and advocacy workers. The ACE council has two members who represent looked after children on Sheffield youth council, ensuring they are able to contribute to and influence the wider agenda for children and young people in the city. Three members of the ACE council represent the group on the national benchmarking group for looked after children giving them the opportunity to influence the national agenda.
90. Looked after children and young people take an active role themselves in planning and organising the annual Star Awards event to celebrate the achievements of looked after children.

91. Opportunities for looked after children and young people to achieve economic well-being are good. All care leavers have up to date pathway plans, although the council recognises that improving the quality and effectiveness of plans is an area for development and plans are in place to undertake this work. Care leavers receive good targeted support from the lifelong learning, skills and communities team to ensure smooth progression into post-16 education. Those least likely to engage in education, employment or training are offered in addition support from a dedicated support worker at Sheffield College.
92. The 14–19 Partnership has developed a vocational skills programme which is delivered by colleges, training providers and employers; this programme ensures that provision is matched to individual young people's identified needs. A strong partnership approach and the range of good targeted post-16 provision has resulted in a sustained improving trend of care leavers being engaged in education, training and employment which is better than statistical neighbours and the national average. It is an outstanding achievement for the council to have 25 care leavers currently supported to attend university.
93. There is a dedicated housing officer for care leavers and the proportion of care leavers in suitable accommodation is higher than statistical neighbours and England. No looked after young people or care leavers are in bed and breakfast accommodation and this group also benefit from the excellent joint housing needs assessment team which assesses homeless and vulnerable young people, providing assessment beds with voluntary providers, move-on accommodation and a range of good support services. Some young people, including unaccompanied asylum seekers, have chosen to become looked after, following an assessment in line with the Southwark judgement, with which the council is fully compliant.
94. Care leavers benefit from good support provided by a range of services to help them in their transition to independence, including SOVA, a voluntary group who offer a drop in session three times a week where care leavers can enjoy a meal, get practical support and participate in a range of leisure activities. Good partnership working between adult and children's services are supporting young people with learning disabilities and difficulties to transfer successfully from children to adult services.
95. There is an inconsistent approach to addressing the health needs of care leavers, with those transferring from children's homes to independent living receiving better support to take responsibility for their own health needs than those who are leaving foster care. Young people with long term physical health problems and those accessing CAMHS are well supported to transfer to adult services ensuring their health needs continue to be met.

## The quality of provision

## Grade 3 (adequate)

96. Service responsiveness for looked after children is good. Overall the council and its partners respond well to the changing needs of the looked after children population, including the development of services to respond to the rising age of these children and young people. However, the percentage of children in foster care placements at 68% is low compared to statistical neighbours. The council accepts that percentage of children placed outside the city at 38% is high. Appropriate action has now been taken to ensure that there is sufficient availability of suitable placements to meet the needs of looked after children and young people. Strategies have been implemented to further increase the range of local foster carers. There is an effective foster carer group in the city and foster carers spoken to by inspectors feel that overall they are well supported. They have access to senior managers, their training is of a good quality and their views are taken into account in the development and improvement of the service. Specialist nurses are providing a good range of health promotion and educational activities within the children's homes helping to improve health outcomes for older looked after children.
97. Good and effective strategies are in place to support children in longer term placements to reduce the risk of placement disruption. Where a placement may be at risk, this is reviewed at the weekly MAAM meetings where early concerns are discussed and support strategies can be put in place. This is having a positive impact on improving longer term placement stability, the indicator for which is already at a good level. For example, in the last year, there have been only two disruptions of adoption placements. This is supported by the quality of individual direct work taking place to meet children and young people's needs in order to sustain successful placements such as intensive therapeutic play provided through the FACT, the family and adoption care team. Care leavers have access to a range of good quality accommodation that appropriately meets their needs, including semi independent and supported tenancies. The strong partnership between the council and private providers enhances the quality of the service offered to care leavers.
98. The multi-agency commissioning of services is ensuring that placements and placement support for looked after children and young people are of a good quality. Robust systems are in place to monitor external placements and contract compliance to ensure the safety of children. Independent providers report that the council's monitoring arrangements are rigorous and that, where necessary, the council takes appropriate action. They also reported that the council responds promptly to any concerns about children and young people in their care.
99. The statutory complaint service for looked after children is managed corporately by the council and is part of a generic service. However, the council is unable to disaggregate formal complaints made by looked after

children, and the overall timeliness of response and resolution of formal complaints is poor, with many taking too long to investigate. The impact and learning from complaints by children are yet to be embedded. Looked after children and young people spoken to by inspectors all knew how to access the independent advocacy service and were aware of how to complain. They all stated that they had trusted adults to whom they could go if they felt unsafe, and were confident their concerns would be addressed. All eligible children and young people in external placements have access to an independent visitor and the advocacy service.

100. Assessment and direct work with children are adequate. All looked after children and young people are allocated a suitably qualified social worker. Many children and young people spoken to by inspectors raised concerns about the number of social workers they have had during their time in care. This view was shared by foster carers who explained the impact that this has on the children and young people, including the timeliness of accessing relevant services.
101. Although the quality of assessments is inconsistent, children, young people and their parents are routinely involved in assessments. Assessments are generally timely but the quality of the analysis and the evaluation of need do not always identify the critical areas for change. Social workers support the engagement of children in life story work. Foster carers spoken to during the inspection value this work and described how well this is undertaken with good attention paid to the children's emotional well-being. The SOVA project is a befriending initiative that supports looked after children and those with learning difficulties and disabilities by providing drop in session 3 times a week. The project provides a rich environment where children and young people meet and take part in a range of activities including sports and arts. This service is of particular value to care leavers who benefit from good support at a key transition point in their lives.
102. Case planning and review are good overall. The looked after children population in Sheffield is low in relation to statistical neighbours. This is partly the result of the effective use of family and friend carers, special guardianship orders, residence orders and timely action to return children home with good packages of support when appropriate, all of which ensures that children do not unnecessarily remain in care. Children's needs are identified in care plans that are reviewed in accordance with statutory requirements. Plans seen contain information about the children's care, the support required and outcomes to be achieved. Care is taken to place children and young people in placements that reflect their ethnicity. Where this is not possible, culturally sensitive placements are found and carers are effectively supported to meet the needs of these children. External providers spoken to during the inspection said that they are provided with the relevant documents and information they need to plan effectively for children's care.

103. Most statutory reviews are held on time and children and young people are fully involved in their reviews. Children and young people told inspectors that they value the relationships they have developed with their independent reviewing officer and many said that they have had the same reviewing officer for many years, which provides a level of continuity in their lives.
104. Case recording is inadequate. Overall, the quality of case files and of case recording is inconsistent, with some poor practice which is detailed in the safeguarding report. Some examples of good recording were seen by inspectors. The council has acted swiftly to acknowledge and deal with the deficiencies which have been identified through strong management action; an appropriate training programme was already in place before the inspection but has not yet demonstrated impact.

## **Leadership and management**

## **Grade 2 (good)**

105. Ambition and prioritisation for looked after children are good. Most aspects of the leadership and management of the looked after children service parallel those seen in safeguarding of children in Sheffield. The council and its partners in Sheffield provide strong and visible leadership for looked after children and care leavers that is focussed on improving outcomes. There have been improvements in many, but not all outcomes. Targets set have been ambitious and every effort is made to respond proactively to the needs of looked after children. The 0 to 19 partnership strategy articulates five targets that relate specifically to looked after children and care leavers, and the council has made significant investment in these areas of work. The Children and Young People's Plan and the new Looked After and Adopted Children strategy set out clearly the ambitions for looked after children and how they will be achieved.
106. Procedures and protocols for the management of the service are clear, well written, updated regularly and comply with statutory requirements.
107. The corporate parenting board is effective and demonstrates a strong commitment to the role of corporate parenting across the council and partners. The board has good cross-party representation, with elected members having identified lead responsibilities in relation to fostering and adoption panels and the city's children's homes. There are good systems in place to enable them to monitor and challenge outcomes for looked after children. The corporate parenting manager provides a good link between looked after children and young people and the board, and very effectively champions the looked after children agenda. The board undertakes some functions similar to the role of the children and young people scrutiny committee in terms of governance and accountability for looked after children.
108. Evaluation, performance management, quality assurance and workforce development are adequate. Performance and financial management

systems for the looked after children service are well established, with monthly reporting in place on expenditure and key outcome indicators for the service, including a traffic light list of children at risk of experiencing delays in moving on to placement orders. Effective use is made of internal evaluation and external challenge to identify and address pressures in the looked after service through, for example, performance clinics, the contract monitoring process, reference groups and practice development work for staff. Despite these systems, some outcomes for looked after children have not improved sufficiently to meet the council's own wishes and targets, in particular, the educational attainment and offending rates of looked after children.

109. The case review panel, which meets weekly, evaluates all plans for children to become accommodated or subject to legal proceedings to ensure appropriate senior management oversight and consistency of such decisions. This is good practice.
110. Recruitment and retention of staff in the service are now good, following the council's financial investment and good workforce planning in conjunction with the Children's Workforce Development Council (CWDC). A number of staff who previously worked in residential settings have taken up 'Grow Your Own' opportunities to become qualified social workers. Initiatives are now in place to ensure equitable access to training opportunities across the services and to ensure that staff transfers between services meet strategic requirements as well as individual needs. Foster carers are able to access CWDC learning and development packages to help with the skills to meet the needs of the council's relatively small looked after population which may provide significant challenges to services. Processes to ensure safe recruitment of staff to work with looked after children exceed the statutory minimum.
111. User engagement for looked after children is good. A good range of focus groups and meetings provides opportunities for service users to meet and share their views. This includes foster carers and adoptive parents groups, the ACE Council and a group to support foster carers' own children. The views of children and young people placed with independent residential providers have been sought through a consultation survey and their views are captured to provide information on the quality of external services.
112. Looked after children and young people and their parents are routinely involved in their assessments and reviews, ensuring that they are fully informed and consulted on decisions about their lives. Consultation with the foster carers' reference group has ensured that their views have influenced the development of the new strategy for looked after children.
113. The independent reviewing officer service is managed within the children's commissioning service to ensure a degree of independence from the direct casework of the looked after children service. The annual report for 2009–

10 sets out plans for how the service will meet the requirements of new statutory guidance. As well as statutory reviews of looked after children, independent reviewing officers also chair foster carer reviews, review care plans for disabled children and undertake reviews of disabled children who are looked after through the provision of short breaks. While independent reviewing officers provide a good service, they are carrying high caseloads, which will impact on their ability to meet the requirements of new guidance, especially in relation to how much time is spent with children before and after reviews. The independent reviewing officers have identified the variable quality of personal education plans and are effective in obtaining children's views about their own service as well as the care experience.

114. While children make a significant contribution to their own individual plans, their views are not yet used consistently to influence wider service development.
115. Partnerships are adequate. While partners demonstrate good commitments to looked after children, partnership arrangements are not yet delivering consistently good outcomes for this group. There are secure arrangements with all partners, including the voluntary sector, to deliver planned services for looked after children. Good edge-of-care preventive services are in place, as well as careful management oversight of decisions to admit children to care, so this only happens when absolutely necessary. Commissioned services for looked after children, including externally purchased placements, are carefully monitored for safety and quality by fieldwork staff and the contracting team.
116. The promotion of equality and diversity is good. Looked after children and young people spoken to by inspectors confirm that their specific needs are well addressed and that their ethnic and cultural heritage is respected. Good strategies and effective systems are in place to ensure the thoroughness of recruitment and assessment of adopters' suitability to adopt children and safeguard and promote welfare. The service provides good preparation and training to support adopters to care for children from a range of backgrounds. Promotion of equality and diversity within the fostering services is good, with due attention paid to identifying and meeting children's diverse needs. The promotion of equality and diversity in the council's children's homes is good, with some outstanding features.
117. The council's self assessment identifies good provision of services for looked after children from minority ethnic backgrounds and their families. This includes careful consideration of children's needs in the matching process, to ensure that placements address children's ethnic and cultural backgrounds. This can, however, result in delays in achieving permanency for some children; plans are in place to monitor and address this through a performance clinic.



118. Partnership work ensures that the needs of children newly arrived in the city are met, especially where those children become looked after.
119. Value for money is good. The looked after children service is working with a relatively low rate of looked after children when set alongside the deprivation indicators for the city, linked to the high and effective spend on preventive services. The overall planned spend is in line with statistical neighbours, but this hides relatively low spend on adoption and higher current spend on placements for children outside the city, who form 38% of the looked after population. Both these issues and the high rate of looked after children with special educational needs inform the care and investment strategy for the future development of the service.
120. The council has recognised these pressures on the service. It has agreed the investment of £1million in the in-house fostering service to enable a more appropriate percentage of children to live within the area and to improve the quality of foster placements and support to placements. Good progress has been made in developing commissioning arrangements that are effective in meeting the needs of looked after children and in achieving value for money.

## Record of main findings: Sheffield City Council

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

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