

# Sheffield City Council

## Inspection of services for children in need of help and protection, children looked after and care leavers

and

## Review of the effectiveness of the Local Safeguarding Children Board<sup>1</sup>

**Inspection dates: 19 November-11 December 2013 and 28 – 30 January 2014**

The overall judgement is **requires improvement**

There are no widespread or serious failures that leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. However, the authority is not yet delivering good care for all children and young people looked after.

It is Ofsted's expectation that as a minimum all children and young people receive good help, care and protection.

<b>1. Children who need help and protection</b>		<b>Good</b>
<b>2. Children looked after and achieving permanence</b>		<b>Requires improvement</b>
	2.1 Adoption performance	<b>Requires improvement</b>
	2.2 Experiences and progress of care leavers	<b>Good</b>
<b>3. Leadership, management and governance</b>		<b>Good</b>

The effectiveness of the Local Safeguarding Children Board (LSCB) is **good**.

The LSCB co-ordinates shared priorities for the protection of children and young people with statutory partners and has mechanisms in place to monitor the effectiveness of local arrangements.

<sup>1</sup> Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspections Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

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## **Section 1: The local authority**

### **Summary of key findings**

#### **This local authority requires improvement and is not yet good because:**

1. Child protection strategy discussions do not include the relevant agencies and statutory partners as a matter of routine, and records of strategy discussions are not comprehensive.
2. Some plans for looked after children and young people are unclear, without priorities and timescales, resulting in important decisions being delayed.
3. Many pathway plans for care leavers do not make clear how young people will achieve their objectives and do not include sufficient focus on the emotional wellbeing of the young person.
4. Child protection plans do not always clearly set out concerns and they are not precise enough about how progress will be monitored.
5. Child protection coordinators and Independent Reviewing Officers have not had enough impact on improving the quality of assessments and plans. For children who are looked after and who cannot return home, the lack of clear and focused planning from an early stage means that some children are waiting too long for a new permanent home. This is particularly the case for some children who have been waiting a long time to be placed for adoption. There are not enough approved local adopters for all children waiting for adoption.
6. Educational progress for children looked after is improving but is not yet good enough and they do less well than children in Sheffield who are not looked after.
7. Feedback from complaints is not used effectively to improve the services offered to children, young people and families.

#### **The local authority has the following strengths:**

8. Council leaders in Sheffield are making a positive difference to the lives of children, young people and their families. Together with partners, they have already improved the quality of services.
9. The council understands the needs of children, young people and families well. It acts on this understanding to ensure that the right help and protection are provided when families most need it. The council, along with partners, has changed the way it works over the past 18 months. This means that more children in need of help and protection receive the support they require. The council has a good understanding of what it needs to do to further improve the quality of services and is working with its partners to implement the plans that are in place. Council leaders have ensured that they have the resources and

staff to deliver planned changes and improvements. For example, the council has increased staff numbers to match the additional demands created by the changes implemented.

10. Sheffield children's services have robust plans in place to ensure that staff who work with children have the right skills. This is helping families to understand what they need to do to reduce the risks to, and improve situations for, their children. These plans are also encouraging good staff to stay and work with children, young people and families in Sheffield.
11. Early help is provided to children who require it. The council has invested considerably in prevention and early help for children in need. This investment is improving children and families' access to help at an earlier stage. Good support is offered quickly and the number of repeat referrals is reducing. Families receive the help that they need. Children who need child protection plans are quickly and properly identified and families are given effective help. The number of children looked after is reducing.
12. Children and young people in need of help are referred quickly by agencies to the relevant team: Multi-Agency Support Teams (MASTs) for lower level services, or the Prevention and Assessment Teams (PATs) for children who need extra support or protection provided by children's social care. When children and families are identified as first needing support, this is provided effectively by timely signposting to services via weekly multi-agency allocation meetings (MAAMs). As a result, early help services deliver a wide range of support, which includes individual direct work with a child or their family, group work or classes and very specialist therapy and support if required.
13. Children, young people and their families benefit from the way in which schools, health professionals and social workers work together to help and protect children. When children and young people are most at risk of serious harm, schools, health and other professionals make sure that social workers are informed quickly by making a referral to children's social care. Social workers and the police work together in the Joint Investigation Team (JIT) and ensure that children are protected without delay. Managers ensure that they see all cases and are fully involved in making decisions about what should happen next to protect children. In all cases seen by inspectors, the risk of harm to children was correctly identified.
14. Agencies work very well together to make sure that children are safe. This includes good work to reduce the risk to children in relation to domestic violence. Children missing from home, school and care are also prioritised by both the police and social care. Action is taken to follow up and understand what is happening for the child. The importance of good practice in identifying and supporting private fostering arrangements as part of keeping children safe is understood by partners and social workers. Clear systems and thresholds to manage allegations of abuse and mistreatment are in place and are understood

by professionals and carers, overseen by the Local Authority Designated Officer (LADO).

15. Children at risk of sexual exploitation are quickly identified. This is supported by a range of innovative work, for example with taxi drivers and hotel staff, to increase their awareness of children and young people who may be at risk of exploitation.
16. Decisions to look after children and young people are made by senior managers following full consideration of the risks. The right decisions are made about children returning home and arrangements are safely managed.
17. Most children and young people in care and the majority of care leavers live in stable, long-term placements that meet their needs and are close to their home. Outcomes are improving, particularly in relation to meeting their health needs and helping them to achieve independence.

### **Priority and immediate action**

18. There are no areas for priority or immediate action.

### **Areas for improvement**

19. Ensure that current management strategies to improve the quality of recording of management oversight, casework, child protection plans and care plans are implemented with effective and regular review.
20. Ensure that strategy discussions include statutory partners (as required) and other relevant agencies and that records of the discussion are of good quality.
21. Ensure that IROs and child protection coordinators operate effectively, providing sufficient challenge to improve plans and to avoid drift and delay for children and young people.
22. Improve the quality of written records so that the purpose and effectiveness of direct work with children and families is clear. This must also include records of social work visits to looked after children.
23. Ensure that mental health services for looked after children are in place so that no child waits unnecessarily for this support, and that the support continues for as long as it is needed.
24. Improve care plans for looked after children so that the needs and priorities for their future care are clear.
25. For all looked after children, ensure that permanent alternatives are sought early so that children feel safe and secure where they are living. Legal action

must be taken at an early stage to avoid unnecessary delay in securing a plan for their future.

26. Ensure that persistent absence from school by all children is managed, prioritised and overseen by senior leaders until it reduces.
27. Improve the educational achievement of looked after children and young people by:
  - targeting the pupil premium at looked after children with special educational needs
  - monitoring pupil progress against clear targets in personal education plans and taking immediate action where children’s learning is compromised
  - working with education providers to reduce fixed-term exclusions.
28. Improve the collation of complaints and feedback from children and families and implement robust action plans to improve services where necessary.
29. Ensure that there are sufficient numbers of adoptive parents in the local area that reflect the needs and diversity of local children waiting to be adopted.
30. Ensure that children waiting for adoption have their plans reviewed and implemented to reduce delay and drift. If adoption at any point cannot be achieved, ensure consideration is given to other ways of finding permanent alternatives.
31. Ensure that pathway plans for care leavers set out clear objectives for their futures, including education, training, employment, housing and provision of support to meet their emotional and social needs.

## **Information about this inspection**

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference adults make to the lives of children, young people and families. They read case files, watched how professional staff work with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people whom it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the Local Safeguarding Children Board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of ten of Her Majesty's Inspectors (HMI) from Ofsted.

### **The inspection team**

Lead inspector: Sarah Urding HMI

Team inspectors: Brendan Parkinson HMI; Nigel Parkes HMI; Dick O'Brien HMI; Debora Barazetti-Scott HMI; Marianick Ellender-Gele HMI and Janet Fraser HMI

A second visit was made to Sheffield by three inspectors between 28 – 30 January 2014 to follow up four aspects of the inspection where further evidence was required in order to secure judgements. The inspectors who carried out this second visit were:

Carolyn Adcock Senior HMI; Chris Sands Senior HMI; Paul d'Inverno HMI and National Lead for Fostering, Adoption and Child Protection

## Information about this local authority area<sup>2</sup>

### Children living in this area

- Approximately 114,000 children and young people under the age of 18 years live in Sheffield. This is 20.5% of the total population in the area.
- Approximately 24% of the local authority's children are living in poverty.
- The proportion of children entitled to free school meals in primary schools is 21% (the national average is 18%), and in secondary schools is 18% (the national average is 15%).
- Children and young people from minority ethnic groups account for 29% of all children living in the area, compared with 21% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are Asian or Asian British, accounting for 11% of the population.
- The proportion of children and young people with English as an additional language in primary schools is 20% (the national average is 18%) and in secondary schools it is 15% (the national average is 14%).
- While free school meals eligibility has stabilised nationally since 2011 (at around 18% for primary and 15% for secondary), in Sheffield primary eligibility has been rising steadily, from 15.8% in 2008 to 21.3% in 2013, and secondary eligibility from 15.5% to 18.4% in the same period.

### Child protection in this area

- At 31 March 2013, 3860 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 3256 at 31 March 2012.
- At 31 March 2013, 437 children and young people were the subject of a child protection plan. This is an increase from 293 at 31 March 2012.
- At 31 March 2013, 14 children lived in a privately arranged fostering placement. This is an increase from 11 at 31 March 2012.

### Children looked after in this area

- At 31 March 2013, 535 children were being looked after by the local authority (a rate of 47 per 10,000 children). This is a reduction from 610 (54 per 10,000 children) at 31 March 2012.

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<sup>2</sup> The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where this was available.

- In December 2013 84% of looked after children were placed within 20 miles of home, and 93% within 60 miles of home.

In the last 12 months (2012-13) there have been:

- 50 adoptions
- and 15 children became subject to Special Guardianship Orders.

### **Other Ofsted inspections**

- The local authority operates 10 children's homes. All are judged at least adequate, with eight judged to be good or outstanding and two adequate in their most recent Ofsted inspection. There are eight private or voluntary children's homes in Sheffield; six were judged to be good or outstanding.
- The previous inspection of Sheffield's safeguarding arrangements was in October 2010. The local authority was judged to be adequate.
- The previous inspection of Sheffield's services for looked after children was in October 2010. The local authority was judged to be adequate.
- The previous unannounced inspection of Sheffield's contact, referral and assessment arrangements was in June 2011. The inspection identified areas of strength and areas of practice that met requirements, with one area for development and no areas for priority action.
- The previous inspection of Sheffield's adoption services was in June 2011. The local authority was judged to be good.
- The previous inspection of Sheffield's fostering services was in October 2011. The local authority was judged to be good.

### **Other information about this area**

- The Director of Children's Services has been in post in an interim capacity since August 2012. This arrangement was made permanent in November 2013.
- The Chair of the LSCB has been in post for three years.

## **Inspection judgements about the local authority**

### **The experiences and progress of children who need help and protection are good**

32. Children, young people and families benefit from partners and professionals actively and purposefully working together, at both strategic and operational levels. This delivers strong multi-agency arrangements where risk is identified and managed quickly and effectively.
33. For those in the early stages of needing help, the common assessment framework (CAF) is used effectively to clearly identify the needs of families. The recently introduced family CAF (FCAF) promotes a more holistic approach to meeting these needs. The Building Successful Families programme further complements this and adds capacity to the early help offer. As a result, children and families benefit from a planned programme of work to meet their needs. This may include individual work from a family support worker and/or access to a wide range of groups and workshops. This also includes specialist support for families where there are concerns with regard to substance misuse and mental ill-health. The local authority is further improving this work by focusing strongly on the child's needs and ensuring that fathers are engaged and benefit from this involvement. An increasing proportion of the outreach work provided by children's centres is targeted at vulnerable children and families.
34. The local authority is working with partners effectively, underpinned by a long term strategy, ensuring that all children and families, who need very early help through to those who need social care services, are supported. In 2012 the council and its partners recognised the need to improve multi-agency working. The changes have led to an increase in the number of children and young people identified as being in need, with an additional 600 identified between March 2012 and March 2013. Overall numbers of children in need in Sheffield are now in line with regional and national averages. Inspection evidence confirmed that there is a stronger framework to identify early need and to formally assess children where there is greater concern. There has also been an increase in the number of children on child protection plans, from 293 at 31 March 2012 to 437 in March 2013. This increase has now stabilised and numbers remain below those in similar authorities.
35. The co-location of the social care prevention and assessment teams (PATs) that manage contacts, referrals and assessments and the lower level multi-agency support teams (MASTs) supports effective and increasingly well-coordinated services offered to families. These services promote effective and timely signposting for children and families who do not meet the threshold for children's social care. They also ensure continued support for children when they no longer meet the threshold for social care intervention. This enables an effective and proportionate management of risk. Intensive support workers and attendance and inclusion officers based in the MASTs deliver help, advice, guidance and support at the early point of need, including for those who show

signs of disengagement from school. MAST workers are also effective in supporting young people who have additional needs.

36. Schools work well with other agencies to help and protect children and young people. They recognise the need to focus on vulnerable children and have identified some key areas in which to improve performance. For example, they have helped prevent older vulnerable young people detaching from education through early intervention. Moreover the recognition of the need for those arriving from non-English speaking countries to begin English for Speakers of Other Languages (ESOL) courses promptly, has helped support young people settle in to their new environment.
37. Children and families receive effective support quickly. Daily face-to-face meetings between PAT and MAST team managers and weekly multi-agency assessment meetings (MAAMs) mean that staff are allocated promptly to work with children and families. MAAMs monitor the thresholds applied for families close to requiring more formal support or intervention from social care. This means that more children are getting the help they need when first referred. This is illustrated by the falling numbers of re-referrals to social care, which are now in line with similar authorities.
38. A relatively high proportion of referrals to children's social care result in no further action being taken following initial assessments. However, inspectors found that where support was required, children and families were redirected appropriately to the MASTs for multi-agency intervention based on the assessments undertaken. Referring professionals have open access to social workers and are provided with clear, high quality advice and consultation. Other agencies report that they are becoming more confident in offering support and help, and this is reducing demand for more specialist services.
39. Children and young people with the highest levels of risk and need are effectively identified by all agencies. Help is offered in a timely way following thorough assessment of risks and needs. Once identified, children and families with high levels of need receive a responsive level of support that is proportionate to those needs. Managers are accessible, exercise good oversight of this work, and are active in ensuring practitioners make the right decisions. Inspectors were particularly impressed by the level of detail known by managers at all levels about the individual children and cases. This further ensures consistency and continuity of decision-making and implementation of plans.
40. Children and families benefit from the interventions they receive. An example came from parents about the Triple P Parenting programme who were most positive, "It was good...finding out...we didn't know half the stuff". These parents were able to provide examples of how the programme had improved their confidence and parenting abilities. Social workers have built positive relationships with families. In addition, the training that social workers have received to engage parents is improving the impact of the support they provide.

41. Effective multi-agency action is taken to protect children and young people. This is supported by good information sharing across co-located teams. Timely strategy discussions take place between police and social care services. However, they do not routinely include other statutory partners or relevant agencies. The council is working to increase the number of formal meetings between the key agencies involved. While the outcome of these discussions and meetings is clear, the recording does not always demonstrate the depth and quality of analysis and factors considered, prior to action being taken.
42. Children and young people are routinely seen and seen alone by social workers. Their views are heard and observed and their wishes and feelings influence their assessments and plans. Social workers know the children and young people they are working with well, as staff turnover is relatively low. Social workers make good use of age-appropriate tools, for example the "Communicate" which contains a range of creative, simple but effective resources to help social workers engage with children of all ages.
43. Social workers and their managers identify and articulate risks and protective factors well within assessments. However in some child protection and child in need plans seen by inspectors, the identified risks and intended outcomes are not sufficiently clear. Contingency planning is very basic and is not tailored to individual families. Families, social workers and managers spoken to by inspectors are clear and can describe what is happening, and the proportion of repeat child protection plans is low compared with similar authorities. However, the lack of precision in plans makes it difficult to monitor progress and for individual core group members to know exactly what actions must be undertaken and by when. The local authority has already identified planning as a priority area for improvement and training. As part of the council's strong focus on improving recording, case audits are routinely completed by managers. This work and focused supervision is strengthening the quality of assessments and plans and is supporting improvement in the quality of written documents seen by inspectors. While managers are having an impact on the quality of this work, child protection coordinators are not providing sufficient challenge to the quality of key documents.
44. Children and young people are protected where the risk of harm or actual harm remains or intensifies, through authoritative and decisive action by managers and social workers. At a sufficiently early stage, the local authority gives appropriate consideration as to whether court proceedings should be instigated to further protect children. The Case Review Panel provides well-focused critical scrutiny and independent management direction in high risk/ high need cases and plays a pivotal role in relation to children and young people on the edge of care. Inspectors did not identify any children during the course of the inspection whose safety needs were not understood, or where risk had not been recognised and acted upon.
45. When risk reduces, children and young people continue to receive effective multi-agency support. Social work intervention is reduced gradually and

appropriately in line with the needs of children and families. Transfer, or 'step down', to MAST services takes place routinely and effectively.

46. The risk to children and young people when they are missing from home, school or care is reduced as a result of an effective multi-agency response. Children are kept safe and their whereabouts are known due to robust tracking and effective sharing of multi-agency intelligence, both at strategic and operational levels. Specialist Attendance and Inclusion Officers, based in the MASTs, work with schools and follow clear processes to trace children. Where schools identify a child who may be vulnerable or may need additional support to attend, the council provides family support and direct work with the child and family as required.
47. In Sheffield, persistent absence remains just above the national average for the general school population and despite much effective activity to reduce absence, this remains an issue. Protocols and regional arrangements are in place for cross-border movement. The *'Every Child in Education Every Day'* group, started in 2011, provides an effective forum to review outcomes for young people with the highest levels of need. The evidence concerning persistent absence will be passed internally to the Ofsted Regional Director for the North West region for their further consideration. The high numbers of children who are home educated have their welfare and safety closely monitored.
48. The multi-agency risk assessment conference (MARAC) process is effective in protecting children and families by sharing information, managing risks and coordinating action. The local approach to the prevention of child sexual exploitation is highly developed. It has full multi-agency ownership, involves some creative initiatives such as training for hoteliers and taxi drivers, and is able to provide good evidence of reach and impact that safeguard and protect children and young people. Effective Local Authority Designated Officer (LADO) arrangements mean that allegations of abuse or mistreatment by professionals and carers are taken seriously and appropriate action is taken, leading in some cases, to dismissal or criminal prosecution.
49. Cyber-bullying and other aspects of e-safety are given a high profile. Surveys, projects and groups aim to ensure that children and young people understand how to keep and stay safe. Young advisers are helping to identify the range and types of bullying. City-wide training is raising awareness of particular issues, for example, the sending of sexually explicit messages and/or photographs primarily between mobile phones. The annual Every Child Matters survey shows a reduction of cyber-bullying in Sheffield over the past three years.

## **The experiences and progress of children looked after and achieving permanence require improvement**

50. Services for children looked after are improving. However, at the time of the inspection, not all children looked after in Sheffield had a good quality plan in place to enable their needs to be met without drift or delay.
51. Foster carers and residential units receive appropriate and timely information which helps them understand the young person's background and needs. Initial and subsequent health assessments have improved recently and take place regularly, ensuring that young people's health needs are better identified and addressed. Young people's emotional wellbeing is considered through the assessment of needs. However, some foster carers report considerable waiting times once a need has been identified for some long term health and therapeutic services. The local authority is fully aware of this issue, recognising that there is a link between this and securing permanence, as children cannot be moved on until they are ready. Current work is in progress to ensure that these children receive a timely service.
52. The local authority's current electronic recording system does not support social workers in producing high quality documents, for example placement plans and care plans. This is particularly the case for children looked after. Examples were seen of care plans not being regularly updated, incomplete, or unfocused, contributing to drift in some cases. Contingency planning is formulaic in some cases and does not contribute to the proper care of all children and young people. Children, young people, social workers and agencies know what is happening, although this is not fully reflected in some key documents such as care plans and plans for to them to return home. This practice is recognised by managers who are currently piloting a review of the care planning process and electronic recording system to address this. Reviews of children are however timely and involve relevant partners and agencies.
53. Independent Reviewing Officers are not providing robust scrutiny of care planning for all children and young people. In particular, they have not sufficiently challenged the quality of the written documents produced. This is especially true for a small group of young people whose legal status and permanent plans were not secured quickly enough.
54. Reports provided to families and partner agencies following a review of care or placement are not provided in good time. This reduces the likelihood of a full and well informed understanding of children and young people's future plans. Senior managers are aware of this but as yet there has been no improvement.
55. Case records often do not sufficiently demonstrate the positive work that social workers undertake with children. They do not illustrate how changing needs are addressed and met. A range of good quality work is undertaken with children and young people to help them to understand their own history and their plans. Inspectors saw positive examples of focused and age appropriate work

undertaken by family support workers and social workers. Where this had happened it resulted in increased understanding by children of their circumstances and plan. Social workers are often successful in ensuring that children have a factual knowledge of their background and preserve objects that are important to them.

56. Insufficient numbers of looked after children in Sheffield (53% - 55%) attend schools judged to be good or better. About 8% of looked after children are in schools judged inadequate. A very comprehensive profile is completed on all schools at least annually, which is used to inform the suitability of schools for looked after children. If a school inspection judgement falls below good, an assessment is undertaken by the virtual school team to determine whether the school can still offer the most appropriate level of teaching and support to the student. The local authority makes strenuous efforts to maintain children at their current school when this is in their best interests. This is challenging to social workers and the virtual school, who need to balance the child's need for stability versus their need to receive a good quality education, when many schools in the area are not yet judged as delivering this. Priority is given to looked after student admissions to oversubscribed or preferred schools. Good attention has also been given to students who have ceased to be looked after who have been adopted or are living under Residence or Special Guardianship Orders.
57. Educational outcomes for looked after children have been sustained and are improving, and the gap in attainment between looked after children and all children in Sheffield is narrowing. The percentage of children who are looked after and who have a special educational need is 73.2%, compared with 67.8% nationally. Children at Key Stage 1 have achieved outcomes better than looked after children nationally in reading, writing and mathematics, and in reading, looked after children are in line with the national average for all children. This is a significant improvement on the previous year. Progress of children at Key Stage 2 is variable, with progress in writing being above the national average, and progress in reading and mathematics being below. The percentage of students achieving five good passes at GCSE including English and mathematics is just above the national average for looked after children and shows significant improvement on the previous year, narrowing the gap with all Sheffield pupils. However, for those at Key Stages 2 and 4, the gap between looked after children and all pupils in Sheffield remains too high.
58. There have been no permanent exclusions of looked after children in the last four years. Although showing sustained reductions over the last five years, the level of fixed-term exclusions is still just above similar authorities. The quality of personal education plans (PEPs) is improving, assisted by the introduction of a web-based electronic PEP (ePEP). Recent ePEPs seen by inspectors show that the child's voice is routinely heard and recorded. The focus on whether a student should receive one-to-one tuition is a strength of the ePEP, as too is the record of attainment record which, when fully completed, enables progress to be measured and linked to future targets and objectives. Further work is

required on ensuring that targets are specific, measurable and outcome focused to ensure robust and effective monitoring and support towards improved outcomes. In all ePEPs seen, health information was rarely entered and this affects the opportunity to take into account any health issues which may be a barrier to learning which the plan can then address. In some ePEPs, clear information is provided about the use of the pupil premium which is well linked to targets. However, this is not yet consistently applied and is a current focus for the virtual school. The ePEP is a document designed mainly for professional use and reference as such, it is not a child friendly document.

59. When children and young people are ready to return home from being looked after, decisions are exposed to the same level of scrutiny as those for children entering care. The decision to return a child home is based on robust assessment, although the quality of the subsequent plans is more variable and plans do not always specify the level of social work support needed on return. However, cases seen by inspectors showed effective multi-agency coordination of support, including the use of therapeutic services, to ensure that children and their families were well prepared and supported when children return home.
60. The outcomes of complaints made by children looked after are not used effectively to improve the quality of services.
61. Members of the 'Children in Care Council' are involved in expressing views about a wide range of services, and have contributed to decision-making on staff appointments. They have taken the lead on the review of the redesigned Pledge to looked after children.
62. Children at risk of becoming looked after, and their families, benefit from a wide range of high quality services and interventions that enable them to remain safely within the community. These include the effective use of Family Group Conferences, which have reduced the need for care proceedings.
63. The multi-agency Case Review Panel ensures that children who need additional support to remain at home with their families are signposted to the services they need in a timely way, with knowledge and advice provided. Effective management of risk, both in the day time and out of hours services, means that the right decisions are made regarding children who need to become looked after in an emergency.
64. Children and young people in Sheffield only become looked after when this is in their best interest. The number of looked after children in Sheffield has been consistently lower than in similar authorities over the previous three years. Numbers have reduced recently because some children have been identified as needing early help or a child protection plan rather than becoming looked after. If a child or young person needs to be looked after, this decision is made following a thorough and clear assessment of risk and need.

65. A wide range of placements is available to match children and young people's needs through independent and in-house providers. Most children are in a placement close to where they originally lived. This successfully supports contact with their family and friends and allows them to remain in the same school. Specialist foster carers have been recruited for example to help prevent remands in custody. Children with complex and challenging behaviours are appropriately accommodated with foster carers who can meet their needs.
66. The majority of children live with foster carers. The residential provision used is meeting the needs of the children placed and no child is placed in a home judged to be inadequate by Ofsted, with most being judged good or better.
67. Some gaps exist in the range of placements available, particularly for older young people who may benefit from a placement that could offer more specialist support. The local authority is addressing this through its commissioning strategy. However, all young people are living in registered settings. Other groups of more difficult to place children have their needs met well. This includes the placement of brothers and sisters together in foster care.
68. Children and young people are benefiting from opportunities to express their views to Independent Reviewing Officers before reviews and having appropriate access to advocacy services to encourage participation. Increasing participation is a clear target for the Independent Reviewing Service and a new child-centred review methodology has been positively evaluated, which further promotes participation. Parents are almost always encouraged to participate in these reviews.
69. Some looked after children experience several changes of social worker and this is a recognised priority for the council to address. However, inspectors saw examples of managers sensitively delaying transfer of case responsibilities where it was not in the child's best interests, and low staff turnover is contributing to continuity in support for children. Social workers visit children and young people regularly and see them alone. Most children and young people benefit from having the same social worker over a period of time, allowing them to get to know them well.
70. Children and young people's ethnic and religious backgrounds are known and respected. This is effectively translated into day-to-day practice, for example, when planning meals in children's homes. Inspectors also saw examples of culturally sensitive matching of children to foster carers.
71. Children placed within Sheffield benefit from a range of imaginative, accessible support options from supervising social workers, dedicated short-term health services, partner agencies and foster carers. Placement stability is good and children and young people rarely experience unplanned changes. Well-considered forward-planning is ensuring that increasing numbers of children remain with foster carers beyond their 18<sup>th</sup> birthday.

72. Children who live out of area also receive regular, high quality support and review, including direct primary and specialist health services up to 20 miles beyond the local authority boundary. This is exemplified by effective commissioning arrangements with the private and voluntary sector and partnership working with police in the area in which children are placed. This was also reflected by children placed out of area, a small number of whom were spoken to by regulatory inspectors during the inspection. While the educational attainment of children placed out of the city is lower than those placed in Sheffield, this group of children mostly have more complex learning needs than those living in placements within the area.
73. Looked after children benefit from strategies based around restorative justice, implemented by schools, residential units and the community youth team to reduce offending, resulting in sharply reduced rates of offending (reducing by 75% since 2010).
74. Highly effective partnerships between the family courts, Sheffield City Council, Cafcass and other agencies, have meant substantial and sustained improvements in the speed of decision making in court for children and young people subject to family court proceedings. The average time to completion of care cases is currently 36 weeks, improving from 47 weeks for 2011-12 to 41 weeks for 2012-13. This has recently reduced further to 34 weeks and continues to rapidly decrease. This is improving the quality and timeliness of permanency decisions relating to adoption for children and young people who have more recently become looked after.
75. Permanency, including adoption, is considered at an early stage for all children who are unable to return home. However, in some cases there has been drift and the potential use of Special Guardianship Orders (SGOs) has been insufficiently explored. In some cases foster carers do not have sufficient clarity about the financial and support package that would be available to them, despite an appropriate policy defining this. Inspectors saw some examples of imaginative support to secure permanency for children through Residence Orders.
76. Foster carer performance is not consistently reviewed within the required timescale. However they benefit from good training and very good levels of support. The sufficiency of in-house foster care has substantially increased, by the use of targeted recruitment.

### **The graded judgement for adoption performance is requires improvement**

77. Some children are still waiting too long to be placed with an adoptive family following court approval. This delay decreases the likelihood of a family being identified to meet their needs. The national threshold for the average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family has not been met.

However, adoption is considered at an early stage for all children and the average time between a child entering care and moving in with their adoptive family meets the national threshold. Court authority to place a child for adoption is pursued in a timely way.

78. A 'fostering to adopt' strategy is not yet in place. The local authority is working with other authorities within the region on this issue. So far, only a small number of foster carers have adopted the children who have been placed with them.
79. Children, whose plan was for adoption, who have not been placed in a timely way, have stayed with the same foster carer during this period. The group of children who have waited too long to be adopted includes six young people subject to Freeing Orders at the time of inspection, and eight children on Placement Orders who have been awaiting adoption for more than two years. In these cases they have remained in long-term foster care, and in most cases an SGO is now being considered. These arrangements have provided stability for those children throughout their childhoods, but have not enabled their identified needs for a lifelong family to be met. The local authority acknowledges that for these children, the delays in securing permanence are unacceptable and at the time of the inspection, action in these cases was being taken. The local authority has confirmed that all six Freeing Orders had been rescinded by 18 December 2013.
80. Children placed for adoption are matched with families who meet their needs. This includes the successful placement of groups of brothers and sisters through the use of a range of regional and national providers. Once placements are made, they are stable and benefit from targeted support using a multi-systemic therapeutic approach maintaining placements and reducing the likelihood of breakdown. The quality of assessment, training and support offered is highly regarded by adoptive carers. Post-adoption support plans and services, including direct one-to-one and group work are seen by adopters as most helpful. Consultation is provided as needed, whether children are placed in the area or further afield. Adoptive carers feel that this helps them to bond with their children and support their long term relationships. Effective support is also in place for adopted adults and birth families before and after an adoption order is made.
81. Currently there are insufficient approved local adopters to meet the needs of children waiting for adoption, which is similar to the national picture. The new two stage assessment process for prospective adopters has been introduced and the local authority reports that completed assessments will be presented to the adoption panel as from February 2014.
82. The adoption panel independent adviser is well qualified to provide support to the panel and advice to social workers preparing reports for the panel. This helps to assure the quality of the process. The independent chair of the panel

ensures timely and effective decisions are made and provides an annual report as required.

**The graded judgement for the experiences and progress of care leavers is good**

83. Care leavers are provided with suitable accommodation. The local authority regularly reviews the available accommodation to ensure that care leavers are offered suitable housing options where they feel safe. When some young people recently commented that they did not feel safe where they lived, this was swiftly reviewed and prompt action was taken in line with young people's wishes. Leaving care workers are directly involved with the young people they support and liaise very closely with relevant agencies to ensure that individual safety issues and risks are addressed.
84. Care leavers between the ages of 16 – 18 are allocated a support worker and social worker to support the development of the pathway plan and transition to independence. Pathway planning is in place for young people who are over 16. All young people have a pathway plan and, in most cases, the plans are regularly updated. Pathway plans seen by inspectors include the views of young people, social workers and other agencies, but they do not consistently define long term objectives, and the focus on young people's emotional well being is variable. The local authority is aware that there is work to do to improve the quality and impact of these plans and to ensure that all young people are engaged in their planning.
85. Transitions for children with disabilities are well managed and service developments are currently being implemented to provide support for children from birth to 25. This will include an alignment with adult social care services to achieve seamless transition for young people.
86. Care leavers are encouraged to have regular medical checks, and are supported in registering with a GP and dentist in the area in which they live. A community psychiatric nurse is available for consultation within the team who can help enable access to adult mental health if this is needed, as well as directly providing one-to-one support. Sexual health and substance misuse services provide support and advice and are available and accessible to care leavers.
87. Young people are not encouraged to leave care until they feel ready, with evidence of increasing numbers being supported to remain in their foster home after the age of 18. A formal 'Staying put' policy is in development which sets out required legal and financial implications for young people and carers. A range of commissioned accommodation is available, offering differing levels of support. Care leavers are encouraged not to take up a tenancy unless they are fully prepared for the responsibility. There are 25 'pre-tenancy' supported units which will become available early in 2014 for those young adults not yet ready to take on the full responsibilities.

88. The proportion of young people at the end of Year 11 who are in education, employment and training is improving year-on-year. The most recent figures show that the large majority of care leavers are actively engaged in learning or training. The small number who are not in education, employment or training are tracked by social workers. They are strongly encouraged and supported effectively to find the right option to meet their needs. Currently, 20 young people are in higher education. There is a good range of work and projects that support care leavers into education, employment or training. These include the Endeavour Project which locally offers good training routes for care leavers. The council has also formed links with two universities recognised for their excellent work with care leavers. In addition there is a strong partnership in place with Sheffield College. This gives care leavers a range of options. However, not all older care leavers, who choose initially to leave education, understand or are sufficiently clear about their legal entitlements to financial bursaries and other kinds of support offered by the council if they choose to re-enter education.

## **Leadership, management and governance are good**

89. Senior officers demonstrate a clear vision and commitment to ensuring that children's needs are met through the provision of effective services and they are improving as a result. There is evidence of considerable forward thinking and strategic planning. Governance arrangements accord with statute and guidance. Relationships between respective senior officers across the key statutory agencies are mature and productive. The Chief Executive of the Local Authority and the Chair of the Sheffield Safeguarding Children Board (SSCB) have a clear, full and up to date understanding of the performance, pressures and opportunities for the improvement of local authority services.
90. The relative stability of the senior leadership team in the recent period has enabled steady and incremental progress based on engagement and ownership of shared objectives within and across partner agencies.
91. A purposeful service reorganisation has taken place, which was centred on children's social care, but also involved other local authority services and those of key partner agencies. The reorganisation has provided opportunities for senior managers to promote change across the whole span of universal and early prevention services, as well as seeking to ensure further improvements in the quality of social care practice. This ambitious development, driven by the local authority and supported by all statutory partners, has already had a considerable impact in providing some children with an early help offer who otherwise may have needed more specialist interventions.
92. The lead member for children's services is regularly involved with the service, exhibiting an up to date awareness of and engagement with the key issues, challenges and opportunities faced by the local authority and partners. The formal arrangements for regular and effective scrutiny are also in place with the early help agenda being prioritised most recently.
93. The high priority given to the most vulnerable children is well articulated at a strategic level within the local authority through the Corporate Plan (2011-14). Clear strengths are emerging through the co-chairing arrangements of the Health and Wellbeing Board between the leader of the local authority and the nominated GP for the clinical commissioning group. The Health and Wellbeing strategy and the supporting Joint Strategic Needs Assessment (JSNA) identify clear priorities for children in general, and looked after children in particular. However, it is yet to provide a formal vision and plan for those children and families most in need. There continues to be extensive joint action across the identified priorities, for example domestic abuse, homelessness and infant mortality. Work is also underway to identify joint commissioning across health and social care based on the JSNA, including developing pooled budgets. A range of commissioned services in place, including services from the voluntary and community sectors.

94. For looked after children, good commissioning and targeted procurement of placements are in place. Strenuous efforts are being made to reduce the shortfalls in local and in-house placements for older young people and the number of adoption placements. Targeted recruitment of carers to meet the specific racial needs of children has taken place with some success.
95. Needs led commissioning has been successful in ensuring there are sufficient local foster placements for children up to ten years. For those preparing to leave the care of the authority, there has been a large increase in the amount and range of safe and supported accommodation. Further substantial additions to the capacity for care leaver accommodation are being added through active partnership activity. The local authority plays an active role within a regional commissioning arrangement. Recent increases in placement demand for teenage boys have triggered a specific focus on provision for this group and there is sufficient provision of remand placements to meet the current need. All current internal and external placements of children are made in provision judged at least good in the most recent inspections.
96. The local authority has made a clear, conscious and sustained commitment to early help and prevention through increased investment including family support workers, the provision of social work resources and by hosting the co-location of area based services. The early help offer is increasingly effective as it continues to be implemented. There is good awareness of the benefits of co-location of practitioners from key disciplines. This collaboration leads to improved links with and understanding of social care by all partners. This has begun to show some reductions in the levels of children in need and those becoming looked after.
97. Despite the challenges to public sector finances, the commitment by the local authority to children's services is fully evident. There is a good understanding of the challenges ahead, particularly in supporting universal agencies to meet the emerging needs of children and their families. Senior managers understand that there is further work needed to address the potential for dependency on the local authority by these agencies, though the strategy is designed to deal with the principle of addressing need as early as possible as well as to reduce demand for more intrusive, expensive interventions in the future.
98. The local authority is able to respond quickly and effectively to change. Managers at all levels were aware of all substantial performance issues identified during the course of this inspection, with plans underway and clear targets for achieving change and improvement. It was noted that recent increases in caseloads in some assessment teams were a result of the short term current 'open door' approach in early help to support multi-agency change. Practitioners understand and support this long term change strategy to develop capacity in other agencies, despite the fact that this increased pressures in some teams. The potential impacts had been quickly recognised and acted upon; in the short term by the immediate recruitment over

establishment and, in the medium and long term, by adjusting capacity overall to match demand.

99. The quality of planning for children is not consistently good. This is illustrated, for example, by the delays in making permanent arrangements for children who are looked after. The local authority has recognised these weaknesses and is taking action to improve the quality of social work practice. Extensive performance monitoring and reporting arrangements are in place for all staff of the local authority. These enable managers to track the quality of casework and to ensure that professional practice is effective. Audit and performance data are readily available but so far have been heavily compliance oriented. The inspection team did not identify any area for development not already known to the authority, and in all cases a plan for change or improvement is in place. Further improvements in coordinating and linking plans are in progress through the development of an integrated performance 'dashboard', incorporating qualitative evaluations and thematic outcome based measures.
100. Overall Sheffield's workforce strategy has ensured that strong, sustained progress has been made compared to most authorities in the region and in relation to the challenging picture nationally. Strong workforce planning and development, supported by a dedicated resource and determined strategy, has resulted in major improvements in how staff are recruited and retained. There are also some excellent initiatives and development programmes which indicate sustained progress towards maintaining the workforce in the medium term through 'Step up to social work', 'You're your own' and voluntary sector training support programmes. These have significantly increased the number of skilled practitioners working in Sheffield. Similarly there are well established and well-resourced provisions ensuring that practitioners are prepared for, and supported in, moving on to managerial roles.
101. The children's social care service is fully staffed through a purposeful strategy of over-recruiting social workers, in recognition of the turnover that exists. This has continued to be achieved within the overall annual staffing budget. Managers are aware that they are yet to achieve an ideal fully balanced workforce in relation to experience and expertise, with concentrations of newly qualified social workers in some areas.
102. Management support for and oversight of practice is strong, with practitioners valuing regular, thorough, reflective supervision. They also report good access to and immediate consultation with managers when it is needed. Senior managers have a good knowledge and understanding of children's cases where there is the most risk. However, the rationale for management decisions is not sufficiently clear in all casework. Some supervision records, while including an update on the case, do not demonstrate how plans and outcomes are reviewed and timescales are not routinely attached to actions. Senior managers monitor the frequency of supervision through monthly performance reports and are strengthening training for first line managers to improve the quality and consistency of practice. Where there had been drift in resolving legal

arrangements for some children needing permanence, hearings to resolve and progress these plans were in place and occurred during the inspection.

## What the inspection judgements mean: the local authority

An **outstanding** local authority leads highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** local authority leads effective services that help, protect and care for children and young people and those who are looked after and care leavers have their welfare safeguarded and promoted.

In a local authority that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. Minimum requirements are in place, however, the authority is not yet delivering good protection, help and care for children, young people and families.

A local authority that is **inadequate** is providing services where there are widespread or serious failures that create or leave children being harmed or at risk of harm or result in children looked after or care leavers not having their welfare safeguarded and promoted.

## **Section 2: The effectiveness of the Local Safeguarding Children Board**

### **The effectiveness of the LSCB is good**

#### **Priority and immediate action**

103. There are no areas for priority or immediate action.

#### **Areas for improvement**

104. Develop a comprehensive data report to enable partners to understand performance across services, and to identify and challenge areas where improvements in practice are required.

105. Further develop the mechanism to combine learning from case reviews and case file audits to ensure practice is informed and improved by regular review and feedback.

#### **Key strengths and weaknesses of the LSCB**

106. The Sheffield Safeguarding Children Board (SSCB) is a well-established, stable board that is well attended by representatives who are fully committed to the safeguarding agenda. The governance arrangements in place between the Independent Chair, Director of Children's Services and the Chief Executive of the Council support and enable constructive and effective communication. Lay members of the Board actively participate in board meetings and present strong and appropriate challenge.

107. Established relationships between the SSCB and the Clinical Commissioning Groups (CCGs) are in place. A protocol defining the relationship and terms of business between the SSCB and the Health and Well Being Board is in place but is not yet embedded. There are also appropriate links to the 0–19 partnership and planning arrangements in the area. A business plan identifying local priorities is in place and the SSCB receives effective and regular reports to enable members to monitor progress against the plan.

108. The SSCB has initiated effective challenge on a number of safeguarding issues that has led to improvements in services for children; for example, the rapid multi-agency response to sudden, unexpected child deaths at weekends has been extended and continues to operate, and the sexual assault referral centre covering Sheffield and parts of South Yorkshire has been established.

109. Multi-agency performance management is not yet fully developed and the social care data reported to the Board is a snapshot of key points in time rather than a comprehensive suite. Performance data from agencies other than social care has not been routinely reported to the Board. The SSCB is aware of the need to improve performance management and oversight and has already developed an

implementation plan in this regard. Compliance audits and multi-agency qualitative auditing are undertaken with detailed, constructive face-to-face comparison and challenge routinely taking place between the key partner agencies.

110. The SSCB has led the development of an effective response to child sexual exploitation in Sheffield. This resulted in board partners committing additional funding to support and promote this priority. A multi-agency team now provides a protective, supportive and investigative service for victims of child sexual exploitation. The work of the child sexual exploitation response team has identified historical concerns in relation to sexual exploitation and is supporting current criminal investigations and prosecutions. The practitioners are well connected to their own agencies professionally and developmentally.
111. The SSCB has been at the forefront in promoting training about awareness of sexual exploitation; hotel staff and taxi drivers have contributed extensively and successfully to the national "See Something, Say Something" campaign. A further initiative developed through the SSCB involves South Yorkshire Police working closely with children's homes in the city. This initiative has supported existing strategies for helping children and young people who go missing or who are at risk of sexual exploitation.
112. The SSCB is committed to the voice of children and young people influencing the work of the Board. They consult and involve young people through work undertaken by young advisors, who have also been actively involved in campaigns; for example, about the dangers associated with the use of fake ID, illegal tattooing and e-safety. The Board is proactive in improving practice and developing new approaches to practice. It has contributed at a national level in developing the See Something, Say Something campaign and the whole family approach, adopted in Sheffield, to Hidden Harm (substance abuse) has been recognised by the National Treatment Agency, with Sheffield showcasing their approach at a national conference.
113. The SSCB commissioned a serious case review in 2013 which will be published later this year. They undertake case reviews and case file audits and the learning from these is identified and reported to the Board. Although the budget has been reduced in both of the last two years, sufficient resources are available for future serious case reviews. There have been no serious case reviews undertaken locally in the recent period. The SSCB has identified and disseminated messages from serious case reviews elsewhere in the country to ensure that this learning informs and improves local practice.
114. Extensive and valued training is widely available with good levels of take-up. Over one thousand practitioners from all agencies received Safeguarding Children Board training, demonstrating that the commitment to and understanding about the importance of safeguarding among all key partner agencies is high. The SSCB identified targeted training that was required in specific areas and this has led to improvements, for example, in GPs sharing

information and contributing to child protection enquiries, conferences and plans.

115. Learning is disseminated and incorporated into training. However, the impact of this on practice is not yet clear. A learning and improvement framework has been recently developed and aims to identify the specific impact of learning on practice.

## What the inspection judgments mean: the LSCB

An **outstanding** LSCB is highly influential in improving the care and protection of children. Their evaluation of performance is exceptional and helps the local authority and its partners to understand the difference that services make and where they need to improve. The LSCB creates and fosters an effective learning culture.

An LSCB that is **good** coordinates the activity of statutory partners and monitors the effectiveness of local arrangements. Multi-agency training in the protection and care of children is effective and evaluated regularly for impact. The LSCB provides robust and rigorous evaluation and analysis of local performance that identifies areas for improvement and influences the planning and delivery of high-quality services.

An LSCB **requires improvement** if it does not yet demonstrate the characteristics of good.

An LSCB that is **inadequate** does not demonstrate that it has effective arrangements in place and the required skills to discharge its statutory functions. It does not understand the experiences of children and young people locally and fails to identify where improvements can be made.

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