



Joint area review

Sheffield Children's Services Authority Area

**Better
education
and care**

Review of services for children and young people

Adult Learning Inspectorate
Audit Commission
Commission for Social Care Inspection (CSCI)
Healthcare Commission
HM Crown Prosecution Service Inspectorate
HM Inspectorate of Constabulary
HM Inspectorate of Court Administration
HM Inspectorate of Prisons
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Ofsted

Audience	Published	Reference no.
All	12 December 2006	373



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Introduction

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of seven inspectors from the Office for Standards in Education (Ofsted), the Commission for Social Care Inspection (CSCI), the Adult Learning Inspectorate (ALI), the Healthcare Commission (CHAI), and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the inspection of children's services*.

2. This review describes the outcomes achieved by children and young people growing up in the Sheffield area and evaluates the way local services, taken together, contribute to their well-being. Joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being.

3. The review evaluates the collective contribution made to each outcome for children and young people by relevant services in the area. It also judges the contributions made by the council's services overall and, specifically, its education and children's social care services. Particular attention is given to joint action by local services on behalf of those groups of children and young people who are vulnerable to poor outcomes. Two such groups are covered in detail: children and young people who are looked after by the council; and children and young people with learning difficulties and/or disabilities.

4. The review took place in two stages over a nine-week period. The first stage reviewed all existing evidence including:

- a self-assessment undertaken by local public service providers
- a survey of children and young people
- performance data
- the findings of the contemporaneous inspection of the youth service
- planning documents
- information from the inspection of local settings, such as schools and day-care provision
- evidence gathered during the earlier Youth Offending Team inspection
- briefings from staff within inspectorates, commissions and other public bodies in contact with local providers.

5. The second stage included inspection fieldwork. This included studies of how far local services have improved outcomes for a small sample of children and young people, some of whom have the most complex needs, and a study of provision in the Burngreave/Fir Vale neighbourhood. It also included gathering evidence on nine key judgements, selected because of their critical importance to improving outcomes for children and young people in the local area. This included discussions with elected members of the local authority and

their equivalents in other public agencies, officers from these agencies, service users, and community representatives. A review of case files for children and young people receiving support from a number of local agencies was also included. The Audit Commission corporate assessment did not take place during the period of the joint area review but is scheduled for 2007.

Context

6. Sheffield is England's fourth largest city. The economy was built on the steel, engineering and cutlery industries and, whilst it remains one of the country's foremost manufacturing areas, the last 30 years have seen a steady growth of service industries. The city acts as a focal point within South Yorkshire and North Derbyshire and has become a leisure, retail and cultural centre of regional significance. Sheffield has a population of 520,700, of which 136,905 are aged 0–19. Just under 9% of the population is of black and minority ethnic (BME) origin, the largest group being Pakistani. Twenty per cent of the school population is of BME origin, with a higher percentage in primary than in secondary schools. The city has a growing number of economic migrants and asylum seekers. Unemployment stands at 5.5%, which is marginally above the regional and national figures. Rates are generally higher for BME groups.

7. There are high concentrations of localised deprivation; one-third of Sheffield's 29 electoral wards are within the most deprived 10% in England. In stark contrast, two wards are in the least deprived 5%. The range from the least to the most deprived areas is striking, with the highest concentrations of deprivation and some of the poorest housing estates in the country to the north and south east of the city. The percentage of primary and secondary aged pupils who are eligible for free school meals is higher than nationally but in line with statistical neighbours.

8. Sheffield City Council was a Pathfinder Children's Trust and moved to an integrated Children and Young People's Directorate (CYPD) in 2005. Joint planning is guided by the city's overarching 0–19+ Partnership Board and its three advisory groups: policy and practice; localities; and 11–19+. The Executive Director of CYPD and a lead member are in place and a Children and Young People's Plan (CYPP) came into effect from April 2006. The council and its partners have opted for a model of service delivery based upon seven service districts which, over time, will manage and deploy front-line staff. This is a significant structural development. An executive sponsor group is overseeing transitional and governance arrangements and a Local Safeguarding Children Board (LSCB) is now established. Reorganisation of Sheffield's four Primary Care Trusts (PCTs) was taking place during the period of the joint area review.

9. Children's social care services are provided by the city council, which has corporate parenting responsibility for 655 looked after children and young people. Slightly over 500 of these children are in family placements, the

majority in foster care. Seventy are placed in registered children's homes, with just over 200 placed in foster homes or children's homes out of the authority.

10. The city council maintains four nursery schools, and six young children's centres and 137 schools offering education for children between the ages of five and 11. All schools are non-selective and mixed sex. There are 25 secondary schools in the city, seven of which have sixth forms offering education up to the age of 19. Two city academies, with new sixth form places, open in 2006. Sheffield has 12 special schools, three inclusion centres and a children's secure unit. The remainder of 16–19 provision in the city is provided by Sheffield College of Further Education and the new Longley Park sixth-form college serving the north east of the city. The Learning for Life strategy brings together those responsible for organising 14–19 learning. It comprises the local authority, the Learning and Skills Council (LSC), Sheffield College, Sheffield Futures and the Learning Partnership. A network of employment and work-based learning providers is overseen by the LSC. Sheffield Futures, an independent charitable company, manages Connexions provision and is contracted by the local authority to provide youth work. A compact agreement is in place between the council and the voluntary, community and faith sector. The sector has representation on the Board.

11. The Sheffield North, South East, West and South West Primary Care Trusts commission health services, alongside the Sheffield Children's NHS Foundation Trust for children and young people and provide most of the community and primary care services. These will form the Sheffield PCT from October 2006. Sheffield Children's NHS Foundation Trust is the main provider of acute health services, accident and emergency, community paediatric and Child and Adolescent Mental Health Services (CAMHS) for children and young people. This Trust also provides tertiary level specialised children's services for Sheffield and parts of South Yorkshire, north Derbyshire and Bassetlaw. The Sheffield Teaching Hospital NHS Foundation Trust provides maternity and neonatal services and accident and emergency for young people generally over 16 years of age. The Sheffield Care Trust provides mental health services for some young people between 16 and 18 years of age. The Trusts providing health services for the children of Sheffield are now administered by the new Yorkshire and Humberside Strategic Health Authority.

Summary report

Outcomes for children and young people

12. Outcomes for children and young people in Sheffield are adequate overall. Children and young people appear safe. There are wide variations in the determinants of health in the city but health outcomes are adequate and improving. In terms of educational achievement, outcomes are also adequate. Children and young people achieve better at school than in the recent past, particularly in secondary schools and in further education and training. Such progress is not to be found, however, in primary education. Many children and

young people make a good contribution to their communities and gain from their involvement in sporting, cultural and youth activities. They are well prepared for working life. Opportunities for vocational study for 14–16 year olds are extensive and performance at Key Stage 4 is improving.

The impact of local services

13. The impact of local services in improving outcomes for children and young people is good. Rapid progress has been made in forming the city's overarching 0–19+ Partnership Board and its constituent members each make a good contribution to cooperative working. The board has set itself challenging but realistic targets which include ambitious structural changes at local level to improve service delivery. The capacity of the council's CYPD to improve is good; the education element is good but given the weaknesses in the performance management of social care, this aspect is judged adequate. Taken together, the impact of the work of all local services in keeping children and young people safe is good. Against a backdrop of challenging social problems in some areas of the city, the contribution of the health service is also good. Overall, the impact of all services in respect of young people enjoying and achieving and in making a positive contribution is good. Incremental improvements in most, although not all, aspects of school performance have been brought about by concerted actions of the council, as well as schools themselves. Significant attention has been given to providing cultural, sporting and recreational activities, all of which enrich children and young people's broader education. Many opportunities are provided for children and young people to participate in consultation processes and influence decisions in schools and within the local community. Services are responsive to cultural diversity and are planned in a way which accommodates the needs of incoming migrant families. The impact of all services in helping children and young people achieve economic well-being is outstanding. Bold strategic planning decisions have been taken to support improvement and the coordination of 14–19 education and training is very well managed through the city's learning partnership.

Being healthy

14. The impact of all local services in securing the health of children and young people is good. There is a strong multi-agency commitment to improving the health of all children and young people and addressing health inequalities. Lessons from serious case reviews in Sheffield have been effectively translated into improved safeguarding systems and support across the healthcare organisations. There are high quality universal preventive and treatment services. Vulnerable communities have been identified and resources made available to support parents in keeping children healthy. The Healthy Schools Programme is successful at engaging schools and providing a framework for developing healthy lifestyles in children and young people. Teenage pregnancy rates remain high. National standards are met for acute hospital care of children and for CAMHS. There are good assessment services

for children with disabilities and children and young people with complex needs receive timely and well integrated services. The access to services and continuing support for moderate disabilities is more restricted and growing expectations are stretching capacity further. The health services available to support looked after children have been improved and are now adequate.

Staying safe

15. **The impact of all local services in keeping children and young people safe is adequate.** A good range of services and projects across the city are collectively helping to safeguard children and young people. Sheffield has made progress in implementing the Common Assessment Framework (CAF) and the children's information database (SafetyNet). Multi-agency safeguarding training is comprehensive and valued by practitioners. Referrals to social care are well managed at the first point of contact and those which require further assessment or work are forwarded to the appropriate teams promptly. Nonetheless, there are weaknesses in the performance monitoring of practice within social care and incidents whereby referrals are considered as single events rather than a holistic approach being adopted. A number of children on the child protection register are not allocated to a named qualified social worker. Staff vetting procedures are effective but the service encounters difficulties in recruiting and retaining social workers.

16. Preventative work is adequate and benefits from the support provided by the voluntary, community and faith sectors. Carers and staff are provided, with good training and support to safeguard disabled children. Looked after children's care plans are regularly and rigorously reviewed and performance on stability of placements is good. However, many looked after children are placed out of the city.

Enjoying and achieving

17. **The impact of all local services in helping children and young people to enjoy their education and recreation and to achieve well is good.** There is a demonstrable commitment of the local council and partners to improving achievement and promoting equality and inclusive practice. Parents and carers receive effective support, particularly for migrant children and families who arrive in Sheffield with limited English. Overall, young children enjoy school but their social, language and communication skills are well below national average when they start. Challenge from the council to early years settings and primary schools is variable, although improving. Support to secondary schools has been effective over some time and young people's rates of progress improve as they get older. Although results at age 16 are below those of similar authorities, they have improved year on year and the 2006 GCSE results are much improved. The support provided by the Ethnic and Minority Achievement Service (EMAS) is good and most BME groups achieve well. Support for those few schools causing concern is managed well. The

provision for children and young people educated other than at school, including hospital education, is good with progress monitored effectively.

18. Strong measures are in place to improve attendance and manage challenging behaviour. These are proving successful, as overall attendance has improved and permanent exclusions are reducing. However, unauthorised absence and fixed-term exclusions are high. The achievement and attendance of looked after children are low but improving. There is evidence that some looked after young people are excluded too readily and, although monitored by officers, this is a concern. The work of the learning support team is rightly praised by schools and, considering their starting point, children and young people with learning difficulties and/or disabilities make the progress expected of them. There are good systems in place to support families and identify needs early. Access to a wide range of enrichment, voluntary learning and youth work opportunities is very good.

Making a positive contribution

19. **The impact of all local services in helping children and young people to contribute to society is good.** Many opportunities are provided for children and young people to participate in consultation processes and influence decisions in schools and within the local community. Opportunities at city council level are more limited and an agreed approach to formal representation has yet to be fully agreed. Agencies work well together to provide children, young people and their parents and carers with a range of opportunities and courses to develop positive relationships that support social and emotional well-being. Mentoring schemes help children and young people advocate for others, empathise and help their peers respond to challenging circumstances. Good cooperation between the youth service, private and voluntary agencies has resulted in a wide range of out of school and holiday activities on which children and young people report positively and which help promote social cohesion. Likewise, good work between the Youth Offending Team (YOT) and its partners has been effective in helping prevent offending and reducing re-offending. Effective commissioning arrangements with the National Society for the Prevention of Cruelty to Children (NSPCC) provide looked after children with an independent advocacy service.

Achieving economic well-being

20. **The impact of all services in helping children and young people achieve economic well-being is outstanding.** The strategic planning and coordination of 14–19 education and training is very well managed. Collaborative working is well established through the city's learning partnership and the performance of young people is monitored closely. Vocational provision has been developed in alignment with local economic priorities and engagement with employers is strong. Young people receive good quality advice and guidance about the range of educational and training opportunities available to them. There are extensive opportunities for vocational study for young people

aged 14–16 and significant investment has resulted in additional provision for young people post-16. The proportion of young people staying on in full-time education has increased considerably in recent years. The learning partnership has developed a comprehensive strategy to support vulnerable young people. There are good transition arrangements at each key stage for those young people with learning difficulties and/or disabilities and new improved pathway plans for looked after children are currently being piloted. Regeneration initiatives are coherently planned and demonstrate good multi-agency working. Parents and carers are well informed about the range of childcare facilities available. The council has good measures in place to support young people and families at risk of homelessness but there is a shortage of affordable rented accommodation for young people.

Service management

21. **The management of services for children and young people is good.** The ambitions of the council and its partners for children and young people are good. They are appropriate, challenging and have been identified through consultation and effective needs analysis. The community leadership provided by the council is a strength, as is partnership working at both strategic and operational levels. Prioritisation is good and it is clearly understood across the partnership that the main areas for development are raising attainment and strengthening safeguarding. The integration of services is progressing through the establishment of seven service districts for the coordinated delivery of services in local neighbourhoods as well as the new integrated Safeguarding Children Service. The extensive change programme is being managed well.

22. Capacity is good and senior management provides strong leadership across the partnership. Management of resources is secure and processes are being increasingly used to improve value for money. The council is undertaking a two year cultural change programme with a redesigned Children's Workforce Strategy, including the development needs of the voluntary, community and faith sector. There remain issues over recruitment and retention of social workers.

23. Performance management arrangements are adequate. A wide range of procedures are in place both within the council and the partnership. Although there are examples where knowledge of performance information has helped drive service improvement, there are weaknesses in some areas of social care where performance management activities tend to focus on monitoring processes and are insufficiently focused on the quality of the work undertaken.

24. **The capacity of the council and the partnership to improve further is good.** The Executive Director of CYPD provides strong leadership and is supported by many staff with good leadership and management skills. There is a positive and flexible attitude within the directorate which is reflected in an entrepreneurial approach towards piloting new and appropriate initiatives. The lead member is developing a clear understanding of his role and is

supported by a knowledgeable team of members. Difficult decisions are taken by elected members and officers where necessary and focus is sustained. The council has demonstrated that it is a learning authority which responds well to external recommendations. The partnership also shows a good capacity to improve further as new protocols and systems become embedded. The partnership is self-aware as demonstrated in the generally realistic self-assessment, which identified most areas in need of further improvement.

Grades

Grades awarded:

4: outstanding; 3: good; 2: adequate; 1: inadequate

	Local services overall	Council services	Health services
Being healthy	3		
Staying safe	2		
Enjoying and achieving	3		
Making a positive contribution	3		
Achieving economic well-being	4		
Service management	3		
Capacity to improve	3	3	
Children's services		3	
The education service		3	
The social care services for children		2	
The health service for children			3

Recommendations

For immediate action

In order to improve the delivery of services to children and young people:

- the council should address weaknesses in performance management in social care by ensuring that:
 - decisions on the response to child protection referrals are based on all available information and appropriate holistic multi-agency assessments and analysis
 - all children and young people at risk are allocated promptly to qualified and suitably experienced social workers.

For action over the next six months

- The council should set clear targets for reducing the proportion of looked after children placed out of the authority, to deliver better outcomes for those children.
- The council should, with schools, tackle rates of unauthorised absence and fixed-term exclusions.
- The council should improve the educational achievement, school attendance and pathway planning for looked after children.

Main report

Outcomes for children and young people

25. **Outcomes for most children and young people in Sheffield are adequate.** Children and young people appear safe but systems to ensure the safety of the most vulnerable are insufficient. Children and young people generally feel safe at school and within their localities but some express a fear of bullying and the negative impact of anti-social behaviour. Children and young people from BME groups feel that their heritage is valued and respected. The area has done much to tackle long established patterns of poorer health in parts of the city, some of which are very disadvantaged. This has helped improve health outcomes. Support for vulnerable parents is having a positive knock-on effect for their children's health and general well-being. Generally, children are performing better at school, particularly in secondary and further education and training. They are making slower progress when at primary school. Attendance is now similar to that found nationally but too many children take unauthorised absences. The city has a rich menu of sporting, cultural and recreational activities, all of which contribute well to children and young

people's social, emotional and personal development. Those with learning difficulties and/or disabilities are often able to take part in such activities. Looked after children are increasingly well cared for but too many still struggle to enjoy and achieve at school. The majority of children and young people consider that it is easy to have a say and make some difference to the way in which things are run in school. Most are prepared well for working life, with more than ever undertaking vocational skills programmes, staying on to study full-time at age 16 or progressing to university.

26. Children and young people in Sheffield are generally healthy.

There is inequality across the city linked to variations in the determinants of health such as income levels and housing quality. There are also vulnerable communities of economic migrants and asylum seekers in parts of the city. Death rates in early life and childhood and the proportion of low birthweight babies have been consistently higher than national and comparable area rates but are showing improvement. Smoking in pregnancy is below the rate for comparable areas and breast feeding rates are higher but below national rates in more disadvantaged parts of the city. In Sure Start areas, both of these indicators have shown continuing improvement. Immunisation rates for infants and pre-school children compare adequately with areas of similar population mobility. Oral health is poor in areas of the city and correlates with disadvantage and cultural differences in infant feeding and general diet. Teenage pregnancy rates remain high. Sexually transmitted infection rates have been increasing but the latest data indicate that this trend has been halted. Misuse of illegal drugs and alcohol by adults is increasing risks of adverse outcomes in pregnancy and early life. More young people are presenting for emergency treatment because of excessive alcohol consumption. There are good outcomes for children with acute physical illness and chronic disease and disability. Most children and young people enjoy life but there are lower levels of emotional well-being in children and young people in the more deprived communities. Children and young people with learning difficulties and/or disabilities experience timely and high quality assessment. The risk of poorer health outcomes for looked after children is being addressed and they have good access to support for their general health and to specialist services.

27. Most children and young people appear to be safe. The majority of performance indicators in this area are good or improving. The number of children on the child protection register has increased over the last 18 months from 290 to 415 in September 2006. This reflects the increased awareness of domestic abuse and is in line with a city the size of Sheffield. The rate of looked after children is also in line with comparators but too many (nearly one-third) are placed out of the authority. Too many children on the register are not allocated to named social workers, but the stability of placements of those looked after is good. Children and young people from BME groups feel that their heritage is valued and respected. Children generally feel safe at school and within their locality, although fear of bullying is an issue for some young people. Recent shootings have eroded children and young people's sense of safety and have had made some fearful of going out. The number of children killed or

seriously injured in road traffic accidents remains high despite considerable effort on the part of services.

28. **Children and young people achieve adequately.** Many children entering school have very low social, communication and language skills. Children make satisfactory progress overall and the rate improves as they get older. However, overall standards are low in the Foundation Stage and at the ages of seven and 11. They are in line with the average of similar areas at age 14. At 16, standards remain below average but the rate of improvement in recent years has often been faster than that found in similar areas, with GCSE results much improved in 2006. The achievement of children and young people from most BME communities has improved; however their rate of progress is still too low, particularly those of Pakistani and Caribbean origin. There has been some improvement in the achievement of looked after children. Those with learning difficulties and/or disabilities generally make satisfactory progress given their starting point. Children report that they enjoy school.

29. Attendance is now similar to that found nationally but the rate of unauthorised absence has been consistently higher than the national average. Permanent exclusions have reduced; however, fixed-term exclusions are above those of similar areas. There are no permanent exclusions of children who are looked after by the council but, although reducing, there are still too many fixed-term exclusions of this particularly vulnerable group. Children and young people benefit from a very good range of enrichment and voluntary learning opportunities, particularly through extended services in schools and youth service activities. Young people praise the quality of the annual Children's Festival. The authority is proactive in ensuring equal access for all.

30. **Children and young people have a good range of opportunities to make decisions and take personal responsibility and many make a good contribution to their communities.** The majority of children and young people consider that it is easy to have a say and make some difference to the way in which things are run in school. Most consider that they can have a say and influence developments in the local community. However, they are less clear about their participation and influence in the wider democratic processes within the city. A wide range of training courses and activities have addressed issues such as citizenship, equality, human rights and diversity and these are successfully assisting young people in addressing social cohesion and respect for others. Training in recruitment and interviewing skills has resulted in a number of children and young people being involved in the recruitment of staff in schools and in the PCTs. Many children and young people represent others on school councils, area youth forums or have trained as mentors to offer support to their peers. Participation in a wide range of targeted out of school recreational provision has resulted in a decrease in the levels of anti-social behaviour and offending and an increase in school attendance. A good and increasing number of looked after children and young people participate in their statutory reviews and the voice of children and young people with learning

difficulties and/or disabilities is effectively being promoted through targeted action.

31. Children and young people are able to achieve economic well-being and are prepared well for working life. Participation in the vocational skills programme has improved the performance of young people aged 14–16 at Key Stage 4. The numbers staying on to study full-time at age 16 has increased and, overall, young people aged 16–19 make good progress. Success rates are above national averages at levels 2 and 3. The average point score of 16–18 year old students entered for GCE/VCE A/AS level is well above the national average. There are improving numbers of young people progressing to higher education. Apprenticeship and advanced apprenticeship success rates have improved significantly since 2002 and are now above average for the majority of Sheffield work-based learning providers. The take-up of child tax credit is above that in other parts of South Yorkshire. The length of stay by young people in temporary accommodation is in line with national averages. The numbers of young people not in education, training or employment has reduced to the area average but remains above the national average. Much work has been done to identify and work with those young people whose whereabouts was formerly not known and recent improvements have been made in the engagement of these young people in employment, education and training. The proportion, however, remains below the national average. Similarly the proportion of young people achieving level 2 threshold at 19 is improving but remains below the national average and the same applies to those who achieve positive outcomes on Entry to Employment.

The impact of local services

Being healthy

32. The work of all local services in securing the health of children and young people is good. Universal health services are accessible and there is a strong multi-agency commitment to improving the health of all children and young people. Maternity services are of high clinical quality and are targeted to meet the range of need across the city. Targeted work of specialist midwives on substance misuse issues is particularly well developed. Mainstreaming of teenage pregnancy care has been achieved through collaborative working with other agencies. Parents and carers receive good support to keep children healthy. Sure Start programmes and children's centres are providing excellent community facilities where health services are working well together to be responsive to the needs of all families. There is good promotion of positive mental health of mothers and targeted services are reaching the families most at risk of social isolation. Breast feeding is actively promoted and peer support groups for breast feeding have been well attended. Smoking cessation services are deployed effectively. The availability of good quality, affordable healthy food in some poorer parts of the city is limited. A number of initiatives across public services and local businesses are planned to address this. The Sheffield oral health strategy has identified high levels of dental decay in some

communities and this is being addressed through advice on infant feeding and commissioning accessible dental services.

33. Children and young people are supported well in developing healthy lifestyles. The Healthy Schools Partnership is successful in engaging over 90% of schools, and 50% of schools are on track to achieve the new Healthy Schools status by December 2006. The 125 health programme delivered in schools through the Sheffield Healthy School Programme has reached the national finals of the Mentor Alcohol Prevention Awards for its work on the impact of alcohol misuse in Sheffield primary schools. School nurses are to form part of multi-agency teams in the new service districts, thereby creating a positive opportunity to build capacity at local level for work in schools. Work to establish a baseline for childhood obesity has been completed by the school nurses. Children and young people are encouraged and enabled to eat healthily and the contract for school meals has standards that are effectively monitored to ensure nutritional standards. The Activity Sheffield strategy acts as an enthusiastic multi-agency approach to increasing participation of children and young people in physical activity. Targets for participation in PE and related activity at school are being met. Outside of the school environment, Sheffield has extensive areas of green space and has invested well in ensuring these are well used. The adventure playground in Pitsmoor is a good example of services working together to provide safe, challenging and inclusive open access play facilities to one of the most diverse and vulnerable neighbourhoods.

34. There are effective commissioning arrangements for young people's substance misuse services and this responsibility is well integrated in the CYPD of the council. A good and inclusive range of interventions is in place to provide information, advice and support to discourage children and young people from smoking and substance misuse. Training and support for agencies to enable them to identify substance misuse earlier and refer appropriately is well planned and delivered. Funding from national level for this work has, however, been reduced with some projects operating on short-term funding. These difficulties are well acknowledged across agencies, but it is not yet clear what the impact may be as such budgets are devolved to service districts. Teenage pregnancy rates remain high but there is evidence that action to reduce the number of second pregnancies in young women is achieving some success. An audit has been carried out using the findings from national work on 'success factors' in reducing teenage pregnancy in areas with similar socio-economic factors. Appropriate changes are being made. Sex and relationship education programmes in schools have a high priority and there is a range of readily accessible and multi-agency services working to agreed standards to meet the sexual health needs of all young people.

35. There is clear identification of the universal and targeted programmes that the health services for children and young people in Sheffield provide. There is a high rate of participation of primary care GP services in child health surveillance and immunisation. There are good systems to identify and track children to improve immunisation rates.

36. Acute health services for children in Sheffield are of high clinical quality. The accident and emergency department at the Children's NHS Foundation Trust is used as a source of advice for minor illness. This trend may reflect the perceptions by more vulnerable groups about the role of local services, particularly for out of hours consultations. NHS Direct services, as the first point of contact to access primary care out of hours, are not seen as sufficiently responsive to the anxieties of parents and carers in the diverse communities of Sheffield. The Children's NHS Foundation Trust is also the provider of CAMHS and this has helped to achieve a good understanding of the emotional needs of sick children.

37. The Ryegate Centre in Sheffield is a focus of specialist clinical expertise for the assessment of children and young people with disabilities, and is an excellent source of information and support to parents and carers. Outreach services to support children with chronic and life threatening illnesses are very well received by parents. The demand on the centre is increasing and growing numbers of children with autistic spectrum disorders are being referred. National funding systems based on payment for episodes of care do not recognise the time spent on inter-agency work by providers. With increasing demands, services to meet the expectations of parents and carers with children with less severe disabilities are limited.

38. Mental health is well promoted through social and emotional aspects of learning programmes in schools and linked initiatives on anti-bullying and understanding diversity. Links between CAMHS, social services and schools are systematic and are contributing to the reduction of out of area placements and school exclusions. The needs of BME groups, asylum seeker children and children and young people who are in families with adult mental health, substance misuse and domestic abuse issues are recognised and acted upon. Waiting times for general CAMHS now meet national targets. CAMHS professionals have allotted time for liaison and consultation work with direct access to discuss specific cases. The CAMHS specialist services, including a dual diagnosis team for learning difficulties and mental health, an eating disorder group and services for autism, are valued by parents and other services. However the access to the dual diagnosis service is frustratingly slow. A direct CAMHS input to the young people's substance misuse service and a forensic service co-located with the YOT are providing excellent support to meeting the needs of very challenging young people. A protocol is in place for transition to adult mental health services, and models for an age-appropriate service for 16–18 year olds are now being considered. An out-of-hours rota providing 24 hour access to specialist CAMHS works well.

39. Arrangements for health reviews of looked after children are now adequate. A specific team that is focused on the health of looked after children is in place and health reviews are carried out more efficiently. Administration arrangements for reviews are, however, separate from the designated health team and this reduces efficiency. There is good access to CAMHS for looked

after children and young people, to named workers in the substance misuse services and there is a fast-track system in the sexual health clinics.

40. The health needs of children and young people with learning difficulties and/or disabilities are addressed well at the assessment stage, and those with complex needs have these met with good inter-agency working and arrangements for funding allocations. For those with less severe disabilities, there is limited ongoing access to therapy and other health support services.

Staying safe

41. **The work of all local services in keeping children and young people safe is adequate.** Sheffield identifies safeguarding as one of its two key priorities. Inter-agency work is being strengthened and new structures established to further this priority. A wide range of services and projects are collectively helping to safeguard children and young people. Training and guidance for staff and settings is good and preventative work is adequate but some aspects of the management and delivery of services within social care are weak. Action taken by senior managers during the review in response to concerns indicated that the capacity exists to deal with these.

42. Referrals to social care are well managed at the first point of contact and those which require further assessment or investigation are forwarded to the appropriate teams promptly. Cases were noted during the review where there had been delays by agencies or settings in taking the most appropriate action in relation to referrals. More generally, there are instances whereby referrals are considered as single events and there can be a failure to adopt a holistic approach that draws on all of the information available. There are weaknesses in the performance monitoring of practice within some aspects of social care and in the assessment, planning, intervention and support to some cases. Despite weaknesses there was no evidence that children are unsafe. The quality of recording in case files ranges from good to very poor and their organisation creates problems for workers and reduces their usefulness as a working tool. A small but significant proportion of children on the child protection register are not allocated to a named, qualified and suitably experienced social worker.

43. Sheffield has made good progress in implementing the CAF and the children's information database, SafetyNet. It has launched an integrated practice manual and comprehensive training is undertaken on a multi-agency basis, which is valued by staff in both the public and voluntary sectors. There are good indications that the CAF is helping identify children with additional needs but some agencies still perceive it primarily as a referral tool. Some service improvements are evident since the two recently completed serious case reviews, particularly in relation to health services. Whilst reports on the actions arising from the reviews have been made to the 0–19+ Partnership Board and the LSCB, they are insufficiently robust and detailed to enable strategic managers to confidently track the necessary actions for improvement.

44. Good multi-agency work is being undertaken to help inform children, young people and their carers about risks to their safety and how to deal with them, including bullying, substance misuse and sexual exploitation. Fear of bullying is of considerable concern to some children and, as a result, there is targeted action and monitoring of impact of this work on a multi-agency basis. Children spoke positively of the support being provided in schools. The negative impact of domestic abuse on the welfare of children is recognised, with a very strong commitment across the agencies, a sound infrastructure and some excellent support work being undertaken. Services work well together across social care, education and health to ensure that the identity and whereabouts of all children is known.

45. Health services are well aware of the safeguarding issues arising from serious case reviews and have taken effective action on specific recommendations to protect the health and well-being of children. Staff are more confident in assessing parents and families, confronting risk and sharing information. The hospital services have high attendance of families, children and young people for emergency and urgent care and have good systems for identification of possible abuse and neglect of children. There is now a team and dedicated accommodation at The Children's Hospital for assessment and support of children and young people identified as possible victims of abuse or neglect. This excellent service works well with social care and the police and ensures that children are safe and are not traumatised further by the clinical and forensic processes.

46. A comprehensive manual of child protection procedures and practice guidance are in place, although these require some updating to reflect recent service developments, new working arrangements and specific gaps, for example in relation to children who abuse other children. Work is, however, underway with neighbouring authorities to update guidance in line with 'Working Together' expectations. Multi-agency public protection arrangements are well defined and effective between agencies.

47. Particular attention has been given to road safety, with pupils in many schools receiving guidance on developing skills to stay safe on the roads and in public places. This, in addition to the development of Child Safety Zones, has reduced road traffic accidents. The incidence of children involved in road traffic accidents remains high, however, and is a key area of activity identified by the council.

48. A good range of support and preventative services is provided by the voluntary, community and faith sectors working in conjunction with the statutory sector. A sensitive and strategic approach is being used to develop practice in this area by the Safeguarding Children Service, for instance joint work with the Madrassas and Imams. There are also impressive children's centre services, demonstrating good joint working and strong parent participation. These preventative services are having a direct impact on helping to keep children safe and out of the looked after system. The social care family

support service is also providing good support for families at a tier 2 level. However, the lack of clarity as to what constitutes tier 2 work, weak risk assessments and pressure on social work teams is resulting in family support workers undertaking some work that should be undertaken by qualified and experienced child protection social workers.

49. Very good systems are in place to ensure safe and effective vetting of new staff appointments, volunteers and services contracted by the council and partners. Many of the robust systems used previously within the education directorate are being adopted within the new Children's Services Directorate.

50. There are insufficient foster carers and residential placements within the city for looked after children, and the range of placements does not match the ethnic and cultural background of some children. Recent investment in, and reorganisation of, family placement services is improving recruitment and retention, with fewer carers joining independent fostering agencies. Support and training for carers is good.

51. Decisions to look after a child are taken at a senior level, to help ensure children do not enter the care system unnecessarily. A recent review of the placement panel's function was timely, given the high number of children placed out of the city and high cost involved. Looked after children's care plans are regularly and rigorously reviewed by the Independent Reviewing Officer service, including those for children placed out of the authority. Due to the distances involved, children and young people have insufficient contact with their homes and a disproportionate amount of social worker's time is taken up monitoring these placements. The number of looked after children with a disability placed outside of the city has reduced by 50% over the last six years from 26 to 13. This is due in part to the enhanced CAMHS support and the dual diagnosis service.

52. Information about disabled children is effectively shared between carers, families and staff, especially where children are receiving a service from a specialist facility such as the Ryegate Centre. Carers and staff are provided with good training and support to safeguard disabled children and the integrated Safeguarding Unit provides specialist advice to staff. There are a large number of projects and services providing holiday activities for disabled children under the banner of Sheffield special needs inclusion play-care service (SNIP).

Enjoying and achieving

53. **The work of all local services in helping children and young people to enjoy their education and recreation and to achieve well is good.** Local services successfully adopt a broad view of children and young people's education above and beyond formal settings. There are considerable strengths in this collective effort. Good collaboration between schools and the local council is evident alongside a demonstrable commitment to promote equality and inclusive practice as well as diversity. Parents and carers have access to a good range of information, for example by the children's

information service, children's centres and the voluntary sector. Support for parents from BME communities is particularly good. Information leaflets are available in many community languages and the council works well with representatives from the communities and outreach officers to facilitate communication and support families with limited English.

54. Effective partnership work ensures that the majority of children and young people and their families are supported well. Areas with the highest levels of deprivation are prioritised for the development of children's centres and extended schools. Positive parenting classes help parents prepare their children for school. A good range of initiatives, such as the support for Somali and Yemeni communities, ensures that families and young people access education, health services and leisure activities more easily.

55. Sheffield provides good support for early years education and childcare. Provision is well planned and there are generally sufficient suitable places across the city to meet the needs of three and four-year olds. Arrangements for monitoring the quality of provision in all settings are satisfactory. Many initiatives contribute to raising achievement, such as the social and emotional aspects of learning programme and the Every Child a Reader initiative. The school library service is good and highly regarded by schools. Early years providers access good training and support but the level of challenge to raise standards in early years requires improvement. The portage service is good and provides effective support to young children with learning difficulties and/or disabilities. Early intervention for this group of children is good.

56. The school improvement service provides timely and appropriate support to schools. Data are used more rigorously to target improvement and the service has developed good partnership working with schools; this is valued. Together they have had a positive effect on student achievement in most secondary schools, although some still face challenges, such as poor attendance affecting the achievement of some groups of young people. The coherence of the many local and national initiatives has improved, although the impact of strategies on outcomes in primary schools is yet to be demonstrated. There is variability in the level of challenge provided to primary schools, particularly through the target-setting process, the rigour of self-evaluation and the annual performance review. However, these issues are being addressed and support for schools causing concern is now good. Strengths include support on the use of data, monitoring of the effectiveness of leadership and support to improve attendance. Only one primary school is categorised by Ofsted as requiring special measures.

57. The educational progress of children and young people is generally improving, but slower than that found nationally in primary schools and standards are below average overall. The council and schools are aware of the need to raise the achievement of some specific groups, in particular children and young people from Pakistani and Caribbean backgrounds. The work of EMAS is good. Projects such as Advancing Together, Reach High 2 and Somali

Education Breakthrough are examples of effective bilingual support which facilitates access to learning for students who have English as an additional language. The hospital tuition service is good and provision for children educated at home is monitored well.

58. Planning of school places is effective and the number of surplus places in schools is low. Admissions procedures are good and are administered efficiently and effectively. Schools have received clear guidance for admission and priority is given to the most vulnerable, in particular children looked after by the council. Monitoring, review and evaluation procedures are robust, and most parents access their first choice of school place.

59. The access and inclusion service effectively supports schools to improve attendance. In primary and secondary schools it is in line with that found nationally and is improving at a fast rate; however, despite schools' and officers' efforts to work with parents and carers, unauthorised absence is too high. Effective strategies are in place to reduce exclusions and, consequently, the number of permanent exclusions is reducing; however fixed-term exclusion are still above average. Provision for young people who are excluded is good and initiatives, such as 'Catch the Drift', are effective in reintegrating young people to mainstream education quickly. Records for children and young people missing from education are good. Actions to track these young people and improve processes are effective and well received by schools.

60. The work of the learning support team is praised by schools and, considering their starting point, children and young people with learning difficulties and/or disabilities make the progress expected of them. Statutory assessment processes are timely and there are good systems in place to support families and identify needs early. Satisfactory progress has been made towards implementation of the council's inclusion strategy aiming to meet children's and young people's special educational needs as far as possible within mainstream settings. The number educated in special schools is above average, often due to parental preference.

61. Children have access to a very good range of enrichment and voluntary learning opportunities, particularly through extended services in schools, youth service activities and the voluntary sector. Good provision is made for specific groups, including looked after young people and those with learning difficulties and/or disabilities. Financial support enables these young people to access leisure facilities at reduced prices, and there is affordable transport available to them. The special needs inclusion play-care service supports a large number of children to access play and leisure opportunities, with over 100 providers across the city. Many areas work hard to provide a wide range of positive activities for children and young people after school and during the holidays, such as the 'Active Burngreave' project. Many young people are involved in the Children's Festival. They articulate well the contribution of the festival to their understanding of the many cultures represented in Sheffield.

62. More effective coordinated action across a range of services and better academic monitoring are beginning to improve the attendance and achievement of children who are looked after by the council. All schools have a designated teacher for looked after children, the local authority monitors the individual targets set for them and almost all schools have a designated governor. Good partnership working ensures that there are now no permanent exclusions of looked after young people. Connexions advisors undertake some very focused project work with this vulnerable group of young people. However, their attendance and achievement at school, although improving from a low base, require further improvement, particularly for those placed outside the city. There are too many fixed-term exclusions for this group.

Making a positive contribution

63. **The work of all local services in helping children and young people to contribute to society is good.** The local authority and its partners collaborate well to address the needs of children and young people and to help them develop socially and emotionally. The majority of children and young people say that life in Sheffield is enjoyable and that they find it relatively easy to get help and information. A wide range of out-of-school physical, sporting, cultural and performing arts activities are available, many aimed at raising self-esteem or issues such as personal safety or bullying. Some projects are culturally specific. Learning mentors are available in schools and a wide range of training is available for pupils to train as peer mentors. Family support workers, plus a number of parenting programmes, for example Positive Parenting and Father Figures, provide good support to assist parents in managing their children and in developing positive relationships with them if difficulties arise. The availability of interpreters aids access for parents and carers from diverse cultural groups to parenting groups.

64. Effective multi-agency work ensures that there is a good range of specialist programmes in place to address the needs of vulnerable young people, including asylum seekers and new arrivals. These programmes support social cohesion and respect within Sheffield's very culturally diverse society. It also supports new arrivals to understand their needs and rights and supports their expression in a positive manner. Young carers are provided with good support through the Sheffield Young Carers project, which provides them with access to range of social, educational and employment advice and support.

65. Children and young people are provided with a wide range of opportunities to develop and participate in decision-making within the local authority. The council has consulted with them and taken note of their views in developing the new CYPP. A commendable set of participation standards have been produced to help organisations evaluate their response to the voice and needs of children and young people, and these are being utilised. Training on interviewing and recruitment skills has been provided for a number of children and young people involved in the recruitment of staff in schools and within the health authority. Many have developed consultation skills through action

research for various projects in Area Youth Forums, with the result that they have been influential in service delivery and projects such as the design and planning of a skateboard park. Most schools have a school council. Area Youth Forums are in place in a number of areas and city-wide elections have elected three members to the UK Youth Parliament. However, although children and young people are given the opportunity to get involved, they are less clear how effectively their ideas are taken into account and what the structures are to support this process.

66. The council has worked very effectively with its partners to provide a range of projects and activities to reduce anti-social behaviour. The Police Authority also works well with its partners and Anti-Social Behaviour Orders are used only when necessary. Individuals, local communities and hotspots for disruptive behaviour have been targeted through the partnership process and a specialist health and parenting worker provides additional parenting programmes where appropriate. Levels of anti-social behaviour have decreased. Schools are actively involved with behaviour and educational support teams and voluntary and private organisations have provided mentoring programmes and a range of play activities during school holidays, on which children and young people report very positively. Equality and racism issues are taken seriously and young people are positive regarding the quality of inter-cultural relationships and diversity.

67. Effective work by the YOT, Positive Activities for Youth (PAYP) and the Youth Inclusion Support Panel has provided good support to young offenders or those in danger of offending. This has resulted in a reduction in the number of first time offenders, and the level of re-offending is in line with national figures and statistical neighbours. However, the number of looked after children offending and re-offending has not shown a decrease in recent years and is an identified council priority for action. Progress has been made towards meeting the education, employment and training needs of young offenders through the use of panels to identify and track individuals. Connexions personal advisers, mentors and the development of short-term first steps back into learning programmes have been instrumental in this progress. The YOT and custodial institutions work closely together in planning for the discharge and integration of young people following release from custody. A multi-agency risk panel assesses needs and an intensive Resettlement and Aftercare Programme screens and offers a rapid response to those leaving custody with a drug problem.

68. The NSPCC offers a drop-in centre and an independent visiting service for looked after children through a joint protocol with Sheffield council. Supporting Others through Voluntary Action provides befriending opportunities to match care leavers with mentors. The participation of looked after children in their statutory reviews is improving and a range of user friendly documents promotes their involvement. Council members and staff have been involved in training to promote this engagement further. Training on 'Total Respect' which enables children and young people to become their own trainers and advocates is

available and a number of young people have taken advantage of this. A looked after children reference group and other reference groups address the particular needs of, for example, asylum seekers, those fostered and those leaving care, although there is recognition that more could be done to meet their needs. A range of good quality arts and sports activities is accessed by looked after children for instance, Funkadelic Art, Living for Sport and the outcomes of these activities are celebrated city-wide.

69. Special schools positively encourage children and young people to make a positive contribution to the community and contribute to their Annual and Statutory Reviews. Sheffield Information Giving Network offers a valued service to parents and carers of children and young people with learning difficulties and/or disabilities to enable them to participate more fully in education and leisure activities across the city. Chilypep has a specific worker who supports developing the voice and participation of young people with learning difficulties and/or disabilities through projects such as Speak Out Loud. PAYP also provide activities and promote their inclusion in mainstream activities.

Achieving economic well-being

70. **The overall contribution of services to helping children and young people achieve economic well-being is outstanding.** Families are supported well to achieve economic well-being. Parents receive good information and guidance on childcare and benefits through the Children's Information Service. The provision of childcare places has increased and a programme to develop children's centres is well established. However, not all organisations currently endorse this programme. Family learning is effectively targeted at disadvantaged areas of the city and the provision is of a good standard. There have been recent effective measures to reduce child poverty through targeted programmes to prepare lone parents and incapacity claimants for employment. The take-up of child tax credit entitlement is higher in Sheffield than in other parts of South Yorkshire.

71. The strategic planning and coordination of 14–19 education and training is outstanding and bold decisions have been taken to support its further improvement and coordination. There is a good record of collaborative working between the local authority and the Local Learning and Skills Council (LLSC). The findings of recent area inspections, the LLSC's strategic area review, and further additionally commissioned evaluations, have been used well to identify immediate priorities and set future direction. The Sheffield Learning for Life partnership is a particularly effective forum in bringing together a broad range of partners. Good use is made of pooled resources to develop a supporting infrastructure and to ensure the sustainability of projects.

72. The development of provision is closely aligned with local labour market priorities and skills shortages. Collaboration with local employers and employers' organisations has resulted in the creation of specialist employer-based vocational centres offering work experience, apprenticeships and other

training programmes for young people. These include a retail and customer care centre at Meadowhall, an engineering centre, a construction design centre, and a creative and digital centre for the cultural industries. The local authority has successfully expanded opportunities for young people to gain work experience and take up apprenticeships within the work of its own internal departments, with priority being given to vulnerable groups.

73. Performance monitoring is particularly good. The learning partnership receives comprehensive data and analysis of young people's participation and outcomes. There have been prompt interventions by the local authority and LLSC where underperformance is identified. Four area improvement partnerships have been recently established within the city to promote further collaborative working between schools and between schools and post-16 providers at a local level. The operational remit of each partnership has been modelled in anticipation of the requirements of the new 14–19 specialised diplomas to be introduced from 2008.

74. The opportunities available to 14–16 years olds for vocational study are extensive. In 2005-06, two thirds of the cohort included one vocational course as part of their learning programme. A broad range of applied GCSEs and GNVQs and shorter work-related qualifications have been developed in schools. In addition, over 2,500 young people participate in an off-site vocational skills programme. The programme involves some 30 providers including colleges, work-based learning providers, and provision on employers' premises. Participation in the vocational skills programme has improved young people's performance at Key Stage 4, most notably in the nine secondary schools located in the most deprived areas, and has contributed to an improvement in the staying on rate post-16. There has been significant investment in additional provision for young people post-16, focused on areas of the city with traditionally lower staying on rates. The north of the city has seen the development of a new campus of the Sheffield College at Hillsborough and the opening of a purpose built, well designed and resourced sixth form college at Longley Park. Further provision is being developed in the south east of the city. Sheffield College has developed four centres of vocational excellence.

75. There is good provision of careers education and information advice guidance for young people through the work of schools, Business Education South Yorkshire and the Connexions Service. However, some young people attending 11–18 schools are less well informed about the full range of options at 16. Tracking has significantly improved and there is more positive contact with those young people previously disengaged from the system. The proportion of young people not in education, training or employment has reduced to the area average but remains above the national average. The Learning Partnership has devised a comprehensive strategy to address the specific needs of vulnerable groups in this category. Recent progress has been made in improving the level of participation by looked after children and care leavers but it remains below the national average.

76. The proportion of young people continuing into full-time education post-16 has increased by 5% over three years and is now above the area average but remains below the national average. Within this category the proportion of BME students progressing to study at levels 2 and 3 has also notably increased. Success rates are above the national averages at levels 2 and 3. School sixth form provision is of a consistently good standard. The average point score of 16–18 year old students entered for GCE/VCE A/AS levels are well above national averages. There are improving numbers of young people progressing to higher education. Apprenticeship and advanced apprenticeship success rates are above national averages for the majority of Sheffield work-based learning providers. The number who achieve positive outcomes on Entry to Employment programmes is improving although below local and national averages.

77. Regeneration initiatives in Sheffield are planned coherently and involve good multi-agency working. Initiatives are focused on areas of greatest need and there are appropriate arrangements to consult with children and young people. The New Deal for Communities programme based in the neighbourhood study area has brought about many benefits. For example, the Advancing Together project offers a wide range of additional school-based activities. A Community Study Support Consortium provides good after school study support for children from the Pakistani, Yemeni, Somali and Caribbean communities. The local authority has secured opportunities for 100 young people to gain work experience, training or employment in the construction and housing regeneration projects taking place in their locality.

78. There are effective measures to ensure young people at risk of becoming homeless are well supported. A specialist support team, dedicated to working with young people, carries out preventative work and mediation, finds accommodation and provides tenancy support. The use of temporary accommodation for young people and families with children is closely monitored and kept to a minimum. The average length of stay is in line with the national average. There is a good range of semi-independent and supported accommodation for vulnerable young people. There is a shortage of affordable rented accommodation for young people in Sheffield. The local authority is seeking to overcome this by working with housing associations and property owners in the private sector.

79. Connexions advisers work well with council staff to provide good personal and welfare support for looked after children's education, training and employment. The Young People's Support Service run by the NSPCC provides good tier 2 therapeutic input for care leavers and consultancy for carers. However, the CAMHS will not accept new referrals of young people aged over 16, who must be referred to the adult psychiatric service. This disadvantages these young people. The council provides generous financial support for care leavers. A new format designed by the national reference group is, however, being piloted by the council and about 30 young people aged 16 have new plans. Consequently, not all looked after children and care leavers have

pathway plans which take sufficient account of the views of the young person, and many have not been kept up to date.

80. There are good transition arrangements at key stages for young people with learning difficulties and/or disabilities and the education service ensures that transition reviews take place for all such 14 year olds and that plans are produced. The Connexions Service works well with schools to provide advice and support for post-16 education and training. The range of provision for young people with learning difficulties and/or disabilities is satisfactory overall. The quality of provision at the Sheffield College is good, particularly for learners with complex needs. Information, advice and support on benefit entitlement and other services is provided by the SIGN service based at the Ryegate Centre, which is popular with and well regarded by families. Direct payments are available to parents and financial advice is given to assist them in making decisions about the setting up of trusts.

Service management

81. **The management of services for children and young people is good.** The ambitions of the council and its partners for children and young people in Sheffield are good. The CYPP provides an overarching, strategic vision and a set of clear and challenging aims and objectives which clearly link to both the Council Corporate Plan and the local strategic partnership strategy. The CYPP is based on a detailed analysis of needs and makes good use of the extensive Sheffield neighbourhood index and information system. Needs of vulnerable groups are highlighted clearly and the actions required to address gaps in service provision reflect the diversity of the community. The council and its partners have undertaken consultation on the priorities emerging from the needs analysis with a range of stakeholders, including specific events for children and young people such as city-wide workshops. The 0–19+ Partnership Board rightly recognises that there is still scope to develop a wider engagement among young people.

82. Prioritisation to improve outcomes for children and young people is good. The CYPP sets out 10 priorities that provide a good balance between national and local issues. It is clearly understood across the 0–19+ Partnership Board that the key areas for development are raising attainment and securing strong safeguarding processes. The council has an effective and linked process to setting priorities and allocating resources and there are examples where funding has been moved to priorities, for instance to fund an additional 12 social worker posts. The CYPP indicates the source of resources but is not yet costed in detail; however, the partnership is currently mapping resources to activities in the Plan. The quality of the service delivery plans is generally good, although a minority have inadequate resource information or limited risk assessments.

83. The importance placed by the council on the integration of services for children and young people and on early intervention is reflected in the programme to establish seven service districts. Within each of these service districts, inter-professional teams will plan, provide and monitor services at a local level. All partners are supportive of the process but it is too early to judge the effectiveness of these new arrangements because the two pilot areas are still being developed. The council recognises the extent of the change programme, both the integration of services and the move to localised delivery, and have risk managed it well. A strong central team is in place which effectively manages the change programme.

84. The track record of partners on achieving their priorities varies. Examples of positive developments include: support for families through the development of Children's Centres and diverse parenting programmes; the rate of improvement in educational attainment in secondary schools; and a comprehensive, multi-agency vocational programme for 14–19 year olds. However there are examples of less positive progress including: attainment at Foundation Stage and in primary schools; shortcomings in meeting the needs of vulnerable young people not in education or employment; and no reduction in the rate of teenage pregnancies.

85. Current capacity of the council and its partners is good and the capacity to improve further is also good. There is still a lot to do, but the Executive Director of CYPD provides secure and creative leadership. Most senior staff and middle managers have good leadership and management skills. The lead member is developing a clear understanding of his roles and responsibilities and is supported by a knowledgeable and enthusiastic team of members with responsibility and interest in specific areas of the service. There is a positive and flexible attitude within the directorate, which is reflected in an entrepreneurial approach towards piloting new and appropriate initiatives, for instance Sheffield has been commissioned by the DfES to be a 14–19 Pathfinder Authority. Difficult decisions are taken by elected members where necessary and focus is sustained, for example the closure and amalgamation of primary schools as a result of falling rolls. The council and its partners are generally self-aware, as demonstrated in the comprehensive self-assessment. The council has shown that it is a learning authority which responds well to external evaluation and recommendations.

86. The council fulfils its community leadership role well. There is a strong culture of partnership working in which the voluntary and community sector are well integrated. The partnership also demonstrates a good capacity to improve further as new protocols and systems become embedded. There is a clear commitment from the 0–19+ Partnership Board to improving outcomes for the children and young people of Sheffield and a willingness to work closely together to do so. The needs of individual children and their families are recorded and there is sharing of most information.

87. The council is undertaking a two-year cultural change programme with a redesigned Children's Workforce Strategy which will encompass the whole local workforce, properly including the development needs of the voluntary, faith and community sector.

88. Recruitment and retention initiatives are in place with some evidence of impressive impact, for example nationally recognised work among school staff. However, there remain concerns over the recruitment of social workers. The council are rightly, if belatedly, in the process of adapting their successful teacher retention and recruitment strategy to the needs of social care. However, shortages and workloads have not yet been completely resolved.

89. The council's use of resources is good. The directorate has robust budget monitoring systems and action is taken to maintain overall spending in line with projections. Finance and performance data is presented at quarterly meetings to senior officers and members and identified high risk areas are closely monitored through the effective use of service risk logs. A balanced budget has been set this year for the whole of the directorate but it has realistically identified social care costs and the cost of managing the current change programme as major risk areas. The council and its partners attract considerable external funding, which is targeted well at areas of disadvantage. The directorate has set up external bidding processes so that priorities will not be skewed and risks will not be increased with arbitrary bidding.

90. Sheffield PCTs are experiencing financial constraints and are currently in the process of amalgamating into one PCT. Partnership arrangements and relationships have remained sound during this process, with a commitment to protecting services for children. Budgets have not yet been aligned across the council and the PCT, but plans are in place to achieve this and the seven service districts will each have an integrated multi-agency children and young people team which will include school nurses and health visitors employed by the PCT but line managed by local authority staff. Health staff are now working within the Safeguarding Children Service. There are already some effective examples of pooled and aligned budgets such as for the development of Safety Net and a detailed joint commissioning framework is in place.

91. Value for money is good. Issues of economy and effectiveness are taken very seriously within the directorate. A business unit has been set up to enable service heads to have a more rigorous approach in this area and a cyclical review of services has been introduced. The directorate is able to demonstrate a good understanding of areas of relative high cost, for instance looked after children, and recognises what needs to be done. Although value for money processes are not yet totally embedded, there have been some successes where efforts have been targeted, for example £800,000 saved following a review of back office services. Education costs are generally in line with national averages although attainment is just below national averages. In social services, performance indicators are broadly in line with comparator and national averages. Similarly value for money in the youth service is satisfactory.

Schools balances continue to increase but a claw-back scheme has been agreed recently with the Schools Forum.

92. Performance management is adequate. A wide range of performance management processes are in place both within the council and within the partnership. There are examples where knowledge about performance is used to drive service improvement, for example attainment of minority ethnic groups but there are weaknesses in day-to-day management within social care. Here there is a mixed picture and performance management tends to focus on monitoring processes and is insufficiently focused on the quality of the work undertaken. The 0–19+ Partnership Board receive regular and easily understandable performance information against the key priorities in the CYPP but financial information and value for money has not yet been considered in any great depth. A recent partnership questionnaire completed by board members has highlighted this as an area for development.

93. The children and young people's scrutiny board is developing the quality of its challenge, but, it has taken only a limited a role in the follow up to the serious case reviews. It considers the views of front-line staff as equally important to its role as the performance information it regularly receives. Its agenda covers education, social care and health issues and it has been recently resourced to commission work. The board does not currently look at value for money of services, nor is it involved in scrutinising commissioning processes.